A Basic Guide to Assisting Veterans with Substance Use Disorders

NYASAP

Alcoholism and Substance Providers of New York State, Inc. (ASAP) Veterans Committee

The ASAP Veterans Committee seeks to enhance the quality of prevention, treatment and recovery services designed to meet the needs of veterans. Our committee seeks to help promote and educate service providers on best practices to ensure that the special needs for veterans are met. We also help coordinate and promote networking and collaboration opportunities between providers that offer veteran services.

Facts About Veterans And Substance Use

- Veterans who often experience physical and/or emotional stress can be at risk for misusing alcohol, tobacco, and other drugs as one means of coping with the physiological and/or psychological distress they experience.
- Prescription abuse among veterans is on the rise and is a real problem for both active duty military personnel and veterans. The rate of misuse of prescriptions increased from 2 percent in 2002 to 4 percent in 2005 and 11 percent in 2008.
- Over 2.6 million military service members have been deployed to a combat zone since 9/11.
- Around 10 percent of military Veterans meet criteria for a substance use disorder (SUD).
- Nearly 1 out of 3 veterans who seek treatment for SUD also have Posttraumatic Stress Disorder (PTSD).

As a result of the Veterans' Access to Care through the Choice, Accountability, and Transparency Act of 2014, veterans will have more options as to where they can receive care for their substance use and mental health challenges. This care must be culturally competent and tailored to the specific needs of veterans and their families so that recovery and sustained wellness among our veteran wounded warriors can be achieved.

A range of valid and reliable screening and assessment instruments are available for substance use disorder services. With these, it is essential to assess for comorbid conditions, including:

- *PTSD and Traumatic Brain Injury (TBI);*
- *Alcohol Use Disorders Identification Test Consumption Questions (AUDIT-C);*
- *Single-Item Alcohol Screening Questionnaire (SASQ);*
- *Cut Down, Annoyed, Guilty, Eye-opener Questionnaire (CAGE);*
- *Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST);*
- *Post-Traumatic Stress Disorder Checklist (PCL);*
- *Neurological and Neuropsychological Assessment for TBI;*
- *Patient Health Question 9 (PHQ-9);*
- *Zung Anxiety Scale; and*
- *Brief Addiction Monitoring (BAM).*

EVIDENCE-BASED TREATMENTS:

Post-Traumatic Stress Disorder (PTSD)

Prolonged Exposure Therapy:
http://tinyurl.com/pk6gpve

Cognitive Processing Therapy:
http://tinyurl.com/p8loutx

Cognitive Behavioral Therapy (CBT) evidence -based treatment that aims to reduce symptoms by changing a participants thought process.

Alcohol

- Motivational Enhancement Therapy non-confrontational environment created which allows patient to explore drinking and its consequences.
- Cognitive Behavior Therapy for Relapse Prevention CBT. Teaches more effective life skills/coping skills as well as alcohol-specific skills such as drink refusal.
- Community Reinforcement Approach CRA. Builds client's own support system to sustain sobriety.
- Behavioral Couples Therapy BCT. Works on improving family functioning and defining roles in family.
- Twelve Step Facilitation TSF. Incorporates philosophy of AA but individual in nature with homework assignments and structure.

Medically-Assisted Treatment

- Disulfiram (Antabuse®); Naltrexone/ Vivitrol®; Acamprosate; Methadone; Buprenorphine; Narcan- Opioid Overdose Prevention; Topiramate/Topamax

Anger

- Anger Management: CSAT Anger Management curriculum is a 12-week cognitive behavioral group treatment for clients with concurrent anger problems.
- Recovery Support System Veteran Alumni and Veteran Navigators – Recovery Coaches.

Despite the myriad of empirically-supported treatments and resources available, not all Veterans who require treatment will seek or receive it due to a host of both implicit and explicit obstacles. Fortunately, we are aware of some of these barriers and ways of overcoming them.

EXISTING BARRIERS:

- *Lack of awareness about availability or eligibility criteria for services;*
- *Lack of SUD providers who are also veterans;*
- *Negative perceptions of VA and/or lack of access to VA-based facilities; and*
- *Experiential avoidance, emotional numbing and other symptoms of PTSD and additional clinical disorders.*

SOLUTIONS TO OVERCOMING BARRIERS:

- *Publicize a comprehensive SUD treatment locator (e.g., https:// findtreatment.samhsa.gov/);*
- *Offer transitional assistance for veterans separating from service while normalizing and reinforcing the adaptive core values and emphasizing self-efficacy and hope;*
- *Assess and provide treatments for dual-diagnoses;*
- *Integrate services to address complexity of problems: combinations of SUD with traumatic brain injury, chronic pain, homelessness, PTSD, nicotine dependence, community/family readjustment;*
- *Hire qualified veterans and military affiliated staff (e.g., National Guard/Reserve) and engage all staff in military culture sensitivity training;*
- *Link all veterans with Veteran Outreach Centers; and*
- *Facilitate veterans in correcting service records;*

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