



The Intersection of Opioid Overuse and Veteran Mental Health Challenges



A Report by the Center for Ethics and the Rule of Law

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On behalf of myself, the CERL Board of Directors, and the CERL staff, I invite you to read the inaugural briefing paper from the Center for Ethics and the Rule of Law (CERL) at the University of Pennsylvania Law School. The following paper signifies CERL's commitment to making impactful contributions to a public conversation on critical issues relating to ethics and national security and to heighten awareness of risks to the rule of law.

CERL is a non-partisan interdisciplinary institute dedicated to the preservation and promotion of the rule of law in twenty-first century warfare and national security. The only center of its kind housed within a law school, CERL draws from the study of law, philosophy, and ethics to answer the difficult questions that arise in times of war and contemporary transnational conflicts.

The topic addressed by the following briefing paper lies at the intersection of two discrete crises: first, the epidemic of widespread opioid abuse and misuse that has spawned a major problem of addiction across the U.S., and second, the pressing problem of mental health challenges among veterans, particularly in evidence among veterans from recent combat deployments during the Global War on Terror. The opioid crisis in the U.S. has had a devastating impact on U.S. cities in recent years, particularly in vulnerable communities where mental health difficulties are common. America's veterans have been particularly disproportionately impacted by the opioid crisis. Due to the fact that they suffer from chronic pain, in combination with high levels of psychological distress due to combat trauma that often goes undiagnosed and untreated, veterans are at risk for addiction and associated difficulties when prescribed opioids. This report is designed to heighten awareness of the plight of veterans in relation to current patterns of opioid prescription and use.

We conclude that the issue of opioid overuse amongst veterans is a public health crisis that must be dealt with on the shortest possible timetable. Not only is the current state of affairs a disservice to those men and women who sacrifice so much to defend us all, but it poses a public safety risk of significant magnitude. It is the professional responsibility of the Veteran's Administration and the military service branches to provide the responsible and effective healthcare our service men and women deserve.

Sincerely,

Claire Finkelstein
Director, Center for Ethics and the Rule of Law



CERL Report on The Intersection of Opioid Overuse and Veteran Mental Health Challenges

I. Overview of the Opioid Crisis in the Veteran Population

Veterans of the United States armed forces number roughly 22 million. As of March 2015, the U.S. Department of Veterans Affairs (VA) reported that approximately 60 percent of military personnel returning from deployments in the Middle East and 50 percent of older veterans from previous deployments suffered from chronic pain nationwide. These rates exceed the reported 30 percent national average of chronic pain within the general American population.¹ Veterans also experience a variety of mental health struggles after returning from deployment, particularly Post-Traumatic Stress Injury (PTSI) due to exposure to traumatizing events in combat and post-concussion syndrome following blasts from improvised explosive devices (IEDs). Suicide has reached epic proportions in the veteran population, with an estimated 22 veterans committing suicide each day in the U.S. on average.² In 2014, veterans made up 8.5 percent of the adult American population but accounted for a disproportionate 18 percent of all deaths by suicide in the U.S.³

Research is beginning to show that there is a causal link between PTSI and substance abuse within the veteran and civilian populations. The McGuire VA Medical Center states that regardless of veteran status, those with PTSI are three to four times more likely to have a substance abuse disorder.⁴ Prescribing opioids for chronic physical pain in the case of vulnerable individuals suffering from a high degree of psychological distress leads to an increase in addiction disorders within the veteran and civilian communities. An estimated 34.5 percent of civilian males and 26.9 percent of civilian females suffering from PTSI symptoms also abuse drugs or have a drug dependency problem.⁵

Within the entire United States, roughly 2.1 million people have a substance abuse disorder related to prescription opioids. The soaring addiction rates have had significant negative impact beyond opioids. In 2012, the National Survey on Drug Use and Health estimated that 467,000 Americans were addicted to heroin, a drug closely linked to prescription opioids.⁶ As prescription opioids became harder to access, and individuals suffering from addiction were no longer able to obtain prescriptions, many turned to heroin as an alternative.⁷ Individuals who abuse opioids are 19 times more likely than the general population to end up abusing heroin as well.⁸

As the CDC recognized in early 2016, there has never been significant evidence that opioids are safe and effective for the treatment of chronic non-cancer pain. Accordingly, in March of 2016, the CDC released new guidelines for the prescription of opioid painkillers, recommending significant reductions in the quantity and duration of opioid use.⁹ Recent state legislation echoes the CDC's revised guidelines, with Massachusetts, Maine, and most recently New York, having passed reform bills that

sharply limit opioid prescribing patterns.¹⁰ As of May 2016, 49 states had put in place operational Prescription Drug Management Programs (PDMPs) but the regulations are not universal.¹¹

