



N. Illinois Service and Benefit Officer Newsletter

January 2026

This Newsletter is published monthly as a Service and Reference for all Veterans, Veteran Family Members, and friends of Veterans. Each month multiple Veteran Military Organization sites (and other sources, as applicable) are queried for timely, relevant, and viable Veteran issues... issues that regardless of source, impact Veterans and their Family Members.

Nothing is provided in this newsletter that cannot be retrieved by the reader – all sources are cited. Articles and/or article excerpts below are simply provided for ease of access and/or reference.

This month, I am again addressing the topic of Buddy Checks – see the American Legion article excerpt below. I have also attached an article **excerpt** of a very informative piece by [Leah Miller](#). Leah's full article can be found at <https://veteranaddiction.org/resources/veteran-statistics/> It is my hope that this American Legion sourced, and professional material, may help you assist the comrades you have been called to serve.

As I always do, I Highly Recommend using a Certified/Professional Veteran Service Officer to assist you with any questions you have regarding benefits earned by your Service.

Point of Contact information on recommended Certified/Professional Service Officer Assistance follow:

- Illinois Department of Veterans Affairs Phone (IDVA) Phone: (815) 633-5875
- Veterans Assistance Commission of Winnebago County (VACWC), Phone: (815) 516-2850, Email vac@wincoil.us

Remember... A simple phone call to a comrade can save a life. Check on your buddy!

rdDavid

David R. Draeger

Colonel of Military Police

Regular Army, Retired

B.S. WIU; M.A. WIU; M.S.S. U.S. Army War College

Police Training Institute, UIUC

V.P. Veteran Leadership Team, VFW District 6, Dept. of IL. Benefit Officer; American Legion Post 332

Service Officer, VFW Post 2955 Chaplain





The American Legion Buddy Check Program

Source: <https://www.legion.org/buddycheck/about>

In the first four years after The American Legion launched Buddy Checks as an official program, our members have reached more than **1 million veterans** and provided critical assistance.

The number of local American Legion posts conducting Buddy Check operations in those first four years has grown from 3,683 to 4,456.

Buddy Checks are not membership or fundraising calls; they are simple check-ins with veterans in the community to see how they are doing and to learn how the local post can help.

The **MyLegion.org** web platform contains contact information of American Legion members and former members.

The Department of Veterans Affairs launched its own **National Buddy Check Week** in 2023 and invites involvement from local American Legion posts.

American Legion posts are also strongly encouraged, by resolution, to make Buddy Check calls during Veterans Week (*mid-November*) and American Legion Birthday Week (*mid-March*).

Many American Legion posts have assembled Buddy Check teams that make calls monthly or even more frequently.

Buddy Check teams are urged to have at their fingertips a list of local resources available if needed.

These may be American Legion service officers, Vet Centers, VA healthcare facilities, or others who can help.

Veterans may be reminded of the **Veterans Crisis Line** in case they know of someone who needs urgent assistance, or if they need it themselves.

Read about how Buddy Checks work at the local level on **LEGIONTOWN.ORG/BUDDY-CHECKS** or **SHARE YOUR OWN BUDDY CHECK STORY**

ADDITIONAL OUTSIDE RESOURCES

- [VA Mental Health Resources](#)
- [American Foundation for Suicide Prevention \(AFSP\)](#)
- [Anxiety and Depression Association of America \(ADAA\)](#)
- [National Alliance on Mental Illness \(NAMI\)](#)
- [Mental Health America \(MHA\)](#)
- [National Institute of Mental Health \(NIMH\)](#)

Article Excerpt: Statistics on Veterans and Substance Abuse

Source: <https://veteranaddiction.org/resources/veteran-statistics/>

Written by: [Leah Miller](#)

Updated Jun 17, 2025

Medical Detox Evidence-Based Care Expert Staff

Veteran populations are at increased risk for using alcohol or drugs in problematic ways. This is due to a variety of experiences linked directly to military service. Military culture, exposure to stressors and trauma related to service or combat, the development of mental health disorders including post-traumatic stress disorder (PTSD), and chronic pain or physical health issues can influence substance use. But how deep do the problems of alcohol and drug abuse run in veteran communities? This article will seek to discuss statistics that shed light on the ways in which veterans struggle with substance use.

