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REVIEW ARTICLE

THE PROBLEM OF ALCOHOLISM AMONG MILITARY PERSONNEL

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Introduction: Alcohol is a toxic and carcinogenic substance. Excessive consumption can lead to damage to the nervous, digestive, and cardiovascular systems. It is also a recognized cause of seven types of cancer, including cancers of the oral cavity, esophagus, larynx, breast, liver, colon, and rectum. Alcohol contributes to premature mortality and disability among individuals aged 20–39 years and is responsible for 13% of all deaths in this age group. Military personnel constitute a high-risk group for alcohol-related disorders. This increased risk stems from serving under high pressure, operating in challenging environmental conditions, and lacking access to adequate professional support. Additional factors influencing the development of alcohol dependence among soldiers include posttraumatic stress disorder (PTSD), depression, young age, and absence of a stable partner. The literature also highlights significant gaps in the availability of professional therapeutic care.

Objective: The aim of this article is to provide a synthetic analysis of scientific research on the prevalence of alcohol-related problems among military personnel.

Material and methods: The PubMed database was used. Keywords included: alcohol, military, soldiers. Articles published within the last 15 years were selected, limited to those available free of charge.

Conclusions: It is essential that supervisors monitor alcohol consumption among their subordinates within military bases. Effective approaches to addressing alcoholism include regular health education programs and consultations with specialists. For military healthcare systems, the main challenge lies in establishing comprehensive therapeutic services and ensuring transparent access to psychologists and psychotherapists for individuals with alcohol misuse problems.

Keywords: alcoholism, military, stimulants

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INTRODUCTION

Alcohol is a toxic, psychoactive substance with addictive properties. According to the World Health Organization (WHO), alcohol consumption is responsible for 2.6 million deaths annually worldwide, as well as disability and poor health in millions of people. Globally, harmful alcohol use accounts for 4.7% of the total disease burden—6.9% among men and 2.0% among women. It is a leading risk factor for premature mortality and disability in individuals aged 20–39 years, contributing to 13% of all deaths within this age group. As an intoxicant, alcohol affects a wide range of structures and processes within the central nervous system, increasing the risk of injuries and adverse social consequences. It has a strong toxic effect on the digestive, nervous, and cardiovascular systems [1]. The International Agency for Research on Cancer (IARC) has classified alcoholic beverages as carcinogenic, linking them to approximately seven types of cancer, including cancers of the oral cavity, esophagus, larynx, breast, liver, colon, and rectum. Furthermore, as an immunosuppressant, alcohol raises the risk of infectious diseases such as tuberculosis and HIV [3]. Both lifetime consumption and drinking frequency elevate the risk of health and social problems. Illegally produced alcohol may pose additional threats due to toxic contaminants. Since all alcohol consumption carries short- and long-term health risks, it is difficult to establish a universally applicable threshold for so-called low-risk drinking.

According to the WHO definition [1], alcohol misuse is characterized by hazardous and harmful drinking patterns that result in negative health, social, and psychological consequences. This includes both heavy episodic drinking and frequent consumption of smaller quantities. Alcohol dependence, in contrast, is defined as a cluster of physical, behavioral, and cognitive symptoms in which alcohol takes priority over other important aspects of life, and the individual loses control over both the amount and frequency of consumption. Excessive drinking, on the other hand, is defined as consuming more than 40 g of pure alcohol in a single session for women, and up to 60 g for men.

The conditions of military service are often very demanding (e.g., extreme temperatures and humidity), stressful (combat exposure and direct threats to health and life), and compounded by the absence of support from family members. These circumstances can have a negative impact on the mental health of military personnel. Consequently, soldiers are particularly vulnerable to developing alcohol dependence, which may appear to provide temporary relief from emotional stress. It should also be noted that alcohol consumption is often embedded in "military culture," serving as a means of fostering group cohesion.

OBJECTIVE

The aim of this article is to provide a synthetic analysis of scientific research addressing alcohol-related problems among soldiers, as well as approaches to their prevention.

MATERIALS AND METHODS

A literature search was conducted in the PubMed database using the keywords: alcohol, military, soldiers (in English). Articles published within the last 15 years were included, restricted to those available in full text, free of charge. Alcoholism is a broad and multifaceted topic, with each article examining it from a different perspective. Therefore, it is essential to focus on a limited number of aspects and narrow down the selection of articles. The authors chose to focus on: alcoholism among veterans, gender differences in alcohol consumption among soldiers, the relationship between alcoholism and PTSD, and the primary causes of alcohol misuse. For each theme, several articles were reviewed to compare methodologies, results, and conclusions. Of the 125 articles identified, 12 were selected and categorized according to these themes.

