



Troops Becoming Drug Addicts – What is the Solution?

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For more than nine years we have been engaged in conflict and war – the result: multiple deployments, marriage breakups, troop suicides, increases in domestic violence and military sexual trauma. There are also countless hidden injuries – PTSD, TBI and chronic pain.

The flip side? No terrorist attacks on US soil. So the record is straight – I commend all our troops and our military families for their tireless work and commitment. There is no question of commitment.

What is at question – at least to some – is whether we are adequately taking care of those who return from war who have chronic pain...and are our methods of care appropriate?

The argument is simple: we send our servicemembers to get shot up, returning with broken bones, fractured nerves and then complain because they take addictive pain medications. Study after study show that it is the stigma of chronic pain meds that leads to addictive behaviors (dishonesty, sneaking around, hiding medication intake and problems). We need to correct how we treat and what we treat with...or so goes the argument.

I had the opportunity to interview Dr. Robert Newman. He is Director of The Baron Edmond de Rothschild Chemical Dependency Institute at Beth Israel Medical Center and President Emeritus of Continuum Health Partners, Inc., a corporation which controls Beth Israel Medical Center, St. Luke's-Roosevelt Hospital Center, The Long Island College Hospital and The New York Eye and Ear Infirmary.

Dr. Newman is best known for his expertise on drug addiction and treatment, particularly with methadone, of which he was an early proponent. Dr. Newman led the roll-out of the first methadone maintenance program while at Beth Israel more than 35 years ago; today, this is the largest program in the world.

When it comes to prescription pain med addiction, Dr. Newman's answer is straight-forward: eliminate TRICARE's exclusion for coverage of medical maintenance treatment as set forth under 32CFR199.4(e)(11)(ii) that prevents our troops from receiving the best treatment options.

If we start thinking of medical maintenance the way we think of insulin then servicemembers have better pain control and fewer social problems. Most

importantly the servicemember isn't made to feel that they are inadequate. What is it with our thinking? Why would we want a servicemember with a broken body to live a life in constant pain?

For almost 40 years "maintenance" treatment of opiate dependence has been recognized as the most effective response to this serious, potentially deadly, notoriously relapsing medical condition. Such treatment has relied on methadone since the first reports were published in the mid-60s, and more recently has also involved the use of buprenorphine (approved by the Food and Drug Administration in 2002). The critically important role of maintenance therapy has been acknowledged by local, national and international authorities for years. To cite just a few examples:

- National Institute on Drug Abuse
- Institute of Medicine
- National Institute of Health
- US Centers for Disease Control
- WHO/UNODC/UNAIDS Position Paper (2004)
- Senator Carl Levin, in a Press Statement (12/8/06), noted:
"... the great success of buprenorphine treatment ... for millions of Americans who suffer from dependence on opioids, which include heroin, morphine and some prescription painkillers."

And yet both the Department of Defense (through its medical benefits program TRICARE) and the Department of Veterans Affairs (through its insurance program CHAMPVA) refuse to cover maintenance treatment.

This is especially lamentable in that:

- Recent reports estimate as much as 35% of wounded troops become addicted to pain medication;
- U.S. tax dollars pay for "medical maintenance" treatment to non-U.S. citizens overseas, the U.S., without exception or explanation, refuses to pay for methadone (or buprenorphine) maintenance at home for military, veterans, retirees, dependents or survivors of those killed in action.

We have a moral obligation to care for service members. Bottom line.

About Michael Schindler

Michael Schindler, Navy veteran, and president of Operation Military Family, is a guest writer for several national publications, author of the book "Operation Military Family" and "The Military Wire" blog. He is also a popular keynote and workshop speaker who reaches thousands of service members and their families every year.

Mr. Schindler has met with the Vice Chief of Staff of the Army, sat with staff members from the Chairman of the Joint Chiefs' staff, has collected hundreds of hours of interviews with every day warriors, their families and senior leadership, including Lt. GEN. Benjamin Mixon, commanding general of the

US Army Pacific all in an effort to better understand and promote the importance of family to our national security.

His book, Operation Military Family, endorsed by great Americans like Gen. Tommy Franks, continues to be a sought-out resource by licensed professionals and military families across the United States. His workshops and seminars, "How to Battle-Ready Your Relationship" or "What Your Mother-in-Law Didn't Tell you" are among just a few of the thought-provoking, funny and practical "how-to" events on improving personal and business relationships.

By embracing technology and studying how today's warriors and families communicate, the staff at Operation Military Family continues to enrich and strengthen our service members, veterans and their families. 2010 Outstanding Patriotic Service recipient – awarded by WA Dept. of Veterans Affairs 2011 "Superheroes for Washington Families" recipient – awarded by Parent Map