'I’ve done some really twisted things': Aussie soldier battles drug horror

Former Australian soldiers reveal their extraordinary battles with drug addiction and alcoholism. The veterans tell SBS how the horrors of deployment led to post-traumatic stress and chronic addiction. Now, they’re among a growing voice demanding veterans-only programs to deal with their unique rehabilitation needs.

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Private John Hill wasn’t coping with his first deployment. Rifle exchanges on the Timorese border, hauling dead children’s bodies and the stress of patrol was taking a toll.

When the 19-year-old cried openly, he says he was ridiculed by a section commander.

“I basically said if you don't leave me alone I'm going to kill you and he wouldn't leave me alone so I held my rifle to his head”

That act was enough to have John Hill restrained, hospitalized and sent home.

“They put me in a bed that holds you down with straps and they took me in a C130 Hercules German plane back to Australia and they injected me with some kind of sleeping agent. I woke up in the airport and basically ended my career - once I came back to Australia my career was over and I was kicked out the front door that was it.”

John says he'd earlier found his own way to cope with the confronting deployment after a chance meeting with some American troops.

"I went back into Dili and I met up with some US guys who were using drugs and they offered them to me and I started using them when I was in Dili."

"I was 19-years old and I wasn't coping very well and these guys were using and so before I went out on an episode I'd just start using at Dili and I'd be using with 4 or 5 blokes and then it made me feel like I could do anything so when I went out on patrol I felt like a million dollars."

Upon his return to Australia, John worked as a nightclub bouncer and debt collector. Drug use became regular and problematic.

The former paratrooper played Russian roulette, injected heroin and then moved on to the amphetamine Ice. Life was chaotic.

> "I'd go into psychosis; I want to hurt people I steal things and I just go on rampages across Victoria or wherever I hurt loved ones and at times I've dressed up in my army gear and done some really twisted things."

Inked on John's broad back are the words "lost angel". He and a few ex-army mates got matching tattoos in the lost years post-deployment.

The striking image gave voice to their hollow worthlessness after discharge from the army.

John found re-integrating difficult and a functional life seemed impossible. After being evicted from a psychiatric ward for former soldiers, John tried drug rehabilitation at a civilian clinic.

"You can't fit in. We've just come back from a war zone and here we are in a room full of people who are really broken in a different way.

John says, "There's a lady who might be broken because she's been bashed from her husband who's a heroin addict and there's a guy that's just been over there in violence who's still real angry who needs to be with men."

Now, he's a few months clean and after countless relapses in the past, determined to remain drug-free. But nothing will replace the career he loved and lost.

"I loved it ... I loved my career it was awesome."

Listed against his wishes

But not all former soldiers enlist voluntarily. Vietnam Veteran Kevin Brooks was conscripted into the Australian Army against his wishes.

He was deployed to Vietnam; a reluctant infantry soldier aged 19.

Kevin had tried alcohol before he left for war, and returned a hardened drinker.

“Ya bloody oath ... if you didn't drink you weren't in it. The pubs were open. Everybody went there because you had nowhere else to go and away you went you went in there and that was it. It's fair enough to say even a non-drinker became a drinker.”

Read the statements from the ADF and DVA below.

Kevin point-blank refuses to discuss the traumas he witnessed while serving.

Whatever happened in the jungles of Vietnam led to a diagnosis of post-traumatic stress disorder and chronic alcoholism.

“Now that I've retired I sit there and I drink," he says.

"And I'm not proud of it and I don't want to do it. In the last five, six, seven years, (I've drunk) two bottles of port and a couple of stubbies a day and that's cutting it down from what it used to be.”

Kevin chugs the port straight from a bottle and washes it down with a swig of beer. He spends most afternoons on his back veranda, but wishes things were different. And he's tried. Kevin’s forgotten how many times he’s attempted to get well through psyche ward admissions, 28-day detox and rehabilitation.

Like Timor veteran John Hill, Kevin says there should be a specific rehabilitation for ex-service men and women.

“I don't need to sit in hospital all day looking and listening to bloody videos all day and talking about stuff I need to get out and do something and there's nothing there.”

He says an absence of follow-up treatment also prevents long-term recovery.

> “You could say 15 times in the last eight or nine years I (have) been a month without a drink but there's no follow up you just sit and listen and do this and that. But when you come home, what have you got? You got nothing you just sit there.”

Melbourne-based addiction therapist Richard Smith says mixing returned soldiers and civilians is counter-productive to effective rehabilitation.

