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A fog of drugs and war

More than 110,000 active-duty Army troops last year took antidepressants, sedatives and other prescription medications. Some see a link to aberrant behavior.

By Kim Murphy, Los Angeles Times

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SEATTLE ð U.S. Air Force pilot Patrick Burke's day started in the cockpit of a B-1 bomber near the Persian Gulf and proceeded across nine time zones as he ferried the aircraft home to South Dakota.

Every four hours during the 19-hour flight, Burke swallowed a tablet of Dexedrine, the prescribed amphetamine known as "go pills." After landing, he went out for dinner and drinks with a fellow crewman. They were driving back to Ellsworth Air Force Base when Burke began striking his friend in the head.

FOR THE RECORD:
An earlier version of this story said that Bart Billings, a former military psychologist, hosts an annual conference at Camp Pendleton on combat stress. He now holds the conference at other venues.

"Jack Bauer told me this was going to happen ð you guys are trying to kidnap me!" he yelled, as if he were a character in the TV show "24."

When the woman giving them a lift pulled the car over, Burke leaped on her and wrestled her to the ground. "Me and my platoon are looking for terrorists," he told her before grabbing her keys, driving away and crashing into a guardrail.

Burke was charged with auto theft, drunk driving and two counts of assault. But in October, a court-martial judge found the young lieutenant not guilty "by reason of lack of mental responsibility" ð the almost unprecedented equivalent, at least in modern-day military courts, of an insanity acquittal.

Four military psychiatrists concluded that Burke suffered from "polysubstance-induced delirium" brought on by alcohol, lack of sleep and the 40 milligrams of Dexedrine he was issued by the Air Force.

In a small but growing number of cases across the nation, lawyers are blaming the U.S. military's heavy use of psychotropic drugs for their clients' aberrant behavior and related health problems. Such defenses have rarely gained traction in military or civilian courtrooms, but Burke's case provides the first important indication that military psychiatrists and court-martial judges are not blind to what can happen when troops go to work medicated.

After two long-running wars with escalating levels of combat stress, more than 110,000 active-duty Army troops last year were taking prescribed antidepressants, narcotics, sedatives, antipsychotics and anti-anxiety drugs, according to figures recently disclosed to The Times by the U.S. Army surgeon general. Nearly 8% of the active-duty Army is now on sedatives and more than 6% is on antidepressants ð an eightfold increase since 2005.

"We have never medicated our troops to the extent we are doing now.... And I don't believe the current increase in suicides and homicides in the military is a coincidence," said Bart Billings, a former military psychologist who hosts an annual conference on combat stress.

The pharmacy consultant for the Army surgeon general says the military's use of the drugs is comparable to that in the civilian world. "It's not that we're using them more frequently or any differently," said Col. Carol Labadie. "As with any medication, you have to look at weighing the risk versus the benefits of somebody going on a medication."

But the military environment makes regulating the use of prescription drugs a challenge compared with the civilian world, some psychologists say.

Follow-up appointments in the battlefield are often few and far between. Soldiers are sent out on deployment typically with 180 days' worth of medications, allowing them to trade with friends or grab an entire fistful of pills at the end of an anxious day. And soldiers with injuries can easily become dependent on narcotic painkillers.

"The big difference is these are people who have access to loaded weapons, or have responsibility for protecting other individuals who are in harm's way," said Grace Jackson, a former Navy staff psychiatrist who resigned her commission in 2002, in part out of concerns that military psychiatrists even then were handing out too many pills.

For the Army and the Marines, using the drugs has become a wager that whatever problems occur will be isolated and containable, said James Culp, a former Army paratrooper and now a high-profile military defense lawyer. He recently defended an Army private accused of murder, arguing that his mental illness was exacerbated by the antidepressant Zoloft.

"What do you do when 30-80% of the people that you have in the military have gone on three or more deployments, and they are mentally worn out? What do you do when they can't sleep? You make a calculated risk in prescribing these medications," Culp said.

The potential effect on military personnel has special resonance in the wake of several high-profile cases, most notably the one involving Staff Sgt. Robert Bales, accused of murdering 17 civilians in Afghanistan. His attorneys have asked for a list of all medicines the 38-year-old soldier was taking.

"We don't know whether he was or was not on any medicines, which is why [his attorney] has asked to be provided the list of medications," said Richard Adler, a Seattle psychiatrist who is consulting on Bales' defense.

