

Marching powder

As the army reveals a dramatic rise in the number of recruits caught using cocaine, **Steve Sampson** speaks to a soldier who tested positive, and, right looks at the history of troops on drugs.

"It was a Saturday night, I met my civilian mates about 10pm. We went to a local club, picked up some ecstasy and had a few lines of coke in the toilets," says Dave, a former NCO in the Queen Alexandra's Royal Army Nursing Corps.

"I didn't once think about being tested. There was no warning. The test came just 36 hours after the drugs. I tested positive for cocaine and ecstasy. I tried to bend the rules, I failed. I was devastated and knew my career was over, I knew that I would never be able to serve again."

Dave's story is far from unique. More than 1,100 men have been discharged from the British Army for Class A drug use since January last year as a result of testing over 20 months. The tests have revealed a six-fold increase in the proportion of army personnel testing positive for cocaine – a figure which has been balanced by a big drop in people caught with cannabis traces in their bodies.

The rise of cocaine use among soldiers is now at the heart of a ministerial review into whether those caught with the Class A drug should be discharged with no chance of being retained. Currently the British Army operates a system whereby some soldiers caught taking the drug are given a second chance – a policy that some at the Ministry of Defence (MoD) are growing increasingly uncomfortable with.

"Currently we judge each case on individual merits," said an MoD spokesman. "Being found to have taken heroin, cocaine or ecstasy does not mean you are definitely out. A promising soldier may be given a second chance if they attend a rehabilitation course."

The review currently at ministerial level is the government's catch-22 – should it rule to toughen its policy on Class A drugs and continue to lose hundreds of soldiers at a time when troop shortages number in excess of 3,000; or publicly drop the pretence of zero tolerance and embrace an age of tolerance and rehabilitation?

The dilemma puts the top brass of the armed services at loggerheads, as the Royal Navy and Royal Air Force are less keen to retain drug users and the spread of cocaine is specific to the army.

Leading government drugs advisor Professor Nutt, Chair of the Advisory Council for the Misuse of Drugs' Technical Committee, fears any strengthening of zero tolerance by the MoD would be detrimental to the service.

"No one would want to encourage drug use, but my fear is that MoD will end up shooting itself in the foot. We could lose a large number of trained people from the armed forces."

Sitting in a beer garden, sipping lager 18 months after his dismissal, Dave, looks every bit the serviceman in casual attire, with cropped hair and in good shape. It has taken Dave 12 months to get his life back on track after his discharge, but the help the Army gave him, he says, was life-changing and he too questions the army's need to use the ultimate sanction of dismissal.

After testing positive, the army sent him on a four-week rehabilitation course at the Priory Hospital at a cost of £20,000 to the taxpayer, only to find himself unemployed in Civvy Street at the of it.

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DRUGS OF WAR: A BRIEF HISTORY

From stories of Viking 'berserkers' who took a cocktail of psychoactive drugs to make them immune to fear or pain on the battlefield to tales emanating from Baghdad of US troops taking heroin, drugs have been used by soldiers as either aides or antidotes to conflict.

1000 AD

The Inca empire was built by an army driven by the coca leaf.

1800s

Morphine is widely used as a painkiller, with large numbers of American Civil War soldiers becoming addicted. Post-war morphine addiction suffered by veterans came to be known as 'Soldier's Disease'.

1883

A German army physician issues cocaine to soldiers on manoeuvres. The drug gives soldiers added energy. The tests inspire Viennese neurologist Sigmund Freud. A year later, worrying side-effects spur German authorities to move against its future use.

1914-18: First World War

British Army troops receive pep pills containing cocaine. The attention of the Home Office is drawn to the wild activities of soldiers using cocaine in the London, whereupon importation was banned, except under licence. This cut the supplies of 6,500 unregistered dentists. The drug is banned in the UK in 1920 under the Dangerous Drugs Act

1940-45: World War Two

Allied forces: Army physicians prescribe American and British armed forces with amphetamine sulphate (now class B) to alleviate battle fatigue. Following the war, physicians routinely prescribed amphetamines for depression.

German forces: Methamphetamine (now class A), also known as 'Nazi Crank', is dispensed to war pilots. Rumours Adolf Hitler received three daily fixes of it by injection.

Japanese forces: Government distributes amphetamine pills to soldiers, pilots and arms factory workers to improve their alertness during warfare. Methamphetamine, also known as Flyer's Chocolate, Shabu or Gingerbread is issued to kamikaze pilots who confound allied troops with suicide attacks on allied naval forces.

1950s

During the Korean War era, the earliest intravenous use of amphetamines by United States servicemen is reported. Soldiers mixed heroin with amphetamine and injected a variation of the heroin-cocaine 'speedball'. A number of returning servicemen brought the custom back to the United States

1964-1973: Vietnam

An estimated 2,150,000 US soldiers serve of whom 10-15 per cent smoked heroin. In a 1974 study of Vietnam vets, only 12 per cent of those who were addicted to heroin in Vietnam took up the habit again during the three years after their return.

1993

Sierra Leone army recruits child soldiers. One recruit, Beah, describes to Unicef fieldworkers how he was given his own AK-47 assault rifle and all the drugs he could consume – speed, marijuana, and a mixture of cocaine and gunpowder.

1995

MoD introduces compulsory drug testing for the Armed Forces.

