

# Effective Substance Use Disorder Treatments for the Justice- Involved Veteran Population



**Brian L. Meyer, Ph.D.**

**Psychology Program Manager,  
Community-Based Outpatient Clinics  
Central Virginia VA Health Care System**

**Assistant Professor,  
VCU Department of Psychiatry  
Richmond, VA**

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**The author has no conflicts of interest to disclose.**

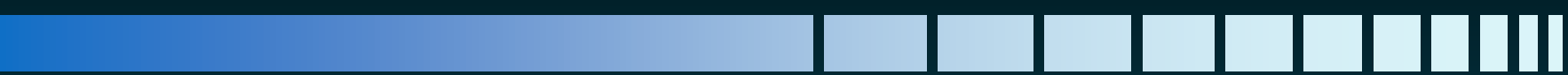
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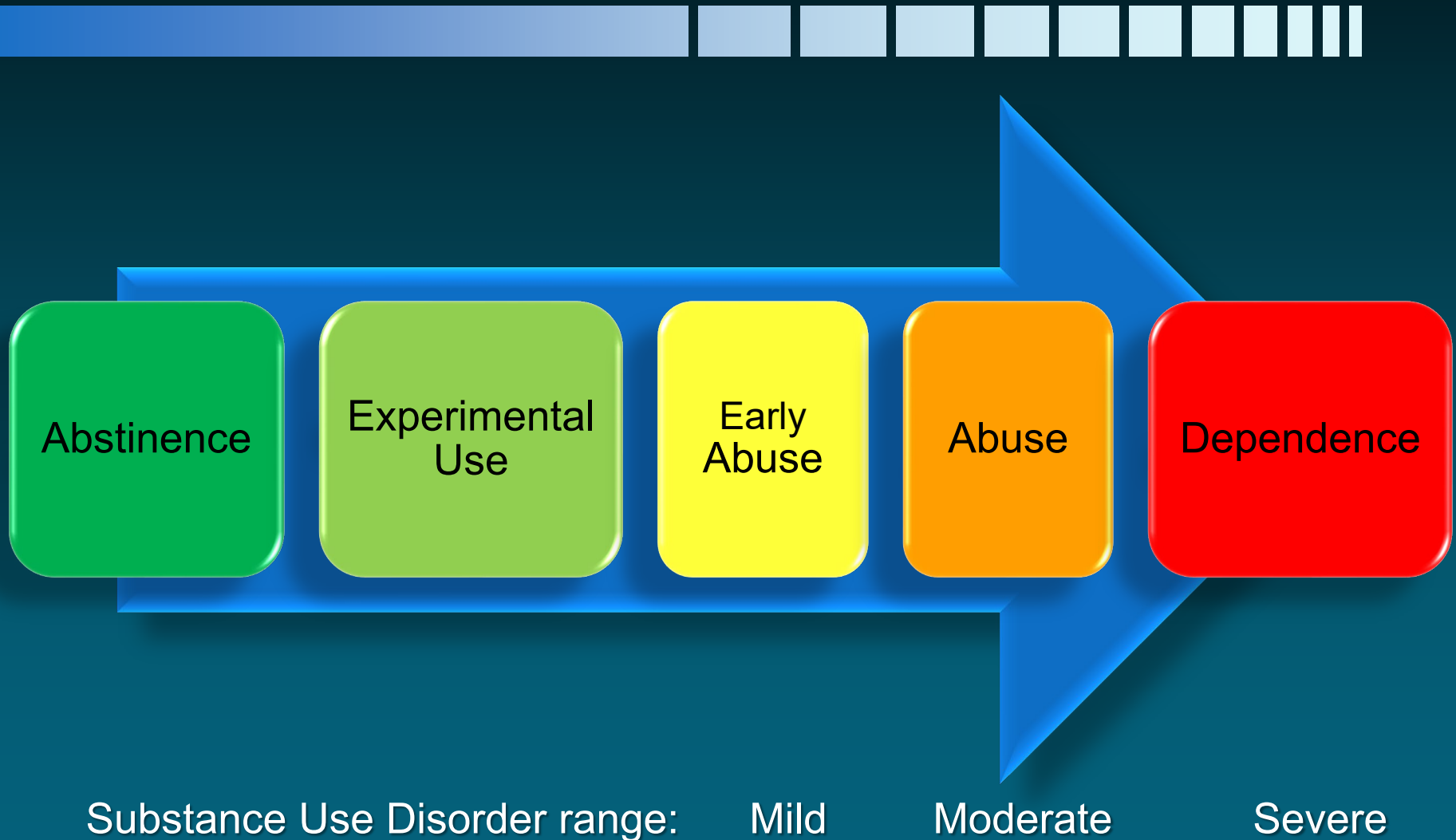
# Why You Should Care about Substance Use Disorders



- A study of 7,931 Veterans in Veterans Treatment Courts (Tsai et al., 2018) found:
  - The top two diagnoses were Alcohol Use Disorder (55.1% of Veterans) and Drug Use Disorder (37.6%)
  - If they had an AUD, they were 1.28 X more likely to be re-incarcerated than those who did not
  - If they had an DUD, they were 1.59 X more likely to be re-incarcerated than those who did not



# Substance Use Problem Severity Continuum





# Adolescent Substance Abuse

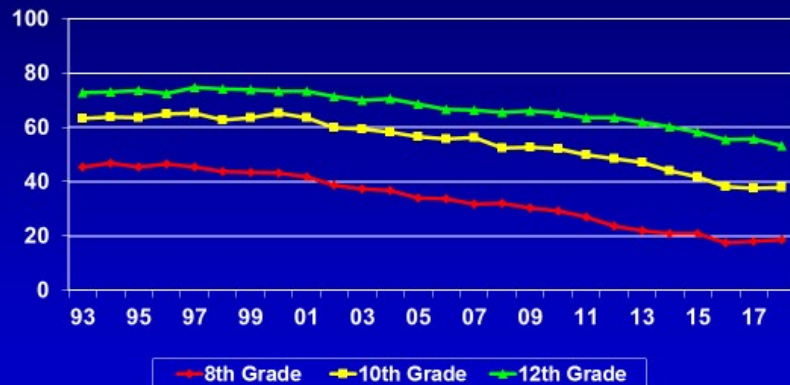
# TEENS MORE LIKELY TO USE MARIJUANA THAN CIGARETTES



Past-month use among 12th graders

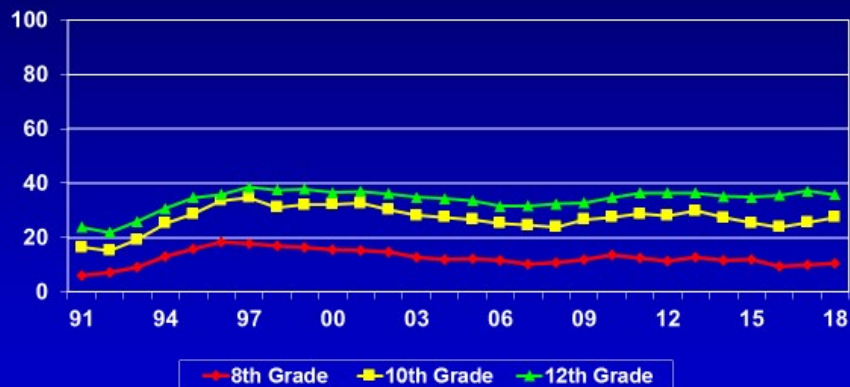
Monitoring the  
Future, 2018

## Percent of Students Reporting Use of Alcohol in Past Year, by Grade



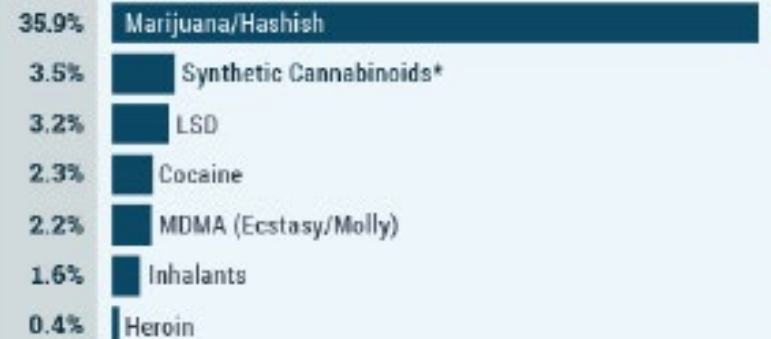
SOURCE: University of Michigan, 2018 Monitoring the Future Study

