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DRUG ADDICTION IN THE DEFENSE FORCES OF UKRAINE: STUDYING THE SITUATION

REPORT ON THE RESULTS OF SOCIOLOGICAL RESEARCH

Kharkiv, 2025

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GOALS AND DESIGN OF THE STUDY

The goal of the study

To analyze expert evaluations of the service delivery system for military personnel and veterans experiencing psychoactive substance (PAS) addiction.

Research methodology

Qualitative research: Individual in-depth expert interviews.

Interview duration: 60–90 minutes

Subject of the study

The system of providing services to the military and veterans with substance addiction

Research Timeline

Study period: November 2024 – February 2025

Data collection period: November 25, 2024 – January 20, 2025

Research Goals

- Outline the overall situation regarding psychoactive substance (PAS) addiction.
- Identify the most common types of addiction and the specifics of PAS use within military and veteran communities.
- Determine the causes for PAS addiction.
- Examine perceptions of PAS addiction within military and veteran communities.
- Identify manifestations of stigma towards individuals who use PAS in the military environment / veteran community.
- Assess the availability of services and barriers to access for military personnel and veterans who use substances.
- Identify the needs for training and professional development of specialists providing services to military personnel and veterans experiencing PAS addiction.

Geography of the Study

The experts (medical professionals and psychologists) currently work in Kharkiv and its region, Kyiv, Dnipro, as well as in military units operating across various sectors in the East and South of Ukraine.

However, during the interviews, they described a much broader geographical reach of their patients and the diverse cases they encounter in their work. Veterans and military personnel from all regions of Ukraine seek assistance from these specialists or are referred to them.

Target Groups of the Study

The study involved experts from three fields of expertise: (1) doctors from specialized medical practice in civilian medical institutions and military hospitals, (2) combat medics, and (3) psychologists, including military psychologists. In total, 26 expert interviews were conducted.

1. Doctors of specialized medical practice — representatives of state and private medical institutions, including chief physicians, heads of addiction treatment departments, narcologists, psychiatrists, and surgeons	**N = 11**
2. Combat medics — including company doctors, therapists, surgeons, anesthesiologists	**N = 7**
3. Civilian and military psychologist	**N = 8**

In the context of sociological research, an expert is a person with specialized knowledge, usually a highly qualified professional and/or an individual with exceptional experience relevant to the research topic.

Criteria for selecting expert participants:

Representatives of the medical field and psychologists with direct experience working with military personnel and veterans who are experiencing or have experienced substance addiction.

All respondents agreed to participate in the study.

Ethical Principles of the Study

Confidentiality. The collection and analysis of empirical data of the sociological study are based on adherence to ethical standards and the protection of all participants' rights to privacy and confidentiality. To this purpose, all respondents involved in the study were informed of the requirements for confidentiality guarantees, according to which they undertake not to disclose or otherwise transfer to third parties any information about the participants.

Voluntary participation. At the beginning of the interview, all experts were informed about the purpose and objectives of the study, the specifics of the study, as well as about the guarantees of confidentiality for the respondents, the principle of voluntary participation in the study, and the right to refuse to answer questions and terminate the interview at any time. All experts provided verbal informed consent to participate in the study and to have their interviews recorded.

Information protection. All data collected during the study was securely stored on a password-protected platform accessible only to the research team. No information containing personal data about the study participants was used in the reports.

Features of the Study

The chosen research methodology is a qualitative approach, specifically the method of expert interviews, which doesn't aim to cover a large number of participants, as is typical in the quantitative approach. The purpose and goals of this study are based on this approach of data collection. Since the research topic is relatively new for both service providers and society, and the subject of the study is constantly evolving, it was logical to turn to experts who accumulate relevant information on the topic.

The data collected from the expert interviews can be used for further practical work, and can also serve as a foundation for hypothesis generation and formulating the objectives of a quantitative survey.

Various factors related to the martial law (such as power outages and internet disruptions due to shelling, experts' workload, difficult access to potential participants, refusals to participate in the study, and rescheduling of planned interviews) were considered during the study design phase and did not significantly impact the timeline of the fieldwork conducted by the research team.

The results of the study will contribute to the formation of an evidence base and dialogue with stakeholders and key partners at the national and regional levels, and will help determine the focus of advocacy efforts to improve the current situation in the system of support for the military and veterans with experience of substance abuse.

ABBRIVIATIONS

Common abbreviations

PAS	Psychoactive substances
NGO	Non-governmental organization
MEC	Military Medical Commission
HIV	Human immunodeficiency virus
AFU	Armed Forses of Ukraine
NHSU	National Health Service of Ukraine
MoH	Ministry of Health
PTSD	Post-traumatic stress disorder

Abbreviations in quotation captions

DOC	Doctor
MDOC	Combat Medic
PSY	Psychologist
F	Female
M	Male

PORTRAIT OF PSYCHOACTIVE SUBSTANCE ABUSE IN THE MILITARY AND VETERAN COMMUNITY

SUMMARY OF THE SECTION

- Experts point out that among military personnel and veterans experiencing substance addiction, alcohol use is more widespread, followed by substance use. Combined use of psychoactive substances — both alcohol and drugs — is frequently reported.
- Common drugs used by military personnel and veterans include opioids, stimulants, hallucinogens, cannabinoids, and sedative-hypnotics. The most dangerous are psychostimulants (such as "bath salts"), which can lead to serious brain damage and quickly cause addiction.
- Experts note that there is currently a tendency to increase the number of people in the Armed Forces who are discovered to be using psychoactive substances. Some experts believe that this may also be due to a greater openness to discussing such cases in the media and in society.
- Experts highlight several groups of factors that influence the development of addiction. The most vulnerable are male servicemen aged 25 to 45, those with brain injuries, mental trauma, physical and emotional exhaustion, and those with previous experience of substance use. In addition, socio-cultural factors, such as low levels of moral, psychological, and military combat training or lack of family support, can also contribute to addiction.
- According to experts, young people aged 18-25 are more likely to engage in occasional drug use. Individuals aged 25-45 are more prone to systematic substance use, while those over 45 are more inclined toward alcohol consumption.
- Experts distinguish the causes of substance abuse among military personnel and veterans. For military personnel, substance use is often linked to physical and psychological overload, previous drug use, and peer influence. For veterans, the reasons are mostly related to severe psychological and physiological trauma, including the amputation of limbs, which can lead to a loss of life goals.
- The use of psychoactive substances in the military environment can "satisfy" several needs: escape from reality, quick recovery, improvement of physical and mental abilities, avoidance of fear, and dulling of pain, both physical and mental (for example, due to the loss of loved ones or brothers in arms).
- People who are addicted to psychoactive substances often refuse help because of shame, fear of exposure, comfort under the influence of PAS, and lack of awareness of available services. There is also a perception that available care may be unqualified, along with low cultural acceptance of seeking psychological help. One of the reasons for refusing treatment is the physical inaccessibility of assistance and the unwillingness of commanders to release servicemen for therapy or rehabilitation due to lack of personnel.

COMMON TYPES OF ADDICTIONS AMONG THE MILITARY AND VETERANS

Experts identify the most common types of addictions among military personnel and veterans: (1) alcoholism, (2) drug addiction, and (3) other types of addictions, such as smoking, energy drinks, and gambling.

Drugs used by the military and veterans

- Opioids (morphine, oxycodone, nalbuphine, tramadol, methadone, gabapentins, pregabalin (Lyrica)
- Stimulants (salts, amphetamine, methamphetamine, mephedrone)
- Hallucinogens (mushrooms)
- Cannabinoids (cannabis)
- Tranquilizers and sedatives (hydrazepam)

Most experts believe that **all types of addictions and substances used by the military are dangerous**, as they can harm both the user and those around him or her.

