



COMMANDER US 7TH FLEET

**COMMANDER US NAVAL FORCES/
NAVY REGION JAPAN**

RESPONSIBLE DRINKING



Objectives

- RADM Kraft Opening Remarks
- Define responsible use
- Define a Standard Drink
- Define excessive drinking (alcohol abuse/dependency)
- Identify our culture of drinking
- Discuss acceptable / unacceptable behavior when drinking
- Discuss intervention responsibilities
- Identify consequences of excessive drinking
- Discuss onbase / offbase alcohol related incidents (ARI)
- Discuss ways to minimize ARI's
- Discuss the impact of incidents in Japan
- Discuss alternatives to drinking

Responsible Use

Responsible Drinking:

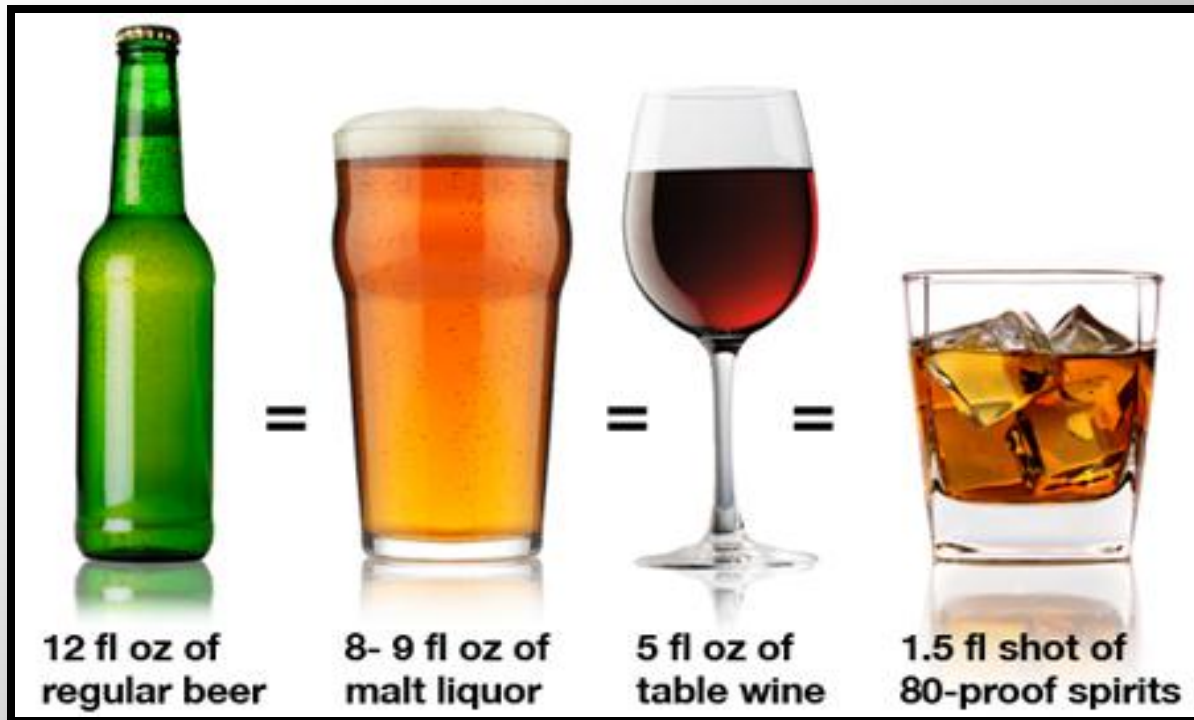
Drinking in a way that it does not adversely affect an individual's ability to fulfill their legal, moral, or social obligations nor does it negatively impact their health, job performance, or quality of life.

Responsible drinking habits vary from person to person; biology, sociology, and genealogy all play a role in what is considered responsible drinking.

Due to medical conditions or dependence issues some individuals must abstain from alcohol to be considered a responsible drinker.

Definitions:

What's in a standard drink?



1 DRINK=

- 12 fl. oz. of regular beer (5%)
- 8-9 fl. oz. of malt liquor (7%)
- 5 fl. oz. of table wine (approximately 12%)
- 1.5 fl. oz. of 80-proof spirits/hard liquor (40%)

Definitions:

What's in a standard drink in Japan?



