

Opioid overdoses for veterans

[Health & Medicine](#), [Addiction](#)



Did you know that opioid overdoses are twice as much for veterans compared to anyone else? According to Emergency Medicine, “ Veterans seem more likely to receive opioids to treat chronic pain but at lower average daily doses than doses prescribed to nonveterans.” (Edlund MJ, Austen MA, Sullivan MD) Unfortunately, those drugs are not taken as prescribed and are abused causing unintentional overdoses. Substance abuse in veterans often surpass the rate of substance abuse in civilians. Veterans already do not get the best care considering the amount of patients outweigh the number of resources including staff that is needed. According to the Department of Veteran Affairs Office of Inspector General, rates of overdoses in veterans have quadrupled since nineteen ninety nine.

After talking with my professor, David Garmon, I was enlightened about what the problem may be. Health Insurance companies send out a customer satisfactory survey to patients. If the doctors do not refill the prescriptions of the patients, the doctors are most likely to get a bad survey. If the doctors get a certain number of unsatisfactory surveys, the insurance company will take it as if the doctor is not giving the best patient care, and will not pay dollar for dollar, but instead a lesser amount per dollar. This lead to a higher overdose of opioid prescriptions until the government stepped in. Now the doctors can only write so many prescriptions for overdoses before they become at risk for getting shut down, fined, or jail time. When choosing between the insurance companies, and the government, hopefully they choose to submit to the government.

Another issue that could slow down the opioid overdoses in veterans is better management. At first, the government only paid for the medical

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expenses of veterans, now care goes all the way up through to extended family. During class, we were posed with a question asking if we thought that veterans should be allowed to see facilities outside of the VA, yet it still be paid for by the federal government. These veterans need specialized help, not just pills thrown at them, better pain management will reduce opioid overdoses. Reducing the amount of prescriptions or doses alone will not solve the problem. Shared below are statistics of growth in alternatives for veterans instead of opioid use.

According to the USA Department of Veteran Affairs Office of Research and Development, these are the following advances as of 2000: Ion channels discovered sustaining neuropathic pain; in 2008, the VA Pain, research, Informatics, Multimorbidities, and education, this will help with pain management; in 2014 two one point seven million dollars was granted to research non drug approaches, and the VA overdose, and Naloxone distribution program was launched; in 2016 he musculoskeletal diagnosis cohort was established, and in 2017 eighty one million dollar was funded for new research pertaining to non-drug treatment plans.

Non drug treatment plans have included yoga, acupuncture, and tai chi have produced results and will reduce the need for opioids and its use. Yoga helps relieve back pain by increasing muscle strength and blood flow. Acupuncture releases stem cells which relieve pain and promote tissue repair. We have natural pain killing chemicals called endorphins, and acupuncture will help release more of those chemicals which will decrease the pain as well.

According to Harvard Health Tai Chi is “ a low-impact, slow-motion, mind-

body exercise that combines breath control, meditation, and movements to stretch and strengthen muscles.” (Harvard Health Publishing)

In conclusion, 42, 000 veterans died due to opioid crisis in 2016, and as the years increase, so do the death rates. It will be better to reduce the amount of opioids prescribed, and instead start implementing more non drug alternatives. More VA hospitals need to open with specialists equipped to handle the amount of patients in a timely manner.