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SERVING THOSE WHO SERVED: IMPROVING SUBSTANCE MISUSE PREVENTION FOR VETERANS

The U.S. Department of Veterans Affairs (VA) is the main provider of health care services for veterans, including behavioral health services. But many of the approximately 18 million veterans living in the U.S. may still experience challenges accessing substance use disorder and mental health treatment and other care.[i] Some veterans aren't eligible for VA services,[ii] some choose not to seek out services, and others face barriers to getting their claims approved.[iii,iv]

Community prevention providers can play an important role in filling these service gaps—by collaborating with other providers to coordinate veterans' care, adapting services to better meet the needs of veterans, and advancing policies that improve veterans' everyday lives.[v]

This tool is designed to help prevention practitioners better serve the veterans in their communities. It explores:

- The demographics of the veteran population in the U.S.
- Substance misuse* trends among veterans
- Risk and protective factors associated with substance misuse among veterans
- Practical opportunities to expand prevention services for veterans

THE DEMOGRAPHICS OF THE VETERAN POPULATION

* Throughout this resource, the term "misuse" is used as an overarching term to describe the use of tobacco, use of illicit drugs, misuse of prescription drugs, and misuse of alcohol.

Preventionist practitioners must clearly identify the veteran population in a community before planning services. The first step in this process is to develop a clear definition of "veteran." The VA defines "veteran" as someone who:

- Was discharged under conditions other than dishonorable, and
- Served active duty in the Army, Navy, Marine Corps, Air Force, or Coast Guard (collectively known as the "Armed Forces"), or
- Completed service as a reservist in any of the Armed Forces, or
- Was a full-time commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration.

Understanding the demographic makeup of the veteran community is also vital to service planning. The veteran community differs from the general population in several important ways; these differences will likely influence your approach to service delivery. For example:

- Veterans are approximately 90% male,[vi] though the percentage of female veterans has almost doubled over the last two decades.[vii]
- The median veteran age is 62, compared to 38 for the general population.[viii,ix] It is important to note, however, that veterans span many living generations, including those who served in World War II.
- Almost 80% of veterans served during wartime and about 30% of veterans saw combat. These experiences significantly increase the likelihood of severe psychological harm compared to non-veterans.[x]
- Veterans are much more likely to have a physical disability or chronic illness than non-veterans.[xi]

SUBSTANCE MISUSE AMONG VETERANS

Nationally, veterans and non-veterans misuse substances at similar rates.[xii] But there are sometimes considerable differences by state and region. For example, in Rhode Island, a disproportionately high percentage of alcohol-attributable deaths annually involve veterans.[xiii] There are other important differences, as well:

- **Higher rates of alcohol misuse.**[xiv] Alcohol is the most commonly used substance among veterans. Rates of past-month alcohol use, heavy drinking, and alcohol use disorder (AUD) are higher among veterans than non-veterans.
- **Higher rates of PTSD and suicide.** Posttraumatic stress disorder (PTSD) and suicide are much more common among veterans than non-veterans.[xv,xvi] PTSD often co-occurs with substance misuse and increases the risk of significant adverse health outcomes— including suicide. Around 30% of deaths by suicide among military personnel involve drugs or alcohol.[xvii]
- **Elevated risk of fatal overdose.**[xviii] Veterans have historically had higher age-adjusted fatal overdose rates than non-veterans, with this difference being particularly pronounced for female veterans compared to their non-veteran counterparts.
- **Higher rates of problem gambling.**[xix] Veterans are more likely to experience problem gambling than non-veterans. They also gamble more often and are more likely to be motivated to gamble to avoid stress than non-veterans.
- **Greater prevalence of substance use disorders among older veterans.**[xx] Among those ages 50 and older, veterans are more likely to have a substance use disorder (SUD) than non-veterans.
- **Higher rates of tobacco and vape use.**[xxi,xxii] Both cigarette use and nicotine vaping are higher among veterans than non-veterans. Consistent with broader trends, veteran cigarette use has declined while vape use has increased.
- **Higher use of most illicit drugs, but comparable use of marijuana.**[xxiii] Marijuana is by far the most commonly used illicit drug among both populations. Veterans use other illicit drugs at slightly higher rates, including cocaine, methamphetamine, heroin, prescription tranquilizers, and sedatives.