Sake



Standard Chu-Hi

Strong Chu-Hi



Habu-Sake



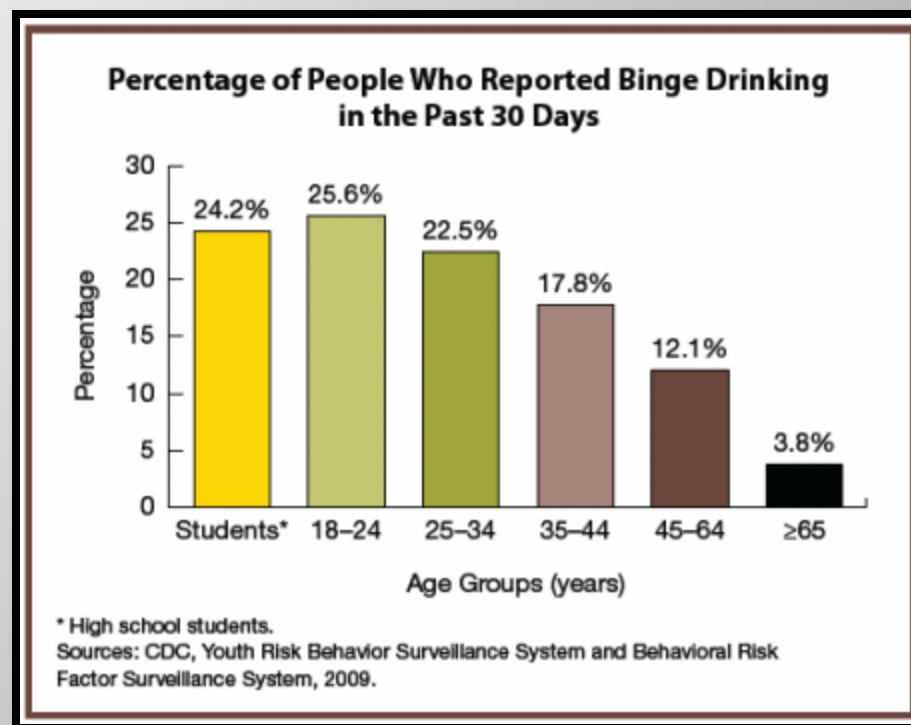
Chu-Hi Stand





Binge (Episodic) Drinking is defined as:

Consuming 5 or more drinks on a single occasion



Snapshot of our culture



Un-acceptable Drinking

Results of Irresponsible Drinking

- DUI
- Vomiting
- Hangover
- Unexpected guest for breakfast
- Unprotected sex
- Sexual Assault
- Possible STD
- Fighting
- Loss of control
- Black outs
- Death
- Reduced work quality and performance
- Financial problems
- Injury
- Problems with friends and family
- Health related problems
- Spouse/child abuse (Stressful holidays, (Superbowl Sunday))
- Passing out



“Sailor left his friend to die after fall from train in Japan”

“Stars & Stripes”

Published: October 20, 2013



“U.S. sailor dies after drunkenly climbing on top of train, electrocuting self”

“Japan Daily Press; Published Oct 29, 2012”

A U.S. sailor was found dead on the platform of a train station in [Nagasaki Prefecture](#) in the early morning of Sunday. In what could be a strong contender for a [Darwin Award](#), 25 year old Samuel Lewis Stiles drunkenly climbed on top of an out-of-service train, and then promptly electrocuted himself. The only thing less intelligent he could have possibly done was to try climbing on a moving train.

Police say Stiles was found bleeding from the head at a station in the city of Sasebo, but was already dead when emergency services arrived. The U.S. [Navy](#) seaman, stationed in Japan, somehow managed to get into the train station undetected by railway employees. He apparently climbed to the roof of the train car, and then came into contact with the overhead power lines, getting zapped, and falling to the ground. Five empty alcoholic beverage cans were found near the body, prompting the suspicion Stiles was heavily inebriated. After all, why else would someone try something so stupid? The train station employees say they made a patrol around 12:30 AM, so it's still unknown when Stiles tried to pull the stunt. Police believe he must have been in violation of the recently enacted 11 PM to 5 AM curfew [imposed on all U.S. military servicemen](#) after the rape of a young Japanese woman in Okinawa, yet that is really neither here-nor-there when it comes to his death. Regardless of whatever he may have been doing out past the curfew, climbing on top of a train is still an unfortunate way to go.