> There's this drug called Lyrica, and it's like the hottest thing right now—it's everywhere, I'd say, really popular. Instead of calming a person down, talking to them, or even just offering them some tea—I don't know, giving them a hug, let's say—they're told, 'Come on, man, take a pill, and everything will be just fine!' People are using some kind of fast-acting substance.
>
> From an interview with a psychologist, PSY_F_6

Among **the most dangerous** substances are **psychostimulants**, mostly salts, which cause irreversible processes in brain functions and make people hallucinate under their influence. Addiction to them is formed after the first use.

> The most common drug used in groups is marijuana, usually when they smoke a pipe. I already know of a case where 'bath salts' were also involved. The group buys the substances, uses them, and spends time together. 'Bath salts' are presented as something harmless—like, 'You'll see, even digging will be more fun.'
>
> From an interview with a psychologist, PSY_M_10

Substance	Features / expert review
"Lyrica" and methadone	"Lyrica" is a popular opioid drug among the military. According to some experts, there are cases of inappropriate prescribing by doctors (e.g., the duration of treatment), which can lead to addiction. Popular among veterans.
Salts	Stimulants of the nervous system. They are cheap and easy to buy. They are used to increase energy levels (most often in ground forces and assault brigades). In some cases, group abuse is typical.
Cannabis	Recreational use of cannabis is barely hidden, and is most popular among young people who used it before joining the Armed Forces (periodically, for fun). It is used to relieve stress.
Mushrooms	Popular drugs among the servicemen.

> During the period when the unit was engaged in combat operations, there were very strong personalities—soldiers who demonstrated courage, uniqueness, and valor, the kind that teeters on the edge of life and death. When we started working with these people and removed 'bath salts' and other drugs from their lives, they didn't just become fearful—they experienced panic, not only during prolonged battles but even when performing basic combat tasks.
>
> From an interview with a psychologist, PSY_M_10

Currently, it is common to use drugs and alcohol or different types of (PAS) in combination using all existing methods (smoking, swallowing, snorting, injecting).

Experts report a decrease in injecting drug use. Most people who use injection methods had prior experience with it before joining the army.

SIGNS OF DRUG ADDICTIVE BEHAVIOR

Experts point out that drug users are most often identified through changes in their behavior, physiological and psychological state.

Signs of drug addictive behavior

Primary signs: behavior and appearance

Signs of **cannabis** use include changes in the eyes: pupil constriction, shine, redness.

Signs of taking **salts** a person becomes extremely active, sometimes exhibit inappropriate behavior — self-harming, shooting, or engaging in physical fights.. Such a person becomes sane, calculating, cheerful, cheerful, which was not observed before. Or vice versa depression, self-isolation, avoidance of social contact.

> They bring in a soldier who doesn't smell of alcohol, whose eyes are directed on a single point, and who does not engage in productive communication. There are no visible traces of injections or other physical evidence. Of course, he denies everything.
>
> From an interview with a doctor, DOC_M_5

Secondary signs: during medical procedures, diagnostics

Abnormal breathing, changes in platelet levels, and a reduced response to anesthesia. This condition is sometimes mistaken for a stroke.

Diagnostic methods include the "Sniper" test, urine analysis to identify the type of drugs, or a test to detect salts in the body.

> The man was behaving inadequately, having fun in the formation instead of looking serious. It was later discovered that powder had indeed been provided, and he had been using it.
>
> From an interview with a psychologist, PSY_M_10

CAUSES OF PAS USE

Experts note that currently, the use of PAS among the military is due to physical and mental overload, previous experience of use, availability of prohibited substances, and regulated practices of use in some military units.

	Triggers for the use of PAS and alcohol	Vulnerable groups / condition
MILITARY PERSONEL	**Physical overload, fatigue, lack of recovery** (disruption of the work-rest cycle, lack of sufficient sleep, lack of other available opportunities for quality rest).	• Infantrymen. • Units with a lack of personnel.
	Psychological overload, stress, anxiety disorders.	• Persons without military experience, forcibly mobilized. • Soldiers with a low level of adaptation to military life conditions. • People who have experienced the loss of their comrades-in-arms and are fighting on the front line. • "Outsiders" – individuals who are not accepted by the team or command and suffer from bullying.
	Previous experience of substance use, even after remission, provokes the resumption of drug use (physiological dependence).	• Persons with experience of physiological addiction.
	The presence of people in one's environment who provoke/initiate the use of substances, normalization of systematic use in the environment.	• Psychologically immature people with traumatic experiences. • Young people with reduced awareness of the consequences in the future

> ...People are taken away, and they think it's certain death, they're not coming back. Then the depression sets in, and the substance use begins.
>
> From an interview with a combat medic, MDOC-M_4

Needs that are "covered" by the use of drugs and alcohol in the military environment

- Changing/escape from reality, including the loss of a sense of security, intimacy, and the constant threat of sudden death.
- Rapid recovery, rest.
- Improved physical and mental performance (e.g., before a risky combat mission).
- Avoidance/dulling the feeling of fear. The most common fears of military personnel are captivity, disability due to injury, death, and loss of family.
- Dulling of pain physical, mental, emotional (including the loss of loved ones, comrades-in-arms, etc.).

> At the same time, people do not consider it a problem, i.e., during the war he believes that he has the right to rest, and this is true... So people try to calm down somehow. I can't find another word for it. Those who simply take drugs because they have nothing to do are very rare. Post-traumatic experience makes itself felt.
>
> From an interview with a combat medic, MDOC-M_4

The reasons for PAS use in the veteran community are most often linked to severe trauma, difficulties in finding new life goals, and uncontrolled use of painkillers.

	Triggers for the use of drugs and alcohol	Vulnerable groups / conditions
VETERANS	Prolonged postoperative recovery period, uncontrolled use of painkillers	• People who have lost limbs or suffer from other serious injuries • Anxiety disorders, depressive states
	A complete change in life orientation: loss of work, qualifications, usual social environment, family, etc.	
	Neuropathic and chronic pain that has not been properly treated	
	Psychological state, such as feeling of for not having done enough or having done something wrong, emotional swings	

> Well, veterans have a slightly different situation. They had a lot of emotional outbursts... Additionally, after the war, people who return usually undergo a shift in their life orientations, while the environment they lived in before the war remains unchanged, holding the same values as before. Because many veterans are pushed out of social life, they may turn to drugs or alcohol. So the reason here is slightly different. In the military, psychoactive substances are often used to enhance physical and mental abilities to survive, whereas for veterans, it is more about assimilating or escaping from this world.
>
> From an interview with a psychologist, PSY_M_10

1. **Expert observations. Common to both military personnel and veterans:**
2. There is a correlation between alcohol addiction and other types of addictions. People with alcohol addiction are more vulnerable to developing new addictions.
3. People with a history of substance use are more likely to start/resume using (including systematic use) during wartime.
4. Often, military personnel who use substances justify their use of illegal substances by citing their combat experience, traumatic events, and the need to protect themselves from emotional and physical overload.

> For veterans, the first thing is guilt, i.e. the feeling that a person has not done enough or has done something wrong. During the war, it is not necessarily related to combat operations. There may be divorces, relationships, because there are losses of personnel, and the person was not there. And the consequences of this are already in peacetime, that is, a person could start drinking alcohol, cross the red line.
>
> From an interview with a psychologist, PSY_M_10

FACTORS THAT INFLUENCE THE DEVELOPMENT OF ADDICTION

Experts identify several groups of factors that impact the development of addiction. The most at-risk individuals are men aged 25 to 45, people with traumatic brain injuries, psychological trauma, physically and emotionally exhausted, and those with previous experience of substance use.

Gender

Most of them are men. Experts note that women are also prone to various types of addictions, but currently there are women in the Armed Forces who joined the service voluntarily and are motivated.

