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AND CLINICAL CENTER DEPARTMENT OF VETERANS AFFAIRS

STATEMENT OF  
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MENTAL ILLNESS RESEARCH EDUCATION AND CLINICAL CENTER  
DEPARTMENT OF VETERANS AFFAIRS

BEFORE THE  
SENATE COMMITTEE ON VETERANS AFFAIRS

HEARING ON MENTAL HEALTH ISSUES  
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I would like to thank you for this opportunity to describe our substance abuse treatment program at the Philadelphia VA Medical Center. I am a physician at the Philadelphia VA Medical Center and the Director of the Mental Illness Research Education and Clinical Center or MIRECC. Our MIRECC not only supports research on the treatment of addiction but also runs our integrated care program for the treatment of addiction.

I would first like to remind committee members of the devastation caused when the disease of addiction goes untreated. Alcohol misuse creates more financial burden to our society than any other health behavior, including smoking and obesity. Addiction is also a deadly disease. The toll on families, friends, and coworkers is incalculable. Despite the devastating nature of the illness, research such as that conducted in our center has clearly demonstrated that addiction is an illness not unlike hypertension or diabetes. The critical implication of such research is that addiction is a treatable condition, with a growing evidence base for an array of effective treatments.

In our program, we have intentionally decided to build a program that encompasses the broad spectrum of severity and incorporates treatments that have an evidence base supporting their effectiveness.

We start in the primary care settings. Throughout the VA system all veterans are screened annually for alcohol misuse. Our integrated care program, the Behavioral Health Laboratory, provides systematic follow-up for veterans who screen positive for alcohol misuse. The follow-up begins with a structured telephone assessment that includes questions about a range of mental health symptoms, including illicit drug use and suicidality. It is important to note here that this program has been very effective in reaching OEF/OIF veterans who may be particularly worried about the implications or stigma of going directly to a mental health clinic. Based on both the assessment results and the veterans' preferences, patients are triaged to the most appropriate level of care. We offer a broad array of services including brief interventions, education, and referral to our specialty care clinics. There is a clear evidence base that this type of broad-based public health initiative can identify veterans earlier in the addiction process and prevent substantial burden in the future. The effective use of brief interventions also keeps many veterans from needing specialty care services. This part of the program also provides education and training to

internists, family practitioners and the other staff in primary care and approaches addiction just like any other health problem.

The next component of our program is our addiction recovery unit. Here veterans are assessed by a multidisciplinary team to assist in treatment planning. We offer a wide array of outpatient treatments including traditional 12-step programs, pharmacotherapy, opioid substitution therapy, individual psychotherapy, and group therapy. We also have access to inpatient rehabilitation services at the Coatesville and Lebanon facilities and an acute inpatient program in Philadelphia.

Additionally, another critical element of our program is the integration of assessments of the physical, emotional, social, and addictive components of veterans' lives. Many of our veterans not only have addictive disorders but also suffer from post-traumatic stress, depression, psychosis, and bipolar illness. Assessing each veteran for all their health needs is crucial to providing a therapeutic environment. We are particularly proud that our addiction program integrates primary care, homeless programs, peer support, family therapy, and the recovery model for those veterans in need of these services.

The treatment of addiction has changed substantially in the last decade and now includes a variety of effective treatments. We are striving in our program to provide the best available treatments to our veterans. In order to accomplish this goal, we stress the importance of effectively engaging patients in treatment, which entails listening to and honoring their preferences for treatment. This emphasis is coupled with continually evaluating the program and adapting the growing evidence base for treatment. We are also keenly aware that our treatments are not universally effective and we emphasize ongoing research as a mechanism for developing new treatment options.

In closing, I would welcome any of the committee members to visit our facility and meet our staff and the veterans we so proudly serve.