An Exploration of the Alcohol Policy Environment in Post-Conflict Countries
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Abstract — Aims: Populations in countries emerging from armed conflict may have elevated levels of harmful alcohol use due to risk factors such as trauma exposure, increased daily stressors, elevated levels of mental health disorders, urbanization, and weak alcohol control policies and institutions. This study explores the challenges and opportunities for strengthening alcohol control policies in post-conflict countries. Methods: Exploratory qualitative approach: experts (from United Nations agencies, non-governmental organizations, academic institutions and independent consultants) selected on the basis of their experience were interviewed. Thematic analysis identified key emergent themes. Results: Perceived challenges to addressing harmful alcohol use in post-conflict countries included: lack of priority and recognition among key actors; limited resources and capacity, including in policy enforcement; and the role of the alcohol industry. Perceived opportunities included: increasing recognition of the harmful health and social effects of alcohol globally; sharing information, experience, and expertise to more effectively strengthen alcohol control policies; and collecting better data to advocate and inform stronger alcohol policies. Conclusion: This exploratory study provides a starting point to better understand the alcohol policy environment in post-conflict settings but considerably more research is required.

INTRODUCTION

Alcohol policy can be defined as sets of measures aimed at keeping health and social harms from alcohol use to a minimum (Anderson et al., 2009). Key elements of alcohol policy include strong leadership, restricting availability and marketing of alcohol, increasing prices and taxes, raising awareness, reducing drink driving, increased access to treatment for alcohol disorders, stronger monitoring and evaluation, and increased resources and capacity (Room et al., 2002; Anderson et al., 2009; WHO, 2011b).

Harmful alcohol use may be a serious issue in post-conflict countries. Countries enter a post-conflict recovery period after a sustained cessation of armed hostilities and, for some conflicts, the signing of a formal peace settlement (although battle-related fatalities and attacks on civilians by armed combatants do occur after the signing of such a settlement). There is not a standard for how long the post-conflict period lasts because the type, scale, impact and legacy of armed conflicts are very context specific. As a result, some countries are legitimately described as post-conflict for up to two decades or more since the end of hostilities. Although context specific, the post-conflict period is commonly characterized by increasing peace and stability (although insecurity and violence may still exist in certain areas), political and economic reforms, and large-scale private investment and development aid. Harmful alcohol use may be an issue in such settings due to a combination of traumatic war experiences and daily socio-economic stressors during and after the conflict could potentially increase the risk of long-term harmful alcohol use, with alcohol used as a negative form of coping. In addition, mental disorders, particularly post-traumatic stress disorder (PTSD), depression and anxiety are commonly elevated among conflict-affected populations due to exposure to violent and traumatic events and daily stressors (Porter and Haslam, 2005; Steel et al., 2009; Miller and Rasmussen, 2010), and these disorders have been associated with higher levels of harmful alcohol use in conflict and non-conflict settings (Stewart, 1996; Kozaric-Kovacic et al., 2000; Boden and Fergusson, 2011). Evidence among former combatants has shown elevated mental disorders, including harmful alcohol use, and their comorbidity (Jacobson et al., 2008; Seal et al., 2009; Bray et al., 2010), but evidence on harmful alcohol use among conflict-affected civilian populations is extremely limited (Weaver and Roberts, 2010; Ezard, 2011). The patterns of harmful alcohol use are clearly variable and very context specific and in some cases may not necessarily be significantly higher among conflict-affected civilians than in equivalent non-conflict-affected populations (Roberts et al., 2011; Luitel et al., 2013).

However, harmful alcohol use could possibly also interfere with post-conflict recovery in communities (Sørensen, 1998; Boás and Hatloy, 2005; Kizza et al., 2012). The increasing urbanization in post-conflict settings may also increase alcohol consumption given the higher marketing and availability of alcohol products in towns and cities (WHO, 2011a; Roberts et al., 2012).

