VIETNAM VETERANS AND ILLICIT DRUG USE

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VIETNAM VETERANS AND ILLICIT DRUG USE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Joyce Roberts
June 2017
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Approved by:

Janet Chang, Faculty Supervisor, Social Work
Janet Chang, M.S.W. Research Coordinator
ABSTRACT

This study examined the correlation between Vietnam veterans and dependency to illicit drugs, due to their exposure and accessibility during their deployment in Vietnam. This study consisted of a sample size of 58 respondents to a survey that was disbursed throughout 2 agencies that comprise of Vietnam veterans. The survey design was implemented to ensure the consistency and accuracy of the quantitative data. Furthermore, this study included a Chi-square test to determine relevance and implications to micro social work practices. As expected, there was a positively significant statistical relationship between the exposure and accessibility that some Vietnam veterans experienced during their deployment that continues to affect their current use of illicit drugs. This study has been conducted to help future micro practitioners understand the importance and effects that this exposure and accessibility played in the lives of many Vietnam veterans.
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CHAPTER ONE
ASSESSMENT

Introduction
Chapter one highlights the research question addressed along with an in-depth explanation of the hypothesis of the study; Vietnam veterans are the participants of the study. This chapter discusses the paradigm, which will be implemented throughout the study (positivist paradigm) and the rationale behind the paradigm selected. The literature review will be discussed in order to provide supporting data, which will be used to test the correlations in the study. Lastly, the eco-systems perspective will be discussed and the rationale behind why this particular perspective was chosen for the study.

Research Focus and/or Question
The research question for this study has been formulated to gather data on the Vietnam Veteran population and present substance abuse problems. The question is as follows: Do Vietnam veterans have a higher rate of substance abuse dependency, due to their exposure to heroin and the accessibility to this drug, during their deployment in Vietnam? The research focus and dependent variables of the study are the Vietnam veteran population and their drug dependency. The data gathered measures the correlation between the Vietnam veteran population’s exposure to heroin and their dependency to illicit drugs. The data tests whether their drug dependency is correlated to their exposure and
accessibility to heroin during their deployment in Vietnam, which are the independent variables of the study. This study tests whether the veterans from the Vietnam War have a higher dependency rate on substance abuse problems if they were exposed to these drugs during deployment in Vietnam.

Paradigm and Rationale for Chosen Paradigm

The paradigm selected for the study is the positivist paradigm. The rationale behind the paradigm chosen is that positivist thinkers utilizes hypothesis testing to find a causality and/or correlation between an independent and dependent variable, in the research question. According to Morris (2014), “the experimental design addresses causality while the survey design addresses correlation” (p.4702). Utilizing the positivism paradigm enables the researcher to reveal cause and effect between the relationships in the material studied and obtains the information by quantitative data. Applying the positivist paradigm helped test a clear correlation between the Vietnam veterans and their dependency to illicit drugs or other forms of substance abuse (dependent variable), due to their exposure and accessibility (independent variable) during their deployment in Vietnam. The positivist paradigm has indicated the findings with quantitative data, which was required to successfully test the correlation theory.
Literature Review

The literature review shows that many Vietnam veterans became addicted to heroin/opium during their deployment in Vietnam. During the Vietnam War, the enlisted soldiers were deployed to a country that was rich with heroin and opium. The Vietnam veterans had accessibility to heroin that was inexpensive and in excess in the country. Consequently, many of the Vietnam veterans experimented and become addicted to the drug. The War ended and the soldiers were deployed back to the U.S.A addicted to drugs, with minimal if any treatment services.

Experimentation and prevalence of heroin/opium in Vietnam Illicit drug use, particularly the use of heroin and opium, was prevalent among the service men that were deployed in Vietnam, during the Vietnam War (Nguyen & Scannapieco, 2007). Many of the Vietnam veterans who fought during this war period, used or experimented with the use of illicit drugs. According to Robins, Helzer, Hesselbrock & Wish (2010), 85% of Vietnam veterans that participated in a particular study, reported that they had been offered heroin during at least one point during their deployment at Vietnam. The sale or consumption of alcohol was illegal to servicemen 20 years of age or younger but heroin was easily accessible and inexpensive (Robins & Slobodyan, 2002). According to (Nguyen & Scannapieco, 2007) “Vietnam possesses a long history of producing and consuming opium” (p.535). During the early 1900’s, opium was used for therapeutic and hedonistic purposes, but was later used for trade and illegal drug
use. Cultivation and use of heroin rapidly spread throughout the country and was used as a form of social control (Nguyen & Scannapieco, 2007). Research by Nguyen and Scannapieco (2007) supports, “by the 1940’s, 2% of the Vietnamese population was addicted to heroin. Cultivation and consumption of heroin and opium was forbidden throughout Vietnam but was tolerated in the rural mountain areas” (p.535).

