



# SUBSTANCE USE DISORDERS

*A leader in the field of addiction research for decades, VA continues to support a broad portfolio examining substance-abuse prevention, screening and treatment, including studies aimed at understanding the genetic factors that may predispose people to alcohol or drug abuse and addiction.*

## EXAMPLES OF VA RESEARCH ADVANCES

**TARGETING THOSE AT RISK**—A San Francisco VA team has identified certain groups of Iraq and Afghanistan Veterans who may be at the highest risk for substance use problems. The team analyzed nine years of VA health data on more than 450,000 Veterans. Risk factors for substance use disorders include having a diagnosis of depression or PTSD, being younger than 25, having greater exposure to combat, and being never married and never divorced. The study may help to improve screening and target interventions to those Veterans most in need of treatment.

**TELEPHONE FOLLOW-UP COUNSELING EFFECTIVE**—Eighteen months of telephone counseling leads to improved outcomes after inpatient treatment for alcohol abuse. A Philadelphia VA team followed about 250 people who had completed three weeks of inpatient treatment. They were randomized to receive short telephone contacts, longer telephone calls that included counseling, or no telephone contact. The short telephone contacts did not improve outcomes. But those who had the counseling phone calls had more alcohol-free days, and more days free of heavy drinking, than others in the study.

**CHRONIC PAIN**— People with substance use disorders may respond differently to chronic pain. A Portland, Ore., VA group studied 362 people with chronic pain; about 20 percent had a history of a substance use disorder. Compared with the others, these patients had poorer pain-related function and were more likely to have posttraumatic stress disorder or depression. After 12 months of usual treatment for chronic pain, the substance-use disorder group was 70 percent less likely to have improvements in pain-related function. The group did respond to a more intensive intervention that included education, clinician education, feedback, and specialty care. In 2010, an Ann Arbor VA team initiated a four-year study to test whether group cognitive behavioral therapy will help Veterans with chronic pain already in VA treatment for substance use disorders.

★ **FACTS ON SUBSTANCE USE DISORDERS**—*Substance use disorders (SUDs)—a term that includes abuse of, and addiction to, alcohol, illicit and prescription drugs, and nicotine—are considered by many to be the nation’s leading health problem, taking a huge toll on individuals and families and costing about \$414 billion each year. The population of Veterans in VA health care who have non-tobacco SUDs has been rising—from about 6 percent of VA patients in 2002, to nearly 8 percent in 2009, to 8.5 percent in 2011. Due in part to aggressive efforts by VA in the area of smoking cessation, fewer Veterans in the VA system are smoking today than a decade ago. In the late 1990s, the prevalence of smoking among Veterans in VA care was 33 percent, and in 2010 it was around 20 percent—about the same as for U.S. adults in general.*