There are also risks of inadequate alcohol policies in post-conflict countries as they can be characterized by weak governance and state institutions (Ghani and Lockhart, 2008). Studies in transitional and developing economies have highlighted how transnational alcohol companies have taken advantage of such conditions by shaping or even writing government alcohol policies to significantly increase the availability and marketing of alcohol in these markets (Moskalewicz and Simpura, 2000; Caetano and Laranjeira, 2006; Bakke and Endal, 2010; Nemtsov, 2011). Studies have also revealed similar activities by tobacco companies in such settings (Gilmore and McKee, 2004; Titeca et al., 2011).

Despite these potential risk factors for harmful alcohol use and weak alcohol control policies in post-conflict countries, we could not identify any studies that have specifically researched the issue of alcohol control policies in post-conflict countries. The aim of this study was to explore the challenges and opportunities for strengthening alcohol control policies in post-conflict countries.

METHODS

An exploratory qualitative approach using expert interviews was followed, based upon standard methodology and reporting
criteria (Pope and Mays, 2006; Tong et al., 2007). The research was not limited to a specific country in order to provide a broader global perspective on the issue given the lack of an existing evidence base. Interview respondents were purposively selected based on their knowledge and experience of researching and working on alcohol generally and alcohol policy more specifically, particularly in post-conflict and fragile countries. They were identified through their research publications, personal contacts and the use of snowballing techniques by asking respondents to suggest additional respondents.

Twenty seven experts were contacted, and 15 interviews were conducted (11 men, 4 women). The majority of refusals were due to an expressed lack of knowledge of the combined topic of alcohol policy and post-conflict environments. All the interviews were conducted by telephone or Skype.

The 15 respondents were from United Nations (UN) agencies \((n = 3)\), non-governmental organizations (NGOs) \((n = 4)\), academic institutions \((n = 5)\) or working as independent health consultants \((n = 3)\). They had experience in a wide range of countries including Afghanistan, Angola, Burma, Democratic Republic of the Congo, Georgia, Lebanon, Liberia, Mali, Mozambique, Nepal, Sierra Leone, Sri Lanka, Sudan and a number of countries in Latin America.

An interview topic guide was developed at an early stage and based on the study objectives, discussion with peers and aspects of the broader literature on alcohol policy and post-conflict countries. The topic guide included questions relating to: the personal experiences of the respondent working on the issue; strengths and weaknesses of alcohol policies in post-conflict countries; barriers to strengthening alcohol control policies; the role of different actors (e.g. government, NGOs, donors, UN agencies and industry), potential opportunities for strengthening alcohol control policies and recommendations on how to strengthen alcohol policies. An iterative process was used to refine the topic guide as interviews progressed and to ensure they were responsive to the individual respondents. The interviews were audio recorded and transcribed verbatim following the interview. All respondents gave written informed consent. Confidentiality and anonymity were maintained throughout. Data were securely stored and password protected. Ethics approval was provided by the London School of Hygiene and Tropical Medicine.

Thematic analysis was used to identify and prioritize key themes and sub-themes emerging from the data following an iterative approach, based upon a framework of the key challenges and opportunities. The data were reviewed in order to become familiar with the content and begin the process of identifying key themes and categories. Emerging themes and ideas were identified based on the overall framework for the first level descriptive coding. Second level coding within themes was applied to develop sub-themes and compare between themes and sub-themes. Charting of interview summaries was done to further assist in the analysis and interpretation of the data. For the challenges, key themes that emerged included: low priority among key actors; limited resources and capacity; and the role of the alcohol industry. For the opportunities, key themes included: increasing global recognition of the harmful effects of alcohol; sharing information, experiences and expertise; and the collection of better data.

The study results for the main challenges and opportunities for alcohol control are described below. The results are also summarized in Table 1.

### Challenges for alcohol control policies

Challenges to strengthening alcohol control included a lack of priority among key actors; limited resources and capacity; and the role of the alcohol industry.