Despite their apparent dangers and limited long-term efficacy, opioids have been a preferred treatment for chronic pain among both private and VA prescribers in recent years, due in substantial part to aggressive marketing by pharmaceutical companies regarding the claimed importance of medicating chronic pain with high and frequent opioid administration. This marketing often includes false information about the benefits of opioid treatment, false information about the risks of opioid treatment, and false information regarding the dangers of alternatives to opioids, such as ibuprofen.¹² The pharmaceutical industry has spent a considerable amount of money lobbying against opioid prescription reforms and legislation. All combined, they have spent over \$880 million fighting to curtail alternative approaches to pain relief, prescription drug monitoring programs, and reformed opioid prescription guidelines.¹³

Recently, several lawsuits have been filed against pharmaceutical companies identifying these marketing practices as a contributing factor to the opioid and heroin addiction epidemic. These include suits by the Commonwealth of Kentucky, the City of Chicago, and two individual counties in California, some of which have ended in significant settlements.¹⁴ This follows the 2007 suit against Purdue Pharma, in which the company pled guilty to criminal charges stemming from misleading patients, regulators, and physicians regarding the safety and efficacy of opioid medications. Purdue Pharma's parent company paid a \$600 million fine to resolve the related criminal and civil charges.¹⁵

In the City of Chicago's continuing fight against opioid manufacturers, the city alleges that Purdue Pharma and others, both nationally and within Chicago, colluded to produce misleading "unbranded marketing." Unbranded marketing is a particularly useful tool for advertising where companies utilize messaging not attributable to a specific brand in order to influence consumers without the image of self-advocacy. The complaint claims that Purdue Pharma and the other defendants produced and disseminated unbranded marketing that directly conflicted with the official branded marketing's claims, and that manufacturers thereby misrepresented the effectiveness of opioids, concealed links between opioids and addiction, termed signs of opioid addiction as "pseudo-addiction," and misrepresented the effectiveness of non-opioid pain management drugs (NSAIDs) as viable alternatives to opioids.¹⁶ The original complaint, filed in 2014, included Purdue Pharma, Endo International, Teva Pharmaceuticals, Johnson & Johnson, Allergan/Actavis, and Pfizer. In July 2016, Pfizer agreed to adhere to a new written code of conduct that requires the manufacturer to include in all promotional material a statement to the effect that "narcotic pain killers carry serious risk of addiction," even when used properly. Pfizer also promised not to promote opioids for unapproved, 'off-label' uses such as long-term back pain.¹⁷

Some of these misleading opioid marketing materials directly target the veteran population, despite the fact that veterans are highly vulnerable to the dangers of addictive, mood-altering medications. In addition to grappling with frequent physical pain, veterans are particularly subject to stigma associated with admitting to psychological injury.¹⁸ They are consequently more likely to seek treatment for physical over mental health problems. In view of their PTSI and other psychological injuries, however, veterans are also at increased risk for addiction and overdosing in connection with the use of opioids as compared with the general population. Opioid use also potentially impairs the progress of known, effective behavioral health treatments for PTSI, namely exposure therapy and other forms of supportive mental health treatment that rely on raising self-awareness through talk therapy.

A summary of the problem at the intersection of the opioid crisis and veteran behavioral health is as follows:

- **Veterans suffer extensively from chronic physical pain and are more likely to seek treatment for that pain than for psychological injuries.**
- **Veterans often have difficulty admitting to PTSI due to the stigma, as well as professional and financial repercussions, associated with self-identifying as someone with psychological injuries.**
- **Due to high rates of psychological injuries among veterans, along with an increased likelihood of misuse of opioids in traumatized populations, veterans are at risk for addiction and abuse when prescribed opioids for chronic pain.**
- **Insofar as there are larger numbers of veterans among first-responders it is possible that individuals who have not been adequately screened and treated for PTSI are placed in emergency situations that are highly triggering of past traumas. This poses a potential public health risk that merits further examination.**

II. Opioid Over-Prescription in the Veteran's Administration

Because of the risk of addiction and accidental overdose, and the lesser but very real risk of death from opioids even when taken at prescribed doses, opioid prescribing patterns must be carefully constrained and overseen. The most recent studies show that approximately 1.9 to 2.1 million Americans are addicted to opioids and nearly 19,000 deaths occur annually from opioid overdoses.¹⁹ Veterans are roughly twice as likely to become addicted to opioids than are members of the general population.²⁰ According to a 2011 study commissioned by the National Institutes of Health (NIH), the prevalence of fatal overdoses among veterans is twice as high as in the civilian population.²¹ Between 2010 and 2015 the number of veterans addicted to opioids rose 55 percent, to a total of roughly 68,000.²² This figure represents about 13 percent of all veterans currently prescribed opioids.²³