Drug Cycle

Due to the accessibility of heroin and opium, the servicemen resorted to the use of illicit drugs and bi-passed alcohol and tobacco use; though alcohol and tobacco use was typically used in conjunction with the use of heroin and opium (Robins & Slobodyan, 2002). It is the typical cycle to begin drug experimentation with “softer drugs”, such as: marijuana and cocaine (Robins & Slobodyan, 2002). The Vietnam veteran servicemen did not follow the typical structure of drug use. Since heroin and opium was so easily accessible, many of the servicemen began their drug use with such drugs. According to Nguyen and Scannapieco (2007), “During the Second Indochina War (1959–75), heroin use had become a very serious problem in South Vietnam, mainly among American troops and Vietnamese soldiers. It was estimated that by the early 1970’s, approximately 80,000 of American soldiers in Vietnam had used heroin” (p. 536).

Probability of Drug Dependency

The prevalence of drug use reports that many of the servicemen that had previously engaged in illicit drug use before their tour in Vietnam or participated
in deviant behaviors or previously injected illicit drugs, had a higher probability of participating with illicit drug use, during the Vietnam War (Robins & Slobodyan, 2002). Prior drug exposure caused a higher probability of the servicemen participating with heroin use and thus becoming dependent on illicit drugs. During the Vietnam War, approximately 85% of the servicemen were offered heroin during their tour (Robins et al., 2010). Subsequently, many servicemen left addicted to heroin. According to Jaffe (2010), an estimate of 1,000 servicemen were returning home from Vietnam daily and many of them were returning dependent on illicit drugs.

**Initiated Treatment Services**

During the Vietnam War, President Nixon introduced the Director of the Special Action Office for Drug Abuse Prevention (SAODAP) to help fight the war against illicit drug use. The SAODAP implemented treatment plans for the servicemen that suffered from substance abuse problems (Wish, 2010). The servicemen were informed of their departure back to the U.S.A weeks in advance, in order to allow the soldiers to detoxify. Though they were given weeks of warnings, some were unable to stop the illicit drug use. Consequently, those servicemen were made to remain in Vietnam longer than expected (Robins & Slobodyan, 2002). According to Helzer (2010) “The most intensive treatment at the time was extended hospitalization at one of the Federal Medical Centers in Lexington and Fort Worth—the so-called “Narcotics Farms.” Treatment often involved incarceration, and continued for as long as the staffs felt necessary”
Though these treatment plans were implemented, roughly 90% of the servicemen had a relapse after their release (Helzer, 2010).

**Continual Drug Dependency**

Consequently, forty years later, Vietnam Veterans continue to suffer from their drug experimentation and drug use during the war. Many of the veterans that fought during the Vietnam War engaged with the illicit drug use of heroin. Consequently, many of those veterans continue to suffer from substance abuse addictions and mental health problems (Virgo et al., 1993). According to Virgo et al. (1993), many Vietnam veterans seek professional help from the Veterans Administration (VA) health care services for post-traumatic stress disorder and drug and alcohol abuse. Though these Vietnam veterans received treatment services initially returning from Vietnam, they did not receive on-going treatment services to decrease the chances of relapse. According to Virgo et al. (1993), 78.1% of Vietnam veterans participated with the use of illicit drugs before the war, 87.2% participated during the war, 94.5% after the war.

**Summary**

The drug exposure and drug use during the Vietnam War, caused many of the servicemen to become addicted to illicit drugs (Virgo et al, 1993). The servicemen were easily accessible to heroin compared to alcohol or any other forms of substances. Consequently, the servicemen returned back to the U.S.A addicted to drugs with no real treatment plan in course. The U.S.A implemented superficial treatment plans that temporarily fixed the problem. The servicemen
were made to remain in the military for longer than anticipated length of time or placed in “Narcotics Farms” until they were stabilized or able to provide a negative urine sample (Helzer, 2010). To this day, many Vietnam Veterans suffer from substance abuse problems. The Vietnam Veterans require on-going treatment services to help address a 40-year-old substance abuse problem that they continue to face today.

Theoretical Orientation

The focus of the research project is guided by the eco-systems perspective and solution-focused theory. It is important to consider a person’s whole environmental dynamics in order to make a clear assessment of the problem. Applying the eco-systems perspective allows the researcher to observe the person and their environmental influences, which helps mold the individual. The eco-systems perspectives allow the researcher to observe the person and their whole eco-system. Applying the eco-systems perspective has helped analyze the Vietnam veterans who were deployed at Vietnam, during the war. These Vietnam veterans were exposed and had easy accessibility to heroin and opium. Applying this perspective has helped test whether their exposure and accessibility to drugs during their deployment in Vietnam played a contributing factor to their current dependency to illicit drugs or other forms of substance abuse. Furthermore, the solution-focused theory is the focus which will used when working with Vietnam veterans that continue to suffer from illicit drug use after 40 after the war. Solution-focused theory focuses on what the client can do
versus what they are unable to do (Turner, 2010). Utilizing this theory will empower Vietnam veteran to focus on their strengths versus their deficits and past mistakes that were made, which caused them to become addicted to illicit drugs. This theory helps clients focus on their strengths in order to help them move forward with their recovery.

