



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/maintain 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 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 occurrence 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

1. Introduction

In many developing countries, especially those with socioeconomic and security challenges, the military and paramilitary play a critical role in reconstruction, ensuring security and responding to national health emergencies. Alcohol misuse among officers, therefore, can affect a country's ability to maintain a disciplined and ready military for these socially responsible purposes. Nigeria, with her many 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 Odua People's Congress (OPC), Egbesu, Bakassi Boys, Movement for the Actualisation 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 which poses a significant health risk. Empirical evidence suggests that a large number of military and paramilitary officers on assignment met criteria for alcohol abuse and were at increased risk for related harmful behaviors (e.g., drinking and driving, using illicit drugs). And although soldiers frequently report alcohol concerns, few 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 peace-keeping 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, Kandpa & Rawata, 2003). 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 out 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 behaviours of military personnel in conflict, post-conflict and resource-limited 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 at 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 inequitable 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, Obst, and Sheehan (2000a), 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., 2000a). Kgaema (2002) suggests that when conventional coping strategies fail (exercises, 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 (US) is thought to be two times that of the general population, with 20% of the officer population abusing alcohol (Lindsay, Taylor & Shelley, 2008). According to Sutton, (2011), 25% 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 abstinence 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% (Mbatia et al. 2009) while 18.5% of Nigerian Army personnel abuse one or alcohol, cannabis and tobacco (Kazeem & Abdulkarim, 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, 2007). 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., 2008). A study carried out among Massachusetts police officers, revealed that 23% of the participants had overall alcohol screen scores that indicated alcohol dependence and seventy-eight percent of the respondents had scores 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 abuses alcohol (Gillan, 2009).

Among Australian police officers, the 18- to 25-year old age 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 harmful consumption category on the AUDIT (Davey et al., 2000a). 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 = 13-) were reported in 3% of male

officers and 2.5% of female officers (Ballenger et al. 2010). Another study done in Australian police service revealed that 3% scored in alcohol dependent category on the AUDIT (Davey, Obst & Sheehan, 2000b).

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 Nigeria army (n= 22,400), Kareem and Abdulkarim (2014) investigated relationship between depression, paranoid 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 (Urine), the researchers found that depression and paranoid 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 nations. 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 (Bremner et al., 1996; Mehlum, 1999; Koenen et al., 2003; Ames & Cunradi, 2004; 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., 2000; Ortiz et al., 2002; Ong & 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 problems, appear to predict high-risk drinking (Williams et al., 2002; Iversen et al., 2007; Lande 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-Olson et al., 2004), a positive attitude about caring for one's health (Ritt-Olson et al., 2004) and a strong sense of connectedness with organised social groups (Room et al., 2003; Piko & 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 Territo and Vetter (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/or a means for social support. A study conducted by Lindsay and Shelly (2009) concluded that "fitting in" was the most cited reason for drinking among police officers in the hazardous risk group; thus, it is hypothesized by some to be the leading causal variable in alcohol consumption by many police officers. Beehr, Johnson and Nieva (1995) attributed drinking alcohol to aggressive police subculture. Additionally, Fenlon, Davey 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 work culture that facilitates heavy and binge drinking in the military population (Cunradi & Ames, 2004). Alcohol availability is more marked in law enforcer 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 (Bonifacio, 1991), many drink on duty (Rauke, 1979), and have higher rates of consumption than the general population (Violanti, 1999). A study done by Richmond, Wodak, and Kehoe (1998) indicated that 48% of male officers and 40% of female officers drank 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, 2006).

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

boiling, challenging and tiresome, rewarding and frustrating, unpredictable and regular and organizationally, officers may have to contend with rigid command structures, unreasonable policies and procedures, and inequitable treatment by superiors (Murtagh, 2010). With a job description such as this, 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). Ballenger 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 (Ballenger 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 (Fertig & Allen, 1996).

