



Improving Access to Substance Use Prevention and Treatment Services for Veterans and their Families Working Paper

Public Policy Subcommittee on Veterans Health Care

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No discussion of veterans' health care—including mental health care—is complete without addressing drug and alcohol addiction.

NAADAC, the Association for Addiction Professionals, commends the attention that veterans' health care issues—particularly mental illnesses and substance use disorders—have received recently. Groups such as the President's Commission on Care of America's Returning Wounded Warriors, the Substance Abuse and Mental Health Services Administration (SAMHSA) Workgroup on Returning Veterans and Their Families and the Department of Defense Task Force on Mental Health have helped call attention to the pressing special health care needs facing veterans and their families.

As the nation's largest membership organization of addiction-focused health care professionals, however, NAADAC members have experienced firsthand that there remains work to be done to ensure that veterans and their families receive the addiction treatment that they need. Without

reform to the current military and veterans health care system, substance use disorders will continue to go unidentified, misdiagnosed and untreated.

Addiction is a chronic, neurobiological disease, and people exposed to traumatic experiences and stress are at heightened risk. When substance use disorders are treated by certified addiction professionals, however, recovery rates are as high (or higher) than recovery rates for other chronic diseases like diabetes and hypertension (see McLellan et al., *JAMA*, 284:1689-1695, 2000). As part of the effort to provide the best possible health care to veterans—including National Guard and Reserve forces—the Department of Defense and the Department of Veterans Affairs must make screening, diagnosing and treating drug addiction a priority.

- I. Make the Department of Veterans Affairs (VA) and the Department of Defense (DoD) health care systems more inclusive, and reach out to civilian resources when it will improve recovery service delivery.

There are well over 10,000 civilian treatment centers throughout the United States, which in turn employ tens of thousands of certified addiction professionals. The large number of veterans returning from Iraq and Afghanistan has proven too great for the existing VA health care infrastructure to handle.

There have been discussions among policymakers to expand the VA/DoD mental healthcare system to accommodate the increase in demand for treatment. Initial attempts to address this deficit have, thus far, proven to be woefully inadequate. NAADAC is concerned about simply increasing the size of the VA/DoD system for three reasons: (1) it will delay the availability of treatment that is urgently needed now, (2) it is not the most cost-effective way of meeting the demand for treatment (given the enormous amount of overhead that would be involved), (3) the VA/DoD will never be able to build enough centers nor locate and employ sufficient numbers of qualified clinicians to provide truly convenient access to treatment for veterans and their families, especially in areas with low population density, (4) there are effective, evidence-based substance use disorder treatments and (5) the professionals who diagnose these disorders must demonstrate competency in addiction treatment.

DOD cannot rely solely on current processes for hiring or contracting for staff ... to meet its mental health staffing goals. Only a fraction of the staff needed can be recruited in the near term. As such, immediate action must be taken to improve current efforts and create new initiatives to meet staffing goals.
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Instead of a new, parallel treatment system, NAADAC proposes that the VA/DoD initiate a pilot program that explores the benefits of greater cooperation and coordination between the VA health care system and existing civilian treatment resources. This avoids all five of the concerns raised above and removes barriers to treatment. If successful in increasing the number of veterans who enter and complete treatment and decreasing wait times, these pilot programs could be expanded. Ideally, these pilot programs would be set in regions where there are a large number of veterans, insufficient VA facilities (for either geographic or capacity reasons) and available civilian treatment centers with the capacity to handle the veterans.

In addition to civilian-VA/DoD pilot programs, the Department of Defense needs to take additional steps to improve the service deliverability of Tricare, the health plan for military personnel and their families. Particularly worrisome is Tricare’s traditionally slow payment schedule. The fear of delayed reimbursement discourages many treatment providers from accepting clients with Department of Defense health care insurance. Improving the timeliness of Tricare reimbursements would increase the number of treatment sites available to those with Tricare insurance.

An additional concern related to Tricare is the lack of residential drug treatment centers. Thirty-eight states have no approved substance use residential facilities, primarily because Tricare requires an additional accreditation (by Maximus, the National Quality Monitoring contractor) beyond the community standard. Given that residential treatment is necessary in some cases, it is

Symptoms of [PTSD and traumatic brain injury] often include complex disinhibitory behaviors such as ... Self-medicating with alcohol, other medications, or illicit drugs in an attempt to return to “normalcy.”

DOD Task Force on
Mental Health

critical that such care is reasonably available. Tricare should radically expand the number of residential centers it covers, perhaps by covering any facility that has a widely accepted accreditation.

Reforming the insurance reimbursement system is ineffective, however, without providing proper coverage for substance use disorders, post-traumatic stress disorder (PTSD) and other mental health conditions. The VA/DoD health care systems must ensure that veterans receive the care they need for these conditions and should stop denying veterans the benefits they have earned by misclassifying PTSD and other combat-caused or aggravated disorders as “pre-existing” and thus ineligible for insurance coverage.

