

VVA 788 NEWS

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HELPING VETERANS, COMMUNITIES,
AND THOSE SERVING IN HARMS WAY



Vietnam Veterans of American Chapter 788

September 2017

Forever GI Bill Now Law of the Land

Thank you members of Congress, for your unanimous support of the Forever GI Bill, and to all of the advocates who have stood with us in fighting for the Forever GI Bill.

5 Things for Veterans to Know About Expanded GI Benefits

- 1. Veterans whose colleges shut down in the middle of the semester will have their benefits restored.** The closure of several colleges and universities in 2015 and 2016, many of which were for-profit adversely affected many student veterans.
- 2. New service members can use the benefit throughout their lifetimes.** The caveat is it's only for those who were discharged on or after Jan. 1, 2013.
- 3. The expanded benefits emphasize STEM programs.** The expansion encourages veterans to enroll in science, technology, engineering or math degrees through financial incentives.
- 4. All Purple Heart recipients since Sept. 11, 2001 are now eligible for educational benefits.** Previously, many reservists who were injured during active service didn't meet the full requirements for the GI Bill.
- 5. GI Bill entitlements can be transferred to another dependent or spouse.** Veterans will be able to transfer the remainder of their entitlement to another dependent in cases where the dependent who initially received the transferred benefits dies.



Pain Management and Opioid Use with Veterans and Service Members

SAMHSA and Veteran Affairs in Action

Military service brings a risk for serious injury, and with it, the possibility of severe or chronic pain. Such pain may be treated with prescription medication – sometimes opioids – which carry a risk for overuse or misuse. SAMHSA has been working with the U.S. Department of Defense (DoD) and the U.S. Department of Veterans Affairs (VA) to enhance informed prescribing practices and prevent misuse that can result in overdose or even death.

Injuries incurred during military service can be complex and the management of chronic pain requires attention. According to Friedhelm Sandbrink, M.D., VA's Acting National Program Director for Pain Management, up to 75 percent of older veterans experience chronic pain. Prevalence of severe pain is strikingly more common in veterans than in the general population, particularly in younger veterans and in veterans who served during recent conflicts. Complicating matters even more are co-occurring disorders experienced by veterans, such as posttraumatic stress disorder and traumatic brain injury, for which additional psychotropic medications may be prescribed. Medication interaction is an important consideration.

“The challenge for those prescribing medications in the military and in the VA is to find the right balance to get the pain under control and to keep the patient safe,” said Dr. Sandbrink. “We want to ensure that patients are finding relief and taking medications as prescribed, and that we are aware of other sedating medications or alcohol use that could increase the risk of overdose.” He added, “in order to find the right balance, we nowadays rely less on medication and make much greater use of other approaches, including behavioral therapies, physical therapy and integrative health modalities, and emphasize physical and mental function.”

Providers outside the military systems and VA are accessed by more than half of those who serve, so they also need to be aware of population-specific guidance for veterans and service members. This is particularly true for members of the National Guard and Reserve, whose home communities may not include military supports.

Learn More > <https://newsletter.samhsa.gov/2017/06/12/opioid-pain-management-for-veterans-active-duty-military/>



MILITARY FAMILIES LEARNING NETWORK

The **Military Families Learning Network** (MFLN) engages military family service providers and Cooperative Extension educators in the exchange of experiences and research to enhance professional impact and encourage professional growth. We encourage the formation and expansion of a skilled and collaborative network of professionals who support significant positive outcomes for military service members and their families.

Their work combines innovative online professional development, opportunities for social learning and sharing, and the human and experiential resources of the Cooperative Extension system.

Their teams of faculty and staff from several universities work collaboratively to encourage issue-driven, learner-centered, collaborative programming. We encourage you to meet our teams, access professional development resources, or connect on social media with our concentration areas:

- **Community Capacity Building**
- **Family Development**
- **Family Transitions**
- **Military Caregiving**
- **Network Literacy**
- **Nutrition and Wellness**
- **Personal Finance**

Learn More > <https://militaryfamilies.extension.org/military-families/>

Drugged Driving—What You Should Know



A recent report from the Governors Highway Safety Association linked driving with drugs in one's system to more accident deaths than driving while drunk. Get all the facts about the dangers of "drugged driving" below.

What is drug-impaired driving? Driving under the influence of over-the-counter medications, prescription drugs, marijuana, or illegal drugs.

Why is drug-impaired driving dangerous? Over-the-counter (OTC) medications and drugs affect the brain and can alter perception, mental processes, attention, balance, coordination, reaction time and other abilities required for safe driving. Even small amounts of some drugs can have a serious effect on driving ability.

What substances are used the most when driving? After alcohol, marijuana is the most commonly used drug. (Source: National Institute of Drug Abuse)

What happens when you use drugs and drive? Marijuana can decrease a person's ability to drive a car. It slows reaction time, impairs a driver's concentration and attention, and reduces hand-eye coordination. It is dangerous to drive after mixing alcohol and marijuana. Driving after using prescription drugs or over-the-counter medicine, such as cough suppressants, antihistamines, sleeping aids, and anti-anxiety medications may impair driving ability.