RESULTS

Table 1 presents the results of selected studies, highlighting differences in the tests used to assess alcohol consumption frequency and the psychological condition of soldiers. The purpose of the table is to demonstrate the variation in findings and to identify the reasons for these discrepancies (differences in research methods, sample sizes).

Frequency of Alcohol Consumption Among Military Personnel

Alcoholism among military personnel is a complex issue with diverse causes. Professional soldiers work under intense pressure and are frequently exposed to traumatic situations. Alcohol consumption is often used as a coping mechanism for emotional stress, not only among active-duty service members but also among veterans. Vest et al. [18] confirmed the hypothesis of increased

Tab. 1. Summary of findings and research tools used.

Author	Research tools	Results
Vest et al. [18]	Alcohol Use Disorders Identification Test (AUDIT)	AUDIT ≥8 (clinical alcohol problem): 16% of active-duty male soldiers, 25% of male veterans, 7.4% of active-duty female soldiers, 5.4% of female veterans.
Spandakis et al. [16]	General Health Questionnaire (GHQ-12) (PTSD diagnosis) and AUDIT	10% met the criteria for problem drinking, 49% of which self-reported alcohol-related problems.
Mattiko et al. [12]	Alcohol Use Disorders Identification Test (AUDIT)	Among active-duty soldiers: 21.5% abstainers, 16.0% rare/light drinkers, 17.1% moderate drinkers, 25.5% moderate/heavy drinkers, 20.0% heavy drinkers. Alcohol misuse: 21.9% of men, 8.3% of women. Highest prevalence of heavy drinking: age 21–25 (29.5%).
Fetzner et al. [9]	Author-designed self-report questionnaire	Depressive symptoms = higher frequency of alcohol problems and higher amount/frequency of alcohol consumption among veterans. Hyperarousal symptoms in PTSD = higher frequency of reported alcohol problems.
Jacobson et al. [11]	Patient Health Questionnaire (PHQ 9)	Prevalence of heavy weekly drinking, binge drinking, and alcohol-related problems among Reserve or National Guard personnel deployed with combat exposure was 9.0% and 15.2%, respectively
Calhoun et al. [6]	Modified version of Alcohol Use Disorders Identification Test (AUDIT-C) and PTSD Checklist (PCL)	Moderate alcohol consumption = lower rates of mental health problems and fair/poor health.
Taillieu et al. [17]	Composite International Diagnostic Interview (WHO-CIDI)	Alcoholism: 32.0% among pilots vs 23.0% among civilians.
Seal et al. [15]	VA electronic medical record	>11% diagnosed with substance use disorders: alcohol, psychoactive substances, or both; 10% alcoholism, 5% drug dependence, 3% both disorders. Male gender, age <25, greater combat exposure – more frequent diagnoses of alcoholism and substance misuse. Among those with alcoholism, drug abuse, or both, 55–75% were also diagnosed with PTSD or depression.
Adams et al. [2]	Author-designed Post-Deployment Health Assessment questionnaire (PDHA, form DD 2796).	Women with combat exposure – higher probability of mental health problems (PTSD, depression, or risky drinking) compared with those without exposure.
Scott et al. [14]	Depression – Patient Health Questionnaire (PHQ-9), Alcohol Use Disorders Identification Test (AUDIT) – alcoholism, PTSD Checklist Military Version (PSCL-M) – symptoms of PTSD (PHQ-9)	30.2% of male veterans and 16.3% of female veterans – positive for hazardous drinking. In multivariate analysis, among male veterans, younger age and exposure to trauma (assault and interpersonal conflict) were independently associated with hazardous drinking ($p<0.05$). Among female veterans, younger age and PTSD symptoms were associated with hazardous drinking ($p<0.05$).
Hoggatt et al. [10]	Alcohol Use Disorders Identification Test AUDIT-C and National Survey of Women Veterans (NSWV) data	Alcohol misuse among female veterans – 31.0%, 28% – abstainers, 41% – low alcohol use.
Schweizer et al. [13]	Insomnia – The Insomnia Severity Index (ISI), PTSD symptoms – PC-PTSD	14.3% of respondents used alcohol to aid sleep.
Bray et al. [4]	health behavior surveys	Soldiers with high combat exposure showed significantly higher rates of risky drinking (26.8%) and heavy drinking (54.8%) compared with non-exposed peers (17% and 45%, respectively).
Brown et al. [5]	Survey of Health-Related Behaviors	Men were more likely than women to drink heavily or abuse alcohol and to experience alcohol-related problems. Similarly, enlisted soldiers reported heavy/abusive drinking more frequently than officers. Driving under influence was more common among men and among officers compared with enlisted personnel.

