

2023

Alcohol Dependency in the United States Military

Emily Lee

Walden University, Emily.borneke@gmail.com

Follow this and additional works at: <https://scholarworks.waldenu.edu/picportfolios>

Recommended Citation

Lee, Emily, "Alcohol Dependency in the United States Military" (2023). *Selected Social Change Portfolios in Prevention, Intervention, and Consultation*. 103.

<https://scholarworks.waldenu.edu/picportfolios/103>

This Portfolio is brought to you for free and open access by the Social Change Collection at ScholarWorks. It has been accepted for inclusion in Selected Social Change Portfolios in Prevention, Intervention, and Consultation by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

COUN 6785: Social Change in Action:
Prevention, Consultation, and Advocacy

Social Change Portfolio

Emily Lee

Contents

[Overview](#)

[Introduction](#)

[Scope and Consequences](#)

[Social-ecological Model](#)

[Theories of Prevention](#)

[Diversity and Ethical Considerations](#)

[Advocacy](#)

[References](#)

[ScholarWorks Contributor Agreement](#)

OVERVIEW

Keywords: Alcohol Use Disorder, United States Military, Prevention, Advocacy

Alcohol Dependency in the United States Military

Goal Statement: This Social Change Portfolio aims to develop and optimize prevention efforts to decrease alcohol use disorder (AUD) among United States service members.

Significant Findings: Currently, there is a high rate of alcohol misuse and dependency in the United States military, with 80% of active duty military personnel consuming alcohol regularly and 34% participating in binge drinking behaviors (Hoopsick et al., 2022; Meadows et al., 2023). Alcohol use disorder (AUD) influences 42% of military men and women and is linked to other mental health disorders (Schick et al., 2021). Key findings showcase how AUD in the military is influenced by various levels and factors explained by the social-ecological model, social learning theory, and Multicultural and Social Justice Counseling Competencies. The portfolio recommends denormalizing drinking in the military, encouraging help-seeking behaviors, destigmatizing mental health, and enhancing mental health services (Hoopsick et al., 2022; Osborne et al., 2022; Woodruff et al., 2018).

Objectives/Strategies/Interventions/Next Steps: Continue to enhance and implement mental health services with evidence-based therapies like the Marine Corps Substance Abuse Program and adopt a culturally competent clinical style that includes a strong therapeutic alliance with organizational customer services like the Department of Veteran Affairs. Enhance transition programs for separating veterans through peer support groups and family-building strategies. Reduce reporting requirements of military personnel and counselors regarding mental health treatment. Continue to advocate for mental health services to address concerns before they become unmanageable and reduce the limitations and fears of individuals seeking care for AUD.

INTRODUCTION

Alcohol Use Disorder in the United States Military

Alcohol misuse and dependency is a long-standing social issue active duty and veteran military personnel struggle with and are surrounded by daily. Societal and cultural factors have impacted the use of alcohol in military populations, making it an acceptable behavior in social bonding and comradeship (Osborne et al., 2022). The Department of Defense (DoD) found that over 80% of current service members regularly consume alcohol while about 40% participate in binge drinking (Hoopsick et al., 2022). These numbers exceed those of the general population with younger military members being at higher risk for adverse alcohol-related problems. Additionally, service members are less likely to disclose alcohol-related issues and seek treatment due to fear of career consequences and social rejection (Hoopsick et al., 2022). While action and educational steps have been taken to alleviate and acknowledge alcohol use disorders among military individuals, it still affects 42% of military members (Schick et al., 2021).

PART 1: SCOPE AND CONSEQUENCES

Alcohol Use Disorder in the United States Military

A target problem for United States military members and veterans is alcohol use disorder (AUD) and dependency. A Health Related Behaviors Survey (HRBS) was conducted in 2018 to showcase how common heavy drinking and binge drinking were in the military. The survey defined binge drinking as having at least 5 drinks in one setting once a month for men and having at least 4 drinks in one setting once a month for women. The HRBS also defined heavy drinking as someone who participates in binge drinking at least once or twice a week (Meadows

et al., 2023). Thirty-four percent of active duty military personnel reported binge drinking in the past 30 days, while about 10% reported heavy drinking compared to the general population of 27% for binge drinking and 7% for heavy drinking (Meadows et al., 2023). Furthermore, the Health Related Behaviors Survey found that binge drinking increased by 14% and heavy drinking increased by 32% between 2015 and the 2018 survey for United States service members (Meadows et al., 2023).