RISK AND PROTECTIVE FACTORS ASSOCIATED WITH VETERAN SUBSTANCE MISUSE

Risk factors are the biological, psychological, interpersonal, and social characteristics associated with a higher likelihood of substance misuse. Protective factors are the characteristics associated

with a lower likelihood of substance misuse.[xxiv] Identified risk and protective factors relevant to veteran communities should guide the selection of strategies that meet veterans' needs.

Veterans can experience unique risk factors related to service history. For example:

- Service-related physical and emotional trauma can lead to co-occurring PTSD and AUD.[xxv]
- Stress associated with post-deployment reintegration into civilian life is associated with increased substance use.[xxvi]
- Combat exposure is linked to higher rates of heavy drinking and binge drinking.[xxvii]
- Experiencing military sexual trauma increases the odds of developing opioid use disorder, particularly among women.[xxviii]
- Having a prominent veteran identity[†] is associated with an elevated risk for alcohol misuse.[xxix]

Veterans also face many of the same risk factors for substance misuse as non-veterans, including ease of access to substances, substance misuse-related stigma, and conditions affecting the non-medical determinants of health (such as experiencing poverty or incarceration).[xxx,xxxi] Some of these risk factors are especially prevalent among veterans. For example, veterans are at a far greater risk of being homelessness than non-veterans[xxxii] and nearly 70% of veterans who are homeless also have an SUD.[xxxiii]

The research on protective factors is less robust, but some protective factors relevant to veterans include the following:

- Receiving mental health services during military service[xxxiv]
- Positive neighborhood social connections after service[xxxv]
- Greater levels of psychological resilience[xxxvi,xxxvii]

[†] Adams et al. (2019) explain that being a veteran is a *valued identity*—a part of a person's self-concept highly important to how they see themselves and how they are recognized by others. The authors theorize that having a prominent veteran identity is associated with elevated risk of alcohol misuse because of the negative events (e.g., military service trauma or difficult reintegration to civilian life) often closely tied to veteran identity.

- Higher index of religious moral beliefs[xxxviii]

PRACTICAL RECOMMENDATIONS FOR SUPPORTING VETERANS

Working with organizations that already serve veterans can maximize efficiency and ensure that veterans receive consistent, comprehensive services. As the largest health care provider for veterans, partnering with the VA is the first obvious choice. Two concrete opportunities for community prevention professionals to work in collaboration with the VA include the following:

1. **Establish a Veteran Community Partnership (VCP).** Veterans are not always aware of the robust behavioral health services available to them through the VA.[xxxix] To increase awareness, community organizations can partner with the VA to establish formal VCPs. The mission of these partnerships is to educate veterans about available VA services and other community supports. They also promote seamless coordination of care for veterans in their communities.[xl]

2. **Engage local Community Resource and Referral Centers (CRRCs) to reach veterans facing homelessness.** Veterans are at increased risk for homelessness, which is a risk factor for substance misuse. CRRCs are VA-funded programs that link veterans who are homeless or at greater risk of being homeless with housing assistance, career development, and behavioral health services through local community partners.[xli] Community prevention professionals can reach out to their local CRRC to see if their organization can be included as a referral partner.

But collaboration does not end with the VA! Many other federal agencies, state-level agencies, and non-governmental organizations are focused on enhancing veterans' well-being. Collaborating with these partners provides opportunities to:

Potential Community Partners for Veteran Support

- Local VA facilities
- Veterans Health Administration
- U.S. Department of Defense
- SAMHSA's Service Members, Veterans, and their Families Technical Assistance Center
- Local Veterans of Foreign Wars (VFW) and American Legion posts
- Armed Forces' Drug Demand Reduction Programs
- Non-profit veteran service organizations
- Homeless service providers
- Public health departments
- Peer support organizations
- Faith-based organizations
- Veterans treatment court programs
- Colleges and universities
- Vocational/training programs
- Veterans research centers

- **Better identify the community's veteran population for outreach**. The VA definition of "veteran" is robust, but it does not necessarily coincide with how veterans see themselves.[xlii] Not all VA-defined veterans consider themselves veterans. Some may prefer other terms, such as "someone who served."[xliii] Others prefer to not acknowledge their veteran status at all. These varying self-identifications can make it harder to identify veterans in need of support. Collaborating with community organizations that already serve veterans can help prevention professionals better understand who veterans are, where they spend their time, and where there are unmet needs.