Potential Contribution of Study to Micro and/or Macro Social Work Practice

The study of the elderly Vietnam veteran population and substance abuse is an important study to conduct. It was necessary to identify the needs for this particular population, in order to establish appropriate services. If an elderly Vietnam veteran, is self-medicating, participating in the use of illicit drugs and/or is addicted to any forms of substance abuse, it is important to identify the cause before a solution is implemented. It is important at the micro level of social work to identify the cause before a solution for the elderly Vietnam veteran population can be established. Identifying these factors will enable future social workers to identify the underlying problem and thus establish evidence based practice to better serve this population.

Summary

This chapter summarizes the question that will be addressed throughout the study. Do Vietnam Veterans have a higher rate of substance abuse dependency, due to their exposure and accessibility, during their deployment in Vietnam? During this study, the eco-systems perspective and solution-focused
theory has been implemented. Implementing these perspectives has helped the researcher identify the cause and effect for the participation of substance abuse dependency of the Vietnam Veterans that were deployed at Vietnam. The ecosystems perspective has allowed the research to identify environmental factors, which contributed to their illicit drug use. Furthermore, the solution-focused theory will enable this research and many others to focus on the strength that veteran has versus their deficits. This chapter also discussed the positivism paradigm that has been utilized to complete the study. The positivism paradigm utilizes the hypothesis testing to find a causality and correlation in the research question and obtains the research through quantitative data. The data gathered will help establish relevant factors, which in turn will contribute to the establishment of evidence based practice, to service this particular population.
CHAPTER TWO

ENGAGEMENT

Introduction

In this chapter, the study site and participants will be discussed in further detail. There are three organizations that have been utilized to solicit participants to conduct the surveys. These organizations service all veterans but only Vietnam veterans have been asked to participate in the study. This chapter highlights the gatekeepers and their role in the study. The study has been conducted with the help of the gatekeepers. Formal communication between the gatekeepers and researcher was initially conducted by telephone communication. Once a rapport was established, communication was performed by phone calls and by the use of technology, particularly emails. Furthermore, diversity, ethical and political issues will be discussed in further detail.

Study Site

The study sites which the research project has been conducted were at two local organizations. These organization primarily service veterans and their families. These organizations are located all over the United States and services veterans and their families, depending on location. The two study sites that have been utilized to solicit participants for the study, are located in Southern California. Specifically, Adelanto, Victorville and Barstow, CA. These organizations provide: resources, services, advocacy, employment opportunities
and when needed monetary relief to veterans that are in good standing with the military. The mission statement for all two organizations are similar to one another: to strive to make a difference in the lives of veterans and their families. These organizations have been established to improve the lives of veterans that have sacrificed their lives, time, and efforts for their country. The particular names of the organizations have been kept confidential throughout the study in order to protect the confidentiality of the study participants. The two organizations have been utilized to solicit participants for the study and the research gathered are not be directly correlated with the organizations.

Engagement Strategies for Gatekeepers at Research Site

The two organizations are comprised by many key players, such as; national service officers, ladies’ auxiliary members and other key members. These are the gatekeepers of the facilities. They have assisted this researcher in soliciting Vietnam veterans who were deployed during the Vietnam War. The gatekeepers have been informed of the research study and have been asked to recruit participants for the study. They were notified that only Vietnam veterans can participate in the study, due to their special circumstances of being deployed in a country rich with heroin. The gatekeepers have been informed of the potential contribution this study may have on how Vietnam veterans are serviced if they have an illicit or other form of drug dependency. This researcher has emphasized the importance of the study findings and potential evidence based
practice that may be developed upon the findings of the study to the gatekeepers.

Self-Preparation

Preparation for the study has been accomplished by locating the different locations in Southern California, in which these two organizations are located. Once the locations were established, the gatekeepers were contacted. The gatekeepers were initially contacted by telephone and then proceed with a face-to-face interview. The gatekeepers were informed of the specific study, intended implementation of surveys and of the required participants for the study. Once rapport was established between the researcher and gatekeepers, formal communication was conducted with the use of technology, particularly emails. The researcher was aware of the sensitivity needed to engaging Vietnam veterans. The Vietnam veterans were treated with respect and dignity, in order to engage and request their participation in the study. The researcher was prepared by educating herself of the Vietnam veteran population and their views on illicit drug use. The researcher ensured that her engagement with the study participants included sensitivity to their views of the matter. Once initial rapport was established, the Vietnam veterans were informed of the study and their participation for the study was requested.
Diversity Issues

