MEMORANDUM FOR ST
ATTN: SANDRA VALTIER

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

1. Your paper, entitled *Chronic Pain and Substance Abuse: What's the Connection?* presented at/published to *2016 SURF Meeting, TX 20 May 2016* with MDWI 41-108, and has been assigned local file #16214.

2. Pertinent biographic information (name of author(s), title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.

3. Please know that if you are a Graduate Health Sciences Education student and your department has told you they cannot fund your publication, the 59th Clinical Research Division may pay for your basic journal publishing charges (to include costs for tables and black and white photos). We cannot pay for reprints. If you are 59 MDW staff member, we can forward your request for funds to the designated wing POC.

4. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

   [Signature]

   LINDA STEEL-GOODWIN, Col, USAF, BSC
   Director, Clinical Investigations & Research Support

Warrior Medics – Mission Ready – Patient Focused
INSTRUCTIONS

USE ONLY THE MOST CURRENT 59 MDW FORM 3039 LOCATED ON AF E-PUBLISHING

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   b. In Section 2, there may be funding available for journal costs, if your department is not paying for figures, tables or photographs for your publication. Please state "YES" or "NO" in Section 2 of the form, if you need publication funding support.

2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.

3. Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g. case report, QA/QI study, program evaluation study, informational report/briefing, etc.) in the "Protocol Title" box.

4. Attach a copy of your abstract, paper, poster and other supporting documentation.

5. Save and forward, via email, the processing form and all supporting documentation to your unit commander, program director or immediate supervisor for review/approval.

6. On page 2, have either your unit commander, program director or immediate supervisor:
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10. If your manuscript is accepted for scientific publication, please contact the 59 CRD/Publications and Presentations Section at 292-7141. This information is reported to the 59 MDW/CC. All medical research or technical information publications/presentations must be reported to the Defense Technical Information Center (DTIC). See 59 MDW 41-108, Presentation and Publication of Medical and Technical Papers, for additional information.

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement:
"The views expressed are those of the [author(s)] [presenters(s)] and do not reflect the official views or policy of the Department of Defense or its Components"

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving humans:
"The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02_AFI 40-402."

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"The experiments reported herein were conducted according to the principles set forth in the National Institute of Health Publication No. 80-23, Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act of 1966, as amended."
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<tr>
<td>FROM:</td>
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<td>Sandra Valtier</td>
<td>GS13/ST</td>
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<td>GME/GHSE STUDENT:</td>
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<td>Chronic Pain and Substance Abuse: What's the Connection?</td>
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<tr>
<td>FUNDING RECEIVED FOR THIS STUDY?</td>
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<td>FUNDING SOURCE: JPC-5 Substance Abuse Working Group</td>
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<td>Jennifer Sharpe Potter</td>
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The presentation is approved.

Rocky Calcote, PhD, Clinical Research Administrator

59 MDW/SGVU Form 3039, 20160218
Preceded by 59 MDWI 41-108
PREVIOUS EDITIONS CURRENTLY IN USE CAN BE USED
ALL OTHERS ARE OBSOLETE
CHRONIC PAIN AND SUBSTANCE ABUSE: WHAT'S THE CONNECTION?

Jennifer Sharpe Potter, PhD, MPH
Associate Professor of Psychiatry

Division of Alcohol and Drug Abuse
Department of Psychiatry
School of Medicine
University of Texas Health Science Center San Antonio
Disclaimer

- The views expressed are those of the presenters and do not reflect the official views or policy of the DoD or its components.
- The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02_AFI 40-402.
Objectives

- Describe the prevalence of co-occurring chronic pain (CP) & prescription opioid use among active duty service members
- Explore treatment options for co-management of CP & prescription opioid use
- Identify challenges and opportunities for prevention and intervention initiatives in the Military Health System (MHS)
- Describe current project
Key Definitions

