CESAR BRIEFING
Substance Abuse Treatment for Veterans

CESAR Briefings are designed to provide concise answers and information on requested topics related to substance abuse and are available online at www.cesar.umd.edu. For additional information or to request a *CESAR Briefing*, please contact Erin Artigiani at 301-405-9794 or erin@cesar.umd.edu.

What do we know about substance abuse among veterans?

- Reports of substance abuse are similar for veterans and non-veterans. An estimated 22% report past-month binge drinking, 7% past-month heavy drinking,[1] and 6% past-year illicit drug use. Illicit drug use is as high as 30% among younger veterans (18 to 25 years old), similar to the rate for younger non-veterans.[2]
- Among those in treatment, veterans are more likely than non-veterans to report alcohol as the primary substance of abuse (68% vs. 51%). Cocaine and opiates are reported as the primary substance of abuse in a minority of cases (15% and 8%, respectively).[3]
- The population of veterans seeking treatment is getting older. The proportion of veteran admissions in the "41 and older" age group increased from 32% in 1995 to 41% in 2000.[4]
- Physical health problems related to advancing age (e.g., heart disease, cancer) and the consequences of long-term substance abuse (e.g., cirrhosis) feature prominently among aging veterans. Therefore, linkages between medical care, psychiatric care, and substance abuse treatment are important in this population.[5]

Complexity of Needs

- Compared with patients in non-VA facilities, VA patients have "significantly more problems with housing, employment, education, psychiatric and medical comorbidities, and legal issues."[6] Structured residential treatment is often more effective than outpatient treatment for patients with greater complexity and severity of symptoms.
- Other special issues affecting veterans in treatment include homelessness, psychiatric comorbidities such as post-traumatic stress disorder (PTSD), medical issues such as HIV infection, and age-related conditions. The needs of ethnic minorities and women are also important considerations.[7]

Psychiatric Issues

- Many substance-abusing veterans are **dually diagnosed** with psychiatric disorders, which complicates treatment. In FY2000, an estimated 43% of VA inpatients with substance abuse disorders were also diagnosed with one or more psychiatric disorders.[8]

- **Post-traumatic stress disorder** (PTSD) resulting from combat situations makes co-occurring substance abuse problems more difficult to treat. Specific interventions building **anger management** skills are necessary to engage a patient in long-term treatment and prevent relapse.[9]

Homelessness

- Homelessness and mental illness disproportionately affect veterans, and commonly co-occur with substance abuse. An estimated 41% of veterans in acute substance abuse beds are homeless. Also, 69% of homeless veterans are dependent on alcohol or drugs, and 32% are dually diagnosed with both psychiatric and substance abuse disorders.[10]

This *CESAR Briefing* was supported by BYRN-2003-1007, awarded by the U.S. Department of Justice (USDOJ) through the Maryland Governor's Office of Crime Control and Prevention (GOCCP). The Assistant Attorney General, Office of Justice Programs, coordinates the activities of the program offices and bureaus. Points of view or opinions contained within this document are those of the authors and do not necessarily represent the official position or policies of USDOJ or GOCCP.

- Homeless substance abusers are difficult to treat due to a lack of social support, employment, and coping skills, placing them at high risk of relapse. **Substance-free residential supports** are necessary in treating this population in order to address subsistence needs as a prerequisite to achieving long-term treatment goals.
- Transportation, domiciliary and transitional housing, and housing case-management are all helpful in successfully treating homeless veterans.[11]
- **Street outreach** activities are an important method of recruiting homeless substance abusers into treatment and reaching those who might not otherwise seek treatment.[12]

How many veterans receive the treatment they need?