Statistics on Substance Abuse

Approximately 11% of veterans who visit a medical facility run by the Department of Veterans Affairs (VA) for the first time have a substance use disorder (SUD).¹ Binge drinking, or consuming a lot of alcohol in a short time, is one of the more common issues that veterans face.^{2,3} Veterans may abuse substances in response to mental health disorders, to cope with readjusting to civilian life, or to manage pain. Substance use has been linked to trauma, homelessness, mental health disorders, physical health issues, increased risk of suicide, and problems in relationships and at work.^{1,2} Statistics on substance abuse in veterans show that among those who have SUDs:⁴

- More than 80% (nearly 900,000) abuse alcohol.
- Nearly 27% (about 300,000) abuse illegal drugs.
- About 7% (almost 80,000) abuse both alcohol and illegal drugs.

Alcoholism

Alcohol abuse and binge drinking are common among active-duty military personnel, and this behavior may continue and turn into alcoholism after separating from the service.^{1,2} Veterans who abuse alcohol are at greater risk of experiencing or committing violence, suffering from negative health consequences, and having a shorter lifespan.²

- Alcohol is the primary substance for 65% of veterans entering treatment centers—nearly twice the rate of civilians.¹

- Male veterans are more than twice as likely to be diagnosed with an alcohol use disorder (AUD) than female veterans.²
- In 2018, 25,000 veterans aged 18-25 had an AUD in the past year.⁴
- In 2018, 874,000 veterans aged 26 or older had an AUD in the past year.⁴

Drug Use

Drug use among veterans can include illicit or prescription drug abuse. Prescription opioids, which may be prescribed to manage service-connected injuries or chronic pain, have the potential to lead to abuse or addiction.

- Marijuana is the most commonly used illicit drug, with 3.5% of veterans reporting use in the last month and 2.3 million veterans (11.1%) reporting use in the last year.^{1, 2, 4}
- Nearly 11% of veterans were admitted to treatment centers for heroin use.¹
- More than 6% of veterans were admitted to treatment facilities for cocaine use.¹
- Male veterans are twice as likely to develop an addiction to drugs than female veterans.²
- In 2018, 45,000 veterans were diagnosed with an addiction to heroin.⁴
- In 2018, 41,000 veterans were diagnosed with an addiction to painkillers.⁴
- Veterans are most likely to misuse hydrocodone (Norco, Vicodin).⁴

Mental Health The presence of mental illness and SUDs, also known as co-occurring disorders, is especially common in veterans.^{1, 2} Mental illness such as depression, anxiety, and PTSD can lead to substance use. Efforts to self-medicate symptoms or manage stress make vets more prone to developing SUDs.^{1, 2} In addition, these mental health diagnoses can result from any combination of factors: genetic predisposition, the stresses of being deployed, exposure to combat and traumatic events, injuries, and the challenges of reintegrating into civilian society.^{1, 5}

- Between 82-93% of veterans who served in Afghanistan and Iraq with an SUD had at least one co-occurring disorder.²
- Veterans who have an SUD are 3-4 times more likely to be diagnosed with depression.²
- Approximately 37-50% of veterans who served in Afghanistan and Iraq were diagnosed with at least one mental illness.¹
- Nearly 10% of veterans have symptoms of anxiety, while about 11% have symptoms of depression.⁶

PTSD

Post-traumatic stress disorder (PTSD) is a diagnosis that results from exposure to traumatic events such as combat, having your life threatened, or sexual trauma—all of which can occur while in the military.^{5,7} Symptoms can be long-lasting and affect many different life areas, including sleep, employment, social relationships, driving, and the ability to participate in some activities.⁷ Veterans with PTSD may start drinking or using drugs to try and relieve symptoms.^{3,7} If you already have an issue with substance use, it may worsen if you develop PTSD.¹