“What happens when you get a serviceman in - the traumas they're sharing are significantly greater than the traumas of a civilian. They don't want to hear about the 9-year old girl shot in the face with an M-16 you know. Twenty-eight days is insignificant in treating people with complex issues and complex trauma.”

Mr Smith advocates a new approach to rehabilitating returned service men and women.

“The ideal model would be veterans only - these guys need to be 24-hours supervised. And (they need to be) supported (through) that initial phase that would be three months. They

would then go into transitional housing - that transitional housing would then reintegrate them back into civilian life.”

Early intervention 'proving successful'

But the Department Of Veterans Affairs defends existing drug and alcohol treatment policy. Mental health advisor and psychologist Dr Stephanie Hodgson says early intervention is proving successful in preventing many drug and alcohol users transitioning to full-blown addiction.

She says the theory of separating veterans and civilians isn’t as effective as it sounds.

"The problem with the therapeutic community, when we have such a dispersed community, is where would you place the therapeutic community?

"The issue for veterans, and what we know with alcohol and addiction, is one of the most important components is that they actually engage back with the community they live in. Social support is absolutely crucial for someone getting better with an addiction problem.”

She says the overall health of returning service men and women is sound.

“While people are serving, because of the fitness culture, we just don't see the same level of problems. When you have eight months of abstinence you have a highly fitness-orientated culture; on the whole it's a very healthy group.”

John Hammond advocates on behalf of returned service men and women through an organisation known as "Young Soldiers". He says it's time that resources are directed to veterans-only drug and alcohol rehabilitation.

“The drug and alcohol issues - or 99.99 per cent of it - relates to the PTSD and the mental issues these people are coming back from deployment with. The horrors these young people have in their heads it's just incredible.”

Mr Hammond says he is aware of soldiers serving in Afghanistan returning to Australia after using heroin while on deployment. He calls it “self-medication.”

> “Troops around the place are being discharged for their positive drug tests and are getting out without being diagnosed with their issues and that's a hard pill to swallow too - but that's the rules. Heroin can be a problem - it's freely available and it's taken as a self-medication.”

It's a problem therapist Richard Smith says he’s also encountered.

“Now what we see is servicemen returning from theatres like Afghanistan with a heroin problem. And because there's not much heroin here - there's a lot more amphetamines and Ice - they swap the witch for the bitch and they start using a drug that, mate if they've got some difficulties with anger, this is going to bring it out”

Defence denies Australian soldiers using heroin or opiates in Afghanistan is a problem. It says its aware of only one incident involving the suspected use of an opiate by a soldier while

on deployment, and that soldier was returned.

It says drug use isn't tolerated and while voluntary drug and alcohol awareness courses are available. Random and targeted testing is used as a deterrent.

Upon return from operational deployment, ADF personnel undergo a psychological assessment providing an opportunity to discuss any health issues. But a Defence spokesperson confirmed “there are no questions relating specifically to illicit drug use contained in any of these screen(ing)s".

One thing Vietnam Veteran Kevin Brooks now has is time. He’s volunteering part time, but still spends hours on the back veranda, mostly pondering the birth-date lottery which thrust him into a life-changing war.

“More so now than I did then. Why was I sent over to that place to shoot people or hunt down people? Why was I sent over there when it was nothing to do with me?

"I was sent there to do what I was sent there to do, but if I wasn't sent there it would have happened and what would have been the difference? What would have changed?”

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Statement from the Department of Veteran's Affairs

The mental health of veterans and their families is a high priority for the Department of Veterans’ Affairs. Veterans don’t have to suffer in silence. Help is available and help can make a difference. DVA provides access to a broad range of mental health support, geared towards early intervention and treatment.

If a veteran or their family member needs mental health support, they can:

- visit DVA’s online mental health portal At Ease www.at-ease.dva.gov.au. At Ease can help veterans, ADF personnel, and family members identify the symptoms of not coping, including alcohol and substance misuse. It offers self-management advice, self-help tools, mobile apps, videos, and pathways to professional care and treatment options;

- talk to the Veterans and Veterans Families Counselling Service (VVCS). VVCS is a specialised, free and confidential Australia-wide service and may be contacted 24 hours a day on 1800 011 046; and
- talk to their GP, who may also refer the client to a psychologist, psychiatrist, mental health social worker or mental health occupational therapist, if needed. For eligible veterans with diagnosed post traumatic stress disorder, anxiety or depression, DVA will pay for this treatment without the need to apply for compensation. As of 1 July 2014, this will be extended to include treatment for alcohol and substance misuse disorders.

