

## Risk of Opioids, Benzodiazepines and Suicide

**Issue:** Previous studies highlight a connection between opioids, benzodiazepines and death by suicide among Veterans and Servicemembers. We must protect the warfighters from unnecessary therapeutics that may intensify the risk of death by suicide.

**Background:** The average rate of Veteran deaths by suicide is 20 per day. Of these, 14 do not have access or decline treatment by the Department of Veterans Affairs. There have been attempts to research the possible contributing factors driving deaths among Veterans, and efforts have been made to reach these 14 unserved Veterans. But what is evident is that the findings from this research have not provided viable therapeutics, methodologies, or questioned current practices thoroughly enough to identify solutions for Veterans.

Previous studies<sup>1</sup> by the Department of Veterans Affairs cannot conclude the etiology of antidepressants and antipsychotics in relation to Veteran deaths by suicide. Other studies have been directed to the National Academy of Sciences (NAS) via the National Defense Authorization Act (NDAA) to investigate the strength of the correlation between medications used by VA to treat Veterans experiencing depression or suicidal ideations and deaths by suicide of these Veterans. But this study did not include antidepressants within its scope and was inconclusive in its results.

S. 785, the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019*, includes Section 204, which reads,

“The Secretary of Veterans Affairs shall seek to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine under which the Secretary shall collaborate and coordinate with the National Academies on a revised study design to fulfill the goals of the 2019 study design of the National Academies described in the explanatory statement accompanying the Further Consolidated Appropriations Act, 2020 (Public Law 116-94), as part of current and additional research priorities of the Department of Veterans Affairs, to evaluate the effects of opioids and benzodiazepine on all-cause mortality of veterans, including suicide, regardless of whether information relating to such deaths has been reported by the Centers for Disease Control and Prevention.”

It is imperative that the paradigms for this study, and the oversight and transparency of its researchers, ensure real solutions are provided by its findings.

**Recommendation:** Given that Veteran deaths by suicide have remained at alarming amounts regardless of the previous efforts to investigate the causes and provide treatment, we recommend stringent vetting processes of all researchers to limit biases for or against opioids and benzodiazepine; and, the addition of an oversight panel consisting of medical doctors and PhDs from relevant specialties who pass the same vetting processes, with the aim towards diversity of experience, perspective, and objectivity.

---

<sup>1</sup> Valenstein, Marcia, Hyungjin Myra Kim, Dara Ganoczy, John F McCarthy, Kara Zivin, Karen L Austin, Katherine Hoggatt, et al. “Higher-Risk Periods for Suicide among VA Patients Receiving Depression Treatment: Prioritizing Suicide Prevention Efforts,” January 2009. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2909461/>