

# Alcohol Use Disorder and Suicide Among Veterans



## From Science to Practice

Using Research to Promote Safety and Prevent Suicide

### Issue

Alcohol use disorder (AUD) is a type of substance use disorder (SUD) characterized by 11 symptoms, including drinking more or for longer than intended, drinking that interferes with activities and relationships, and an inability to moderate alcohol consumption or stop drinking entirely. Experiencing any two of these symptoms in the past year indicates the presence of AUD.<sup>1</sup> AUD is a well-established risk factor for suicide,<sup>2</sup> and problematic drinking is common among Veterans. Among a nationally representative sample of Veterans, 42.2% meet the criteria for a diagnosis of lifetime AUD (i.e., having had AUD at some point during their lives), while more than 14.8% meet the criteria for a diagnosis of past-year probable AUD.<sup>3</sup> Veterans with lifetime AUD have higher rates of suicide attempts and suicidal ideation than Veterans without lifetime AUD do.<sup>3,4,5</sup>

### Key Findings

- Compared with male Veterans characterized as moderate drinkers, male Veterans with lifetime AUD — both those who reported current hazardous drinking and those who abstained from drinking — had increased odds of screening positive for symptoms of posttraumatic stress disorder (PTSD), depression, and suicidal thoughts and past suicide attempts. Among female Veterans, those who were currently drinking at hazardous levels, but not those who abstained from drinking, had higher risk for suicidality than did female Veterans who were moderate drinkers.<sup>6</sup>
- Nonroutine discharge from military service for misconduct or disqualification was significantly associated with elevated risk for AUD, as well as with risk for suicidal ideation and behaviors.<sup>7</sup>

### AUD and PTSD

- Compared with Veterans who screen positive for probable PTSD alone, Veterans who screen positive for both probable AUD and probable PTSD may be at increased risk for suicide and were three times as likely to have a history of suicide attempts. Veterans who screened positive for both AUD and PTSD were also more likely to screen positive for major depression, generalized anxiety disorder, suicidal ideation, and a past suicide attempt than were Veterans who screened positive for AUD alone.<sup>8</sup>
- Veterans with a diagnosis of PTSD, or PTSD and AUD together, had lower scores for social connectedness and protective psychosocial characteristics than did Veterans diagnosed with AUD alone. Protective psychosocial factors were found to partially mediate the relationship between diagnostic status and risk for lifetime suicide attempts.<sup>9</sup>

### AUD and Suicide Risk Among Female Veterans

- While a current diagnosis of AUD is associated with an elevated risk for suicide among male and female Veterans, the magnitude of the effect of AUD on suicide risk is higher for female Veterans. However, the difference in magnitude was reduced after adjusting for factors such as mental health diagnoses, suggesting that this relationship might be mediated by comorbid psychiatric disorders.<sup>4</sup>
- Similarly, while screening positive for military sexual trauma (MST) is associated with higher rates of AUD and other SUDs among both male and female Veterans, the increase is proportionally greater for female Veterans.<sup>10</sup>
- The interaction between PTSD and a diagnosis of AUD is a stronger predictor of nonfatal intentional self-harm for Veterans Health Administration (VHA) female patients than for VHA male patients.<sup>11</sup>

## Implications

Among Veterans, AUD is associated with an increased risk for suicidal thoughts and behaviors, as well as for other mental health concerns. The association between AUD and suicide is more pronounced for female Veterans, as is the association between MST and AUD. Both male and female Veterans who receive a diagnosis of AUD and PTSD also appear to be at particular risk for suicide and other mental health conditions.

