Missed Opportunity for Alcohol Problem Prevention Among Army Active Duty Service Members Postdeployment


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Substance use problems in the military are a public health crisis (Institute of Medicine, 2013)

- Linked to higher rates of accidents, criminal justice problems, and military-related job problems (Stahre et al., 2009); linked to suicide (Luxton et al., 2012); and ranked seventh for medical encounter burden in the military health system (Armed Forces Health Surveillance Center, 2012)

- Binge drinking has increased over the past decade (Bray et al., 2010) and there were 50% higher medical encounters associated with alcohol issues in 2010 than 2001 (Armed Forces Health Surveillance Center, 2012)

- Associated with deployment duration and frequency and combat exposure and with combat-related comorbidities like PTSD and traumatic brain injury (Adams et al., 2012)

(Larson et al., 2014)
• To what extent does the DoD postdeployment health surveillance program identify at-risk drinking, either alone or in conjunction with psychological comorbidities?

• To what extent does the program refer service members who screen positive for additional assessment or care?

• Improve responsiveness to postdeployment problems among military members who have served in Operation Enduring Freedom and Operation Iraqi Freedom

• Highlight missed opportunities for early interventions

(Larson et al., 2014)
Methods

- Cross-sectional analysis of 333,803 US Army active duty member returning from Iraq/Afghanistan deployments in fiscal years 2008-2011 with a postdeployment health assessment

- **Alcohol measures**: Self-reported (using AUDIT-C) and provider-assessed
- **Psychological health, behavioral risk, and traumatic brain injury**: Self-reported questionnaires
- **Demographics** (obtained from Defense Enrollment Eligibility Reporting System), **deployment** (self-reported), **health status** (self reported)
- **Interest in discussing concerns**: self reported

(Larson et al., 2014)
• **Provider referral dependent variable and other responses:** type of referral made, if any, and whether health education or resources were offered
  - the dependent variable was the provider’s check that a referral to be seen within 30 days was made
  - providers also indicated if member declined to interview or refused a referral

• **Statistical Analysis:** calculated the percentage of those that positively tested for alcohol problems that were assessed as having a problem by the interviewer

(Larson et al., 2014)
Results

• Interviewers only identified potential problems among 61.8% of those screening positive for at-risk drinking--and only referred 29.2% of at-risk drinkers

• Interviewers only identified potential problems in 74.9% of those screening positive for severe alcohol problems--and only referred 35.9% of potential problem drinkers

• 22.9% of members who reported daily binge drinking were assessed as not having a problem

(Larson et al., 2014)
• 8.9% of members had 1 or more positive psychological or alcohol screens and were **not** referred

• More than half of members who **wanted** further assistance were **not** referred

• Majority of those with psychological and alcohol-related comorbidities were **not** referred

(Larson et al., 2014)
Implications for Practice

• The vital role of a screening and surveillance program was identified

• To be comprehensive, individual-based strategies like screening should be coupled with environmental policy changes that aim to change the culture of alcohol use in the military

(Larson et al., 2014)
References


(Larson et al., 2014)