## Percent of Students Reporting Use of Marijuana in Past Year, by Grade



SOURCE: University of Michigan, 2018 Monitoring the Future Study

## ILLICIT DRUGS

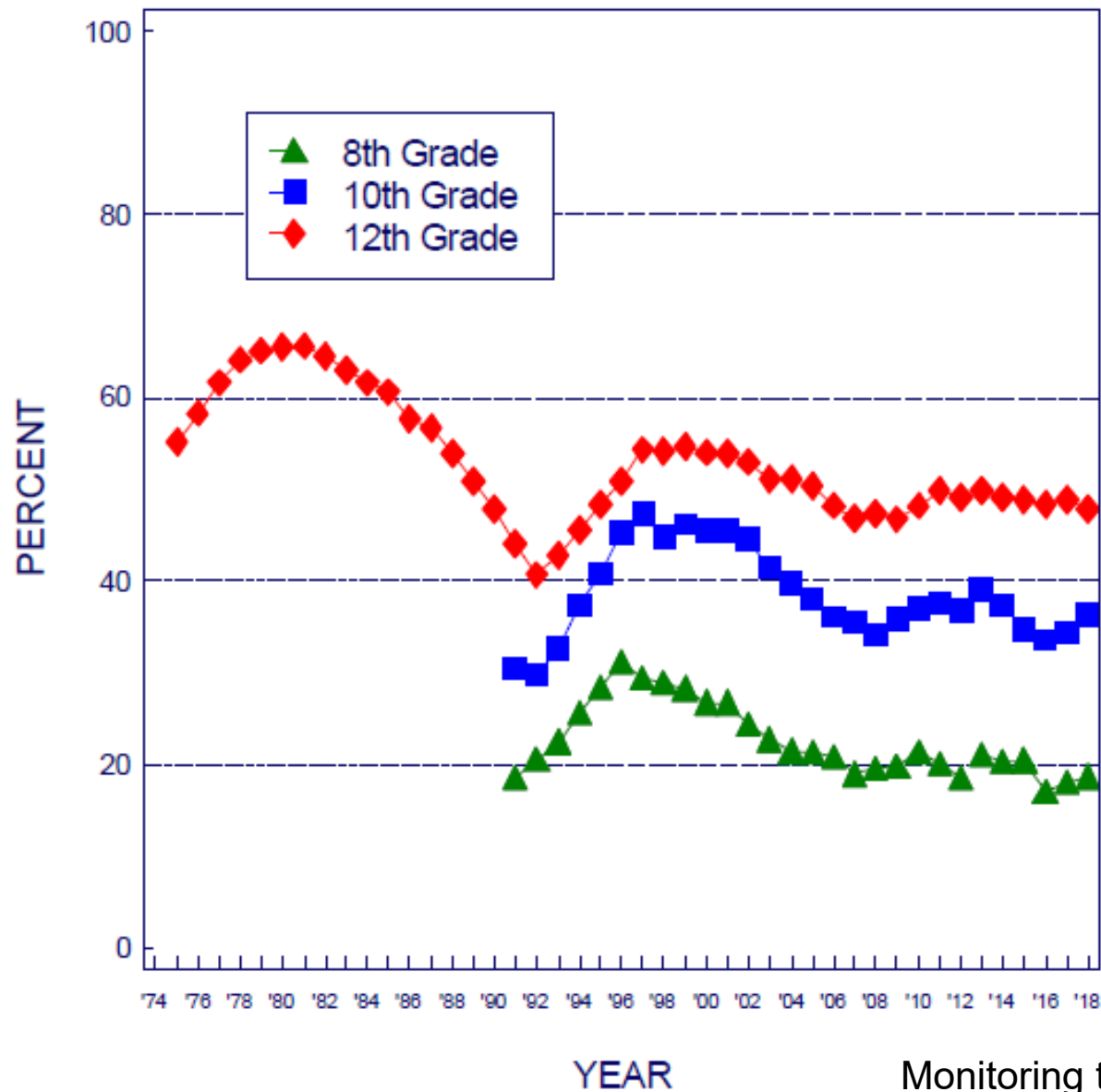


Past-year use among 12th graders

Monitoring the Future, 2018

# Use

% who used **any illicit drug** in lifetime



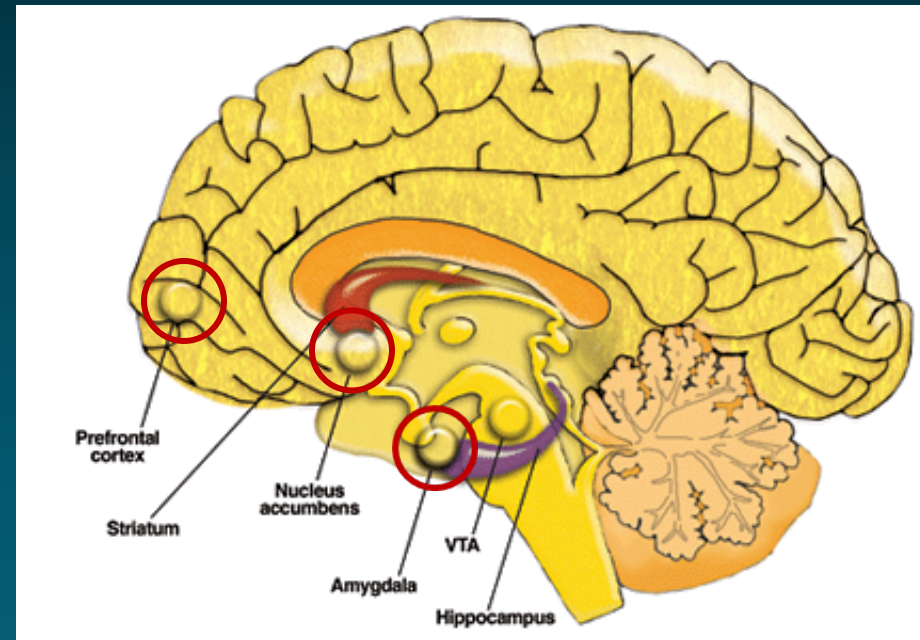
# Adolescents Are Especially Vulnerable to Substance Abuse



- Compared to adults, most adolescents are more impulsive, display poorer judgment, and consider consequences less
- The brain continues to develop until age 25
- Much late adolescent brain development occurs in the prefrontal cortex
- Adolescent brains are less sensitive to the effects of alcohol, which may result in using larger amounts

# Brain Structures Maturing During Adolescence That Are Involved in Responses to Substances

- **Nucleus accumbens:** where substances produce pleasurable effects and where modulation of effort : reward ratio occurs
- **Amygdala:** where emotional reactions to pleasurable and aversive experiences are controlled
- **Prefrontal cortex:** where impulse control, judgment, foreseeing consequences, planning, and complex information processing occur







# **Substance Use Disorders in the Military**

# Alcohol Abuse Prior to Combat

- 18.5% of Millennium Cohort responders (N=77,000) screened positive for potential alcohol dependence *prior to combat deployment* (Jacobson et al., 2008)



# OEF-OIF Combat and Alcohol Abuse



Heavy weekly  
drinking

Binge  
drinking

Alcohol-related  
problems

Reserve &  
Nat'l Guard  
Before

9%

53.6%

15.2%

New onset

8.8%

25.6%

7.1%

Active duty  
new onset

6%

26.6%

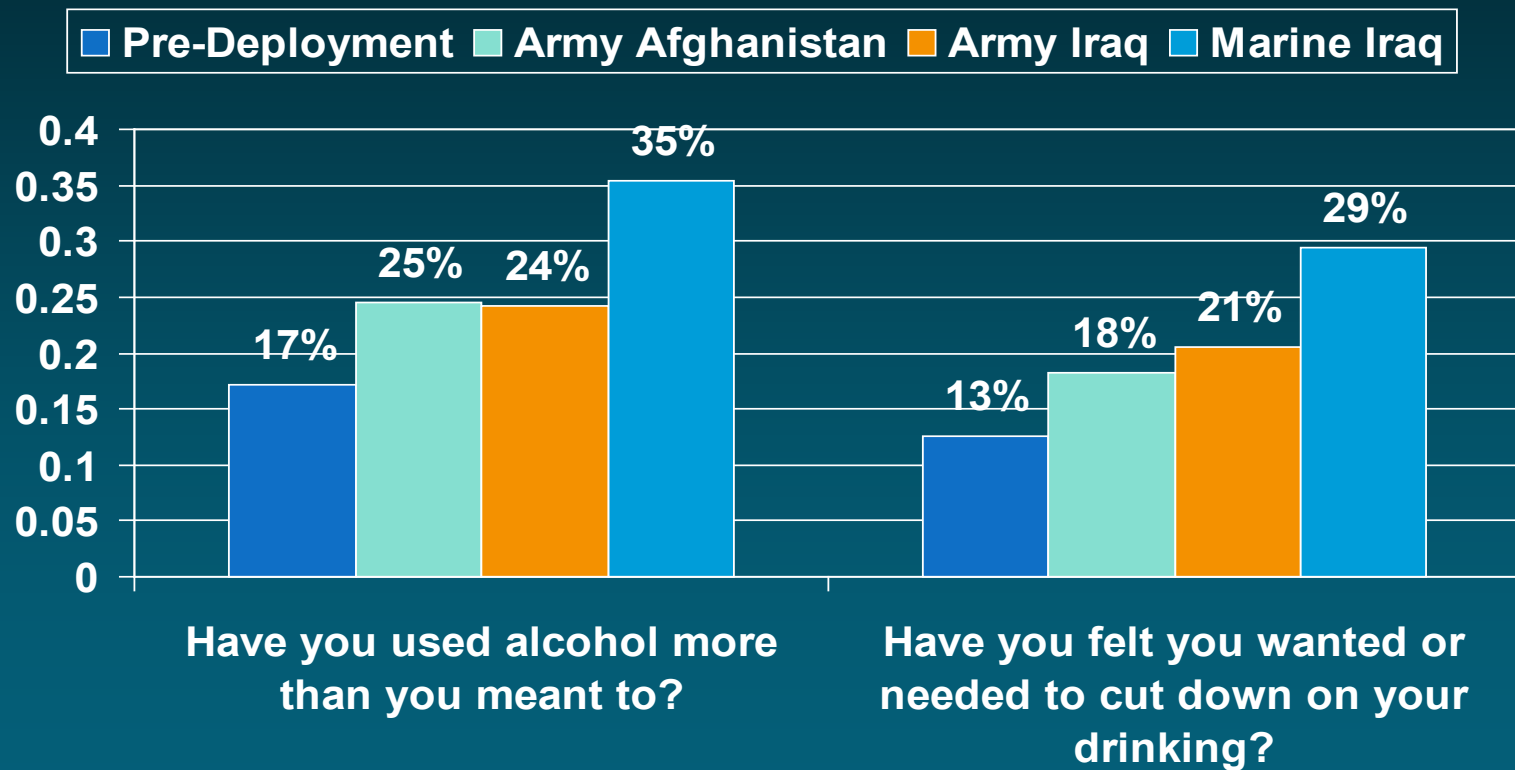
4.8%

# Heavy Drinking



- 1/4 of Army soldiers consider themselves heavy drinkers (DOD, 2007)
- 47% of active duty service members report heavy drinking (Bray et al., 2009)
- Twice as many 18-25 year old soldiers and Marines drink alcohol compared to their civilian counterparts (DOD 2007)

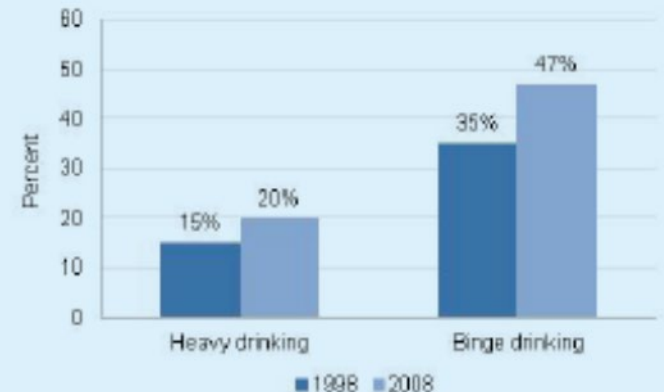
# Increase in Drinking for OEF-OIF Veterans



# Alcohol Abuse

- 1/8 returning troops from Iraq and Afghanistan were referred to counseling for alcohol problems (DOD, 2009)
- From 2001-2010, 141,341 active duty service members received a chronic alcohol problem diagnosis during a medical encounter (MSMR, 2011)

CHART: Alcohol Use by Active Duty Service Members



Alcohol abuse more than doubled among active duty personnel from 1998-2008 (Bray et al., 2009)

# Substance Abuse among OEF-OIF Veterans



- Alcohol abuse among Army soldiers increased from 13% to 21% one year after return from Iraq and Afghanistan (Army Post-Deployment Reassessment Study, 2005)
- 12% of active duty personnel and 15% of reserve personnel meet criteria for Alcohol Abuse 6 months after returning home (Milliken et al., 2007)
- 17% of OEF-OIF veterans suffer from substance abuse problems (DOD, 2011)



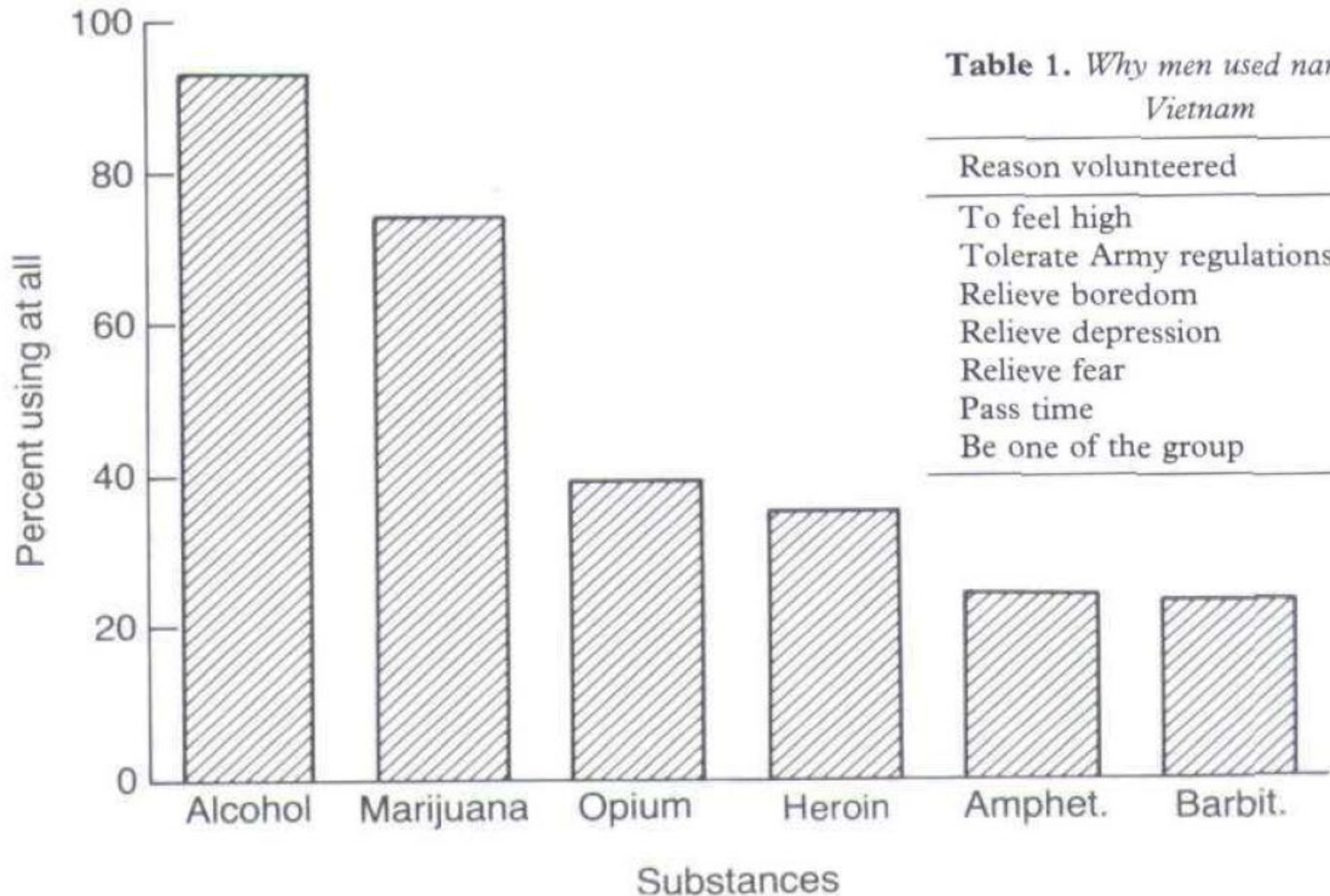
# Substance-Related Problems



- Drinking was a factor in 33% of suicides, 57% of sexual assaults, 29% domestic violence incidents, and 44% of fatal motor vehicle accidents (DOD, 2006)
- 33% of troops who committed criminal acts in Iraq and Afghanistan were under the influence of alcohol or drugs (FOIA, 2007, quoted by National Council on Alcoholism and Drug Dependence)



