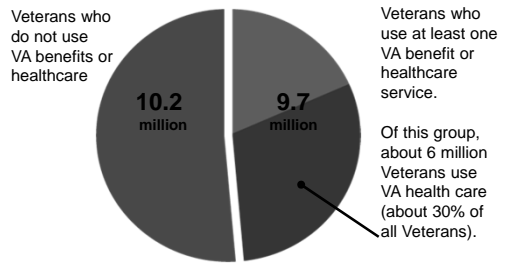


Veterans: A Very Special Population for America and for Providers Treating Veterans with SUD's

Dean Krahn, MD
Staff Psychiatrist, VA Madison
Director, Addiction Psychiatry Fellowship, UWSMPH

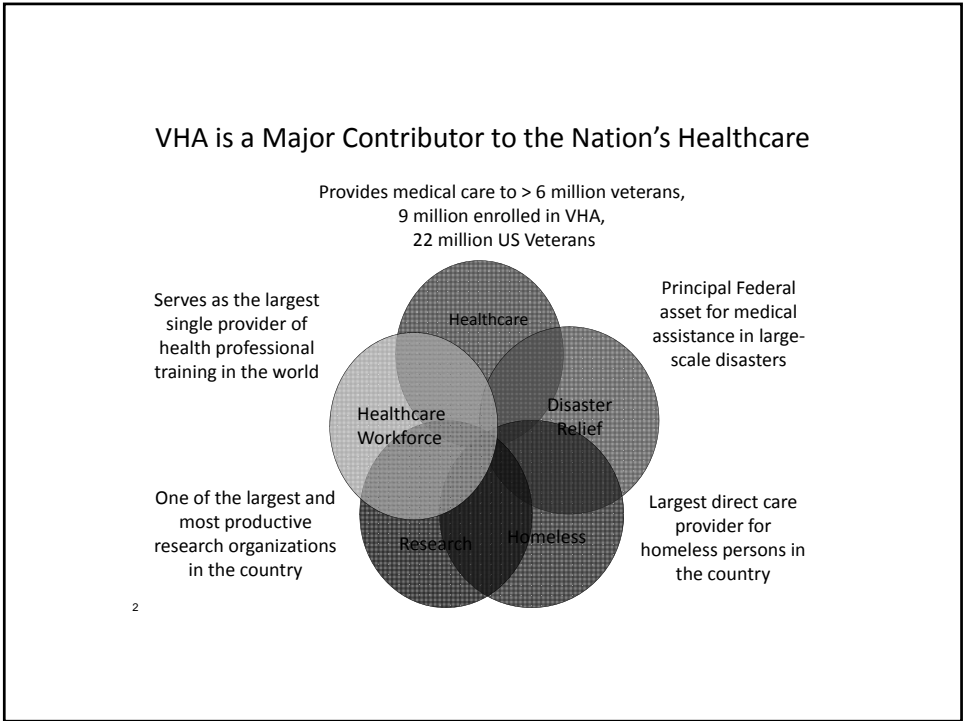


US Veteran Population



50% of Veterans do not use VA benefits or healthcare

VETERANS HEALTH ADMINISTRATION



VA Growth in Service

Fiscal Year	Enrollees (in millions)	Outpt Visits (in millions)	Inpat Stays (in thousands)
2002	6.8	46.5	564.7
2003	7.1	49.8	567.3
2004	7.3	54.0	589.8
2005	7.7	57.5	585.8
2006	7.9	59.1	568.9
2007	7.8	62.3	589.0
2008	7.8	67.7	641.4
2009	8.1	74.9	662.0
2010	8.3	80.2	682.3
2011	8.6	79.8	692.1
2012	8.8	83.6	703.5
2013	8.9	86.4	694.7
2014	9.1	92.4	707.4
2015	9.0	95.2	699.1

3

VETERANS HEALTH ADMINISTRATION

Age Distribution of Current VHA Patients (not just MH)

	All Patients	Pharmacy Only	Pharmacy Only Excluded
<25	90,984	172	90,812
25-34	539,963	5,575	534,388
35-44	544,716	7,461	537,255
45-54	760,937	9,859	751,078
55-64	1,142,601	11,905	1,130,696
65-74	1,936,424	17,756	1,918,668
75-84	824,703	11,417	813,286
85+	509,599	12,885	496,714
Grand Totals	6,349,927	77,030	6,272,897

VETERANS HEALTH ADMINISTRATION

Gender Distribution of Veterans

- In 2016, there were around 16.9 million male veterans and 1.6 million female Veterans in the U.S.
- The ratio of men to women in the Veteran population in US has changed markedly over the “generations” of service people. Over these generations, female service people have gone from 2.1% to 19.2% of veteran population.