#### Low priority

Many of the respondents felt that alcohol was a low priority issue for many governments in post-conflict countries. This was partly attributed to the legitimate need to initially tackle more pressing issues and the limited resources available, particularly in very fragile situations. One respondent noted:

...in the transition post-conflict context...I think that specific programming on alcohol would have its place, but would not be a main priority. There are a lot of other over-riding priorities that determine the agenda. (Male, UN agency)

However, respondents felt that the low priority given by governments to developing or strengthening their alcohol control policies was further impeded by short-term perspectives inherent in many post-conflict situations where there was a strong focus on more immediate gains, particularly in the

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#### Opportunities

**Increasing recognition of the harmful effects of alcohol globally:**
Growing availability of evidence globally on the burden of alcohol use (but not for post-conflict countries).
Increasing recognition of mental health needs may increase awareness of alcohol-related problems.
The potential benefits of linking alcohol-related problems to other key health and social issues.

**Sharing information, experiences and expertise:**
Generate new information to help guide the strengthening of alcohol control policies.
Increase the support and activity of civil society organizations in strengthening alcohol control policies.
The growing role of WHO in supporting alcohol control activities.

**Better data:**
Collect more data to raise awareness among the public and policy makers of dangers of harmful alcohol use.
Collect more data to guide alcohol control policies.
more fragile political environments where political factionalism further impeded longer-term policy making. Indeed, such was the low priority that it was noted that many countries do not even have an alcohol policy. One respondent noted:

In Georgia, there have been a number of conflicts over the past two decades, with many people displaced from the conflicts. But it also has some strong systems and capacity, yet there is no specific national alcohol policy. It’s a real gap. (Female, NGO)

Respondents also felt that alcohol policies were given a low priority by international actors. One academic respondent noted that ‘I don’t think it’s even been on the radar of most international funders working in these settings’. Another noted: ‘In the field, it is hard to find an NGO working specifically in substance abuse’ (Male, independent health consultant). Respondents felt that it was due to a lack of awareness among policy makers and programmers about the problem of alcohol that led to a low prioritization and that there was a lack of policy makers ‘championing’ alcohol control in post-conflict settings. One respondent noted:

People don’t realise that it is a problem [in post-conflict settings]. It’s not featuring. We have failed in public health to champion it and to prove that it has devastating effects on people’s lives. (Male, independent health consultant)

This lack of sensitization to alcohol was suggested by many respondents as a possible explanation for the lack of humanitarian focus. One respondent noted that a number of humanitarian workers ignored alcohol control issues because they ‘consider alcohol a part of a set of conditions that cannot be influenced’ (Male, NGO). Another respondent commented on a drinking culture among humanitarian workers who ‘are often coming from relatively heavy drinking cultures and they themselves are under stress.’ (Male, academic institution). Another respondent was more critical:

I would say it is worse than not sensitized! The ambivalence about alcohol and alcohol policy in their resource-rich countries travels along with every bit of cultural imperialism that one has to battle with when doing humanitarian assistance work. (Male, academic institution)

Limited resources and capacity

The respondents described the lack of resources and capacity within post-conflict countries. One respondent commented on the health sector situation:

The main situation in these countries generally is that the health sector tends to be highly underdeveloped. Then alcohol policies, where they exist, are weak and haphazard. (Male, academic institution)

Many respondents discussed the issue of a particularly weak state in the post-conflict phase. All respondents appeared to be in agreement that post-conflict countries often lacked institutional drive, power and spending allocation, which was often manifested through poor policy enforcement. One respondent noted:

…there are often not even general health policies in place and the process to develop and implement them has been seriously weakened or fragmented. So you have a weak state, a weak government, a weak Ministry of Health. (Male, UN agency)

It was also noted:

There are often weak states so the ability of the state to control the market or to implement a tax regime… there are often substantial informal sectors of alcohol production which make economic and physical availability strategies challenging. (Male, academic institution)

One respondent cited examples of Mozambique and Democratic Republic of the Congo where there was a lack of knowledge in government, academic and civil society organizations on the harmful effects of alcohol and how to tackle it. Another respondent noted that it:

Clearly depends on the level of development and the state of the policy processes prior to the conflict. It’s about what you can save after the crisis or what you can revitalise. It depends very much on the capacity of the government – the extent to which they are weakened and fragmented. (Male, academic institution)

The issue of enforcing policies was also raised, and how in many situations ‘there isn’t the enforcement capacity. A policy will not be followed. The capacity must be there first.’ (Male, independent health consultant). Concern over the willingness of police to follow enforcement was raised by most respondents, particularly given often heavy drinking cultures in institutions like the police.

