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The Recovered Veteran

Reports of high addiction rates and criminal activity surround heroin, and with good reason. Biological changes in the human mind lead a user to need the drug to be able to function, while illegal buying and selling force users to put their lives in danger to fulfill a craving. Heroin is often used as an escape from daily life, but leads to an all-consuming addiction. In many cases, however, heroin addiction has simply disappeared with very few or no relapses. One such case was seen when soldiers in Vietnam using heroin regularly reported addiction symptoms, but returned to America immediately and permanently free from the drug. Many studies have explored this apparent phenomenon and concluded that the dramatic environment change from Vietnam back to America put these men in a unique situation that allowed them to turn away from their addiction. While many factors contributed to the sudden loss of the addiction, it was ultimately the change in social stigmas surrounding heroin that allowed for abrupt rehabilitation.

In 1974, Lee Robins published her study, which followed patterns of drug use of Vietnam veterans after returning home from the war. The results of the study were shocking: of the 43% of veterans who had used narcotics at least once in Vietnam, only 10% had used the drug since (57). Among the drugs used was heroin, one of the most addicting recreational drugs being used at the time. The study did not discuss the cause of such low addiction rates in depth, but a fleeting mention of environmental changes was offered as an explanation. However, even with a

change in surroundings and availability, physical withdrawal symptoms should be enough to cause a return to heroin addiction. Studies done on rodents recovering from opiate addiction similar to heroin reported behavioral changes and body shakes as common withdrawal symptoms (Rang 602). Commonly, only gradual termination of drug use with continued therapy can decrease withdrawal symptoms and allow users to end their addiction. However, many studies have explored the theory of natural recovery as a way that heroin addiction is lost over time without special drug or psychological therapy. In “Vietnam Veterans’ Rapid Recovery from Heroin Addiction: a Fluke or Normal Expectation?” Lee Robins discussed the findings of her earlier paper: “[T]heir history of brief addiction followed by spontaneous recovery, both in Vietnam and afterwards, was not out of line with the American experience; only with American beliefs” (1051). Similarly, James William Coleman, a sociology professor at California Polytechnic State University, argues that heroin addicts do not actually need the drug to function or survive, but that their body reacts to “symbolic manipulations” of identity and social situations (557). His ideas are much more radical than popular opinions about natural recovery among psychologists, but his explanation was offered because continued research shows that, as was found in the case of Vietnam veterans, heroin addiction can be overcome as a natural progression through life.

However, American views of heroin addiction are consistently grim. Opioids in general, which include opium, morphine, and heroin, are well known for their addictive properties, and heroin is an excellent example of this. Heroin is much more popular than other recreational opioids and, as its popularity increases, manufacturing techniques are improved to create a more pure product. The more pure the heroin is the greater affect it has on the body. Higher purity, therefore, also leads to a much greater risk of overdose. News reports of death by overdose also

help to increase fear of the drug and the hold it has on people. In addition, because legal ramifications for possession and sale of heroin are so severe, the community surrounding heroin use is one filled with danger and crime. Once an addict enters this lifestyle, it can be difficult to escape. Heroin use is often started in a time of desperation, but can produce a constant cycle of use when the high cost and legal repercussions lead to continued use in an attempt to escape these problems. Even rehabilitation programs are unsatisfactory as only 44% of those admitted for treatment complete the program, and of those who complete it, many relapse (SROS). The case of soldiers returning from Vietnam, free from addiction, is therefore often viewed as a unique example that is rarely, if ever, seen in normal cases of addiction.

Scientific studies act to reinforce general opinions of heroin addiction as more studies of self-administering heroin in mammals appear. Classic studies of mice self-administering heroin, using a lever, demonstrate addiction and dependence, and a newer study of monkeys self-administering smoked heroin show the same results. "Smoked Heroin Self-Administration in Rhesus Monkeys" showed that "monkeys will readily and reliably self-administer heroin via the inhalation route" (Mattox 1). In these studies and many others similar to them, animals are consistently shown to become dependent on heroin and its biological effects. This is due to the great increase of dopamine release in the brain and excitement of endorphin receptors. These chemicals in the brain cause feeling of euphoria and are responsible for the "high" associated with opiate use. Tolerance is developed when prolonged stimulation of dopamine secretors and endorphin receptors leads to decreased activity, because the body attempts to regulate the amount of chemicals in the brain. This forces drug users to intake greater amounts of a drug to achieve the same initial high. These biological changes also leave a long time user with feelings of severe depression, as the chemicals associated with happiness are less active. Other withdrawal

symptoms include flu like symptoms: diarrhea, cramps, and muscle aches. The pain of withdrawal often prevents those who want quit heroin use from doing so. Once the body has grown accustomed to heroin and its effects, immediately taking away the drug leaves the body in a terrible chemical and physical state.