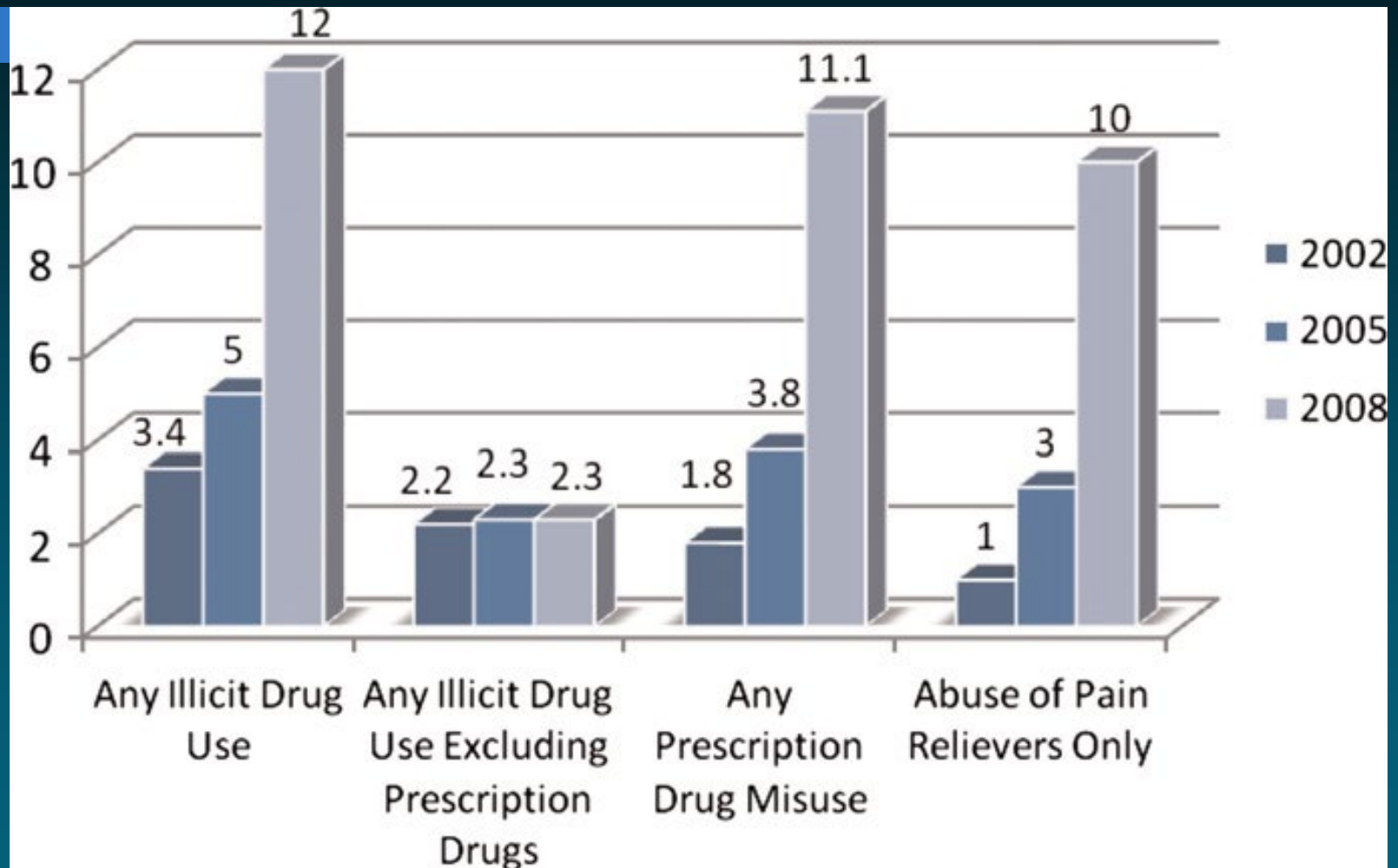
# Substance Use in Vietnam



**Table 1.** *Why men used narcotics in Vietnam*

Reason volunteered	%
To feel high	40
Tolerate Army regulations	13
Relieve boredom	9
Relieve depression	9
Relieve fear	8
Pass time	5
Be one of the group	3

# Illegal Drug Use in the Military 2002-2008



# Some Reasons Why Substance Use is Common in the Armed Services



- 18-24 are the peak years of alcohol abuse
- Masculine military culture
- “Letting off steam” after hours
- Soldiers used to be given free cigarettes
- In Vietnam, soldiers were given 3% beer to drink
- In Vietnam, opium and marijuana were common
- Boredom
- To feel happy
- Younger OEF-OIF veterans feel entitled to “party” and have fun

# Drug Abuse



- Only 2.3% of military personnel used illicit drugs in the past 30 days, compared to 12% of civilians
- However, by 2008, 11% of military personnel abused prescription drugs, more than their civilian counterparts
  - This increased from only 2% in 2002

# Rising Opioid Abuse in the Military

- Use of opioids escalated during the Persian Gulf War
- A 2010 Army report found 14% of soldiers had opioid prescriptions
- Opioid misuse increased by 10 times, from 1% to 10%, between 2002 and 2008 (Bray, 2010)
- A recent study (Cesur et al., 2019) found that Veterans are 15% more likely to have opioid prescriptions
  - It noted that “DoD has speculated that the GWOT may have contributed to opioid addiction among post-9/11 Veterans.”





# **Substance Use Disorders in Veterans**



# Most Common Substances Abused by Veterans

- Alcohol
- Marijuana
- Cocaine
- Heroin
- Benzodiazepines
- Opioid painkillers



# Substance Abuse Prevalence among Male Vietnam Veterans



	Current	Lifetime
Alcohol Abuse or Dependence	11.2%	39.2%
Drug Use or Dependence	1.8%	5.7%



# Most Prevalent Disorders besides PTSD among Vietnam Veterans



## Current

## Lifetime

### Male

Alcohol Abuse  
Alcohol Dependence

Generalized Anxiety D/O

Alcohol Abuse  
Alcohol Dependence

Generalized Anxiety D/O

Antisocial Personality D/O

### Female

Depression  
Generalized Anxiety D/O

Alcohol Abuse  
Alcohol Dependence

Generalized Anxiety D/O

Depression

Alcohol Abuse  
Alcohol Dependence


# Drug Use in Theater Does Not Always Predict Drug Use after Coming Home

The 1970-71 Robins study (N=13,280 soldiers)

- 45% tried narcotics
  - 34% tried heroin
  - 38% tried opium
- 20% felt strung out or addicted
- In the first year after returning, only 5% of those who used in Vietnam became addicted
  - Even though almost half tried narcotics again
  - Only half of regular heroin users became addicted in the US



# Combat Exposure Increases Substance Use

- 
- Alcohol abuse doubles after return from combat (Jacobson et al., 2008; Wilk et al., 2010)
  - Greater combat exposure associated with greater substance abuse (Prigerson et al., 2002; Reifman & Windle, 1996)
  - High war zone stress associated with greater alcohol and drug abuse, both current and lifetime, than low and moderate war zone stress in Vietnam era veterans (Jordan et al., NVVRS, 1991)

# First-time Users of VA Health Care, 2001-2009

- 11% of OEF-OIF Veterans who used VA health care for the first time had either an Alcohol Use Disorder, a Drug Use Disorder, or both (Seal et al., 2011)
  - 9.9% experienced AUDs
  - 4.5% experienced DUDs
  - 3% experienced both



# Drug Abuse by Veterans Is Underestimated



- Current estimates of drug abuse among Veterans may underestimate the true prevalence of drug abuse because the VA routinely screens for alcohol use but not drug use
- There are very few studies of drug abuse among OEF-OIF Veterans, and most do not break out abuse by drug type
- Hawkins et al. (2010) found that 3.3% of OEF/OIF Veterans abused cocaine and 3.9% abused cannabis

# Young Veterans May Minimize Substance Abuse Problems



- Heavy drinking is common among young adults
  - 37% of men under age 25 binge drink (drops to 20% in men age 45-64)
  - Drinking to mask problems is less stigmatizing than admitting to PTSD or depression
- Admitting to drug use may have negative career consequences for active duty military personnel

# Frequency of Mental Disorders among OEF/OIF/OND Veterans Seen at VAMCs since 2002



- 1,218,857 Iraq and Afghanistan veterans were seen at VAMCs between 1st Quarter FY 2002 and 3rd Quarter FY 2015
- 708,062, or 58.1 %, were diagnosed with mental health disorders
- Of those diagnosed with MH disorders:
  - 55.5% have PTSD
  - 13-30.9% have Substance Use Disorder diagnoses, not counting Alcohol Abuse



# Frequency of Mental Disorders among OEF/OIF/OND Veterans Seen at VAMCs 2002-2015



Disease Category (ICD code)	Total Number of OEF/OIF/OND Veterans*	Change since Q3FY14
PTSD (ICD-9CM 309.81)	393,139	11.9%
Depressive Disorders (311)	321,365	13.7%
Neurotic Disorders (300)	309,232	14.9%
Affective Psychoses (296)	202,705	14.1%
Alcohol Dependence Syndrome (303)	92,197	12.4%
Nondependent of Drugs (ICD 305.2-9)	72,677	15%
Drug Dependence (304)	54,269	14.6%
Specific Nonpsychotic Mental Disorder due to Organic Brain Damage (310)	37,970	5.9%

N = 708,062

\*Not including PTSD from VA's Vet Centers or data from Veterans not enrolled for VA health care

Cumulative from 1st Quarter FY 2002 through 3rd Quarter FY 2015



# Opioid Use Disorders in Veterans



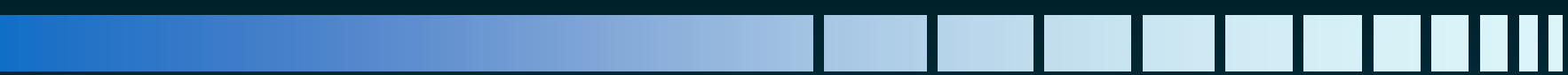
- The rate of diagnosed Opioid Use Disorders in Veterans increased 131% from 2002-2015 (VHA, 2016)
- The 5 year prevalence rate of OUDs from 2006-2010 is 1.11% (Baser et al., 2013)
  - In non-cancer patients, it is 1.98%
  - Among patients prescribed opioids, it is 3.04%
  - Among patients with pain, it is 3.26%
- Opioid abuse prevalence in Veterans is almost 7 X greater than commercial patients (Baser et al., 2013)

# Veteran SUDs FY 2018

- VA provided treatment to over 522,000 Veterans with SUDs
- More than 152,000 received care in specialty SUD treatment programs