Age

18-25 years old may experiment with drugs, but their use is not typically systematic. Most often, they are influenced by other peers who involve them in substance use; often the first experience is caused by curiosity.

25 45 years are the most active users of PAS, including systematic use.

45+ years old, for those individuals alcohol consumption is more common. They tend to have a more negative attitude toward drug use.

> It's very rare among young guys aged 18 to 25, although such cases do occur, but it's mostly related to cannabis. More serious substance use typically starts from age 30 or 35 and goes up to around 45 or 50. Most often, it's men.
>
> From an interview with a psychologist, PSY_F_14

Physiological

- Traumatic brain injuries, barotraumas, contusions from the war and prior, e.g., from road accidents, professional boxers, etc.).
- Amputations.
- Comorbidity pathologies.
- Physical exhaustion.

These are individuals who had suffered craniocerebral injuries as a result of the same road accidents . Now these are contusions. These are the same traumatic brain injuries. When a person with these disorders begins to drink even the same alcohol, alcoholization occurs very quickly and is so harmful. They have altered forms of alcohol addiction. The same thing happens with drug addiction. In addition, post-traumatic stress development. Of course, this is also a very bad cocktail, so to speak.

From an interview with a doctor, DOC_M_2

According to expert opinion, addiction in people with physiological disorders develops more rapidly and tends to be more aggressive (for example, chronic alcoholism develops at a faster rate).

People with a medical history of addiction are often more vulnerable to developing a new addiction. This is particularly true for those with alcohol addiction. Another group includes those who have tried to quit but were unsuccessful. The third group consists of people with weak willpower.

From an interview with a doctor, DOC_M_17

Mental and Psychological

- Unstable mental state, lack of a sense of purpose (including within the family, community), stress and anxiety disorders, mental exhaustion, low level of stress resistance, etc.
- History of mental illness, traumatic experience, including PTSD.

I had a case where a man had a wife, two children, a mistress, and everything was fine. But everything was under pressure there, there was no real sense of need, and the only thing demanded of the person was money for him, that's all. And these people are much more vulnerable. When a person has a strong rear, you know, he may even be unmarried, he has a good relationship with his girlfriend, with his mother, they are less addicted to this.

From an interview with a psychologist, PSY_M_10

Cultural and Social

- Traditions, family culture, alcohol and drug use. People from families in difficult social conditions, or those without hobbies or interests, are at risk.
- Low level of moral, psychological, and military training (for example, due to low motivation to serve).
- Lack of emotional connection with family members and close friends, and absence of family support.
- **People with previous drug use experience** are at the highest risk.

Experts provide examples of units formed from people who were previously imprisoned / conditionally sentenced, where PAS use is more common.

Experts **do not highlight any dependence on professional specialization** among PAS users. However, they note that people who perform the most dangerous combat missions (infantry, assault troops, etc.) are at risk.

> People with psychological trauma from childhood, feelings of incompetence, or a sense of not belonging in society. They struggle to find their identity or purpose, and thus, substance use becomes an easy way to disconnect from reality.
>
> From an interview with a combat medic, MDOC_M_18

REQUEST FOR HELP

The most common requests for help from PAS consumers

Condition stabilization

- A physical condition requiring urgent medical care.

Solving health problems that interfere with the normal functioning / or performing official duties.

The need for painkillers.

- General state of physical and mental health: insomnia, delirium, panic attacks, anxiety, tachycardia, hypertension, heart pain, tremors, etc.

Psychological needs. Experts note that military personnel often make psychological requests but do not disclose the problem of drug use.

- Acceptance of a new reality, establishing relationships, coping with pain and loss, stress and anxiety disorders, fatigue, exhaustion.
- Correction of behavior that harms task performance.

Requests related to the desire to be demobilized due to addiction.

> With requests to correct behavioral issues, as they tend to harm behavior and affect task performance.
>
> From an interview with a doctor, DOC_M_16

The experts' conclusions regarding **the dynamics of requests** for psychoactive substance use are divided:

- Some believe that the dynamics are showing an upward trend, observing an increase in the number of substance users among the military.
- Others note that the number of requests remains at a certain (low) level.

> Basically, it's like a comatose state, so to speak. If they are on their own, they try to avoid doctors because doctors might notice that something is wrong with them.
>
> From an interview with a doctor, DOC_M_12

> They are coming with problems that are the consequences of PAS use. For example, if we are talking about amphetamines, it can be tachycardia, hypertension, heart pain, tremors, inability to sleep. These kinds of things. And then it turns out that they don't tell us what they're using until the last moment . But as a doctor, I understand what it could be from. And if you dig into it, you can often confirm the fact of use.
>
> From an interview with a combat medic , MDOC_M_13

Currently, experts identify **the following trends in requests** (compared to 2022 and 2025):

- An increase in the number of people with a low level of motivation to perform combat missions / serve.
- An increase in the number of requests related to auto-aggression ("I am useless", "I can't pull it off").

REFUSAL OF HELP

Reasons why individuals refuse to seek help

Fear of exposure

- Shame, fear of disclosing psychoactive substance use problems, fear of criticism, sanctions (including financial), fear of discrimination, bullying by command, colleagues, and doctors.
- Fear of disclosing the presence of other concomitant diseases in the case of injecting drug use (HIV, hepatitis C, etc.).

Failure to recognize the problem of PAS use

- People who systematically use substances consider their condition normal, acceptable and comfortable.
- People who systematically use PAS believe that substance use is the only available form of adaptation to military conditions (overcoming fear, doubts, etc.).
- The use of psychoactive substances, more often psychostimulants, as aids in the performance of combat missions.
- Regularized use of psychoactive substances in the environment.

Lack of available information about qualified assistance

- Lack of information about opportunities to get help.
- Complicated bureaucratic procedure for applying for help.
- Refusal of the command to release a person for therapy or rehabilitation.
- Inadequate communication with veterans who use psychoactive substances (e.g., lack of recognition of their military merits, low level of respect, etc.).
- Underdeveloped culture of seeking psychological help in general.
- Physical inability to get help in time, as people spend months on combat missions.

> They won't seek treatment, because this is their normal state. That's all. That is, they do not realize that they are sick. They do not need it.
>
> From an interview with a doctor, DOC_M_14

> ...they use psychoactive substances as an aid. When, for example, performing combat missions or something else, because psychostimulants are psychostimulants, they keep people awake, reduce fatigue, and so on.
>
> From an interview with a doctor, DOC_M_16

THE PERCEPTION OF PSYCHOACTIVE SUBSTANCE DEPENDENCE IN MILITARY AND VETERAN COMMUNITIES

SUMMARY OF THE SECTION

- Experts identify four main types of addictive behavior of military/veterans who use substances that affect the perception and stigmatization of a person in the military community: (1) dependence on medications, (2) long-term addiction that developed before military service, (3) acquired addiction, when substances are more often used due to stress, fatigue, or social influence, (4) "adrenaline addiction", dependence on participation in risky military activities.
- According to experts, the most widespread addictions are those to PAS used by people to relieve stress and increase combat effectiveness, as well as addiction to medications. The most stigmatized addiction is the one that developed before the start of military service, is long-lasting, interferes with the performance of official duties and endangers other team members. Less stigmatized are addiction to medications that arose stigmatized, a combat injury, addiction that aids in performing risky combat missions, as well as substance use to cope with stress and anxiety during war.
- The study participants note that it is important to pay attention to vulnerable groups of military personnel and veterans who use substances, and face increased risk due to rejection by the military community or lack of other social support. Experts include military personnel discharged due to addiction, and veterans with severe physical and psychological injuries. The situation is also difficult for servicemen who serve under contract or are officers because of the risk of disclosure of personal data and possible status/financial consequences.
- The use of PAS has significant consequences for the life and health of military personnel and veterans, and puts family, social, professional, and military relationships at risk. The use of substances poses significant risks to their surroundings, comrades and military service both in terms of safety and efficiency of combat missions, as well as in terms of psychosocial climate, hygiene, and the risk of increasing the number of addicts in the unit.
- The perception of military personnel who use PAS is influenced by a number of factors, among which the attitude of the commander and the person's behavior are of primary importance. If the behavior of the addicted person does not harm others and does not negatively affect the performance of combat missions, the person is perceived as a full-fledged member of the team in this case, most often, substance use is not stigmatized and the person is not discriminated in any way.
- Experts identify three main types of response of the command and the military community to the behavior of military personnel who use substances during their service: (1) tolerating consumption, (2) accepting the situation of consumption under certain conditions (returning to military service after rehabilitation), (3) expulsion from the unit. It is important to note that there is a general trend toward a softening of attitudes toward substance use in wartime and a decrease in the stigma of substance dependence.

