

Suicide Risk in Veterans With Substance Use Disorder



From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Issue

Substance use disorder (SUD) is associated with an increased risk for suicidal ideation, suicide attempts, and death by suicide.¹ SUD is also common among Veterans treated in the Veterans Health Administration (VHA). One study of first-time VHA patients found that 11% received a diagnosis of either SUD or alcohol use disorder (AUD), while 3% received a diagnosis of both.² SUD and AUD are treatable, and clinicians can facilitate access to treatment and support patients seeking treatment.

Key Findings

Prevalence of, and Risk Factors for, Substance Use Disorders

- Heavy episodic drinking and daily cigarette smoking are the most common substance use behaviors among all Veterans.³ Younger Veterans tend to have higher rates of heavy episodic drinking and prescription drug misuse than do their civilian counterparts, whereas older Veterans generally have lower rates than their civilian counterparts.
- Veterans have a similar or slightly elevated age-adjusted overall prevalence of AUD and SUD compared with civilians, and male Veterans ages 18–25 have an elevated prevalence of both.³ The rate of AUD diagnoses among VHA patients is higher than the civilian rate.²
- Characteristics associated with AUD and SUD diagnoses among Veterans are male sex; an age of less than 25; a history of divorce or never having been married; and proxies for combat exposure, such as having been junior enlisted (as opposed to an officer) and having been in the Army (as opposed to other branches). In addition, 82%–93% of Veterans who received an AUD diagnosis,

an SUD diagnosis, or both also received a diagnosis for at least one of the following: posttraumatic stress disorder (PTSD), depression, anxiety, or adjustment disorder.²

Substance Use and Suicide Risk

- A study of service members found that nearly 25% of suicide decedents had received a diagnosis related to substance use or dependence.⁴ Among VHA patients, a current diagnosis of any SUD, including AUD, was associated with an elevated suicide risk; however, this relationship was less pronounced after adjustment for factors such as other psychiatric diagnoses.⁵
- In a study, drug problems were a significant risk factor for suicidal ideation. The rate of suicidal ideation was 9.3 times higher among Veterans who reported drug problems than among those who did not, a difference in rate significantly greater than that found among civilians.⁶

Opioids and Other Prescription Substances

- The effect of opioid use on suicidal ideation and suicide attempts is stronger than the effect of use of other substances.¹ Among VHA patients, opioid use disorder (OUD) has one of the highest associated rates of suicide of the substance use disorders, although the relative rate for OUD compared with other such disorders varies depending on patient gender and analytical model. Sedative use disorder is associated with a higher rate of suicide in all models and for both men and women.⁵
- People with OUD are 13 times more likely than those who do not have the disorder to die by suicide,⁷ and VHA patients are seven times more likely than commercially insured patients to be diagnosed with OUD.⁸ Although the number of male Veterans with OUD who die by suicide is greater, the suicide rate among female Veterans with OUD is higher.⁵
- Depression, suicidal ideation, and chronic pain are associated with overdose risk behaviors. Veterans who had elevated symptoms of depression, suicidal ideation,

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pain interference, or pain severity had elevated rates of overdose risk behaviors in the preceding month, both in comparison with Veterans who experienced lower levels of these symptoms and in comparison with their own behaviors when symptoms were less severe.⁹

Female Veterans and Substance Use

- While a current diagnosis of any SUD was associated with increased risk for suicide among both male and female Veterans, the strength of the association was two to three times higher for women than for men.⁵ Female VHA patients were also prescribed opioids at higher rates than did male VHA patients.¹⁰
- The interaction between a diagnosis of AUD or SUD and PTSD was more strongly predictive of nonfatal intentional self-harm for female VHA patients than for male VHA patients. This interaction is stronger for SUD than for AUD.¹¹

Implications

Alcohol and substance misuse are elevated for all Veterans, and young Veterans appear to be at particular risk for AUD and SUD. Studies show that AUD and SUD are significant risk factors for suicidal ideation, suicide attempts, and suicide death in Veterans.

Ways You Can Help

- Work closely with substance misuse treatment providers to integrate appropriate treatment into care for Veterans with SUD or AUD. The VA/Department of Defense “Management of Substance Use Disorders” clinical practice guideline is available at www.healthquality.va.gov/guidelines/mh/sud/index.asp.
- Follow U.S. Department of Defense and VA opioid therapy guidelines regarding drug screening, available at www.healthquality.va.gov/guidelines/Pain/cot.
- Assess all Veterans who use opioids to determine their suicide risk, and assess all Veterans at risk for suicide to determine whether they use opioids. Include safe storage of opioid medications in discussions about means safety. Direct Veterans to VHA’s opioid safety information: www.va.gov/painmanagement/opioid_safety/index.asp.
- For treatment of chronic pain, consider nonpharmacological treatments, such as exercise therapy, other physical therapy, massage, chiropractic care, traction, or lumbar supports. Use of nonpharmacological treatments in addition to or instead of opioids is associated with a reduction in negative outcomes such as new-onset alcohol or drug use disorder, poisoning with opioids and other narcotics, and suicide attempts.¹²

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.

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