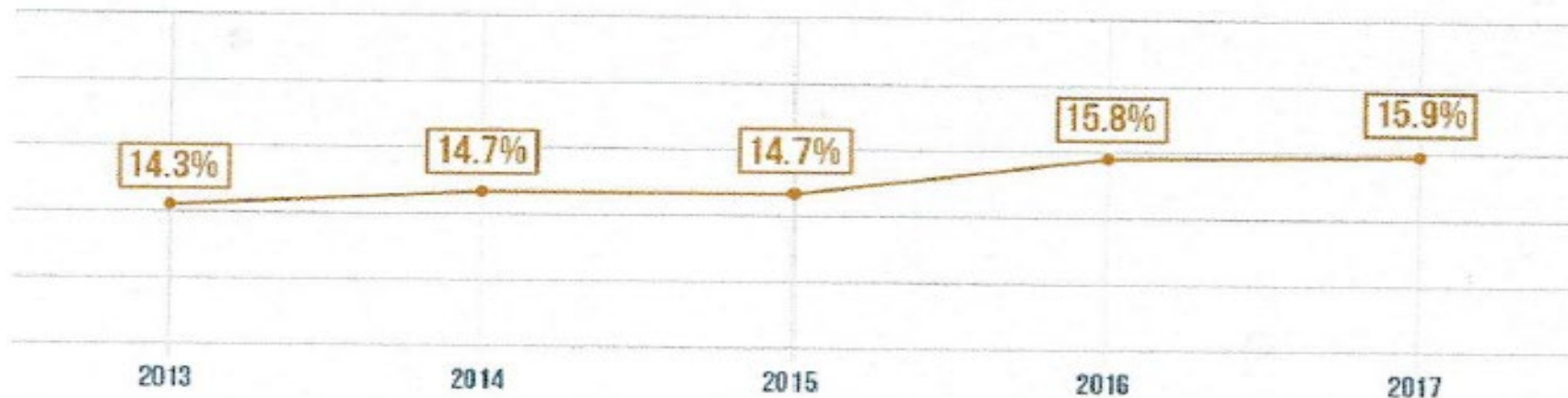
# Veteran SUDs FY 2019



	Percentage	Number
Marijuana	12.8%	3,600,000
Cocaine	1.1%	801,000
Hallucinogens	1.0%	223,000
Methamphetamine	0.5%	109,000
Heroin	0.3%	57,000
Inhalants	0.2%	44,000



## RATE OF VETERAN BINGE DRINKING OVER TIME



### BY GENDER

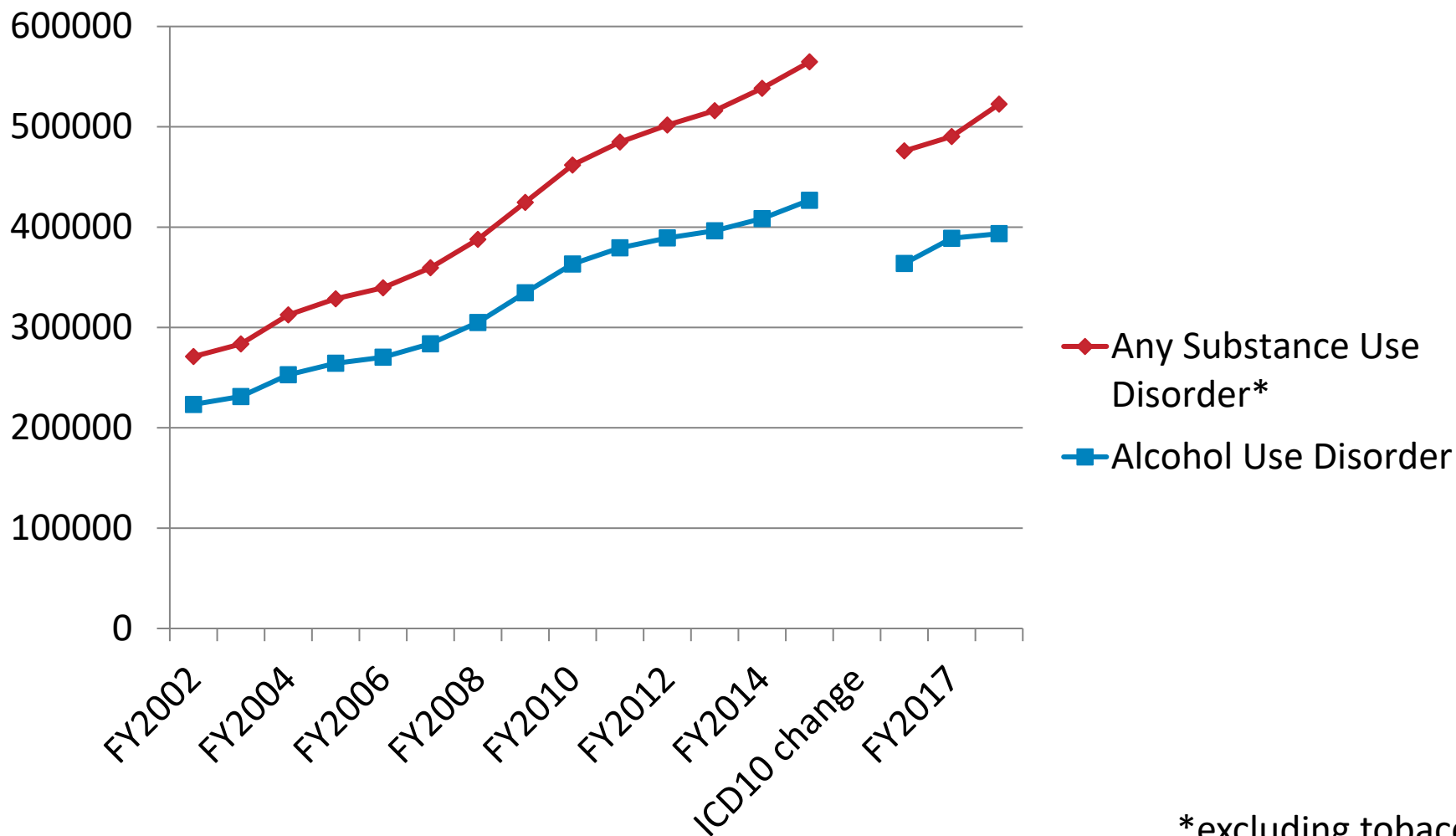
#### MEN



#### WOMEN

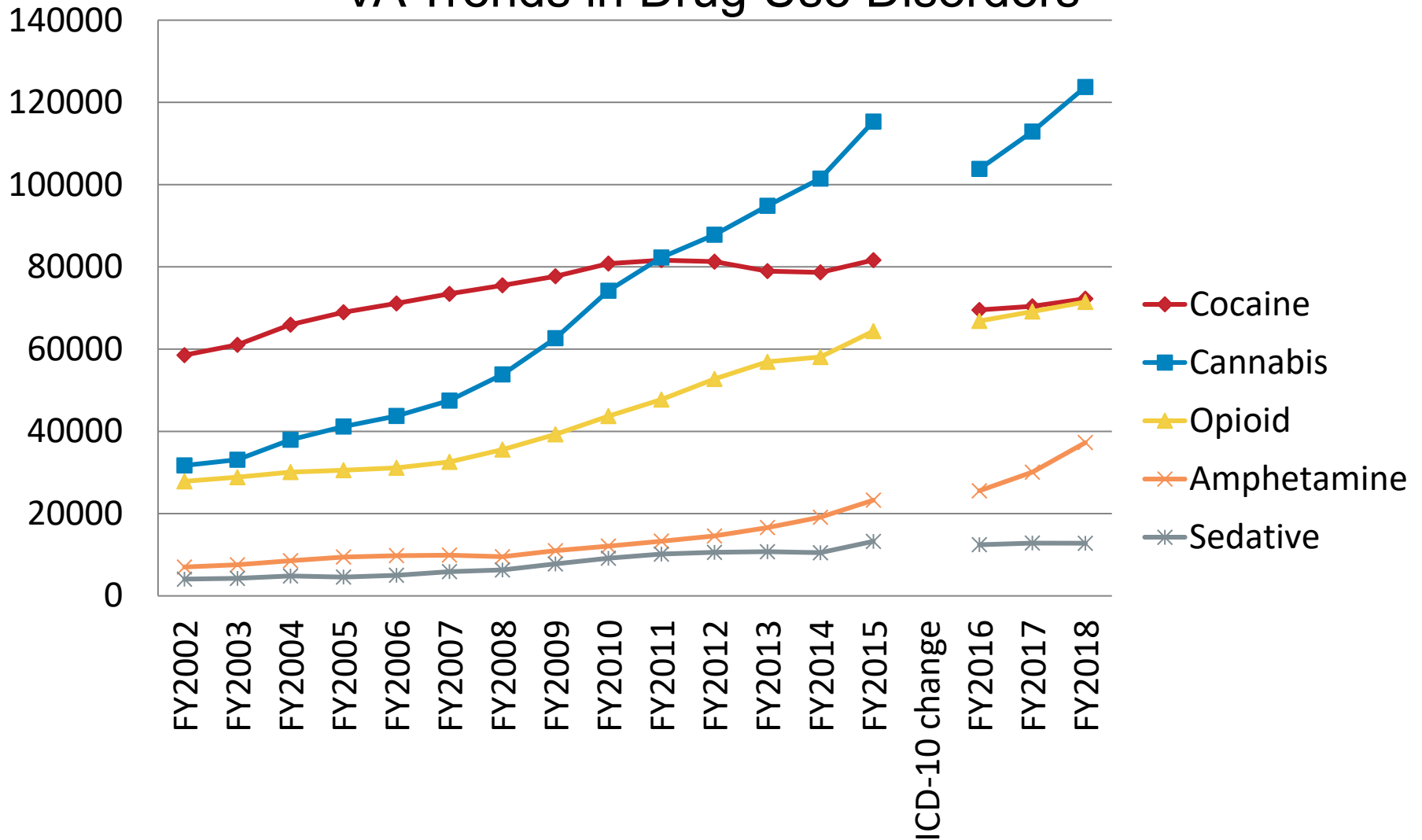


# VA Trends in Alcohol & Substance Use Disorders



\*excluding tobacco

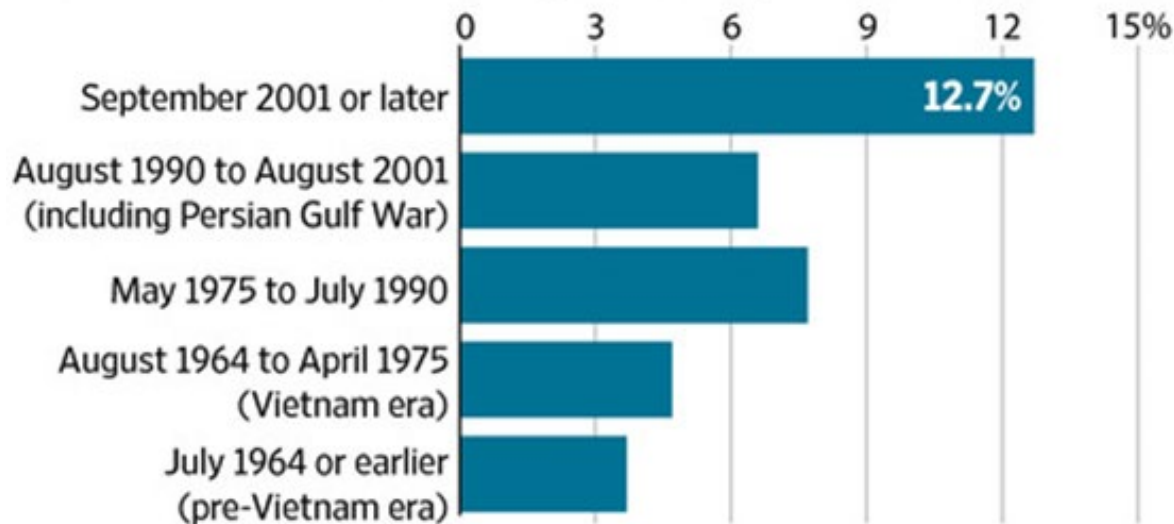
# VA Trends in Drug Use Disorders



## Aftershocks

Substance abuse is higher among newer veterans, and the Veterans Health Administration is treating a growing number for opioid problems.

