## Review Article

**Alcohol Use Among Military and Paramilitary Personnel Deployed for Peace Support Operation: Matters Arising**

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**Abstract:** The increasing waves of violence in several parts of Nigeria has given rise to a situation in which soldiers and special police units are deployed in such areas to restore maintaining peace and tranquility. Documented evidence indicates that heavy alcohol consumption is very common among many of the military and paramilitary personnel so deployed. In this paper, based on an extensive review of the empirical literature and information obtained from several military sources, we explored the extent of alcohol consumption among military and para-military personnel deployed for peace-keeping missions across Nigeria. We also highlighted the various problems associated with heavy consumption of alcohol by these officers on special duty. These problems include the tendency for the mission to be compromised through faulty perceptual processes and decision making; unnecessary loss of lives of personnel; unnecessary loss of lives of civilians through military brutality, extra-judicial killings, "accidental discharge" and other untoward occurrences that are more likely to occur as a result of excessive use of alcohol. Relevant authorities should institute robust psychological mental health services which should, in addition to performing other routine functions, conduct research, training and treatment; counsel personnel on substance use/abuse; and teach officers being deployed on adaptive coping skills.

**Keywords:** Alcohol Use, Military, Peace Support, Nigeria

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**1. Introduction**

In many developing countries, especially those with socio-economic and security challenges, the military and para-military play a critical role in reconstruction, ensuring security and responding to national health emergencies. Alcohol misues among officers, therefore, can affect a country's ability to maintain a disciplined and ready military for these socially responsible purposes. Nigeria, with many her hydra-headed social, political, economic, psychological and security issues, is no exception. Since over a decade of her latest democratic experiment, Nigeria has had to contend with series of security challenges, ranging from the Biafra People's Congress (OPC), Egbesu, Bokassa Boys, Movement for the Actualization of a Sovereign State of Biafra (MASSOB) of the early 2000s; post-electoral conflicts and violence, and the mother of them all - the Boko Haram insurgency in the Northern parts of the country. Due to these and many other issues, the Nigerian Armed Forces (Army, Navy, Air Force, Police, and Civil Defence Corps) have taken on many new challenges, including being deployed to the various problem areas to quell uprisings and maintain the peace.

Involvement in peace keeping operations locally and internationally constitutes a huge strain on military personnel, returning veterans, and their families. Some have experienced long and multiple deployments, combat exposure, and physical injuries, as well as post-traumatic stress disorder (PTSD). One factor that can impair response effectiveness, efficiency proactiveness and discipline among the military and
other officers is alcohol misuse. Heavy alcohol use is the most prevalent problem and one that poses a significant health risk. Empirical evidence suggests that alcohol abuse and dependence among military personnel and others around them or her, and although soldiers returning from combat deployments are referred to alcohol treatment. Research findings highlight the need to improve screening and access to care for alcohol-related problems among service members returning from combat deployments.

In addition to the prospects of alcohol compromising combat and peacekeeping operations, it has been noted that problems related to alcohol use rank among the world's major public health issues and constitute serious hazards for human health, wellbeing and existence (Negl. Kandepi-Ravuwa, 2013). Alcohol use has a substantial global impact on public health and is the second greatest risk to health and well-being in developed countries (Graeme et al., 2011). Alcohol use or abuse is implicated in 4% of all deaths worldwide, and one of ten people between the ages of 15 and 29 worldwide die from situations related to alcohol use (World Health Organization, WHO, 2011). Excessive alcohol consumption can pose substantial risk and cause harm to the individual drinker and others around him or her.

In sum, research on the drinking behaviors of military personnel in conflict, post-conflict underresourced countries is scarce, although clearly needed for countries whose militaries play a key role in reconstruction and security. Development of effective alcohol misuse prevention and treatment approaches for military and paramilitary officers in conflict and post-conflict situations has been hampered by a relative lack of research with this population. The present study represents an attempt aimed elucidating the issues in all its ramifications with a view toward drawing empirical, policy, and proactive attention to the issue. The aims of the present study, therefore, were to examine alcohol consumption patterns and related risk and protective factors in members of the Nigerian Armed Forces deployed for peace keeping operations.