alcohol consumption among military personnel compared to civilian populations. Their study showed that more than 16% of active-duty soldiers and 25% of veterans abused alcohol. Alcohol misuse was more prevalent among men than women. Brown et al. [5] further demonstrated differences in alcohol consumption between women and men employed in the military. Department of Defense data from 2002 revealed that men drank heavily or engaged in binge drinking more often than women, and enlisted personnel consumed more alcohol than officers. Driving under influence was also more common among men than women and was more frequent among officers than enlisted soldiers. Higher-ranking personnel exhibited lower rates of dependence symptoms and serious alcohol-related consequences compared with enlisted service members. Despite greater alcohol consumption among men, women showed similar or higher rates of dependence symptoms and appeared more vulnerable to alcohol-related problems at lower levels of consumption.

Spanakis et al. [16] reported that the prevalence of harmful drinking or probable dependence is 10% among current and former military personnel, which is higher than in the general population of the country. Other British studies suggest that only 14% of soldiers drinking at harmful levels and 41% of those at dependent levels recognized their problem, comparable to findings from the general English population (42% for probable dependence). The consequences of this problem

are multifaceted, including negative effects on mental and physical health, increased risk of legal problems, and job loss. A key barrier to seeking professional treatment is the failure to recognize alcohol misuse. The authors noted that denial or ignorance of the problem may delay help-seeking. Approximately half of respondents in the cited study met the criteria for "problem drinking" and "acknowledged" their alcohol problem. Recognition rates were higher among those reporting mental health disorders or stressful life events. More detailed studies are needed to determine at what point alcohol consumption becomes problematic in the context of military service and how these patterns may change after discharge.

A survey by Bray et al. [4] on alcohol-related behaviors among active-duty U.S. personnel showed a significant increase in heavy drinking (from 15% to 20%) and binge drinking (from 35% to 47%) between 1998 and 2008. The prevalence of serious alcohol-related consequences was 4% among non-drinkers, 9% among heavy drinkers, and 19% among binge drinkers. Personnel exposed to intense combat experiences had markedly higher rates of alcohol abuse (26.8%) and binge drinking (54.8%) compared with non-exposed personnel (17% and 45%, respectively). Heavy drinking and binge drinking compromise readiness and negatively affect mental health.

Woodruff et al. [20] identified alcohol abuse as a major concern for the U.S. Department of Defense. Since prevalence is higher among military personnel than civilians, the financial costs are also greater. Moreover, alcohol misuse can adversely impact military performance and national defense capabilities. Risky alcohol consumption remains a serious problem in the U.S. military, particularly among the Marines, displaying the highest rates of alcohol use rates among all service branches. As the authors point out, environmental aspects related to this problem are not only individual-level variables but also social and political ones. The WHO emphasizes the importance of reducing alcohol availability and implementing pricing strategies to mitigate alcohol-related harm. Adverse social conditions (e.g., high crime rates, employment problems, and weak support from social institutions) may lead to increased alcohol consumption. Understanding the links between environmental factors and alcohol use, including the interplay between individual-level knowledge, attitudes and behaviors and external factors—such as access, legislation, and social norms—is essential. Specific environmental risk factors within the military highlighted by the authors include easy access to alcohol on or near bases (often at discounted prices), monotony during deployment, and limited recreational opportunities. Cultural and geographic influences may also contribute to alcohol misuse by deployed personnel, as higher rates of substance dependence have been observed among soldiers stationed far from home.

