



NAMI is submitting this testimony in support of the Jason Simcakoski Memorial Opioid Safety Act.

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. Part of our mission is to support our military, past and present, who are dealing with mental health issues. In support of that mission, we will often support policy that can improve the lives of our military service members, veterans and their families.

As an organization, we have become aware of the increasing number of veterans, like U.S. Marine veteran Jason Simcakoski, who have been prescribed both Benzodiazepines and opioids; and about the serious complications that can arise from their use. Jason Simcakoski died at the age of 35 on August 30, 2014 from the mixed drug toxicity of Benzodiazepines and opioids. Unfortunately, we also know that he is not the only veteran to die as a result of mixed drug toxicity under the care of doctors at the Department of Veterans Affairs.

Although these types of medications are deemed safe and effective when taken as directed, when opioid pain relievers like oxycodone, hydrocodone, hydromorphone, or morphine are combined with other drugs that depress Central Nervous System activity, such as benzodiazepine's – it can present serious or even life-threatening problems for those who are taking them. NAMI's concern goes to the issue of veteran's morbidity and mortality with the combined prescription of opioid painkillers and drugs in the benzodiazepine (BZD) class: best known examples are Librium, Valium, Xanax, and Ativan. Like opioid-based pain medications, BZDs are addictive. They are prescribed by mental health providers treating Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), depression, anxiety, and panic disorder. They are also used in the treatment of seizure disorders, insomnia, and alcohol withdrawal.

In a National Institute of Health study in 2011 by Macey et al., it was found that approximately two-thirds of OEF/OIF veterans with pain issues were prescribed opioids over a one-year timeframe, and that over one-third were prescribed opioids on a long-term basis. This study extends prior literature documenting high rates of opioid use among OEF/OIF veterans suffering from war-related injuries (Clark et al., 2009; Wu et al., 2010). The researchers found that despite prescribers adhering to guidelines for the treatment of chronic pain there were a high number of opioid prescribed veterans with concurrent benzodiazepine prescriptions. Macey et al. found that 33% of long-term opioid users in their study were concurrently prescribed benzodiazepines.



An additional December 2014 report was put out by the Drug Abuse Warning Network (DAWN). Their report found that combining benzodiazepines with opioid pain relievers significantly increased the risk of a more serious emergency department visit outcome. These facts suggest that individuals are at risk and that the baseline risks are high enough to suggest a public health concern. We are aware that concurrent use of opioids and benzodiazepines pose a formidable challenge for clinicians who manage chronic pain and mental health issues. However, what makes this issue serious is that veterans with chronic pain who use opioid analgesics along with benzodiazepines have been found to be at higher risk for fatal and nonfatal overdose and to have more aberrant behaviors (Gudin et al., 2013).

According to a May 2014 VA Office of Inspector General (OIG) report (NO. 14-00895-163) on opioid therapy practices, it was found that approximately 64% of veterans prescribed take-home opioids had been diagnosed with mental health issues. A subset of these veterans received prescriptions for Benzodiazepines. According to the report “the concurrent use of Benzodiazepines and opioids can be dangerous because both depress the central nervous system. Benzodiazepines have been strongly associated with death from opioid overdose.”

Given the findings, coming up with a solution and a better way to monitor the prescribing practices of physicians is critical. Co-administration of these agents produces an increase in rates of adverse events, overdose, and deaths, warranting close monitoring. NAMI believes that the veterans in this country deserve safe and responsible health care to recover from the physical and emotions wounds of combat.

Based on this information and the gravity of the issues discussed in the studies we’ve discussed, NAMI supports Senator Tammy Baldwin’s announcement of the Jason Simcakoski Memorial Opioid Act, calling for better coordination of care throughout the VA, increased scrutiny of prescriptions of opioids and benzodiazepines for our military veterans receiving care through the Department of Veteran’s Affairs, and increased accountability for quality standards through appropriate audits and reporting. NAMI also deeply appreciates the Committee’s proven commitment to ensuring that the physical and mental healthcare needs of our nation’s veterans are met quickly, effectively, and completely and that future deaths from mixed drug toxicity are prevented. We look forward to working with Senator Baldwin and the Senate Committee on Veteran’s Affairs to help achieve those outcomes.

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