2. Alcohol Consumption Among Military and Paramilitary Personnel: Empirical Evidence

The environment of military and paramilitary work leaves the officers vulnerable and from moment to moment it can change from being exciting and boring, challenging and tedious, rewarding and frustrating, unpredictable and routine (Murtagh, 2010). Organizationally, police officers may have to contend with rigid command structures and intractable treatment by superiors. In such circumstances it is obvious that officers often experience a great deal of job-related stress (Murtagh, 2010). According to Davey, Ogle, and Sherriff (2004), military and police works are some of the most stressful occupations accompanied with events of grief from victims, families, and violent people who would like to do harm or kill them. Furthermore, law enforcers are highly susceptible to excessive use of alcohol more so than other members of the general public because of the many negative aspects associated with the profession (Davey et al., 2006). Kgalame (2002) suggests that when conventional coping strategies fail (exercise, relaxation, psychological counseling and social support), one must find alternatives. In the case of officers, a common choice is alcohol. Research indicates that alcohol use by officers in the United States (USA) is thought to be two times that of the general population, with 50% of the officer population abusing alcohol (Lindsay, Taylor & Shelley, 2008). According to Sutton, (2011), 23% of police officers suffer from alcohol dependency: a figure that the authors felt was an underestimation. Whether it is hazardous, harmful or dependency, it is appropriate to note that alcohol consumption among military and police officers is indeed a problem (Sutton, 2011).

Researchers are of the view that military and paramilitary officers are more vulnerable to hazardous alcohol consumption compared to the rest of the population. The United States law enforcement occupation is thought to have one of the highest abuse rates of alcoholic beverages (Lindsay, 2007). In developing countries despite the fact that the overall use of alcohol at the population level is relatively low (given the high abstention rate), drinking patterns among those who do drink are often hazardous (Patel, 2007). The prevalence of hazardous alcohol use among police officers (AUDIT score greater than 8) in Tanzania was found to be 5.7% (Mbahia et al., 2009) while 18.5% of Nigerian Army personnel abuse one in alcohol, cannabis and tobacco (Kazemgar & Abdulrahim, 2014).

A study done among Mississippi Police officers revealed that 18.2% of the officers scored above an 8 on the AUDIT instrument, which labeled them at or above a hazardous risk level for alcohol problems (Lindsay, 2017). However, another study done among Mississippi state police officers revealed that 70 percent of the officers either abstained from alcohol or drank less than once a month (Lindsay et al., 2009). A study carried out among Massachusetts policy officers, revealed that 22% of the combatants had overall alcohol screen scores that indicated alcohol dependence and seventy-eight percent of the respondents had screen that indicated hazardous drinking behaviors (Murtagh, 2010). Another study carried out in the USA showed that alcohol abuse among police officers approximately doubles that of the general population where 1 in 10 adults abuse alcohol (Gillan, 2009).

Among Australian police officers, the 18- to 25-year-old group reported the highest levels of frequency and quantity of alcohol consumed of which twenty-five percent of officers reported having drunk whilst on duty and 30% scored in the risk of hazardous consumption category on the AUDIT (Davey et al., 2008). A study done among police officers in Australia, by using Alcohol Use Disorders Identification Test (AUDIT) indicated that 33% of male officers and 24% of female officers showed harmful consumption (AUDIT score = 8-12). Furthermore, AUDIT scores that indicated likely alcohol dependence (score = 8-12) were reported in 2% of male
officers and 2.5% of female officers (Bullinger et al., 2010). Another study done in Australian police service revealed that 3% scored in alcohol dependent category on the AUDIT (Davie, O'Hara, & Sheehan, 2000).

Findings from the sub-Saharan African (where research in this area is rather scanty, despite the region having one of the highest per capita alcohol consumption in the world) are equally alarming. For instance, in Uganda, Madrama and Ovuga (2006) found high levels of alcohol dependence among the Uganda Police officers, which has resulted in poor mental health, poor work output and forced retirement. Furthermore, the study revealed that 19.2% met criteria for alcohol use disorder, and 26.0% met criteria for alcohol use problems. In a recent study conducted among officers and men of the Nigerian army, Kareem and Abdulkarim (2014) investigated relationship between depression, paranoia ideation and substance abuse among Nigerian military personnel deployed for peace support operation. Using a 244-item structured self-report questionnaire and Multi-drug one step Multi-Line Screen Test Device (Urna), the researchers found that depression and paranoia ideation were significantly, and positively associated with substance abuse (Kareem & Abdulkarim, 2014). Results further indicated that 18.5% of Nigerian Army personnel abuse one of alcohol, cannabis and tobacco; and 8.5% abuse at least two of alcohol, cannabis and tobacco.

