Tips for the Effective Assessment, Treatment and Management of Substance Abuse Amongst Veterans

Case study: Chris' story

Chris is 32 years old and has lived in Cairns his whole life. An only child, he was raised by his maternal grandparents, after his mother died in a car accident when he was 12. He has had no contact with his father since, who was a casual labourer, had a drinking problem, and was not able to adequately care for Chris. Chris' grandparents never really liked their son-in-law, and Chris remembers his dad as "a depressed son of a b!%#@. He'd drink to feel better about himself but it just made him feel worse".

At school, Chris was an average student, good at sport and very popular. His cricket and footy teammates became his life-long friends, and their kinship was forged on the pitch and in the pub afterwards. Remembering his time in the under-18's teams, Chris says, "Geez I loved that time. We'd play hard on the field and in the pub afterwards. Didn't matter if we won or lost - either way we'd put a dent in it, nearly every weekend I was rat s%$#".

Given the close vicinity of HMAS Cairns, many of Chris's extended family, friends and neighbours were in the Navy. His grandfather thought the discipline and routine would be good for Chris and, in the absence of any other ideas, Chris signed up as soon as he successfully completed school, along with a couple of his schoolmates.

From day one, Chris really enjoyed being in the Navy. He relished the time at sea on the long deployments, enjoyed training as a marine technician and loved the regular pay, which was more than he anticipated. He felt a sense of pride and duty in his service. He bonded well with his fellow seamen, both on and off duty, which usually involved lengthy drinking sessions. Chris says "The grog was cheap on base and a lot of the local clubs in Cairns gave us free entry or cheap drinks". Some of his mates smoked marijuana during their drinking sessions which Chris tried but didn't like.

Chris developed a reputation amongst his mates as a prankster and a risk taker. He loved drinking games where they dared each other to undertake reckless tasks, like scaling the palm tree on barracks.

Chris' grandfather started to become worried about Chris' drinking, saying "You'll end up like your father, a pathetic, lonely alcoholic". But Chris didn't think that would happen to him. "I'm not a bit like him – I still get a buzz out of drinking. When that stops I'll stop, but until then I'm going to have a good time".

After a series of short relationships with girls who either couldn't keep up or wouldn't put up with his drinking, Chris met Angela. She worked at a local bar and regularly took ecstasy or ketamine so she could party after work. "Grog makes you fat and dope is for losers. But ecstasy makes you feel good" she'd said to Chris when she introduced him to these drugs. He discovered he too liked the effect and valued that he could party all night and still go to work the next day feeling relatively fresh.

Chris believed Angela was 'the one' and started spending most of his time with her. After a year together, Angela encouraged Chris to leave the Navy, which he did without much thought or consultation. He was proud of his achievements over the 14 years he spent in the Navy, and he thought his work as a marine technician would bode well for employment on the outside. However, he was disappointed to find how hard it was to find a job and, after a couple of months looking, he was forced to settle for a casual job as a courier.

Despite his poor employment experiences, his relationship with Angela was going well, and they moved in together. They spent most weekends clubbing and taking drugs. Many of his Navy mates were starting to settle down and Chris found himself spending more time with Angela's friends, who were always up for a good time.

One morning he was stopped for a random breath test and was surprised that he was over the limit significantly; he lost his license and, as a result, his job as well.

With no job and no money, Chris began to spend most of his time in the apartment he shared with Angela, drinking and gaming. He started to become unsure of his feelings, saying "I'm toey all the time, I feel like hitting something or someone." However, he felt that the alcohol and the gaming were helping him in some way.

A year after leaving the Navy, Chris began to regret his decision. Without a driver's license, it became too hard to look for work, and his mates were focused on their wives and children and weren't around for him as much. His body couldn't do what it used to, he was too old for team sports and he couldn't afford a gym membership to stay fit.

He and Angela started niggling at each other and spending less time together. Angela would go clubbing without Chris, while he stayed at home, drinking and gaming.

Seemingly out of the blue, one day Angela kicks him out and Chris is blindsided. His only option is to move back with his grandparents, but his grandfather has now said he will only take Chris back if he stops drinking. Chris doesn't know if he wants to stop drinking but knows he can't quit on his own. With nowhere else to live, he reluctantly accepts his grandfather's terms and starts to look for local services that help might help him manage his drinking.