A lack of resources was highlighted as a key issue. From a global perspective, it was observed that ‘the WHO has a global alcohol strategy, that’s trying to do what it can, but doesn’t have any resources - that is the problem.’ (Male, academic institution). Another respondent also commented on how WHO’s work on alcohol was pivotal and should be better supported, noting that ‘funding for it [WHO’s alcohol policy activities] is beyond pathetic’ (Male, academic institution). Similar issues were raised about other international agencies, as well as a lack of expertise on the issue among international agencies, and it was noted that it is very rare to come across someone ‘working internationally specifically on alcohol related problems in post-conflict settings.’ (Male, independent health consultant)

The alcohol industry

The harmful role of the alcohol industry was raised by all the respondents. Concern was expressed that post-conflict countries are viewed by the alcohol industry as important future markets due to their growing economies, weak institutions and regulatory frameworks, substantial marketing opportunities and significant potential for growth in alcohol consumption. The industry’s vested interest in weak alcohol policies was raised, with one respondent noting how the alcohol industry’s ‘interest is in seeing to it that only the weakest of policies are in place and that there is room for their markets to grow.’ (Male, academic institution). Another respondent noted:

The industry is an industry. Its responsibility is primarily to its share holders – we cannot expect it to act with public health as its first priority, this is the very reason why it has no business in the development of alcohol policies. (Male, academic institution)
The potential power enjoyed by the alcohol industry in post-conflict environment was raised by most respondents:

I think in post-conflict, it must be the perfect situation and opportunity to take advantage. Not having the proper legislation framework and even influencing the legislative framework to its [the alcohol industry] own advantages. (Female, UN agency)

It was noted that in fragile and post-conflict environments the industry:

seeks to promote itself as a responsible corporate citizen, the good guys helping to put the country back on its feet, but in fact they are just building and entrenching their influence which makes it very difficult to implement strong alcohol policies later on. (Male, academic institution)

Another respondent noted how ‘they [the alcohol industry] can go into a Ministry of Health and say “look, we want to help you hold a workshop on the development of alcohol policy”’. (Male, academic institution). It was observed how the alcohol industry can ‘take advantage of underdeveloped tax and marketing regimes and they are very good at what they do!’ (Male, academic institution). Another commented on the knowledge of industry: ‘They know plenty of things we don’t know. They have more resources’ (Male, independent health consultant). One respondent said: ‘Industry are winning and winning all the time while we are losing and losing. So we need to change the strategy. We need to do something different’ (Male, academic institution). Concern was also expressed on the ways in which the alcohol industry shares experiences and resources between countries on influencing their alcohol policies and as well as with other industries such as the tobacco and food industries. The issue of weak governance when dealing with the alcohol industry was also raised: ‘There is a lot of corruption. If ministers and police are more interested in their own well-being…it is very hard to implement proper alcohol policy.’ (Male, NGO).

Opportunities for alcohol control policies

Key themes on the issue of potential opportunities for strengthening alcohol policies in post-conflict countries included: increasing global recognition of the harmful effects of alcohol; sharing information, experiences and expertise; and the collection of better data.

Increasing recognition of the harmful effects of alcohol globally

It was felt that the increasing data on the global burden of disease caused by alcohol had increased attention on the issue of harmful alcohol use, albeit belatedly in low and middle income countries. One respondent commented that policy makers are observing ‘the problems related to alcohol. Conversations are happening.’ (Male, NGO). The increasing recognition of addressing mental health in conflict and post-conflict settings was also seen as an important development and potential catalyst for addressing harmful alcohol use, with one respondent noting that alcohol was rising up the agenda ‘now that we are talking more about NCDs, mental health and less acute events in humanitarian situations.’ (Female, independent health consultant).