3. Reasons for High Alcohol Consumption Among Officers

Most studies examining risk factors for alcohol misuse among soldiers have relied on US military personnel and may have limited applicability to military populations of developing countries. Nonetheless, these results provide guidance for initial research with African military populations. In particular, it has been found that military culture’s emphasis on risk-taking has been associated with problematic alcohol consumption (MacQueen et al., 1996; Hunter et al., 2000; Ames & Cunradi, 2004; Ames et al., 2007). Combat-related stress, being away from home and ease of acquiring alcohol near military bases also appear to contribute to problematic drinking (Brenner et al., 1996; Mahan, 1999; Koenen et al., 2003; Ames & Cunradi, 2006; Galen & Rogers, 2004; Karlovic et al., 2004; Ames et al., 2007; Moore et al., 2007; Hooper et al., 2008). Alcohol consumption is often a socially accepted method for relieving stress and depression as well as engaging romantic partners and social companions (Carney et al., 2010; Ortiz et al., 2002; Ort & Joseph, 2008). The expectation of sexual enhancement following alcohol intake also appears to promote alcohol use (Kalichman et al., 2008). Finally, demographic characteristics, including age, education level and marital status, appear to predict high-risk drinking (Williams et al., 2002; Verster et al., 2007; Lunde et al., 2008; Mueller et al., 2009).

Certain risk factors, however, may be impossible to eliminate or even modify. Therefore any effective alcohol misuse prevention programme must also consider protective factors that protect an individual from problematic drinking. Research with non-military samples has revealed that spirituality and frequent church attendance (Pullen et al., 1999; Stewart, 2001; Ritt-Ohlmeier et al., 2004) and a positive attitude about caring for one’s health (Ritt-Ohlmeier et al., 2004) and a strong sense of connectedness with organized social groups (Ratnet et al., 2003; Picco & Fitzpatrick, 2004) have been linked to healthier drinking patterns. However, it has yet to be determined whether similar factors apply in conflict, post-conflict, and resource-limited settings like Nigeria and other sub-Saharan countries.

According to Terre & Vetor (1981), military and police officers are likely to consume alcohol for the same reasons others do to relieve stress or enhance social bonding with colleagues. Therefore, officers are likely to utilize alcohol as a coping mechanism and as a means for social support. A study conducted by Lindsay and Shelley (2009) concluded that “fitting in” was the most cited reason for drinking among police officers in the hazardous risk group; thus, it is hypothesized that some of the造成 risk variable in alcohol consumption by many police officers. Hecht, Johnson, and Nava (1995) attributed drinking alcohol to aggressive police subculture. Additionally, Leblanc, Davie, and Mann (1997) noted that peer pressure and covering up for officers who have a drinking problem is often seen in police culture. These environmental and social values serve to protect officers but Unfortunately they can lead to unresolved alcohol problems. According to Sutton (2011), military and police officers just like ordinary citizens, consume alcohol for a variety of reasons, and research has shown that law enforcement officers have a high potential for alcohol abuse and even dependence. Alcohol availability is a known risk factor for increased alcohol use in the general population (Farley et al., 2009). Likewise, the easy availability of alcohol, ritualized drinking opportunities, and inconsistent policies contribute to a culture that facilitates heavy and binge drinking in the military population (Cunradi & Ames, 2004). Alcohol availability is more marked in law enforcement community, and it is evidenced by the provision of subsidized price for beer to officers as an incentive.

Researchers in US have suggested that around 25% of the police force show alcohol-related problems (Baronio, 1991), many drink on duty (Radtke, 1979), and have higher rates of consumption than the general population (Vitamis, 1999). A study done by Richmond, Wodak, and Kelsoe (1995) indicated that 48% of male officers and 30% of female officers drink excessively or engaged in hazardous or harmful drinking in the previous 3 months. A study conducted in Uganda revealed that 19.2% of police respondents met the criteria for alcohol use disorder, while 26% met criteria for alcohol use problems (Madrama & Ovuga, 2016).

Officers are significantly affected by alcohol abuse due to the nature of their work and frequently use alcohol in an attempt to cope with stress, boredom, loneliness, and the lack of other recreational activities (Gillan, 2009). Military and paramilitary work involves many contrasts. It is exciting and
It is understandable that officers often experience a great deal of job-related stress. Some researchers consider police work to be one of the most stressful occupations. While there are numerous ways in which individual officers may deal with job-related stress, many turn to hazardous alcohol consumption as a coping mechanism (Murtagh, 2010). Hallanger et al. (2010) suggests that one of the important occupational hazards of military and police work is frequent exposure to traumatic incidents and the resulting risk of developing symptoms of posttraumatic stress disorder (PTSD). Significant evidence demonstrates that rates of alcohol use disorders are significantly higher in individuals with PTSD, compared with trauma-exposed individuals without PTSD, and non-exposed community samples, raising concerns about PTSD related alcohol co-morbidity in police officers. It has been estimated that among American adults with a lifetime history of PTSD, 52% of men and 28% of women have a history of co-morbid alcohol abuse or dependence (Hallanger et al., 2010). Problematic drinking could be due to various factors, a study among the military personnel revealed that excessive drinking was related to age and marital status (Ferdig & Allen, 1996).

