

(NAPSA)—*Returning soldiers are susceptible to opioid addiction, but better treatments may help with recovery.*

Opioid addiction is prevalent among the men and women who serve in the U.S. armed forces due to numerous factors. The stresses of wartime deployments and combat lead to more frequent alcohol and tobacco use, as well as a higher rate of prescription opioid abuse among military personnel than their civilian counterparts.ⁱ

Veterans suffering from certain mental illness diagnoses, including depression and post-traumatic stress disorder (PTSD), are more likely to receive opioid prescriptions than other veterans despite the heightened risk of adverse events, which include overdose and suicide associated with those diagnoses.ⁱⁱ Research shows that psychological trauma is a predictor of opioid addiction among veterans.ⁱⁱⁱ

Opioid prescriptions—and addictions—often start during military service to treat physical injuries and can extend into civilian life. Physicians do not always know when a veteran patient reporting pain is requesting opioids for pain relief or to self-treat PTSD symptoms with the euphoria induced by opioids.^{iv} With an estimated 21–43 percent of PTSD patients experiencing substance-abuse issues,^v frontline practitioners and policymakers are looking for new treatments to combat the opioid epidemic.

In the past, people with opioid dependence were seen as lacking the willpower or character to overcome their addiction.^{vi} Recent studies point to biological causes: repeated use of opioids may lead to physical changes in the brain.

In this paradigm, the opioid-dependent patient's brain adapts to the substance, and he or she needs these drugs to function.^{vii}

As a result of these new research findings, veterans addicted to opioids are viewed in a more sympathetic light. Acknowledging that the growing opioid addiction problem among soldiers is an institutional and not an individual problem, the Army has taken steps to reduce both the number and open-ended duration of prescription opioids. Prescription painkillers were involved in up to 74 percent of accidental or undetermined deaths between 1999 and 2006.^{viii}

New treatments under review

In a report commissioned by the Department of Defense, the Institute of Medicine recommended that the U.S. military rework its prevention, screening, diagnosis, and treatment service and ensure that these services expand and improve over time.^{ix} This report led to new opioid prescription governance that may help to check the new cases of addiction.

Last year, the National Institutes of Health (NIH) announced a \$21.7 million initiative that is comprised of 13 research projects over the next five years to judge the efficacy of non-drug alternatives for patients with pain and other conditions such as PTSD, drug abuse and sleep issues. In announcing the project, the NIH acknowledged that, “Drugs, such as opioids, that are available to manage chronic pain are not consistently effective, have disabling side effects, may exacerbate pain conditions in some patients and are often misused.”^x

The NIH plans to research non-drug treatments for pain and PTSD that include a wide range of

options, from mindfulness training to self-hypnosis, mobile brain monitoring, relaxation treatment, biofeedback and guided exercises.

For veterans interested in treatment for opioid addiction, there is hope. According to Percy Menzies, president of the Assisted Recovery Centers of America, “There are a number of medication-assisted treatment options, as well as psychosocial counseling, that have proven useful in helping patients achieve recovery from opioid addiction.”

Research has shown that combining medication with psychosocial support is a comprehensive way to help patients with addiction and including medication with psychosocial support is now considered the optimal evidence-based approach.^{xi} Of course, treatments do not work the same for everyone. Treatment plans must be tailored to address each person's drug addiction patterns and drug-related medical, psychiatric and social problems, and patients should discuss with their providers what's best for them.

While federal authorities acknowledge that opioid addiction in civilian, active military and veterans' populations is an epidemic, non-opioid pain relief measures under investigation may just be part of the solution. When the veterans who have served our country with honor and valor need support to recover from opioid dependence, an evidence-based treatment approach, one that includes medication coupled with counseling, may lead to a successful recovery.

For more information on opioid dependence and its treatment, please visit www.recoveryispossible.com.

ⁱ DrugFacts: Substance Abuse in the Military (2013). National Institute on Drug Abuse. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/substance-abuse-in-military>

ⁱⁱ Seal, K.H., Shi, Y., Cohen, G., Cohen, B.E., Maguen, S., Krebs, E.E., & Neylan, T.C. (2012). Association of Mental Health Disorders With Prescription Opioids and High-Risk Opioid Use in US Veterans of Iraq and Afghanistan. *The Journal of the American Medical Association*, Vol. 307, No. 9. Retrieved from <https://jama.jamanetwork.com/article.aspx?articleid=1105046>

ⁱⁱⁱ Fareed, A. (2013). Prevention of Opioid Use Disorders for Veterans with Chronic non Cancer Pain and PTSD. *Journal of Addiction & Prevention*. Retrieved from <http://www.avensonline.org/fulltextarticles/jap-2330-2178-01-0001.html>

^{iv} Fareed, A. (2013). Prevention of Opioid Use Disorders for Veterans with Chronic non Cancer Pain and PTSD. *Journal of Addiction & Prevention*. Retrieved from <http://www.avensonline.org/fulltextarticles/jap-2330-2178-01-0001.html>

^v Le Fauve, C.E., Thomas, T., Salim, O., Marshall, J.S., & Stone, D. (2012). Pharmacologic Guidelines for Treating Individuals with Post-Traumatic Stress Disorder and Co-Occurring Opioid Use Disorders. *Substance Abuse and Mental Health Services Administration*, No. SMA-12-4688. Retrieved from http://media.samhsa.gov/co-occurring/docs/Pharm_Guidelines_508.pdf

^{vi} Effective Medical Treatment of Opiate Addiction (1997). U.S. Department of Health & Human Services: National Institutes of Health Consensus Development Conference Statement. Retrieved from <http://consensus.nih.gov/1997/1998treatopiateaddiction108html.htm>

^{vii} Williams, J.T., MacDonald, J.C., & Manzoni, O. (2001). Cellular and synaptic adaptations mediating opioid dependence. *Physiol Rev*. 2001; 81: 313.

^{viii} U.S. Army (2010). Health Promotion, Risk Reduction, and Suicide Prevention Report. Retrieved from <http://csf2.army.mil/downloads/HP-RR-SPReport2010.pdf>

^{ix} Substance Use Disorders in the U.S. Armed Forces (2012). *The National Academies of Sciences, Engineering, Medicine: Institute of Medicine*. Retrieved from <http://www.iom.edu/Reports/2012/Substance-Use-Disorders-in-the-US-Armed-Forces/Report-Brief.aspx>

^x NIH and VA address pain and related conditions in U.S. military personnel, veterans, and their families (2014). U.S. Department of Health & Human Services: National Institutes of Health. Retrieved from <http://www.nih.gov/news/health/sep2014/nccam-25.htm>

^{xi} Power, E.J., Nishimi, R.Y., & Kizer, K.W. (2005). Evidence-Based Treatment Practices for Substance Use Disorders. *National Quality Forum*. Retrieved from http://www.apa.org/divisions/div50/doc/Evidence_-_Based_Treatment_Practices_for_Substance_Use_Disorders.pdf