It was also observed that the growing awareness and resources for mental disorders in conflict and post-conflict societies could lead to better recognition of the need to also tackle alcohol disorders. Similarly, respondents also felt that the issue of alcohol could rise up the public health agenda if it was linked with other key health and social issues, with one respondent noting:

I think the way in is through prevention of GBV [gender-based violence]. I think the links between alcohol and GBV are pretty clear. I think the motivation to do something about GBV is good. A lot of people are concerned. (Male, UN agency)

Sharing information, experiences and expertise

As noted above, there was strong concern about the role of the alcohol industry because of weak state institutions, but respondents also felt that there was an opportunity to help post-conflict governments strengthen alcohol policies and aggressively tackle the alcohol industry by applying lessons and policies that had been learned elsewhere. One noted:

...nation states emerging from conflicts really have to be supported to resist efforts by the big alcohol companies that promote alcohol use in those countries. (Female, independent health consultant)

A strong supportive role of WHO was also highlighted in sharing evidence and expertise between countries and government ministries on the health and economic benefits of stronger alcohol policies and strategies to develop and implement them. Building civil society awareness and advocacy was also seen as an important element.

Better data

Respondents noted the need for more data on patterns of alcohol use and alcohol policies in post-conflict countries and that the relative stability in post-conflict periods facilitated more detailed research on the subject. The implementation of better epidemiological research was often mentioned as a key driver in improving awareness and acceptance of alcohol control policies, and how ‘if the epidemiology gets better, governments will hopefully be forced to take note and take action.’ (Male, academic institution).

One participant mentioned the upcoming development of surveillance systems in West Africa to look at regular data on drugs and alcohol and their consequences as a beneficial tool which could provide data which ‘might be convincing to policy makers in terms of taking the issue more seriously and developing appropriate policies’ (Male, academic institution). Greater use of modelling to demonstrate to policy makers the economic benefits of stronger alcohol policies was also encouraged. One respondent noted that it was about:

...trying to point out that there can be a win-win situation...[with] effective taxation policy...you will also get funds which can be fed back to strengthen other sectors or other elements of policy. (Male, NGO)

The importance of public knowledge about the harmful effects of heavy alcohol use (including illicit alcohol use) was frequently raised, but concern was also expressed about the lack of evidence on levels of public knowledge. Utilizing the
media to raise public awareness on the harmful effects of alcohol use and to advocate for stronger alcohol policies was also raised.

**DISCUSSION**

It is currently not possible to gauge the level of the problem of harmful alcohol use in post-conflict countries as insufficient data exist. Similarly, only limited summary information exists on alcohol policies in a few post-conflict countries (WHO, 2013). This exploratory study provides some initial perspectives on this issue. The findings highlight the seemingly limited priority given to tackling alcohol, both among national and international agencies. While there have been some developments in recent years in terms of guidance for assessing and addressing alcohol problems among populations affected by humanitarian crises (IASC, 2007; UNHCR and WHO, 2008), it appears that the issue of alcohol still remains of limited priority among key actors. While fully acknowledging the many competing health policy and programming priorities and challenges in post-conflict countries, the lack of attention is nevertheless concerning, particularly given the shifting epidemiological profiles among conflict-affected populations towards non-communicable diseases (NCDs) and the significant risk factor of alcohol for NCDs (Spiegel et al., 2010; Lim et al., 2012). The need to increase recognition and prioritization of alcohol control globally and nationally and for strong national leadership and commitment is also a leading action point in WHO’s Global Strategy to reduce the harmful use of alcohol (WHO, 2011b).

Limited capacity to strengthen alcohol policies was noted as a key issue among respondents. There is a strong need for initiatives to share expertise and experiences between governments, with the support of WHO, civil society organizations and experts on alcohol policy issues, on how to develop and implement effective alcohol policies, utilizing existing evidence and guidelines to inform policy development and implementation (Room et al., 2002; Anderson et al., 2009; Wagenaar et al., 2009; Babor et al., 2010; WHO, 2011b; Casswell et al., 2012). There is also a significant need to scale up available financial resources and technical capacity, particularly at the national level, to support alcohol control policy initiatives, as also recommended in WHO’s Global Strategy to reduce the harmful use of alcohol (WHO, 2011b).