4. Effects of Alcohol Use by Military and Paramilitary Officers

Alcohol abuse can be evidenced by several adverse outcomes to the police drinker. 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; register more sick leave; increase the 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 may lead to aggressive behavior particularly in the presence of threat. Further research suggestion is that in order to understand the nature of the 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 given unprofessional conducts exhibited by them, including but not limited to the following:

- officers reeling of alcohol at check-points (legal 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 inexhaustible 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 unreasonable Intra-organisational and inter-organisational conflicts (e.g. policemen versus policemen, policemen versus Civil Defence, policemen versus soldiers). The case illustrated below (real life) as reported in The Nation Newspaper of Thursday, July 31st 2014, under the title "*Whither spirit de 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 as 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 fence-mending 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 rules 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 Groove 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 (Gillan, 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'Conner, 2002). Alcohol abuse adverse effects for the officers and jeopardize the safety of the nation. Kurke and Serivner (1995) 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 enforcers 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 26% of the members of the Angolan Armed Force (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 socialising with family and friends two 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 as 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 socialising with family and friends two to four times a month); fortunately, some factors such as participation in a sociocultural 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 individuals. Future 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 problematic alcohol consumption, which largely replicates prior studies in African and US non-military settings (e.g. Bowie et al., 2006; Adewuya et al., 2007). 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 socialising with family and friends two to four times, but not five or more times, per month also appeared to increase the risk for problematic drinking. Although speculative, the nature rather than the frequency of contacts 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 socialise two to four times a month are more likely to socialise with peers and in settings where alcohol is served. On the other hand, soldiers who socialise 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 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 in military personnel could benefit from psychiatric screening procedures, particularly in soldiers returning from combat. Wilk et al. (2010) found that exposure to atrocities predicted alcohol-related behavioural problems in US soldiers returning from deployment. Associations between posttraumatic stress disorder (PTSD) and alcohol misuse have also been detected in other sub-Saharan African countries (e.g. Okulate & 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 treatment resources 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 populations (especially those in combat and post-combat situations such as those deployed to troubled areas within and outside the country for peace-keeping assignments) is very high; that the serious dangers that alcohol misuse portends for the officers concerned, others around them (including family, friends, 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 socialising with family and friends two to four times a month) were important risk factors for alcohol misuse, and that other factors (such as socialising 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 dual

disorders in the Nigerian Military. 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 and beneficial social support. Considering the dearth of empirical studies on 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 unprecedented 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.

