

ORIGINAL ARTICLE

Drug abuse in the armed forces

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ABSTRACT

Objectives

This article presents the subject matter embracing the issues of drug abuse in the Polish Armed Forces on the example of recruits serving in military units of the Warsaw garrison. The article draws attention to certain dangers connected with drug abuse in armed forces such as lowering discipline or combat effectiveness of a single soldier as well as whole units. The article also presents drug prevention procedures leading to diminishing the problem in armed forces and also within an inner circle of individual soldiers who cannot effectively cope with addiction to drugs or psychotropic substances.

Materials and Methods

The conducted analysis defining the phenomenon of drug abuse in the military environment was based on data gathered from 195 recruits serving in military units of the Warsaw garrison in January 2004. The data was collected by means of a diagnostic poll method conducted among the studied group of soldiers.

Results

Every third of the respondents admitted to taking drugs in the past, and 61 of the questioned soldiers (31.3%) admitted to taking drugs after being drafted into the army. The surveyed soldiers admitted to experimenting with drugs for the first time at the age of 14-16 (14.8%), the most common age of drug initiation was 17-18 years old (29.5%). The most frequently used intoxicant was cannabis (67.3%). 89.7% of the respondents were fully aware of harmful effects of drugs on a human body. The majority of the surveyed soldiers who acknowledged that they had taken drugs were of a working-class background (37.7%) or of a peasant background (32.8%); the greater part (62.3%) had primary education, merely every third of the soldiers had secondary school education.

Conclusions

A large number of soldiers serving in armed forces use drugs. The age of narcotic initiation is surprisingly early even though harmful effects of drugs on a human body are commonly understood. The fact of using drugs by young people is heavily influenced by environmental factors such as social background or education.

Keywords:

drug abuse, soldiers, armed forces

INTRODUCTION

Social interest in the phenomenon of drug abuse is not accidental. Among a great number of hazards occurring nowadays drug addiction remains the subject of particular interest of scientists, medical doctors, psychologists and sociologists. Tens of articles concerning health and social consequences of drug abuse can be easily found in numerous professional journals. Drug trafficking has been a serious problem in the military environment for many years. Narcotic or psychotropic substances can be easily distributed in the barracks - a concentration of a large number of people. Drugs typically reach military units via soldiers and their friends and are dealt by drug dealers. In January 2004 a research into drug abuse was conducted in the population of 195 recruits serving in military units of the Warsaw Garrison. The research confirmed the use of narcotic substances in the military environment. Until the late 1990s drugs were not mentioned in the analyses of health hazards in the Polish Armed Forces. They were regarded as an external problem concerning students of secondary schools and colleges. Such a stand mainly resulted from crime rates observed within the aforementioned environments. The position on the risks of drug abuse changed radically in 2000, when 28.000 doses of psychotropic substances were found among Polish soldiers. Next year as many as 55.000 doses of drugs and intoxicants were seized by the Military Police. However, this number does not fully reflect the scale of the problem. Taking into account the average statistics at the 'civil market' the number of doses which might have actually been introduced into the military environment could be estimated at more than 200.000.¹ In 2002 the amount of drugs in the military environment decreased considerably. This was largely due to effective actions of preventive services. 9.500 doses were seized in the vicinity of the barracks.² Nevertheless, the fact

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does not prove that drug abuse has ceased to be a problem in the Polish Armed Forces. This article presents the subject matter of drug addiction in the Polish army based on the example of recruits serving in military units of the Warsaw Garrison. It also presents certain drug prevention measures aimed at reducing the problem in the military environment as well as within the inner circle of soldiers who cannot effectively deal with their addiction to narcotic and psychotropic substances.

MATERIAL & METHODS

The conducted analysis defining the phenomenon of drug addiction in the military environment was based on the data gathered from 195 recruits serving in military units of the Warsaw Garrison in January 2004. The research was conducted by means of a diagnostic poll method which remains one of the most popular methods of social research. The method, which is based on a purposely selected group of individuals representing the entire population in which a given phenomenon occurs, is a way to gather extensive knowledge on structural and functional attributes and on the dynamics of social phenomena, views and opinions of given societies, intensification and the course of development of particular events as well as all the other issues of no institutional location which have some educational significance.³ The techniques which are most frequently applied in this type of research include: an interview, a questionnaire, analysis of personal documents and statistic methods. The article makes use of a survey which is a reliable source of credible information. In this case the research tool was a questionnaire of drug addiction signs consisting of two parts. The first part of the questionnaire included questions which formed the basis for collecting all the necessary information relating to the respondents and their environment. The second part included questions concerning the issue of drug abuse. The survey included both open and closed questions. The technique which had been chosen made it possible to obtain the data which later enabled the researchers to settle the questions proposed in the research. The main research question was to assess the extent to which drug addiction is prevalent in the military environment and, in order to clarify the subject matter of the research, to select detailed queries and verify the initial hypotheses.⁴

