

Episode 120 - Dr. Nikki Wooten: Gender Differences Among Army Service Members in Substance Use Treatment Utilization During the Year Prior to Deployment

[00:00:08] Welcome to in social work. The podcast series of the University of Buffalo School of Social Work at www.insocialwork.org. We're glad you could join us today. The purpose of social work is to engage practitioners and researchers and lifelong learning and to promote research to practice and practice to research. We're so sure most have heard of our winters here in western New York but without them what we have now is not possible springtime drastically different sun angles and shadows a city of trees with green and bright colors. Song birds returning rebirth. I'm Peter Sobota and happy spring from Buffalo. In this episode Dr Nikki Wooten describes her study of the gender differences in substance use a year before army service members deploy using her own service history and that of her family members. Dr. Wooten explains the roots of her interest in the topic and the population. She describes the findings of her current work and future directions related to the unique needs of women in our military especially as they play an ever increasing role in our armed services. Nikki Wooten Ph.D. is assistant professor at the University of South Carolina College of Social Work. Her research interests include military service and deployment stressors post deployment substance use psychological problems and behavioral health utilization in military and veteran populations. She is a major promotable in the District of Columbia Army National Guard and has been either in the Army Reserve or National Guard for over 24 years. In addition she has been an enlisted soldier and is currently an officer.

[00:02:02] Dr. Wootin was interviewed by our own Dr. Tom Nochajski a proud Marine Corps veteran and research professor here at the UB School of Social Work. This is Tom Nochajski from the University of Buffalo School of Social Work. I'm here today talking with Dr. Nikki Wooten from the University of South Carolina College of Social Work. And we are going to be discussing a study she has done with women army service members in terms of gender differences and substance use treatment. In the year prior to deployment Dr. Wooten. Welcome. Thank you. Why don't we start talking about your study and why don't you kind of say a few things in terms of how you became interested in research with military personnel. I became interested as a result of my own personal military experiences as well as the experiences of members and my family I have a number of family members who are also in the military. Vietnam vets the current war vet. Most recently my brother did tours in Afghanistan and I have an aunt who did three tours in Iraq and the current wars and that's my only fear is right after 9/11 I left my civilian job and went home packed up my military gambling my uniform and actually went to the armory in response to the fact that there's September 11th. And as a company commander I saw a number of my own soldiers who were deploying an awful experience to high operations tempo and to realize the effect you have upon me as individual as well as my soldiers and their families and how the extended separations and the multiple deployments were having an effect on individuals and their families. And that's primarily how I became interested.

[00:03:48] And also I saw members of my family and how they experience the war the high operations tempo of the war and also how members of my family responded to the absences as well. Those are really interesting points and I'm thinking that they will end up leading you in a lot of different places in terms of your research the multiple deployments is certainly an interesting facet to this. That's something that we haven't experienced in past wars. So that's an interesting observation that we may need to pay attention to. So in terms of your research on area identification of substance use and psychological problems in women army veterans why don't you tell us about that project and what you hope to find. This study is based on a cohort of servicemen members

Army servicemembers who returned from either Iraq or Afghanistan deployments or deployments related to Operation Enduring Freedom Iraqi Freedom and Operation New Dawn. The deployment had to end in fiscal year 2010. And that's how they were included in the cohort for that study. And as a result we went back 365 days and identified the deployment in in fiscal year 2010 has as the index deployment and we looked at the 365 days before that in terms of the prior year the redeployment we are wanting to look at where the gender differences in substance use treatment utilization for just prior to the point. Now some members of the cohort also had prior deployment they had multiple deployments and we controlled for that in the study. But we wanted to look at whether or not they receive any type of treatment for sex in Houston a year prior to deployment OK.

[00:05:34] Let me take a step back and again for some of our listeners who may need some clarification about what you mean by deployment and pre deployment. Could you just kind of help us define that for the current study. The one that was defined in any deployments six months or more to the current wars in Iraq and Afghanistan. And then the previous year was like the 364 days before the deployment ended in fiscal year 2010. OK thank you. So let's move on to your findings and you did indicate to me that this is Department of Defense data. Yes. How was that data collected from these individuals. Actually this is administrative. This is medical claims data. This is tri care is military health care system data. So we have two data spots where Dr. Williams and Dr. Diana Jeffrey who is a co-author on the put the presentation idea put they are Vater sponsors from tracking their management activity. So this is military's health system data and so it includes medical claims and medical encounters data. We also linked it to Deere's data which is the demographic data for military service members and also the deployment data. So like the number of deployments how many times they deployed.

