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Special Needs of Native Veterans with Substance Use Disorders

Patricia A Roe, PsyD PMHNP-BC

Anthony Dekker DO

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DISCLOSURE

- Patricia A Roe has lectured in several settings on the topics of behavioral health and was on staff at the Phoenix Indian Medical Center from 1999 to 2011. She was at the Phoenix VA for one year. She was on staff at Walter Reed Army Medical Center and the Fort Belvoir Community Hospital (DoD) for four years. She has no conflicts to report.
- Anthony Dekker DO has presented numerous programs on Chronic Pain Management and Addiction Medicine. The opinions of Dr Dekker are not necessarily the opinions of the Veteran's Administration, the DoD, the US Army, the Indian Health Service or the USPHS. Dr Dekker has no conflicts to report.
- Drs Roe and Dekker do not represent any federal agency.

OBJECTIVES

1. To be aware of the complex of chronic pain, traumatic brain injury and substance use in veterans
2. To understand the signs and symptoms of opioid use disorder
3. To appreciate the use of medication assisted therapy in opioid use in veterans.

EVALUATION AND TREATMENT OF SUBSTANCE USE DISORDERS (SUD) IN ACTIVE DUTY MILITARY (CO-OCCURRING DISORDERS)

PREVALENCE

- Estimates indicate about 23.4 million veterans and 2.2 million service members including the National Guard and Reserves. 1.2 million have been deployed to Iraq and Afghanistan.
- About 20% of Iraq and Afghanistan veterans have mood symptoms (MDD, PTSD, Anxiety)
- Rates of Co-Occurring Disorders in these recent veterans have not been established fully but 75% of Vietnam veterans with lifetime PTSD had Co-Occurring SUDs
- Veterans with mood disorders have a higher prevalence of SUDs, other psychiatric symptoms, traumatic experiences, legal problems and worse general health. Patients with PTSD have been shown to be up to 14 times more likely to have SUD than those without PTSD (Ford et al 2007)
- Little information exists on the use of illicit drugs among active duty personnel (crime, separation). Iatrogenic opioid prescription drug abuse in a survey among active duty personnel indicates an 11% prevalence of misuse.

EVALUATION AND TREATMENT OF SUBSTANCE USE DISORDERS (SUD) IN ACTIVE DUTY MILITARY (CO-OCCURRING DISORDERS)

AGE DISTRIBUTION OF PSYCHOLOGICAL STRESS

- In the NSDUH data collected in 2004-6, 7% of veterans aged 18 years and older had experienced significant psychological stress in 1 year and 7.1 percent of these met criteria for SUD, 1.5% had Co-Occurring SUD and SPD.
- Those between 18-25 had higher rates of Co-Occurring Disorders than older veterans
- Family income of less than \$20,000 per year was a predictor for higher rates of Co-Occurring Disorders.

SUBSTANCE USE DISORDERS IN THE MILITARY

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Preventive Programs

- “That Guy”: Alcohol Abuse Prevention Education
- Campaign
- Military Pathways
- Real Warriors Campaign
- Medical Encounters (Periodic Health Assessment)
- Military and Civilian Drug Testing program

Screening Services

- Pre Deployment Health Assessment
- Post Deployment Health Assessment
- Post Deployment Health Reassessment Program
- Military Pathways
- Periodic Health Assessment
- Military and Civilian Drug Testing program

Diagnosis and Treatment Programs

- TRICARE Network Providers

1. NOTIFICATION

a. Command notification by healthcare providers will not be required for Service member self and medical referrals for mental health care or substance misuse education.

b. Healthcare providers shall notify the commander concerned when a Service member meets the criteria for one of the following mental health and/or substance misuse conditions or related circumstances:

(1) Harm to Self.

(2) Harm to Others. The provider believes there is a serious risk of harm to others either as a result of the condition itself or medical treatment of the condition.

(3) Harm to Mission

(4) Special Personnel.

(6) Acute Medical Conditions Interfering With Duty. The Service member is experiencing an acute mental health condition or is engaged in an acute medical treatment regimen that impairs the Service member's ability to perform assigned duties.

(7) Substance Abuse Treatment Program.

(8) Command-Directed Mental Health Evaluation. The mental health services are obtained as a result of a command-directed mental health evaluation consistent with DoD Directive 6490.1

(9) Other Special Circumstances. The notification is based on other special circumstances in which proper execution of the military mission outweighs the interests served by avoiding notification, as determined on a case-by-case basis by a health care provider.

(1) The diagnosis; a description of the treatment prescribed or planned; impact on duty or mission; recommended duty restrictions; the prognosis; any applicable duty limitations; and implications for the safety of self or others.

(2) Ways the command can support or assist the Service member's treatment.

d. Healthcare providers shall maintain records of disclosure of protected health information .

COMMANDER DESIGNATION. Notification to the commander concerned pursuant to this Instruction shall be to the commander personally or to another person specifically designated in writing by the commander for this purpose.

3. COMMANDERS. Commanders shall protect the privacy of information provided pursuant to this Instruction and DoD Directive 5400.11 (Reference (j)) as they should with any other health information. Information provided shall be restricted to personnel with a specific need to know; that is, access to the information must be necessary for the conduct of official duties. Such personnel shall also be accountable for protecting the information. Commanders must also reduce stigma through positive regard for those who seek mental health assistance to restore and maintain their mission readiness, just as they would view someone seeking treatment for any other medical issue.