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Frequently Asked Questions

1. **What is the prevalence of alcohol use disorder in the ex-military population?**

   The 2010 Australian Defence Force (ADF) Mental Health Prevalence and Wellbeing Study found that alcohol disorders were significantly lower in the ADF compared to the general population.[1][2] Most alcohol disorders within the ADF cohort were in males in the 18-27 age group. There were no significant differences in rates of alcohol disorders between Navy, Army or Air Force.

   Prevalence data for substance use in Australian contemporary veteran is limited.[3] However, the Transition and Wellbeing Research Programme aims to provide further clarity. This is a joint initiative undertaken by the Department of Veterans' Affairs and the Department of Defence.

   The Programme is the largest and most comprehensive study undertaken in Australia to examine the impact of contemporary military service on mental, physical and social health of serving and ex-serving members and their families. It also investigates how individuals previously diagnosed with a mental health condition access care, how mental health issues change over time, the mental health status of reservists and examines the experiences and needs of families of serving and ex-serving members. The reports will be released incrementally over the coming years. The first two reports are due for release this year.

2. **What services are available to treat veterans with alcohol or substance use disorders?**

   The Department of Veterans' Affairs (DVA) provides access to a range of treatment services for veterans who are experiencing alcohol or substance use disorders. The Department Veterans' Affairs (DVA) will pay for treatment for all mental health conditions under non-liability health care arrangements, including adjustment disorders, acute stress disorder, phobias, panic disorder, agoraphobia, and bipolar and related disorders.

   All current and former members of the ADF who have rendered at least one day of continuous full-time service will be eligible. The mental health condition does not need to be related to service and a formal diagnosis is not required prior to seeking treatment.

   Treatment includes GP services, psychologist and social work services, specialist psychiatric services, pharmaceuticals, trauma recovery programs for posttraumatic stress disorder, alcohol and other drug services, and in-patient and out-patient hospital treatment.

   To access non-liability health care, your patient/client can fill out an application, email NLHC@dva.gov.au, or telephone DVA on 133 254 (Metro) or 1800 555 254 (Regional) to apply. Your patient/client may need to provide proof of identity and service, and have a diagnosis from a

   psychiatrist, GP or a clinical psychologist, however, treatment can be provided for an interim period of up to six months prior to a diagnosis being provided. http://www.dva.gov.au/health-andwellbeing/treatment-your-health-conditions *Alcohol and Other Substance Use Disorder*

   To make it easier to refer patients to treatment, DVA has established a panel of contracted community-based alcohol and other drug facilities. To access services through these arrangements, individuals

[1] A.C. McFarlane, S.E. Hodson, M. Van Hoof & C. Davies (2011). *Mental health in the Australian Defence Force:*
[2] *ADF mental health prevalence and wellbeing study*. Department of Defence: Canberra, http://www.defence.gov.au/health/dmh/docs/mhpws report-fullreport.pdf

[3] Commonwealth of Australia, *Evidence Compass 'What is the prevalence rate for substance use disorder in contemporary ex-serving veterans?'*, Department of Veterans' Affairs, Canberra, 2013, http://evidencecompass.com.au/uploads/Substance_Use_Summary_Report.pdf

must be eligible for treatment and referred through either a medical practitioner (such as a GP), the Veterans and Veterans Families Counselling Service, a hospital discharge planner or other DVA allied mental health provider. A written referral is required.

No prior approval is required for the contracted facilities on this list: http://at-ease.dva.gov.au/professionals/files/2017/01/Alcohol-Other-Substance-Use-Community-BasedTreatment-Panel-Nov-2016.pdf

Open Arms - Veterans & Veterans Families Counselling Service (VVCS)

Open Arms provides free and confidential, nation-wide counselling and support for war and service-related mental health conditions, such as posttraumatic stress disorder, anxiety, depression, alcohol use disorder, sleep disturbance and anger. Support is also available for relationship and family matters that can arise due to the unique nature of the military life.

Open Arms has an integrated, 24/7 service delivery network, that includes counselling (individual, couple and family), group programs and after-hours telephone support. All Open Arms clinicians maintain an understanding of military culture, they work with Open Arms clients to find effective solutions for improved mental health and wellbeing. If you have a client you consider may benefit from Open Arms support, please call 1800 011 046 (24/7) to discuss.

DVA Online Mental Health Resources

DVA has developed a range of online mental health resources which can be used to complement clinical treatment and care, including for alcohol management. The Right Mix website offers a self-help program that helps users identify their personal motivators to changing their drinking behaviour and set an action plan with personal goals. The On Track with The Right Mix app is the companion tracking tool – a digital drink diary which also tracks spending and calories, with data able to be exported for clinical review. Patients can use the websites and apps in their own time for education and prevention, self-help, and self-care between consultations.