References

- [1] Adewuya, A. O., Ola, B. A., Aloba, O. O., Mapayi, B. M., Ibigbami, O. I., & Adewumi, T. A. (2007). Alcohol use disorders among Nigerian university students: Prevalence and sociodemographic correlates. *Nigerian Journal of Psychiatry*, 5, 5-9.
- [2] Ames, G., & Cunradi, C. (2004/2005). Alcohol use and preventing alcohol-related problems among young adults in the military. *Alcohol Research & Health*, 28(4), 252-257
- [3] Ames, G. M., Cunradi, C. B., Moore, R. S., & Stern, P. (2007). Military culture and drinking behavior among U.S. Navy careerists. *Journal of Studies Alcohol and Drugs*, 68(3), 336-344
- [4] Andrews, J. A., Tildesley, E., Hops, H., & Li, F. (2002). The influence of peers on young adult substance use. *Health Psychology*, 21, 349-357.
- [5] Arnett, J. J. (1998). Risky behavior and family role transitions during the twenties. *Journal of Youth and Adolescence*, 27, 301-320.
- [6] Ballenger, J. F., Best, S. R., Metzler, T. J., Wasserman, D. A., Mohr, D. C., Liberman, A., Delucchi, K., Weiss, D. S., Fagan, J. A., Waldrop, A. E., & Marmar, C. R. (2010). Patterns and Predictors of Alcohol Use in Male and Female Urban Police Officers. *The American Journal on Addictions*, 20, 21-29.
- [7] Beehr, T., Johnson, L., & Nieva, R. (1995). Occupational stress: Coping of police and their spouses. *Journal of Organizational Behavior*, 16, 3-25.
- [8] Bonifacio, P. (1991). *The psychological effects of police work: a psychodynamic approach*, Plenum Publishing Corporation, New York.
- [9] Bowie, J. V., Ensminger, M. E., & Robertson, J. A. (2006). Alcohol-use problems in young black adults: Effects of religiosity, social resources, and mental health. *Journal of Studies on Alcohol*, 67(1), 44-53.
- [10] Bremner, J. D., Southwick, S. M., Damell, A., & Charney, D. S. (1996) Chronic PTSD in Vietnam combat veterans: Course of illness and substance abuse. *American Journal of Psychiatry*, 153(3), 369-375.
- [11] Carney, M. A., Arnetz, S., Tennen, H., Afleck, G., & O'Neil, T. P. (2000) Positive and negative daily events, perceived stress, and alcohol use: A diary study. *Journal of Consulting Clinical Psychology*, 68(5), 788-798.
- [12] Cheng, K. G., Ortiz, D. J., Weiss, R. E., Ricardo, I. S., Ovalle-Bahamón, E., Ernesto, F., Grillo, M. P., & Bing, E. C. (2012). Patterns of alcohol consumption and factors influencing problematic drinking among Angolan soldiers. *Journal of Substance Use*, 17(2), 138-149
- [13] Cunradi, C., Ames, G. (2004). Alcohol use and preventing alcohol related problems among young adults in the military. *Journal, Alcohol Research and Health*, 28 (4), 252-257.
- [14] Davey, J. D., Obst, P. L., & Sheehan, M. C. (2000a). 'Developing a Profile of Alcohol Consumption Patterns of Police Officers in a Large Scale Sample of an Australian Police Service. Vol. 6, no. 4.
- [15] Davey, J. D., Obst, P., & Sheehan, M. (2000b). The use of AUDIT as a screening tool for use in the workplace. *Drug and Alcohol Review*, 19(1), 49-54.
- [16] Dawson, D. A., Grant, B. F., Stinson, F. S., & Chou, P. S. (2006). Maturing out of alcohol dependence: The impact of transitional life events. *Journal of Studies on Alcohol*, 67, 195-203.
- [17] Farley, T., Katherine, P., Richard, S., Deborah, C., Ricky, R. B., Mathias, S., & Sara, L. (2009). The Neighborhood Alcohol Environment and Alcohol-Related Morbidity. *Alcohol & Alcoholism*, 44, 5-42.
- [18] Fenton, T., Davey, J., & Mann, K. (1997). *National guidelines for police workplace alcohol policy*. Australia, Commonwealth Department of Health and Family Services
- [19] Fertiq, J. B., & Allen, J. P. (1996) Health behavior correlates of hazardous drinking by Army personnel". *Military Medicine*, 161 (6), 352-355.
- [20] Galen, L. W., & Rogers, W. M. (2004). Religiosity, alcohol expectancies, drinking motives and their interaction in the prediction of drinking among college students. *Journal of Studies on Alcohol*, 65(4), 469-476
- [21] Gillan, T. (2009). *Alcohol abuse, Central Florida Police Stress Unit Inc.* <http://www.policestress.org> (accessed on 12th March 2011).
- [22] Graeme, W. B., Catherine, A., Lock, N., Cassidy, P., Marilyn, M., Christine, Eileen, & Kaner, F. S. (2011). Intervention against Excessive Alcohol Consumption in Primary Health Care: A Survey of GPs' Attitudes and Practices in England
- [23] Homish, G. G., & Leonard, K. F. (2008) The social network and alcohol use. *Journal of Studies on Alcohol and Drugs*, 69, 906-914.
- [24] Hooper, R., Rona, R. J., Jones, M., Fear, N. L., Hull, L., & Wessely, S. (2008). Cigarette and alcohol use in the UK Armed Forces, and their association with combat exposures: A prospective study. *Addictive Behaviors*, 33(8), 1067-1071
- [25] Iversen, A., Waterdrinker, A., Fear, N., Greenberg, N., Barker, C., Hotopf, M., Hull, L., & Wessely, S. (2007). Factors associated with heavy alcohol consumption in the U.K. armed forces: Data from a health survey of Gulf, Bosnia, and era. veterans. *Military Medicine*, 172(9), 956-961
- [26] Kalicman, S. C., Simbayi, L., Jooste, S., Vermaak, R., & Cunn, D. (2008). Sensation seeking and alcohol use predict HIV transmission risks: Prospective study of sexually transmitted