Indeed, until a few years ago, the VA was treating veterans' chronic physical pain almost exclusively with opioid painkillers. In 2013, the Center for Investigative Reporting found that prescriptions for opiates among veterans spiked 270 percent over 12 years, leading to addictions and a fatal overdose rate twice the national average.²⁴

The VA has taken some steps to address the problem. The VA issued more measured prescribing guidelines in 2010, and between July 2012 and June 2015 the department reduced the number of veterans receiving opioids by 115,575 individuals.²⁵ The agency also established the Integrative Health Coordinating Center (IHCC) within the Office of Patient-Centered Care, which includes complementary and alternative medicine approaches.²⁶ The IHCC's approach is consistent with the growing evidence that non-pharmacological approaches for chronic pain can be effective as part of a comprehensive care plan which includes acupuncture, massage, yoga and spinal manipulation.²⁷

Yet even with these improved practices, the number of veterans with opioid-use disorders continues to grow. At the same time, there is evidence that PTSI continues to be overlooked and under-diagnosed, along with other mental health disorders such as “moral injury.” There is also a serious shortage of addiction treatment capacity within the VA. For example, the number of beds available within the VA system for rehabilitation falls far short of what would be required to adequately meet the need, and stays are arbitrarily limited to 15 days under recently enacted Medicaid regulations.²⁸ Many patients addicted to opioids, however, need stays of 90 days or more to have their best chance at drug-free recovery.

III. PTSD Among First-Responders

Veterans suffering from undiagnosed and untreated PTSI and moral injury represent a potential law-enforcement and civilian safety risk, and a number of violent incidents across the country have been linked to individuals suffering combat-related mental health disorders. Psychological equilibrium is an essential attribute for first responders, and ensuring the stability and effectiveness of emergency services should be one of our highest national priorities.

Veterans returning from combat deployments who suffer from diagnosed or undiagnosed PTSI related symptoms are more prone to antisocial and aggressive behaviors which put themselves and those around them at an increased risk for violence. In 2010, the Naval Health Research Center found that of the Marines they surveyed with at least one combat deployment, those reporting PTSI symptoms were six times as likely to exhibit antisocial and aggressive behaviors than those without PTSI.²⁹ A similar study conducted in 2012 found that of nearly 1400 combat veterans surveyed approximately 23 percent of those with “PTSD and high irritability” had been arrested for a criminal offense.³⁰

Veterans returning to the civilian workforce make up a significant portion of America’s law enforcement population. Hire Heroes USA, an organization dedicated to helping returning veterans find employment, estimates that 20 percent of veterans seek employment in law enforcement.³¹ The fact that veterans are at such an increased risk for PTSI creates a potential danger to the civilian population they seek to protect. Adequate screening for new hires and those officers returning to duty following combat deployments with the National Guard and Reserve units could potentially reduce the risk of PTSI related misconduct by law enforcement officers. Unfortunately, screening measures and resources available to first-responders suffering from PTSI appear to fall short. The U.S. Navy’s Center for Combat & Operational Stress Control found that even major law enforcement agencies such as the New York Police Department, the Los Angeles Police Department, and the California Highway Patrol do not require PTSI-specific psychological testing during the hiring process.³²

The risk of undiagnosed and untreated PTSI among military veterans working as first responders is compounded by the increased incidence of PTSI within the greater law enforcement population due to traumatic encounters on the job. Estimates of the percentage of law enforcement officers with PTSI are between 4 to 14 percent, which equates to upwards of 150,000 officers suffering symptoms of PTSI in total.³³ The same stigma that prevent veterans from seeking treatment for PTSI-related symptoms exists in the law enforcement community as well.³⁴ Officers that seek treatment or diagnosis for suspected psychological injuries face the risk of unofficial sanctioning both professionally and socially within their departments. This environment potentially results in untreated and undiagnosed veterans being hired into a workforce that is already heavily populated with civilians suffering from similar psychological

problems. The establishment of mandatory PTSI screening and counseling for law enforcement officers entering the force and those exposed to trauma on the job or during temporary military deployments would help identify at-risk individuals and contribute to a reduction of stigma from seeking mental health treatment.

