

#### **Presenter Disclosures**

#### Katherine J. Karriker-Jaffe

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

#### Thomas K. Greenfield

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No relationships to disclose

## SUDs in the Military

- Increased substance abuse disorders (SUDs) among veterans of the wars in Afghanistan and Iraq versus non-deployed service members
- Increased risk for SUDs over time for veterans of earlier conflicts
- □ 2012 Institute of Medicine report on SUDs in U.S. Armed Forces





# Aims of Current Study

- Describe associations between military service and alcohol outcomes in a general population sample of men.
- Compare relationships of military service and alcohol outcomes for men at different stages of life.
- □ Assess contribution of heavy drinking to health status of veterans.







## Methods

- □ Data from the 2010 National Alcohol Survey
  - Landline and cellular phone samples and ethnic oversamples
  - Response rate 52%, typical for RDD phone surveys
  - Limited to male respondents (*N* = 3,071)
- Analyses
  - Bivariate and multivariate logistic regression
  - Survey weights to adjust for sampling and non-response





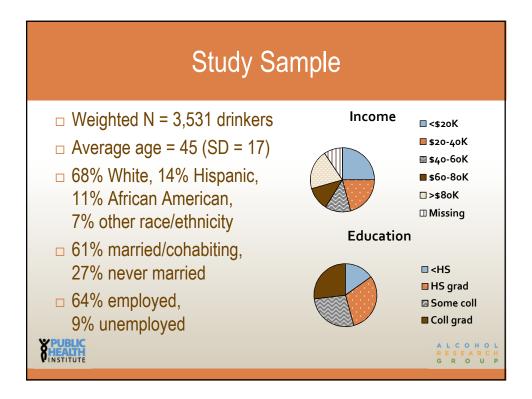


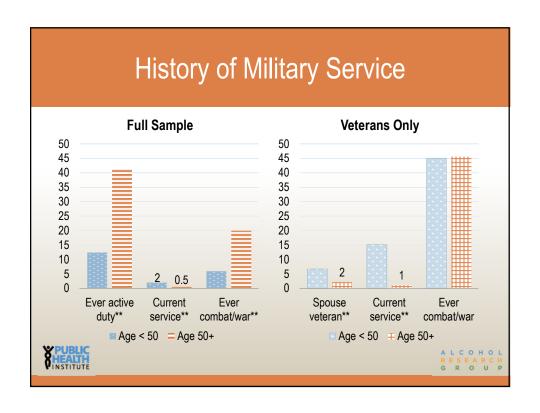
### **Alcohol Outcomes**

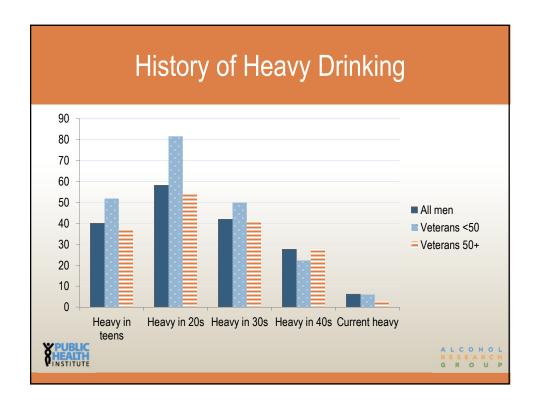
- □ History of heavy drinking
  - □ Drank 5+ drinks at least monthly
  - Asked of teens, 20s, 30s and 40s
- Current heavy drinking
  - Drinks 5+ drinks at least weekly
- □ Sought help/treatment for alcohol problem (ever, 12m)
- □ 2+ negative consequences of drinking (ever, 12m)
  - 15 items on work, legal, interpersonal and health problems
- ☐ 3+ DSM-IV dependence symptoms (ever, 12m)

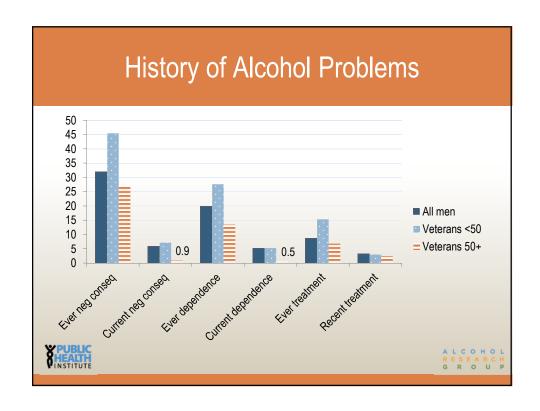


140th Annual Meeting and Expo of the American Public Health Association. San Francisco, CA.