Drug users fighting in Vietnam felt these painful side effects of addiction when they were forced to quit using heroin before returning home. If soldiers tested positive for heroin on their Date Eligible for Return from Overseas (DEROS), they were forced to go to a short detoxification program before returning home. Soldiers would often take time to get off heroin and suffer through the withdrawal symptoms before their DEROS in order to get home as soon as possible. These men experienced the same symptoms as did the addicts in America, but they had a greater motivation to resist relapsing while suffering through withdrawal. Heroin addicts in America, however, are generally not at the beginning of a dramatic life change, and therefore do not see the same results as the veterans. Successful rehabilitation programs focus on helping former addicts find jobs, housing, and activities that completely avoid the lifestyle that encourages drug use. In a study of natural recovery of drug addicts, the authors stated that those who are successful at overcoming addiction had “construct[ed] a non-addict identity for themselves” (McIntosh 1). The greatest difficulty heroin users must overcome in order to escape addiction is not the symptoms of withdrawal, but the complete life change that must take place. The return home from Vietnam was the life change needed to prevent most veterans from returning to heroin. Rather than viewing the high rate of recovery in the veterans as fluke, it should be considered an example of what can be achieved if former addicts are introduced to a brand new lifestyle as a part of rehabilitation.

As seen in the case of soldiers returning from Vietnam, natural recovery from heroin without the use of drugs or therapy has been extensively studied. In Charles Winick's study "Maturing Out of Narcotic Addiction," he explained the abrupt abstinence from heroin use with his "maturing out" hypothesis. He proposed that these addicts either matured out of their addiction due to their age, or the duration of their drug use (Winick). The data he used was not of a specific social or age group, and they presumably had little in common aside from their history of drug use. This study is often cited in conjunction with Robins' first study done in 1974 and used as an explanation for the sudden loss of addiction. In the search for an explanation, the maturing out hypothesis is a comfortable assumption for the veterans because it means that they simply moved on from their addiction. If this study can be applied to the case of the veterans' natural recovery, at least one of Winick's explanations must be fitting.

While the maturing out study can be applied in many cases of heroin addicts naturally and permanently turning away from drugs, the soldiers in Robins' study do not fit the criteria. Most of these men were between the ages of 19 and 21 when they arrived in Vietnam, and they stayed there for no longer than a few years. The average age of the addicts in the maturing out study was 35, and their addiction had been a part of their lives for 12 years. Unlike the men in Vietnam, who had been exposed to heroin in a completely new setting, and then left that setting to never again. Their recovery cannot simply be attributed to growing older or getting through the steps of addiction, but to the great environmental shift between Vietnam and America.

Others who have investigated cases of natural recovery, such as Jacob Sullum, a senior editor at Reason Magazine, believe that heroin addiction is not as serious of a problem as most people consider it to be. In his article "The Surprising Truth about Heroin and Addiction," he explores multiple cases of heroin users either recovering from addiction or choosing to use

heroin occasionally. Sullum concludes, "Heroin is neither irresistible or inescapable" because most people who use do not become addicted, and those who do often manage to stop using without help from professional intervention (37). While Sullum takes a dramatic stance, his point does rise from the respected scientific studies, such as those of Winick and Robins. Heroin is used as a coping mechanism, as used in the case of Vietnam, and can easily lead to addiction when the mind is chemically altered and happiness is associated only with the drug. However, with time the human body is able to overcome even this change, so recovery is primarily achieved through a new control over one's lifestyle that eliminates the need for an escape. While this offers a good explanation for controlled heroin use in America, it does not explain the switch from reported addiction in Vietnam to complete abstinence after soldiers returned home. Sullum's article is controversial because most cases of heroin use are not controlled, as were the examples he presented. Similarly, users in Vietnam reported painful withdrawal symptoms and feelings of addiction. They did not have control, but were able to completely turn away from addiction upon returning to America.

Arriving in Vietnam, soldiers were suddenly thrust into an unfamiliar, war-torn environment; many were forced to witness death often and thus many were forced to desensitize themselves. Drugs were readily available and offered an escape from the realities of war. The euphoria associated with heroin use allowed soldiers to temporarily forget their situation and be transported into another world without the pain and the death they saw every day. However, men in combat were not the only American soldiers in Vietnam. Many men worked tedious and repetitive jobs on the bases, just waiting to go home. Norman Zinberg, a psychoanalyst, did extensive research on American soldiers addicted to heroin. In his article written for the New York Times, "G.I.'s and O.J.'s in Vietnam," he interviewed a soldier who had recently kicked

his addiction. Tom was one of five under his superior and had little work to do, so heroin fit into his life easily and became “a secret weapon against time.” According to Tom, hours would seem like seconds and days would blend together. For a soldier whose only focus is surviving and getting home, a drug that makes time fly by is extremely attractive. Again, the escape of a drug that chemically changes the brain to induce physical happiness may have been one of the easiest ways to deal with the difficulties of war, but the return to America brought with it the excitement of friends, family, and opportunities far away from the oppression of Vietnam.