The role of the alcohol industry was raised by all respondents, with concern expressed about the alcohol industry’s ability to rapidly scale up alcohol availability and marketing in post-conflict settings and its ability to influence and shape national alcohol policies. These concerns reflect studies evidencing how alcohol companies have strongly influenced or even drafted government alcohol policies in a wide range of countries and the ways in which these policies have largely ignored the international evidence base of key policy interventions in order to protect the vested interests of the alcohol companies (Caetano and Laranjeira, 2006; Caetano, 2008; Babor et al., 2010; Bakke and Endal, 2010). While evidence of industry influence on alcohol policy in post-conflict settings is scarce, an example is its role in setting the national alcohol policy in Uganda as it recovered from conflict in the north of the country (Bakke and Endal, 2010). Studies reviewing and monitoring national alcohol policies should also be applied to post-conflict countries, particularly since vulnerability to alcohol industry influences may be strongest in these countries and where transparency on policy making can be limited (Bakke and Endal, 2010; Casswell et al., 2012), but also where the potential gains and savings could be greatest if strong alcohol control policies could be implemented early in the post-conflict recovery phase. These studies should focus both at the national level to examine different stakeholder interests in policy formulation, and also at the provincial level, particularly in areas most affected by conflict, to assess how alcohol policies are being implemented locally.

The lack of epidemiological data on alcohol in post-conflict countries was a recurring concern in the interviews. Many participants felt that this was a significant barrier to raising awareness among key actors within post-conflict countries and at an international level. Evidence from surveys or ideally alcohol surveillance systems needs to be collected, analysed and used to inform policy development and implementation (WHO, 2011b). This should also include evidence on the effectiveness of interventions to address harmful alcohol use in post-conflict environments (Ezard et al., 2010), and the cost-effectiveness of alcohol programmes and policies.

The respondents also raised a number of potential opportunities to strengthen alcohol policies. These included the growing evidence and recognition of the importance of alcohol as a risk factor for both communicable and non-communicable diseases globally which has led to growing policy work by WHO and activism among civil society organizations (WHO, 2009a,b, 2011a,b; Lim et al., 2012; Alcohol Drugs and Development, 2013). There is also growing recognition of the increasing burden of NCDs among conflict-affected populations and the need to address key NCD risk factors such as alcohol (Spiegel et al., 2010; Streefland and Schlipphoedt, 2010), and this may stimulate greater focus on alcohol control policies.

Significantly more research is required on alcohol policy control in post-conflict settings and future research studies could seek to develop or apply policy frameworks to explore international, national and provincial processes of policy content formulation, implementation and enforcement. Very broadly, these frameworks could include components of: key actors and their interests and power relations; the political, socio-economic and cultural contexts; and the content and framing of ideas and policies (Shiffman and Smith, 2007; Buse et al., 2012).

**Study limitations**

The study took a global perspective, rather than a more in-depth case-study approach in specific post-conflict countries. The global approach was undertaken as this was an exploratory study seeking to draw on a wide range of experiences and expertise. The next stage should be country-specific case-studies. The study also did not focus solely upon specific alcohol policies given its more exploratory nature. Again, future case-studies could do this. The study sample size was relatively small but this was principally due to a limited number of identifiable experts with experience or knowledge on post-conflict countries specifically. It should also be noted that some clear recurring themes emerged from the interviews suggesting a degree of saturation. However, some key stakeholders were missing, particularly from government (they were approached but did not respond). As a result, the respondents generally reflected more international perspectives, rather than national or provincial...
CONCLUSION

Key findings from our study include the lack of attention, evidence, resources and capacity at both the national and international level to develop, strengthen, support and enforce alcohol control policies. These challenges clearly pose significant impediments when developing meaningful alcohol control policies, given the generally far better resourced national and transnational alcohol companies which have traditionally sought to weaken such policies. However, the increasing momentum globally in recognizing and addressing the effects of harmful alcohol use was felt to offer an opportunity to strengthen alcohol control policies in post-conflict countries. Further evidence is required to provide a greater understanding on patterns of alcohol availability and use in post-conflict countries and the most effective formulation and implementation of policies to control harmful alcohol use in these settings.

Conflict of interest statement. None declared.

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