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While there was some early, ad hoc use of psychotropic drugs in the Vietnam War, the modern Army psychiatrist's deployment kit is likely to include nine kinds of antidepressants, benzodiazepines for anxiety, four antipsychotics, two kinds of sleep aids, and drugs for attention-deficit hyperactivity disorder, according to a 2007 review in the journal Military Medicine.

Some troops in Afghanistan are prescribed mefloquine, an antimalarial drug that has been increasingly associated with paranoia, thoughts of suicide and violent anger spells that soldiers describe as "mefloquine rage."

"Prior to the Iraq war, soldiers could not go into combat on psychiatric drugs, period. Not very long ago, going back maybe 10 or 12 years, you couldn't even go into the armed services if you used any of these drugs, in particular stimulants," said Peter Breggin, a New York psychiatrist who has written widely about psychiatric drugs and violence.

"But they've changed that.... I'm getting a new kind of call right now, and that's people saying the psychiatrist won't approve their deployment unless they take psychiatric drugs."

Military doctors say most drugs' safety and efficacy is so well-established that it would be a mistake to send battalions into combat without the help of medications that can prevent suicides, help soldiers rest and calm shattered nerves.

Fueling much of the controversy in recent years, though, are reports of a possible link between the popular class of antidepressants known as selective serotonin reuptake inhibitors (SSRIs) ð drugs such as Prozac, Paxil and Zoloft, which boost serotonin levels in the brain ð and an elevated risk of suicide among young people. The drugs carry a warning label for those up to 24 ð the very age of most young military recruits.

Last year, one of Culp's clients, Army Pfc. David Lawrence, pleaded guilty at Ft. Carson, Colo., to the murder of a Taliban commander in Afghanistan. He was sentenced to only 121/2 years, later reduced to 10 years, after it was shown that he suffered from schizophrenic episodes that escalated after the death of a good friend, an Army chaplain.

Deeply depressed and hearing a voice he would later describe as "female-sounding and never nice," Lawrence had reportedly feared he would be thrown out of the Army if he told anyone he was hearing voices ð a classic symptom of schizophrenia. Instead, he'd merely told doctors he was depressed and thinking of suicide. He was prescribed Zoloft, for depression, and trazodone, often used as a sleeping aid.

The voices got worse, and Lawrence began seeing hallucinations of the chaplain, minus his head. Eventually, Lawrence walked into the Taliban commander's jail cell and shot him in the face.

"They give him this, and they send him out with a gun," said his father, Brett Lawrence.

Up until the Burke case, there had been few if any recent rulings exonerating military defendants claiming to

be incapacitated by medications.

Burke's case may have marked a turning point. Four Army doctors concluded that he wasn't mentally responsible for his actions ð a finding none of them would have made had he been merely drunk.

"Three drinks over an entire evening is not enough to black somebody out, but I don't remember 99% of what happened over the rest of that evening," Burke said in an interview. "It was kind of like I was misfiring on the cylinders."

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Both the American Psychological Assn. and the American Psychiatric Assn. in a 2010 congressional hearing urged the Army to stay the course on psychotropic drugs.

The real danger, said the psychologists' spokesman, M. David Rudd, dean of the college of social and behavioral science at the University of Utah, is if soldiers are frightened out of access to potentially life-saving medication.

The Army surgeon general's office said no one without specific approval is allowed to go on deployment using psychotropic drugs, including antidepressants and stimulants, until they've been stabilized. Soldiers who need antipsychotic agents are not allowed to go to combat.

But are those precautions enough? Julie Oligschlaeger said her son, Chad, a Marine corporal based at Twentynine Palms, came home from his second tour in Iraq in 2007 complaining of nightmares and hallucinations. He was taking trazodone, fluoxetine, Seroquel, Lorazepam and propranolol, among other medications.

"I didn't realize how many pills he was on until it was too late," said Oligschlaeger. "He sometimes would slur his words, and I would think, 'OK, are you drinking? What is going on?' And he'd say, 'Oh, I'm taking my pills, and I'm taking them when I'm supposed to.' I never thought to look."

In 2008, two months before Chad was scheduled to get out of the Marines, start college, and marry his fiancee, the young corporal was found dead on the floor of his room in the barracks. An autopsy concluded the death was accidental due to multiple-drug toxicity ð interactions among too many drugs.

At the memorial service, Oligschlaeger looked her son's commander in the eye and reminded him that Chad had waited in vain for a bed in a combat stress treatment facility. "I asked him, 'Why didn't you have your eyes on your Marine?'" she said. "He didn't answer me. He just stood there with his hands behind his back. And he looked at me."

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