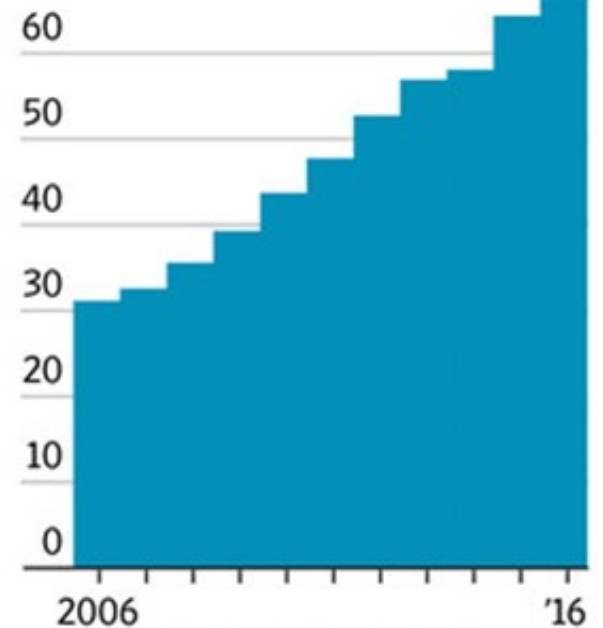
### Substance-use disorder among veterans by service era



Source: Department of Veterans Affairs

### Number of patients seen by the VHA for an opioid-use disorder (fiscal years)

70 thousand



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Choose **VA**

**VA**



U.S. Department  
of Veterans Affairs

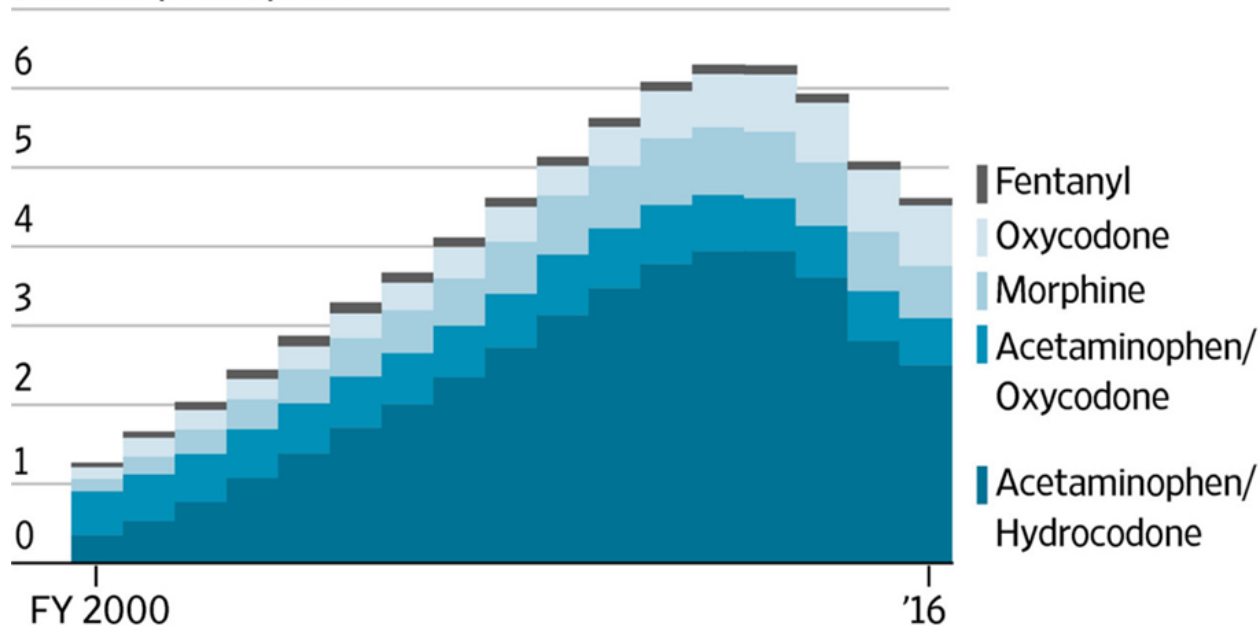


# The Surge

Painkiller prescriptions from the Department of Veterans Affairs soared as troops returned from Afghanistan and Iraq, then declined after the agency sought to taper their use in 2013.

## Opioid prescriptions from the VA, by drug type

7 million prescriptions



Note: Codeine and hydrocodone are not charted.

Source: Department of Veterans Affairs

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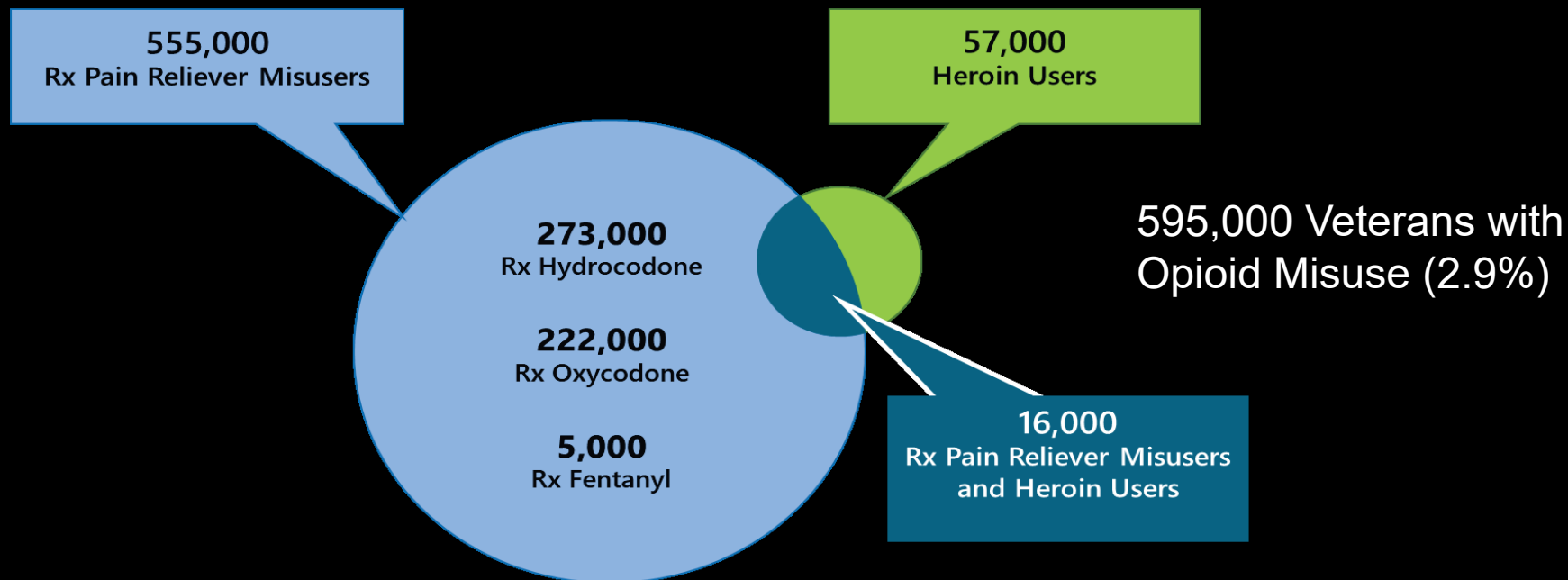


U.S. Department  
of Veterans Affairs

# The Opioid Epidemic 2019: Prescription Pain Reliever Misuse among Veterans

PAST YEAR, 2019 NSDUH, Veteran 18+

**595,000 VETERANS WITH OPIOID MISUSE (2.9% OF TOTAL POPULATION)**



Rx = prescription  
Opioid misuse is defined as heroin use or prescription pain reliever misuse



# **Substance Abuse and Co- Morbid Disorders in Veterans**

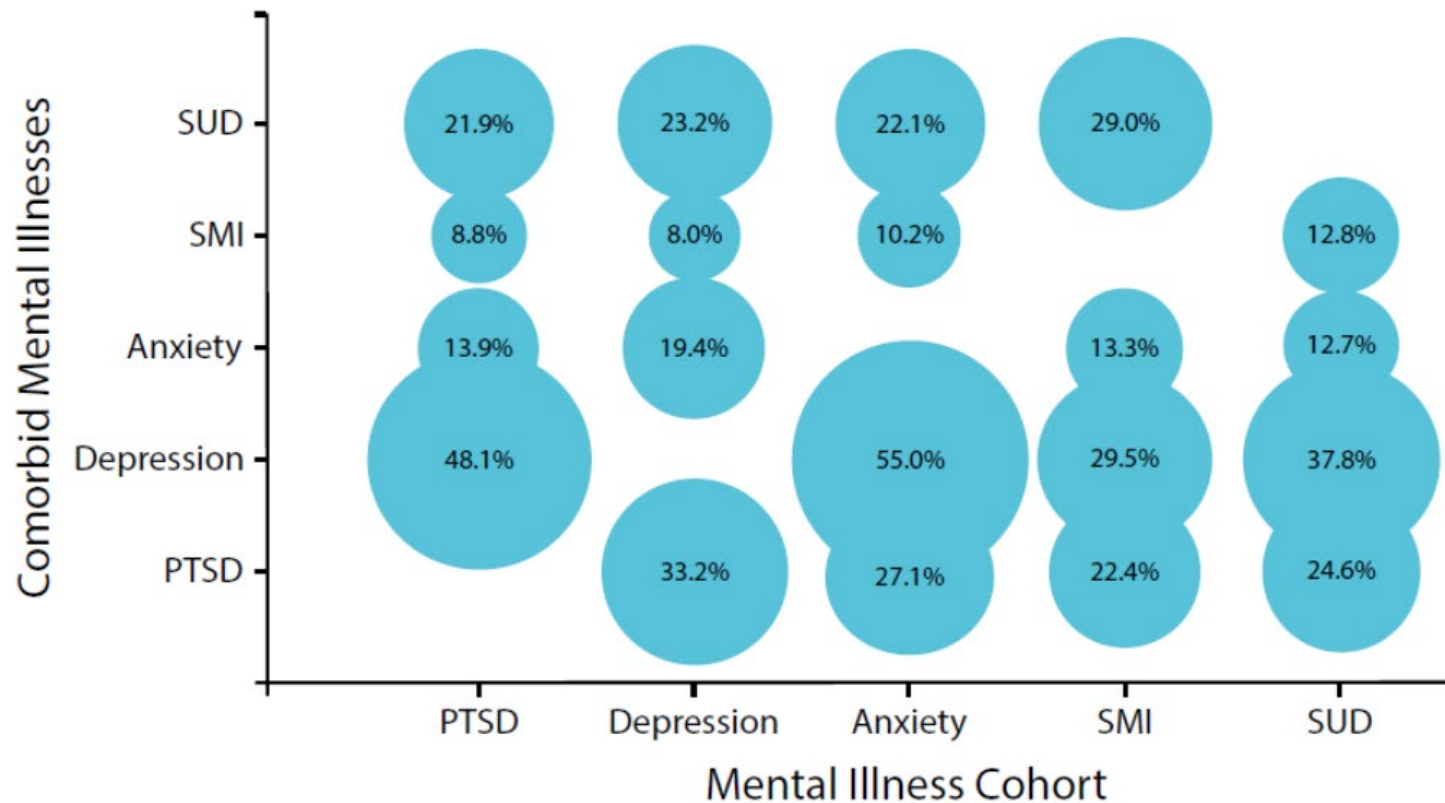
# Co-occurrence of PTSD and Substance Abuse

**Co-occurring disorders are the rule rather than the exception.**

(SAMHSA, 2002)



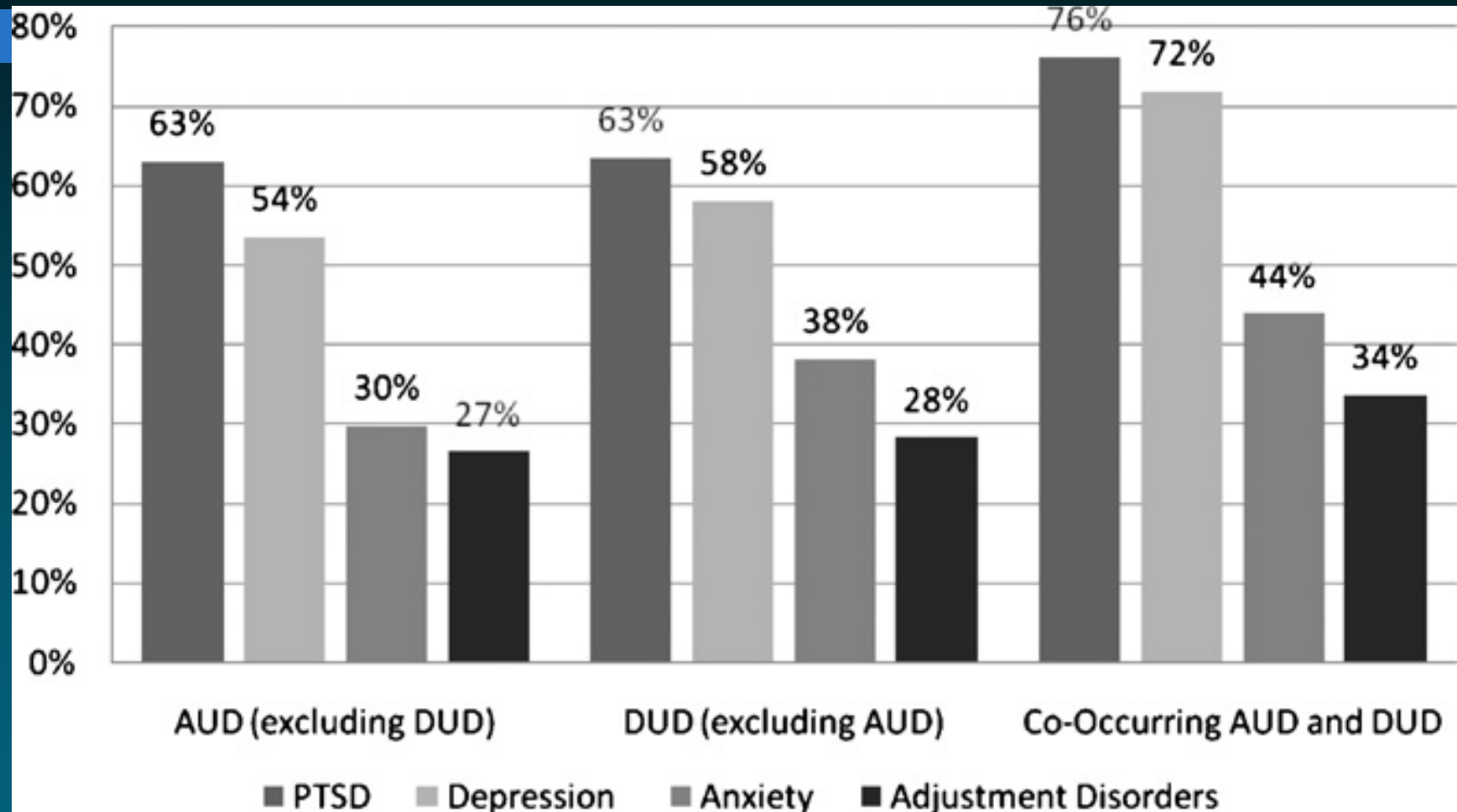
# Co-Morbidities among Major Disorders in Veterans



