

## Associations Between Deployment, Military Rank, and Binge Drinking in Active Duty and Reserve/National Guard US Servicewomen

### PUBLICATION

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### ABSTRACT

**Background:** Prior studies of mostly male U.S. service members suggest service characteristics such as deployment with combat exposure and lower rank may be a risk factor for alcohol misuse. However, these relationships have not been examined among servicewomen who may be at high risk for experiencing deployment-related stressors and associated health consequences. This cross-sectional report of US servicewomen in the Reserve or National Guard (RNG) and active component (AC) sought to examine these associations. **Methods:** A Midwestern community sample of currently serving and veteran servicewomen (N = 1339) completed structured telephone interviews. The Generalized Linear Model was used to examine associations between service characteristics, any binge drinking, and frequency of recent binge drinking after adjusting for demographics. **Results:** After adjusting for demographics, deployment to Iraq or Afghanistan was associated with greater odds of reporting a binge drinking episode, compared to no deployment, among servicewomen in the AC but not RNG. Deployment to Iraq or Afghanistan was also associated with more days binge drinking in both groups compared to servicewomen not deployed. Lower ranking servicewomen also reported higher odds of a binge drinking episode and higher frequency of binge drinking in both the RNG and AC. **Conclusions:** Service characteristics including

deployment to Iraq or Afghanistan (vs. those not deployed) and lower rank (vs. officers) may be a risk factor for recent binge drinking and higher frequency of binge drinking among servicewomen, after adjusting for demographic covariates. Public health and clinical implications are discussed.”

### RESEARCH HIGHLIGHTS

- U.S. military personnel have higher rates of binge drinking and associated negative health and social outcomes than their civilian counterparts. While many studies have focused on the impact of deployment on servicemen's risk of alcohol misuse, no studies have examined the relationship between deployment and alcohol misuse specifically among servicewomen. This study seeks to fill this gap in information by examining whether deployment and military rank are associated with binge drinking among active duty (AD) (n=674) and Reserve/National Guard (RNG) servicewomen (n=665). The women were surveyed about their drinking, deployment experiences, military history, including rank and sexual assault and PTSD.
- There was no statistically significant difference between rates of binge drinking for RNG and AD servicewomen. However, for both RNG and AD servicewomen deployed to Iraq or Afghanistan, the risk of binge drinking was more than 2 times greater than servicewomen who were not deployed. Lower-ranking servicewomen had a higher risk for binge drinking than higher-ranking servicewomen.
- Deployed servicewomen of lower rank are have the greatest risk for binge drinking. Continued research should be conducted to explore factors related to this relationship. Public health efforts should focus on decreasing reliance on alcohol as a coping strategy and rather introduce positive coping strategies, such as support networks.



## IMPLICATIONS

### FOR PRACTICE

All service members should continue to practice safe and responsible behaviors, and take advantage of substance abuse and mental health programs and supports available to them. Servicewomen concerned about their alcohol consumption should seek medical advice, and if necessary discuss strategies to reduce their alcohol consumption. Furthermore, servicewomen who have noticed an increase in their alcohol consumption should speak with a trained mental health counselor on the reasons for their increased alcohol use and discuss how to address the underlying concern, such as stress. Servicewomen should also connect with one another through formal or informal support groups if they are experiencing stress. Health care provider should provide treatments that target the causes of binge drinking among servicewomen, such as military stressors or military sexual trauma. Providers should screen for alcohol misuse and related mental or physical health factors. If appropriate, primary care providers (PCPs) should collaborate with and refer to mental health services to ensure continuity of care. Gender-specific treatment is crucial as the negative outcomes for alcohol misuse differ for servicewomen and servicemen.

### FOR POLICY

Given the link between unwanted sexual contact and negative outcomes concerning alcohol among servicewomen, the Department of Defense (DoD) and policymakers could continue examining and improving how to prevent sexual harassment/assault on servicewomen. The DoD might prioritize designing reliable and prevalent reporting systems, as well as providing sexual assault education for service members. The DoD may wish to provide additional education on reporting a sexual harassment or assault. The DoD might also implement additional safeguards for lower-ranked servicewomen who report a sexual harassment or assault. Given that many servicewomen report unwanted sexual contact after being discharged, the DoD may wish to partner with the Department of Veterans Affairs (VA) to assess trends and patterns. The DoD might use this data to inform current sexual assault and harassment prevention education curriculum.

### FOR FUTURE RESEARCH

Strengths of this study include a large sample of servicewomen drawn from two mutually exclusive military populations (Reserve or National Guard and active duty) and sampling that was stratified by deployment history. While this study is consistent with existing research, the study has three main limitations. First, the findings of the study may be limited in generalizability as the sample of servicewomen was regional and not nationally representative. Second, the response rate of the survey may suggest a response bias in that responders to the study survey were of older age, Caucasian, and college graduates. Third, specific experiences during deployment and mental health characteristics of servicewomen that may partially account for the observed relationship between deployment and binge drinking were not examined. Future studies should examine the potential effect deployment on drinking behavior. Further studies are needed to identify deployment-related experiences and indicators of deployment-related stressors, and examine their role as potential risk factors for binge drinking among deployed servicewomen. Future studies that examine rank in relation to drinking outcomes among servicewomen should distinguish between officers. Future studies are needed to identify and examine relationships between deployment-related stressors and mental health characteristics of U.S. servicewomen deployed/lower rank to better understand the observed associations with odds and frequency of recent binge drinking.

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