Region Statistics

FY13-14 Region Reports of Sexual Assault

<u>By Location Breakdown</u>	<u>FY13</u>	<u>%</u>	<u>FY14</u>	<u>%</u>
On base	39	41%	19	44%
On base, barracks	25		10	
On base, other	14		9	
Aboard ship	21	22%	7	16%
Aboard ship, at sea	4		1	
Aboard ship, in port	17		6	
Off base	30	32%	14	33%
Off base, residence	8		4	
Off base, other	22		10	
Unknown	4	4%	3	7%
Total	94		43	

FY13=7.8 incidents/month FY14=4.8 incidents/month

2013

Primary Victim and Offenders are 20-24 years of age, E1-E4

Alcohol consumption plays significant role in assaults:

- Incidents involving alcohol: 76%
- Victim consumed alcohol: 53%
- Offender consumed alcohol: 92%

Alcohol abuse increases your chances of committing criminal behavior

FY13-14 Sexual Assaults Reports by type

<u>Type of Assault</u>	<u>FY 13</u>	<u>%</u>	<u>FY 14</u>	<u>%</u>
Contact	32	34%	24	57%
Penetration	44	47%	19	43%
Unknown	18	19%		
Total	94		43	

On track for 45% fewer of the most-serious sexual assaults

On track for 40% fewer incidents this FY

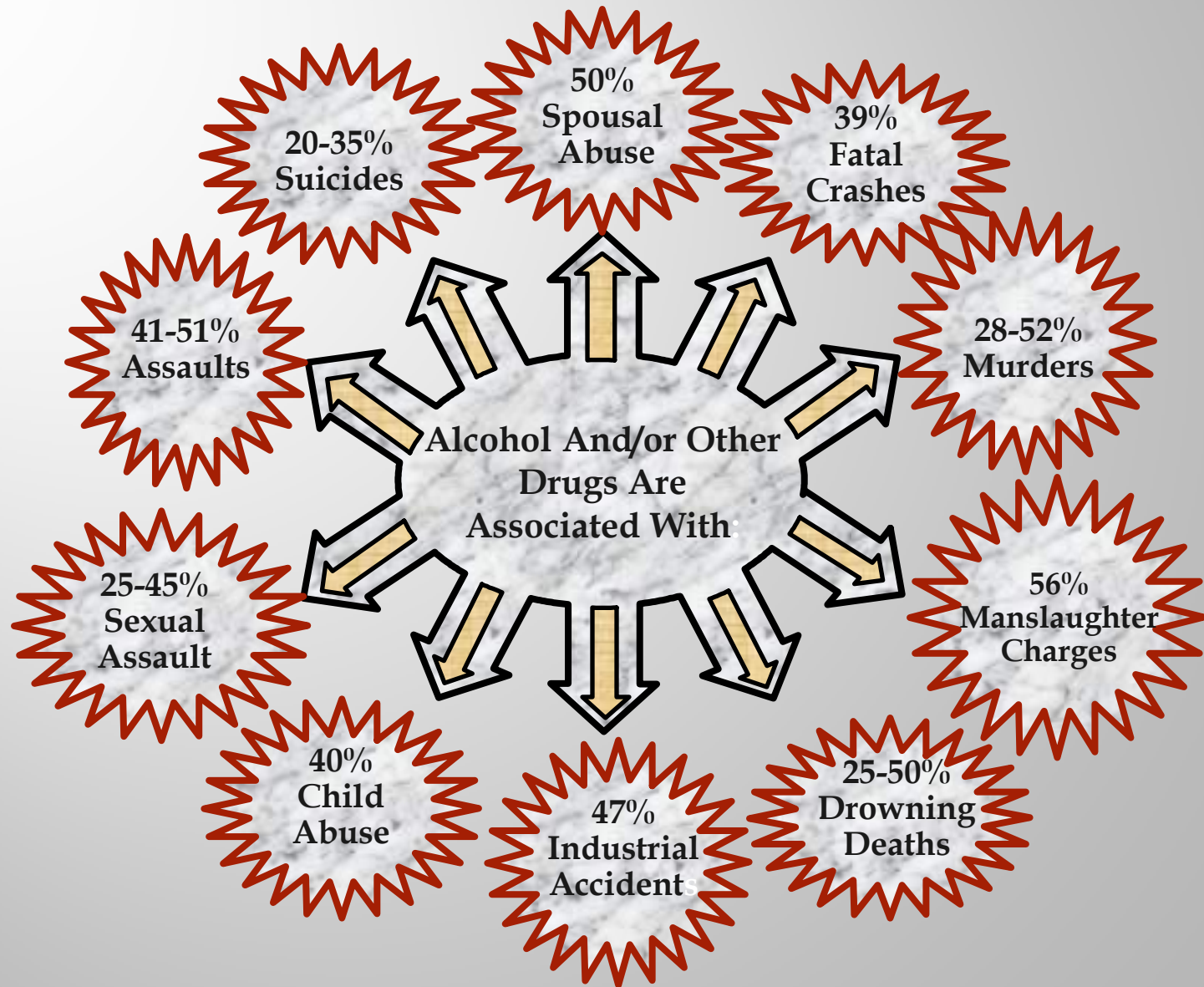
2014

Primary Victim and Offenders are still 20-24 years of age, E1-E4

Alcohol still a factor in most incidents, but overall numbers are down especially among victims:

- Incidents involving alcohol: 67% ↓
- Victim consumed alcohol: 29% ↓
- Offender consumed alcohol: 76% ↓

National Statistics, Center for Substance Abuse Programs



Acceptable Drinking **tools for drinking responsibly**

- Eat before and during drinking.
 - Before you Celebrate... Designate. Identify a responsible driver or use public transportation.
 - Don't chug your drinks; drink slowly and make your drinks last.
 - Alternate between alcoholic and nonalcoholic drinks.
 - Remember the word HALT, don't drink if you're Hungry, Angry, Lonely, or Tired.
- Remaining in control of yourself.
 - Avoid binge or other high risk drinking behaviors.
 - Take a buddy and watch each others back
 - Don't leave your buddy behind
 - Don't drink when taking medications
 - Remember, its ALWAYS ok NOT to drink!

0 - 0 - 1 - 3

0 - Drinks if underage

1 - Drink per hour

0 - Drinks if driving

3 - Drinks per occasion

“The Domino Strategy”

HOW TO DRINK RESPONSIBLY.

0 - NO ALCOHOL FOR PEOPLE WHO ARE:

- Under 21.
- Operating any type of vehicle or machinery.