[00:06:58] We also had access to that data and it's all the identified data and we linked the Department of Defense databases together to create the data that together create this data set for the study the largest study for which Amiriya Larson is the API is funded by the National Institute on Drug Abuse and the largest they look at a cohort that returned from the war in fiscal year 2008 from fiscal year 2011 and that's almost 700000 army service members. The current study that are going to be talking about today just look at the cohort from fiscal year 2010. OK thank you. Let me ask you now in terms of what have you found with regard to the army servicemembers around the issues you're looking at as a part of the study. The dependent they're both of interests with substance use diagnoses in the military. Well as said that his treatment utilization in the military and because gender was our independent variable of interest we found that there were gender disparities or gender differences in sex issues diagnosis as well as substance use treatment utilization in the year prior to the point that in this cohort of service members who returned from the war in fiscal year 2010. It also makes us think about whether or not women have unmet needs are met such that you see need the men or whether or not this is just maybe an anticipated consequence of the current policies in the Department of Defense. Regarding the that she's policy and how people are identified with substance use problems. Let me ask you something related to that in terms of the treatment process for the women. You mentioned that you found some differences. What specifically were those differences that you found were men more likely to be in treatment or women. Men were more likely to receive military provided substance use treatment utilization which is very similar to what you find in civilian populations.

[00:09:02] What makes this study unique is the fact that we're we're dealing with a high risk Gula-Ndebele population in terms of everyone in this study has deployed at least once in the current war and the men in the state will more likely than women to have deployed multiple times. And let me ask you another question since these are individuals who are still in the service still active in the military is that correct. Yes. What is your kind of thoughts around the issue of the types of treatment they may receive within the context of the military. As you indicated previously women may have

different needs and do not see those needs is being met by military treatment for substance use. For example the issue of the types of trauma they may experience especially considering potential sexual trauma. Is that possibly one of the issues that you're going to be looking at in the future. Yes that is one of the limitations of this study is that we use medical claims data which is administrative data and objective data versus reporting data which we had said for point that there probably could have looked at military sexual trauma as an indicator as to whether or not there was an association between substance diagnosis and substance use treatment. But one of that also I think is in Porton regard in this study is the fact that the way the Army Substance Abuse Program is administered oftentimes individuals aren't identified with substance use problems as a result of alcohol related incidences for instance driving under the influence engaging in aggressive behavior. And the way some of it's possible that women may be less likely than men to engage in this externalizing behavior as a result of high risk drinking or heavy drinking were as men they may be more likely to engage in these tunnels and behavior.

[00:10:55] So it could be a problem of identification how people are identified with substances problem and then how they are referred to treatment that could be one of the reasons why we found gender differences. And we also surmise that this could possibly unanticipated consequence. The Army says the space program because we know it's been fairly recent that women have taken on a larger role in the military. Currently they perform over 90 percent military occupations. And so maybe it could be just an unanticipated consequence of a policy that's been in effect for a number of years. So given that what kind of deployment experiences were unique to the women veterans in terms of deployment experiences. We didn't look at the different characteristics of them from the experiences we looked at the length of deployment and the number of deployments. Men were more likely to have longer deployments and to have been deployed multiple times compared to women in the study. And that's also consistent with the finding of the Armed Forces Health Surveillance Center. They also found that that when there were more likely to have only been on one deployment and that could have been for a number of reasons. Because in our current study we also find that women are more likely to have been involved in mental health treatment although they weren't least likely to have received substance abuse treatment. Do you see these unique kinds of experiences with women as potentially posing greater risk for substance use and mental health problems for the women than they would for the men.

[00:12:36] I think it is possible that military women are unique spirits that may increase their risk for substance use in ways that differ than men because no men in military are more likely to experience military sexual trauma. They also have to deal with the fact that they are in a male dominated no terrorist organization that they are used to a great deal of masculinity. And also the fact that until recently women were not allowed to participate in the combat specialties which also can limit their mobility in terms of the career progression in the military. Also the fact that it's a male dominated organization men women maybe challenge their leadership may be challenged more in the military not only by their subordinates but by their peers who are also in other leadership positions as well. And those are a number of things that could result in occupational stressors in the military that may be similar or different than what women experience in civilian occupations. I'm wondering also about some of the pre deployment issues for instance children families spouses et cetera. Do you have the ability to look at those types of things as well to see what the impact may be on subsequent substance use or treatment. Well in the current study and by their analysis I also looked at single parents that men were more likely to have been married with children when they were more likely to have been single parent than men so I did take that into consideration and also the issue of pregnancy and motherhood and just in a care taker in general for other family members may also be a unique experience for women in the military. CNN is potentially being unique especially within the context of what you mentioned in terms of the masculine nature of the military culture.

[00:14:25] That type of role again may add stress that you feel to these individuals lives. Yes I do feel because you think about if you're a woman in the military. You're a mother and you may be a caregiver for other members of your family. Those are multiple roles that in some instances may have may be conflicting. In addition to it you are women are part of a very family that is both partners both spouses are in the military that also has another role conflict for women in the military in terms of being a member of the organization but also being a spouse in the organization for the most part and the military expects that you're going to give 110 percent to the military mission regardless of what it is. So it's a unique position for the women especially now with their expanded roles. Let me ask you one other thing and we're going to be talking now about potential future plans here for your research in terms of what direction you see yourself going with the research you're currently doing and essentially what you're going to be doing in the future around this issue of deployment and not just pre deployment but potentially post deployment health and looking at some of the issues that we spoke of the sexual trauma. You know issue the single parent issue the caretaker issue all of those things in terms of women deaths as a result of this study. I'm currently involved in a stay where I'm going to look at mental health treatment utilization in just the cohort of women from the current study on substance use treatment.