### 4. Effects of Alcohol Use by Military and Paramilitary Officers

Alcohol abuse can be evidenced by several adverse outcomes to the police department. Silverberg (2000) states that the effects of alcohol abuse among police officers include: reduced work performance endangering safety and welfare of the public; higher rates of absenteeism; lateness for work; more sick-leaves; increase cost of health care benefits; lack of motivation; increased need for supervision; and setting a poor role model. McNeill (1996) states that police officers’ involvement in excessive alcohol consumption can impede reaction time; impair thinking and co-ordination to become sluggish and lead to aggressive behavior particularly in the presence of threat. Further research suggests that in order to understand the nature of this problem, it is important to examine the pattern of alcohol consumption among police officers (Sutton, 2011).

Military and paramilitary officers are more vulnerable to alcohol abuse and, as a result, the country is more vulnerable to unlawful events and the nation’s security is at stake. In Nigeria, for instance, members of the public have had cause to suspect the influence of heavy alcohol use among many members of the regular armed forces as well as those deployed for peace keeping gain in professional conduct exhibited by them. In most of these cases, officers receiving alcohol at check-points are illegal and illegal; brutality of the people they are deployed to protect with or without provocation; unnecessary loss of lives of civilians through military brutality, extra-judicial killings, accidental discharge; etc.

- An almost invariable list of extra-judicial killings;
- Tendency for the mission to be compromised through faulty perceptual processes and decision-making;
- Unnecessary loss of lives of personnel;
- Fatal and unnatural intra-organisational and inter-organisational conflicts (e.g., policemen versus policemen, policemen versus Civil Defence personnel versus soldiers). The case illustrated below (real life) as reported in The Nation Newspaper of Thursday, July 31, 2014, under the title “Whether spirit of corps” will suffice:

> “The incident happened on Sunday when the Divisional Police Officer (DPO) in charge of Zuru Local Government Council of Kebbi State was returning from an outing, only to be overtaken by a fast-driven car in a reckless manner. This provoked the police officer who was a matter of duty, caught up with the car and blocked it. It turned out that the occupants of the car were soldiers from the 242 Light Tank Battalion of the Nigerian Army in the Town. The soldiers reportedly gave the police officer a thorough beating, notwithstanding the fact that they knew he was a police officer. This naturally drew the anger of two other policemen who were on guard duty at one of the banks nearby. One of them reportedly fired a shot that hit and killed one of the soldiers. The force-constituting trip of the police Area Commander to the Commanding Officer of the Battalion led to the killing of the four policemen that went with him by some angry soldiers, apparently on revenge mission…”

- Disobedience and flagrant disrespect for civil laws and regulations. About two years ago, the Governor of Lagos state personally apprehended a very senior officer flouting the traffic rules. Only recently, Nigerians living around Palm Grove in Lagos got more than they bargained for when soldiers reportedly went on rampage as a result of the death of one soldier who was inadvertently killed while driving (illegally) on the BRT lane. The Lagos state government also counted its loss as several BRT buses were burnt and properties wantonly destroyed.

- Insubordination, such as the recent mutiny in the Boko Haram-ravaged Borno state in North Eastern Nigeria.

Alcohol abuse prevalence among the police officers is reported to be generally higher than in the general population (Gillin, 2009). Police officers, just like ordinary citizens, consume alcohol for a variety of reasons, and research has shown that law enforcement officers have a high potential for alcohol abuse and even dependence (Kohan & O’Connor, 2002). Alcohol abuse adverse effects for the officers and jeopardize the safety of the nation. Kurke and Szirtes (1998) state that research agrees that hazardous alcohol use among police officers is a concern that would benefit from substantial expert consideration. The understanding of the prevalence of hazardous alcohol drinking among law enforcement is given...
more meaning by having knowledge of police officers' vulnerability to alcohol abuse.

Result of a recent study in Nigeria (Kazeem & Abdulkarim, 2014) showed that 18.5% of Nigerian Army personnel abuse one of alcohol, cannabis and tobacco, while 8.5% abuse at least two of alcohol, cannabis and tobacco. Furthermore, depressive symptoms and paranoid ideation had significant positive relationship with substance abuse. Further analysis revealed that depression contributed up to 65.3% in substance abuse while paranoid ideation accounted for 59.6% variance in substance abuse. Cheng et al. (2012) found that approximately 2% of the members of the Angolan Armed Forces (n = 568) reported at least one incidence of binge drinking during the past year. 16% described having recently consumed alcohol before sexual activity.