DVA is prepared and ready to provide services to meet the need of veterans with addictions including alcohol and substance misuse. This includes online support, GP services, counselling and psychological support and psychiatric services, as well as inpatient hospital services (including detoxification programs) for those who need them.

Statement from the Australian Defence Force

Comprehensive physical and mental health care and services are provided to all ADF members throughout their service life. This includes programs associated with the topic of your story – that is, deployment, PTSD and alcohol and other drug use.

Alcohol

Evidence from the ADF Mental Health Prevalence and Wellbeing Study (2010) suggests that when compared with the Australian community, Defence members demonstrated a significantly lower level of alcohol disorders, with most of the disorders in males aged 18-27. Younger ADF females (aged 18-27) had much lower rates of alcohol disorders than other young people their age.

The Independent Advisory Panel on Alcohol Use in Defence (Hamilton Review 2011) highlighted that the majority of the risk, cost and harm associated with alcohol use in the ADF arises from participation in short-term risky drinking and associated behaviour, rather than from the small population of alcohol dependent personnel.

Responding to the Hamilton Review's recommendations, Defence is applying a stepped care approach to alcohol management, in order to provide several avenues for intervention, ranging from opportunities for screening and brief counselling, to medically supervised pharmacotherapies integrated with out-patient counselling programs, through to referral for external residential treatment programs.

The Hamilton Review also flagged a number of 'spotlights' or focus areas which pose particular risk for ADF members in terms of alcohol and other drug use. Risky alcohol use is more likely to occur following deployment or as part of an individual's response to the pressures, stressors and traumatic experiences of their recent deployment experiences.

Alcohol screening, assessment and necessary intervention is part of the post-deployment screening program, and also included in ADF members' periodic health examinations as a means of assessing alcohol issues related to deployment and employment.

The ADF recently revised the Homecoming Guide for ADF personnel returning from deployment to increase awareness of the risks related to alcohol use in that situation and the links with mental health conditions such as depression and PTSD.

As part of the ADF mental health reform program and the cultural change process Defence has undertaken significant work to improve our understanding of alcohol and other drug use in the ADF and develop prevention, education and treatment programs in line with evidenced based practice.

Strategies recognise the shared responsibility of the organisation, its leaders and individual ADF personnel and reflect our commitment to minimising alcohol- and drug-related harm.

The ADF Alcohol Management Strategy (ADFAMS) is part of the Pathway to Change reform program and arises from the recommendations of the Hamilton Review 2011. The Australian Drug Foundation has worked with Defence to implement this strategy.

In addition to reviewing and revising all education, training and treatment programs, the ADF is working with the Department of Veterans' Affairs (DVA) on a number of initiatives, one of which is the recent release of a smart phone application, On Track with the Right Mix, to assist ADF members and veterans to monitor and modify their drinking.

Other Drugs

Illicit or prohibited drug use in the ADF is low compared to the Australian community.

The ADF operates a Prohibited Substance Testing Program. Random and targeted tests are conducted on operations and within the garrison environment. Positive tests may result in disciplinary and/or administrative action which may lead to termination of appointment or discharge.

Defence recognises that illicit drug use is often associated with underlying mental health conditions and assessment is undertaken accordingly and appropriate treatment offered. Discharge as a result of positive testing for illicit drugs does not occur without an offer of treatment or referral to specialist services.

Post Traumatic Stress Disorder

Treatment for Post Traumatic Stress Disorder (PTSD) is provided by ADF mental health professionals and specialists, providers external to Defence, and through referral to PTSD treatment programs accredited with DVA and conducted at private hospitals around Australia.

In collaboration with the Australian Centre for Posttraumatic Mental Health, the ADF has provided clinical training in evidence-based assessment and treatment of PTSD to mental health professionals and specialists for more than ten years. Treatments typically consist of a combination of psychotherapy and medication.

The ADF Rehabilitation Program provides comprehensive case management to support members' return to work in current or different duties or trade or, if this is not possible, they will be rehabilitated, medically separated and supported in their transition from the ADF.

Support for deployed personnel

The mental health support for deployed ADF personnel is designed to strengthen their ability to cope with the challenges of deployment and effectively transition to life back in Australia.

These programs include psychological preparation prior to deployment, support from embedded health staff and fly-in specialist teams on operations, and post–deployment programs.

A key component of post-deployment mental health support is a comprehensive psychological screening program comprised of the Return to Australia Psychological Screen

(RtAPS) and Post-Operational Psychological Screen (POPS). In addition to psychological tests, both the RtAPS and POPS provide ADF personnel with the opportunity to talk to a mental health specialist about their deployment and post-deployment reintegration.