Mattiko et al. [12], in a study of 28,546 soldiers from all branches of the U.S. armed forces, reported findings consistent with those above. Personnel were categorized into five levels of alcohol consumption, ranging from abstainers to heavy drinkers. Higher levels of drinking were associated with greater alcohol-related problems. The authors reported that one-fifth of military personnel misused alcohol, with average ages ranging from 18 to 35. Prevention and clinical intervention strategies should focus primarily on heavy drinkers. Commanders and peers need to be trained to recognize signs of alcohol misuse and to provide support in ways that encourage positive attitudes rather than reinforce stigma. Research indicates that sailors, marines, airmen, and guardsmen frequently consume alcohol, with detrimental effects on both physical and mental health. Between 1988 and 1998, the prevalence of heavy drinking (defined as consuming five or more drinks per day) remained stable at approximately 15% in the studied population. However, from 1998 to 2008, the rate gradually but significantly increased to 20%. Campbell-Sills et al. [7] examined soldiers before and after deployments to Afghanistan and found that the pre-deployment period (approximately 1–2 months), as well as 3 and 9 months after returning home, were strongly associated with binge drinking and heightened risk of dependence on alcohol and psychotropic medications. Contributing factors to alcohol use disorder and substance dependence included depression, traumatic experiences, socioeconomic status, age, and gender. Among soldiers without pre-deployment symptoms of alcohol or substance dependence, high levels of stress during service were linked to a twofold increase in risk 3 months after deployment and nearly a threefold increase between 3 and 9 months post-deployment. Combat stress, young age, and lack of a stable partner were also predictors of heavy drinking after redeployment, even among those who denied excessive alcohol use prior to deployment. Stress further exacerbated alcohol use disorder both 3 and 9 months after returning home.

Canadian researchers [17] reported that problem drinking was more prevalent among military personnel than civilians (32.0% vs 20.3%). Military personnel were also more likely to recognize the need for assistance and to engage in help-seeking behaviors, which may reflect greater investment in military healthcare in Canada. Nevertheless, stigma and fear of damaging one's reputation or career were identified as major barriers to seeking treatment. This underscores the importance of reducing stigma associated with help-seeking for alcohol use disorder within the military. In civilian populations, the most frequently cited barriers were lack of motivation to change and the belief in being able to manage without professional assistance. Alarmingly, the authors report that more than half of service members with alcoholism and more than three-quarters of civilians did not seek professional help.

The Relationship Between Alcohol Use, PTSD, and Traumatic Experiences

Fetzner et al. [9] describe the relationship between increased alcohol consumption and PTSD. Analyses suggest that depressive symptoms significantly influenced alcohol-related problems, including the amount and frequency of consumption, among male veterans. In contrast, PTSD and depressive symptoms did not appear to significantly affect alcohol use among female veterans. These findings suggest that different mechanisms underlie alcohol misuse in men and women, highlighting the need for gender-specific strategies when analyzing this problem. Dworkin et al. [8] also observed frequent comorbidity between PTSD and alcohol dependence in both soldiers and veterans. National data from U.S. military personnel showed that 55%–68% of veterans with PTSD exhibited signs of alcohol use disorder, compared with 40%–55% of those without PTSD. Medical records further revealed that 63% of veterans with alcohol use disorder, and 76% of those with combined substance dependence and alcohol use disorder, were also diagnosed with PTSD. Lifetime prevalence of PTSD was higher among female veterans (13%–19%) than male veterans (6%–7%), which is another important finding.

Alcoholism Among Veterans

Jacobson et al. [11] found a high prevalence of alcohol misuse among personnel after separation from active duty. Furthermore, they demonstrated that Reserve and National Guard personnel, as well as younger service members deployed with combat exposure, were at increased risk of heavy weekly drinking and binge drinking. It was noted that deployments to Iraq and Afghanistan were strongly associated with new cases of weekly heavy and binge drinking among respondents. These findings emphasize the importance of targeting high-risk groups—such as Reserve and National Guard personnel, younger soldiers, and those with a history of mental health disorders—in post-deployment interventions and support.

A review of the current literature shows that veterans have received the most attention as a group at elevated risk for alcohol use disorder, particularly with respect to the correlation between combat-related trauma and increased or risky alcohol consumption. Another study, apart from those mentioned above, is the analysis by Calhoun et al. [6]. As previously noted, alcohol misuse is associated with negative consequences for both mental and physical health, posing significant risks for veterans. The study involved individuals who had served in Iraq and/or Afghanistan (n = 1,083). Both abstainers and risky drinkers more frequently reported clinically significant symptoms of PTSD and depression compared with moderate drinkers. In contrast, moderate drinkers less often reported fair or poor health. Overall, the study indicated that moderate alcohol consumption was linked to lower rates of mental health problems and better self-rated health, while abstainers also appeared to be at risk for deterioration in mental and physical well-being. The analyses further revealed that older age, absence of a stable relationship, minority status, low income, smoking, and greater combat exposure were significantly associated with higher reports of fair or poor health. Veterans who relied on military healthcare more often reported poor self-rated health than those who did not. PTSD and depression were strongly correlated with lower self-assessments of health. These results align with findings from civilian studies, which have shown that the lowest risk of poor mental health is found among individuals who consume alcohol occasionally or in moderate amounts.