- infection clinic patients, Cape Town, South Africa. *Addictive Behavior*, 33(12), 1630–1633.
- [27] Karlović, D., Marusic, S., & Martinac, M. (2004). Increase of serum triiodothyronine concentration in soldiers with combat-related chronic post-traumatic stress disorder with or without alcohol dependence. *Wiener Klinische Wochenschrift*, 116(11–12), 385–390.
- [28] Kazeem, O. T., & Abdulkarim, I. B. (2014). Depression and Paranoid Ideation as Correlates of Substance Abuse Among Nigerian Military Personnel Deployed for United Nations Peace Support Operation. *Global Journal of Arts & Humanities Psychology*, 14 (3), 24–32.
- [29] Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52(12), 1048–1060.
- [30] Kgalema, L. (2002). *Victim awareness and trauma management in metropolitan police services, centre for the study of violence and reconciliation*. Research report for the center for the study of violence and reconciliation. <http://www.csvr.org>, viewed on 5th November 2011.
- [31] Köenen, K. C., Lyons, M. J., Goldberg, J., Simpson, J., Williams, W. M., Toomey, R., Eisen, S. A., True, W., & Tsuang, M. T. (2003). Co-twin control study of relationships among combat exposure, combat-related PTSD, and other mental disorders. *Journal of Traumatic Stress*, 16(5), 433–438.
- [32] Kohan, A., & O'Connor, B. (2002). Police officer job satisfaction in relation to mood, well-being, and alcohol consumption. *The Journal of Psychology*, 136 (3), 307-318.
- [33] Kurke, M., & Scrivner, I. (1995). *Police psychology in to the 21st century*. Hillsdale, NJ, Laurence Erlbaum Associates, Publishers.
- [34] Lande, R. G., Marin, B. A., Chang, A. S., & Lande, G. R. (2008). Survey of alcohol use in the U.S. Army. *Journal of Addictive Diseases*, 27(3), 115–121.
- [35] Lindsay, V. L. (2007). Police Officers and Their Alcohol Consumption: Should We Be Concerned? *Journal of Alcohol Studies*, 11 (1), 74-87
- [36] Lindsay, V., Taylor, W. B., & Shelley, K. (2008). Alcohol and the police: an empirical examination of a widely-held assumption. *Policing, An International Journal of Police Strategies & Management*, 31 (4), 596 – 609.
- [37] MacQueen, K. M., Nopkesorn, T., Sweat, M. D., Sawaengdee, Y., Mastro, T. D., & Weniger, B. G. (1996). Alcohol consumption, brothel attendance, and condom use: normative expectations among Thai military conscripts. *Medical Anthropology Quarterly*, 10, 402–423.
- [38] Madrama, C., & Oyuga, E. (2006). Patterns of drinking among police officers in Kampala district. *African Health Science*, 6 (1), 167-181
- [39] Mbatia, J., Jenkins, R., Singleton, N., & White, B. (2009). Prevalence of alcohol consumption and hazardous drinking, Tobacco and drug use in urban Tanzania and their associated risk factors. *Journal of Environmental Research and Public Health* 6 (7), 261-273.
- [40] Mehlum, L. (1999). Alcohol and stress in Norwegian United Nations peacekeepers. *Military Medicine*, 164(10), 720–724.
- [41] McNeill, M. (1996). Alcohol and police workplace- factors associated with excessive intake. *National Police Research Unit*, no. 119,1.
- [42] Moore, R. S., Ames, G. M., & Cunradi, C. B. (2007). Physical and social availability of alcohol for young enlisted naval personnel in and around home port. *Substance Abuse Treatment, and Policy*, 2, 17.
- [43] Mueller, M., Kipke, I., Frey, F., Rossler, W., Lupi, G., & Vetter, S. (2009). Antecedents and covariates of alcohol consumption among Swiss male conscripts. *International Journal of Environmental Research and Public Health*, 6, 958–970.
- [44] Negl, K. S., Kandpa, S. D., & Rawata, C. M. (2003). Prevalence of alcoholism among the males in a rural and in urban area of district Dehradun. *Indian Journal of Preventive Social Medicine*, 34, 37-52.
- [45] North, C. S., Pfefferbaum, B., Narayanan, P., Thieman, S., McCoy, G., Dumont, C., Kawasaki, A., Ryosho, N., Kim, Y. S., & Spitzwagel, E. L. (2005). Comparison of post-disaster psychiatric disorders after terrorist bombings in Nairobi and Oklahoma City. *British Journal of Psychiatry*, 186, 487–493.
- [46] Okulate, G. T., & Jones, O. B. (2006). Post-traumatic stress disorder, survivor guilt and substance use – a study of hospitalised Nigerian army veterans. *South African Medical Journal*, 96, 144-6.
- [47] Ong, A. L., & Joseph, A. R. (2008). Referrals for alcohol use problems in an overseas military environment: Description of the client population and reasons for referral. *Military Medicine*, 173(9), 871–877.
- [48] Ortiz, D. J., Bing, E. G., Boyer, C. B., de Deus, F. J., & Ernesto, F. (2002). Unpublished raw data.
- [49] Patel, V. (2007). *Alcohol Use and Mental Health in developing Countries*. *AEP*, vol. 17.
- [50] Piko, B. F., & Fitzpatrick, K. M. (2004). Substance use, religiosity, and other protective factors among Hungarian adolescents. *Addictive Behaviors*, 29, 1095–1107.
- [51] Power, C., Rodgers, B., & Hope, S. (1999). Heavy alcohol consumption and marital status: disentangling the relationship in a national study of young adults. *Addiction*, 94, 1477–87
- [52] Pullen, L., Modrein-Talbot, M. A., West, W. R., & Muenchen, R. (1999). Spiritual high vs high on spirits. Is religiosity related to adolescent alcohol and drug abuse? *Journal of Psychiatric and Mental Health Nursing*, 6, 3–8
- [53] Raalte, V. (1979). Alcohol use as a problem among police officers. *Police Human Relations*, 22, 209-219.
- [54] Richmond, R. L., Wodak, A., & Kehoe, L. (1998). How healthy are the police? A survey of life style factors. *Addiction*, 93, 1729-1737.
- [55] Ritv-Olson, A., Milam, J., Unger, J. B., Trinidad, D., Teran, L., Dent, C. W., & Sussman, S. (2004). The protective influence of spirituality and “Health-as-a-Value” against monthly substance use among adolescents varying in risk. *Journal of Adolescent Health*, 34, 192–199.
- [56] Room, R., Graham, K., Rehm, J., Jernigan, D., & Monteiro, M. (2003). Drinking and its burden in a global perspective: Policy considerations and options. *European Addiction Research*, 9(4), 165–175.

