The Center for Research and Outreach

Putting Research to Work for Military Families



Substance Use Disorders in Iraq and Afghanistan Veterans in VA Healthcare, 2001–2010: Implications for Screening, Diagnosis, and Treatment

Seal, K. H., Cohen, G., Waldrop, A., Cohen, B. E., Maguen, S., & Ren, L. (2011). Substance use disorders in Iraq and Afghanistan Veterans in VA healthcare, 2001–2010: Implications for screening, diagnosis, and treatment. *Drug and Alcohol Dependence*, 116(1), 93–101. doi:10.1016/j.drugalcdep.2010.11.027

SUMMARY: Researchers used Department of Veterans Affairs administrative data to determine the prevalence of alcohol use disorders and drug use disorders among Iraq and Afghanistan Veterans (N = 456,502). Researchers also explored the comorbidity of substance use disorders and other mental health issues including posttraumatic stress disorder (PTSD), depression, anxiety, and adjustment disorders. Ten percent of Veterans received an alcohol use disorder diagnosis, 5% received a drug use disorder diagnosis, and 3% received both alcohol use disorder and drug use disorder diagnoses.

KEY FINDINGS:

- Of those with an alcohol use disorder diagnosis, 63% received a comorbid diagnosis of PTSD, 54% of depression, 30% of an anxiety disorder, and 27% of an adjustment disorder.
- Of those with a drug use disorder diagnosis, 63% received a comorbid diagnosis of PTSD, 58% of depression, 38% of an anxiety disorder, and 28% of an adjustment disorder.
- Of those with both an alcohol use disorder and drug use disorder, 76% received a comorbid diagnosis of PTSD, 72% of depression, 44% of an anxiety disorder, and 34% of an adjustment disorder.
- Alcohol use disorder and drug use disorder diagnoses were more likely among Active Duty Veterans, Veterans under age 25, males, unmarried Veterans, and Veterans with a greater probability of combat exposure.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Host workshops for professionals who work with military families in practices designed to reduce the stigma associated with seeking treatment for mental health issues, including drug and alcohol misuse
- Create systematic referral systems and establish collaborations with community-based mental health centers to help Service members who experience substance abuse
- Disseminate information regarding possible symptoms of mental health problems Service members may face after deployment and where individuals and families can find help for those problems

IMPLICATIONS FOR POLICIES:

Policies could:

- Recommend routine screening schedules for hazardous drinking among Service members at specified intervals and locations during the deployment cycle
- Encourage media campaigns designed to reduce the stigma associated with seeking treatment for mental health and substance abuse issues
- Disseminate information regarding possible symptoms of mental health problems Service members may face after deployment

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METHODS

- Participants were first-time users of Veterans Affairs healthcare between October 15, 2001 and September 30, 2009 who were followed for at least 90 days until the study end date of January 1, 2010.
- Results are based on the entire population of OEF/OIF Veterans nationwide who sought treatment at Veterans
 Affairs healthcare facilities and received International Classification of Diseases, Ninth Revision (ICD-9) diagnoses
 associated with clinical visits.
- Data were analyzed to determine if there were any relationships among the prevalence of substance abuse and other mental health diagnoses.

PARTICIPANTS

- Study population consisted of 456,502 OEF/OIF Veterans.
- Participants were mostly male (88%), with an average age of 28 years old.
- Race/ethnicity of the sample is as follows: 64% White, 13% Black, 14% Latino/Latina, 9% other. Participants represented the following service branches: 60% Army, 15% Marines, 13% Navy, and 12% Air Force.
- Fifty-nine percent of the sample was Active Duty, while 41% was National Guard and Reserve; most were enlisted (93%).

LIMITATIONS

- Results are based on a sample of treatment-seeking OEF/ OIF Veterans, which may limit generalizability.
- Data were cross-sectional; hence, causation cannot be inferred.
- Only one source of data (administrative records) was used to determine rates, which increases likelihood of measurement errors.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Apply longitudinal designs to studies to investigate potential factors that lead to substance abuse among Service members
- Conduct randomized controlled trials to identify the most effective interventions designed to address comorbid diagnoses
- Examine the impact of family histories of substance and mental health have on Service members' prevalence of substance abuse and mental health

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