- The most common manifestations of stigmatization and discrimination against military personnel who use PAS include moral humiliation and disciplinary punishment. At the same time, all these cases are often not brought out, but remain hidden within the team.
- Experts say that among the problems that are objective in the context of war in the context of providing support to military personnel who use PAS, it is necessary to note the problems of manning the unit with personnel there is currently no possibility to provide the necessary medical and rehabilitation support to all who need it, on the other hand, there is no clear mechanism for regulating interaction with people who use PAS by the command and support staff (doctors, psychologists). Significant problems include the issue of providing opioid substitution therapy, the lack of legalized mechanisms of disciplinary responsibility, and the issue of personal data protection..
- There are information gaps regarding interaction with military personnel and veterans with addictions among both the public and civilian medical personnel. Experts noted instances examples of delayed medical care and dismissive attitudes towards people with addictions, potentially leading to aggression and mistreatment.
- Experts consider the duration of the military conflict and the inability to complete military service as the main obstacles to quitting PAS use. Adequate therapy and supportive social relationships, such as family, friends, and colleagues, are considered effective in overcoming addiction. At the same time, most experts are skeptical about the likelihood of full remission in individuals with substance addiction.

ADDICTIVE BEHAVIOR OF MILITARY PERSONNEL AND VETERANS

Experts identify four main types of addictive behaviors among military personnel/veterans who use substances that affect the perception and stigma within the military community. According to some estimates, the most widespread are (1) addiction to substances used to stress relief and enhancing combat effectiveness, and (2) addiction to medications.

Types of addictive behavior of military / veterans

Type of addictive behavior	Level of stigmatization / specific features	Vulnerable groups
"Postoperative addiction, dependence on prescription medications	Least stigmatized. The problem of uncontrolled use of medicines/painkillers is widespread. People who are dependent on medications can most often express a desire to stop using.	• Persons with psychological problems • Veterans with severe injuries (e.g. amputations)
"Long-term addiction" (substance use started before military service)	The most stigmatized. People who use various types of substances, including injecting drugs, have characteristic signs of addictive behavior. Military personnel can be discharged because of addiction, not due to a combat injury.	• People with low level of education, psychological trauma, social disintegration
"Acquired addiction" due to stress, fatigue, 'for the company' (use acquired or increased during military service)	It is less stigmatized and socially acceptable during military operations. People with this type of addiction are more likely to try to hide their addiction, convince doctors that they do not use regularly. Examples of use include smoking weed (e.g., marijuana) and taking pills. **Important!** Acquired addiction is often a consequence of a person's adaptation to life in a group in which substance use is normalized.	• Young people (up to 35 years old) • **Forcefully mobilized persons** with problems of adaptation to military conditions of life • Veterans with problems of social reintegration
"Adrenaline addiction", addiction to risky actions	It is not stigmatized or silenced. Occasional cases. It is manifested by the need to perform risky combat missions in conjunction with the use of various types of PAS.	• Persons with a special psychotype

At the beginning of the full-scale invasion, there was a large amount humanitarian aid with painkillers, which are narcotic analgesics, contributing to the formation of a group of soldiers who were addicted to these drugs.

From an interview with a doctor, DOC_M_20

There is a category of people, a strange category of people, of psychotic state, who are here, fighting, everyone knows about their addiction, yet they are the ones who do not leave the position of almost.... He uses too many substances. Everyone turns a blind eye to this, because it's a war, it's hard to define it...but we can say that for him, war has already become an addiction.

From an interview with a psychologist, PSY_F_5

Often, the army encourages the initiation of drug use, or, let's say, if a person has not been using something systematically, they may start doing it more often, because it is associated with a stress factor, and with the fact that people often find themselves... in an environment where it is customary, for example, to abuse. Everyone there uses, abuses, and a person, against their will, succumbs to it and starts using as well.

From an interview with a combat medic, MDOC_M_13

...there are a lot of people who try to avoid combat by using drugs. Maybe they could make a show. To demonstrate the consequences of substance use... It's like saying, right, It's hard to put into words, but a demonstration—it would be tough.

From an interview with a psychologist, PSY_F_5.

Experts identify several vulnerable groups of substance users among the military, which have their own characteristics and risks, both in terms of stigmatization and the consequences of substance use.

Potential risks for military personnel and veterans who use substances, for certain categories of people with addictions

Group	Risks
Commissioned due to PAS addiction issues	• Negative perception among both military and civilians. • Disrespect from civilians. Rejection within teams, including through aggressive, socially unacceptable behavior. • At the same time, there is a group of individuals who deliberately attempt to exploit addiction for the purpose of demobilization (according to military psychologists).
Military personnel with addictive behavior and serve under contract or are members of the officer corps	They fear that their addiction may be exposed, leading to negative consequences, reprimands, punishment, etc.
Veterans with heavy physical and mental injuries	Suicidal and self-harming behavior due to a loss of life's meaning, living through an existential crisis, with a lack of support from family and other social groups. The urgent issue of social reintegration and finding one's place in civilian life persists.

> ...people quite often, having, for example, certain military injuries, they are at such a risk that they may be discharged due to their addiction, which, let's say, is not related to a combat injury. Such individuals are more vulnerable in the sense that, of course, in society, we have a rather negative attitude towards alcohol or drug addicts. That is, these people can suffer from their drug addiction, of course, they can suffer. Somewhere their rights may be infringed upon because they are drug or alcohol users.
>
> From an interview with a doctor, DOC_M_2

CONSEQUENCES OF RISKY BEHAVIOR OF MILITARY PERSONNEL AND VETERANS

The use of PAS during military service or after demobilization has significant consequences for a person's life and health, putting family, social, and professional relationships at risk.

For a person who consumes PAS

In general

- **Decreased quality of life due to health problems** somatic issues and related risks (hepatitis C, HIV infection, immunodeficiency).
- **Changes in mental state.** Problems with self-management, coordination, mood, body perception, time, changes in attention, mood, reaction, and decreased self-criticism. Apathy, depression, and, as a result, suicidal behavior can be common.
- **Exclusion from family relationships, conflicts, divorce.** A vicious circle begins, and due to the lack of support from the family, addictive behavior intensifies (the person feels resentful for being abandoned).
- **Social isolation, exclusion from the circle of friends,** professional community, and declassification. A person no longer feels safe and is forced to seek a new social group among those who use substances. Due to social isolation, the frequency of substance use increases.
- **Financial problems, constant lack of money, debts, etc.**

- Related to military service
- **The risk of injury or death due to loss of concentration**, changes in perception of the outside world, reduced reaction time, memory impairment, etc.
- **Degradation of service relationships**. Bullying or rejection by the command or fellow soldiers (Experts attribute this to behavioral changes due to consumption most often, aggression and inappropriate actions). Feeling of uselessness, neglect by colleagues.
- **Exposing addictive behavior**, which can result in the revocation of a person's status and financial sanctions.