Gender/Age	18-34	35-54	55-64	65-74	75+
Male%	3.48	9.02	14.72	35.79	49.53
Female%	0.83	1.53	1.65	1.05	1.08
M/F	4.2	5.9	8.9	34.1	45.9

VETERANS HEALTH ADMINISTRATION

6

Scope of Substance Use Among Veterans

Veterans have similar or lower rates of substance use and SUD than matched non-Veterans (SAMHSA, 2016)

	Veterans	Non-Veterans
Alcohol use disorder	6.3%	6.8%
Illicit drug use disorders	1.5%	1.7%
Illicit drug use	8.4%*	10.5%*
Non-medical use of pain relievers	2.4%*	3.0%*

Veterans at age 18 - 25 years have higher rates of non-medical use of pain relievers- 14.8% vs 12.9%

*Significant at p<0.01

VETERANS HEALTH ADMINISTRATION

The Pain Challenge in VHA

In Veterans, chronic pain is the most common physical concern

- Experienced by
 - more than 50% of older Veterans
 - 60% of Veterans from Middle East conflicts
 - Up to 75% of female Veterans
- More than 2 million Veterans with ≥ one pain diagnosis in VA (in 2012, about 1/3 were on opioids)
- Musculoskeletal pain most common (joint, back/neck)
- Pain is among the most costly disorders treated in VHA
- In VHA, most patients with chronic pain (≥ 90%) are managed by Primary Care (Patient Aligned Care Teams)

7

VETERANS HEALTH ADMINISTRATION

Mental Disorders¹ among Veterans² Returning from Deployment

Cumulative from 1st Quarter FY 2002 through 1st Quarter FY 2014

Disease Category (ICD 9 code)	Total O/O/O Veterans ³	Change Q1FY11-FY12	Change since Q1FY12-FY13	Change since Q1FY13-FY14
PTSD (309.81)	311,688	22.5%	20.7%	19.0%
Depressive Disorders (311)	248,891	26.4%	24.5%	21.3%
Neurotic Disorders (300)	229,361	29.5%	27.4%	26.1%
Tobacco Use Disorder (305.1)	183,054	21.5%	19.7%	17.0%
Affective Psychoses (296)	152,587	27.7%	23.9%	23.2%
Alcohol Abuse (305.0)	73,029	26.6%	23.0%	19.2%
Alcohol Dependence (303)	72,055	29.8%	26.4%	22.0%
Drug Abuse (305.2-9)	53,839	33.7%	29.4%	26.4%
Drug Dependence (304)	40,630	34.7%	31.0%	26.3%

¹ Includes provisional and confirmed diagnoses. <http://www.publichealth.va.gov/epidemiology/reports/oeofolofond/health-care-utilization/>
² These are cumulative administrative data since FY 2002.
³ A total of 572,569 unique patients received one or more diagnoses of a possible mental disorder.

VETERANS HEALTH ADMINISTRATION

8

Year	Any Substance Use Disorder*	Cocaine Use Disorder	Cannabis Use Disorder	Opioid Use Disorder	Ampheta-mine Use Disorder	Sedative Use Disorder	Alcohol Use Disorder
FY2002	270,991	58,539	31,710	27,840	7,000	4,069	223,269
FY2003	283,582	61,047	33,107	28,859	7,558	4,247	231,163
FY2004	312,521	65,939	37,959	30,093	8,531	4,828	252,843
FY2005	328,593	68,964	41,168	30,551	9,433	4,567	264,357
FY2006	339,531	71,110	43,744	31,130	9,770	4,997	270,311
FY2007	359,467	73,438	47,484	32,575	9,901	5,885	283,779
FY2008	387,807	75,505	53,834	35,577	9,518	6,305	304,999
FY2009	424,659	77,710	62,654	39,272	10,984	7,768	334,590
FY2010	461,927	80,805	74,202	43,713	12,102	9,151	363,319
FY2011	484,785	81,635	82,285	47,736	13,286	10,158	379,342
FY2012	501,725	81,284	87,804	52,740	14,562	10,581	389,242
FY2013	516,095	78,968	94,849	56,920	16,594	10,737	396,374
FY2014	538,373	78,654	101,474	58,083	19,128	10,497	408,515
FY2015	564,728	81,639	115,342	64,373	23,268	13,247	426,836
Increase, FY2002-15	108%	39%	264%	131%	232%	226%	91%

How Does VA Meet These Needs?

- Uniform MH Services Handbook lists required services
- Universal screening with brief intervention and MI as needed in Primary Care
- Widely available Evidence-based psychotherapeutic (CBT/relapse prev; 12 step; contingency management; and MI) and pharmacotherapeutic interventions for addicted patients (including alcohol use disorder and opiate use disorder meds) (dual diagnosis services required to be available)—(if Vet or PC provider requests MH/Addiction services, initial eval in 24 hrs and full eval within 30 days)
- Residential services for Vets with addictions must be available for every Vet in every VA network across the country.
- Inpatient services for complex withdrawal and other needs
- Use of outcome measures such as BAM (brief addiction monitor) which looks at not only use, but comorbid illness, function in relationships, function in jobs, function in recovery activities, legal situations as well as physical and mental health measures. Importantly, VA has developed excellent support services in areas of vocation, housing, and legal issues.

VETERANS HEALTH ADMINISTRATION

Summary

- Veterans are special citizens and patients who seek care not only from VA but also from other medical systems
- Veterans, overall, do not have higher rates of SUD, than the general population.
- As usual, if you look at people coming to a health care system for care, who are primarily male (although this is rapidly changing), and who are from lower SES groups, they will have higher rates of MH and SU disorders
- Trends in VHA population show rapid growth of use disorders for cannabis, pain relievers, and sedatives/benzos, and continued growth for alcohol use disorders which are still the predominant disorders
- VHA requires EB treatments for SUD's (both psychotherapeutic and pharmacotherapeutic) to be available to all veterans.
- We now turn to consideration of particularly interesting subgroups of Vets; first Vets with PTSD and SUD's and second, Vets who are women and have SUD's.

VETERANS HEALTH ADMINISTRATION

11