Both organizations have eligibility requirements in order to become a member. One organization has more rigorous qualifications, such as; an individual must have a campaign medal for overseas service; have served 30 consecutive or 60 non-consecutive days in Korea; or have ever received hostile fire or imminent danger pay (“Veterans of,” 2001-2016). The second organization has more flexible qualifications; one who is currently serving, or who has honorably served, in the U.S. Armed Forces including the National Guard and Reserves (“American Veterans,” n.d.). Lastly, according to the last organization, “Membership is open only to men and women who served active duty in the US Armed Forces during specific periods designated as “war time” by the US Congress, and who have received an honorable discharge, or are still serving honorably” (“The American,” 2016). Due to the nature of the population, the researcher had to ensure that diversity issues are addressed and all biases were identified before the research study was conducted. All of the study participants have engaged in war and have either directly or indirectly taken the lives of others during their deployment in Vietnam. This issue was directly addressed by this researcher by having an understanding that war and the outcome of war is needed to protect the freedom of American’s. This issue was directly addressed by the researcher by having an understanding that the Vietnam veterans fought for the freedom of our Country and many even gave their lives in order to keep this freedom. The researcher ensured that all the
participants were treated with respect, regardless of one’s own opinions about war, gender, ethnicity, or age. During direct contact with the participants, appropriate eye contact was displayed and adequate space was given to the participants to ensure the comfortability of the participants. Furthermore, when needed, this researcher ensured to speak in a loud voice to ensure that the participants were able to hear and properly engage during direct contact.

**Ethical Issues**

This particular study was conducted to conclude whether Vietnam veterans were influenced to engage in the use of heroin, due to their exposure and accessibility during their deployment in Vietnam, which caused them to become dependent on illicit drugs. The participants of the study were treated as autonomous agents. Any participant with diminished autonomy was not considered to participate in the study. The participants of the study were informed of the particular study and were not withheld any information. Once the participants were informed of the study, the study participants were given the choice to either participate or not participate, in the study. The study participants were notified that they were not required to take the study and that they can stop the study at any given time. Furthermore, the study participant’s names and personal information were not documented, in order to ensure confidentiality.
Political Issues

Once the probability is determined between Vietnam veterans and substance abuse. Evidence based treatment services can be established. All Vietnam veterans have access to state funded services, such as to the Veterans Affairs (VA). Vietnam veterans can access these services in order to receive treatment services for substance abuse problems. If evidence based services are initiated due to the study, political influences may determine whether these treatment services are funded. The VA is a state funded organization and politics can influence whether the VA is allocated funds, to fund these evidence-based treatment services. An issue that may arise after the study is completed is that this organization is not adequately addressing a 40-year-old substance abuse problem that Vietnam veterans may be struggling with.

The Role of Technology in Engagement

The role of technology was necessary in the research project. Technology was required to accomplish direct contact between the gatekeepers and the researcher. The contact was made primarily by telephone contact and in the forms of emails. Furthermore, many of the surveys taken were taken with the use of on-line technology. If the participants were unable to complete the on-line surveys directly, paper surveys were administered. Once the paper surveys were completed, the researcher transferred the data unto the on-line survey data base.
Summary

This chapter helps outline the study site, which was utilized to solicit participants for the study and the population that they serve. The two primary organizations that were used to solicit participants, service all active members of the military including veterans that are in good standing with the military. Only veterans that were deployed in Vietnam during the Vietnam War were participants of the study. The gatekeepers were the prominent personnel at the organizations and helped administer the surveys. Communication with the gatekeepers was conducted through phone calls and in the form of emails. This chapter also outlines any diversity and ethical issues that the researcher may have encountered throughout the study. This chapter helps outline potential political problems that may have arisen from the outcome of the study, which may be affected by political powers. The role of technology played a heavy part of the study. Most of the surveys were conducted by on-line surveys and were necessary to complete the study.
CHAPTER THREE
IMPLEMENTATION

Introduction
This chapter highlights the participants of the study, who are Vietnam veterans who were deployed at Vietnam, during the Vietnam War. Participants of the study needed to meet specific selection criteria, to participate in the study. Selection of the study participants was conducted by soliciting Vietnam veteran from two selected organizations and will be discussed in depth in the chapter. Data collection was implemented by means of a closed-ended, Likert scale survey. This chapter explains how the data was analyzed using quantitative analyzes. The findings of the study are discussed and the method used to report the findings to the study participants. Lastly, the dissemination plan is explained in detail.

Study Participants
The study participants for the research study are the elderly veteran population who were deployed in Vietnam, during the Vietnam War. The ages of the participants range depending on the age of the individual that fought during this specific time period. According to National Vietnam Veterans Foundation, “the youngest American Vietnam veteran's age approximated to be 54 years old”. According to Veterans Today, a veteran must meet one of the following criteria, in order to be considered as a Vietnam veteran; “A "Vietnam Era" Veteran is
defined as any Veteran who served during the official time frame of the Vietnam War anywhere in the world as defined by Congress and the Department of Veterans Affairs. Those who served in-country, have a longer period of time in which they qualify to be a Vietnam Era Veteran (from 1961 to 1975). While those who did not serve in-country have official definition of a Vietnam Era Veteran of a shorter timeframe, in which they can be considered Vietnam Era Veterans (from 1964 to 1975)”. All of the study participants were solicited from the two selected organizations mentioned throughout the study and/or by word of mouth. These two organizations service all veterans and provide resources to the veterans and/or their families. Only Vietnam veterans were solicited to participate in the research study.

