

Unit-Level Influences Study on Alcohol and Tobacco Misuse



RTI International has long been at the forefront of health and readiness research for the U.S. military. With nearly 30 years of experience conducting the Department of Defense's Surveys of Health-Related Behaviors Among Military Personnel, we have extensive knowledge of military data collection logistics, survey approval processes, and processes for gaining access to military personnel. Study results help leaders to better understand the nature, causes, and consequences of substance abuse and health practices in the military and to evaluate and guide programs and policy.

Since 1980, the Department of Defense (DoD) has collected information regarding behavioral and health readiness of active duty military personnel through the Survey of Health-Related Behaviors Among Military Personnel. In 2005, DoD initiated the Department of Defense Lifestyle Assessment Program (DLAP) with RTI. It incorporated the active duty health behaviors study and expanded the scope to include the National Guard and Reserves and to conduct special studies—like this first study on alcohol and tobacco misuse.

Program findings provide information on the fitness of the force, including estimates of alcohol, drug, and tobacco use; nutrition and physical activity; and critical assessments of emotional stress and other issues. Data are used to assess and document potential health and lifestyle issues pertaining to personnel, to track health-related trends, and to identify high-risk groups and areas needing additional screening or intervention.

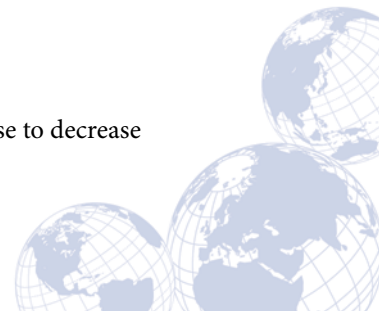
DLAP Unit-Level Influences Study on Alcohol and Tobacco Misuse

Heavy drinking and smoking in military populations have been linked to demographic factors such as age, gender, race/ethnicity, and pay grade and individual-level factors such as attitudes toward alcohol and tobacco use and perceived ability to control decisions related to alcohol and tobacco use. Individuals may also be influenced by unit-level factors, including peer use, peer pressure, and perceived norms about alcohol and tobacco use. Environmental or installation-level factors such as military policy on alcohol and tobacco use, availability of alcohol and tobacco, and social/environmental stressors may also affect alcohol and tobacco use behaviors.

RTI's Approach

RTI's study identified the following factors influencing alcohol and tobacco misuse:

- Individual-level factors
- Unit-level factors
- Installation-level factors
- Strategies that the military may use to decrease alcohol and tobacco misuse.



To accomplish our objectives, we first conducted focus groups with military personnel using a sample of eight installations (two for each Service). The data from the focus group discussions were compiled and analyzed to inform development of survey questions for assessing the individual-, unit-, and installation-level factors. The questionnaire was administered anonymously in group data collection sessions at 24 installations (six per Service). A total of 15,221 personnel from 203 separate units participated in the survey. Data were coded and analyzed, and a final report and service briefings were developed and submitted to DoD.

Key Findings

Selected findings from the survey revealed the following influences.

Installation-Level Influences

- More than 75% of all personnel acknowledged past-month alcohol use.
- Prevalence rates for past-month alcohol use were generally higher outside the continental United States (OCONUS) compared with continental U.S. (CONUS) locations.
- For all Services, rates for drinking at hazardous levels or above were higher for OCONUS versus CONUS bases. Air Force personnel reported the lowest prevalence rate of hazardous and harmful drinking levels, as well as possible dependence.
- Rates of tobacco use in the past 30 days were relatively high among participating installations: 39.2% for any cigarette use, 35.1% for daily cigarette use, 16.6% for smokeless tobacco use, and 30.8% for cigar use.
- Rates of any cigarette use and daily cigarette use were higher for CONUS (40.5% and 36.5%, respectively) than for OCONUS (36.1% and 32.0%, respectively) participating installations. There were no overall CONUS–OCONUS differences for smokeless tobacco use or cigar use.

Unit-Level Influences

- The highest rates of alcohol use were reported by combat units, with 80.4% reporting alcohol use in the past 30 days.
- Overall, combat units reported the highest levels of harmful drinking, possible dependence, and drinking at or above hazardous levels.
- Overall, personnel in combat units were more likely to use tobacco than personnel in combat support or combat service support units. These findings varied somewhat by Service.
- Rates of nicotine dependence were consistent with tobacco use patterns. Higher levels of dependence occurred for persons in combat units.
- Personnel whose supervisors used tobacco were significantly more likely to use one or more types of tobacco than personnel whose supervisors did not use tobacco.

Individual-Level Influences

- More than 80% of all personnel with any combat exposure acknowledged past-month alcohol use.
- More than one in four military personnel reported a high level of perceived stress during the past 6 months.
- Nearly half of personnel in all Services with perceived high stress reported current cigarette use, and nearly one in five reported current smokeless tobacco use.

More Information

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