RtAPS is provided to every ADF member departing the Area of Operations at the end of their deployment. POPS is conducted three to six months after their return. If the RtAPS or POPS identifies that a member requires further support, he or she is referred to mental health services.

Information sessions on reintegration issues are also conducted for partners and families, and there is the opportunity for an adult family member to attend POPS with the ADF member and discuss any concerns.

In addition, there are programs of early intervention, treatment and rehabilitation for those developing physical and/or mental health conditions as a result of their deployment.

Post-deployment mental health services are available through Defence and DVA to ensure serving and ex-serving personnel can access treatment throughout Australia. Regional Mental Health Teams (RMHT) and Mental Health Psychology Sections (MHPS) have been established across Australia as part of Joint Health Command (JHC).

Access to additional specialist mental health professionals such as psychiatrists and clinical psychologists is provided through both 'on base' and 'off base' arrangements. Personnel and their families are also able to access the Veterans and Veterans Families Counselling Service (VVCS) throughout Australia.

In February 2013, Defence and DVA signed a Memorandum of Understanding for the Cooperative Delivery of Care and Support to Eligible Persons. The MOU introduces the concept of the 'Support Continuum', a system of care that extends across both departments to deliver seamless care and support to our servicemen and women, and their dependants.

Under the Prohibited Substance Testing Program, no Army members have tested positive for heroin whilst deployed to Afghanistan. Defence is, however, aware of one incident involving the suspected use of an opiate substance by a soldier in Afghanistan in 2010. The soldier was returned to Australia.

Defence does not tolerate the use or involvement of prohibited substances by ADF personnel. The use of prohibited substances is not compatible with an effective and efficient Defence Force and the capacity to undermine safety, discipline, morale, security and reputation.

Education and prevention is the best method to deal with drug taking. As such, Defence conducts mandatory annual Alcohol and Drug Awareness Training for all ADF personnel.

Additionally, Defence makes available voluntary courses for personnel to undertake such as the 'Alcohol Tobacco and Other Drugs Program' Awareness Course for further education.

As a deterrent measure the ADF conducts ongoing random drug testing of ADF members on operations and within the garrison environment. Positive tests may result in disciplinary and/or administrative action which may lead to termination of appointment or discharge.

Tests conducted under the Prohibited Substance Testing Program include both random testing (where personnel are randomly selected for testing) and targeted testing (where information is considered and personnel are targeted for testing on the basis of information brought to the attention of the command).

ADF members are expected to hold themselves to a set of values – these values are not consistent with breaking the law and supporting criminal activities. Using illicit drugs or obtaining non prescribed steroids supports criminality and the use of these types of drugs is not only dangerous, but threatens the member's career and financial well-being.

The ADF remains on track to complete its mission and hand over operational responsibility for security for Uruzgan to the ANSF by the end of this year.

By year's end, we will see approximately 1000 Australian personnel return home.

Currently there are approximately 1650 personnel in Afghanistan, which is above the average of 1550 as there are up to 150 additional personnel undertaking redeployment, repatriation and remediation activities.

The ADF in 2014 will commit an average of up to 400 personnel, including:

- instructors, advisors, support staff and force protection elements assigned to the ANA Office Academy in Kabul;
- ongoing advisory support to the ANA's 205 Corps Headquarters in Kandahar;
- ongoing commitment of advisors to the Logistics Training Advisory Team in Kabul;
- a continuation of embed staff within a range of roles in ISAF Headquarters; and
- up to 18 Special Forces and other ADF personnel to the ISAF Special Operations Advisory Group in 2014

The majority of these personnel will complete six month deployments resulting in and average of approximately 800 ADF personnel deploying to and returning from Afghanistan during 2014.

The Return to Australia Psychological Screen and the Post Deployment Health Screen are provided to ADF personnel departing the Area of Operations at the end of their deployment. The Post-Operational Psychological Screen is conducted three to six months after their return, and the Post Deployment Health Assessment is conducted three months after their return. Whilst there are no questions relating specifically to illicit drug use contained in any of these screens, there is the opportunity for the individual to raise any issues impacting on their physical and/or mental health with the health or mental health professional.

As stated above, all ADF personnel are subject to random and targeted drug testing both in Australia and on deployment.

Defence is well aware of the large body of medical evidence that PTSD is commonly associated with alcohol problems. Members who are being assessed for possible PTSD routinely undergo a comprehensive mental health assessment which includes a detailed history of alcohol and other drug usage. Members who require treatment for PTSD do so in approved programs in line with the national PTSD treatment guidelines that contain an appropriate focus on possible associated drug and alcohol problems.

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