RESULTS

The results which were obtained made it possible to determine the connection between the environment (place of residence or social background) and the fact of using drugs. Among 195 of the surveyed soldiers 52.3% were of peasant background, 34.9% of working-class background and merely 12.8% of middle class background. Social background clearly determines the occurrence of certain desires and ambitions in young people. The place of residence, as one of the environmental factors, also influences the youth. Living in rural areas (56% of the surveyed) creates a number of inconveniences, especially regarding the absence of cultural and educational centers. Living in urban areas, on the other hand, facilitates social development and helps to achieve professional success. Nevertheless, urban areas remain the source of greater risks for young people than rural areas

Table 1. The awareness of harmful effects of drugs among the studied soldiers (n=195)

Harmful effects of drugs	n	[%]
they are bad for one's health, they disturb learning and family life	175	89.7
they disturb learning and family life	10	5.1
they are bad for one's health	9	4.7
they disturb family life	1	0.5
Total	195	100.0

Source: Own studies

Table 2. Types of used intoxicants

Types of taken intoxicants	n	[%]
A – cannabis	41	67.3
B – amphetamine	4	6.6
A + C (cocaine)	1	1.6

Source: Own studies

Table 3. The method of taking drugs

Taking drugs	n	[%]
A- swallowing	1	1.6
B – injecting	0	0
C- inhaling	3	4.9

Source: Own studies

which is primarily due to higher crime rates, social anonymity, population density. A family plays an important role as far as the upbringing of young people is concerned. In a family a child goes through the process of growing up and is familiarized with social relations. A key factor in this process is social and cultural background of parents as well as their educational skills. Higher intellectual and cultural level of parents facilitates the execution of educational goals and contributes to a normal development of their children. The conducted research demonstrated peaceful coexistence in most families (90.3%), merely 9.7% of all cases conflicts between family members were revealed.

Drugs affect nearly all internal organs; as a consequence drug abuse leads to disorders in the majority of the body systems. The effects of drugs on central nervous system result in the development of irrational-magical thinking and separate an individual from reality. One of the effects of drugs on a human body is weakening the abilities to solve problems and perform complex psychomotor tasks. Drugs also reduce the capability of abstract thinking and deteriorate memory. After effects of drug abuse can be disastrous. Therefore, another point of the research was to determine the awareness of the studied population of harmful effects of narcotic substances on a human body (Table 1).

The analysis of the data included in Table 1 demonstrates that the surveyed soldiers are fully aware of harmful effects of drugs on a human body. Only a few respondents (0.5-5.1%) pointed to a single effect of drugs. Social and educational background of the studied population seems to have a great influence on their using drugs. The majority of the surveyed soldiers who admitted to using drugs in the questionnaire (every third of the respondents in the past and 61 after being drafted into the army) were of working-class background

(37.7%) and of peasant background (32.8%). The greater part of the studied population had primary education (62.3%) and merely every third of drug users had secondary school education. The research demonstrated that the surveyed soldiers started experimenting with drugs at the age of 14-16 (14.8%); in most cases they took drugs for the first time at the age of 17-18 (29.5%). The most commonly used narcotic substances included cannabis, amphetamine, cocaine, LSD. The majority of individuals used cannabis (67.3%). A great number of soldiers used both cannabis and amphetamine (11.5%) (Table 2).

The method of taking drugs depended on the type of the intoxicant used - the most common method was smoking (65.6%) since cannabis was the prevalent drug in the studied population (Table 3).

