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The Military's Billion-Dollar Pill Problem

At a time when soldiers kill themselves in record numbers – 18 veterans per day – the armed forces spend a fortune on a drug known to increase the chance of suicide.

Before his military doctors were through with him, Spc. Andrew Trotto, a 24-year-old Army gunner, would be on as many as 20 psychiatric medications. It started in 2008 while he was in Iraq, fighting in [Sadr City](#), at first with difficulty falling asleep, a common problem among soldiers in a combat zone, particularly those, like Trotto, suffering from post-traumatic stress disorder. "For sleep, the first drug they like to go to in Iraq is [Seroquel](#)," says Trotto, of the atypical antipsychotic originally developed to treat schizophrenia and bipolar disorder. "They hand that shit out like Skittles. You get a bottle for 10 days, and if you run out, they give you more." His body adapted to the pill over time, and he was soon taking a dose meant for actual psychotics. "They had no clue what the hell they were doing," Trotto says of the doctors at the battalion aid station who prescribed the pills. "They just throw you on a drug, and if it doesn't work, they throw you on something else. "Try this. Try this. Try this."

Though he continued to function in day-to-day combat – nighttime missions clearing houses – his brain was polluted with pharmaceuticals. In addition to Seroquel, he was taking Zoloft for anxiety and Vicodin to relieve pain from ruptured disks he sustained falling nine feet off a tank – and he was still being thrown into combat. "Let me remind you," he says, "I was a gunner, completely whacked out of my mind. There were quite a few of us on Seroquel and antidepressants."

Eventually, he says, he began losing it. Looking back, he's certain it was the drugs that pushed him over the edge. He started seeing things and hearing voices. While in a [warrior-recovery unit](#) in Kuwait, he tried to overdose on the Seroquel but only lay in a stupor for two days undisturbed. One day he locked himself in a Porta-Potty with a loaded M16 in his mouth, but he managed to hold out long enough to seek help. "I told them, 'You need to do something, or I am going to take other people out with me.'"

He was sent home to a warrior-transition unit in Colorado, but a year later, he tried to OD in his bathtub. Trotto's father says the sergeant who escorted his son back to Colorado had told him "that he watched Andrew go downhill the minute they put him on Seroquel."

Specialist Trotto's deterioration should not have been surprising to anyone who has read Seroquel's black-box danger label, a warning about the drug's potential to cause suicidal tendencies in some patients. But Seroquel was only one of several drugs that Trotto was given, both in Iraq and in a Veterans Affairs facility at home, that carry such warnings. Still, despite an unprecedented suicide rate among American servicemen and women – a problem so widespread that [Secretary of Defense Leon Panetta has called it an epidemic](#) – these same drugs are among the most frequently prescribed medications by the U.S. military and the VA.

American soldiers (active soldiers as well as retired) have never been more medicated than they are now: In 2010, more than 213,000 service members (roughly 20 percent of active-duty military) were taking medications the military considered "high risk" – from epilepsy drugs to psychiatric pills like Seroquel. But what's more incredible is that Seroquel and other antipsychotics are expensive (as much as \$10 a dose) and not proven to be effective in treating the very conditions for which the military and VA most often prescribe them: insomnia and PTSD. But that didn't prevent their use by the military from [increasing tenfold](#) between 2002 and 2009.

The spike in prescriptions, as well as the growing chorus of concern within the military, prompted a high-level memo from Gen. Jonathan Woodson, M.D., assistant secretary of defense for health affairs, cautioning military personnel about the use of atypical antipsychotics, specifically Seroquel. "[Providers should use caution](#)," he wrote in February 2012, "when these agents are used as sleep aids in service members struggling with substance-use disorders.... Providers should offer service members the lowest risk medication and non-medication therapy options for their symptoms."