Furthermore, NAADAC recognizes that policy reforms that expand access to treatment generally will help veterans and their families as well. This applies in particular to veterans who choose—or refuse—to use the VA system. Such reforms include increasing outreach and advertising for recovery, passing insurance equity laws (specifically HR 1424, the Paul Wellstone Mental Health and Addiction Equity Act), increasing public funding dollars for addiction treatment (particularly the Substance Abuse Prevention and Treatment block grant) and increasing the budget for research at the National Institutes of Health.

II. The wars in Iraq and Afghanistan have raised new challenges to effectively treat women who have served in combat. We must, in turn, create new prevention and treatment strategies.

Over 160,000 women have served in Iraq and Afghanistan (about one-seventh of the total number of U.S. troops), more than ever before in history. More women are in combat roles than in previous conflicts as well. The shifting gender demographics of the U.S. military create new challenges in identifying and treating returning veterans’ substance use disorders and the treatment needs of their families.

Anecdotally, substance use in women often differs from male substance use both in choice of drug and practice. The gender dynamics in the military are such that the need to develop survival and coping techniques in the military can lead women to patterns of drug use that are distinct

from those of their male counterparts.

Returning female veterans are returning not only from combat zones but also from predominantly male environments where they may be at heightened risk of sexual harassment, sexual assault and rape. When military sexual trauma is combined with combat-triggered post-traumatic stress disorder and chemical addiction, effective treatment can become even more complex.

NAADAC has begun to assemble information about gender-specific counseling techniques, particularly for returning servicewomen. The goal is to disseminate a best-practices guide for treating women veterans and their family members.

III. Improve access to addiction services to family members of servicemen and women and veterans.

The structure of the modern military raises new challenges to families. Addiction is always a family disease, and military families face particular risks. There are more families than ever where both parents are serving active duty. There are more Reservists and National Guard seeing active duty abroad than in previous wars. Tours of duty have been extended to lengths that are unprecedented in the past thirty years, sometimes over nine months at a time. Families face great stress both pre- and post-deployment.

TRICARE officials acknowledged ... [a]ccessing services for children and adolescents, especially for substance abuse problems, which are common among those age groups, is especially problematic.
DOD Task Force on Mental Health

To properly address the impact of substance use disorders on the family, NAADAC will reach out to marriage and family therapists (MFTs) and social workers to develop a best-practices scheme that treats addiction within the family dynamic. And, conversely, MFTs and social workers must be taught to recognize and screen for signs of addictive behavior.

Additionally, substance use and family counseling should be brought into the homes of veterans and active-duty servicemen and women when possible. Peer groups that bring together military

Of veterans in inpatient treatment for PTSD, 91% had substance use disorders (Boudewyns et al., 1991). Of veterans in outpatients PTSD programs, 44% had alcohol-related disorders and 22% had drug-related disorders (Fontana et al. 1995).

Cited in Meisler, Andrew. "Trauma, PTSD, and Substance Abuse". PTSD Research Quarterly. Fall 1996.

families in similar situations for support and encouragement are one promising way of encouraging community-based recovery support.

IV. Increase training in PTSD for addiction professionals, and educate other mental health professionals to identify substance use disorders when co-occurring with PTSD.

In order for the modern addiction professional workforce to treat the current cohort of returning veterans, DOD personnel and their affected families, addiction professionals must be properly trained in identifying and treating post-traumatic stress disorder as well as addiction and/or their comorbidity. *The comorbidity of PTSD and substance use disorders is so high that any successful program for addressing PTSD must include a component to treat alcohol and drug*

use as well. NAADAC is committed to working to expand the quality and accessibility of training in PTSD for addiction professionals.

NAADAC is currently working to increase addiction professionals' knowledge of PTSD by investigating the creation of a training series on PTSD and substance use to be used in either in target areas or nationwide. The benefits of offering an online training course option will be investigated to reach addiction professionals who might not otherwise be able to attend the trainings. Any such trainings should include a survey of existing studies, data and teaching materials.

NAADAC will actively engage the Department of Defense to ensure that counselors serving active duty servicemen and women both abroad and in the United States are highly trained in co-occurring PTSD and addiction. NAADAC will reach out to the military's employee assistance programs (EAPs) and the Department of Veterans Affairs to ensure that there are adequate training resources available in substance use disorders and PTSD.

Military health professionals responsible for screening servicemen and women in training for deployment, in the field and post-deployment must be properly trained to identify PTSD and substance use disorders.

- V. Engaging with policymakers, stakeholders, the media and the general public on behalf of NAADAC's membership to promote improved addiction prevention, intervention and treatment for active duty servicemen and women, veterans and military families.

Creating a more effective and comprehensive health care environment for veterans and their families will, ultimately, require a national effort. NAADAC, on behalf of its members, commits to working to ensure that addiction professionals are active participants in any reforms to the veterans health insurance system. NAADAC will work through the media to educate the public about veterans' treatment and recovery needs, reach out to various stakeholders in and out of government to coordinate its advocacy efforts and its members will mobilize at the grassroots level to provide appropriate political support.

In summary, NAADAC identifies veterans health care as a key policy issue, and commits its Government Relations Department to working towards the goals outlined above.