- [57] Silverberg, C. (2000) *Alcohol use and abuse in policing*. A report to Calgary police Commission. Calgary, Canada.
- [58] Stewart, C. (2001). The influence of spirituality on substance use of college students. *Journal of Drug Education*, 31, 343–351.
- [59] Sutton, C. J. (2011) *Alcohol treatment program for police officers: A multi-modal group therapy Manual*. Degree of Doctor of Psychology in Clinical Psychology, Argosy University, Hawaii.
- [60] Ferrito, L., & Vetter, H. (1981). Stress and police personnel. *Journal of Police Science and Administration*, 9(2), 195-207.
- [61] The Nation Newspaper (2014) *Whither Esprit de Corps? It's Time to Stop Frequent Military Police Clashes*. Vol. 9 (2924), pg 17. (Editorial Thursday July 31, 2014).
- [62] Tumwesigye, N. M., Kasirye, R., & Nansubuga, E. (2009). Is social interaction associated with alcohol consumption in Uganda? *Drug and Alcohol Dependence*, 103, 9–15.
- [63] Violanti, J. (1999). Alcohol abuse in policing: prevention strategies. *FBI Law enforcement bulletin*, 68:1.
- [64] Wilk, J. E., Bliese, P. D., Kim, P. Y., Thomas, J. L., McGurk, D., & Hoge, C. W. (2010). Relationship of combat experiences to alcohol misuse among U.S. soldiers returning from the Iraq war. *Drug and Alcohol Dependence*, 108, 115–121.
- [65] Williams, J. O., Bell, N. S., & Amoroso, P. J. (2002). Drinking and other risk taking behaviors of enlisted male soldiers in the US Army. *Work*, 18(2), 141–150.
- [66] World Health Organisation (2011). *Alcohol, Gender and drinking problems. Perspectives from low and middle income countries*. http://www.who.int/entity/substanceabuse/publications/untied_republictanzania. accessed on 12th March 2012.