The problematic use of alcohol is also linked to other mental health issues and negative consequences for military members. Mental and behavioral health issues that have been linked to excessive drinking include depression, posttraumatic stress disorder (PTSD), anxiety, suicidal behavior, sexually transmitted infections and risky sexual behavior, aggression, hospitalizations, impaired work performance, and more. Other consequences can include a loss of security clearance, dishonorable discharge, and the inability to deploy (Meadows et al., 2023). In addition, alcohol misuse among military personnel leads to the DoD spending around 900 million dollars annually. Roughly 84% of the annual cost derives from non-medical expenses such as early separation, absenteeism, a service member's inability to deploy, and legal issues (Meadows et al., 2023).

Internally driven negative reinforcement is a prominent motivator for the development and continuation of alcohol dependency for military members who have additional mental and physical health problems. For example, Weiss et al. (2021) found that individuals with greater PTSD symptoms also reported significantly higher alcohol dependency. Additionally, the link between PTSD and alcohol use disorder interacts in a way where both disorders maintain, reinforce, and exacerbate symptoms of the other. This can lead to more hospitalizations for

alcohol misuse, poorer alcohol treatment outcomes, and higher alcohol relapse rates (Weiss et al., 2021).

PART 2: SOCIAL-ECOLOGICAL MODEL

Alcohol Use Disorder in the United States Military

The social-ecological model is used to give a deeper understanding of the intricate levels of influence regarding AUD among United States military personnel. Understanding how individual, relationship, community, and societal factors influence the misuse of alcohol among military members helps professionals develop prevention strategies and interventions that can positively impact the military community (Substance Abuse and Mental Health Services Administration [SAMHSA]: Risk Protective Factors, 2019). Individual level risk factors for alcohol misuse in military service members include genetic predisposition to alcohol dependency, being younger in age, being male, internalized stigma, poor perception of combat experience, and personality traits such as sensation seeking and impulsivity (Hoopsick et al., 2022; Schuler et al., 2022; Vest et al., 2018). In contrast, potential individual level protective factors include effective coping skills, higher education level or higher military rank, higher resilience, positive emotions, and greater hardiness (Kulak et al., 2021; Weiss et al., 2020). Potential relationship level risk factors involve inadequate social engagement, and stressful family or friend relationships. On the other hand, relationship level protective factors can include marriage satisfaction, strong family and friend relationships, and relationships that provide emotional support (Carr et al., 2021; Hoopsick et al., 2021; Vest et al., 2018).

When focusing on the community level of the social-ecological model, risk factors for military members and AUD can involve organizational barriers when seeking treatment, deployment, poor community infrastructure and resources, and the availability of alcohol on

military bases and at establishments near military installations. Osborne et al. (2022) found that “establishments tailor their business, often in a predatory way that is perceived as detrimental to military personnel’s health, well-being, and career” (Discussion section, para. 5). Alcohol establishments accomplish this through giving service members drinks with a higher proportion of alcohol and offering free or reduced admission fees. Community level protective factors involve attending religious services, a greater number of base and off-base resources and alternative activities, positive community structures, and driving restrictions on personnel in lower ranks (Osborne et al., 2022; Schuler et al., 2022; Woodruff et al., 2018). On a societal level, there are many risk factors for alcohol dependency among military personnel. Osborne et al. (2022) state, “The social networks of military members appear to be crucial in the likelihood of alcohol use” (Results section). Other risks can include stigmatization, normalization of drinking in the military, and insufficient funding for mental health support. Potential societal level protective factors involve policies restricting alcohol availability and awareness campaigns to destigmatize mental health in the military community (Hoopsick et al., 2022; Osborne et al., 2022; Woodruff et al., 2018).

