Alcohol Misuse among U.S. Service Members and Veterans

A summary of alcohol-related research by the Millennium Cohort Study

OVERVIEW

Military service members may be prone to alcohol misuse due to a culture of drinking as a coping mechanism for stressors related to their duties. The Millennium Cohort Study team conducted several studies exploring this issue, including: the connection between combat deployment and alcohol use, risk factors for problem drinking relapse, the influence of specific PTSD symptoms on starting unhealthy alcohol use, and the impact of military factors on continued alcohol misuse. These studies found that there are differences between active-duty members and Reserve/Guard personnel and individuals with PTSD. Understanding and addressing unhealthy alcohol use in the military is important for promoting the health and well-being of service members and ensuring operational readiness.

Key Findings

- Reserve/National Guard members who deployed with combat exposures had a higher risk of heavy drinking and alcohol-related problems when compared with nondeployed Reserve/National Guard members.¹
- Military personnel deployed with combat exposure were 30% more likely to relapse to problem drinking than those not deployed.²
- Reserve/National Guard members had a 67% higher risk of relapse to problem drinking when compared with active-duty members.²
- Some PTSD symptoms like anger and numbing were linked to the start of risky drinking.³

Impact

- Problem drinking among service members can have significant consequences, including decreased work performance, increased risk of injury, sleep deprivation, and fatigue.²
- The research highlights specific risk factors for unhealthy alcohol use in individuals with PTSD. This information can aid in targeted interventions and treatment strategies.³
- The research suggests that veterans are more likely to continue engaging in unhealthy alcohol use when compared to actively serving military members. This can be very concerning given the challenges veterans face during and after transitioning out of military service.⁴

IMPLICATIONS AND RECOMMENDATIONS

These findings highlight the need for targeted interventions, understanding the long-term effects of deployment, reducing barriers to care, and implementing strategies to address alcohol misuse among military personnel during and after deployment.

- Support programing should be specific to different military personnel based on age, service, deployment history, and combat exposure.
- Continued support is needed for those returning from deployment and those in remission from problem drinking.
- Focusing on behaviors (personality, situation, environment) and mental health can help prevent relapse and unhealthy alcohol use.

REFERENCES

- 1. Jacobson IG, Ryan MA, Hooper TI, Smith TC, Amoroso PJ, Boyko EJ, Gackstetter GD, Wells TS, Bell NS. Alcohol use and alcohol-related problems before and after military combat deployment. JAMA. 2008 Aug 13;300(6):663-75. PMID: 18698065; PMCID: PMC2680184. https://doi.org/10.1001/jama.300.6.663
- Williams EC, Frasco MA, Jacobson IG, Maynard C, Littman AJ, Seelig AD, Crum-Cianflone NF, Nagel A, Boyko EJ. Risk factors for relapse to problem drinking among current and former US military personnel: a prospective study of the Millennium Cohort. Drug Alcohol Depend. 2015 Mar 1;148:93-101. PMID: 25599962. https://doi.org/10.1016/j.drugalcdep.2014.12.031
- Jacobson IG, Williams EC, Seelig AD, Littman AJ, Maynard CC, Bricker JB, Rull RP, Boyko EJ; Millennium Cohort Study Team. Longitudinal Investigation of Military-specific Factors Associated With Continued Unhealthy Alcohol Use Among a Large US Military Cohort. J Addict Med. 2020 Jul/Aug; 14(4):e53-e63. PMID: 31821191; PMCID: PMC7280069. https://doi.org/10.1097/adm.00000000000000596