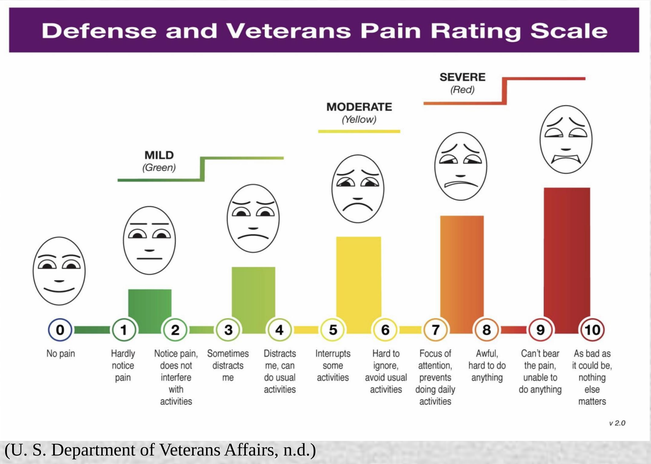
The Effect of Pain Management on Narcotic Abuse in Veterans

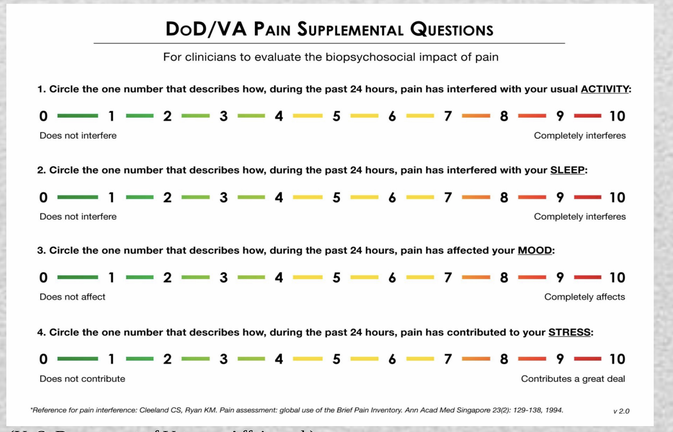
Stephanie Petrillo, Shanneek Prince, Zakiya Thomas, Caitlin Vaillencourt, School of Nursing
Faculty Sponsor: Mallory Lane RN, MSN, School of Nursing

BACKGROUND AND PURPOSE

- Our research question is, in veterans, what is the effect of pain on narcotic abuse?
- Pain experienced by veterans who have been deployed has resulted in the increase and influx of narcotic substance abuse.
- In this specific population, which we can see it contributing to the opioid crisis in America (Centers for Disease Control and Prevention, 2020).
- A study found that 32% of veterans were prescribed at least one opioid for pain management (Tiffany et.al, 2019).
- With the highly addicting quality of opioids, there has to be another solution to prevent the untimely death that these overdosing will soon cause (Food and Drug Admistration, 2019).
- There are barriers of the facilitation of these drugs due to lack of awareness and education about the growing opioid epidemic in America (Gordon et al, 2011).
- The purpose of these guidelines are to establish a protocol to decrease narcotic abuse among veterans.
- To prevent false information and remain credible through our research we obtained our information through a systematic review of literature



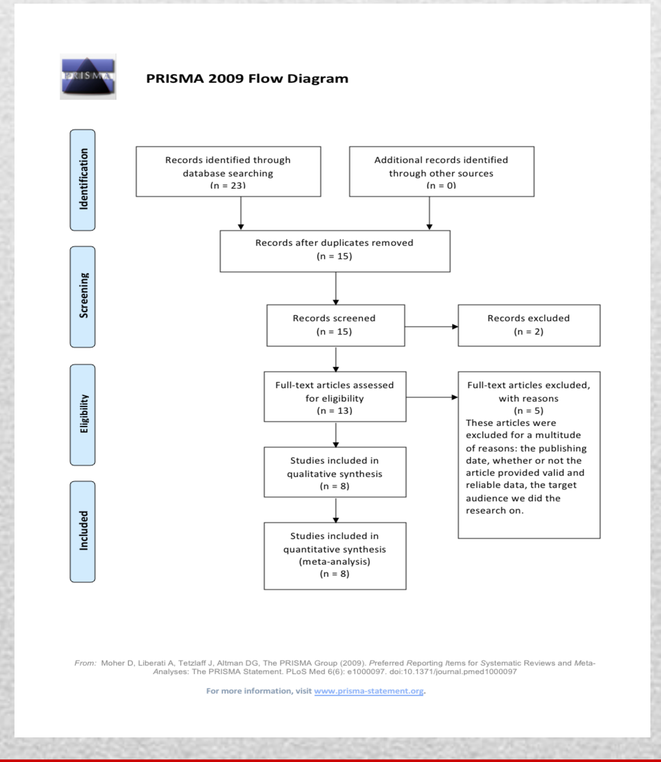
(U. S. Department of Veterans Affairs, n.d.)



(U. S. Department of Veterans Affairs,n.d.)