PART 3: THEORIES OF PREVENTION

Alcohol Use Disorder in the United States Military

The social learning theory is an established predictor of human behavior that is determined by personal factors, external environment, and the behavior itself. All these factors are continually evolving, have reciprocal influences on one another, and occur both internally and externally to an individual. In accordance with AUD, social learning theory proposes that drinking is a social behavior, which is influenced and maintained by modeling, social

reinforcement, the anticipated effects of alcohol, and physical dependence (Smith, 2021). Smith (2021) states, “Of all the stimuli in our environment, it is other people – particularly those people with whom we maintain our most intimate relationships – that arguably have the largest impact on our behavior” (A Philosophy of Social Learning section, para. 1). Since drinking is often utilized as a form of social bonding and comradeship, military members can feel pressured to conform to drinking. Social and cultural norms of the military portray drinking as an acceptable behavior that is reinforced when exposed to a military social environment (Osborne et al., 2022). Based on the social learning theory, effective interventions should incorporate and target all functions of the model (personal factors, external environment, and the behavior itself) and the relationships between each function. Additionally, the intervention should continually evolve and change with the progression of an individual’s AUD (Smith, 2021).

The Marine Corps Substance Abuse Program works to promote performance and mission readiness, and health and wellness through the prevention of substance and alcohol use among Marines. It is influenced by the evidence-based American Society of Addiction Medicine (ASAM) criteria, which determines the appropriate level of care and services for clients. The program involves prevention, screening, diagnosis, and treatment for substance and alcohol use disorders (O’Brien et al., 2013). The three main aspects of the program include prevention strategies, drug/alcohol demand reduction, and treatment that involves prevention education, individual/group counseling, drug/ alcohol deterrent activities, and early intervention initiatives. The Marine Corps Substance Abuse Program also addresses individual and environmental factors that can impede the prevention and treatment progress of a client. Random drug and alcohol screening procedures are used to deter being under the influence on duty, while

evidence-based counseling and deterrence activities are employed to prevent career and life altering incidents (O'Brien et al., 2013).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Alcohol Use Disorder in the United States Military

Within the military population, 200,000 men and women transition out of the military every year (Edwards et al., 2023). Veterans who are transitioning to civilian life are a subgroup that experiences common challenges including alcohol use disorders. Around 44% of veterans state that reentry into civilian life is difficult due to being immersed in a new environment while creating a new nonmilitary persona and role for a civilian lifestyle (Clary & Byrne, 2023). When leaving a military career, veterans experience a process where they replace their identity with a new one. The new identity derives from the new values and expectations they are exposed to while disconnecting from their past norms.

Intersectionality also plays a part in the transition to a civilian lifestyle. For instance, transitioning veteran women are more likely to experience social challenges, exclusion from veteran services, and other manifestations of discrimination than men transitioning from the military (Edwards et al., 2023). When referring to veterans who are transitioning to a university learning environment, they exhibit higher rates of problem-drinking behaviors related to alcohol use compared to non-veteran students (Reyes et al., 2018). With the additional stressors of transferring many areas of functioning, transitioning military personnel are at higher risk than other populations and need high-quality psychosocial support (Edwards et al., 2023).

A successful tactic that other prevention programs have enacted involves reward-and-reminder programs targeted at establishments that sell liquor near military base installations.

This program entails young, enlisted service members who attempt to purchase alcohol without showing identification. Establishments that requested proper identification were rewarded while those who sold alcohol without checking the service member's age were sent reminder letters about state laws and liquor sales (Blume, 2016). Another mechanism focuses on military families as a principal unit of functioning, instead of only the individual. This approach is family-oriented and emphasizes the value of interdependence and the belief that families should work together to remedy the problems of individual members. It can also benefit transitioning service members facing feelings of isolation and loneliness. Interventions of family-building strategies (e.g., family communication, parental monitoring, parental training, and drink-refusal skills) generally include the participation of parents, children, and other family members working in unison to increase self-efficacy, improve familial relationships, and reduce alcohol use (Blume, 2016).

A concern when working with service members and veterans is dropout in programs and treatments. To manage treatment dropouts, clinicians and organizations should adopt a culturally competent clinical style that incorporates a strong therapeutic alliance and enhances organizational customer services, such as the Department of Veteran Affairs. Another common concern among transitioning military members is privacy and confidentiality. Within the military, there is no assumption of confidentiality regarding mental health information if it impacts the execution of a mission or military readiness. Due to the lack of trust and confidentiality concerns, transitioning veterans are less likely to seek mental health care and believe revealing mental health issues will impact their future career opportunities (Edwards et al., 2023).