- Nearly 25% of veterans have PTSD.^{8,9}
- Veterans who have an SUD are 3 to 4 times more likely to be diagnosed with PTSD.^{1,2}
- Among veterans with SUDs who served in Afghanistan and Iraq, 63% also had PTSD.^{1,2}
- More than 20% of veterans diagnosed with PTSD have co-occurring disorders.³
- Sexual assault occurs for both sexes in the military, with 55% of female veterans experiencing sexual assault and 38% of male veterans experiencing sexual assault while enlisted.⁵

Suicide

Suicide rates among veterans are higher than that of civilians.⁹ This has been linked to a variety of factors that can be interrelated: substance abuse, homelessness, mental health issues, medical concerns, and chronic pain.¹⁰ Veteran suicide rates have been increasing since 2005.¹⁰ Both male and female veterans are at increased risk for suicide than the general population.¹⁰

- In 2017, there was an average of nearly 17 veteran suicides each day, for a total of 6,139 veterans.¹⁰
- In 2017, veterans were 1.5 times more likely to commit suicide than civilians.¹⁰
- Nearly 71% of male veterans and more than 43% of female veterans used firearms to commit suicide in 2017.¹⁰
- About 30% of veterans who commit suicide had abused substances beforehand.²
- Almost 20% of veterans have thought about suicide, and nearly 15% have tried to commit suicide.⁹

Homelessness

Veterans are also disproportionately affected by homelessness.¹ This can be the result of a variety of factors including mental and physical health disorders, difficulty adjusting to civilian life, trauma, substance use, and difficulty accessing resources and treatment that may be available.² Veterans with SUDs or co-occurring disorders are more likely to experience homelessness, and homeless veterans are at increased risk for suicide.^{1,2,10}

- Estimates show about 8% of homeless adults in 2020 were veterans.¹¹

- In 2020, more than 37,000 veterans were homeless in the United States.¹¹
- Nearly 3/4 of homeless veterans have an SUD.¹

Healthcare and Disability

Veterans are typically eligible for various benefits, including VA healthcare and disability. The majority of veterans who have access to VA care are also covered by alternate forms of health insurance.¹² Not all veterans access healthcare through the VA, but veterans who are more likely to use the VA tend to have been deployed, have more physical and/or mental health issues, or are older.^{9, 13}

- Nearly half of veterans used the VA in 2016.⁹
- Veterans with a mental illness at any point in their life were twice as likely to use the VA if they were exposed to combat (41.8%) than non-combat veterans (20.9%).⁹
- Veterans with a PTSD diagnosis at some point in their life used the VA much more often (41.2%) than veterans who weren't diagnosed with PTSD (14.4%).⁹
- Nearly 75% of veterans who use the VA also have another form of health insurance.¹²
- In 2016, about 50% of veterans also had Medicare coverage, nearly 20% had TRICARE coverage, and 10% had Medicaid coverage.¹²
- Around 31% of veterans were covered by VA healthcare in 2016.¹²
- Nearly 2 million veterans were treated for mental health issues through the VA in 2018.¹³
- In 2020, more than 5 million veterans received disability compensation.¹⁴

Women

Female veterans face unique challenges. They are more likely to experience mental illness and sexual trauma. They are prone to developing SUDs if they have PTSD or specific medical issues, and are at greater risk for suicide.^{2, 15} Shame, stigma, and difficulty accessing childcare may make it difficult for them to seek treatment in male-dominated VA facilities.²

- Female veterans are 2.2 times more likely, and male veterans are 1.3 times more likely, to commit suicide than civilians.^{10, 15}
- In 2019, 43% of female veterans who used the VA were diagnosed with mental illness.¹⁵
- Female vets have double the risk of developing PTSD.¹⁶
- Depression is the most commonly diagnosed mental illness among female veterans.¹⁷