- Pregnant, trying to become pregnant or breastfeeding.
- Recovering alcoholic or drug dependent.
- Using certain medications.

1 - NO MORE THAN ONE STANDARD DRINK* PER DAY FOR WOMEN.

*1 standard drink = 12 ounces of beer, 5 ounces of wine or 1.5 ounces of 80 proof distilled spirits.

2 - NO MORE THAN TWO STANDARD DRINKS PER DAY FOR MEN.

WHAT'S INSIDE?

Not all drinks are created equal.

Pay attention to how much alcohol is in your drink.

KNOW WHAT'S INSIDE.

Pay attention to HOW MUCH alcohol is in your drink.

If you drink, stay safe.

THE DOMINO STRATEGY
OR DRINK TO EXCESS. DRINK RESPONSIBLY.

THE DOMINO STRATEGY
OR DRINK TO EXCESS. DRINK RESPONSIBLY.

THE DOMINO STRATEGY
OR DRINK TO EXCESS. DRINK RESPONSIBLY.

0 - NO ALCOHOL FOR:
UNDER 21 (INCONUS) UNDER 20 (JAPAN)
OPERATING ANY TYPE OF VEHICLE OR MACHINERY
PREGNANT
RECOVERING ALCOHOLIC OR DRUG DEPENDENT
USING CERTAIN MEDICATIONS

1- NO MORE THAN ONE STANDARD DRINK PER DAY FOR WOMEN

2- NO MORE THAN TWO STANDARD DRINKS PER DAY FOR MEN

INTERVENTION RESPONSIBILITIES

Leadership Responsibility -

All hands in position of authority must deglamorize the use of alcohol:

- Set a strong example of responsibility
- Foster a climate to motivate Sailors to act professionally
- Intervene early

Command Responsibility -

Ensure policies and programs reinforce responsible use of alcohol.

- Intoxication is not an excuse for misconduct
- leadership *must* take appropriate actions when violations occur

INTERVENTION RESPONSIBILITIES

Shipmate responsibility-

Shipmates need to take positive steps to:

- Intervene before excessive drinking occurs
- Stop a shipmate from driving while under the influence
- Immediately challenge inappropriate behavior

Personal Responsibility-

IF you do drink

- Drink responsibly
- Comply with Navy Policy and local laws
- Recognize the consequences of alcohol abuse

PRINCIPLES FOR PREVENTION

Focus on all levels of risk, with special attention to those exposed to high risk and low protection. Prevention programs and policies should focus on all levels of risk

The target population for Sailors at high risk of alcohol abuse is defined as:

- a. E-1 To E-4;
- b. Between 18-25 years of age;
- c. On first term of enlistment;
- d. Within 12 months, before or after, 21st Birthday;
- e. Past history of DUI/DWI.