> ...They are punished primarily by the disciplinary authority responsible for moral and psychological support, which imposes monetary penalties on them and reprimands, causing them to lose money. Additionally, they may even be dismissed from service. If their performance is good, they may be granted leave for the weekend—to visit their family or simply rest.However, in this case, they are not allowed to leave the unit; they are repeatedly punished.
>
> From an interview with a psychologist, PSY_F_4

> It negatively affects their lives, putting them at significant risk. You know, get injured or... Or die. It's much more dangerous to be intoxicated during combat . Plus, there is also a specific attitude towards them in the unit.
>
> From an interview with a doctor, DOC_M_3

The use of PAS by the military personnel brings significant risks to their environment and fellow soldiers, both in terms of safety and efficiency of combat missions, as well as in terms of psychosocial climate, hygiene in the military community, and the risk of increasing the number of addicts in the unit.

For the environment

Related to military service:

- **Impact on the safety of military personnel or civilians.** Disruption of the performance of duties, reduction of combat readiness of the troops. Risks associated with access to weapons, explosives, and armored vehicles.
- **Increased risks for combat teams due to** (1) the risk of inappropriate behavior during the mission, (2) discipline (including tension, conflicts in the team), (3) the departure of a combat unit, (4) providing data to the enemy, such as geolocation.
- **Increase in the number of addicts within the unit**; addicted soldiers may influence others to use PAS (young people, those who were forcibly mobilized, and those with low social status are at risk).
- **Health risks—potential transmission of diseases among fellow soldiers and medical personnel.**

> So, first of all, this person is a grenade in his pocket with a bounced safety pin. Nobody knows what will be in his head or who he will point the weapon at. That's the first thing. The second point is that these people, from my point of view, are quick to recite. Therefore, even if it is a junior commander, his actions may not always be adequate, which can also lead to consequences.
>
> From an interview with a doctor, DOC_M_5

If it's a normal group, no one really wants to live with a drug addict. First of all, if he is also an injecting drug addict, he is constantly sick with everything possible — hepatitis, "ew, he has some kind of warts in his mouth, he brought something, some kind of warts in his mouth, all over his lips." He goes to the common dining room. You understand how everything is washed in that dining room. Some worker touched that plate with a stinky rag and put it down. Well, no one is going to disinfect it or process it in dishwashers under pressure and at a high temperature. Who needs it?

From an interview with a psychologist, PSY_F_4

Of course, no one in the environment really wants to sleep in the same room with him, for example, he gets up in the middle of the night, walks around with a knife, and then says to his friend: "Look, you're going to cut the first row, and I'm going to cut the second." Of course, they go to the commander and say: "Take him away, or we'll kill him ourselves."

From an interview with a psychologist, PSY_F_4

...there are some, he told me, when I asked if he had used before the war? No. And why, now? Because he was advised that if you want to survive... and he was sick, he did not sleep. And he had to do something, because no medication was working, so he was advised to use these substances. And this substance gives paralysis, he said it was a wonderful state.

From an interview with a psychologist, PSY_F_5

PERCEPTION OF MILITARY PERSONNEL WHO USE PAS

Despite the significant of risks for both the person with addictive behavior and others, the perception of military personnel who use PAS is shaped by several factors, (1) the attitude of the command or authority figures towards substance use and (2) the behavior of the person. If a person with an addiction does not harm others or negatively impact the execution of combat missions, the person is perceived as a full-fledged member of the team.

Factors that influence the perception of military personnel who use PAS

1. **The commander's attitude to people who use substances.** Personal example of substance use or abstinence.
2. **The atmosphere in the team.** The normalization of substance use for relaxation, distraction, or alleviation of stress and anxiety symptoms. The presence or absence of a clearly defined shared purpose and professional motivation within the team.
3. **Completeness of the unit with personnel:** If there is a shortage of personnel, a military member with an addiction may be forced to return to the unit, and denied access to treatment, among other consequences.
4. **Behavior related to the performance of military duties.** The ability to follow orders and assume responsibility. General intellectual abilities of a person. Personal and collective responsibility. A valuable team member is likely to be treated with more tolerance.
5. **Socially acceptable behavior.** Maintaining self-control, ability to communicate adequately, manner of communication. Personal habits and general hygiene. The presence or absence of conflicts within the team related to individuals with addiction (e.g., tension, misunderstandings).
6. **The frequency and type of substance use on a regular basis.** For example, when consumption occurs only during leisure time and not during a combat mission. The use of "milder" substances, such as marijuana, is generally more acceptable.

> It depends, first of all, on what I have already told you — the atmosphere in the unit. If, excuse me, there are two dozen drug addicts in a unit and one or two normal, healthy people, then they will probably have to escape from such a unit. In units with competent command, as I said before, they will simply try to remove such a person from the unit.
>
> From an interview with a doctor DOC_M_2

> If you just start treating everyone, then you need to recruit independent people, the same number, you know, in that sense. Because everything can fall apart, I mean the battlefront and so on.
>
> From an interview with a combat medic, MDOC_M_13

> If people use a little and hide, no one sees them. And I don't think anyone pays attention to them, as long as they don't behave provocatively.
>
> From an interview with a combat medic, MDOC_M_9

According to experts, there are three main types of response from the command and the military community to the behavior of military personnel who use substances. These include (1) tolerating consumption or joint consumption, (2) accepting the situation of consumption under certain conditional, (3) refusal to serve in the military and expulsion from the unit. These types are conditional, and may vary in degree depending on military units and other circumstances.

Perception of military personnel who consume substances by their command and fellow soldiers	**General description of the situation**	**Strategy of coexistence / further follow-up actions**
Type 1: Tolerance/sharing of PAS using / "Turning a Blind Eye"		
The behavior of a person with an addiction is not condemned, and the use of substances in war is seen as a variation of the norm.	The attitude of commanders and their personal stance on substance use play a significant role. Often, in such units, servicemen live their lives separately from the command, or the command shares consumption behavior.	**Unspoken motto:** "As long as nothing bad happens, it's fine" Substance use is widespread among a significant portion of the team or by influential figures within the unit. **Sanctions:** None identified.

> Those who use PAS just to make things easier are hardly bothered at all — just don't get caught.
>
> From an interview with a psychologist, PSY_F_5.

Experts, most often military psychologists, noted that in some military units, there is a rejection of individuals who do not use psychoactive substances or alcohol.

> If the commander doesn't care about any of this, then no decisions will be made, he won't even pay attention to it. It depends on the intellectual capability of the commander. Absolutely.
>
> From an interview with a combat medic, MDOC_M_13

Experts note that the stigma surrounding addiction is decreasing, and the use of psychoactive substances in wartime is now seen as a variation of the norm.

> Well, he does, but who doesn't? The main thing is that it doesn't cause too many problems. And if he does, they send him to a psychologist, instance. "Oh, this is your client, go do something." And you start trying to place him somewhere, do something, move him around.
>
> From an interview with a psychologist, PSY_F_6

Perception of military personnel who consume substances by their command and fellow soldiers	**General description of the situation**	**Strategy of coexistence / further follow-up actions**
Type 2: Acceptance of PAS use under certain conditions / "Return to service after stabilization"		
Perception depends on the situation of substance use and the behavior of the servicemember. Often, their behavior is perceived as 'stumbling, tired', and the addiction is defended and justified. The behavior of servicemen who are valuable as "combat units", do not use substances during combat missions, and are able to perform their functions efficiently is more tolerated.	The situation of "protection" for military personnel with addictions, including the lack of personnel in military units. It is not uncommon for the command to not fully understand the problematic situation, be unaware of potential complications, the duration of therapy, etc.	**Unspoken motto:** "Return to service after rehabilitation" Sending a soldier to specialized institutions for rehabilitation and then returning to the unit. Or, alternatively, they are not allowed to go for therapy due to lack of staff. **Sanctions:** conversations, administrative fines, reprimands.