DISCUSSION

All the legal acts regarding drug prevention enforced in Poland are in accord with the EU regulations. The range of drug prevention procedures implemented in armed forces arises from the Act on Counteracting Drug Addiction. The act obliges the department of the ministry of defense to promote educational and preventive activities aimed at informing the society on harmful effects of drug abuse.⁵ The regulations related to counteracting drug addiction within the structures of the Polish Armed Forces are reflected in other significant acts of law. The aforementioned tasks are mentioned in the act on military discipline and the act on Military Police and military administrative services. The tasks are further regulated by a number of executive acts of the abovementioned bills.⁶

A military unit forms a highly formalized organizational structure holding clear objectives and methods aimed at their execution. Regardless of the fact whether a young person fears the military service or treats it as an ordinary stage in his life, the fact remains that upon being drafted into the army a recruit is torn away from his environment and lose the natural support of his family or peers. Following conscription a young person tends to look for support which he had lost. Typically his first impulse is to try to come closer to his peers who are in the same situation or to senior soldiers. Asking for the superiors' assistance is commonly regarded as a sign of weakness. Therefore, it is not surprising that serious personal problems manifest themselves in extreme situations, e.g. suicide attempt. Theoretically, a military unit is a restricted and supervised area. It is much easier to identify an individual under the influence of alcohol than under the influence of psychotropic substances. Characteristic reactions of a human body to using drugs are so unpredictable that it is difficult for a person without proper experience to identify the problem. One may assume that because it is not problematic to recognize an individual under the influence of alcohol there will be a growing tendency to replace alcohol with intoxicants - at least to avoid disciplinary consequences.

In general, psychotropic substances are introduced into a military unit via 3 basic routes: a recruit takes a drug outside a military unit and returns under its influence, he carries in psychotropic substances for himself and his friends, friends or family of recruits carry in drugs during their visit in a military unit. Each of the routes described above result in unpre-

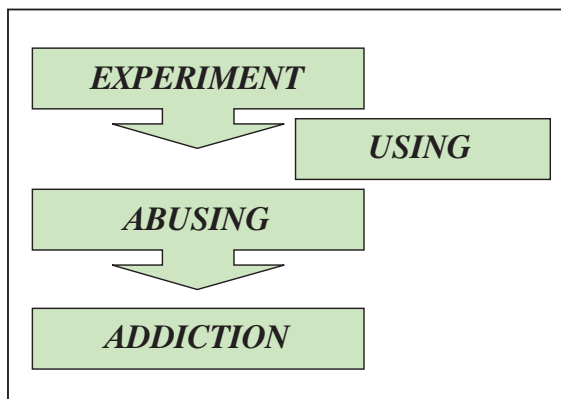


Figure 1. Figure 1. Using drugs in the military environment
Source: Jędrzejko M. Rudiments of preventive procedures counteracting drug addiction. Warsaw.

dictable and uncontrolled reactions, which pose a serious threat to combat effectiveness of a particular military unit.^{7,8}

The implementation of effective preventive actions counteracting drug addiction is only possible if one understands that detaining a drug addict is not a key to success. It is much more important to create the atmosphere of social disapproval of using drugs and to provide prosecution authorities with all the necessary assistance with investigating the process of drug trafficking in military units and arresting drug dealers. Another important issue is to make soldiers fully aware of all health, social and legal consequences of using drugs. This should be accompanied by a detailed analysis of the causes which might have led to drug abuse. Detaining a recruit using psychotropic substances is not an accomplishment in itself; the fact merely demonstrates that the problem exists. It only paves the way for further action. Using drugs in the military environment can be basically divided into three stages (Fig.1).

- experiment - psychotropic substances are taken for the first time or they are taken very rarely (the most frequently observed stage during the military service),
- abusing - the use of psychotropic substances (usually in excessive quantities) is unjustified and without medical supervision.
- addiction - very strong habit of using drugs without any psychological or physical control of it.
- using - taking psychotropic substances on a doctor's recommendation.^{2,6,9}

There are several forms of using drugs as far as soldiers are concerned:

- experimental use - young people try out the effects of a particular intoxicant. The aim of this form is to experience some specific sensations, which are to help them with spending their free time in a 'nice' way,
- recreational use (also called weekend use) - it occurs most frequently. A drug is taken in a circle of friends, mainly in social situations (discos, parties, meeting with friends),
- situational use - taking psychotropic substances in particular circumstances, e.g. before an exam, in stressful situations, while executing difficult tasks (military missions), to deaden personal, health or family problems,
- intensive use - an everyday or nearly everyday usage of

drugs to reduce stress, to boost one's mood, to ensure one's well-being. At this stage taking drugs is a must and it clearly indicates the first stage of drug addiction.^{6,9,10}