Williams et al. [19] also examined the problem of alcohol misuse among veterans. The researchers suggested that military personnel may be susceptible to relapse into problem drinking. However, the frequency of alcohol misuse and relapses after temporary remission in this group are unknown. The study found that 16% of individuals with episodic drinking problems relapsed. Relapse was associated with both military and non-military factors. One in six service members who engaged in occasional but risky drinking returned to problematic drinking within three years. The study

further demonstrated that risky health behaviors—particularly hazardous drinking and smoking—along with positive mental health screenings were correlated with relapse, consistent with findings from civilian populations. The strongest predictor of relapse was membership in the Reserve or National Guard, with an estimated 67% higher risk compared with active-duty personnel. This may reflect a lower risk aversion among Reserve and Guard members, who typically maintain civilian employment alongside military service. The overall relapse rate of risky alcohol use observed in this study supports the recommendations of the U.S. Department of Defense and the Department of Veterans Affairs for routine interventions and ongoing monitoring of service members with alcohol-related problems. Abstinence is recommended for occasional drinkers, as the findings suggest that continued misuse significantly increases the likelihood of progression to alcohol use disorder.

Risk of Co-Occurrence of Alcohol and Substance Dependence

Seal et al. [15] examined the co-occurrence of alcohol and drug addiction among veterans of the wars in Afghanistan and Iraq. More than 11% of respondents were diagnosed with alcohol or substance use disorders, including 10% with alcoholism, 5% with drug abuse, and 3% with both. Male gender, age under 25, lack of a stable partner or divorce, and greater combat exposure were independently associated with increased risk of alcohol and substance dependence. Among those diagnosed with alcohol problems, drug problems, or both, 55–75% were also diagnosed with PTSD or depression. The authors reported that the likelihood of alcohol or drug addiction—or both—was 3 to 4.5 times higher among veterans with PTSD and depression ($p<0.001$). However, stigma and the absence of standardized screening may have led to underreporting. These findings underscore the need for improvements in military healthcare and for expanding access to integrated therapies that address both addictions alongside PTSD and other mental disorders. In the study group accessing healthcare for the first time, 12% were women (median age = 28 years). Of these, 41% were Reserve or National Guard veterans, the majority (60%) had served in the Army, and more than one-third (37%) had been deployed multiple times. Among respondents who attended at least one clinical visit, 40% received one or more mental health diagnoses, most commonly PTSD (26%), followed by depression (22%). The estimated prevalence of dependence was higher among male veterans (alcohol: 10.5%; drugs: 4.8%) compared with female veterans (4.8% and 2.4%, respectively).

Gender Differences in Alcohol Consumption

When examining alcoholism among military personnel, it is important to consider gender-specific patterns. Adams et al. [2] investigated a cohort of women returning from missions in Iraq and Afghanistan for excessive alcohol consumption, PTSD, and depression linked to combat exposure and direct life-threatening experiences. The study found that female soldiers who had sustained injuries or experienced assault were at increased risk of behavioral health problems, including PTSD, depression, and risky drinking. Furthermore, the results indicate that any report of combat exposure among women was associated with a heightened risk of behavioral disorders. Following service, women in both active duty and the Reserve/National Guard exhibited similar rates of mental health problems. Screening identified PTSD and depression in 10% or fewer participants, while nearly 23% were classified as risky drinkers. Black women were more likely to test positive for PTSD but reported lower alcohol consumption.

The issue of differences between male and female soldiers in terms of alcohol consumption is also described in a publication by Scott et al. [14]. The study compared the prevalence of alcohol-related problems and risk factors in male and female veterans. In multivariate analysis, younger age, trauma exposure, and interpersonal conflict were independently associated with risky drinking among men ($p < 0.05$). Emotional numbing, a symptom of PTSD, was also independently linked to risky drinking ($p < 0.05$). These findings suggest that risky drinking as a coping mechanism is common in both sexes, and is more prevalent at younger ages. In the studied sample, the prevalence of risky drinking was significantly higher among men (30.2%) compared with women (16.2%), despite similar rates of PTSD and depression diagnoses. Among the five PTSD symptoms, apathy had the strongest association with alcohol misuse, consistent with earlier research. Reduced interest in daily activities and negative future outlooks may represent key therapeutic targets for female veterans with PTSD. Depression was associated with risky drinking in both men and women.

