Statement of Jacqueline A. Maffucci, Ph.D.[1]
Research Director, Iraq & Afghanistan Veterans Of America
before the
Senate Committee on Veterans' Affairs
for the hearing on
Overmedication: Problems and Solutions

April 30, 2014

Chairman Sanders, Ranking Member Burr, and Distinguished Members of the Committee:

On behalf of Iraq and Afghanistan Veterans of America (IAVA), I would like to extend our gratitude for being given the opportunity to share with you our views and recommendations regarding overmedication, an important issue that affects the lives of thousands of service members and veterans.

As the nation's first and largest nonprofit, nonpartisan organization for veterans of the wars in Iraq and Afghanistan, IAVA's mission is critically important but simple – to improve the lives of Iraq and Afghanistan veterans and their families. With a steadily growing base of nearly 270,000 members and supporters, we aim to help create a society that honors and supports veterans of all generations.

In partnership with other military and veteran service organizations, IAVA has worked tirelessly to see that veterans' and service members' health concerns are comprehensively addressed by the Department of Veterans Affairs (VA) and by the Department of Defense (DoD). IAVA understands the necessity of integrated, effective, world-class healthcare for service members and veterans, and we will continue to advocate for the development of increased awareness, recognition and treatment of service-connected health concerns.

A recent report from the Center for Investigative Reporting found that over the last 12 years, there has been a 270 percent increase in Veterans Health Administration (VHA) prescriptions for four powerful opiates[2]. There has also been an increase in psychiatric medication prescriptions as well[3].

Given the last 12 years of conflict and the very physical and psychological demands on our troops, it is no surprise that veterans are seeking care at the VA for a multitude of

needs. The use of medication to treat certain physical and mental conditions is a valid treatment option, but the VA must continue to develop a comprehensive and multidisciplinary approach to treatment.

The need for comprehensive treatment is particularly prevalent in polytrauma cases, which are among the most complex medical cases to address. Pain often presents in consort with other conditions, such as depression, anxiety, PTSD, or TBI. Providers can be challenged to treat such polytrauma cases because of the challenge of managing multiple conditions. Some of these conditions may limit the drugs available to the patient, making treatment options limited.

These issues constitute major challenges for providers. Certainly part of a treatment program for chronic pain or mental health issues may include strong medication, including opioids and psychiatric medications; but a schedule of treatment should not be limited to pharmaceutical treatment and should integrate a host of other proven therapies. This is why a stepped case management system can be very helpful. In this type of system, a primary care physician has the support of an integrated, multi-disciplinary team of providers to design and implement a comprehensive treatment plan for the patient.

With approximately 22 veterans dying by suicide every day, and more attempting suicide[4], reducing instances of overmedication and limiting access to powerful prescription medications that can be used to intentionally overdose must be included in a comprehensive approach to addressing the issue. Particularly considering that overdosing is a common mechanism for suicide attempts, with over half of all non-fatal suicide events among veterans resulting from overdose or intentional poisoning[5].

The VA's 2012 Suicide Data Report also showed that between 74-80 percent of service members and veterans sought care from a provider within four weeks of attempting suicide[6]. This evidence shows the critical need for providers to not only provide access to timely mental health services, but also to ensure that the risk of overdose and overmedication are minimized through the use of state prescription monitoring programs and the creation of formulary take-back programs.

Given the challenging nature of understanding the medical and mental health needs of veterans, the VA and the DoD have made laudable initiatives to meet these needs. But the challenge remains to uniformly and effectively translate all of these efforts to practice. Too often we hear the stories of veterans who are prescribed what seems like an assortment of psychiatric medications and/or opioids with very little oversight or follow-up. On the flip side, there are also stories of veterans with enormous pain and doctors who won't consider their requests for stronger medication to manage the pain.

One IAVA family member has expressed frustration and concern in regards to the VA's

current opioid drug usage. Her husband, who was prescribed nine different medications to address a range of health issues related to pain, anxiety, and depression, tragically passed away from what was labeled an accidental overdose by the corner. Since then, his widow has been fighting for overmedication by the VA to be included on his death certificate.

In a similar case highlighted by CBS, a veteran with 5 tours of duty in Iraq and Afghanistan received a treatment plan from the VA with a total of eight prescriptions. When he was prescribed a ninth drug by the VA he took the medicine as instructed. The next morning he was found by his wife. His death was classified as an accidental death due to overmedication. His widow plans to sue the VA for his death.

It is not our job to second-guess the judgment of the doctors treating these patients, but it is our job to question the system that is providing overall care to our veterans and tracking this care. The VA has established practices and policies aimed at providing quality care to veterans, but it won't do our veterans any good if VHA cannot efficiently and effectively integrate these findings into their management practices and have a plan in place to continually improve upon accepted practice with evidence-based findings. While the VA has made great strides to recognize the need for comprehensive and multidisciplinary support, clearly there is still a lot of room for improvement in implementing these procedures.

In part, some of the challenges may be in the inherent differences between the VA and DoD systems of care, whether it be in their available formularies, uniformity of record keeping and medical terminology used, or the interoperability, or lack thereof, of the medical record systems, care for our military and veteran population should be one integrated approach. A comprehensive treatment plan requires the VA and DoD have an integration of medical records such that receiving doctors are clear on the history of the patients that they intake. But beyond that, once the veteran is received into the VHA system, it's not just about putting out policies, clinical practice guidelines, and funding research. At the end of the day, the success will be seen in how those products are implemented into practice and how they are continually assessed for effectiveness. The key will be in education, integration, and assessment.

Again, we appreciate the opportunity to offer our views on this important topic, and we look forward to continuing to work with each of you, your staff, and this Committee to improve the lives of veterans and their families.

Thank you for your time and attention.

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[1] Dr. Jackie Maffucci, IAVA's Research Director, holds a Ph.D. in neuroscience from the University of Texas at Austin. She previously worked with the Provost Marshall General and other

senior leaders at the Armed Forces Services Corporation to develop, implement, and monitor research programs and opportunities to address the health and wellness needs of service members.

[2] Glantz, A. (2013, September 28). VA's opiate overload feeds veterans' addictions, overdose death. *Center for Investigative Reporting*. Retrieved from http://cironline.org/node/5261

[3] Government Accountability Office. (2012, November 14). DOD and VA Healthcare: Medication Needs during Transitions May Not Be Managed for All Servicemembers. Retrieved from http://www.gao.gov/products/GAO-13-26

[4] Kemp, J. and Bossarte, R. (2012). Suicide Data Report 2012. Department of Veterans Affairs. Retrieved from http://www.va.gov/opa/docs/suicide-data-report-2012-final.pdf

[5] Ibid.

[6] Ibid.