- **Chronic Pain (CP)** - Continuous or recurrent pain that persists for ≥three months
- **Opioid Analgesic (OA)** prescribed for moderate to severe pain, particularly of visceral origin, and are used in step two and step three of the analgesic ladder
- **Nonmedical Use**: intentional use of OAs without a prescription, in a way other than as prescribed, or for the experience or feeling that it causes
- **Misuse**: the use of OAs for purposes for which it was not intended
Key Definitions

- **Prescription Drug Monitoring Program (PDMP):** state-run electronic databases used to track the prescribing and dispensing of controlled prescription drugs to patients
- **“Doctor Shopping”:** seeing multiple treatment providers, either during a single illness episode or to procure prescription medications illicitly
  - common predictor in the civilian sector is the 5x5x3 metric. (5 or more Prescribers AND 5 or more Dispensers within 3 months)
Opioid Analgesic

- Opioid Analgesic (OA) misuse is a current public health epidemic
- Associated with increased ER visits, unintentional overdose, mortality, opioid-related addiction treatment, and suicide
- The majority of drug overdose deaths (more than six out of ten) involve OAs
- Number of prescription OAs sold in the U.S. have almost quadrupled since 1999
- Deaths from prescription opioids—e.g. oxycodone, hydrocodone, and methadone—have quadrupled since 1999.
Chronic Pain

- 2011 Institute of Medicine report states that nearly 100 million American adults suffer from chronic pain.
- Total annual cost of health care due to pain ranges from $560 billion to $635 billion (in 2010 dollars) in the U.S.
- Low back pain was the most common pain area,
  - followed by severe headache or migraine pain,
  - neck pain and facial ache or pain
- Back pain is the leading cause of disability in Americans under 45
- More than 26 million Americans between the ages of 20-64 experience frequent back pain
Background in Military Health System

- Mental healthcare Vs Physical healthcare challenge
  - Active Duty Military at high risks for injury and chronic pain conditions
  - Many with acute and chronic pain receive OAs for pain
  - Physical pain appears to be associated with substance abuse treatment outcomes
- Chronic pain disproportionately affects activity duty military personnel
- Increasing rates of OA misuse among activity duty military personnel
  - OA misuse higher within the military setting compared to civilian rates
- In 2008, 17.2% activity duty military personnel reported OA misuse in prior 12 months
- In *JAMA Internal Medicine (June 2014)* found by using self-report surveys that not only were more soldiers taking opioids for chronic pain, but some soldiers admitted to taking opioids when no pain was present
"The nation's defense rests on the comprehensive fitness of its service members — mind, body, and spirit. Chronic pain and use of opioids carry the risk of functional impairment of America's fighting force."

-Dr. Jonas and Dr. Schoomaker.
Monitoring OA Use

- OA misuse is not easy to identify
- Monitoring OA prescribing and dispensing
- Limited information regarding impact of prescription OA surveillance and monitoring
- Impact of prescription OA misuse
  - Combat readiness
  - Fitness for duty
  - Interfere with ability to carry out mission
  - Reducing ranks
  - Career
  - Stress to spouse and family
Current Project

- Understanding and characterizing active duty military personnel and beneficiaries who received a prescription for an OA
- Opioid risk mitigation – military health priority
- Formative research on the feasibility of implementing an opioid prescription monitoring and intervention system in the Military Health System (MHS)
- Understand barriers and facilitators to implementing a PDMP within the MHS
Study design: Mixed methods

- **Characterize** OA prescribing in the MHS at population and individual levels
- **Build military-specific algorithms** based on best practices of state run PDMPs to alert clinicians of potential OA misuse in the MHS
- Develop standardized reports and guidelines for addressing OA misuse in the military context
- Qualitatively **evaluate the impact** of using these algorithms to assess feasibility of prescription monitoring within the MHS
Current activities and next steps

- Trends and trajectories (50% completed)
- Receive feedback on feasibility of implementing Prescription monitoring in MHS (50% complete)
- Developing algorithms (25% completed)
- Developing reports and ‘toolkit’ (pending additional data analysis)
- Structural intervention development
Acknowledgments:

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