[00:15:58] That said we're discussing today I'm going to look at just the women which is fourteen thousand six hundred thirty three women were in the substance use treatment studies. I'm just going to look at that cohort of women and look at the sudsy mental health treatment utilization in that group of women particularly because they were more likely to have mental health treatment utilization. And based on the findings of the current study the substance use treatment study and wondering if women are receiving some substance use treatment as a part of their mental health treatment. So that's something I'm going to be looking for. But also still looking at the pre deployment year but in terms of the larger study I'm also looking at women who returned from the wars in Iraq and Afghanistan between fiscal year 0 8 fiscal year 2011. Looking at their alcohol use overall and looking at in terms of the chronicity of alcohol use. Because we also have the post deployment health assessment and postpone health reassessment. So we're going to look at the levels of alcohol and alcohol related problems among women in the military who deploy deployed. Let me ask you in terms of other drugs besides alcohol what other types of drugs do you have information on. I'm also interested in prescription drug misuse particularly prescription opioids and I'm also interested in process of developing a study using these data to look at prescription opioids use and chronic pain in the cohort of service members who are returning to the army servicemembers. So we are particularly interested in prescription opioid use and chronic pain. That's not cancer chronic pain particularly since this war is often not always a terror threat by multiple deployment. But it has over 90 per cent survival rate for serious injuries.

[00:17:48] So as a result the department has become more concerned about prescription opioids using prescription painkillers and its use those prescriptions. So I'm very interested in that as a problem as well. And part of the larger study. We also have access to your analysis data on all of this is the identified data. Good. I was wondering about the issue of drugs because again one of the things that we have noticed is that women who have experienced types of trauma Sometimes alcohol is not the preference. What they tend to look for things like cocaine crack those types of drugs rather than alcohol so I just was curious if you were potentially looking at those types of things and it with your analysis you should be able to pick that up. Well there are things about the Department of Defense Systems the program is that if you look at the health related behavior survey the use of illicit drugs in the military they're very low in terms of about 3 percent and below. So the Department of substance abuse program it's effective. It does what it's intended to do in terms of identifying service members who may have problems with substances so that overall the policy is effective. But I also think one of the problems with women in terms of using other types of substances is that they're more likely to get mental health treatment. Is the use of psychotropic jokes as well. So under that umbrella of prescription drug use and misuse. We're also going to look at not

only prescription opioids but also psychotropic medications as well. And I have one kind final question here.

[00:19:28] And again this has been in the news and that is the high rates of suicide of individuals who are in the military. Is that part of this data set. Do you have suicide attempts at all as part of this in the mental health issue. We do tend to look at. We do have variable related to suicidal attempts and behaviors that would be consistent with suicidal ideation. So we are able to look at that as an outcome. And we're also looking at attrition as another variable. I am also kind of in a setting where I am collecting data from military women about their military sexual trauma experiences. Open ended questions and conducting qualitative interviews with women using Skype about their military and deployment experiences. I'd be really interested in what you're fine with that some of the qualitative data even the open ended questions from the survey monkey survey as well as the qualitative data from the interviewees indicates that large Daim of military sexual trauma not only women experiencing it but then witnessing it and also being a part of bringing people forward to report experiencing reprisal as a result. And we've had some women who are still in country who haven't answered the survey and who have participated in a qualitative interview. If they were still in Iraq Afghanistan would have women in Korea as well or women who had just returned from the point that we're talking about within like three to six months of returning who also agreed to be interviewed. We have almost 200 women who have answered the survey and about 125 of those have answered open ended questions and very benign open ended questions.

[00:21:09] What have your positive experiences as a result of your military deployment experiences and what are your negative experiences from the negative experiences military sexual trauma is a recurring theme throughout the answer is we are willing to give him just one liners in terms of their experiences to make very long detailed paragraphs about their experiences and in terms of positive experiences women are expressing feel like they were a part of something that was good in terms of helping the host nation Nationals like the children there in Iraq and Afghanistan and also that they performed well and represented military women well overall with their male cohort. It sounds like there's going to be a very rich status for you and I'm looking forward to hearing about the results in the future. So I really want to thank you for this information and for being willing to speak with us. Thank you very much. You've been listening to Dr. Nikki Wooten discuss gender differences and substance use. One year before deployment of service members. In social work. Hi I'm Nancy Smyth professor and dean of the University at Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school our history our programs and what we do we invite you to visit our website at www.socialwork.buffalo.edu.