- Veterans represent about 7% of all treatment admissions nationally, across all types of facilities.[13]
- An estimated 1% of veterans are in need of treatment for abuse of illicit drugs in the past year, about 20% of whom did receive treatment in the past year.[14]
- On average, VA facilities serve a disproportionately higher number of clients than non-VA facilities. In 2000, VA facilities represented 1% of all facilities providing substance abuse treatment, but they served 3% of all substance abuse clients nationally. (In Maryland, VA facilities served 2% of all substance abuse clients.) Nationally, the median number of clients in care per day was 105 for VA facilities vs. 36 for non-VA facilities.[15]
- Methadone maintenance has been shown to be a cost-effective treatment for veterans with opioid dependence, yet nationwide, only 33 VA facilities offer methadone maintenance (two of which are in the Baltimore-Washington area). Only one in four veterans with opioid dependence receives methadone treatment.[16]
- Greater duration and intensity of continuing care are related to better substance use outcomes for veterans.[17]
- A variety of VA programs are in place to assist homeless veterans in obtaining health care, work therapy/job training, and transitional or permanent housing.[18]

How and where can veterans access treatment in Maryland?

The following information was obtained through personal communications with representatives of the Veterans Integrated Service Network 5 (VISN-5) and the VA Medical Centers in Baltimore and Perry Point, and from online resources provided by the VISN-5 (http://www.appc1.va.gov/visn5/network.htm), VA Maryland Health Care System (http://www.vamhcs.med.va.gov/), and MCVET (http://www.mcvet.org).

VA treatment facilities

- Maryland's VA facilities operate as part of the Veterans Integrated Service Network 5 (VISN-5), the "VA Capitol Health Care Network," which also includes facilities in Virginia, the District of Columbia, and West Virginia. Four main VA Medical Centers (VAMCs) and five Community-Based Outpatient Clinics (CBOCs) serve Maryland and the VISN-5:
    - Baltimore VAMC
    - Perry Point VAMC
    - Washington VAMC
    - Martinsburg VAMC
    - CBOCs in Cambridge, Fort Howard, Glen Burnie, Loch Raven, and Pocomoke City

Screening and referrals

- **In Baltimore:** At the Baltimore VAMC, veterans are screened for substance abuse problems on a walk-in basis in the Emergency Room (8 a.m. to 11 a.m., Monday through Friday). The Substance Abuse Screening Counselor determines the appropriate treatment referral to be made.

- **Outside Baltimore:** Five CBOCs across the state serve the primary care needs of veterans and provide referrals for substance abuse treatment. Daily shuttle service is available to transport veterans to the VAMCs for residential care, intensive outpatient care, or other specialty services.

Inpatient treatment (detox)

- All VAMCs provide inpatient detox on demand in their acute psychiatric wards. The Baltimore VAMC has 10 beds dedicated for inpatient detox specifically for veterans with PTSD and substance abuse problems.

Residential treatment

- Veterans needing residential or domiciliary treatment are usually referred to the Perry Point VAMC or Martinsburg VAMC. Perry Point offers a 30-to-90-day residential psychosocial rehabilitation program with 62 beds, plus a transitional "compensated work therapy" program with 25 beds. In addition, the VA contracts with 10 private halfway houses to provide transitional, residential treatment for up to 90 days. Long-term residential treatment is also available at a few private, non-profit facilities dedicated to serving veterans (some with less stringent eligibility criteria), such as MCVET[19] in Baltimore, which has approximately 200 beds for emergency and transitional housing.

Outpatient treatment

- All four VAMCs offer outpatient programs. The Washington VAMC offers a highly structured 9-month intensive outpatient program. Methadone maintenance is offered at both the Baltimore and Washington VAMCs, with approximately 440 and 200 slots respectively. Aftercare and general psychiatric outpatient care are provided at the CBOCs. Homeless veterans may receive a combination of outpatient treatment at the VAMC while being housed by an organization such as MCVET.

Eligibility determination

- To be treated at a VA facility, a veteran must have served in the U.S. armed forces for at least 24 months of consecutive service (for service since 1980), although there are several exceptions to this requirement (e.g., veterans with service-related disabilities). In addition, the required length of service varies based on when the veteran served. Ninety days of consecutive service are required for Vietnam-era veterans, 180 days for Korea, and any days for WWI and WWII veterans. As with almost all military retiree benefits, dishonorably discharged veterans are not eligible to receive VA benefits.

Treatment outside the VA system

- Veterans processed through the VAMC for substance abuse treatment services may be referred out to contracted halfway houses that are VA-funded.
- Veterans wishing to directly access treatment outside the VA system must use another funding source (e.g., Medicaid, private insurance).
- Employed veterans with private insurance frequently opt for private providers, but may return to the VA system after retirement.
- Some veterans avoid the VA system due to frustration with the eligibility determination procedure (i.e., paperwork delays) or general dissatisfaction with the military institution. Veterans with PTSD may deliberately avoid military establishments for psychological reasons.