SUBSTANCE USE DISORDERS IN THE MILITARY

Availability of Care

Prevention Services:

- Range from targeting high-risk personnel to ensuring that medical encounters include SUD screenings.
- Programs that address the primary, secondary, and tertiary levels of prevention.

Screening Services:

- Screening for alcohol and drug abuse available to all beneficiaries.
- Random drug testing during medical evaluation and through DoD drug surveillance labs.
- Beneficiaries may access other conduits to care including Military OneSource and Military Pathways for increased privacy and self-awareness.
- The post-deployment health assessments identify personnel with SUDs (PDHA).

Diagnosis and Treatment Services:

- All beneficiaries have access to diagnostic and treatment services for SUDs.
- Difficulty in obtaining direct care in remote locations, deployed settings and outside the continental US (OCONUS).
- Much of the direct care resources are utilized by Active Duty personnel. Family members and retirees generally seek private providers paid for by TRICARE.

SUBSTANCE USE DISORDERS IN THE MILITARY

Access to Care

Prevention Services:

- Access is broadly available to all beneficiaries in both the direct care system and the TRICARE network.
- Retirees and family members are more likely to be referred to the TRICARE network.

Screening Services:

- Broadly available to all beneficiaries.
- DoD and the Service components are working to assign additional behavioral health professionals to primary care settings in MTFs to screen and evaluate patients with possible SUDS that may otherwise be sent out to the TRICARE network.

Diagnosis and Treatment Services:

- Treatment is the most restricted service in the direct care system.
- Outpatient clinical services are available across the Services for ADSMs.
- Family members and retirees are almost always referred to the TRICARE network.
- Residential and inpatient services are available in the direct care system but not on all military installations.
- Specialized SUD care may be available and accessible in limited locations (there are some overseas programs specializing in adolescent services).

SCREENING

- Post Deployment Evaluation
- Pre-event Assessment
- Post-event Assessment
- Routine Screening
- Precipitants and Ongoing Care Screening
- Child care responsibilities and changes in Family events
- Substance Use Events
- Relationship Issues

SEEKING SAFETY

LISA NAJAVITS PHD

WWW.SEEKINGSAFETY.ORG

Seeking SAFETY

*A Treatment
Manual for
PTSD and
Substance
Abuse*

LISA M. NAJAVITS

- **The Instinctual Trauma Response**
- **The Graphic Narrative**
- **The Externalized Dialogue**
- **Guided Imagery**
- **How does the ITR approach work?**
- **Medications**

GRAPHIC
NARRATIVE
LINDA GANTT PHD
LOUIS TINNIN MD
(DEC)

CASE STUDY 1

- 34 yr old married SW Native woman presents with agitation and depression. She recently found her 15 yr old daughter was involved with a 17 yr old male neighbor. She experienced feelings of being overwhelmed and profound sadness. After an argument the teenager ran away from home. Child is now safe at home but patient asked for counseling help.
- Pt has a 50% rating for PTSD from combat and MST. She was deployed in 2008 for 12 months as a 88M (truck driver). Rank E-6 Staff SGT.
- Agitation and feelings of inadequacy. Hypersensitive to criticism and hypervigilant. Normal psychomotor speed. No SI or HI. Insight and judgment poor. Thought process linear but at times illogical. Wants to engage in treatment. Pt is close to her cultural beliefs and practices.

CASE STUDY 2

- 23 yr old Northern Plains American Indian presents for evaluation of alcohol use disorder with a recent DUI. Pt was discharged from the US Army OTH for an alcohol related event while on duty. Pt was incarcerated recently for one day and released to family. Father is a decorated Viet Nam veteran and was upset about the arrest and brought her to the clinic for help. Pt is single, no children, unemployed and lives with parents.
- Pt joined the USMC age 19. She is a HS graduate. Basic at Camp Pendleton, trained with Navy Corpsmen and deployed as such. Pt deployed to Afghanistan in 2011 for 6 months. Significant combat casualty exposure with helicopter transports and hospital work. Pt returned to Camp Lejuene and was found to be intoxicated one morning when she reported to work. Pt denied MST but was emotional in her denial. Pt denies TIM beliefs.

CASE STUDY 3

- 31 yr old SW American Indian male presents for evaluation of alcohol use disorder with a recent suicide attempt. Pt was a squad leader that incurred heavy fire and casualties in OEF. Pt is single, no children, unemployed and lives with parents.
- Pt joined the USA age 20. He is a HS graduate. Basic at Fort Jackson, trained with 82nd Airborne and deployed as such. Pt deployed to Afghanistan in 2011 for 12 months. Significant combat casualty exposure as an E-5. Pt returned to Fort Bragg and was found to be intoxicated one morning when he was on base. Pt was raised with TIM but no ceremonies were available on base.

VETERAN SERVICES

- Primary Care
- Mental Health Services
- Substance Use Services
- Domiciliary Services
- Tobacco Cessation
- IOP
- Medication Assisted Therapies
- Vet Center Care
- In some cases Traditional Services contracted with local communities