Contrastingly, civilian mental health privacy is much more protected with limited accessibility to client records and proper procedures for storing client information. The American

Counseling Association (ACA, 2014) addresses a counselor's obligation to respect a transitioning veteran's newfound autonomy through the implementation of informed consent. It highlights how counselors should continually inform their clients during the therapeutic process and empower them to make decisions when given all relevant information (Section A.2.a.). The ACA (2014) also acknowledges that trust is an important aspect of the counseling relationship and notes that counselors should communicate the limitations of confidentiality in a clear and culturally competent manner (Section B.1.c.; Section B.1.d.).

PART 5: ADVOCACY

Alcohol Use Disorder in the United States Military

Social justice advocacy is an essential aspect of counseling, it showcases how problems are embedded within larger sociopolitical contexts. It also brings to light how power and privilege perpetuate social injustices (Fisher, 2020). The Multicultural and Social Justice Counseling Competencies (MSJCC) are utilized when addressing the intersectionality of identities and how power, privilege, and oppression impact the counseling relationship. In accordance with advocacy interventions, MSJCC are inspected at institutional, community, and public policy levels to aid counselors with ways they can advocate and support their clients (Multicultural and Social Justice Counseling Competencies, 2015).

At an institutional level, barriers when addressing AUD in the United States military can include expected or experienced stigma from employers, coworkers, healthcare workers, and insurers. Service members often do not disclose or seek help regarding their alcohol dependency due to fear of current and future career consequences and social rejection (Frost et al., 2022). Fear of social rejection at a community level can be difficult for military personnel to navigate

due to alcohol being connected to normative behavior. Alcohol is often incorporated into celebrations and deployments to commemorate social bonding and comradeship (Osborne et al., 2022). Other community level barriers can include distance to treatment, availability or cost of transportation, lack of information about treatment, and lack of treatment availability (Frost et al., 2022).

At a public policy level, barriers for addressing alcohol dependency in the United States military can encompass the accessibility of alcohol and pricing of alcohol. Most military installations stock alcoholic items to sell at lower prices because they are exempt from liquor sales taxes (Moore et al., 2007). Additionally, service members may be reluctant to disclose mental health issues or engage in treatment seeking behaviors for fear that they will lose their security clearance and future career opportunities (Ganz et al., 2021).

The barriers of alcohol use in the United States armed forces derive from the different levels of interaction and enforcement. Since perceptions of drinking in the military are normative, changing the perceived military drinking norms through educational means and material based on current research could reduce perceived norms on drinking behavior and alcohol use. Reducing stigma toward help-seeking behavior could also raise awareness and encourage military members to seek mental healthcare (Ganz et al., 2021; Rodriguez et al., 2020). On a public policy level, further reducing the reporting requirements of military personnel and counselors regarding mental health treatment could prompt service men and women to seek treatment for AUD. Continuing to mainstream mental health services to address concerns before they become unmanageable is critical to reducing the limitations and fears of individuals seeking care for AUD (Ganz et al., 2021).

REFERENCES

- American Counseling Association (2014). Retrieved from <https://www.counseling.org/Resources/aca-code-of-ethics.pdf>
- Blume, A. W. (2016). Advances in substance abuse prevention and treatment interventions among racial, ethnic, and sexual minority populations. *Alcohol Research: Current Reviews*, 38(1), 47.
- Carr, M. M., Potenza, M. N., Serowik, K. L., & Pietrzak, R. H. (2021). Race, ethnicity, and clinical features of alcohol use disorder among US military veterans: Results from the National Health and Resilience in Veterans Study. *The American Journal on Addictions*, 30(1), 26–33. <https://doi.org/10.1111/ajad.13067>
- Clary, K. L., & Byrne, L. (2023). Emerging adult military-connected students express challenges transitioning into higher education: Implications for helping professionals. *Community College Journal of Research & Practice*, 47(1), 22–37. <https://doi.org/10.1080/10668926.2021.1925176>
- Edwards, E. R., Goldsmith, M. M., Tran, H. N., Bulanchuk, N. K., Epshteyn, G., Wroblewski, J., May, D. G., Snyder, S., Lee, A. S., Schofield, K. F., Gorman, D., Dichiara, A., & Geraci, J. C. (2023). Supporting the nation's transitioning veterans: Narrative review of practices and recommendations for psychotherapy and counseling of veterans separating from military service. *Psychological Services*, 20(4), 876–888. <https://doi.org/10.1037/ser0000701>
- Fisher, E. S. (2020). Cultural humility as a form of social justice: Promising practices for global school psychology training. *School Psychology International*, 41(1), 53-66.

