

# ADDICTIVE BEHAVIOURS AND THEIR IMPACT ON UK ARMED FORCES SERVING PERSONNEL, SERVICE LEAVERS, AND THEIR FAMILIES

Understanding the experiences and  
needs of families of veterans with  
substance use problems (FVSUs)

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# About the Project

- ▣ Funded by FiMT (Forces in Mind Trust).
- ▣ Research Team:
  - Charlie Lloyd & Lorna Templeton (University of York)
  - Viv Evans OBE & Rob Stebbings (Adfam)
- ▣ Supported by:
  - Amanda, Colleen, Donna (lived experience).
  - Project partners:
    - ▣ HMP Parc (Bridgend, Wales).
    - ▣ Bristol Drugs Project.
    - ▣ Tom Harrison House (Liverpool).
    - ▣ SSAFA (UK Armed Forces charity).
- ▣ Research ethics approval from the University of York.
- ▣ Final report & support model due to be published later in November.

# Why this project?

1. Rates & levels of substance use, particularly drinking alcohol, are higher among UK Armed Forces populations (serving & veteran) than among civilian populations.
  - Associations with mental health problems (including PTSD), & struggles with transition/resettlement when leaving the Forces.
  - But, while there is evidence about how military & veteran families can be affected by issues such as PTSD, limb loss, transition, there is nothing which has specifically considered problem substance use & its impact on families.
2. Plentiful evidence about how civilian families can be negatively affected by a loved one's problem substance use.
  - But, again, no research has specifically explored how families are affected when it is a military veteran who has problem substance use.

# What did we do?

Rapid literature review

34 FVSU respondents to UK-wide online survey

Mixed methods collected a range of quantitative and qualitative data

42 professionals attended 4 consultation events organised by & co-hosted with project partners

Interviews with 9 professionals (England & Wales), 4 FVSUs & 4 veterans

- ▣ FVSU participants were diverse but were more likely to be female & talking about a male veteran (often a spouse/partner) who had served (incl. combat) in the Army.
- ▣ Professional participants were from a wide range of organisations covering primarily the military & substance use treatment sectors.

# What did we find?

1. Understanding substance use in veterans



2. How FVSUs are affected by substance use in veterans



3. FVSUs accessing support



4. The culture of the UK Armed Forces and how it affects FVSU experiences



5. Developing support for FVSUs

# Substance use in veterans

- ▣ Alcohol was the primary substance to be discussed.
- ▣ Alcohol/drug use problems more likely to develop during and/or after service.
- ▣ Additional co-existing problems commonly mentioned – mental health (PTSD), finances, employment, homelessness, criminal behaviour, physical health – associations with service (particularly combat) & transition.
- ▣ Veterans seemed less likely to access support during service – criticism of the different responses of the Armed Forces to alcohol and illegal drug use.
- ▣ Accessing help increased after leaving but mixed experiences & barriers identified.

*“Between deployments my husband would binge drink to the point where he would become a different person” (FVSU)*

*“Served in Kosovo and Iraq. Has nightmares, in fact is afraid to sleep. He drinks and smokes cannabis to block things out” (FVSU)*

# How FVSUs are affected

- ▣ All areas of individual & family life can be affected – participants talked most about mental health, finances, relationships, violence/abuse, impact on children.
- ▣ Cumulative negative impact because of co-existing problems.
- ▣ Families often affected over many years during and after service.
- ▣ Additional negative impact if veterans do not access help.

*“I’d become unwell, was very anxious, I felt low, I didn’t really sleep very well, gained a lot of weight; it was affecting my job because there was days where if I didn’t sleep or [partner] had kind of gone off the rails I just couldn’t go to work....[because] I would be worrying.....I was very angry and I was upset....at times it felt like it was personal; I said to myself, what am I doing wrong for you not to act in a way that would show me love....I would also pity....yeah, pity myself a little bit....last year I was a[n] anxious mess.....the first word to describe how I was feeling.....is just scared....and I did feel, at a time, very alone” (FVSU)*

# How FVSUs are affected *(cont)*

- ▣ Death of the veteran or anticipating death – role of problem substance use in some of the deaths.
- ▣ Some positive outcomes & expressions of hope, but strong expressions of distress, despair, fear, hopelessness, loneliness and isolation were more common.

*“My biggest fear came true when I came home and found him dead” (FVSU)*

*“It was like living in our own battle to save my son” (FVSU)*

*“I can't think of any positive effects, it's all draining, futile, and I can't see a positive or happy ending to this situation” (FVSU)*



# Culture of the Armed Forces and how it affects FVSU experiences



- ▣ Shared cultural elements across the Armed Forces that can influence substance use in veterans, how families can be affected, & how their experiences can be different to civilian families – and of which participants could be very critical.

# FVSUs and support

- ▣ Low numbers had ever accessed support for themselves – mixed views of what they found helpful & what they would like.
- ▣ FVSUs not always seen as equal to the veteran - missed opportunities to engage with FVSUs when supporting veterans or to reach out to them in their own right.

*“The help was invaluable and I was able to meet non judgmental people in the same situation as me I could talk without judgement and it was the only time I would talk about my issues and share them with others” (FVSU)*

*“The support both my son and myself received from [service] has been outstanding...without [them] my son would not be alive. They do not receive enough recognition and I cannot praise them enough” (FVSU)*

# Developing support for FVSUs

- ▣ Need targeted & holistic support to FVSUs in their own right and/or together with the veteran.
- ▣ Participants identified a number of important components to the support that FVSUs need.

There is no need to reinvent the wheel: work with existing systems and services.

Focus on the details of delivery, such as training and supervision.