## Ways You Can Help

- Consider the variety of available evidence-based treatments for AUD, including therapy (such as behavioral therapy, to encourage self-change, or couples and family therapy, to improve relationship factors), mutual help groups (such as 12-step programs), and medication.<sup>12</sup> For more information, please refer to the relevant VA/DoD Clinical Practice Guideline, available at [www.healthquality.va.gov/guidelines/MH/sud](http://www.healthquality.va.gov/guidelines/MH/sud).
- Ensure that Veterans receive the guideline-recommended treatments for both substance use and PTSD in co-occurring disorders.<sup>13</sup> Having an SUD should not be a barrier to receiving treatment for PTSD, nor should having PTSD be a barrier to receiving treatment for a substance use disorder. For more information on treating PTSD, please refer to the VA/DoD Clinical Practice Guideline, available at [www.healthquality.va.gov/guidelines/mh/ptsd/index.asp](http://www.healthquality.va.gov/guidelines/mh/ptsd/index.asp).
- Address psychosocial problems — including those related to housing, employment, and other mental health conditions — through shared decision-making and by arranging for additional services to address these concerns.<sup>13</sup>
- More information and resources can be found at [www.mentalhealth.va.gov/substance-abuse](http://www.mentalhealth.va.gov/substance-abuse).

**There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.**

## References

- 1 American Psychiatric Association. 2013. *Diagnostic and statistical manual of mental disorders, 5th ed.* Arlington, VA: American Psychiatric Publishing.
- 2 Wilcox, H. C., K. R. Conner, and E. D. Caine. 2004. Association of alcohol and drug use disorders and completed suicide: An empirical review of cohort studies. *Drug and Alcohol Dependence* 76:S11–19.
- 3 Fuehrlein, B. S., N. Mota, A. J. Arias, et al. 2016. The burden of alcohol use disorders in US military veterans: Results from the National Health and Resilience in Veterans Study. *Addiction* 111, no. 10: 1786–94.
- 4 Bohnert, K. M., M. A. Ilgen, S. Louzon, J. F. McCarthy, and I. R. Katz. 2017. Substance use disorders and the risk of suicide mortality among men and women in the US Veterans Health Administration. *Addiction* 112, no. 7: 1193–1201.
- 5 Lee, D. J., J. C. Kearns, B. E. Wisco, et al. 2018. A longitudinal study of risk factors for suicide attempts among Operation Enduring Freedom and Operation Iraqi Freedom veterans. *Depression and Anxiety* 35, no. 7: 609–18.
- 6 Wilson, S. M., T. K. Burroughs, A. R. Newins, et al. 2018. The association between alcohol consumption, lifetime alcohol use disorder, and psychiatric distress among male and female Veterans. *Journal of Studies on Alcohol and Drugs* 79, no. 4: 591–600.
- 7 Brignone, E., J. D. Fargo, R. K. Blais, M. E. Carter, M. H. Samore, and A. V. Gundlapalli. 2017. Non-routine discharge from military service: Mental illness, substance use disorders, and suicidality. *American Journal of Preventive Medicine* 52, no. 5: 557–65.
- 8 Norman, S. B., M. Haller, J. L., Hamblen, S. M. Southwick, and R. H. Pietrzak. 2018. The burden of co-occurring alcohol use disorder and PTSD in U. S. military veterans: Comorbidities, functioning, and suicidality. *Psychology of Addictive Behaviors* 32, no. 2: 224–9.
- 9 Straus, E., S. B. Norman, M. Haller, S. M. Southwick, J. L. Hamblen, and R. H. Pietrzak. 2019. Differences in protective factors among U.S. veterans with posttraumatic stress disorder, alcohol use disorder, and their comorbidity: Results from the National Health and Resilience in Veterans Study. *Drug and Alcohol Dependence* 194: 6–12.
- 10 Goldberg, S. B., W. S. Livingston, R. K. Blais, et al. 2019. A positive screen for military sexual trauma is associated with greater risk for substance use disorders in women veterans. *Psychology of Addictive Behaviors* 33, no. 5: 477–83.
- 11 Gradus, J. L., S. Leatherman, A. Curreri, L. G. Myers, R. Ferguson, and M. Miller. 2017. Gender differences in substance abuse, PTSD and intentional self-harm among Veterans Health Administration patients. *Drug and Alcohol Dependence* 171: 66–9.
- 12 Management of Substance Use Disorders Workgroup. 2015. *VA/DoD clinical practice guideline for the management of substance use disorders*. Washington, DC: Department of Veterans Affairs and Department of Defense.
- 13 Management of Posttraumatic Stress Workgroup. 2017. *VA/DoD clinical practice guideline for the management of posttraumatic stress disorder and acute stress disorder*. Washington, DC: Department of Veterans Affairs and Department of Defense.