Note. PTSD = posttraumatic stress disorder; SMI = serious mental illness; SUD = substance use disorder.

**FIGURE 1—Comorbidity of 5 mental illnesses among US veterans: 2010–2011.**

# Co-Morbid Mental Health Disorders in OEF-OIF Veterans in VA 2001-2010



N = 456,502, of which 51,985  
have AUD, DUD, or both

Seal et al., 2011

# Mental Illness and Substance Use Disorders in America among Veterans 18 or Older

PAST YEAR, 2019 NSDUH, Veteran 18+

## Among Veterans with a substance use disorder:

- 1 IN 4 (26.9% or 343K)** struggled with illicit drugs
- 4 IN 5 (80.8% or 1.0M)** struggled with alcohol use
- 1 IN 13 (7.7% or 98K)** struggled with illicit drugs and alcohol

**6.2%**  
**(1.3 MILLION)**  
People aged 18  
or older had a  
substance use  
disorder (SUD)

**2.3%**  
**(481,000)**  
People 18 or older  
had BOTH an SUD  
and a mental  
illness

## Among Veterans with a mental illness:

- 1 IN 4 (26.6% or 833K)** had a serious mental illness

**15.3%**  
**(3.1 MILLION)**  
People aged 18  
or older had a  
mental illness

In 2019, 3.9M Veterans had a mental illness and/or substance use disorder—an increase of 6.5% over 2018 composed of increases in both SUD and mental illness.

In 2019, **3.9 million Veterans** had a mental illness and/or substance use disorder – an increase of 6.5% over 2018.



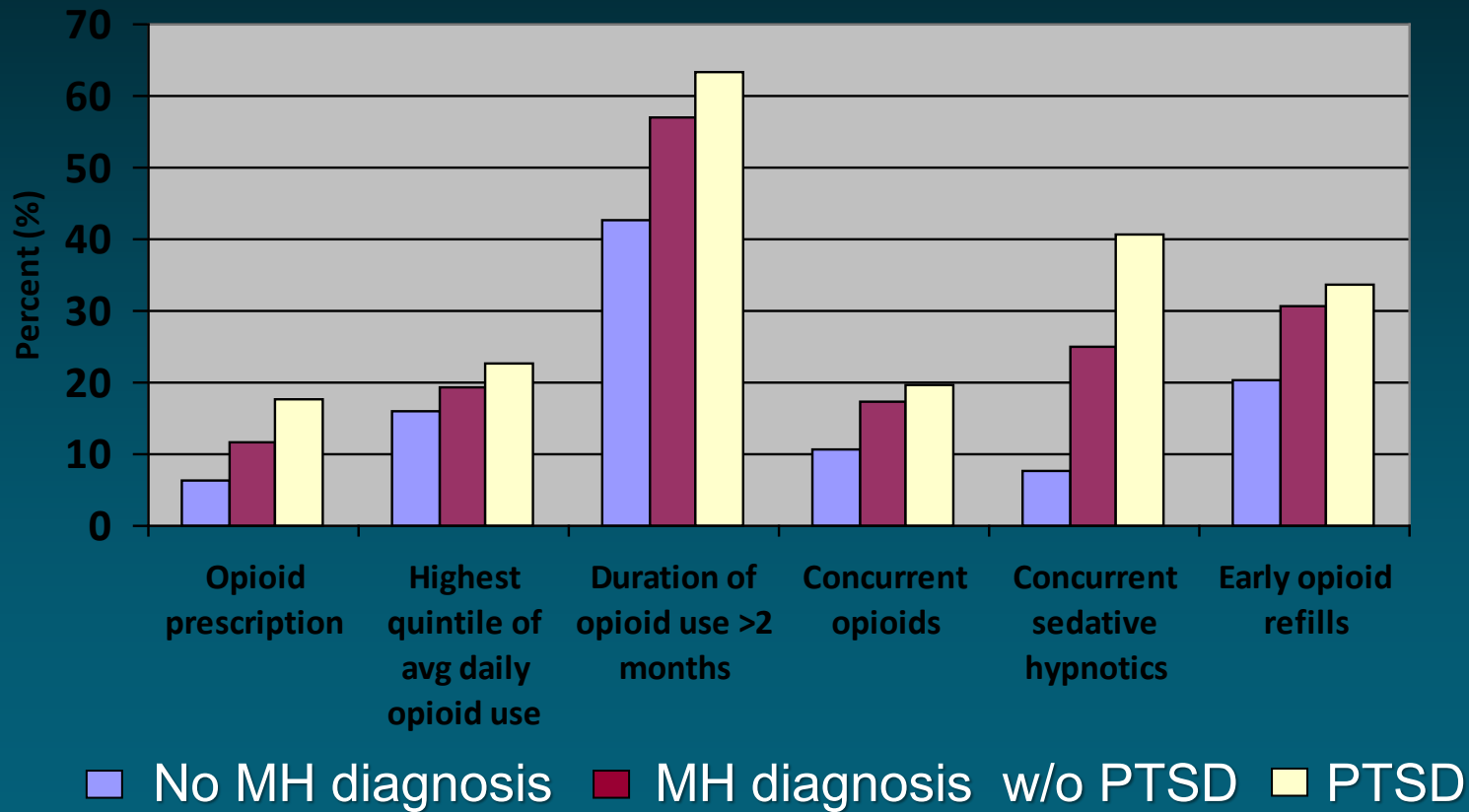
# Mental Health Disorders in Veterans by Substance Type

- Alcohol 65%
- Opioids 63%
- Any Drug Use 51.8%
- Tobacco 74%

Rhee & Rosenheck, 2019



# High Risk Opioid Use in Iraq and Afghanistan Veterans with MH Problems



# Common Co-Morbid Disorders



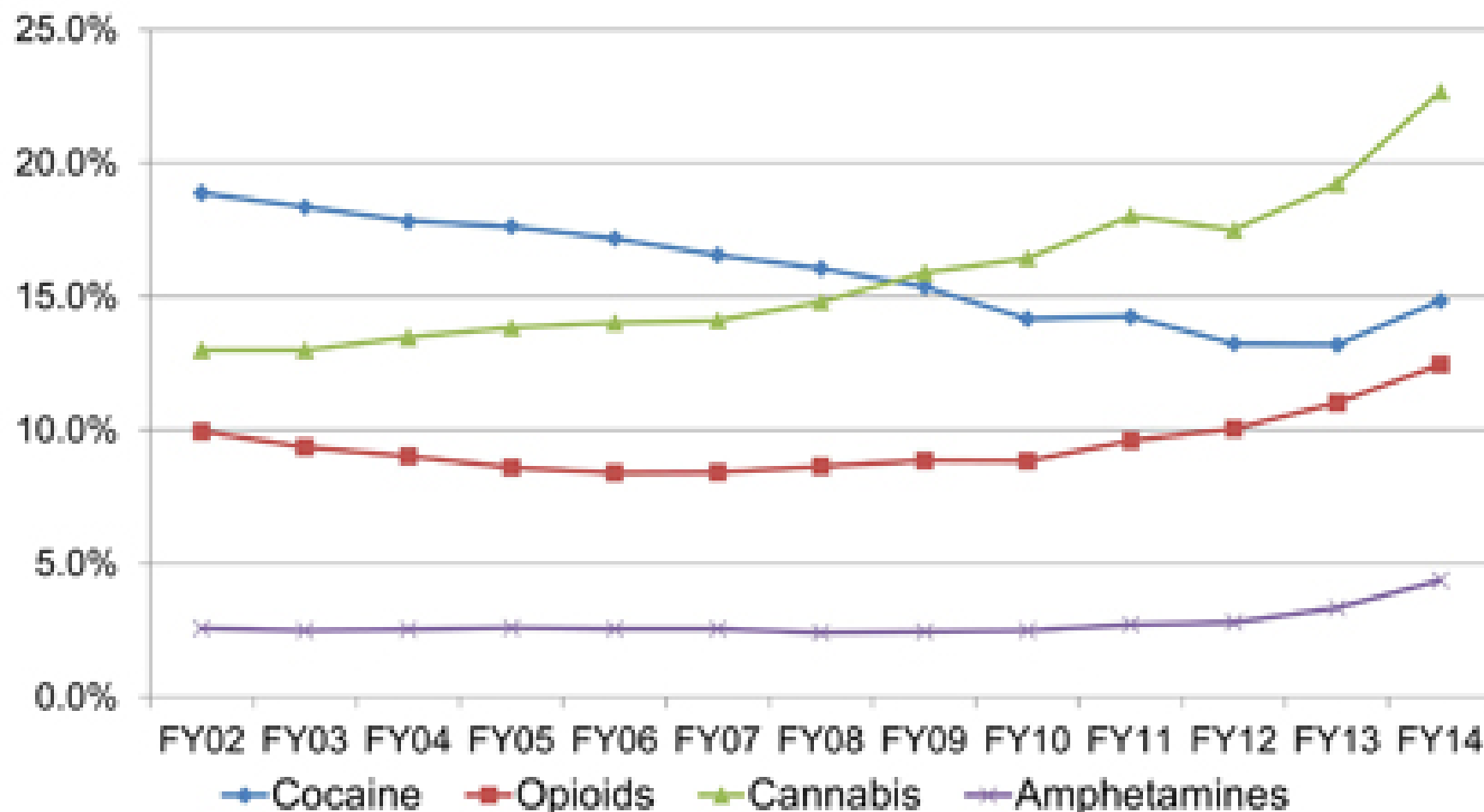
- 55-75% of first time users of VA health care from 2001-2009 who had alcohol and/or drug use disorders had either **PTSD**, **depression**, or both (Seal et al., 2011)
  - 82-93% had one co-morbid disorder
- Patients in substance abuse treatment show higher levels of **pain** than the general population (Sheu et al., 2008; Mertens et al., 2003)
- Every stimulant drug can result in **insomnia**
  - Alcohol, marijuana, and opioids all interrupt sleep

# Co-Occurring PTSD and Substance Abuse in Veterans



- Study of residential PTSD program:
  - Substance abuse onset associated with onset of PTSD symptoms
  - Increases in substance abuse paralleled increases in PTSD symptoms (Bremner et al., 1996 )
- 60-80% of Vietnam veterans seeking PTSD treatment have alcohol use disorders (NCPTSD, 2009)
- As many as half of returning OEF-OIF veterans may have a co-occurring substance use disorder (NIDA, 2008)