Potentially, veterans' courts could be effective in addressing the foregoing issues. However, such courts are overloaded and under-resourced given the large number of cases they confront. Potentially, funding should be increased for veterans' courts, and more courts are needed, to address the high caseload of veterans experiencing opioid and other substance abuses, PTSI, post-concussion syndrome and other comorbidities.

IV. CERL's Recommendations Regarding Opioid Over-Use and Veteran Mental Health

CERL's work with veterans, mental health professionals, attorneys and policymakers suggests the following summary recommendations regarding the intersection of the current over-use and over-prescription of opioids and veteran's mental health:

- **Opioid prescribing patterns and opioid use should be mandatorily restricted and time delimited, either by FDA mandatory action³⁵ or by federal legislation, along the lines of the emerging state legislation in this area.**
- **Extreme caution should be mandated in prescribing opioids for use in vulnerable populations, of which veterans may represent the highest risk category in view of combat trauma and other forms of psychological injury.**
- **Particular care should be taken to provide access to treatment for combat trauma in the case of veterans seeking to become first-responders, and steps should be taken to avoid implicit or explicit penalties for first-responders seeking such treatment.**
- **Studies should be done to assess the national percentages of veterans occupying first responder positions across the country, their potential degree of unresolved trauma from military deployments, and to assess whether unresolved PTSI heightens the risk of overly aggressive responses or misjudgment in encounters with the public.³⁶**

As CERL's work has consistently shown, the cost of psychological injury in war has historically been underestimated. Addiction to pain medication is yet another instance of the extended psychological costs of war, accounting for significant financial loss for society and personal loss for veterans and their families. It is essential that the full costs of combat trauma be assessed, including far-reaching effects on the economy and national security, and that appropriate non-medicinal treatments be pursued to lower the rates of PTSI in the veteran population in lieu of medication where possible. Extreme caution is indicated in treating vulnerable patients such as veterans of the armed forces with opioids, and this caution is all the more warranted where veterans are placed in positions of emergency responders.

V. About the Center for Ethics and the Rule of Law

The Center for Ethics and the Rule of Law (CERL) at the University of Pennsylvania is a non-partisan interdisciplinary institute dedicated to the preservation and promotion of the rule of law in twenty-first century national security. The only center of its kind housed within a law school, CERL draws from the study of law, philosophy and ethics to answer the difficult questions that arise in times of war and contemporary transnational conflict. CERL has made addressing the legal and political impediments to healing veterans suffering combat trauma a major focus of its recent work. The Center partners with behavioral health specialists, highly-placed active duty and retired military, medical researchers as well as attorneys across the country to seek solutions to the epidemic of veteran suicide and mental health problems among veterans.

CERL's Founder and Director, Professor Claire Finkelstein, Algernon Biddle Professor of Law and Professor of Philosophy at the University of Pennsylvania, <https://www.law.upenn.edu/cf/faculty/cfinkels/>, routinely conducts briefings and advises on national security matters, including briefings at the Pentagon before the Army JAG Corps as well as the J5 Middle East Division and special operations forces in the U.S. and abroad.

Consulting on this paper is Retired Brigadier General Dr. Stephen Xenakis. Dr. Xenakis is a psychiatrist and active member of CERL's Board, <https://www.law.upenn.edu/institutes/cerl/people.php>, and helps direct CERL's efforts on veteran mental health issues.

For more information about the Center, our upcoming programming, or to join our email list please visit our website: <https://www.law.upenn.edu/institutes/cerl/>. Please contact the Center via email any time at: cerl@law.upenn.edu.

¹ See Statement of Dr. Carolyn Clancy, M.D., Interim Under Secretary for Health, before the Committee on Veterans' Affairs, U.S. Senate, March 26, 2015.

² VA Suicide Prevention Program, "Facts About Veteran Suicide July 2016," at: http://www.va.gov/opa/publications/factsheets/Suicide_Prevention_FactSheet_New_VA_Stats_070616_1400.pdf

³ U.S. Department of Veterans Affairs Office of Suicide Prevention, "Suicide Among Veterans and Other Americans 2001–2014, August 3, 2016, at: <http://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>

⁴ "The Complex Relationships Between PTSD, Pain, and Opioid/Alcohol/Cannabis Use," Mental Health Clinical Services, McGuire VA Medical Center, July 28, 2015, at: <http://justiceforvets.org/sites/default/files/vcc-2015/Handouts/VCC%20CP1/VCC-CP-1.pdf>

⁵ Ibid.