Selection of Participants

The participants in the study were selected by utilizing a convenience sample. A convenience sample was utilized to solicit any Vietnam veteran from two selected organizations, who are willing to participate in the study. A convenience sample is more limited and a weaker form of sampling but this type of sampling tools is the most convenient for the two organizations, in which the study participants will be solicited. When implementing a sampling design, one must consider the following: element; Vietnam veterans, population; Vietnam veterans that were deployed in Vietnam during the Vietnam War, study population; all Vietnam veterans that were deployed in Vietnam during the Vietnam War and are currently members of the two organizations chosen to
solicit participants, sampling unit; individuals, sampling frame; all Vietnam veterans that were deployed in Vietnam during the Vietnam War and are currently members of the two organizations chosen to solicit participants, observation unit; Vietnam veterans, variable; exposure and accessibility to heroin. The descriptive design was utilized during the study, in order to test the correlation between the independent (accessibility and exposure to heroin) and dependent variables (Vietnam veterans and drug dependency). The Vietnam veterans were solicited from the two selected organizations and/or by word of mouth. The researcher attended several meetings/gatherings at the two selected organizations, were veterans gather. During the meetings/gatherings, any veterans that met the specific criteria as a Vietnam veteran, was asked to participate in the study. The study participants were informed of the specific study, informed consent, de-briefing statement and was given the opportunity to end the study at any given time. The sample size for the study will consist of 58 study participants. A power analysis has been completed in order to formulate the sample size.

Data Gathering
The participants in the study were selected by utilizing a convenience sample. A convenience sample was utilized to solicit any Vietnam veteran from two selected organizations, who are willing to participate in the study. A convenience sample is more limited and a weaker form of sampling but this type of sampling tools is the most convenient for the two organizations, in which the study
participants will be solicited. When implementing a sampling design, one must consider the following: element; Vietnam veterans, population; Vietnam veterans that were deployed in Vietnam during the Vietnam War, study population; all Vietnam veterans that were deployed in Vietnam during the Vietnam War and are currently members of the two organizations chosen to solicit participants, sampling unit; individuals, sampling frame; all Vietnam veterans that were deployed in Vietnam during the Vietnam War and are currently members of the two organizations chosen to solicit participants, observation unit; Vietnam veterans, variable; exposure and accessibility to heroin.

The descriptive design was utilized during the study, in order to test the correlation between the independent (accessibility and exposure to heroin) and dependent variables (Vietnam veterans and drug dependency). The Vietnam veterans were solicited from the two selected organizations and/or by word of mouth. The researcher attended several meetings/gatherings at the two selected organizations, were veterans gather. During the meetings/gatherings, any veterans that met the specific criteria as a Vietnam veteran, was asked to participate in the study. The study participants were informed of the specific study, informed consent, de-briefing statement and was given the opportunity to end the study at any given time. The sample size for the study will consist of 58 study participants. A power analysis has been completed in order to formulate the sample size.
Phases of Data Collection

Phases of the data collection included; initial engagement with the gatekeepers, initial engagement with the study participants, implementation of the surveys and termination with the study participants. Initial engagement occurred with the gatekeepers of the two organizations chosen to conduct the research study. This researcher contacted the gatekeepers and requested a face to face interview to explain the research study and obtain permission to complete the study at the facility. During the face to face interview with the gatekeepers, this research gave a detailed explanation of the research study and gave a brief explanation on the dissemination plan. Once an explanation and dissemination plan was given, this researcher requested written approval from the organization to complete the survey at their facility. Once approval was granted, this researcher attended several meetings/gatherings, in which Vietnam veterans were present.

This researcher then began the initial engagement interview with the study participants. This researcher explained the following steps to each study participants during the initial interview; an in-depth explanation of the research study, provide an informed consent, explained the debriefing statement and completed the termination process. All participants were notified that their participation in the study was completely voluntary and that they could have ended the survey at any given time. Before the participants were given the survey, this researcher informed each participant that on-going services would
not be given. The participants were given the necessary steps, in which to obtain the study results, once it has been completed. This researcher also provided the name and contact information to the Faculty Advisor, whom will provide the results of the research project.

The participants utilized either an on-line survey tool or they were provided paper copies of the survey. Once the surveys were completed, termination with the study participants immediately followed. Once all surveys were completed, they were entered into the on-line data base, in order to be analyzed. Once all 58 surveys were completed, the researcher terminated services directly with the gate keepers of the facility.

Data Recording

The data recording was accomplished by gathering all the collected data from the on-line and paper surveys. Once all 58 surveys have been gathered, the data was inputted into the computerized data base. Each survey was analyzed and input into the computerized data base by this researcher. Once all of the surveys were inputted into the data base, a t-test analyzes was implemented in order to analyze the gathered data.

Data Analysis Procedures

A t-test was implemented to test the hypothesis of the study. Applying a t-test was helpful to measure the correlation between the dependent variables (the Vietnam veteran population and drug dependency) and the independent
variables (exposure and accessibility to heroin during deployment) of the study. During the data analysis both independent variables were tested in order to obtain a clear correlation between the independent variables and the dependent variables. The questionnaires were designed with questions which tested the correlation between the independent variables of the study. Furthermore, the parameter; correlation between drug dependency due to exposure and accessibility, statistic; percentage on exposure and accessibility, sampling error; difference between correlation rates in simple random sample and in total study sample, confidence level and confidence interval; statement of sampling error in correlation rates, credible intervals; likelihood of correlation between accessibility and exposure rate being correct were addressed.