For many young men fighting in Vietnam, the return home was the great moment that they had been waiting for, and they no longer felt that they needed heroin to cope with their situation upon their arrival back into America. In “U.S. Army Heroin Abuse Identification Program in Vietnam: Implications for a Methadone Program,” Colonel Stewart L. Baker addresses the shift from a war zone to a familiar life in America. In conversations with soldiers, he found that most soldiers who used heroin in Vietnam were not concerned about addiction back in America partly because “the boredom and stress of Vietnam will be replaced by a non-distressing environment” (Baker 857). The stark contrast between intense trials with prolonged boredom in Vietnam and the excitement of returning home was such a dramatic environmental switch that heroin addiction was often not a consideration. Returning home was enough to inspire soldiers to fight through the hellish withdrawal symptoms of heroin addiction as well as avoid relapse. However, not every soldier returned to a life of joy and excitement. The trials and pain of everyday life could have easily pulled many veterans back into their addiction. While the transition from a war zone back to a familiar life in America helps explain the loss of heroin addiction, it does not completely explain the anomaly.

It is comfortable to believe that a young man with little drug history and a happy home life would only turn to heroin in times of great distress, but this isn't necessarily the case of all soldiers who used drugs in Vietnam. While many soldiers turned to drugs for an escape, others may have approached heroin as a recreational drug. Alcohol and marijuana had long been common in military settings but alcohol was not sold on the base to soldiers under 21 and marijuana had recently been the target of strict regulations. Heroin became the cheap alternative. For only a few dollars a day, anyone could get a plentiful supply of heroin that was so pure it could be mixed with tobacco and smoked rather than injected. Zinberg explained the situation in his New York Times article: "[I]t is no easy task to become a regular heroin user in [America].... In order to overcome the obstacles, a person must be determined. In [Vietnam], anyone who *doesn't* want to take the drug must be the one to say so" (Zinberg 1). If heroin was difficult to avoid for a soldier in Vietnam, it was the opposite for a veteran back at home. The crime and danger surrounding drug use in America coupled with the requirement to inject the drug rather than being able to smoke a pure product turned heroin use from a social activity to a disgraceful habit that was not in the nature of most of the men who had used it in Vietnam. A simple change of availability allowed many soldiers to reject heroin addiction and move on with their lives.

However, heroin is certainly available in America. Heroin addiction is a large problem all over America because it is available to the masses. In Robins' later follow up study "Antecedents of Narcotic Use and Addiction," she asked veterans about their ability to get heroin since their return to America. Most men said they could get heroin within ten miles of their house, but chose not to. While the community surrounding drug use is much different in America than it was in Vietnam, the availability alone is not enough to explain a complete loss of addiction.

While previous explanations play a large role in the cause for heroin addiction in Vietnam, the social interactions of soldiers as compared to the social stigmas placed on heroin in America had the greatest effect on the loss of addiction. Young men sent to a foreign country suddenly found heroin use to not only be accepted among their peers, but encouraged. There were suddenly no stigmas surrounding the drug. Just as Zinberg pointed out in his article “G.I.’s and O.J.’s in Vietnam,” heroin was extremely common among the troops and its frequent use was considered normal. Certainly, the hardships of war coupled with the ease of getting the drug encouraged social acceptance, but a sense of freedom also helped make the drug more popular. As young men left home, many went directly from sheltered lives, living with their parents, to army bases where they took care of themselves. Much like leaving home for college, these men suddenly had the freedom to make their own decisions and try new things. As most men were exposed to heroin within the first three months of being in Vietnam, it is only natural that many of them tried this new experience. With continued service and the growing desire to leave Vietnam, men using heroin and the social scene surrounding it became more desirable.

While reasons for trying heroin are numerous, the reason for prolonged use can be summarized into the social acceptance of a recreational drug. In *Antecedents of Narcotic Use and Addiction*, 898 veterans were interviewed about drug use before and after their service in Vietnam. The authors stated that “[t]he sample reported...was exposed to a unique situation of high availability of narcotics within the context of a wartime situation away from disapproving family and friends” (Helzer 188). The sample, veterans who had been addicted while in Vietnam, were far from home and its stigmas against all that surrounded heroin use and were free to experiment with an exciting new state of mind. Upon their return home, and before they even boarded the plane, the men felt the pressure to turn away from their addiction. Heroin use at

home meant becoming an outcast or even a disappointment to his friends and family. The return to America was the return to a normal life that soldiers had dreamt of during their time in Vietnam, however, this life could not be found if an addiction was carried home as well. While other factors contributed to the sudden loss of addiction in veterans, ultimately it was the abrupt change in social stigmas that allowed a quick recovery.

Even with these quick and apparently easy recoveries from heroin addiction, the danger of the drug is still extremely prevalent in society. These examples are in no way intended to encourage heroin use or even diminish fears of addiction; they simply provide an explanation for an incredible feat of human recovery. Vietnam veterans traveled between two worlds: one in which their heroin was common, acceptable, and to some even necessary; and another in which heroin use is completely unacceptable. Addicts who begin using heroin in America have already made the decision to rebel from society and their life is unlikely to change as dramatically as did that of veterans. While a life change was automatic for soldiers leaving Vietnam, heroin addicts already in America must create their own change to escape the grips of such an overwhelming drug.

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