Another study conducted on a group of former female soldiers is the one by Hoggatt et al. [10]. The overall prevalence of alcohol abuse during

the study year among female veterans was 31% (22% mild abuse, 9% moderate to severe). 28% reported non-drinking, and 41% consumed alcohol in small amounts (i.e., below the threshold of risky drinking). Among female veterans using military healthcare, alcohol misuse was observed in 27% (10% moderate to severe), compared with 32% (9% moderate to severe) among non-users. Binge drinking prevalence was 26% in healthcare users and 24% in non-users (20–30%).

Schweizer et al. [13] highlighted that women now represent an increasing share of the U.S. veteran population, currently estimated at 2 million. Sleep disorders are common in this group, with a recent study showing that 52% of female veterans using military healthcare meet the criteria for sleep disturbances. Alcohol consumption often serves as a coping strategy. Estimated rates of alcohol consumption among female veterans are similar to those reported in civilian populations, ranging from 19% to 32% (i.e., the proportion of individuals drinking above recommended limits). It is believed that female veterans often do not disclose information about their alcohol use; therefore, the available results are likely underestimated. A substantial proportion of female veterans report experiences of rape and sexual harassment during military service, which heightens the risk of developing PTSD and, in turn, increases the likelihood of sleep problems. In the sample analyzed by the authors, nearly one-third of women tested positive for PTSD. Insomnia and PTSD frequently co-occur among female veterans, as noted previously. Sleep disorders have been diagnosed in 70%–90% of those with PTSD, while PTSD has been identified in 55% of those suffering from insomnia. Analyses by Schweizer et al. [13] indicated that insomnia may be an important factor motivating frequent alcohol use. In this study, 14.3% of respondents reported consuming alcohol to facilitate sleep. Alcohol use for this purpose was associated with a greater probability of daily drinking, as well as increased use of both prescription and over-the-counter sleep medications. Insomnia and PTSD may therefore contribute to the concurrent use of alcohol and sleep aids, which can ultimately result in serious health problems.

CONCLUSIONS

In summary, soldiers represent a population at elevated risk for addiction. This vulnerability stems from stressful professional duties, prolonged separation from family, lack of support during service, and the constant threat to life during missions. Coexisting mental health disorders such as depression, PTSD, and insomnia further increase the likelihood of alcohol-related problems, as confirmed by the literature reviewed in this study. Most authors emphasize that the prevalence of alcohol abuse is higher among soldiers and veterans than among civilians. Alcohol consumption is also embedded in military culture, where it often serves as a tool for group integration.

Effective strategies for preventing alcohol abuse and dependence in the military include monitoring alcohol consumption within units, restricting availability around bases, ensuring regular access to psychologists and psychiatrists, and providing comprehensive treatment that addresses both addiction and mental or neurological disorders. Equally important is the organization of alternative means for managing stress and negative emotions. Options may include sports and recreational activities, music therapy, and other structured programs. Developing a robust system of mental health and addiction care for veterans is also critical. Following active duty, service members should receive therapeutic support, as evidence indicates they frequently turn to alcohol during periods of heightened emotional stress or in response to trauma. Preventive training programs and regular consultations with specialists are essential to provide up-to-date knowledge and raise awareness regarding alcoholism prevention. Eliminating stigma and reducing fear of reputational damage would further encourage soldiers to seek help and acknowledge the problem rather than ignore it.

The authors of this article concur that alcohol abuse substantially undermines professional performance and contributes to significant personnel challenges within military units. Accordingly, effective methods for limiting alcohol misuse must be developed. Finally, reducing the stigma surrounding professional help-seeking is vital, as it would increase the likelihood that affected individuals engage with available care.

AUTHORS' DECLARATION

Study Design: Ewelina Ejchman-Pac, Justyna Marszałkowska-Jakubik, Magdalena Zawadzka. **Data Collection:** Ewelina Ejchman-Pac, Justyna Marszałkowska-Jakubik, Magdalena Zawadzka. **Manuscript Preparation:** Ewelina Ejchman-Pac, Justyna Marszałkowska-Jakubik, Magdalena Zawadzka. The Authors declare that there is no conflict of interest.

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