

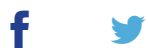
Stop overmedicating our vets



Howard and Jean Somers lost their son, Sgt. Daniel Somers, to suicide in June 2013. They want to make sure other families like them have the help that they need.

By **Patrick D Hahn**

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Op-ed: Why are suicide rates so high for veterans who have no mental health diagnosis, but still get treatment

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This summer, the U.S. Department of Veterans Affairs Office of Suicide Prevention released its **long-awaited report**, *Suicide Among Veterans and Other Americans 2001-2014*, the most comprehensive analysis of veteran suicides ever conducted. The report notes that prior to 2006, the veteran suicide rate, adjusted for age and sex, was actually lower than that of the general population. By 2014, that adjusted suicide rate for veterans was 21 percent higher. In absolute terms that works out to about 20 suicides a day.

That's the bad news. Here's the worse news: Since 2003, the suicide rate for male veterans of overseas contingency operations ages 18-24 has risen a staggering 359 percent.

The VA has announced initiatives for lowering the veteran suicide rate. How is that working out? Table 1 of the report shows suicide rates for VA health services users. The suicide rate for those who received mental health treatment is higher than those who did not. No surprise there: It seems reasonable to assume that those who received mental health treatment were more impaired.

The surprise comes when we compare users who had no diagnosis of mental health or substance abuse issues (and who presumably were less impaired) with those who did have a diagnosis (and were presumably more impaired). The suicide rate for the less impaired users who got mental health treatment was higher than that of the more impaired users who did not.

What is going on? A study published last March by researchers at the South Texas Veterans Healthcare System gives us a clue. They found that polypharmacy (which they defined as five or more psychotropic drugs administered concurrently) was correlated with a nearly four-fold increase in the rate of drug and alcohol overdoses and a nearly four-fold increase in the rate of suicide-related behaviors. This was after controlling for age, sex, ethnicity and co-morbid conditions.

Is anyone surprised? Antidepressants, antipsychotics, anticonvulsants, hypnotics and stimulants all have been linked to suicidality and/or completed suicides. Much of this evidence comes from trials bought and paid for by the drug companies that have a fiduciary duty to do everything in their power to minimize the harms and maximize the purported benefits of their wares. These trials are randomized and placebo-controlled and therefore proof of causation, not mere correlation. What happens when doctors prescribe these drugs, in combinations that have never been tested, for years and years beyond the duration of most clinical trials? Looks like we've got our answer.

Peter Breggin, a psychiatrist of 48 years experience who testified at the 2010 congressional hearings on veteran suicides, told me "the kinds of issues that people deal with that result in their getting psychiatric drugs are not helped by psychiatric drugs, which can only harm the brain and make it more difficult to feel your feelings and to think clearly. They drug the veterans, hoping basically to stupefy them and make them passive so they won't demand services. I think it's a crime that those who are veterans, who have survived our wars, are being killed off by the pharmaceutical empire and its practices."

A Navy veteran with PTSD who became disabled and suicidal after ingesting a veritable cornucopia of psychiatric drugs, most of them prescribed by VA docs, agreed. "The VA is there to get us all in the grave as fast as possible," he said to me. "Instead of saying 'have a shoebox full of medications,' there should be a higher accountability."

On Sept. 28, Sen. John McCain **introduced** the Veterans Overmedication Prevention Act to prevent the overmedication of veterans and to combat suicide deaths. The bill would direct the U.S. National Academy of Sciences to conduct an independent study to review the number of veterans who died of suicide or overdose during the last five years, the presence of medications or illegal substances in the system of each veteran who died, the prevalence of polypharmacy among veterans, and the percentage of veterans who are receiving non-medication treatment (such as CBT) and its effectiveness compared to medication. This is a proposal

every American ought to support.

Our nation should spare no expense in helping veterans who have been harmed by their military service. Such exhortations have been standard op-ed page fare on Veteran's Day for years now. But we owe our veterans more than that. We owe it to them to take a good hard look at whether the help we are offering them is really helping.

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