But for the many thousands of soldiers who'd already struggled to serve their country in a Seroquel-induced fog, it was too late. The only reliable cure for PTSD, according to research, lies in a handful of specific, short-term talk therapies that dull and disable the impact of its terrors. Still, [80 percent of soldiers with PTSD are given psychotropic drugs](#), many of which can raise the risk of suicide. Off-label prescribing – the use of prescription drugs to treat ailments other than the ones they've been approved to treat – is widely accepted by the medical community in general, as it is in the military. Doctors frequently prescribe drugs as they wish, even if they haven't been proved to work in treating a particular condition, and they prescribe them in combination with other drugs, even when the possible effects of those combinations are unknown.

"I have a hard time imagining that nine medications are all going to interact together very well," says Patrick Bellon of [Disabledveterans.org](#), an organization that helps vets obtain benefits.

The drugs didn't interact well for Ronald Bruce Wedderman, 55, a National Guard staff sergeant who fought in Iraq in 2005. When he returned home to Biloxi, Mississippi, Wedderman's VA doctors prescribed him the antidepressant [Trazodone](#) for sleep, on top of Prozac. He says the combination was nearly lethal. "At one point I had two pistols raised to my head on the beach. Somebody called the police. They found me yelling and screaming at people and waving my guns." Wedderman has not taken Trazodone again, and he hasn't tried to kill himself, either.

The causes of suicide are complex, and no single factor is to blame for the rise in self-harm. To their credit, the military and the VA have launched a help line, funded studies, advocated for talk therapies, researched alternative methods, and hired thousands of new mental-health professionals. But they have yet to question a glaring contradiction at work when a soaring number of veterans and soldiers are taking medications that come with suicide warnings. It's a group of drugs that include antidepressants, [benzodiazepines](#), anticonvulsants, and certain atypical antipsychotics like Seroquel. Dr. Peter Breggin, a psychiatrist who [testified before Congress](#) about veterans' medication and suicide in 2010, says, "I'd say it is near-criminal to send young men and women off to combat with a 180-day supply of drugs that can cause an increase in violent suicide."

The problem may not be obvious to the military, but it is starting to look crazy to everyone else. "I had a real shit fit with the Army," says Andrew Trotto's mother, Gina Doyle. "This was the all-American kid. He never had psychiatric problems or problems with suicide. They took a young man who was reacting normally to an abnormal situation – which is war – and they shoved him on an antipsychotic. I watched him become a completely different person. My son ended up gaining 40 pounds from all these medications. His hands were shaking and he said, 'I feel like a zombie.' I felt like they were pumping him full of medications and I was watching my son slowly die."

While the military is doling out all kinds of psychiatric drugs, none is more troubling than the atypical antipsychotics – blockbuster drugs with names like Seroquel, Risperdal, Zyprexa, Geodon, and Abilify. According to 2010 Department of Defense records, about 11,000 active-duty troops were on Seroquel. Since 2001, the VA has spent more than \$1.5 billion and the Department of Defense more than \$88 million on two atypicals alone, Seroquel and Risperdal.

Pharmacologically, atypical antipsychotics are sedatives. At high doses, they tamp down the activity of brain chemicals, including dopamine, histamine, and serotonin, driving a small percentage of users into deep torment. The name for this effect is akathisia. "It's an inner agitation that's often accompanied by a lot of pacing," says Breggin. "The agitation is so horrifying that it commonly causes people to feel suicidal. It's like being tortured from the inside out."

When they don't make you agitated, Breggin says, "these drugs produce an indifference, a lack of feeling for others or oneself." In fact, you could attribute that indifference as the drugs' primary effect. "They suppress empathy, and when you suppress empathy, you create a great chance of violence to other people or yourself." According to Dr. David Healy, an influential author, psychiatrist, and founder of the drug-side-effects database RxISK.org, in clinical trials, 33 patients taking atypical antipsychotics killed themselves, compared with zero patients taking sugar pills.