# Trends in Rates of Past-Year SUD Diagnoses by Drug among Veterans with PTSD & SUD Diagnoses Treated in VA Health Care

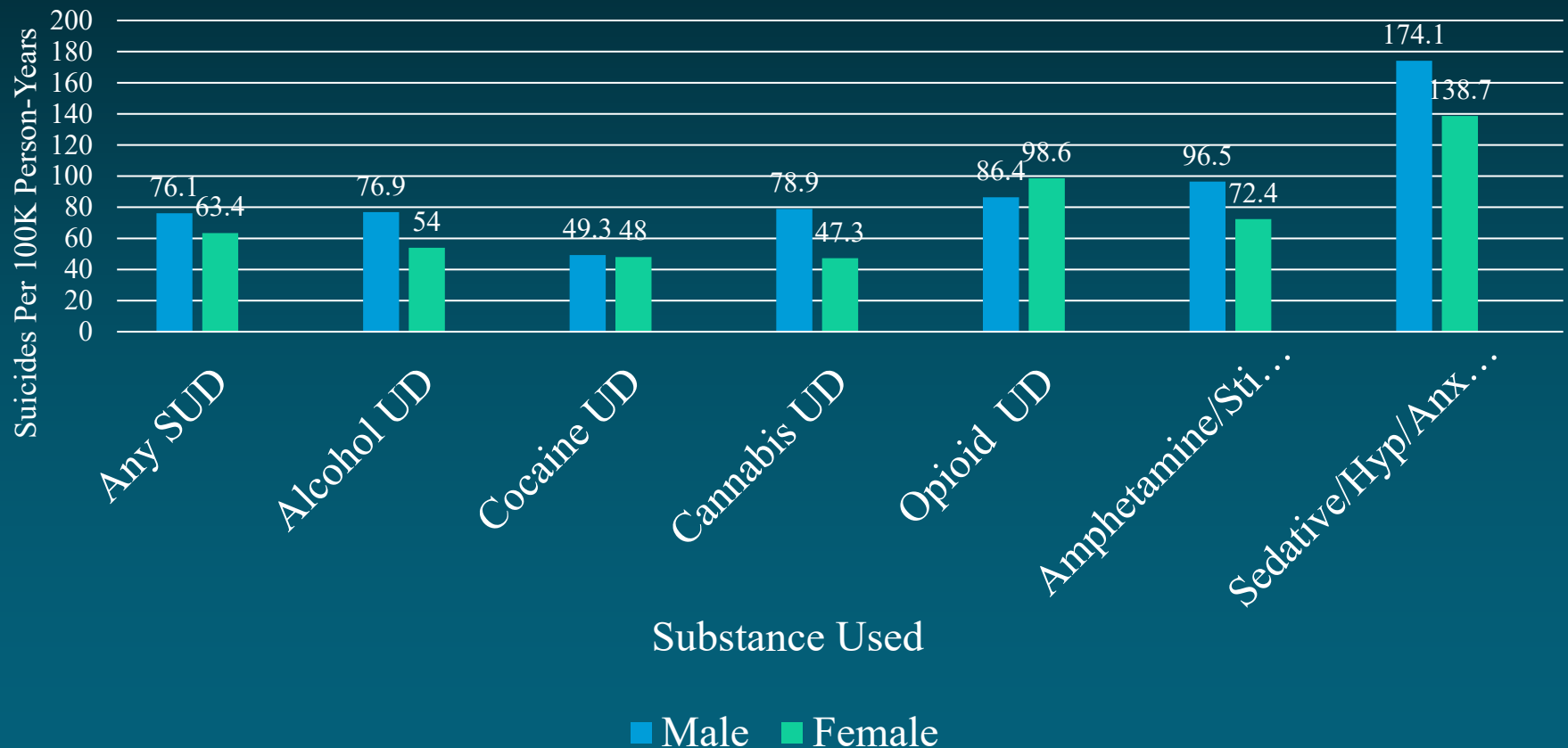


# SUDs in OIF/OEF Veterans with PTSD



- Binge Alcohol – 50% (2 X community rate)
- Tobacco smoking – 50% (2.5 X community rate)
- Opiate abuse – 9% (3 X community rate)
- Other drugs – inhalants, sedatives, marijuana

# SUDs and Veteran Suicide 2006-2011

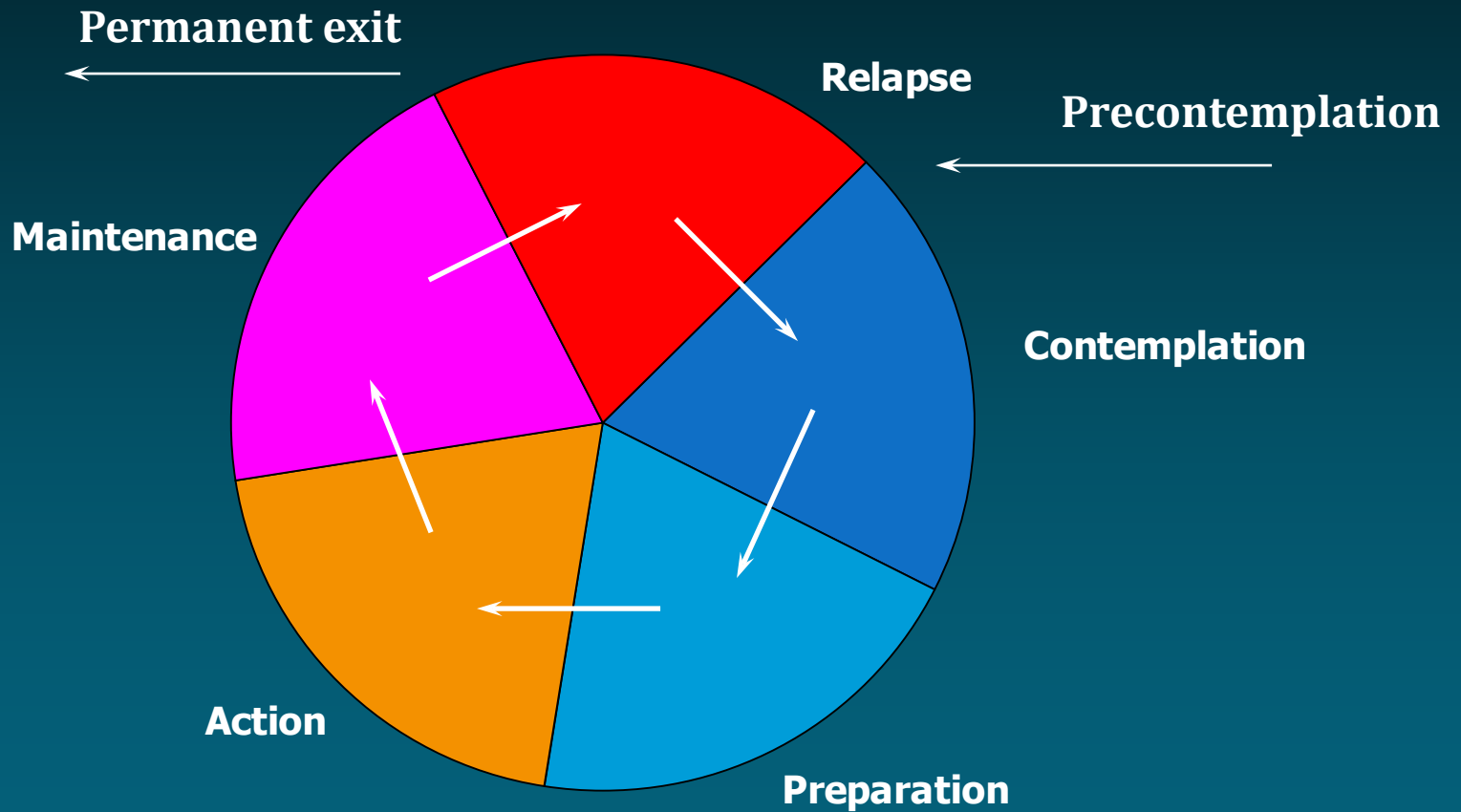






# **Treatment of Substance Abuse**

# Stages of Change



# Medication for Substance Use Disorders

- Alcohol:
  - Antabuse (Disulfiram)
  - Naltrexone
  - Acamprosate
- Opioids:
  - Methadone
  - Buprenorphine
  - Suboxone
  - Naltrexone




# Medication-Assisted Treatment



- Medication-Assisted Therapy is the use of FDA-approved medications to treat opioid, alcohol, and stimulant use disorders
- **MAT is the gold standard** in Opioid Use Disorder treatment
- **MAT saves lives**
  - Buprenorphine and Methadone reduce mortality rates by two-thirds (Sordo et al, 2017)
  - Naltrexone also saves lives (Krupitsky et al., 2013)

# The Treatment of Substance Use Disorders in Veterans



- Among veterans who had participated in inpatient SUD programs, those with outpatient follow-up and 12 step groups had better outcomes than those who had no aftercare (Ouimette et al., 1998)
  - Less remission, depression, arrests, unemployment, and homelessness
- Veterans with more severe SUDs have better outcomes when treated in residential programs, while those with less severe SUDs do better in outpatient treatment (Tiet et al., 2007)

# Psychological Treatment of Substance Use Disorders



## Evidence-Based Treatments:

- Motivational Interviewing
- Motivational Enhancement Therapy
- Cognitive-Behavioral Therapy for SUDS (CBT-SUDS)
- Contingency Management
- Behavioral Couples Therapy

# Motivational Interviewing



- “MI is a client-centered, directive method to enhance motivation by exploring and resolving ambivalence” - Miller & Rollnick, 2002
- Uses reflective listening
- Empathic
- Avoids arguments
- Supports client autonomy and self-efficacy
- Enhances internal discrepancies between goals and behaviors
- Evokes change talk



# MI Is Effective



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**PEOPLE ARE GENERALLY  
BETTER PERSUADED BY THE  
REASONS WHICH THEY HAVE  
THEMSELVES DISCOVERED  
THAN BY THOSE WHICH HAVE  
COME INTO THE MIND OF  
OTHERS.**

**BLAISE PASCAL**

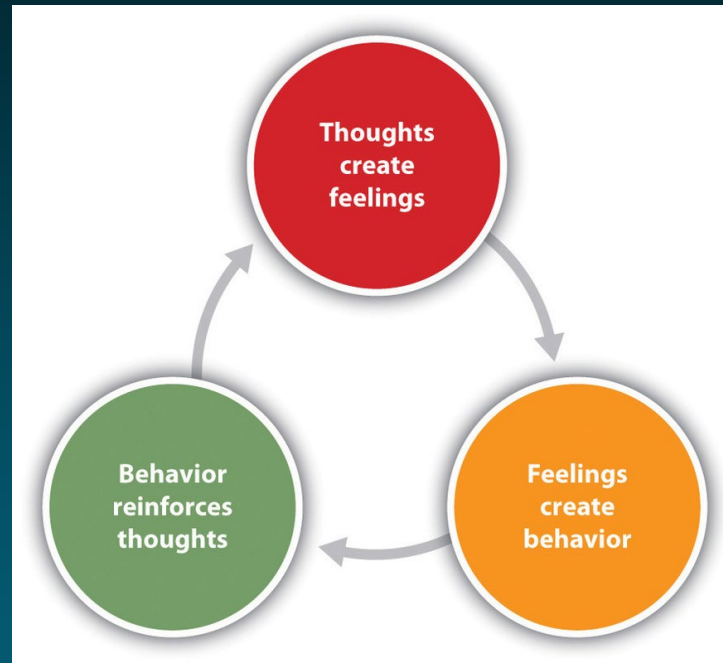
- Meta-analysis of 72 studies showed effectiveness of MI (Hettema et al., 2005)
- Cochrane review of 59 studies drew the same conclusion (Smedslund et al., 2011)

# Motivational Enhancement Therapy



- MET is a four session manualized version of MI (Miller, 2000; Miller et al., 1994)
- Session 1 is an intake and discussion of substance use that leads to a plan
- Sessions 2-4 focus on achieving the plan
- NIDA Clinical Trials Network multi-community study found MET more effective for alcohol abusers than drug abusers (Ball et al., 2007)

# Cognitive-Behavioral Therapy



- NIDA Clinical Trials Network multi-community study found that CBT resulted in marginally better outcomes for alcohol abusers than MET (Project MATCH Research Group, 1998)

# Contingency Management



- CM provides tangible rewards to reinforce positive behaviors such as attendance in treatment and abstinence
- Voucher-based reinforcement provides vouchers with monetary value for drug free urine samples that increase in value over time
- Prize incentive CM rewards are provided on a variable reinforcement schedule