Develop a command foundation that aggressively focuses on prevention efforts for the entire command, and specifically on your target population.

DEFINITIONS

WHAT IS AN ALCOHOL INCIDENT? (AI)

“An offense punishable under the UCMJ or civilian laws committed by a member where, in the judgment of the member’s CO, the consumption of alcohol was a contributing factor (OPNAVINST 5350)

AI Examples:

- DUI/DWI
- Drunk and disorderly conduct
- Alcohol related: Courts Martial, NJP, civilian arrest, domestic violence

Formula:

Crime + committed by the member + alcohol was the contributing factor = Alcohol Incident

DEFINITIONS CONTINUED

Command Referral:

A command-referral is initiated by the member's chain of command and may be based on any credible factor such as hearsay, personal observation, or noticeable change in job performance. Commanding officers may refer members of their command for medical screening at a SARP in situations where no offense has been committed and regardless of whether or not the member has personally disclosed their problem.

Example: Sailor is a Command Referral due to falling down the stairs and injuring self. Alcohol may be a factor. Sailor is screened and attends IMPACT, and stays in the Navy **(No Strike)**. Six months later, the Sailor gets a DUI, is screened, and receives IMPACT or Level I or above treatment and stays in the Navy **(Strike 1)**. If the Sailor has an ARI after this **(Strike 2)**, member shall be processed for ADSEP.

Self Referral:

A self-referral is a one-time event that is personally initiated by the member. Members who desire counseling or treatment resulting from drug and/or alcohol abuse, may initiate the process by disclosing the nature and extent of their problem to a qualified self-referral agent, with the intent of acquiring treatment, and there can be no credible evidence of member's involvement in an alcohol-related incident. Disclosure made to any other person who is not a qualified self-referral agent may not shield the member from disciplinary action. (Same rules apply as if a Command Referral, the only difference is who initiates).

DEFINITIONS CONTINUED

Referral for Screening (post-incident):

An Incident Referral is initiated due to ARI. (Example 1, Sailor gets a DUI, is screened and gets Level I treatment (Strike 1). Let's say a year later that Sailor gets drunk and assaults their spouse and is arrested (Strike 2). This is considered treatment failure, which requires Mandatory processing for ADSEP). (Example 2, Sailor gets an ARI, is screened and gets IMPACT treatment (No Strike). Let's say a year later that Sailor gets drunk and assaults their spouse and is arrested (Strike 1). Any ARI after this is considered treatment failure, which requires Mandatory processing for ADSEP

Commanding officers may recommend a second period of treatment to officers and senior enlisted personnel (E5 and above) if they evaluate that members are possessing exceptional potential for further useful naval service and are screened by a SARP to be amenable for another period of treatment, provided 3 years have elapsed since previous incidents. Any alcohol incident after two periods of treatment during a career is viewed as a failure to complete a SARP and requires mandatory processing for ADSEP. In addition, any member who incurs a second DUI/DWI at any time in their career shall be processed for ADSEP. Any waiver to this policy must be approved by NAVPERSCOM (PERS-832) via OPNAV (N135).

Treatment Failure:

Any member who incurs an alcohol incident any time in their career after a period of treatment at Level 1 or above that was precipitated by a prior incident.

(2) Any member who has incurred an alcohol incident, has been a command referral, or has self-referred, and has been screened by medical personnel and found to be in need of treatment, and who commences but subsequently fails to complete any prescribed treatment or incurs an alcohol incident.

(Conduct, which amounts to a refusal, failure to complete, or non-amenability shall be determined by the medical officer or LIP. Conduct which amounts to an alcohol incident shall be determined by the member's commanding officer.) (3) Any member who fails to participate in, fails to follow, or fails to successfully complete any medically prescribed and command-approved aftercare plan. This determination must be made by the member's commanding officer in consultation with the DAPA and SARP.

SELF ASSESSMENT

You *may* have a drinking problem if you...

