

Biopsychosocial Population Health Policy Proposal

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The health care industry has come to acknowledge the rise of the opioid crisis over the past two decades. However, this does not take away from the necessity of pain relief for patients suffering from chronic pain, who are most often prescribed opioid treatment. Opioid treatment does show promise in short-term trials (Sehgal, Colson, & Smith, 2013), but long-term treatments carry with them significant risk of addiction, adverse side effects, and prescription drug abuse (Franklin, 2014). The issue of opioid abuse and addiction is further complicated by the comorbidity of mental health problems in patients. In this context, veterans are a particularly vulnerable population because they often present with chronic noncancer pain while being comorbid with mental health issues such as post-traumatic stress disorder or substance abuse disorder (Sullivan & Howe, 2013). Given this vulnerability, it is necessary to take steps to prevent or reduce the potential for addiction or medication abuse among veterans who are prescribed long-term opioid treatment.

#### **Substance Abuse among U.S. Veterans: A Brief Retrospective**

Opioids came to be used in the treatment of chronic pain in cancer patients as a result of two WHO guidelines that were issued in 1985 and 1996 (Sullivan & Howe, 2013). Eventually, the treatment was extended to chronic noncancer pain and suggested as a safe, non-addictive method of treating pain. However, this claim was extrapolated from short-term opioid treatment studies. The issue then becomes primarily about the lack of evidence to support the safe long-term use of opioids. Opioids carry a significant risk of addiction and an array of unpleasant side effects (Franklin, 2014). Further, opioids also complicate matters of mental health. Opioids can relieve pain and produce a feeling of euphoria in patients. This physical relief could inadvertently soothe the psychological or emotional pain that a patient is experiencing. However,

this leads to the patient doubly associating the opioid drug with both physical and psychological relief, potentially resulting in drug abuse and drug-seeking behavior. In this context, veterans' health becomes a particularly complicated and layered issue to tackle. Many of them suffer from chronic pain because of injuries and exposure to hazards during their military career and often present with behavioral issues such as post-traumatic stress disorder or substance abuse disorder. Veterans are seven times more likely to abuse prescription opioids than civilians (Snow & Wynn, 2018). Further, Newhouse states that opioid medications were prescribed to over 400,000 veterans for pain relief and that approximately 1.7 million opioid medications were prescribed to them in 2014 (as cited in Snow & Wynn, 2018), indicating that opioid treatments are quite widespread.

Several institutes, including the American Osteopathic Academy of Addiction Medicine, the American Society of Addiction Medicine, and the American Academy of Neurology, have stated publicly that opioids present a significant challenge in the health care industry. These institutes encourage raising awareness of the adverse side effects of opioid treatments, the use of naloxone (an opioid antagonist), and proper procedure in case of an opioid overdose (The American Osteopathic Academy of Addiction Medicine, n.d.; American Society of Addiction Medicine, 2016; Franklin, 2014). Given how widespread the prescription of opioids is among veterans suffering from chronic pain, it would be necessary to reevaluate the guidelines associated with prescription as well. Further, the primary problems associated with prescription opioids are the abuse of prescribed opioids and the transition from prescription opioids to black market drugs such as heroin (Kolodny, Courtwright, Hwang, Kreiner, Eadie, Clark, & Alexander, 2015; Snow & Wynn, 2018).

In 2007, the National Drug Intelligence Center of the U.S. Department of Justice estimated that a cumulative cost of approximately \$200 billion resulted from direct and indirect drug use in the form of lost productivity, health care, and law enforcement (as cited in Crowley, Kirschner, Dunn, & Bornstein, 2017). Further, Ronan and Herzig note that the costs associated with opioid use disorder were approximately \$15 billion in 2012 (as cited in Crowley et al., 2017). Rydell and Everingham and the National Institute for Drug Abuse state that money invested in preventing drug abuse and subsequent treatment would lead to substantial savings on a national level (as cited in Crowley et al., 2017). It is then necessary from an industry standpoint to revisit the guidelines associated with the issue of opioid prescriptions, given the significant costs associated with it.

### **An Interprofessional Approach to Substance Abuse and Health Care for Veterans**

The proposed policy addressed below consists primarily of two aspects: raising public awareness and encouraging interdepartmental communication and coordination. The first aspect would help individuals learn about the crisis and identify potentially harmful patterns of behavior, and the second would improve the condition of individuals who have been prescribed long-term opioid treatment.

#### **Raising Public Awareness**

To approach the issue of the opioid crisis, it is important to understand it as a problem of scale (given how widespread the issue is) and as a problem of understanding among the public and those receiving opioids. Raising awareness would improve the public's understanding of the nature of the opioid crisis and would thereby help individuals recognize how and when opioids would be helpful. It would also improve the public's understanding of the potential harm opioid use might mean for an individual being treated with opioids. A committee would be formed with

physicians who specialize in pain treatment, behavioral health specialists, and senior nurses to oversee public awareness drives and educational programs to help raise awareness in the community. The duties of the committee would include ensuring that these drives and programs are organized effectively and regularly, evaluating the efficacy of holding such programs, and understanding how to improve outreach. Trained physicians would oversee the educational programs, while nurses would provide demonstrations of the correct procedure when administering naloxone. The programs would contain information on how to identify potential signs of opioid misuse and addiction (such as patients obtaining their prescriptions early or patients sharing their prescriptions with those who are close to them) and how to approach such situations. The committee would also work in close association with the closest veterans' affairs office to identify and cater to veterans who require opioid treatment for chronic pain, thereby improving their understanding of the risks involved in prescription opioids and their misuse.

### **Precautions and Prescriptions**

It is important to critically evaluate the current state of how opioids are prescribed and to whom they are prescribed. Further, it is necessary to address each individual patient's physical and behavioral needs together rather than to focus solely on the pain that a patient might experience. Individuals with behavioral issues are more likely to be prescribed opioids than those without. However, they are also more likely to become addicted to opioids or misuse them. Patients who have been prescribed long-term opioid treatment would be required to meet with a psychiatrist regularly to monitor and evaluate the risk they present for addiction and misuse. The psychiatrist would then be required to keep the attending physician informed about the state of the patient's mental health and whether any further action would be required while still maintaining the confidentiality of the conversations the patient has had with the psychiatrist.

Further, during the initial diagnosis, physicians would be required to screen patients for histories of behavioral issues, including post-traumatic stress disorder and substance abuse disorders. Certain populations such as veterans are likely to be at a higher risk of opioid addiction and misuse. To improve patient care, it would be necessary for physicians and nurses to sensitize themselves to these at-risk populations to better serve their health care needs. For example, veteran populations are known to present with both behavioral issues and chronic pain resulting from their time in the military; it would be the responsibility of the physicians and the nurses attending to a patient to familiarize themselves with the context of the patient so as to develop a nurturing relationship in such a situation. To enable this, human patient simulators will be made available to health care providers to train them through simulations that would provide knowledge that can be used in real situations.

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