RESULTS OF LITERATURE REVIEW

•Veterans are being prescribed opioid drug therapies for any pain they rate seven or higher, but these medications are not helping significantly with the pain and discomfort unless they are first time chronic pain users.
•"More than half of department of Veterans Affairs primary care patients report pain with many reporting chronic pain (Lovejoy et al, 2016, p. 25).
•An estimate of opioid-related overdose among Veterans range from 1.9 to 33.9 per 100,000 people per year (Tiffany et.al, 2019).
•Barriers such as time, money, miscommunication among facilities, access, lack of understanding/education, and availability of services often turn veterans away from seeking alternative methods of treatment for pain (Giannitrapani et al, 2018).
• In 2010 the Department of Defense and Veterans Affairs teamed up to create the Defense and Veterans Pain Rating Scale (DVPRS). This pain scale asks veterans to rate their pain and describe how it affects their activities of daily living (Nassif et al, 2015).
•Rather than only focusing on the level of pain, the DVPRS takes into consideration the emotional and physical role pain has in a patient's life; it creates a bigger picture (Nassif et al, 2015).
•According to a study that interviewed veterans about their experiences seeking non-pharmacological approaches for pain, a majority of the veterans stated that provider communication about alternative pain management approaches was a key factor in their decisions about trying alternative approaches (Giannitrapani et al, 2018).



PRACTICE GUIDELINES RECOMMENDATIONS

- More education on pain relief alternatives should be taught to health care providers to prevent the extended suffering of our veterans (Department of Veterans Affairs, 2017).
- Opioids should not be used long term for chronic pain (Department of Veterans Affairs, 2017).
- Use of the Defense and Veterans Pain Rating Scale to determine not only how bad a patient's pain is, but also how their pain affects their ADLs and quality of life (Nassif et al, 2015).
- Safe practices should be used when prescribing opioids such as: urine drug testing, opioid informed consent, and risk assessments (Jacobs et al, 2016).
- Make non-pharmacological treatment more accessible for veterans by eliminating barriers such as distance, cost, miscommunication among facilities, lack of education, and select availability of services (Giannitrapani et al, 2018).
- Educate about the use of complementary and alternative medicine practices (pet therapy, acupuncture, mind-body therapies, and energy healing therapy) so that implementation of these types of treatment can be increased (Brewer et al, 2019).
- Implement opioid agonist therapy such as the use of buprenorphine and naloxone to treat opioid dependence in veterans (Gordon et al, 2011).

REFERENCES

Brewer, N. J., Turrise, S. L., Kim-Godwin, Y. S., & Pond, R. S. (2019). Nurses' knowledge and treatment beliefs: Use of complementary and alternative medicine for pain management. *Journal of Holistic Nursing, 37*(3), 248-259. https://doi.org/10.1177/0898010118822212

Centers for Disease Control and Prevention. (2020, March 4). Opioid Overdose. https://www.cdc.gov/drugoverdose/index.html

Department of Veteran Affairs & Department of Defense. (2017). VA/DoD clinical practice guideline for opioid therapy for chronic pain. https:www.healthquality.va.gov/guidelines/Pain/cot/VaDoDOTCPG022717.pdf

Food and Drug Administration. (2019, December 11). Having Naloxone on hand can save a life during an opioid overdose. https://www.fda.gov/consumers/consumer-updates/having-naloxone-hand-can-save-life-during-opioid-overdose

Giannitrapani, K., McCaa, M., Haverfield, Marie., Kerns, D. R., Timko, C., Dobscha, S., & Lorenz, K. (2018). Veteran experiences seeking non-pharmacologic pain approaches for pain. *Military Medicine, 183*(11/12), e628-e634. https://doi.org/10.1093/milmed/usy018

Gordon, A. J., Kavanagh, G., Krumm, M., Ramgopal, R., Paidisetty, S., Aghevli, M., Goodman, F., Trafton, J., & Liberto, J. (2011). Facilitators and barriers in implementing buprenorphine in the Veterans Health Administration. *Psychology of Addictive Behaviors*, *25*(2), 215–224. https://doi.org/10.1037/a0022776

Jacobs, S. C., Son, E. K., Tat, C., Chiao., P., Dulay, M., & Ludwig, A. (2016). Implementing an opioid risk assessment telephone clinic: Outcomes from a pharmacist-led initiative in a large Veterans Health Administration primary care clinic, December 15, 2014–March 31, 2015. *Substance Abuse*, *37*(1), 15–19. https://doi.org/10.1080/08897077.2015.1129527

Lovejoy, T. I., Dobscha, S. K., Turk, D. C., Weimer, M. B., Morasco, B. J. (2016). Correlates of prescription opioid therapy in Veterans with chronic pain and history of substance use disorder. *Journal of Rehabilitation Research and Development*, *53*:25–36. https://www.rehab.research.va.gov/jrrd/

Nassif, T. H., Hull, A., Holliday, S. B., Sullivan, P., & Sandbrink, F. (2015). Concurrent validity of the defense and veterans pain rating scale in VA outpatients. *Pain Medicine*, 16(11), 2152–2161. http://web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=8&sid=6b1265bd-a987-4c65-b6a9-60c55efe8c56@sdc-v-sessmgr01

Tiffany, E., Wilder, C. M., Miller, S. C., Winhusen, T. (2016). Knowledge of and interest in opioid overdose education and naloxone distribution among US veterans on chronic opioids for addiction or pain. *Drugs: Education, Prevention & Policy*, *23*(4), 322–327. https://doi.org/10.3109/09687637.2015.1106442

U. S. Department of Veterans Affairs. (n.d.). Defense and veterans pain rating scale [Digital image]. Retrieved from https://www.va.gov/PAINMANAGEMENT/docs/DVPRS_2slides_and_references.pdf