

Reserve, National Guard at higher risk of alcohol-related problems after returning from combat

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Younger service members and Reserve and National Guard combat personnel returning from the wars in Iraq and Afghanistan are at increased risk of new-onset heavy drinking, binge drinking and other alcohol-related problems, according to a study in the August 13 issue of *JAMA*, a theme issue on violence and human rights.

Substance abuse is strongly associated with posttraumatic stress disorder (PTSD) and other psychological disorders that may occur after stressful and traumatic events, such as those connected with war. Because alcohol use may serve as a coping mechanism after traumatic events, it is plausible that deployment is associated with increased rates of alcohol consumption or problem drinking, according to background information in the article.

High rates of alcohol misuse after deployment have been reported among personnel returning from past conflicts, but there is little information regarding alcohol misuse after return from the current wars in Iraq and Afghanistan.

Isabel G. Jacobson, M.P.H., of the Naval Health Research Center, San Diego, and colleagues examined whether military deployment to the wars in Iraq and Afghanistan is associated with new-onset or changes in alcohol consumption, binge drinking behavior and other alcohol-related problems. Data were derived from questionnaires completed by

participants at the beginning (baseline) of the study (July 2001 to June 2003; n = 77,047) and follow-up (June 2004 to February 2006; n = 55,021). After the researchers applied exclusion criteria, the analyses included 48,481 participants (active duty, n = 26,613; Reserve or National Guard, n = 21,868). Of these, 5,510 deployed with combat exposures, 5,661 deployed without combat exposures, and 37,310 did not deploy.

The researchers found that among Reserve or National Guard personnel who deployed with combat exposures the rate of new-onset heavy weekly drinking was 8.8 percent; the rate for new-onset binge drinking was 25.6 percent; and for new-onset alcohol-related problems, 7.1 percent. Among active-duty personnel, new-onset rates were 6.0 percent, 26.6 percent, and 4.8 percent, respectively. Among Reserve/Guard personnel, deployment with combat exposures was associated with increased odds of new onset of all three drinking outcomes compared with nondeployed personnel, with heavy weekly drinking (63 percent) and alcohol-related problems (63 percent) showing the strongest association.

Among active-duty personnel, those deployed with combat exposures were at increased odds (31 percent) of new-onset binge drinking at follow-up. Women were 1.2 times more likely to report new-onset heavy weekly drinking, whereas they were significantly less likely to report new-onset or changes in binge drinking or alcohol-related problems. Those born after 1980 were at 6.7 times increased odds of new-onset binge drinking and 4.7 times increased odds of new-onset alcohol-related problems. Those with PTSD and depression were at increased odds of new-onset and continued alcohol-related problems at follow-up.

"These results are the first to prospectively quantify changes in alcohol use in relation to recent combat deployments. Interventions should focus on at-risk groups, including Reserve/Guard personnel, younger

individuals, and those with previous or existing mental health disorders. Further prospective analyses using ... data [from this study group] will evaluate timing, duration, and [co-existing illnesses] of alcohol misuse and other-alcohol related problems, better defining the long-term effect of military combat deployments on these important health outcomes," the authors conclude.

Source: JAMA and Archives Journals

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