2002

Two US F-16 pilots, Major Harry Schmidt and Major William Umbach, mistakenly bomb a Canadian infantry unit in Afghanistan, killing four and injuring eight. In the ensuing legal case, it was claimed that the pilots had been pressured into taking amphetamines to sharpen their senses

2002

British Army stops probing potential recruits over their drug use. "If the armed forces were automatically to exclude every single person who had either taken drugs regularly or experimented with drugs, we quite simply would not have any armed forces," an MoD spokesman concedes.

2005

Alcohol and drug offences are the second and third most common charges (after dereliction of duty) brought against soldiers of a US National Guard unit in Iraq, and military officials say that alcohol and other drug problems are common throughout the forces deployed in Iraq.

2006

The MoD reportedly stockpiles thousands of Modafinil pills – known on the drugs scene as 'zombies' because they keep you awake for days – ahead of the Iraq war but they have never been given to combat personnel. Scientist Dr Anna Casey told Parliament's science and technology committee the MoD funded research into stimulant and performance-enhancing drugs and dietary supplements. "One is always looking for something that would give military personnel an extra edge," she told the committee.





Dave: lines of coke and 20 pills at the weekend

"The treatment really helped me look at my behaviour, but the army still pressed on with my discharge. I failed to understand why they would rehabilitate me and then let me go. My officers were very sympathetic, but it was the senior officers who could not relate to the problem."

Dave joined the army aged 18 in 1997, fresh from a northern city where he spent his weekends clubbing and taking ecstasy. "At first when I joined the drug use stopped, but that was because I didn't know where to buy any within the army. But a fellow soldier introduced me to cocaine and I introduced it to other soldiers. I have never come across a what people would call a 'dealer' in the forces."

A veteran of tours abroad, Dave continued to take drugs throughout his time as a career soldier, strictly regulating Class A binges to time away from the barracks at weekends and on visits home. "I did my first tour of Northern Ireland at 22-23 years old and on returning back to the UK my drug use spiralled. Me and a friend would have lines of coke and about 20 pills a weekend between us."

At no time did his drug use interfere with his professional life, says Dave. He stresses that, unlike the tales of US soldiers self-medicating with heroin in Afghanistan, drug use is in his experience out of bounds for British squaddies when on deployment.

"There is a marked increase in use from soldiers returning from Iraq and Afghanistan, for example. But I stress that while on active service no illegal substances are used to my knowledge. Soldiers are very much aware of the need to be 100 per cent focused."

"Class A use is no more harmful than the acceptable abuse of alcohol. I could party off my face on cocaine and ecstasy all weekend long and still be fit Monday morning. Although a lot of soldiers do it, mixing two totally different lifestyles was a stupid risk to take."

Anne Fox, director of drug research and education agency Galahad SMS Ltd, which runs the army's drug treatment programme, believes the rise in cocaine use mirrors its spread through all social circles.

"Historically, soldiers returning home celebrate, and that's exactly what we are seeing here. There is little or no use of drugs while deployed, but it seems that many soldiers fall back into it when on leave or at weekends, when they take off their uniforms."

According to Fox cocaine use is not perceived to be a problem in the Royal Airforce or the Royal Navy as they have very different recruitment needs and attract very different types of people. Many army recruits come from the poorer sections of society, she says, and more likely to have come in to contact with drugs.

Psychologically, soldiers are often sensation seekers, says Fox, who enjoy the rush of active combat and often seek recreate sensations when they return from deployment or

active duty. There is a crossover when it comes to recruitment – in many ways drug users and soldiers come from the same pool of sensation seekers.

"We have been successfully working with soldiers using cocaine with techniques in avoiding social drug use, different ways of saying no. These soldiers want to carry on being soldiers. What's ironic is that we have a much greater success helping soldiers who test positive for cocaine than cannabis. Cannabis is far more of a lifestyle drug, which is harder to change, whereas changing habits around recreational cocaine use is easier."

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Living under the constant threat of a random test failed to act as a deterrent to Dave. Besides his love of highs, cocaine has the additional benefit to users under scrutiny of a short life span in the body. That, and the fact the army appeared to be focusing heavily on cannabis, says Dave, meant soldiers felt they could get away with it if they worked the system. Cocaine leaves the system within 12 hours to three days; depending on the individual, cannabis can be detected weeks later.

"First of all we knew only a small percentage of samples were tested and that it was quite expensive to test for a variety of drugs, so tests used to be focused on just one drug. We all knew that they would most likely test for cannabis."

"The only other time I came close to being caught was when I swallowed a spare pill on the drive home one Sunday and was devastated to find out we had a test the next day. I drank four litres of water and went to the toilet several times before giving a sample. I was informed that my sample had been flagged up for being too pure. But no further action was taken."

While there has been little or no research into the impact of deployment and active service on Class A drug use among soldiers, research into alcohol abuse by Professor Roberto Rona of Kings College, published by the British Medical Journal in May, found drinking increases in direct proportion to the cumulative amount of time a soldier has spent on deployment.

Professor Rona says: "Soldiers enjoy the experience and the thrill of the theatre of war, the question is, how much of this experience can a soldier mentally endure before it has the detrimental impact we see in increases in alcohol abuse?"

■ Steve Sampson is a freelance journalist