3. What are the current recommended evidence-based treatments for alcohol use disorders?

Interventions for alcohol use disorder should be tailored to the type of alcohol risk and to suit the patient's/client's preparedness to change. Clinicians are encouraged to educate their patients/clients about the impact of continued high-risk drinking. Education should address different types of risks (short and long term) associated with alcohol use.

Brief interventions have strong evidence for the treatment of mild to moderate alcohol problems and are a recommended approach in Australia. They range in duration from 5-30 minutes, and are typically delivered over one to four sessions.[4]

Motivational interviewing is recommended for veterans who are unsure or ambivalent about changing their drinking behaviour. Where possible, discrepancies between current drinking behaviour and personal beliefs and goals should be discussed. This technique can assist the veteran to resolve ambivalence about change and move towards action and behaviour change.

Cognitive Behaviour Therapy (CBT) is appropriate for veterans ready to change their drinking behaviour. The specific CBT techniques recommended for targeting alcohol use include; behavioural self-management, coping skills training, cue exposure and relapse prevention. The delivery of CBT will usually consist of one-hour sessions over 12 weeks.[4]

[4] Phoenix Australia: Centre for Posttraumatic Mental Health (2012). *Mental Health Advice Book for Practitioners Helping Veterans with Common Mental Health Problems*, Department of Veterans' Affairs, Canberra, pg 101. [4] National Institute for Health and Clinical Excellence (2010). *Alcohol-use disorders: Diagnosis, assessment and management of harmful drinking and alcohol dependence (CG100).* London: NICE.

Residential rehabilitation may be indicated for patients/clients who require intense support to work through their addiction and learn new skills in a safe environment. DVA has established a panel of community-based providers to treat eligible members of the veteran community who are experiencing alcohol and other substance disorders. Information about how to access this service is provided at question two.

4. What are appropriate medications to use in the treatment of alcohol use disorders?

Alcohol withdrawal treatment is recommended for veterans who are alcohol dependent or at risk of alcohol withdrawal, whether or not they intend to reduce or cease their use of alcohol in the long term. The preferred pharmacotherapy for alcohol withdrawal treatment are long-acting benzodiazepines, such as diazepam. These medications ideally should not be continued beyond the first one or two weeks.[5] Thiamine should also be provided to all veterans undergoing alcohol withdrawal, especially when alcohol dependence is associated with poor nutrition.

Medications for relapse prevention and for reducing alcohol cravings should be discussed with veterans being treated for alcohol dependence. Preferred medications are acamprosate and naltrexone. These medications can be prescribed in combination with psychosocial relapse prevention strategies and delivered over 3-12 months.[6]

5. What is the impact on family members of veterans with substance use disorders, and what support is available?

Mental health issues can have a significant impact upon individual family members and the dynamics within the family unit. A family can experience a range of changes. A person's ability to be an effective parent can be impacted. Parents can become irritable and less patient with children, or not feel confident enough to set limits. Children who have a parent with a mental health condition are more likely to experience a range of difficulties. These can include behavioural problems, they may struggle to form and/or maintain relationships, poor coping skills and problems with school.[6] They're also more likely to develop mental health problems themselves, which can continue into adulthood.

Mental health problems can also have a significant effect on partners. Supporting someone with a mental health problem can put partners in some tough situations, including having to cope with alcohol or substance abuse. Partners often take on additional responsibilities at home and have to adapt to changes to the family's lifestyle. This can lead to serious strain in relationships, can make closeness and intimacy more difficult and may even isolate the whole family from valuable social support. Partners of veterans with a mental health problem are more likely than the general population to experience mental health problems themselves, especially anxiety disorders and severe depression.[7]

Open Arms provides free and confidential, nation-wide counselling and support for war and service-related mental health and wellbeing conditions. Support is also available for relationship and family matters that can arise due to the unique nature of military service. For help, to learn more, or to check eligibility for Open Arms services, call 1800 011 046 (24/7)

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[5] Phoenix Australia: Centre for Posttraumatic Mental Health (2012). *Mental Health Advice Book for Practitioners Helping Veterans with Common Mental Health Problems*, Department of Veterans' Affairs, Canberra, pg 102. [6] Phoenix Australia: Centre for Posttraumatic Mental Health (2012). *Mental Health Advice Book for Practitioners Helping Veterans with Common Mental Health Problems*, Department of Veterans' Affairs, Canberra, page 103.