- Frost, M. C., Matson, T. E., Richards, J. E., Lee, A. K., Achtmeyer, C. E., Bradley, K. A., & Williams, E. C. (2022). Barriers and facilitators to changing drinking and receiving alcohol-related care: Interviews with Veterans Health Administration primary care patients who indicated interest but did not enroll in an alcohol care management intervention trial. *Substance Abuse*, *43*(1), 1197–1206.
<https://doi.org/10.1080/08897077.2022.2074602>
- Ganz, A., Yamaguchi, C., Koritzky, B. P. G., & Berger, S. E. (2021). Military culture and its impact on mental health and stigma. *Journal of Community Engagement & Scholarship*, *13*(4), 1–13. <https://doi.org/10.54656/zzhp1245>
- Hoopsick, R. A., Homish, D. L., Vest, B. M., Bartone, P. T., & Homish, G. G. (2021). Resilience to hazardous drinking among never-deployed male United States Army Reserve and National Guard soldiers. *Alcoholism: Clinical and Experimental Research*, *45*(3), 566–576. <https://doi.org/10.1111/acer.14561>
- Hoopsick, R. A., Vest, B. M., Homish, D. L., & Homish, G. G. (2022). Differences in alcohol screening and alcohol problems among United States veterans based on military service history. *Psychological Services*, *19*(4), 710–718. <https://doi.org/10.1037/ser0000584>
- Kulak, J. A., Homish, D. L., Hoopsick, R. A., Fillo, J., Bartone, P. T., & Homish, G. G. (2021). Hardiness protects against problematic alcohol use in male, but not female, soldiers. *Psychological Services*, *18*(3), 426–432. <https://doi.org/10.1037/ser0000409>
- Meadows, S. O., Beckman, R., Engel, C. C., & Jeffery, D. D. (2023). The culture of alcohol in the U.S. military: Correlations with problematic drinking behaviors and negative consequences of alcohol use. *Armed Forces & Society*, *49*(2), 531-555.
<https://doi.org/10.1177/0095327X211069162>

- Moore, R. S., Ames, G. M., & Cunradi, C. B. (2007). Physical and social availability of alcohol for young enlisted naval personnel in and around home port. *Substance Abuse Treatment, Prevention, and Policy*, 2, 17. <https://doi.org/10.1186/1747-597X-2-17>
- Multicultural and Social Justice Counseling Competencies. (2015). Retrieved October 27, 2015, from <http://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=2>
- O'Brien, C., Oster, M., & Morden, E. (Eds.). (2013). *Substance use disorders in the U.S. Armed Forces*. National Academies Press.
- Osborne, A. K., Wilson-Menzfeld, G., McGill, G., & Kiernan, M. D. (2022). Military service and alcohol use: a systematic narrative review. *Occupational medicine (Oxford, England)*, 72(5), 313–323. <https://doi.org/10.1093/occmed/kqac045>
- Reyes, A. T., Kearney, C. A., Isla, K., & Bryant, R. (2018). Student veterans' construction and enactment of resilience: A constructivist grounded theory study. *Journal of Psychiatric and Mental Health Nursing*, 25(1), 37–48. <https://doi.org/10.1111/jpm.12437>
- Rodriguez, L. M., Neighbors, C., Walker, D., & Walton, T. (2020). Mechanisms and moderators of intervention efficacy for soldiers with untreated alcohol use disorder. *Journal of consulting and clinical psychology*, 88(2), 137.
- Schick, M. R., Weiss, N. H., Contractor, A. C., Thomas, E. D., & Spillane, N. S. (2021). Positive emotional intensity and substance use: the underlying role of positive emotional avoidance in a community sample of military veterans. *American Journal of Drug & Alcohol Abuse*, 47(3), 373–382. <https://doi.org/10.1080/00952990.2020.1868488>
- Smith M. (2021). Social Learning and Addiction. *Behavioural brain research*, 398, 112954. <https://doi.org/10.1016/j.bbr.2020.112954>