There are commanders who do not want them to return, but do everything possible to make sure that they can be commissioned, because it is impossible, other comrades categorically do not want them in the ranks to babysit them. And some commanders act like caretakers: he gets treated and comes back again, that is, he is a good fighter there, a skilled tanker, a competent soldier who fulfills all his duties, if it is revealed that he is addicted to drugs—often psychostimulants—he is still considered irreplaceable, and that shapes the attitude towards him.

From an interview with a doctor, DOC_F_1

Because the battalion commander, for example, does not sign a referral or any other document for this person. He may be fine with these incidents occurring periodically, because he knows that if this person leaves, he simply loses a soldier. And addiction treatment is a very, very long process.

From an interview with a combat medic, MDOC_M_13

Perception of military personnel who consume substances by their command and fellow soldiers	**General description of the situation**	**Strategy of coexistence / further follow-up actions**
Type 3: Rejection and exclusion from the unit / "Isolation or removal from a responsible position"		
Openly negative perception of the behavior of a servicemember with an addiction. Manifestations of contempt, social isolation, psychological and sometimes physical violence from both command and fellow soldiers.	It is more common in units that emphasize behavior of "sobriety," order, discipline, motivated leadership, and a strong civic stance. Often, the team shares the opinion that a servicemember who uses substances should be discharged to avoid having to "babysit" them. The unit is likely to display aggression toward a military member struggling with addiction.	**Unspoken motto:** "Isolate and get rid of" Transfer to less responsible positions, to perform duties not related to the life and health of others, or, alternatively, expulsion from the unit. **Sanctions:** warnings, reprimands, deprivation of bonuses, disciplinary measures, referral to the military police, sometimes physical punishment.

> Those in commanding positions, who joined the Armed Forces as volunteers—former reservists, former Maidan activists, people with a strong civic stance, and motivated individuals—will, of course, always maintain order. So, of course, they will always have order. And there will always be an immediate reaction, and they will simply try to get rid of such people from their unit, from their part.
>
> From an interview with a doctor, DOC_M_2

According to some experts, the army as a whole now has a more positive attitude towards soldiers with addictions, making efforts to transfer them to another unit where they can be useful.

Only in 20% of cases do they attempt to completely abandon the person.

> There are more people with a positive approach—they want to help, they want the person to stay in the ranks. If they cannot use weapons, they try to find a place where they can contribute in another way, without weapons. There are 20 percent of negative people who do not want a drug addict. I said: "When will you take him away?" "We don't need him". "I said: "I'm sorry, but so am I, he's been through treatment, who do I go to? I can't send my husband out on the street sick, maybe to another hospital somewhere, maybe a psychiatric hospital, maybe other help."
>
> From an interview with a doctor, DOC_F_1

MANIFESTATIONS OF STIGMA AND DISCRIMINATION

The most frequent manifestations of stigma against military personnel who are addicted are by (1) the command, (2) members of military units where PAS use is prohibited, (3) civilians (including medical professionals) who due to a different lifestyle, do not understand the reasons for substance use. Experts say that the most common manifestations of stigma and discrimination against military personnel who use substances include moral humiliation and disciplinary punishment. At the same time, all these cases are often not brought out, but remain inside the team.

The most common manifestations of discrimination against military personnel who use PAS during their service

- **Social isolation, moral humiliation, canceling, manipulation.** The situation is exacerbated by the closed environment in which the soldier is kept, as he is placed in an environment where he cannot change his surroundings.
- **Violation of rights.** Denial of leave, days off, and financial sanctions (such as deprivation of bonuses, awards, etc.).
- **Assignment to correctional labor,** including tasks that are unappealing to the person or that violate standards, such as extended guard duty.
- **The imposition of physical punishment.** Experts believe that such punishments are rare, but they are aware of cases of beatings, imprisonment in a pit, solitary confinement, etc.
- **Lack of access to OST.** Military units are constantly moving, and people who use PAS lack do not have access to medical facilities that provide care..
- **Refusal or delay in providing medical/other assistance.** More dismissive attitudes towards people who use psychoactive substances and socially unacceptable behavior affect equal access to medical or other care. In times of war, when instant decisions are made, the “value” of such a person is automatically reduced.

> There were cases that I know of discrimination, they are less common now... when they dug a pit, put these people in the pit for several days, which, of course, harmed their health, violated their rights as patients, after all, they are sick people, and there are no positive consequences for a person. When you get out of the hole, the same thing happens again, absolutely. These are the moments of discrimination that can be present.
>
> From an interview with a combat medic, MDOC_M_13

In another room, an officer was kicking a soldier to explain that he could not drink alcohol while on duty.

From an interview with a doctor, DOC_M_16

Manifestations of stigma / discrimination & problematic issues

	Medical personnel (civilian)	Civilians / public
Expectations	Currently, the public and civilian doctors have widespread expectations of military behavior that can be described as "honor of the uniform" — the military should be a model of psycho-emotional stability, courage, and steadfastness. Therefore, the addictive behavior of the military is perceived extremely negatively and condemned. (Based on observations and statements of civilian doctors and psychologists).	
Perception	For the most part, doctors perceive soldiers with addictions as "patients" — people who need comprehensive medical, psychiatric, and psychological care. However, in some cases, they display a dismissive attitude towards people who use substances.	Stereotypical attitudes towards people who use drugs as people of low social status.
Awareness	Lack of awareness regarding the specifics of working with people with addictions.	They have a low level of awareness regarding the nuances of interaction: they may exhibit fear, disrespect, or contempt, provoke aggression, and even engage in bullying.
Risks	Delayed or incomplete provision of medical care. Disclosure of patients' personal data (more often by secondary and junior medical staff).	Currently, the state's focus has shifted to other priorities, leaving people with addictive behavior to face their problems alone.

The old belief that psychoactive substances are used only by outcasts. That a person who uses them is seen as mere biomass, not a human being. This is stigma—rooted in a lack of understanding of what addiction truly is.

From an interview with a psychologist, PSY_M_7

Imagine this: a person seeks medical help while under the influence of substances. Sometimes, this leads to stigma—they may be denied treatment or face other forms of discrimination.

From an interview with a doctor, DOC_M_15.

Relatively speaking, to solitary confinement. There is a punishment cell—not the kind with a mesh, which is for those who are extremely violent and physically aggressive—but rather a place where they are monitored, and their phone is taken away. And, as they say, all means are used—somehow, things still reach them... There is a section with a lighter regime, where certain items can be brought in. And for those considered highly dangerous, they are isolated more strictly. Relatively speaking, one group is in one cell, while another group is in a separate cell.

From an interview with a psychologist, PSY_F_5.

Those who have addictions, who were addicted before the full-scale war, may try to assert some rights here, saying, 'You owe us, you owe us,' well, I also respond: 'Guys, let's think about this. I am the head of a drug treatment facility. Do you think military personnel should be in a drug treatment facility? I believe there shouldn't be any military with drug addiction.' They agree with me, more or less, and then we are a bit more manageable, because some of them come right out and say, 'You owe us. We are protecting you, we are shedding blood, you owe us.'

From an interview with a doctor, DOC_F_1

In civilian life, it is more noticeable and, as you say, more stigmatized. You even walk down the street and think, 'Oh my God, why did you go out in military clothes? At least don't disgrace the name of the military,' and I see them lying around somewhere. They're walking, and I think, 'Oh, oh, oh.' And it's not a contusion. People think it's a contusion, well, I know what a contusion is, yes, it's not.

