Background leading to current situation:
The Institute of Medicine Substance Use Disorders in the U.S. Armed forces (1) described a jump in prescription analgesic usage. Military physicians in 2009 wrote nearly 3.8 million pain medication prescriptions, over quadrupling the 2001 total. Prescription opioid misuse (POM) by active duty military personnel, which can lead to pathophysiological dependence and hypogonadism, continued to rise. A 2008 DoD Survey indicated that misuse of pain relievers, tranquilizers, sedatives, and stimulants by ADMP ranged from 9% to 17%. Prescription medication misuse occurred more often in lower military ranks. In 2015 Tritar reviewed analogous data by ADMP increased from 9% in 1999 to 2005. Receipt of pain reliever prescription strongly predicted misuse for all drugs. Absence of a drug testing program was associated with drug misuse.

A Pai. Adv VA Hospital review (5) of chronic pain medication misuses indicated to veterans aged 18-80 found an increased number of controlled substances dispensed from 2010 to 2008. The majority of patients had at least one mental illness. The most prevalent mental illness was mood disorder, followed closely by posttraumatic stress disorder and substance use disorder. A 2012 study of 1676 US veterans of Iraq and Afghanistan showed a higher incidence of self-inflicted injuries when veterans with PTSD were prescribed opioids (6). Military suicides in 2012 reached a record high with 341 self-infl icted deaths surpassing combat mortalities in Afghanistan during the same period. A 2010 Task Force noted that there were nearly 900 DoD suicide prevention activities (5). There were inconsistencies, redundancies, and unmet needs in the DoD programs. Complete evaluation of DoD suicide policies.

METHODS & DATA SOURCES:
A critical look at publicly available documents concerning POM and suicide actions among ADMP was performed. Current VA/DoD (CPG) for opioid therapy for chronic pain and VA/ DoD CPG for assessment of suicide risk were evaluated. The Department of Veterans Affairs and the Department of Defense’s clinical practice guideline (CPG) for assessment of suicidal ideation is a patient questionnaire to identify at least two risk factors for POM involving ADMP.

In 2008, Department of Defense Suicide Event Report (DoD) began surveillance of ADMP suicides and suicide attempts. The data show an association with POM particularly among substance abuse subgroups (11,12).

A study of 107,000 U.S. active duty military personnel (DoD) began surveillance of ADMP suicides and suicide attempts. Supervisors, fellow soldiers, and neighbors identified 75.2% of suicide and 81.0% of suicide attempts among ADMP.

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Several mental health screening instruments for depression are suggested for use. Deterrent strategies include means restriction limiting access to prescription opioids. Prescribing naloxone for intranasal administration by family or others in case of opioid overdose is proposed. Algorithms provide a step by step approach for assessment and determining safe care levels. The recognition of warning signs, such as recent suicide attempts or communicating plans for self-harm, are vital elements of these decision pathways.

A 2013 review of suicide attempts made by 72 active duty military personnel revealed the primary reason was to reduce emotional discomfort and pain. Medication-overuse was the most frequent method (6). A study of ADMP suicide/self-harm cases over the 2001-2010 years discovered that primary reason was to reduce emotional discomfort and pain. Medication-overuse was the most frequent method (6). A study of ADMP suicide/self-harm cases over the 2001-2010 years discovered that primary reason was to reduce emotional discomfort and pain. Medication-overuse was the most frequent method (6).

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The Defense Suicide Prevention Office (DSPO) is a component of the Office of the Under Secretary of Defense for Personnel and Readiness, began operations in November 2011. This office, as informed by the DoDSER data, oversees development, implementation, and evaluation of DoD suicide policies. Algorithms provide a step by step approach for assessment and determining safe care levels. The recognition of warning signs, such as recent suicide attempts or communicating plans for self-harm, are vital elements of these decision pathways. Several mental health screening instruments for depression are suggested for use. Deterrent strategies include means restriction limiting access to opioids. Prescribing naloxone for intranasal administration by family or others in case of opioid overdose is proposed.