This study compared the prevalence of clinically diagnosed alcohol abuse disorders among Service members with combat-related mild to moderate traumatic brain injuries (MTBI) to those Service members with other combat-related injuries.

Key Findings:
- Over 6% of Service members with MTBI were diagnosed with a post-deployment alcohol abuse disorder, compared to 4.9% of those who had some other type of combat-related injury; this difference was not statistically significant.
- A higher proportion of Service members with MTBI were Marines and junior enlisted (E1–E4), as compared to those with other injuries.
- Service members with MTBI had a lower level of education, compared to those without MTBI.

Implications for Programs:
- Intervention programs could focus on identifying effective coping strategies for Service members and their families who experience a combat-related injury of any kind.
- Alcohol dependency should continue to be an area of focus for intervention and prevention programs serving the military community.
- Programs can include all family members in education and counseling, when appropriate.

Implications for Policies:
- Alcohol information and education could be included in post-deployment briefings and materials given to Service members.
- Alcohol abuse screenings could be conducted routinely for Service members receiving medical treatment for a combat-related injury, even beyond two years after returning from deployment.
- Building partnerships between the Department of Defense and community organizations could help provide alcohol information and education programs and services to Service members who are geographically dispersed (e.g., National Guardsmen and Reservists).

Avenues for Future Research:
- Research is needed to identify successful coping strategies for Service members and their families who are dealing with combat-related injuries.
- Future research should explore potential barriers (e.g., negative career consequences) to seeking help for alcohol-related issues among Service members.
- Future research should examine PTSD symptoms as a possible mediator of combat-related injury and alcohol abuse.
Background Information

Methodology:
- This study used logistic regression analyses to compare post-injury, alcohol related diagnoses in Service members who experienced a MTBI to those who experienced other types of combat-related injuries.
- This study focused on active duty Navy, Marine, and Army personnel.

Participants:
- 3,123 (100% male) active duty Navy, Marine, and Army personnel (1,413 with MTBI and 1,710 with other combat-related injuries), of all ranks and an average age of 22.6 years participated.
- No ethnicity information was provided.

Limitations:
- Other untested variables may have influenced results. For example, there was no assessment of PTSD, which may have mediated the likelihood of developing an alcohol disorder following a combat-related injury.
- Only active duty personnel from the Navy, Marines, and Army whose injuries were severe enough to seek medical treatment participated; this limits the generalizability of the findings.
- Alcohol abuse diagnosis was obtained from military medical records, and it is possible that some Service members received treatment from civilian providers. Analyses using other sources might reveal different patterns of results.

Assessing Research that Works

<table>
<thead>
<tr>
<th>Research Design and Sample</th>
<th>Quality Rating:</th>
<th>☒</th>
</tr>
</thead>
<tbody>
<tr>
<td>The design of the study (e.g., research plan, sample, recruitment) used to address the research question was...</td>
<td>Excellent (★★★★)</td>
<td>Appropriate (★★★)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Research Methods</th>
<th>Quality Rating:</th>
<th>☒</th>
</tr>
</thead>
<tbody>
<tr>
<td>The research methods (e.g., measurement, analysis) used to answer the research question were...</td>
<td>Excellent (★★★★)</td>
<td>Appropriate (★★★)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Limitations</th>
<th>Quality Rating:</th>
<th>☒</th>
</tr>
</thead>
<tbody>
<tr>
<td>The limitations of this study are...</td>
<td>Excellent Minor Limitations (★★★★)</td>
<td>Appropriate Few Limitations (★★★)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implications</th>
<th>Quality Rating:</th>
<th>☒</th>
</tr>
</thead>
<tbody>
<tr>
<td>The implications of this research to programs, policies and the field, stated by the authors, are...</td>
<td>Excellent (★★★★)</td>
<td>Appropriate (★★★)</td>
</tr>
</tbody>
</table>

Overall Quality Rating: ★★★★