From an interview with a psychologist, PSY_F_6A

DISCLOSURE OF PERSONAL INFORMATION

The issue of disclosure of personal information of military personnel and veterans who use PAS was met with mixed reactions by most experts. Most of them emphasized that they were unaware of any cases of military personnel's personal data being disclosed or or were unsure of what exactly was being referred to. This situation may indicate a low level of awareness of the issues related to personal data storage or the existence of problematic issues that are not yet clearly formulated. Only a part of the experts drew attention to some problematic issues.

Challenges within the military community regarding the disclosure of personal information on PAS use

1. **The inability to conceal information about the use of substances, and therefore the issue of personal data protection cannot be relevant.** It is very difficult to conceal information about a person's substance use when living together in a closed military environment. However, some military personnel attempt to hide their substance use due to fear of sanctions (According to experts, concealment is only feasible in the early stages of use or when consumption is occasional).
2. **Absence of a clear protocol for psychologists and medical personnel working directly with the military regarding the disclosure of personal information.** On the one hand, they, as representatives of certain professions, are obliged to keep information confidential, and on the other hand, as military personnel, they must inform the command about existing problems. Currently, Ukraine lacks established guidelines for handling such cases.
3. **Civilian medical experts** more frequently noted that data on military personnel using PAS are encrypted, yet acknowledged the of disclosure by mid-level or junior medical staff.

> Everyone knows anyway. Look, it's really hard to hide, let's start there. There, especially at the first stages of use, when there is still an illusion of control, you can get away with it. But after that, you can't.
>
> From an interview with a doctor, DOC_F_11

> Disclosure? No way. If someone is brought in suspected of being under the influence, at least a dozen people know about it.
>
> From an interview with a doctor, DOC_M_12

REFUSAL TO USE PSYCHOACTIVE SUBSTANCES

A significant number of experts believe that the primary obstacle to a person's readiness to stop using substances is the prolonged military conflict and the inability to complete military service. Proper therapy and supportive social relationships, such as family, friends, and colleagues, are considered effective in overcoming addiction.

Factors that influence the willingness to quit using substances

- The prospect of demobilization.
- The presence of supportive, emotionally close family or partner relationships.
- Social status and educational level (the higher they are, the greater the likelihood of developing other addictions).
- Deteriorating health (memory loss, feeling of constant dependence, changes in appearance (e.g., from 'Lyrica')
- The desire to fulfill their professional duties (more often characteristic of senior officers)
- Change of environment, sphere of activity (presence of an authoritative person, feeling of being needed).
- Risk of being transferred to another unit as a form of punishment.
- Lack of rehabilitation services, and a clear, transparent, and accessible system for overcoming addiction (currently, no structured pathway exists for patients with addictions in the AFU).
- Financial reasons.

According to some experts, **about 50-60% of military personnel who use psychoactive substances have the potential to quit.**

> Everyone tells me that no one is going to do this during the war. Some plan to give up this addiction, to start working.
>
> I recently spoke with a guy, a serviceman, and we came to the conclusion that this is going to be a huge problem. And I'll say it again—during the war, most servicemen don't even consider giving up their addiction. Because, as I've already said, many of them say it helps them get through what they see. Most of them.
>
> From an interview with a psychologist, PSY_F_14

Effective ways to switch addiction

- Family formation, children
- Religion
- Creative activity (music, painting, literature)

However, the readiness to give up substance use is **often performative —** people declare their readiness to quit, but take no concrete actions to get rid of their addiction (more often noted by combat medics and military psychologists).

The main reasons for continuing to use PAS /quitting

- The only available way to alter their state is dictated by the conditions of war (in case of severe psychological trauma, the need to get rid of the feeling of vulnerability, extreme fatigue, stress, depression, etc.).
- They do not want to give up the state that creates their dependence or the perception that this is the best thing they can experience.
- They do not understand the problem of the devastating consequences for life and health and believe that the situation will change in a peaceful life.
- Low success rate of remission after substance use (estimated at 10-20%).

THE SYSTEM OF SERVICE DELIVERY AND TRAINING NEEDS FOR SPECIALISTS WORKING WITH PSYCOACTIVE SUBSTANCE DEPENDENCE

SUMMARY OF THE SECTION

- Experts believe that there is currently no systematic work on recovery from addiction / providing support to active military personnel with substance dependence, as there are no clear mechanisms or standardized procedures across all relevant institutions. Veterans have more opportunities to overcome their addiction, as they can turn to the Ministry of Veterans, veterans' unions and special organizations.
- Among the available services for military personnel to overcome substance dependence, the study participants identified: (1) consultations with psychologists, psychotherapists, psychiatrists, and psychiatrists-narcologists, (2) provision of drug therapy, emergency detoxification, (3) provision of treatment and rehabilitation services by private medical centers, (4) support through chatbots and support groups (in rare cases). There are barriers and challenges in both accessing and delivering care. In the first case, these include: fear of acknowledging the problem or outright denial, lack of consistency in informing about available services, and a complicated bureaucratic path in case of addressing the problem. In the second case, it is the lack of staff in military units, the lack of a standardized protocol and an integrated treatment system, and the lack of specialists.
- Most experts are convinced that the current system of providing services to the military and veterans with addictions does not meet their needs and emphasize the need to introduce specialized addiction treatment centers exclusively for veterans and military personnel.
- The study participants identify several institutions and structures that should be responsible for developing a system of services for military personnel with addictions in the future, including the NHSU, the Ministry of Health, the Ministry of Veterans, the Ministry of Defense, etc.
- Experts emphasize the need for specialized training and continuous professional development in the latest methods of treatment and diagnosis of addictions, as well as treatment protocols for military personnel with addictions.

WAYS TO IDENTIFY ADDICTION

Experts believe that the path to recovery from psychoactive substance abuse begins with acknowledging the problem and the servicemember's willingness to overcome addiction. Most experts emphasized the importance of voluntary treatment, though some supported compulsory treatment.

Ways to identify addictions in the military

1. **Detection of addiction during medical care.** A serviceman is admitted to a treatment center/rehabilitation facility (not because of addiction), where a PAS dependence is detected during treatment. This way of detecting addiction is quite common.
2. **Detection of addiction by a unit specialist through behavioral changes.** Addiction can be detected by a psychologist or a combat stress management team.
3. **Self-disclosure of the addiction problem by the service member to their command.** Further actions of the command include (1) consultation with a psychologist and the unit's medical service, (2) referral of the serviceman to a hospital, where he is given a referral to a psychiatrist, narcologist, neurologist, neuropathologist.

> First and foremost, a person must have the desire to be free from addiction. He or she must make this decision and rely solely on his or her own desire. And enlist the help of loved ones, if they are ready for this support in treatment
>
> From an interview with a psychologist, PSY_F_1

Currently, according to some experts, there is **no systematic approach to helping servicemembers overcome addiction**, as there are no clear mechanisms or established procedures.

Usually, servicemen with severe addictions are demobilized.

Veterans have greater access to support for overcoming addiction: they can seek help from the Ministry of Veterans and veterans' unions, specialized organizations. At the same time, veterans can seek help anonymously, unlike active military personnel.

> A servicemember reports to the command or to the unit's medical department, which refers him to a military hospital for a consultation with a psychiatrist-narcologist, upon arrival, the psychiatrist-narcologist issue a referral to our institution, and the person is admitted to our facility for treatment.
>
> From an interview with a doctor, DOC_M_3

Usually, no work is done on addiction recovery with such servicemen. There are no clear mechanisms. At best, if the cases are severe, and the person is completely incapacitated—for example, it's third-stage alcoholism, or systemic opiate addiction, then these people are demobilized through the military medical board. These are extreme cases, where demobilization is deemed necessary. All other patients in similar conditions usually wait for their turn to be demobilized.

From an interview with a doctor, DOC_M_13

A veteran can go to the hospital, or to a narcologist. Many veterans undergoing substitution therapy have access to psychologists, and they can also assist them with the therapy, even if they are on medication... Military personnel must go through the hospital or their unit's medical service, because they cannot come to us (doctors) directly.