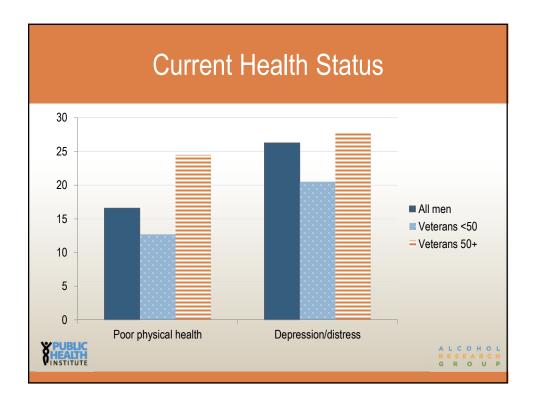


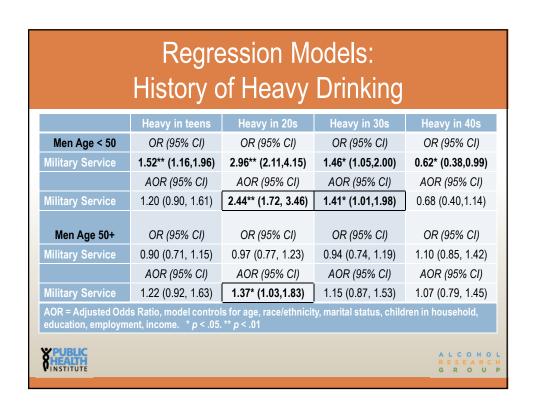




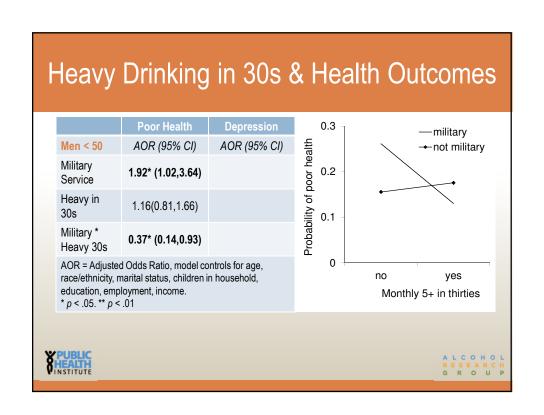


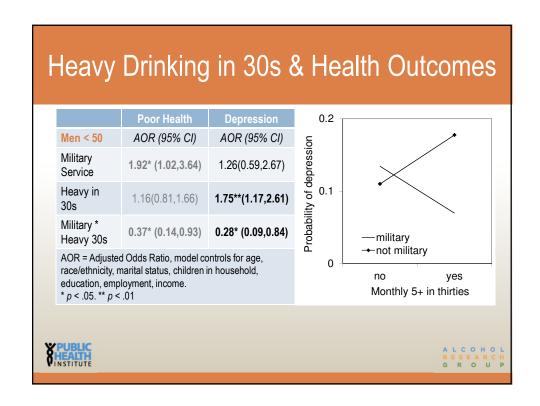
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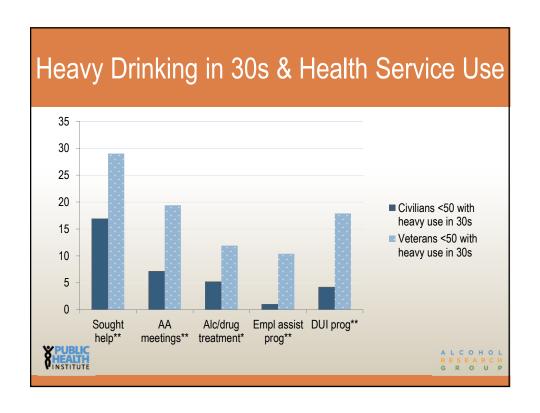




Regression Models: Current Outcomes				
	Current Heavy	Dependence	Poor Health	Depression
Men Age < 50	OR (95% CI)	OR (95% CI)	OR (95% CI)	OR (95% CI)
Military Service	0.60 (0.33,1.11)	0.78 (0.44, 1.39)	1.14 (0.77, 1.68)	0.66+ (0.42,1.05)
	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)
Military Service	0.65 (0.35,1.22)	0.79 (0.43, 1.47)	0.96 (0.63, 1.48)	0.67 (0.41, 1.11)
Men Age 50+	OR (95% CI)	OR (95% CI)	OR (95% CI)	OR (95% CI)
Military Service	1.21 (0.61, 2.41)	0.29+ (0.08, 1.07)	1.23 (0.96, 1.65)	1.23 (0.91, 1.66)
	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)
Military Service	2.15+ (0.96, 4.83)	0.71 (0.17, 3.04)	1.12 (0.80, 1.58)	1.24 (0.86, 1.79)
AOR = Adjusted Odds Ratio, model controls for age, race/ethnicity, marital status, children in household, education, employment, income. *p < .10. *p < .05. **p < .01				
PUBLIC RESEA GROOT				







### Caveats...

- Limitations
  - Do not know details of military service (dates, branch, deployments)
  - □ Do not know details of alcohol and/or drug treatment (dates)
  - Self-report data and possible recall bias
- Strengths
  - Large, nationally-representative sample of U.S. men
  - Well-validated alcohol measures





### Conclusions

- □ Younger veterans (under age 50) report a longer history of heavy drinking than their civilian counterparts
  - Also report more lifetime alcohol problems
- This history of heavy alcohol use is not associated with poor current health outcomes, however
  - Younger, persistently heavy-drinking veterans are significantly more likely to access treatment services than their civilian counterparts





## Conclusions (cont.)

- Younger veterans without alcohol or drug problems may benefit from targeted mental health services and additional outreach to improve their mental and physical health
- □ Furthermore, service outreach to heavy drinkers who are not in the military also may help improve young men's mental health
- □ For older veterans, attention to heavy drinking also may be warranted to prevent long-term health consequences





