



FINDING SOLUTIONS FOR SUBSTANCE ABUSE IN THE MILITARY

Remarks by Ellen P. Embrey, Deputy Assistant Secretary of Defense for Force Health Protection and Readiness, at a meeting “Addressing Substance Abuse and Comorbidities Among Military Personnel, Veterans and their Families,” Bethesda, MD, January 6, 2009.

Good morning, and thank you, Dr. Condon, for that kind introduction; it’s a pleasure to be here. And my thanks to all of you for coming.

I also particularly want to acknowledge all of those at the Department of Defense, the Veterans Administration, and the various Institutes of Health who worked so hard to pull together this important meeting on the problem of substance abuse among military members and their families.

It has been a long time in the making, and I thank you for your persistence.

The Medical Mission

Our mission at Force Health Protection and Readiness, and the mission of the Military Health System, is simple: to build and sustain a healthy fighting force – one ready to deploy at a moment’s notice in defense of the Nation. And to medically support their families, because nothing is more critical to a warfighter’s well-being than to know that his or her family is being cared for their absence.

But while I said it was simple, I didn’t say it was easy – especially not today.

Effects of Chronic War

For the past seven years, our Nation has been engaged in a new kind of war – a global war on terror, first in Afghanistan, and later in Iraq and other places around the globe.

Without a doubt, war is tough on military members and their families, but chronic war, especially a war like this one, with multiple deployments and increased exposure to traumatic events, amplifies problems that might be overcome under different circumstances.

As problems intensify, service members often seek relief in harmful substances. Non-smokers take up the habit, former smokers begin again, and alcohol consumption rises. Often legitimate pharmaceuticals are prescribed to manage stress, to treat anxiety, or to counter other effects of repeat deployments to dangerous areas.

Not surprisingly, legal drug use often devolves into dependence, and dependence into abuse.

Sadly, it doesn't get any easier when our warriors come home – especially if they are among the more than 30,000 who have returned with physical wounds, or the even greater numbers who've returned with psychological wounds.

We know how to mend a bone or treat a disease, but these problems are tougher because they are so insidious, and because they affect not just the patient, but so many others around them.

Are we Doing Enough?

The Department of Defense cares deeply about the health of its forces. And about the health of our military families, who also make great sacrifices for the sake of our freedom and security.

Throughout the military – and across the Services – there are literally hundreds of health care programs for military members and their families. Indeed, each year, the Department of Defense spends some \$26 billion on health care for 9.2 million military members and their families.

Many of those programs are devoted specifically to research on the issue of substance abuse. Two that come to mind are: The Military Operational Medicine Research Program or MOM, a Tri-Service program that funds research related to alcohol and drug abuse among military personnel as well as the psychological health of those on active duty; and the Congressionally Directed Medical Research Program which also funds research into substance, alcohol and drug abuse, and Psychological Health and Traumatic Brain Injury.

And yet we have to ask: Are we doing enough? What more can we do? And how can we work together with our fellow federal agencies and departments to help those who have given so much for our country.

The goals of this conference – to gain a greater understanding of the intervention needs of our military personnel; to review current approaches to treatment and prevention; and to formulate an agenda for researching these problems – are worthy objectives. And I have every confidence we will be successful.

For that to happen, however, we must work just as hard to accomplish three overarching and continuing goals for our organizations: coordination, cooperation, and integration.

Just as we have on other issues, we must work to coordinate the expenditure of funds, share research among our respective agencies, continue to work to integrate our information systems, and so much more. Coordinate. Cooperate. Integrate. It's a challenge, but it must be done.

We Can't Do It Alone . . .

Clearly, one agency cannot fix this problem. Substance abuse is not just a matter of prevention, or education, or treatment after the fact. It is not just a DoD problem, or a VA problem, or a Research problem. When tens of thousands of our military men and women come home from war with issues they can't handle on their own, it is a national problem.

But Together, We Can

But working together, we can develop a research agenda that works. We can identify the gaps. We can get those who need help into programs. We can get families struggling to understand into forums, and if we are successful, we can perhaps even help the military of the future avoid similar pitfalls.

Today, we begin. So, I thank all the presenters; all the moderators and discussants; all of the DoD, and VA and NIH researchers who have come to listen and learn, and especially all of the organizers who made it happen. Let's get started! ■