# Contingency Management Works



- Voucher-based incentives work
  - For alcohol abuse (Petry et al., 2000)
  - For cocaine abuse (Higgins et al., 2000)
  - For opioid dependence (Bickel et al., 1997)
  - With CBT for marijuana (Budney et al., 2006)
  - For multiple drugs (Piotrowski et al., 1999)
- Prize-based incentives work
  - Meta-analysis shows effectiveness (Prendergast et al., 2006)
  - For cocaine abuse (Petry et al., 2005)
  - And do not increase gambling (Petry et al., 2006)

# Behavioral Couples Therapy



- Based on the concept that dysfunctional behavior patterns in couples sustain and increase substance abuse
- 12 weekly 60 minute sessions
- Uses a daily abstinence contract
- Uses behavioral principles to help the spouse/partner verbally reinforce abstinence and prescribe positive behavior
- BCT was developed for Veteran couples



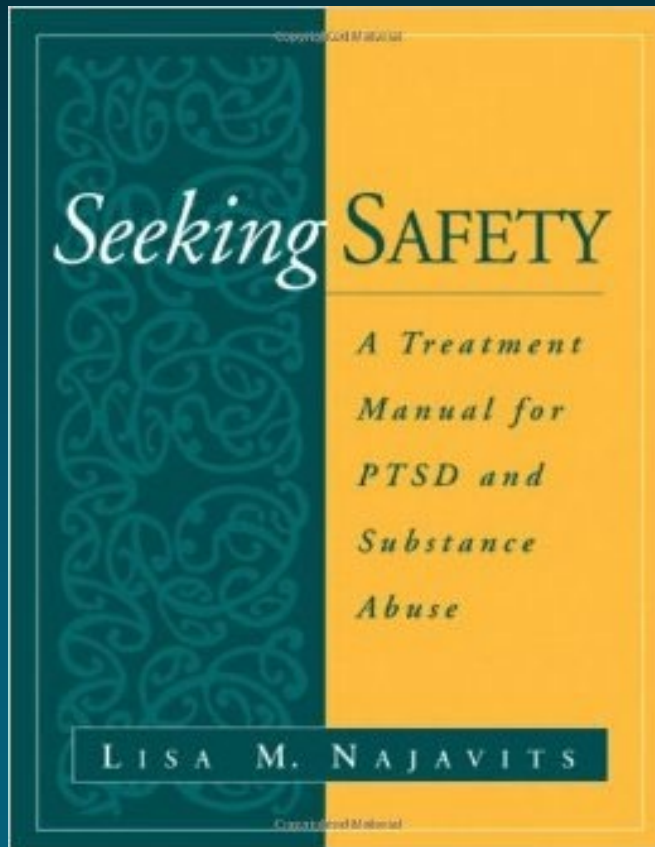
# Behavioral Couples Therapy



- BCT increases abstinence and marital happiness and decreases alcohol-related problems and marital separations better than individual treatment (Azrin et al., 1982; Bowers and al-Redha, 1990; McCrady et al., 1991; O'Farrell et al., 1992)
- BCT also decreases domestic violence in couples where one partner is alcoholic (O'Farrell & Murphy, 1995)
- BCT also increases time to relapse and couples satisfaction and decreases relapse, days of drug use, and drug-related arrests and hospitalizations in couples where one partner abuses drugs better than individual treatment (Fals-Stewart et al., 1996)



# Seeking Safety



- 25 lessons on topics that overlap between PTSD and Substance Abuse
  - Safety Skills
  - Grounding
  - Anger
  - Boundaries
  - Self-care
  - Honesty
  - Compassion

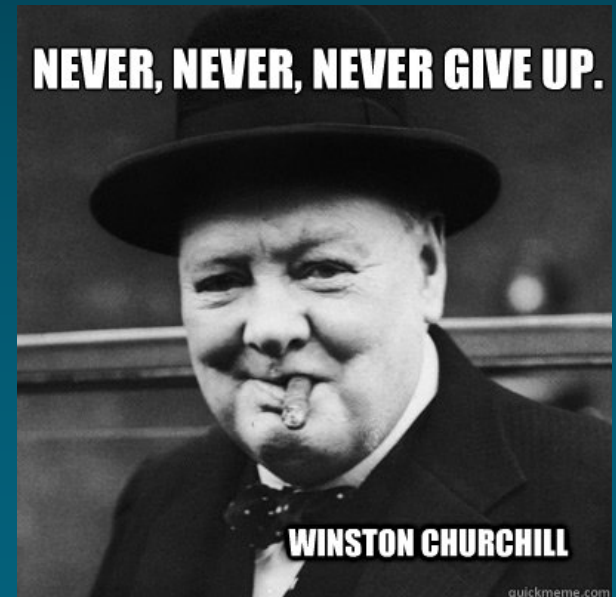
# Seeking Safety



- Weekly 90 minute sessions
- Often taught in 12 sessions
- Can be provided individually or in groups
- Typical group size is 8 members
- Combined psychoeducational and psychodynamic treatment
- Can be provided by professionals or paraprofessionals

# Seeking Safety Format

- Check-in (3-5 minutes per person)
  - Used to elicit information to be discussed during the course of the session
- Quotation
- Topic of the day (50 minutes)
- Check out with commitment



# Seeking Safety Results



- 6 randomized controlled trials and 3 controlled studies
- Seeking Safety has shown positive results across all studies (Najavits & Hien, 2013)
- Populations include
  - Women outpatients, inpatients, Veterans, homeless women, rural women, and women in prison;
  - Men outpatients, inpatients, and Veterans;
  - Adolescent girls; and
  - Young African-American men.

# EBTs for Substance Abuse in the VHA



- Motivational Interviewing
- Motivational Enhancement Therapy
- CBT-SUD
- 12 Step Facilitation
- Contingency Management
- Behavioral Couples Therapy
- Seeking Safety

# Levels of Substance Abuse Treatment in the VA



Addiction Treatment Levels

- Outpatient
- Medication-assisted treatment
- Intensive Outpatient Treatment
- Residential
- Domiciliary
- Sobriety/Maintenance



# Resources

# Motivational Interviewing

- Motivational Interviewing, 3<sup>rd</sup> ed. (2012), William Miller and Sam Rollnick
- Motivational Interviewing in the Treatment of Psychological Problems (2007), Hal Arkowitz and Henny Westra, eds.
- Finding Your Way to Change (2015), Allan Zuckoff and Bonnie Gorscak
- <http://www.motivationalinterviewing.org/>
- <http://www.motivationalinterviewing.org/sites/default/files/MATCH.pdf>
- <http://mid-attc.org/accessed/mi.htm>



# Cognitive-Behavioral Therapy



- Cognitive-Behavioral Coping Skills Therapy Manual (1998), Project MATCH
- Cognitive Therapy of Substance Abuse (2001), Aaron Beck and Fred Wright
- Overcoming Alcohol Use Problems: A Cognitive-Behavioral Treatment Program Therapist Guide (2009), Elizabeth Epstein and Barbara McCrady

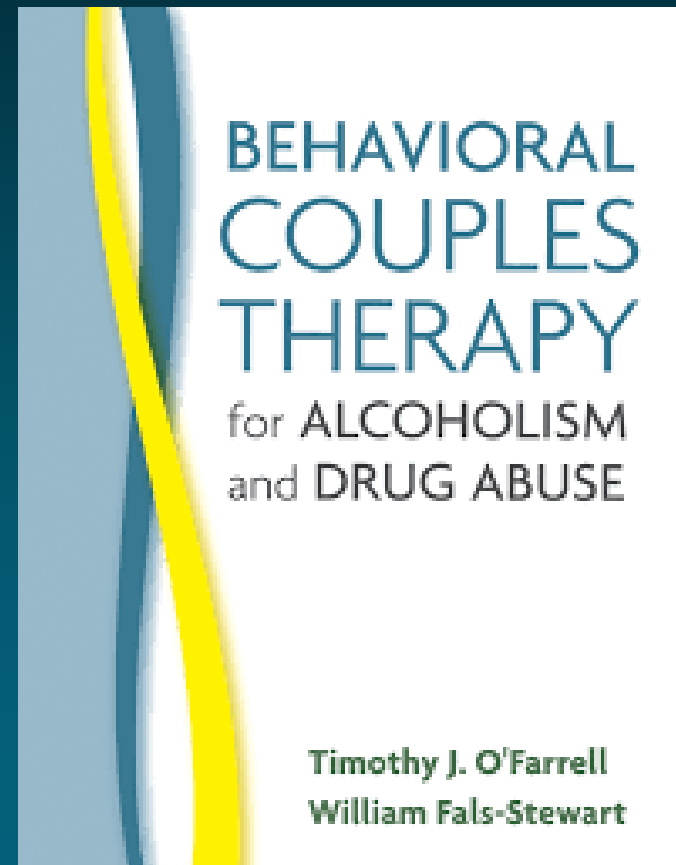
# Contingency Management



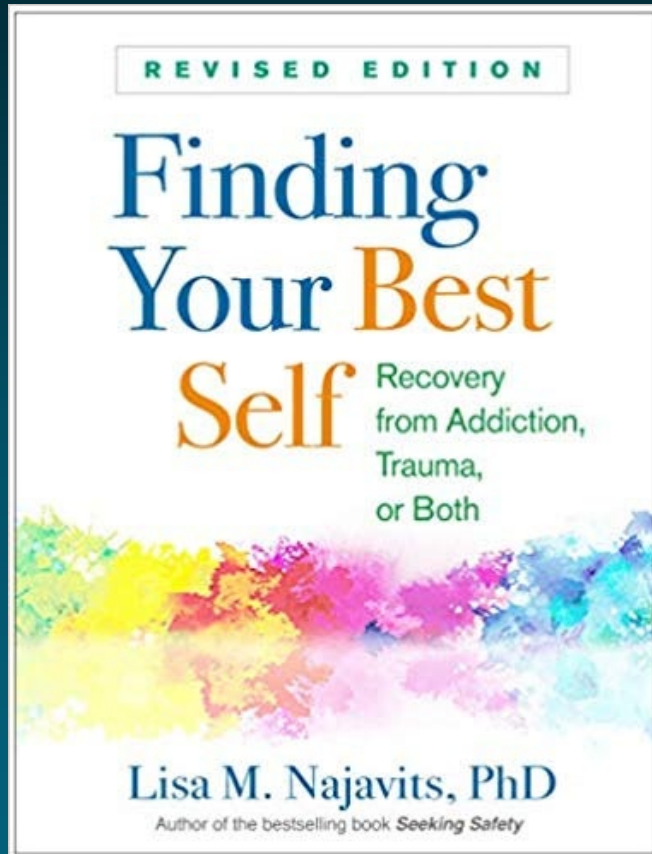
- Contingency Management in Substance Abuse Treatment (2007), by Stephen Higgins, Kenneth Silverman, and Sarah Heil (eds.)
- Motivating Behavior Change among Illicit Drug Abusers: Research on Contingency Management Interventions (1999), by Stephen Higgins and Kenneth Silverman
- Contingency Management for Substance Abuse Treatment: A Guide to Implementing This Evidence-Based Practice (2011) by Nancy Petry

# Behavioral Couples Therapy

- Behavioral Couples Therapy for Alcoholism and Drug Abuse (2006), by Timothy O'Farrell and William Fals-Stewart



# Seeking Safety



- *Seeking Safety* (2002), Lisa Najavits
- *Finding Your Best Self* (2019), Lisa Najavits
- <http://www.treatment-innovations.org/seeking-safety.html>

# PTSD and SUDs



- *Trauma and Substance Abuse* (2<sup>nd</sup> ed.) by Page Ouimette and Jennifer Read
- PTSD 101 course about treating PTSD and SUDs:  
[www.ptsd.va.gov/professional/ptsd101/course-modules/SUD.asp](http://www.ptsd.va.gov/professional/ptsd101/course-modules/SUD.asp)
- Practice recommendations for treating co-occurring PTSD and SUDs:  
[www.ptsd.va.gov/professional/pages/handouts-pdf/SUD\\_PTSD\\_Practice\\_Recommend.pdf](http://www.ptsd.va.gov/professional/pages/handouts-pdf/SUD_PTSD_Practice_Recommend.pdf)

# VetChange:

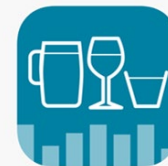
## A Free Program to Treat PTSD and Alcohol Abuse

- Online version:

<https://vetchange.org/home/index2>



- App version: VetChange



THANK YOU



VETERANS



*QuiltingAngel*



**Contact:**

**Brian L. Meyer, Ph.D.**

**[brianlmeyerphd@gmail.com](mailto:brianlmeyerphd@gmail.com)**