

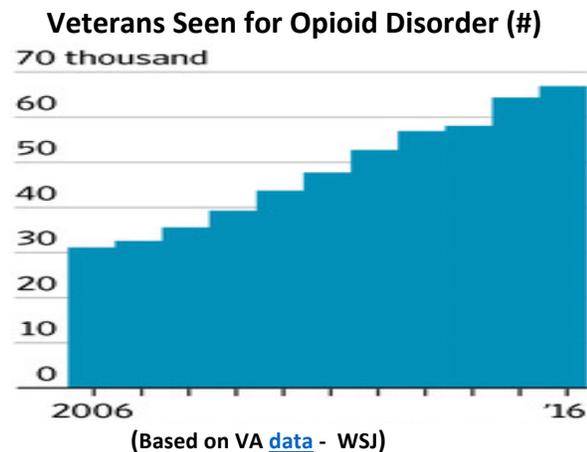
Veterans Studies Interest Group Listserv

issue #6 February 7, 2017

Topics for today are **Opioid Abuse in Veterans**, an **Example of Moral Injury** and the **New SecVA**, Dr. David Shulkin.

Opioid Abuse in Veterans

The widespread opioid abuse in the United States, with over 2.7 million addicts, is a societal catastrophe. Especially disheartening is the fact that veterans have 10 times the rate of opioid abuse as [others](#) with their numbers at VA medical centers growing from 33,000 to 66,000 between 2006 and 2016. Correspondingly, lethal overdoses are on the rise with heroin, fentanyl and oxycodone the most common opioids used.



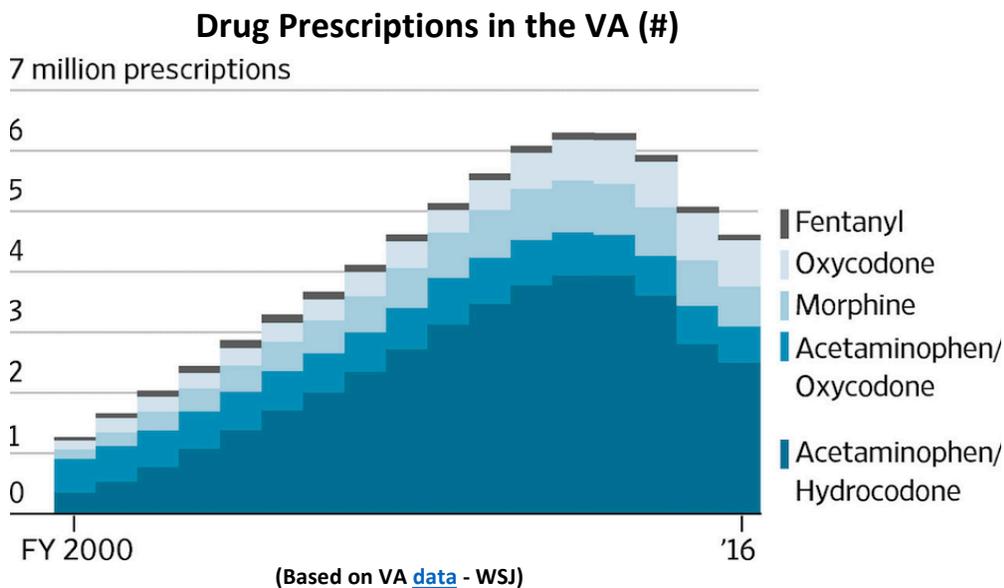
Some compelling examples of veterans with addiction are in these [two articles](#).

Why are veterans at greater risk for opioid abuse? For one, the relationship between PTSD and substance abuse of all types is [strong](#) and inappropriate prescribing of opioids in this condition has not helped. Post-deployment depression and anxiety also play a role in all addictions and there is a vicious spiral of PTSD, drug abuse, depression, homelessness and in some, suicide.

Veterans, especially younger veterans, are more likely than others to suffer chronic pain, which comes from war wounds, some of it back pain from carrying heavy [equipment](#). The strain of re-deployment is also an important factor in addiction. Incarceration is another.