Summary

This chapter highlights the selection of participants, which are Vietnam veterans that were deployed in Vietnam during the Vietnam War. The selection of the participants was determined using a convenience sample. The data gathered was performed by a closed ended, Likert scale, on-line survey. This type of survey was implemented to ensure the consistency and accuracy of the quantitative data. This chapter highlights the phases of the data collection along with detailed information on the data recording. A t-test was implemented in order to test the hypothesis of the study and the correlation between the dependent and independent variables of the study. The findings were communicated to the study participants by an article, which will include detailed
information on the study findings, if requested by participants. Lastly, this chapter explains the dissemination plan for the study findings.
CHAPTER FOUR

EVALUATION

Introduction

This chapter will cover data analysis and the demographic characteristics of the participants, interpretations of the data analysis which included a Chi-square test to determine relevance and implications to micro social work practices. This chapter will highlight drug exposure and accessibility amongst the participants, Vietnam veterans.

Data Analysis

The demographic characteristics are shown in Table 1. There are 58 participants in this study. Nearly 97% of the participants were male and 3% were female. The participants in the study were deployed in Vietnam. The ages of the participants ranged from 60 years to 91 years of age. Nearly 28% reported to be between the ages of 60 and 67 years old, 53% between 68 and 74 years old and 19% between the ages of 75 and 91 years. Over 67% were Caucasian, 5% were Asian, 7% were Hispanic, 2% were Native American and 19% were other ethnicities.
Table 1. Demographic Characteristics of the Sample Population

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<td>Asian</td>
<td>3</td>
<td>5.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4</td>
<td>6.9</td>
</tr>
<tr>
<td>Native American</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>19</td>
</tr>
</tbody>
</table>
The exposure and accessibility terms are shown in Table 2. In terms of exposure and accessibility, nearly 57% of the participants could access heroin from other soldiers and 43% disagreed. 60% of the participants reported that they could access heroin from the locals, while 40% disagreed. Nearly 55% of the participants agreed that they could obtain heroin from more than one person and 45% disagreed. In terms of past and current drug use, nearly 24% of the participants experimented with heroin at least once during their deployment and 76% disagreed. Nearly 21% of the participants reported using heroin or other drugs upon their arrival from Vietnam and 79% disagreed. 17% of the participants sought help for drug addiction from a drug rehabilitation program or other medical treatment and 83% disagreed. Nearly 22% of the participants struggled with drug addiction upon their arrival from Vietnam and 78% disagreed. 14% of the participants currently engage in the use of drugs and 86% disagree.

Table 2. Exposure and Accessibility Terms

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (N)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility to heroin in Vietnam from soldiers (58)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>33</td>
<td>57</td>
</tr>
<tr>
<td>Disagree</td>
<td>43</td>
<td>43</td>
</tr>
<tr>
<td>Variable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility to heroin in Vietnam from locals (58)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variable</td>
<td>Frequency (N)</td>
<td>Percentage (%)</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------------</td>
<td>----------------</td>
</tr>
<tr>
<td>During deployment access to heroin from more than one person (58)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>32</td>
<td>55</td>
</tr>
<tr>
<td>Disagree</td>
<td>26</td>
<td>45</td>
</tr>
<tr>
<td>During deployment, I experimented with heroin at least once (58)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>14</td>
<td>24</td>
</tr>
<tr>
<td>Disagree</td>
<td>44</td>
<td>76</td>
</tr>
<tr>
<td>Upon my return, I continued to use drugs (58)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>12</td>
<td>21</td>
</tr>
<tr>
<td>Disagree</td>
<td>46</td>
<td>79</td>
</tr>
<tr>
<td>Upon my return, I sought help from a drug rehabilitation or other medical program (58)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>10</td>
<td>17</td>
</tr>
<tr>
<td>Disagree</td>
<td>48</td>
<td>83</td>
</tr>
</tbody>
</table>
As expected, there was a positively significant statistical relationship between the previous exposure to drug and the current use of drug. A Chi-square test was conducted to assess a relationship between the independent variable (experimenting with heroin during deployment at least once) and the dependent variable of the study (currently engaging in drug use), and the finding was statistically significantly (Chi-square =26.428, df=9, p=.002). Participants who experimented with heroin more than once while serving in Vietnam were more likely to currently engage in drug use than those who did not.

Another Chi-square test was conducted to assess a relationship between the accessibility to drug (the independent variable - ability to obtain heroin from more than one person) and current use of drug (the dependent variable - currently engage in drug use). The finding was statistically significant (Chi-square =18.897, df=9, p=.026). Participants who were able to obtain heroin more than one person while serving in Vietnam were more likely to currently engage in drug use.

Again, as expected, there was a statistically significant relationship between the previous experience of drug use and current use of multiple drugs. A Chi-square test was conducted to assess a relationship between the independent variable (experimented with heroin during deployment at least once) and dependent variable (continued to use heroin or other drugs); the findings were statistically significant (Ch-square=35.033, df=9, p=.000). Participants who
experienced with heroin at least once were more likely to currently use multiple drugs than those who did not.