There are a number of different reasons which facilitate the use of psychotropic substances in the population of soldiers. The experience of military service suggests that its conditions are not the only determinant of drug abuse among soldiers, albeit specific character of service may, in some cases, intensify one's interest in drugs. Previous research suggests that a deciding factor for a soldier to seek contact with psychotropic substances is the fact of his earlier experiments with drugs or prevalence of drugs in social situations, especially in peer groups. The beginning of the military service is frequently associated with sudden disruption or limitation of social relationships and it applies to all social groups, regardless of the fact whether a recruit is a volunteer or he is drafted into the army under an administrative decision. There are no recruits who would be totally indifferent to breaking up their previous relationships. Both tolerance to new living conditions and the adaptation period vary in each case. The typical reactions to stress occurring among recruits are generally associated with the specific character of military service – a military unit is a closed community (barracks can only be left on definite conditions). Also the mechanism of a military unit tend to limit personal freedom. The access to some of the goods available outside the military is also limited. Life in the barracks (even if they are of a high standard, there are excellent commanders and the military tasks are organized efficiently) is fundamentally different from living conditions a recruit had experienced as a civilian.

The beginning of a military service is associated with sudden disruption of previous relationships of which the most important is limiting contacts with family and peers, a girlfriend; inability to fully satisfy cultural, sports and recreational needs characteristic to the civilian environment, absence of personal belongings to which a young person was used to or attached, changes in daily routine, disruption of one's eating habits.

The changes mentioned above are not the only factors influencing a recruit's behavior. They all result in the intensification of stressful situations which consequently impede the adaptation process and increase the willingness to seek a method to work off stress. Other factors creating psychological and organizational barriers are the necessity to function in a completely new team, a large extent of knowledge to be learnt within a short period of time, the military regulations with its numerous bans and duties, exertion, new responsibilities connected with the functioning of a detachment, the necessity to obey orders of other people, limited access to means of communication.

Experiences of the military service indicate that stress revealed within the first several weeks after having being drafted into the army increases the willingness to seek means and methods to work off their negative emotions. At this stage they become interested in alcohol and psychotropic substances, nervousness increases, quarrels or even acts of violence (fights) occur. Whereas, several years ago alcohol was a common means of dealing with stressful situations, currently it is being replaced with drugs.⁸

Situations which intensify stress level and require intensive physical effort are commonplace in the military environment. There is nothing unusual about it for experienced soldiers so we often fail to notice negative effects of stress on recruits' behavior. In people without proper training such situations will result in specific psychophysical reactions which may be the reason of some psychiatric disorders and consequently lead to the use of intoxicants.⁹

Situations which may facilitate the use of drugs as a means of working off stress are: fear of overnight service, e.g. being on guard, reconnaissance; poor physical condition compared to other recruits, inability to comprehend military tasks and poor mastery of military craft, difficulties in mastering particular military tasks.

The ability to implement effective procedures in cases of detecting drugs among recruits determines the success of the drug prevention campaign. The basic therapeutic measure in counteracting the use of intoxicants remains expertise of their actual effects on a human being, his family, social relations, professional career and health. If psychotropic substances are detected in a military unit there are two main courses of action to be taken. They can be executed simultaneously or individually - depending on a situation. The basic principle in such circumstances is the protection of life and health of the people who are at risk from drugs or are already under their influence. The most reasonable course of action in the former case should be a systematic education adapted in its forms and methods to recruits' perceptive abilities. In the latter situation a medical doctor's and a psychologist's intervention is indispensable. A different procedure ought to be implemented if superiors are aware of drugs prevalence (attempts to distribute them) in a military unit. This type of a procedure is strictly connected with personal responsibility and the awareness of possible consequences of drug trafficking among recruits. It is essential to properly investigate the routes of drugs distribution in order to stop their supplies to the military units. Seizing the ultimate 'addressee' is not the most effective course of action as it does not affect drug dealers or the criminal groups. Moreover, detaining the final link of the distribution chain will only result in its quick replacement by another person. Steps taken by prosecution authorities only provide support for the prevention actions conducted within a particular military unit. It cannot be based on the fear of unexpected medical tests. A key factor in counteracting drug addiction is creating the atmosphere of disapproval of drug abuse among soldiers. The success of such a preventive action is associated with the application of effective forms of informing recruits on terrible health and personal consequences of drug abuse.⁶

In accordance with the act of law on counteracting drug addiction it is the National Bureau for Drug Prevention – appointed by the council of ministers – whose aim is to implement and coordinate the national strategy of counteracting drug addiction. It presupposes the execution of preventive measures within three domains: limiting supply, medical treatment, rehabilitation and reducing health damage, and preventive action.⁵

