

National guardsmen face a high risk of developing alcohol abuse problems following deployment

February 16 2012

Soldiers in the National Guard with no history of alcohol abuse are at significant risk of developing alcohol-related problems during and after deployment, according to a new study published in *Drug and Alcohol Dependence* journal. Researchers at Columbia University's Mailman School of Public Health and colleagues at three other institutions found that the soldiers at greatest risk of developing alcohol-related problems also experienced depression and/or PTSD during or after deployment.

Alcohol-related behaviors are common among the military, yet few studies have looked at how issues like PTSD and <u>depression</u> contribute to the risk for abuse during or following their service. The <u>knowledge</u> gap is even greater for army guard soldiers.

The researchers based their findings on data collected between June 2008 and February 2009 from 963 soldiers of the Ohio Army National Guard and who said they had never abused alcohol prior to active duty. The investigators found that 113 (11.7%) of the soldiers reported alcohol abuse disorder that first occurred during or post deployment.

The 113 respondents were also screened for depression and PTSD based on standard criteria from the <u>Diagnostic and Statistical Manual of</u>

<u>Mental Disorders</u> (DSM-IV). Among this group, 35 (31%) also reported depression, 23 (20.4%) reported PTSD, and 15 (13.3%) reported both <u>psychiatric conditions</u>. Interestingly, the study shows that alcohol abuse



was uncommon among the small number of participants who had a history of depression or PTSD prior to their deployment.

The soldiers at risk for new onset alcohol abuse were mostly male (97%), less than 35 years of age (74%), and single (45%). The majority had been deployed only once and most recently to a conflict setting.

"A novel finding of our study is that developing depression or PTSD during or after deployment were strong risk factors for having alcohol problems during the same time period," said Brandon Marshall, PhD, of the Department of Epidemiology at Columbia's Mailman School and lead author of the study. Because new onset alcohol abuse was most common among service members experiencing depression and PTSD, one possible explanation is that soldiers who experienced depression or PTSD self-medicate with alcohol to cope with negative feelings and the stress of deployment.

These findings have important implications for intervention and policy, according to Dr. Marshall and colleagues. Historically, few active soldiers seek treatment services for alcohol abuse, mainly because information is non-confidential and may be perceived as having negative career consequences. "The high prevalence of alcohol abuse during and after deployment observed here suggests that policies that promote improved access to care and confidentiality merit strong consideration," noted Dr. Marshall.

Previous studies have found that National Guard <u>soldiers</u> are more likely to engage in alcohol-related behavior compared to active army personnel. They are also less likely to enter substance abuse treatment after they return from active duty. "These findings indicate the urgent need to evaluate the availability and uptake of alcohol treatment interventions for this population," noted Sandro Galea, MD, DrPH, chair of the Mailman School Department of Epidemiology and senior author.



The investigators caution that the timing of new onset alcohol abuse in relation to a psychiatric disorder was self-reported. They also note that there were few women included in the study.

Provided by Columbia University

Citation: National guardsmen face a high risk of developing alcohol abuse problems following deployment (2012, February 16) retrieved 25 May 2024 from https://medicalxpress.com/news/2012-02-national-guardsmen-high-alcohol-abuse.html

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