

Alcohol Use Disorder – A Risk Factor for Suicide Among Veterans



From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Overview

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.¹ AUD is a well-established risk factor for suicide attempt and death by suicide,^{2,3} and problematic drinking is common among Veterans.⁴ Among a nationally representative sample of Veterans, 40.8% meet the DSM-5 criteria for a diagnosis of lifetime AUD (i.e., having had AUD at some point during their lives), while more than 10.5% meet the criteria for a diagnosis of past-year probable AUD.⁵ Veterans with lifetime AUD have higher rates of suicidal behavior than Veterans without lifetime AUD.^{6,5}

Key Findings

Prevalence of, and Risk Factors for, Alcohol Use Disorder

- Veterans have a similar or slightly elevated age-adjusted overall prevalence of AUD compared with civilians.⁷
- Among Veterans, rates of alcohol use disorder can vary by age and tend to be higher among younger aged women and men Veterans. Among women Veterans between the ages of 18 and 25 the estimated prevalence of past-year alcohol use disorder is 11.5% which decreases to 6.7% among those aged 26–34, 5.3% among those aged 35–49, and 2.8% for women Veterans 50 years of age or older. Among men Veterans aged 18–25 the estimated prevalence of past-year alcohol use disorder is 24.7%

which decreases to 15.3% among those aged 26–34, 10.8% among those aged 35–59, 6.7% among those aged 50–64 and 2.8% among men Veterans aged 65 or older.⁷

- 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.⁸
- A nationally representative study found that Black and Hispanic Veterans with AUD demonstrated more psychiatric comorbidity when compared to White Veterans. Additionally, Hispanic Veterans with lifetime AUD reported worse physical health, cognitive functioning, and quality of life.⁹
- A nationally representative study examining changes in prevalence of probable AUD during the COVID-19 pandemic among Veterans found that younger age, higher pre-pandemic alcohol use, and COVID-19 related stressors were associated with higher probability of AUD.¹⁰

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.¹¹
- 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.¹²
- 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

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disorder (PTSD), suicidal thoughts, and past suicide attempts.¹³

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.¹⁴
- Similarly, while screening positive for military sexual trauma (MST) is associated with higher rates of AUD and other SUDs among both men and women Veterans, the increase is proportionally greater for female Veterans.¹⁵
- 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.¹⁶
- Among female Veterans, only those who were currently drinking at hazardous levels had an increased risk for suicidality and depression. When compared with moderate drinkers without histories of AUD, women Veterans with histories of AUD who were no longer drinking had higher odds of screening positive for PTSD and depression, suggesting ongoing need for mental health intervention.¹³
- In a national sample of Veteran women, 14.3% used alcohol as a sleep aid in the past month. Those who used alcohol as a sleep aid also had increased odds of daily drinking and sleeping medication use in the past month. Being aged 65 or older, employed for wages, higher Insomnia Severity Index score, and a positive primary care PTSD screen were associated with increased likelihood of using alcohol to aid sleep in the past month in the multivariable regression model.¹⁷

Ways You Can Help

- Ask Veterans about their drinking habits. For those who drink, ask how drinking is impacting their lives and what thoughts they have about making a change to their drinking behavior. Find out more at: <https://www.va.gov/REACH/challenges/>
- Inform Veterans that the VA offers many options for Veterans seeking treatment for substance misuse, including alcohol use disorder. Help with making a change in drinking behavior is available in several VA healthcare settings including primary care. Find out more at: <https://www.va.gov/health-care/health-needs-conditions/substance-use-problems/>
- Become familiar with the VA/DoD Clinical Practice Guidelines (CPGs) ~research informed recommendations on how to diagnose and treat medical or psychiatric conditions including suicide risk and substance use disorders. Find out more at: www.healthquality.va.gov/
- VetChange is a free and confidential online program available to Veterans to help decrease or stop drinking alcohol. A study evaluating VetChange outcomes found a 43% reduction in alcohol use over a 6-month period for VetChange users. The study found the greatest reduction in alcohol use took place over the first 30 days of intervention.¹⁸ Find out more at: <https://vetchange.org/home/index2>
- Help connect Veterans at risk of suicide to VA resources. VA provides suicide prevention resources to build networks of support among community-based organizations, Veterans Service Organizations (VSOs), health care providers, and other local community members than strengthen protective factors for Veterans. Find out more at: https://www.mentalhealth.va.gov/suicide_prevention/

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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