Within the military environment it is the task of the Military Police to limit supply, search for drugs, eliminate distribution centers, prosecute drug dealers and drug users, train the military personnel in methods of identifying drugs

and symptoms of using them, whereas medical treatment, rehabilitation and limiting health damage remains the task of the national health service. However, it needs to be kept in mind that the military health service in contrast to the civilian health service does not possess medical centers providing specialized help and treatment for drug addicts.¹ This means that the capability to counteract drug addiction in the military environment is limited to individuals being at the stage of experiment or an occasional use. The execution of preventive actions rests with commanders who are assisted by army education officers and psychotherapists. In addition to this, commanders can make use of experience gained by local institutions certified to help drug addicts and implement the drug prevention campaigns. These include authorized agents responsible for drug prevention appointed to council and national administrative bodies, and outpatient rehabilitation clinics, drug rehabilitation centers, detoxification wards in hospitals, advisory centers, voluntary associations and organizations.

The drug prevention program is a series of actions aimed at preventing or reducing drug use in a given community. The strategy may also consist in programming alternative events in relation to the occurrences which are to be eliminated. With respect to the scope of activities the drug prevention strategy may be divided as follows:

- level 1 – aimed at prevention and reducing prevalence of drugs within a broadly understood military environment. It is targeted at the whole military environment; it studies the reasons for drug use in order to prevent this unfavorable social phenomenon.
- level 2 – aimed at prevention and reducing prevalence of drugs within a particular community at risk from drug addiction.
- level 3 – aimed at preventing drug relapse. It is targeted at individuals who has already been afflicted with the drug addiction but had overcome the habit and do not want to have a relapse.

Particular drug prevention actions are divided into the following sections:

- level 1 – counteraction, education, health promotion (education within a military unit, within the local environment, planning free time activities, individual educational actions towards individuals at risk from drug addiction),
- level 2 – intervention (therapeutic groups, counseling and therapy for families and children of drug addicts),
- level 3 – medical treatment, rehabilitation, post-rehabilitation, reduction of health damage.

The elements mentioned above may be implemented in different forms: as drug prevention programs, multi-element procedures or complex plans allowing for drug prevention actions at the level of Armed Forces. They may also be executed in the form of uncomplicated programs allowing for only a few elements, adapted for a particular detachment or a military unit. A detailed analysis of the problem along with the assessment of existent hazards, determining the key aspects of the problem and establishing specific procedures should all be performed while creating a drug prevention program.

CONCLUSIONS

1. Drug abuse is much influenced by environmental factors such as social background (more drug users among soldiers of the working-class background than among those of middle-class background), education (more drug users among soldiers with primary school education than among those with secondary school education), and place of residence (soldiers living in urban areas use drugs more often than those living in rural areas).
2. The awareness of harmful effects of drugs is at a surprisingly high level. As many as 175 out of 195 surveyed soldiers acknowledged that drugs have harmful effects on a human body and disrupt learning and family life.
3. The research has demonstrated that every third of the respondents used drugs in the past and 61 of them (31.3%) took psychotropic substances after having been drafted into the army.
4. The typical age of drug initiation was 17-18 years old.
5. Cannabis was the most prevalent intoxicant among the surveyed soldiers. 67.3% of those experimenting with drugs admitted to the use of cannabis.

The article does not exhaust the subject of drug abuse in the population of soldiers. Extensive research on a national scale should be conducted to demonstrate how serious the problem is. Such a research ought to be followed by the implementation of certain preventive measures which would be effective and commensurate with current threats. In relation to the fact that military service necessitates the regular use of arms (which in case of drug users poses a significant threat to their health or lives and is extremely dangerous for other soldiers) one should consider the introduction of thorough medical tests detecting the use of drugs or psychotropic substances. Identifying individuals using drugs would certainly allow avoiding a series of problems or even tragedies resulting from the use of drugs while in the military service. This article is of a unique character, as the subject matter embracing issues of drug addiction in the Polish Armed Forces has not yet been thoroughly discussed. Therefore, it is extremely difficult to contrast the theses put forward in this research paper with other related articles. Compulsory basic military service was discontinued giving rise to the process of professionalizing armed forces in Poland. Nevertheless, the fact remains that young people volunteering for the corps of privates represent the very same background as their predecessors several years ago.

Conflict of interest: None declared.

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