[6] Department of Veterans' Affairs "At Ease Portal" (accessed 27 April 2017). Retrieved from http://atease.dva.gov.au/veterans/families/when-a-different-person-comes-home/

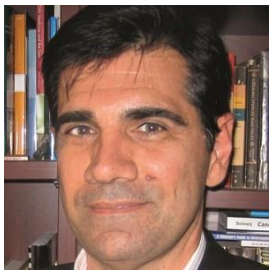
[7] Department of Veterans' Affairs "At Ease Portal" (accessed 27 April 2017). Retrieved from http://atease.dva.gov.au/veterans/families/when-a-different-person-comes-home/

This document has been developed to assist health professionals, including medical practitioners, nurses, psychologists, social workers, counsellors and rehabilitation service providers, who care for veterans. The assessment and treatment of mental health problems requires the consideration of an individual's particular circumstances by a qualified health professional, practising within the limits of their competence and accepted standards at the time for their profession.

This document is not a substitute for such professional competence and expert opinion, and should not be used to diagnose or prescribe treatment for any mental health problem. The Australian Government does not accept liability for any injury, illness, damage or loss incurred by any person arising from the use of, or reliance on, the information and advice that is provided in this document.

Webinar panellists

Dr Matthew Frei



MBBS, FAChAM

Addiction medicine specialist

Dr Frei has worked in the alcohol and drug field for the last 15 years. He has worked in private as well as in public practice settings, including VMO roles at Southern and Eastern Health before taking on his full time role at Turning Point, Eastern Health. His professional clinical interests include the assessment and management of substance use-related impairment in health and other professions.

He is currently President of the Australasian Chapter of Addiction Medicine and is an adjunct senior lecturer at the Department of Psychology and Psychiatry at Monash University. He works sessionally at Caulfield Pain Management and Research Centre, Alfred Health as an addiction medicine specialist consultant.

His clinical roles at Eastern Health include clinical oversight of DACAS and Turning Point's other telephone and on line services, as well as Turning Point's other state-wide and eastern region clinical services.

Dr Jonathon Lane

Psychiatrist

Dr Lane works at the Hobart Clinic, Murray Street rooms, seeing outpatients. Approximately sixty percent of his practice is with current military and veteran patients.

He completed his Psychiatry Fellowship training in Tasmania in 2014, and his previous work includes a significant Forensic and Military component.

Dr Lane has been in the Australian Army in both full-time and Reserve roles for some 27 years, including a range of general Army duties for ten years before completing his Medical degree and working for the Army as a doctor. Dr Lane was deployed to Afghanistan in 2013, and worked with US forces there for six months as a member of the Mental Health Team in the NATO ROLE 3 in Kandahar in the south of Afghanistan. He is still an active Reservist and works with a range of units around Australia.
He was awarded a Churchill Fellowship to look at mental health programs for military personnel and veterans, which he completed in 2015. As a part of this, he visited various US military and Veterans' Affairs treatment facilities to look at a range of inpatient, outpatient, and peer-led group programs for both serving and retired military personnel, and intends to develop similar programs in Hobart.

His primary interests are young adults, and the military/veteran population groups. He continues to have a strong educational focus as well, providing education on mental health and PTSD issues to the Tasmanian Police, Emergency Services, Australian Army, and teaches third and fourth year medical students at the University of Tasmania.

Professor Nicole Lee

Consultant psychologist

Nicole is Director at 360Edge, a specialist consultancy in alcohol and other drugs, and Professor at the National Drug Research Institute (NDRI). She is a practicing psychologist with 25 years' experience in mental health, alcohol and other drug treatment sectors.

She is one of Australia's leading clinical service development consultants in alcohol and other drugs, and is alcohol and drug adviser for the Department of Veterans' Affairs (DVA) and clinical supervisor for Veterans and Veterans Families Counselling Service (VVCS).

Nicole has a unique combination of clinical, research and training experience that enables her to offer clinically-relevant best practice advice in a practical and highly accessible way.

Professor Mark Creamer

MA (Clin), PhD, FAPS, Psychologist

Professor Mark Creamer is a clinical and consulting psychologist with over 30 years' experience in the field of posttraumatic mental health. He is internationally recognized for his work in the field.

He provides policy advice, training, and research consultancy to government and non-government organisations, with the aim of improving the recognition, prevention and treatment of psychological problems following stressful life events.

Mark is a Professorial Fellow in the Department of Psychiatry, University of Melbourne, and has an impressive research record with over 180 publications. Mark is an accomplished speaker and has given numerous invited addresses at national and international conferences.