Data Interpretation

The study was conducted by utilizing a convenience sample. The question is as follows: Do Vietnam veterans have a higher rate of substance abuse dependency, due to their exposure to heroin and the accessibility to this drug, during their deployment in Vietnam? The purpose of the study was to test whether there is a correlation between the exposure and accessibility to heroin that the participants experienced during their deployment in Vietnam and their current drug use. The study found that there was a statistical significance between both the accessibility and exposure and current use of heroin or other drug usage.

The study concluded that 38% of the participants disclosed being offered heroin at least once during their deployment. This finding is consistent with Robins, Helzer, Hesselbrock & Wish’s study (2010), which suggests that 85% of Vietnam veterans that participated in a particular study, reported being offered heroin during at least one point during their deployment in Vietnam.

The study also concluded that 68% of the participants disclosed being offered heroin from other soldiers and the locals. Accessibility to heroin was rampant in Vietnam before and during the war. According to Nguyen & Scannapieco (2007), cultivation and use of heroin, rapidly spread throughout the
country and was used as a form of social control. Consequently, Nguyen and Scannapieco (2007) supports, “During the Second Indochina War (1959–75), heroin use had become a very serious problem in South Vietnam, mainly among American troops and Vietnamese soldiers. It was estimated that by the early 1970’s, approximately 80,000 of American soldiers in Vietnam had used heroin” (p. 536).

Due to the high accessibility and exposure rates this study concluded that 21% of servicemen continued to use heroin or other drugs upon their return from Vietnam, 17% sought help from a drug rehabilitation or other medical treatment, and 22% struggled with drug addiction upon their return. This is consistent with a previous study finding by Jaffe (2010), which reports that an estimate of 1,000 servicemen were returning home from Vietnam daily and many of them were returning dependent on illicit drugs. The servicemen became addicted to heroin in Vietnam and were sent home without treatment. Consequently, this caused an ongoing drug addiction problem for many of the servicemen.

Lastly, the study found that 14% of the participants continue to engage in the use of drugs. This supports previous study findings concluded by Virgo et al. (1993), which reported that 78.1% of Vietnam veterans participated with the use of illicit drugs before the war, 87.2% participated with the use of illicit drugs during the war, 94.5% participated in the use of illicit drugs use after the war. This epidemic of drug use and addiction has gone unresolved for 40 years. Vietnam veterans continue to struggle without the appropriate help needed to
help their on-going drug addiction, which was caused due to high exposure and accessibility to heroin during their time of deployment in Vietnam.

Implications of Findings for Micro and/or Macro Practice

Implication of the study’s findings on the Micro level of social work is that there are other underlying factors that may contribute to the on-going drug addiction that many Vietnam veterans face. During the Vietnam war, drug exposure and experimentation was rampant and almost expected. Many Vietnam veterans were sent back home addicted to heroin and without proper treatment and thus continue to struggle with drug addiction. This study concludes that continual treatment is required when working with Vietnam veterans. Treating micro practitioners should be knowledgeable of new trends and theories that are applicable when working with Vietnam veterans. This population is unique because they have suffered unique circumstances with combat exposure and illicit drugs. Having this knowledge will help treating practitioners services their clients in a manner that would be beneficial for their overall well-being. Specialized knowledge in drug exposure and combat related trauma will help micro practitioners services Vietnam veterans that continue to suffer from the exposure of combat related trauma. Furthermore, understanding theoretical orientations that apply specifically to this population can be beneficial for a micro practitioner.
Summary

The findings of the study were presented and discussed. During the study, a Chi-square test was conducted to determine the correlation between the independent variables and independent variables of the study. The study concluded that there was a clear correlation between the independent and independent variables. Furthermore, data interpretations were analyzed and discussed. Lastly, implications of the study findings on a micro practice level were discussed.
CHAPTER FIVE:
TERMINATION AND FOLLOW UP

Introduction

This chapter will cover termination plans with the research sites and the research participants. Communication of the findings and dissemination plans will be discussed.

Termination of Study

Termination with the study participants was accomplished at the end of the survey. Each study participant was informed that no follow up would be implemented, unless otherwise requested by the study participant. The researcher provided the study participants with the name and contact information to the Faculty Advisor, in order to obtain the study findings. Once all 58 surveys were obtained, this researcher verbally terminated association with the organizations by directly informing the gatekeepers of the research completion. If requested, the researcher provided each individual participant with an article of the findings. The article included: Title page, abstract or summary, discussion of the problem focus, discussion of the literature, description of the research method, description of the findings, description and interpretation of meaning of findings, and the references. After the study was completed, follow up with the study participants was not necessary.
Communicating Findings to Study Site and Study Participants

Final results and report will be shared with the agencies involved with the study and any participants that request results, through email. When the thesis is published, and recorded in CSUSB library, access may be given to the study sites and participants to retrieve the study. Otherwise, a copy will be emailed as an attachment.