And the VA has received part of the blame – overprescribing opioids for pain, inappropriately using them in PTSD, lack of follow-up and poor administration of addiction services when veterans get [hooked](#). However, after a sharp rise, there has been a drop in opioid prescriptions in the last few years after a wake-up call from VA administration and VA addiction services have improved with many outreach programs. Also, the treatment of chronic pain is now more

careful with drug-free lifestyle type approaches coming to the fore though chronic pain remains a most difficult condition to treat.



The treatment of addiction in veterans as in others is most importantly lifestyle/social/overall health/motivation interventions. Motivation counseling, exercise programs, family counseling, yoga, mindfulness, outside support and self-help groups (the Alcoholics Anonymous approach) are [effective](#). Medications are also used, including Methadone and Buprenorphine, which (almost) block the pleasurable feelings of opiates and Naloxone for overdose.

For veterans, of course, it is important to treat underlying post-deployment problems, most notably PTSD where a variety of treatment interventions are tailored to treat the PTSD/addiction combination, and to be aware of cultural issues for veterans and their families. As in other conditions it may be difficult for veterans to accept that they have a problem.

Unfortunately, the results of treatment are disappointing with relapse in [40-60%](#). The powerful brain changes that occur with addiction (diminished responses of brain chemicals associated with pleasurable feelings and a need for drugs to bring them out) do not reverse easily and make treatment difficult.

On the other hand, in the face of these brain chemistry changes, experts in the field such as the Director of the National Institute for Drug Abuse, also say that drug addiction is a “disease of free will” and will (with help) can overcome addiction and in fact reverse brain [changes](#). Also encouraging is what happened after the Vietnam War: It was estimated that 10-15% of Vietnam troops suffered from heroin addiction but within a year of returning home only 5% of these veterans were [re-addicted](#).

Websites with information, treatment and help centers for opioid addiction are the VA’s, [here](#), and the National Institute on Drug Abuse [here](#).

Moral Injury

“Moral [injury](#)”, about which Georgetown has considerable [expertise](#), may occur when soldiers find themselves doing acts that are outside the rules of war. An example is [here](#) from The England Journal of Medicine (though it is in a medical journal, the story is not really about medicine).

David Shulkin, new SecVA

Dr. David Shulkin, now Undersecretary for Health, has been nominated to be Secretary of the Department of Veterans Affairs. He has passed the Senate Veterans Affairs Committee and is pretty much sure to be confirmed by the full Senate. He will be only the second healthcare leader to hold this position, a witness to the profound healthcare delivery problems at the VA. Previously he directed large health systems in New York and New Jersey. A link to his Bio is [here](#) and to his Senate confirmation hearing, [here](#).

Joel Kupersmith, M.D.
Director, Georgetown University Veterans Initiatives
Professor of Medicine

Stats Section

VA Benefits and Health Care Utilization (#)	
Veterans Receiving VA Disability Compensation (9/30/16)	4.36 M
Veterans Rated 100% Disabled (9/30/16)	542,147
Veterans Receiving VA Pension (9/30/16)	288,715
Spouses Receiving Dependency Indemnity Compensation (9/30/16)	382,145
Total Enrollees In VA Health Care system (FY 15)	8.97 M
Total unique Patients Treated (FY 15)	6.74 M
Veterans Compensated for PTSD (9/30/16)	863,631
Veterans in Receipt of Individual Unemployability Benefits (9/30/16)	339,339
VA Educational Beneficiaries (FY 16)	1.00 M
Life Insurance Policies Supervised then Administered by VA (9/30/16)	6.19 M
Face Amount of Insurance Policies Supervised and Administered by VA (9/30/16)	1.23 T
Veterans Receiving Vocational Rehabilitation (Chapter 31) Benefits (FY 15)	92,345
Active VA Home Loan Participants (9/30/16)	2.62 M
Health Care Professionals Rotating Through VA (FY 15)	123,552
OEF/OIF Amputees (10/01/16)	1703

From the National Center for Veterans Analysis and [Statistics](#).