New Directions in Substance Abuse Services: Programmatic Innovations in the Veterans Administration

Keith A. Peterson, Ph.D.
Ralph W. Swindle Jr., Ph.D.
Rudolf H. Moos, Ph.D.
John W. Finney, Ph.D.
Richard T. Suchinsky, M.D.

Abstract

The purpose of this paper is to describe the Department of Veterans Affairs' (VA) recent expansion and enhancement of its substance abuse treatment services. Several treatment innovations are considered from both clinical and administrative perspectives. These services include extended care programs for multiply impaired patients, programs for substance abuse patients with comorbid psychiatry conditions and services designed to improve continuity of care and community re-entry. Emergent themes include a broadening of services to meet the needs of a changing substance abuse population and an emphasis on providing more cost-efficient treatment.

The Department of Veterans Affairs (VA) operates the most extensive system of substance abuse treatment in the United States, with services provided in over 160 medical centers and outpatient clinics nationwide. Because of increasing demand for these services, however, the VA is currently expanding and enhancing its substance abuse treatment capacity. In particular, VA medical centers are implementing and testing several new interventions to meet the needs of veterans with increasingly severe substance abuse problems. The purpose of this paper is to describe some of these innovations and to consider the clinical and administrative issues encountered by program directors in the implementation process.

Address correspondence to Keith A. Peterson, Ph.D., Research Health Science Specialist, Program Evaluation and Resource Center and HSR&D Center for Health Care Evaluation, Department of Veterans Affairs Medical Center (152), 795 Willow Rd., Menlo Park, CA 94025.

Ralph W. Swindle, Ph.D., is Research Psychologist, Program Evaluation and Resource Center and HSR&D Center for Health Care Evaluation, Department of Veterans Affairs Medical Center, Palo Alto, Calif.

Rudolf H. Moos, Ph.D., is Research Career Scientist and Director, Program Evaluation and Resource Center and HSR&D Center for Health Care Evaluation, Department of Veterans Affairs Medical Center, Palo Alto, Calif. Dr. Moos is also Professor of Psychiatry at Stanford University Medical School.

John W. Finney, Ph.D., is Associate Director, Program Evaluation and Resource Center and HSR&D Center for Health Care Evaluation, Department of Veterans Affairs Medical Center, Palo Alto, Calif.

Richard T. Suchinsky, M.D., is Associate Director, Mental Health and Behavioral Sciences Service, Department of Veterans Affairs Central Office, Washington, DC.

Brad Stark reviewed proposals, and developed and conducted interviews with program directors. Daphne Edmundson also conducted interviews with program directors.
Substance Abuse Treatment and the VA

Veterans with substance disorders are one of the largest segments of our nation’s substance-abusing population. The VA provides substance abuse treatment and rehabilitation under Title 38 U.S. Constitution, Chapter 17, which authorizes medical care for eligible veterans. Currently, veterans eligible for VA substance abuse treatment are primarily those who sustained disabilities in military service and those who are indigent. In fiscal year (FY) 1990, patients seen in VA substance abuse inpatient programs were mostly male (98-99%); 55% were forty or older, and only 31% were married.¹ These patients were primarily Caucasian (66%) or Black (27%). About half had alcohol dependence diagnoses, 37% had both drug and alcohol diagnoses and 26% also had one or more psychiatric diagnoses. Fourteen percent had more than one episode of substance abuse treatment during the year, and 31% had one or more episodes of inpatient care in psychiatric, medical or surgical wards.

Treatment Utilization and Costs

For years, the VA has recognized that drug and alcohol abuse represent major problems among its patients and that patients with substance abuse problems are costly to the system because they use more health services than non-substance-abusing patients. Between 1971 and 1977, the percentage of all VA inpatients with a primary or secondary diagnosis of substance abuse disorder rose from 17% to 22%.² In FY 1990, 26% of the inpatients discharged from VA medical centers, 28% of patients in extended care facilities, and an estimated 23% of VA outpatients had a primary or secondary substance abuse disorder.¹ These patients accounted for 34% of total hospital inpatient care days, 16% of extended care days and an estimated 15% of all outpatient visits. Including medical or surgical services and family member’s visits, the treatment VA substance abuse patients received cost an estimated $2.25 billion.

Treatment Programs

In FY 1990, there were about 180 inpatient and 98 outpatient substance abuse treatment programs in 148 VA medical centers nationwide (12 other VA medical centers employed addictions counselors at free-standing medical clinics). Most inpatient programs (57%) were combined drug and alcohol treatment programs, 33% were conventional alcohol treatment programs (defined as having 90% or more patients with alcohol abuse as their primary disorder) and 10% were drug treatment programs. Programs included medical/psychiatric programs oriented toward recovery, variations of hospital-based, therapeutic communities oriented toward psychosocial rehabilitation, and sobriety maintenance-extended care programs (these are domiciliary programs that focus on relapse prevention and vocational rehabilitation and have a treatment duration of about 6 months).³⁴ Outpatient substance abuse clinics also tended to be combined drug and alcohol programs (53%), though there were about equal numbers of alcohol (23%) and drug treatment clinics (24%). Half the drug treatment programs were methadone maintenance clinics. Other outpatient programs included group therapy programs oriented toward relapse prevention, programs emphasizing individual counseling and medication and intensive outpatient/day hospital programs providing extensive vocational training.

Expanding VA Substance Abuse Services

As part of the national drug control strategy addressing demand (treatment and prevention) as well as supply issues,⁵ a federal initiative was implemented in 1989 to expand the VA’s capacity to treat veterans with substance abuse disorders. For FY 1990, Congress appropriated an additional $60 million to expand VA treatment services, with anticipated annual increases of $15 million per year.