⁶ "Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings," NSDUH, 2013, at: <https://www.samhsa.gov/data/sites/default/files/NSDUHresults2012/NSDUHresults2012.pdf>

⁷ The Senate Caucus on International Narcotics Control found that measured decline in the prescription and addiction of opioids correlates to an increase in heroin addiction in the US. Note, however, that the Caucus also determined that individuals who maintain access to opioids are likely to turn to heroin regardless because of a growing tolerance to the narcotic effects of prescription opioids. "America's Addiction to Opioids: Heroin and Prescription Drug Abuse," National Institute on Drug Abuse, at: https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse#_ftn2

⁸ "The Epidemic of Overdoses from Opioids in Philadelphia," Philadelphia Department of Public Health, June 2016.

⁹ Center for Disease Control Guidelines, March 18, 2016, at: <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>.

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- ¹⁰ See Massachusetts, at: <https://malegislature.gov/Bills/189/House/H4056>; Maine, at: http://legislature.maine.gov/legis/bills/bills_127th/chapters/PUBLIC488.asp, and in June New York, at: <https://www.governor.ny.gov/news/governor-cuomo-signs-legislation-combat-heroin-and-opioid-crisis>.
- ¹¹ National Alliance for Model State Drug laws, at: <http://www.namsdl.org/library/CAE654BF-BBEA-211E-694C755E16C2DD21/>
- ¹² Van Zee, A. (2009). The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy. American Journal of Public Health, at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2622774/>
- ¹³ Inside Big Pharma's Coordinated Effort to Block Opiate Reform," The Fix, September 9, 2016, at: <https://www.thefix.com/inside-big-pharma%E2%80%99s-coordinated-effort-block-opiate-reform>
- ¹⁴ Kentucky settled with Purdue Pharma in December 2015 for \$24 million: <http://www.cbsnews.com/news/kentucky-settles-lawsuit-with-oxycontin-maker-for-24-million/>
Chicago settled with Pfizer in July 2016: <http://www.chicagotribune.com/business/ct-pfizer-opioid-marketing-20160705-story.html>
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See attached document (page 6) for summary of Chicago's allegations of misleading marketing.
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- ¹⁹ "Opioid Addiction 2016 Facts and Figures," American Society of Addiction Medicines, at: <http://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>
- ²⁰ "Veterans Face Greater Risk Amid Opioid Crisis," PBS Frontline, March 2, 2016.
- ²¹ "Accidental poisoning mortality among patients in the Department of Veterans Affairs Health System," April 2011, at: <https://www.ncbi.nlm.nih.gov/pubmed/21407033>
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- ²³ Further information about the prevalence of opioid abuse within the veteran community can be found in this Veterans Affairs Office of Inspector General report: <http://www.va.gov/oig/pubs/VAOIG-14-00895-163.pdf>
- ²⁴ The Center for Investigative Reporting, "VA's opiate overload feeds Veterans' additions, overdose deaths", September 28, 2013 at: <http://cironline.org/node/5261>
- ²⁵ U.S. Department of Veterans Affairs, VAntage Point Blog, August 7, 2015, at: <http://www.blogs.va.gov/VAntage/21796/va-making-progress-reducing-opioid-use-veteran-patients/>
- ²⁶ For an overview of integrative health and patient centered care within the VA see: "What is Patient Centered Care?" VA Patient Centered Care, at: <http://www.va.gov/PATIENTCENTEREDCARE/clinicians/what-is-patient-centered-care.asp>
- ²⁷ The VA's Patient Centered Care website lists a significant body of evidence based research supporting non-pharmacological treatment methods being explored for the veteran population: <http://www.va.gov/PATIENTCENTEREDCARE/clinicians/research/evidence-based-research.asp>
- ²⁸ An explanation of this 15-day limitation (together with a forceful objection to it) is found in a letter that 29 United States Senators (including the Hon. Kirsten Gillibrand) sent to the Acting Administrator of HHS on August 2, 2016. The contents of this letter are available at: <https://www.murphy.senate.gov/newsroom/press-releases/murphy-blumenthal-bipartisan-group-of-senators-urge-cms-to-expand-substance-abuse-treatment-coverage>.
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³⁴ “Cops dealing with PTSD face stigma, lack of resources,” CBS News, August 17, 2012, at:

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³⁵ Thus far the FDA has only taken a significant stance on this issue where the use of opioids is combined with the use of benzodiazepines. See <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm518697.htm>.

³⁶ Preliminary studies demonstrate there may be a link between police brutality and unresolved PTSI in first responders. <https://www.psychologytoday.com/blog/talking-about-trauma/201511/officers-ptsd-greater-risk-police-brutality>.