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Perspective

On Being a Hero to Our Heroes: Reducing the Plight of Drug Addiction among Our Veterans

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We applaud the military for keeping us safe, revere our armed forces for facilitating the unparalleled freedom we enjoy, and are humbled by the men and women who serve to maintain our democracy. We hold parades in their honor and provide unique employment strategies for our soldiers upon return to civilian life.

But there is a dark side, one that occasionally surfaces to the limelight but is quietly squelched as it plagues our conscience, trumpets our shortcomings and exposes the blight in our American horn of plenty.

I am referring to drug addiction and substance abuse in our military veterans' population. While no one contests that one who serves in the armed forces is likely exposed to conditions that general civilians cannot fathom including, war, death, destruction, hunger, and other horrors, one may not fully grasp what such an individual must overcome to reintegrate into society and cope with the travesties and depravities that humankind is not customarily hardwired to endure.

There are approximately 22 million veterans of the US armed forces representing ~ 7% of the nation [1]. Many of these veterans suffer from psychological as well as physical ailments where treatment requires time, resources and commitment. Post-traumatic stress disorder (PTSD) is an issue that has garnered considerable attention as of late. A sizable percentage (~20%) of those who have served tours in Iraq and Afghanistan suffer from PTSD which may increase over time due to the indolent nature of this state. PTSD can take time to mature and requires skilled approaches to address, manage and treat. In addition, there are physical conditions as well as other psychological ailments, including depression and anxiety, and non-clinical components such as homelessness, that are unique to the veterans' population.

It is no surprise, therefore, that suffering in the veterans' population has fostered unique pain relief initiatives, whether medically or self-imposed, as well as prescribed versus illicitly obtained. Indeed, narcotic analgesic pharmacopeia is used to provide pain relief to our nation's veterans. According to the VA, more than half a million veterans are on prescription opioids [2]. Whether the prescriptions provided are appropriate is not without debate. Some pain experts at the VA and the Pentagon claim that veterans have been overmedicated. Such inappropriate use of medication fosters negative sequelae of mood swings, homelessness, social (family and workplace) misconduct as well as homicide and suicide.

The unique concerns among the veteran population is that, according to a recent study by the American Public Health Association, the overdose rate among VA patients is nearly double the national average [2,3]. Furthermore, it was found that older veterans (>50) with opioid use disorder compared with those of the same age without an opioid use disorder showed an elevated risk for accidental drug related deaths as well as increased suicide and violent deaths compared with those of similar age without and opioid use disorder. In addition, younger (<50) veterans with opioid use disorder were more likely diagnosed with alcohol use or other drug use compared with older veterans. Strikingly, both young and old veterans with opioid use disorder showed similar risk for drug related and traumatic deaths; indicating that such risks do not decline with age [3].

Although a variety of approaches have been instituted to address pain related addiction in the general population including addiction clinics dispensing pharmacopeia such as naloxone, buprenorphine, etc. as well as non-traditional therapy such as exercise, mindfulness and auricular therapy, there are fewer such programs published which demonstrate success in the veterans' population. To this end, somewhat successful interventions for veterans include diligent psychotherapy for PTSD patients with substance use disorder and abstinence from select illicit drugs or alcohol [4].

Unfortunately, these interventions are employed once the veteran has ventured down the addictive rabbit hole. What about preventative approaches such as monitoring via subjective and objective means to identify at risk veterans from the precipice of drug addiction? While the VA does provide a robust drug/alcohol questionnaire-based screening program for veterans, there remains the argument that clinical screening carries a low sensitivity and may miss a considerable proportion (>60%) of patients who screened positive, and that in certain cases, brief intervention, post evaluation may not be providing the intended beneficial effect, namely, changing habits among patients who initially screen positive for unhealthy alcohol/drug use [5].

Another unsung hero which can shed some light on the status of a veteran's addictive potential is urine drug testing (UDT). In short, a non-invasive sample of urine (or in certain cases an oral cheek swab) can provide a fingerprint of what is currently milling about one's body. This is in contrast to blood which often has a shorter detection window and is also invasive. Thus, a UTD can detect dozens of drugs snorted, injected, smoked, inhaled, etc. with a detection window of a few days post ingestion. Although there are differing methodologies which are used in the UTD detection process, they can, in general provide an objective measure of the veterans drug use. The UTD can, in conjunction with conventional medical assessment (history, physical) provide an additional metabolic snapshot of what is, as well as has been, in the person's system.

To this end, earlier reports from 25 years ago showed that about 40% of all newly admitted VA patients were positive for one or more controlled drugs including opiates, marijuana and benzodiazepines [6]. In contrast, more recent reports from this year showed that implementation of routine UDT increased over the last few years from 29 to 42 % (~4.5 % per year) and were associated with lower risk of suicide and drug overdose events among VA opioid-prescribed patients [7].

Furthermore, in select districts, additional recent initiatives have been implemented. Beginning in 2015, the Detroit VAMC created a multidisciplinary Opioid Safety Initiative Board consisting of participants from Pain Medicine, Primary Care, Mental Health, and Pharmacy which met for 6 hours per week to review all patients receiving opioid therapy [8]. Over the next 12 months, they observed an 88% decrease in the number of patients receiving ≥ 400 morphine equivalent daily dose (MEDD); 38% decrease in the number of patients receiving ≥ 100 MEDD; 23% decrease in the number of patients prescribed opioids and benzodiazepines: and a 26% decrease in the number of patients dispensed opioids. This further resulted in a remarkable million-dollar cost savings to the system. In addition, they have expanded the use of complementary and alternative medicine therapies as part of their Pain Management Strategic Initiative to include chiropractic care, NADA whole body sculpturing, battlefield acupuncture (BFA), biofeedback, aromatherapy, yogamedics, healing touch (Reiki), recreation therapy, and spinal rehabilitation with considerable success. Along these lines, they have lead Veterans Integrated Service Network (VISN) 10 and national efforts to train 11 providers in whole-body acupuncture and 64 in BFA at the Detroit VA facility (and > 200 throughout the VISN 10 rubric), with their two walk-in BFA Clinics. This effort at the Detroit VAMC was additionally recognized as a VISN best practice.

Thus, implementation of integrative approaches incorporating both allopathic as well as alternative interventions, in addition to routine UDT in veterans can provide non-invasive and cost effective modalities to assess drug use and start the appropriate management regimen to treat such addiction. In such cases, early intervention of the above stated treatment modalities can more likely keep our veterans from the well-known, often irreparable, harm that drug addiction can cause.

It is therefore prudent to promote a clarion call to those who clinically serve those veterans who have previously and selflessly served us all to implement VISN 10 initiatives and perform UDT for optimal management to keep them from the purgatory of addiction, wherever possible. It is the least we can do for the heroes who have kept us safe, secure and free.

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