Work in a collaborative and joined-up way, crossing the military-civilian interface

Develop support that is specific to FVSUs and which is delivered by workers who have ringfenced time for the work

Consider how to promote support to, and then engage, FVSUs

Offer a range of approaches from signposting and informal support to more intensive counselling - recognise the value of listening and of FVSUs having someone to talk to

Understand military life and the military mindset; understand substance use and addiction

Consider a range of lived experience to bring added value

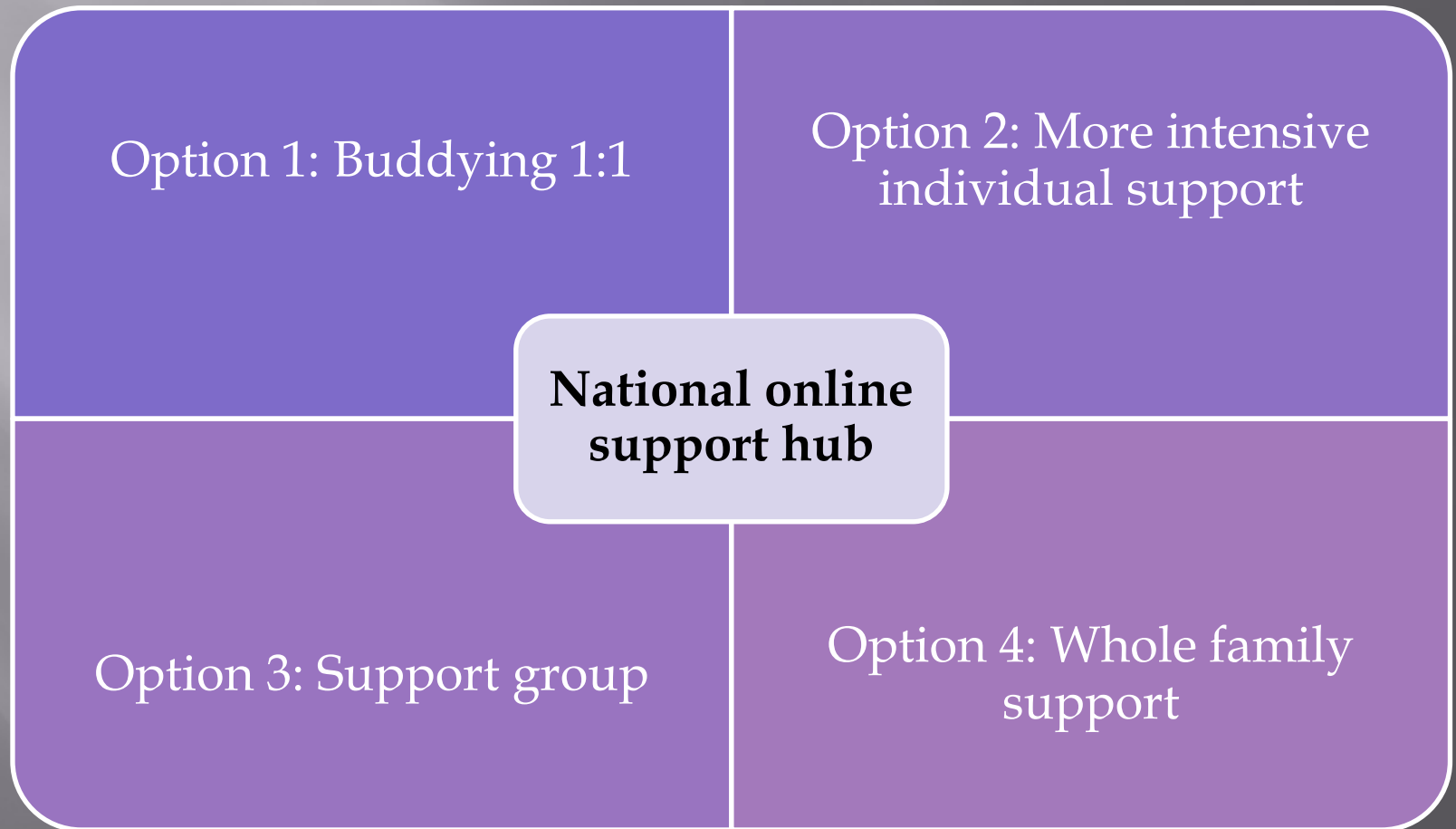
Consider holistic support, both in terms of content to meet multiple needs, but also to engage veterans and families together where possible

Be flexible - covering the range of options available, the timing and length of support, and access to and location of support

Cater for heterogeneity within the UK Armed Forces, hence catering for all FVSUs who may be affected, including children and the extended family

Try to prioritise face-to-face approaches (individual or group), but acknowledge that some may prefer remote support for a range of reasons including anonymity

# Family Force: a proposed new model of support for FVSUs.



Option 1: Buddying 1:1

Option 2: More intensive individual support

**National online support hub**

Option 3: Support group

Option 4: Whole family support

# Implications of our findings

- First known study to explore the experiences of FVSUs.
- Limitations e.g. survey sample size (potential for bias, difficult to generalise). But, springboard for further research.
- Findings suggest that FVSUs can be negatively affected in multiple and complex ways, often over long periods of time, and in some different ways to civilian families that are associated with the influence of the UK Armed Forces.
- FVSUs are generally isolated and unlikely to access help; & there seems to be little specific support for them. We have suggested a new model of support for FVSUs – one that is targeted & which bridges the military-community interface.
- There is a need for both substance use and veterans policies to specifically address the experiences and needs of FVSUs and the veterans who they are concerned about.