---

[1] Substance Abuse and Mental Health Services Administration (SAMHSA). (November 2, 2001). *The NHSDA report: Alcohol use among veterans.* Retrieved February 5, 2004, from http://www.samhsa.gov/oas/2k2/NSvets/NSvets.pdf.

[2] SAMHSA. (November 11, 2002). *The NHSDA report: Illicit drug use among veterans* (2000 and 2001). Retrieved February 5, 2004, from http://www.samhsa.gov/oas/2k2/vetsDU/vetsDU.pdf.

[3] SAMHSA. (November 7, 2003). *The DASIS report: Veterans in substance abuse treatment: 1995-2000.* Retrieved February 5, 2004, from http://www.samhsa.gov/oas/2k3/VetsTX/VetsTX.pdf

[4] Ibid.

[5] Booth, B. M., & Blow, F. C. (2002). Chapter 9. Utilization of veterans' health services for substance abuse: A study of aging baby boomer veterans. In Korper, S. P., & Council, C. L. (Eds.). (2002). *Substance use by older adults: Estimates of future impact on the treatment system* (DHHS Publication No. SMA 03-3763, Analytic Series A-21). Rockville, MD: SAMHSA, Office of Applied Studies. Retrieved Debember 3, 2003, from http://www.samhsa.gov/oas/aging/chap9.htm.

[6] Department of Veterans Affairs (VA). (October 8, 1996). VHA program guide 1103.1. substance abuse treatment: Standards for a continuum of care. Washington, D.C.: VA, Veterans Health Administration, Mental Health Strategic Health Group.

[7] Ibid.

[8] VA Office of Research and Development, Health Services Research and Development Service. (February 2002). VA QUERI: Substance Abuse [Quality Enhancement Research Initiative]. Washington, D.C.: VA Office of Research and Development, Health Services Research and Development Service. Retrieved January 6, 2004, from http://www.va.gov/resdev/queri.htm.

[9] Reilly, P. M., Clark, H. W., & Shopshire, M. S. (Summer 1996). Anger management and PTSD: Engaging substance abuse patients in long-term treatment. *NCP Clinical Quarterly*, 6 (3). Retrieved January 6, 2004, from http://www.ncptsd.org/publications/cq/v6/n3/reilly.html.

[10] VA Office of Congressional and Legislative Affairs. (June 20, 2001). Statement of the Honorable Thomas L. Garthwaite, M.D., Under Secretary For Health, Veterans Health Administration, before the Subcommittee On Health, Committee On Veterans' Affairs, U. S. House Of Representatives. Attachment A: Homeless Veterans Treatment and Assistance Programs. Retrieved December 3, 2003, from http://www.va.gov/OCA/testimony/20je01TGA_usa.htm.

[11] VA Office of Congressional and Legislative Affairs. (May 6, 2003). Testimony of Ned L. Cooney, Ph.D., Hearing on the Status of Homeless Assistance Programs for Veterans, Before the Subcommittee on Health, Committee on Veterans' Affairs, U.S. House of Representatives. Retrieved December 3, 2003, from http://www.va.gov/OCA/testimony/03my06NC_usa.htm.

[12] Ibid.

[13] SAMHSA (November 7, 2003)

[14] SAMHSA (November 11, 2002)

[15] SAMHSA. (November 11, 2002). Characteristics of substance abuse facilities owned by the Department of Veterans Affairs: 2000. Retrieved January 6, 2004, from http://www.samhsa.gov/oas/2k2/VAtx/VAtx.pdf.

[16] VA Office of Research and Development, Health Services Research and Development Service (February 2002)

[17] Ibid.

[18] VA Office of Congressional and Legislative Affairs (June 20, 2001)

[19] MCVET is the Maryland Center for Veterans Education and Training funded through grants and private donations. Its housing services are funded in part by the Veterans Administration's homeless initiatives. MCVET and the VAMCs frequently inter-refer to meet veterans' housing and treatment needs.