- 1 Feel guilty or ashamed about your drinking
- 2 Lie to others about alcohol use and/or hide your drinking habits
- 3 Have friends or family members who are worried about your drinking
- 4 Need to drink in order to relax or de-stress or feel better
- 5 “Black out” or forget what you did while you were drinking
- 6 Regularly drink more than you intend
- 7 Repeatedly neglect your responsibilities at home, work, or school because of drinking
- 8 Use alcohol in situations where it’s physically dangerous, such as drinking and driving, operating machinery while intoxicated, or mixing alcohol with prescription medication against doctor’s orders
- 9 Experience repeated legal problems on account of your drinking. (DUI, drunk and disorderly conduct)
- 10 Continue to drink even though your alcohol use is causing problems in your relationships

If you said “yes” to one or more of the above, you may be abusing alcohol. If you think you may have a drinking problem, please contact Department of Defense medical personnel, chaplain, Drug and Alcohol Program Advisor (DAPA), Fleet and Family Support Center counselors, Navy alcohol and drug counselors, or CO, XO, OIC or CMDCM/COB (Chief of the Boat).

ALTERNATIVES TO DRINKING

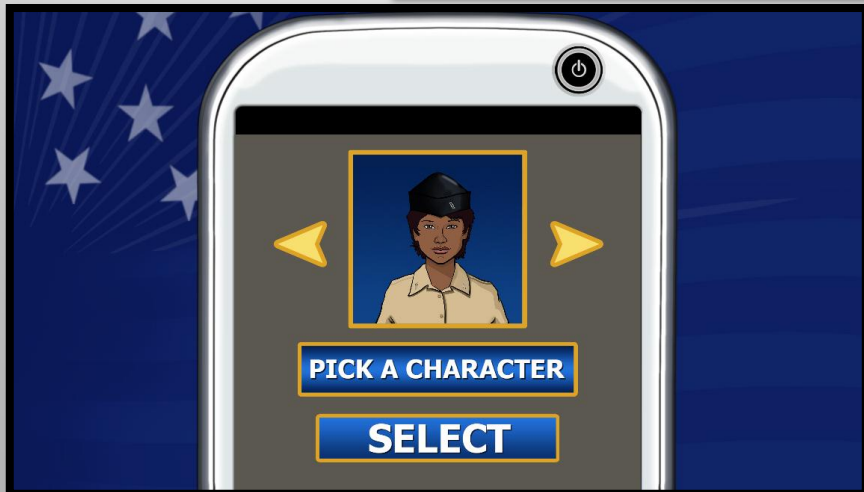
DRINK RESPONSIBLY.
KEEP WHAT YOU'VE EARNED



“ PIER PRESSURE ”

This game helps Sailors understand the effects of their drinking habits and learn how to recognize their limit and drink responsibly.

This FREE download is available on Apple and Android-supported devices.



Tools to assist Servicemembers' education on Responsible Alcohol Use.

ADAMS for Facilitators Course Identification Number (CIN) S-501-0110
(Mandatory): E-6 and above or O-3 and above to become facilitators

ADAMS for Leaders Course Identification Number (CIN) S-501-0130
(Mandatory): COs, OICs, XOs, CMCs, COBs. (Suggested): Other senior personnel as required

ADAMS for Supervisors Course Identification Number (CIN) S-501-0120
(Mandatory): E5 and above personnel in first-line supervisory positions.
(Suggested): Department of the Navy civilians who supervise military personnel.

DAPA Course Identification Number (CIN) S-501-0100
(Mandatory): E7 and above (Primary DAPA) (Suggested): E5 and above (Asst. DAPA)

Navy and Marine Corps Prevention Specialist Course Identification Number (CIN) S-501-0165
(Mandatory) DAPAs, ADCOs, DDRCs and other prevention personnel.

Alcohol Aware Course Identification Number (CIN) S-501-0160
(Mandatory): All Navy personnel shall complete with in 2yrs of recruit training or other accession point entry.

SUMMARY

Party Responsibly.

Have a good time and blow off steam, but don't make drinking your priority. You should be there to have a good time not there just to get drunk.

Plan Ahead.

Make sure you've arranged for a sober ride home BEFORE going out.

Pace Yourself.

Limit yourself to one drink per hour or alternate between alcoholic and non-alcoholic drinks.

Don't drink if you are underage.

Be a good ambassador!!!

YOU ARE RESPONSIBLE FOR YOUR ACTIONS

“It emphasized that drinking is not bad in and of itself – it’s how much you’re doing it and how it’s affecting your life.”