Cheng et al.'s (2012) study also found that being older, being unmarried, having poorer mental health or increased number of traumatic events and socializing with family and friends to four times a month were important risk factors for alcohol misuse. On the other hand, religiosity such as attending religious services more than once a week and involvement in group/social activities appeared to protect against problematic drinking (Cheng et al., 2012).

5. Discussion and Conclusions

The empirical evidence examined in the present study appears to converge on the fact that alcohol consumption is excessive among regular military and paramilitary personnel as well as those deployed to crisis areas to restore peace (Cheng et al., 2012; Kazeem & Abdulkarim, 2014). There was also a consensus to the detrimental effects of excessive alcohol consumption by officers (to the consumers, those around him/her and the mission assigned to). While a number of factors have been implicated as carrying the potentials to exacerbate drinking among officers (e.g. being older, being unmarried, having poorer mental health or increased number of traumatic events and socializing with family and friends to four times a month), it is likely that some factors such as participation in a social group's activities and attending religious services more than once a week appeared to attenuate the potentials for problematic drinking (Cheng et al., 2012).

There is evidence that marriage is a protective factor against excessive alcohol consumption among military and paramilitary personnel (e.g. Arnett, 1998; Power, 1999; Dawson et al., 2006). Married participants were about half as likely to drink any alcohol and to binge drink compared to unmarried officers. Further research with military personnel to identify potential mediators of this relationship may assist in the development of alcohol prevention programmes. The role of religious involvement was also highlighted. Attendance at religious services protects against problematicalcohol consumption, which largely replicates prior studies in African and US non-military settings (e.g. Bowles et al., 2006; Adewuya et al., 2017). Greater frequency of church attendance may be an indication of willingness to follow the religion's prohibitions against drinking (Galen & Rogers, 2004). Unexpectedly, another theme indicated that socializing with family and friends two to four times per month was associated with increased risk-taking. Although speculative, the nature rather than the frequency of socializing may be the distinguishing factor in predicting problematic drinking. Previous research studies with Western populations have concluded that the peer network can strongly influence individuals' drinking patterns (Andrews et al., 2002; Homish & Leonard, 2008). One possibility is that officers who socialize two to four times per month are more likely to socialize with peers and in settings where alcohol is served. On the other hand, soldiers who socialize more than five times per week may be more representative of individuals who have more family interactions and, possibly, greater social support. In many African and other societies, men interact frequently with parents to inherit their customs and traditions (Tumwesigye et al., 2009).

Although the present reviews do not show causality, they do suggest that efforts to prevent alcohol misuse among personnel could benefit from psychiatric screening procedures, particularly those returning from combat (Wilk et al., 2010) that exposure to post-traumatic stress disorder (PTSD) and alcohol misuse have also been detected in other sub-Saharan African countries (e.g. Okuluse, Jones, 2006). Furthermore, African and US populations appear to exhibit similar psychopathological reactions following a traumatic event (North et al., 2005). As large-scale psychiatric treatments in developing nations are limited, intervention efforts may focus on recently returned soldiers.

We have been able to establish that alcohol consumption by military and paramilitary personnel is excessive in combat and post-combat situations such as those deployed to troubled areas within and outside the country for peacekeeping assignments. The serious dangers that alcohol misuse portends for the officers concerned, others around them (including family, friends and colleagues); that the possibility of such alcohol misuse to jeopardize the operation that the officers were drafted to carry out; and that certain factors such as being older, being unmarried, having poorer mental health or increased number of traumatic events and socializing with family and friends more than four times a month were more important risk factors for alcohol misuse, and that other factors such as socializing with family and friends more than four times a month, attending religious services more than once a week and involvement in group/social activities can attenuate problematic drinking among officers.

The Nigerian Armed Forces may consider targeting its prevention and intervention efforts towards high-risk groups exhibiting these characteristics. An examination of social and cultural norms surrounding alcohol use in Nigerian officers would further benefit our understanding of mediators affecting the observed relationships. Policies and actions should be directed towards holistic approach on management of drug
disorders in the Nigerian Military. Relevant authorities should institute robust psychological and mental health services which should, in addition to performing routine functions, conduct research, training and treatment. Counsel personnel on substance use abuse, and teach officers being deployed on adaptive coping skills and benefit social support. Considering the dearth of empirical studies in the subject matter and the possibilities of likely increase in the number of military and paramilitary that would be deployed for peace keeping operations due to the unforeseen upsurge in incidence of ethnic, political, and religious intolerance and manifest hostility by people in most parts of Nigeria and beyond, researchers and policy makers should demonstrate greater interests in this very germane issue.

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