From an interview with a doctor, DOC_F_1

SYSTEM OF PROVIDING SERVICES TO THE MILITARY AND VETERANS WITH ADDICTIONS: AVAILABLE SERVICES

Services available for military with addictions

1. Referral to specialized specialists: psychologist, psychotherapist, psychiatrist, psychiatrist-narcologist, etc.
2. Provision of medication-assisted therapy, urgent detoxification.
3. Provision of assistance by private medical centers (anonymous treatment).
4. Providing support through local chatbots and support groups. However, these tools do not operate systematically, and depend on the initiative and activity of the combat psychologist/unit.

> They do not seek help from specialists, but rather from moral authorities. That is, if a psychologist lacks authority, they will go to a commander and for guidance. Officially , a person can be sent to a medical company, which may then send them to the nearest medical facility, to the psychiatric department . But there is a strong stigma around it—it is considered shameful for a soldier, so they will refuse to go.
>
> From an interview with a psychologist, PSY_M_10

Some psychologists distribute informational materials about available services, **such as brochures with hotline numbers and helplines.**

Ways to get information about assistance

- Through the medical unit
- From the command
- From psychologists
- Through word of mouth, particularly from respected figures within the unit
- From friends and family

> Psychotherapy is available, medication therapy is available, examinations are available in full. We adjust other services. Sometimes other somatic pathologies are hidden under the addiction. Sometimes oncology is hidden. We correct this through the hospital.
>
> From an interview with a doctor, DOC_F_1

SYSTEM OF PROVIDING SERVICES TO THE MILITARY AND VETERANS WITH ADDICTIONS: BARRIERS

Barriers and restrictions related to receiving assistance	Barriers and restrictions related to the provision of assistance
Fear/refusal to recognize the problem and seek help.	Shortage of personnel in military units / lack of understanding from the command of the necessity of providing treatment to military personnel with addictions.
Lack of consistency in informing military personnel and veterans (including at the level of educational work) about available and accessible services: from the moment of application to the provision of rehabilitation services.	Absence of a clear protocol and a well-coordinated treatment system that would integrates and aligns the work of different specialists. Absence of a comprehensive management system for addressing addiction in military personnel/veterans.
A complicated bureaucratic process when seeking help through the chain of command or medical service ('command – military hospital – specialist'), which not all military with addictions are ready to go through due to fear of stigmatization, judgment from their fellow soldiers and command.	Shortage of specialists and high levels of their burnout. Currently, there is a lack of psychologists, psychotherapists, psychiatrists, and narcologists with experience working with military personnel with addictions.

> The person says, I don't mind, or I want to go somewhere. And then you arrive at the hospital, the person behaves in some way, maybe due to addiction, and the doctors say, if he is perfectly polite, we will take him in... No one wants responsibility if they complain about him, even if there is some minimal thing there.
>
> From an interview with a psychologist,, PSY_F_6

Some experts note that specialists **without experience or professional training in treating military personnel and veterans** are reluctant to take responsibility for their care..

There is a lack of staff, because the work of a narcologist is not highly valued... a person treats people with low self-esteem, well, let's be honest, people with antisocial behavior.

From an interview with a combat medic, MDOC_M_18

Direct protocols on what to do, first, second, third. We don't know our stakeholders, we don't know our neighbors... (Note: this refers to other medical and public sector professionals who work with addictions in the military). In other words, we are not familiar with all those people who, besides us, are involved in the treatment of addictions.

From an interview with a psychologist, PSY_M_10

SERVICE DELIVERY SYSTEM: NEEDS AND AREAS FOR IMPROVEMENT

At the same time, the experts lack a clear understanding of the structures involved in the process of providing assistance to military personnel with addictions today. The participants of the study identify several institutions and structures that should be responsible for developing a system of services for military personnel with addictions in the future, including the NHSU, the Ministry of Health, the Ministry of Veterans, and the Ministry of Defense.

Areas for improving the system of services for military personnel with addictions

1. Approve treatment protocols and a multidisciplinary system for detecting, treating and supporting military personnel and veterans with substance addictions. This system should include doctors, psychologists, psychotherapists, psychiatrists, narcologists, CSO representatives, lawyers, social workers, all of whom should work together during treatment, rehabilitation and readaptation.
2. Create a unified support system for female and male veterans with addictions that will take care of their health.
3. Conduct more thorough examinations of mobilized personne for substance dependence during the military medical examination / Conduct screening during the military-medical commission (MMC).
4. Improve the qualifications of military doctors and psychologists in addiction treatment, as well as train mid-level doctors in the specifics of working with the military.
5. Raise awareness of available services and treatment process for military personnel with addictions.

> We need to be involved in a multidisciplinary way. Almost all should undergo a basic program in terms of psychotherapy, communication, engagement of specialists, supervision, analysis of the situation. Social services should also be established. These people need to understand that they have support, and this is very costly, especially during a full-scale war, which also requires attention.
>
> From an interview with a combat medic, MDOC_M_8

The system of providing services to the military with addictions: responsible structures and agents*

- NHSU
- Ministry of Health of Ukraine
- Ministry of Veterans Affairs
- General Staff (in particular, to create the Main Department of Psychological Support)
- Ministry of Defense
- Command and medical forces in military units.

*Among the authorized bodies at the state level responsible for developing and implementing effective strategies and programs for the prevention, early diagnosis, treatment, and rehabilitation of individuals with substance use experience, it is also worth noting the Centers for Public Health (CPH) and the Ministry of Social Policy. (Note from the Charitable Foundation "Kharkiv with You")

> It has to be cooperation, because whether you want it or not, the Ministry of Health deals with all people in Ukraine who need help, and the Ministry of Defense is responsible for the military, but the military is included in the category of all people. So it should be a joint effort.
>
> From an interview with a combat medic, MDOC_F_19

Important components of rehabilitation of military personnel and veterans with addictions

- Establishment of **peer-to-peer support**/treatment groups, seeing the possibility of group psychotherapy, where military personnel will help each other overcome addictions.
- Medication therapy and detoxification.
- Implementation of an integrated approach: a combination of psychosocial and medical support.

SERVICE PROVIDING SYSTEM: TRAINING AND PROFESSIONAL DEVELOPMENT NEEDS

The study participants noted that they need professional training and advanced training in the latest methods of treatment and diagnosis of addictions, as well as protocols for treating military personnel with addictions.

Popular topics for training and professional development of specialists working with military personnel and veterans with addictions

- Teaching self-help and self-regulation skills.
- Stabilization of the psychological state of people on combat missions.
- Working with people with PTSD, stressful conditions, anxiety disorders.
- Working with people who have suffered organic brain injuries, contusions.
- The specifics of interacting with and assisting military personnel.

Possible training formats and areas of professional development

- Short-term and intensive courses/programs on the specifics of working with military/veterans, including those with addictions.
- Training in modern, relevant protocols for working with military/veterans with addictions.
- Exchanging experiences and knowledge with specialists working with military personnel/veterans with addictions, as well as in-service training and licensing for handling specific drugs (e.g., those used to treat delirium tremens).
- Some experts note that the training should be based on the experience of the Russian-Ukrainian war and the mental characteristics of Ukrainians.

> We need a lot of such programs, and I would nationalize them, so that all doctors can firstly identify this category, have proper communication with this category of patients, So that it's not like it happens now, where someone is simply labeled 'oh, he's a drug addict,' and then dismissed... There, tra-ta-ta, so that deontology and subordination are maintained, so that these people feel comfortable, so that they can be properly communicated with, because if these people are frightened, if they are treated aggressively, they will withdraw even more... Therefore, it is necessary for doctors and paramedics to undergo specialized training.

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