LGBTQ

LGBTQ veterans also face unique challenges and are more likely to have worse physical and mental health outcomes.¹⁸ These result from a combination of stress, stigmatization, and discrimination from other people as well as overall policies within the military and VA healthcare system.^{17, 18} Discrimination and stigma from healthcare providers can cause LGBTQ veterans to withhold personal information or avoid seeking care.¹⁸ Since the VA doesn't accurately track

sexual orientation and gender identity, providers may fail to recommend suggested screenings for physical and mental health conditions for LGBTQ veterans.¹⁷ (

- In 2014, there were more than 130,000 transgender veterans.¹⁷
- LGBTQ veterans are at increased risk for anxiety and depression.¹⁷
- More than half of LGBT veterans had experienced some sort of discrimination at a VA facility.¹⁸
- Half of lesbian veterans are concerned about discrimination if a VA provider becomes aware of their sexual orientation; 10% were harassed, and 10% had been denied treatment.¹⁸

Treatment and Rehab

While a range of treatment options is available, evidence-based therapies have been extensively studied and are shown to be effective at treating SUDs. These types of substance abuse treatments can be tailored to veterans' specific needs by addressing mental health issues, trauma, chronic pain, reintegration into civilian life, homelessness, and social relationships.¹⁹ Treatment is provided in a variety of settings and can be accessed through the VA or other facilities.¹

- Only 35% of veterans who are treated for opioid use disorder at the VA receive medication-assisted treatment.¹
- More than 50% of female veterans are treated for alcohol, and more than 20% are treated for cocaine in treatment programs.¹⁶
- Veterans who attend detox only were about 1.5 times more likely to relapse than those who attended rehab.¹⁹
- 935 treatment programs in the United States treat veterans, and 107 of these are VA facilities.²⁰

Why Veterans Don't Find Treatment?

Veterans do not always seek out or access treatment that is available to them. Numerous factors can play a role in why veterans do not attend treatment.⁸ Some common reasons include:^{2, 8, 13}

- Concerns about losing custody of children.
- Difficulty accessing services due to long wait times, having a hard time reaching providers, and not having reliable transportation.
- Fear of being stigmatized or looking "weak" for having an addiction or getting professional help.
- Not being able to access a local treatment program, especially in rural areas.

- Not having insurance coverage, not having access to VA services, or not knowing how to access services.
 - Poor opinion of the VA, lack of trust, or bad prior experience with VA services.
 - Trouble getting childcare or taking unpaid leave from work.
 - Worries that seeking treatment will have a negative impact on employment.
- ...

Related Articles

- [VA Mission Act: Guide & Eligibility for Healthcare Benefits](#)
- [Veteran Drug and Alcohol Rehabs in Florida](#)
- [Veteran Family Support](#)
- [Struggling to Navigate the VA for Addiction Treatment? Get the Step-by-Step Guide Veterans Trust](#)
- [Veteran Drug and Alcohol Rehabs in Massachusetts](#)

About the author. Leah Miller earned a certificate in chemical dependency counseling from Suffolk County Community College, and her Master's degree in Mental Health Counseling from Hofstra University. Leah began working with substance use disorders through an internship and saw the need for integrated treatment for dually diagnosed clients.

Through schooling and beyond, Leah has worked with people with substance use disorders as well as severe mental illness, including schizophrenia, bipolar disorder, major depressive disorder, anxiety disorders, and personality disorders. Leah also works with families of clients to educate them about the diagnosis of their loved ones and how to help them work towards recovery. Through her work with American Addiction Centers, Leah strives to educate the public and reduce the stigma surrounding substance use disorders and mental illness.

Join our online community to learn more about addiction and treatment.

© 2026 veteranaddiction.org

GENERAL DISCLAIMER: veteranaddiction.org is designed for educational purposes only and is not engaged in rendering medical advice. The information provided through veteranaddiction.org should not be used for diagnosing or treating a health problem or disease. It is not a substitute for professional care. If you have or suspect you may have a health problem, you should consult your health care provider. The authors, editors, producers, and contributors shall have no liability, obligation, or responsibility to any person or entity for any loss, damage, or adverse consequences alleged to have happened directly or indirectly as a consequence of material on this website. If you believe you have a medical emergency, you should immediately call 911.