STATEMENT OF
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TO THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
SUBSTANCE ABUSE/CO-MORBID DISORDERS: COMPREHENSIVE SOLUTIONS TO A COMPLEX PROBLEM

MARCH 11, 2008

Mr. Chairman and Members of the Subcommittee:

Thank you for this opportunity to present The American Legion's views on "Substance Abuse/Co-Morbid Disorders: Comprehensive Solutions to a Complex Problem."

According to the Government Accountability Office (GAO), the Department of Veterans Affairs (VA) drastically reduced its substance-use disorder treatment and rehabilitation services between 1996 and 2006. The number of veterans receiving specialized substance abuse treatment services has since decreased by 18 percent. According to VA records, the total of mental health cases among war veterans grew by 58% from 63,767 on June 30, 2006, to 100,580 on June 30, 2007. These mental health issues include Post Traumatic Stress Disorder (PTSD), drug and alcohol dependency and depression.

VA's Antoinette Zeiss, Deputy Chief of Mental Health Services, acknowledged VA is seeing the increase (in mental health cases) and is preparing to deal with it. Mr. Chairman, these facts suggests a system that's experiencing an increase, which also warrants the appropriate increase in staffing, funding, and clinical inpatient, outpatient and outreach programs. As for the decrease of substance abuse treatment services, with the influx of veterans seeking treatment, the possibility of them falling through the cracks is heightening.

The Diagnostic Statistical Manual IV (DSM) defines substance-use disorders as dependence or abuse of drugs or alcohol. When discussing treatment for veterans within PTSD clinics, the terminology, substance abuse, is included in the definition of substance-use disorders.

Post Traumatic Stress Disorder and Substance Abuse

In veteran and population samples, substance-use disorders co-occur with Post Traumatic Stress Disorder (PTSD). Symptoms of PTSD include hyper-vigilance, irritability, outbursts of anger, sleeplessness and fatigue, and can be accompanied by alcoholism, depression, anxiety and substance abuse.

VA has acknowledged some veterans with PTSD treat their own symptoms with alcohol and wind up with diagnoses related to drug abuse. VA also acknowledges when veterans screen positive for symptoms of PTSD, they are interested in whether or not these also veterans have accompanied problems, such as, problem drinking and other problems.

According to VA, there was a time in the past when coexisting conditions may have been barriers to care, when it was difficult to treat patients with PTSD and substance abuse due to PTSD programs requiring veterans to be sober and substance-abuse programs requiring them to be stable. VA claims this no longer occurs due to evidence-based strategies for beginning PTSD and substance abuse treatment simultaneously. One approach, the program titled, "Seeking Safety," is being disseminated throughout the VA medical system.

H.R. 4053 Mental Health Improvement Act of 2007

Section 102 includes provision of substance-use disorder treatment services at each VA Medical Center (VAMC) and Community Based Outpatient Clinic (CBOC). These services are as follows:

- short term motivational counseling;
- intensive outpatient care; relapse prevention;
- ongoing aftercare and outpatient counseling;
- opiate substitution therapy;
- pharmacological treatments aimed at reducing craving for drugs and alcohol;
- detoxification and stabilization; and
- other services as deemed appropriate.

Section 103 recommends VA provide veterans either inpatient or outpatient care for a substance-use disorder and a co-morbid mental health disorder, and ensure that treatment for such disorders is provided concurrently by a team of clinicians with appropriate expertise.

Section 104 calls for the enhancement of care and treatment for veterans with substance-use disorders and PTSD, which is to be carried out through a competitive allocation of funds to facilities of VA for the provision of care and treatment to veterans who suffer from the aforementioned. Section 104 further suggests usage of Peer Outreach programs to re-engage veterans of Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) who miss multiple appointments for treatment of PTSD or substance use disorder.

Mr. Chairman, Congress and VA have acknowledged the appropriate treatment programs implemented to ensure inclusive treatment of substance abuse within the PTSD clinical environment. However, if studies are concluding a decline in treatment for substance abuse within the VA health care delivery system, this would suggest a gross lack of communication and outreach in which to ensure a high concentration of treatment, thereby maximizing the

chance of the nation's veterans of slipping through the cracks, as well as continued substance abuse.

The American Legion holds the position that veterans who succumb to self-medication caused by their service-connected disability, such as PTSD, are entitled to a level of compensation that reflects all aspects of their disability. We also urge Congress to support the aforementioned proposals of H.R. 4053, to include assessing and/or auditing the implemented programs throughout the VA health care delivery system to ascertain whether or not all veterans have access or are accessing these programs.

Conclusion

As for programs and supporting regulations currently in place; the nation's veterans continue to be deprived of treatment for substance abuse secondary to PTSD, which suggests an interruption and or gap in comprehensive care that ensures adequate treatment. Not meeting this mark also implies incomplete treatment which further invalidates the term, "full continuum of care" for those who served this nation with honor.

In addition, if proposals such as H.R. 4053 are required to heighten outreach, disseminate appropriate treatment, and reassure acknowledgement of the implementation of related programs throughout the entire VA population, thereby guaranteeing the nation's veterans receive specialty care within the PTSD clinical environment, we encourage execution of such proposals. The American Legion supports the consistency of treatment throughout the veteran population nationwide, to include clinical programs in VAMC's, CBOC's, Vet Centers and related VA facilities.

Mr. Chairman and members of the Subcommittee, The American Legion sincerely appreciates the opportunity to submit testimony and looks forward to working with you and your colleagues to resolve this critical issue. Thank you.