Ongoing Relationship with Study Participants

An ongoing relationship with the participants is not necessary. Termination with the study participants occurred after the survey was conducted and further contact is not required.

Dissemination Plan

The findings of the study will be communicated through Poster Day at California State University of San Bernardino for the staff and students of California State University of San Bernardino.

Results of the study can also be obtained from the Scholar Works database at the Pfau Library, State University, San Bernardino after June 2017. Furthermore, final results and report will be shared with the agencies involved with the study through email. When the thesis is published, and recorded in CSUSB library, access may be given to the study sites to retrieve the study. Otherwise, a copy will be emailed as an attachment.
Summary

Termination of the study occurred as each study participant completed the study survey, and therefore no further contact with the participants will occur. The study participants may access the results of the study by accessing the Scholar Works data base thought the Pfau Library. The results of the study will also be communicated through Poster Day at California State University, San Bernardino.
APPENDIX A

INFORMED CONSENT
INFORMED CONSENT

The study in which you are asked to participate is designed to examine a correlation between Vietnam veterans that were deployed at Vietnam during the Vietnam War and illicit drug dependency. The study is being conducted by Joyce Roberts, School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Subcommittee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to examine the correlation between Vietnam Veterans and illicit drug use, due to their exposure and accessibility during their deployment in Vietnam.

DESCRIPTION: Participants will be asked of a few questions on their experiences on illicit drug use during their deployment in Vietnam, if any. The questions will be related to exposure and accessibility to heroin while their deployment in Vietnam.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

DURATION: It will take 5 to 10 minutes to complete the survey.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will not be any direct benefits to the participants.
CONTACT: If you have any questions about this study, please feel free to contact Dr. Janet Chang at 909-537-5183.

RESULTS: Please contact Dr. Janet Chang (email: jchang@csusb.edu), or Cal State San Bernardino School of Social Work for the results of the study after June 2017.

This is to certify that I read the above and I am 18 years or older.

__________________________________________  ____________
Place an X mark here                     Date
APPENDIX B

DEBRIEFING STATEMENT
DEBRIEFING STATEMENT

This study you have just completed was designed to investigate a correlation between the Vietnam Veterans who were deployed at Vietnam during the Vietnam War and their dependency to illicit drugs or other forms of substance abuse, due to the accessibility and exposure to heroin during their deployment. This is to inform you that no deception is involved in this study. Thank you for your participation. If you have any questions about the study, please feel free to contact Dr. Janet Chang at 909-537-5184. If you would like to obtain a copy of the group results of this study, please contact Dr. Janet Chang (email: jchang@csusb.edu) after June 2017.
APPENDIX C

SURVEY / QUESTIONNAIRE
SURVEY / QUESTIONNAIRE

Strongly Disagree = 1
Agree = 2
Disagree = 3
Strongly Disagree = 4

1. I served in Vietnam, during the Vietnam War.

1---------2---------3---------4---------
SA     A     D     SD

2. During my deployment in Vietnam I experienced other soldiers experimenting with heroin.

1---------2---------3---------4---------
SA     A     D     SD

3. During my deployment in Vietnam I was offered heroin at least once.

1---------2---------3---------4---------
SA     A     D     SD

4. During my deployment I experimented with heroin at least once.

1---------2---------3---------4---------
5. During my deployment I was able to easily access heroin from other soldiers.

6. During my deployment, I was able to easily access heroin from the locals.

7. During my deployment, I knew other soldiers that were addicted to heroin.

8. During my deployment, I saw other soldiers using heroin.

9. During my deployment, I was able to obtain heroin from more than one person.
10. During my deployment I heard or knew soldiers that were made to remain in Vietnam longer than expected, due to their inability to give a clean urine sample.
APPENDIX D

HUMAN SUBJECTS COMMITTEE LETTER
Human Subjects Committee
School of Social Work
CSUSB
5500 University Parkway
San Bernardino, CA 92407

Date: March 12, 2016

Dear Committee Members:

This is to confirm that Joyce Robert has permission to carry out her research project, Vietnam War veterans and drug dependency at The American Legion, post 229. She will be gathering data from the organization’s members by on-line and paper survey. The data will be gathered from April 2016 to May 2017.

Sincerely,

Victor Diaz

[Signature] - Commander
APPENDIX E

INSTITUTIONAL REVIEW BOARD APPROVAL
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO  
SCHOOL OF SOCIAL WORK 
Institutional Review Board Sub-Committee 

Researcher(s)  Joyce Roberts 
Proposal Title  Vietnam Veterans and Illicit Drug Use 

# 1653  

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.  

Proposal is: 
✓ approved 

_____ to be resubmitted with revisions listed below 

_____ to be forwarded to the campus IRB for review 

Revisions that must be made before proposal can be approved: 

_____ faculty signature missing 

_____ missing informed consent _____ debriefing statement 

_____ revisions needed in informed consent _____ debriefing 

_____ data collection instruments missing 

_____ agency approval letter missing 

_____ CITI missing 

_____ revisions in design needed (specified below) 


Committee Chair Signature  5/25/2016 

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student
REFERENCES