Substance Abuse and Mental Health Services Administration (SAMHSA): Risk and Protective Factors. Retrieved from <https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>

Vest, B. M., Homish, D. L., Hoopsick, R. A., & Homish, G. G. (2018). What drives the relationship between combat and alcohol problems in soldiers? The roles of perception and marriage. *Social Psychiatry & Psychiatric Epidemiology*, *53*(4), 413–420. <https://doi.org/10.1007/s00127-017-1477-7>

Weiss, N. H., Goncharenko, S., Raudales, A. M., Schick, M. R., & Contractor, A. A. (2021). Alcohol to down-regulate negative and positive emotions: Extending our understanding of the functional role of alcohol in relation to posttraumatic stress disorder. *Addictive Behaviors*, *115*. <https://doi.org/10.1016/j.addbeh.2020.106777>

Woodruff, S. I., Hurtado, S. L., Simon-Arndt, C. M., & Lawrenz, J. (2018). An exploratory case study of environmental factors related to military alcohol misuse. *BMC public health*, *18*(1), 902. <https://doi.org/10.1186/s12889-018-5843-5>

SCHOLARWORKS CONTRIBUTOR AGREEMENT

ScholarWorks Publication Consideration

ScholarWorks makes the intellectual output of the Walden University community publicly available to the wider world. By highlighting the scholarly and professional activities of our students and faculty, ScholarWorks' rich repository encourages new ideas, preserves past knowledge, and fosters new connections to improve human and social conditions.

If you would like your portfolio from your Counseling 6785 course to be considered for submission to ScholarWorks, please review the ScholarWorks Contributor Agreement below and agree to the terms and conditions.

Acceptance of the policies and terms of the ScholarWorks Contributor agreement

- will not impact your grade
- will not guarantee publication

ScholarWorks Contributor Agreement

To administer this repository and preserve the contents for future use, *ScholarWorks* requires certain permissions from you, the contributor. By making a submission to *ScholarWorks*, you are accepting the terms of this license. However, you do not give up the copyright to your work. You do not give up the right to submit the work to publishers or other repositories.

By including an email contact below, you hereby grant Walden a limited license to review the Submission for the purposes of review of scholarly content; to distribute the Submission to the public on the Website; to make and retain copies of the Submission; and to archive the Submission in a publicly accessible collection.

You agree to defend, indemnify and hold Walden harmless from and against any and all claims, suits or proceedings, demands, losses, damages, liabilities and costs and expenses (including, without limitation, reasonable attorney's fees) arising out of or resulting from the actual or alleged infringement of any patent, trademark, copyright, trade secret or any other intellectual property right in connection with any Submission. Walden will not be required to treat any Submission as confidential. For more information, see the [Contributor FAQ](#).

By executing this Agreement, you represent and agree that:

- You are the author or of the submitted work or you have been authorized by the copyright holder, and the submission is original work.
- You hold the copyright to this document and you agree to permit this document to be posted, and made available to the public in any format in perpetuity.
- The submission contains no libelous or other unlawful matter and makes no improper invasion of the privacy of any other person.
- The submission will be maintained in an open access online digital environment via the *ScholarWorks* portal. Because works on *ScholarWorks* are openly available online to

anyone with internet access, you do not hold Walden University responsible for third party use of the submission.

ScholarWorks (the Website) is owned and maintained by Walden University, LLC (Walden). All content that you upload to this Website (a Submission) will be available to the public. You represent and warrant that you have the right to upload any such Submission and make it available to the public.

I have read the Scholarworks agreement above, and I agree to have my COUN 6785 portfolio document considered for inclusion in Scholarworks; I also grant my permission for representatives from Walden University to submit this work on my behalf.

By signing again below, I agree to allow my email contact information below to be included in the published document, so that others may contact me about this work.

SIGNATURE: Emily Lee

DATE: 01/30/2024

DIRECT EMAIL ADDRESS: Emily.borneke@gmail.com