- **Enhance data sharing initiatives.** Lack of reliable, up-to-date data hinders the development and implementation of prevention services. Many veteran-serving organizations routinely collect data on veterans. For example, the various Armed Forces' Drug Demand Reduction Programs work to prevent substance misuse among military members by conducting screenings to detect drug and alcohol misuse.[xliv] Collaborating with these prevention programs to develop data-sharing agreements can provide community preventionists with the information they need to best serve this population.

- **Promote widespread screening for substance misuse.** Veterans who receive higher scores on alcohol screenings are more likely to experience additional negative health outcomes and behaviors, including depression, illicit drug use,[xlv] and driving under the influence.[xlvi] Yet many veterans are never screened for substance misuse.[xlvii] Widespread screenings, accompanied by appropriate brief interventions and referrals to services—whether prevention or treatment—reduces the likelihood of future substance misuse or harms. Examples of screening tools that have been validated for use with veterans include the Cut down, Annoyed, Guilty, Eye-opener–Adapted to Include Drugs (CAGE-AID), the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), and the Brief Addiction Monitor (BAM).[xlviii]

- **Encourage help-seeking.** Seeking help for behavioral health problems is often seen as a sign of weakness in military environments that promote toughness and self-sufficiency.[xlix] Engaging supportive leaders and role models in veteran behavioral health education initiatives is associated with a greater likelihood of help-seeking behavior.[l] Peer support programs can also

be effective in reducing veterans' stigma towards seeking help for substance misuse.[li]

- **Develop relevant messaging.** Messaging that integrates concepts and language familiar to veterans can change attitudes and encourage help-seeking.[lii] Own Your Limits (alcohol), You Can Quit 2 (tobacco), and Too Much to Lose (illicit drug use) are examples of substance misuse prevention messaging campaigns designed for veterans. Many other messaging campaigns also make their resources publicly available. These can be adapted to meet veteran needs by incorporating military jargon or focusing content on the experiences of military families.
- **Champion policies that support veterans.** After integrating back into their communities, some veterans face challenges—difficulties finding work,[liii] obtaining stable housing,[liv] or earning advanced degrees[lv]—that can increase their risk of substance misuse. Policies that make it easier for veterans to overcome these challenges, such as providing veterans with housing vouchers or financial assistance for higher education,[lvi] can play an important role in reducing later substance misuse.

CONCLUSION

Veterans face an elevated risk of substance misuse and other adverse behavioral health outcomes. Prevention has many opportunities to work with federal, state, and community partners to support veterans in their communities. There are also opportunities to implement new prevention services for veterans in the community, such as expanding veteran substance use screenings and developing veteran-specific messaging campaigns. Capitalizing on those opportunities can help preventionists address some of the unique risk factors that veterans face.

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RESOURCE LIST

The links below provide additional resources to support substance misuse prevention in veteran communities.

Service Members, Veterans, and their Families Technical Assistance (SMVF TA) Center | *Substance Abuse and Mental Health Services Administration*
This national TA center focuses on addressing the behavioral health needs of veterans and their families.

Congressionally Chartered Veterans Service Organizations | *U.S. House Committee on Veterans Affairs*
A comprehensive list of congressionally chartered organizations that primarily serve veterans.

Rural Veteran Outreach Toolkit & Workbook | *Veterans Health Administration*
A comprehensive guide for VA staff to better serve veterans living in rural areas with useful lessons learned and examples for community organizations.

VA App Store | *U.S. Department of Veterans Affairs*
A pre-filtered search of the VA mobile app store showing apps related to substance use prevention.

VA Open Data Portal | *U.S. Department of Veterans Affairs*
This portal includes data dashboards and reports about veterans, including demographics, health, education, employment, and service utilization.

VA Research on Substance Use Disorders | *U.S. Department of Veterans Affairs Office of Research & Development*
A compendium of academic studies about substance misuse and substance use disorders among veterans.

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