Sergeant Boone Cutler, who was stationed in Sadr City, doesn't think Seroquel made him suicidal, but he believes it made him agree to take drugs that did make him suicidal. "They give it to guys with PTSD because it makes them compliant," he says of Seroquel. "Then they start giving you benzos in high doses, and that's where things get funky." Cutler, 41, was hospitalized with traumatic brain injury, PTSD, and multiple orthopedic issues at Walter Reed in 2006, and later demanded he be taken off his combat cocktail. Today Cutler hosts a radio show called Tipping Point With Boone Cutler, where he hears from vets who are angry about the use of medication for PTSD. "When you take a war fighter who has PTSD and traumatic brain injury, which is very common, and you give them benzodiazepines...it makes you very reactive, and you don't think things through."

During a protest rally this fall in Phoenix, Iraq veteran John Keith, 35, dumped a box of the medications he'd been on in the middle of the street. "I said, 'This is what your tax dollars are paying for.'" Keith's 17-drug cocktail began in 2007 with three or four medications. "At first they give you one or two or three, and you try those for a couple of weeks. You are listening to a doctor say, 'This will help you,' and you are in such a bad place you will take anything. But they keep giving you more and more, and by the end of it, you're on 17 medications."

In a single visit, a VA doctor put Keith on Seroquel and the antidepressants Trazodone and Zoloft, all of which come with suicide warnings. He woke from a blackout to learn he had temporarily lost his mind. "I called my doctor up and said, 'I just threw my friend's furniture off a third-story balcony.' She said, 'Well, just cut the new pills in half.'"

He blacked out, was hospitalized, and when he got out, he says a nurse tried to offer him four tickets to the [Texas] Rangers game, "special tickets where I could meet all the players," he recalls. For a combat veteran who gets a nervous feeling in crowds, the offer was risible.

"I'm like, 'Why would I want to go to a baseball game when I hate being around people?' They've got nobody to say, 'You can't give somebody more than eight drugs.'" Since getting off the drugs and forming an organization to help vets manage their paperwork, Keith has processed more than a thousand veterans' disability claims. He says, "I have never seen a veteran who is or was on less than five medications." Doctors do not practice in a vacuum; they are fed a consistent stream of misinformation from the drug companies promoting these medicines. As Healy argues in his book [Pharmageddon](#), physicians learn about drugs through a closed, proprietary clinical-trial system in

which manufacturers fund, design, manipulate, and own the vast majority of drug trials – trials they can alternately choose to hide or promote as they wish.

[Dr. Robert Rosenheck](#), who has worked extensively within the Department of Veterans Affairs, describes off-label use in the VA as "quite high." "The rules around truth-in-marketing have allowed drug companies to publish scientific articles saying various things," he says. "They can hand out articles that encourage doctors to believe things the FDA does not approve."

The DOD could fix the problem by banning off-label prescribing, but it won't. "Off-label use of psychotropic medications is common, legal, and within the standard of care," says Capt. Michael Colston, M.D., in an email. [The Institute of Medicine](#), a branch of the National Academy of Sciences, which advises the federal government, sees it differently. "If airline travel were like health care," its panel wrote, "each pilot would be free to design his or her own preflight safety check, or not to perform one at all."

Andrew Trotto is now off every one of the drugs he was once prescribed by military and VA doctors. He went off the pills in 2011, with the help of cannabis and an aid dog, and is even planning on going back to school. He hit the gym and lost the 40 pounds he'd gained, but he can't lose the other effects of war: the ringing in his ears, the traumatic brain and back injuries. But, he says, "I can wake up in the morning and not be a total zombie. There are no more suicidal or homicidal ideations. I still have my problems with PTSD – anger issues, nightmares, and flashbacks. But I am able to deal with them and control them a lot better than I could while on the medication." His time in uniform and its aftermath have left him bitter about the military and the drug industry. "I do everything holistic now. I calm myself by sitting in the sauna. I will not go to a doctor and take the pills."