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Alcohol Ethics

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Abstract

At the close of every weekend, I travel through the gates of Fort Bliss and repeatedly see zero days since the last **DWL. This display attacks the safety and lives of our community, and nullifies our Army values and ethics.** The violators announced their willingness to disregard military orders and the state law, which further destroys the **structure of combat readiness involving moral and physical discipline coupled with strict compliance to orders.** Most importantly, it challenges our responsibility as public servants to protect the lives of our community, our **Army, and nation. With 174 DWIs on Fort Bliss alone for CY 2006, the sign should read: I, (name of violator),** willingly endangered the lives of our community, refused to obey military orders and the Texas State Law. **I, (name of violator), acted upon the destruction of combat readiness and the moral fiber of all service members proudly** serving our nation. Ask yourself, are we doing enough to eliminate this destructive and endangering behavior? **Are we promoting the sale and consumption of alcohol? Is the lower legal age limit of 18 adversely affecting** generations of people, (thus, increasing heavy alcohol consumption in adulthood), creating an increase in medical **therapy, and raising the future level of addiction? Are the systems (both proactive and reactive) adequate to deter** violators? There are agencies on our installation that are creating a conflict by advocating/promoting the heavy and **binge consumption of alcohol while others are geared towards deglamorization and prevention. We as an armed** forces are educating, but not training and managing in detail (i.e. the systematic preparation of our Soldiers for **qualification ranges, live fire and field training exercises).** It's time not only to educate, but train our Soldiers in our environment before they get out into the public streets and highways. All agencies on our installation and **surrounding community must be unified in the management of the epidemic or risk current independent agency** failures and continued alcohol related crimes.

Alcohol Ethics

Ethyl alcohol, or ethanol, is the most commonly used drug in the world. Pharmacologically, alcohol is **classified as a central nervous system depressant. Most people who drink alcohol do so without negative consequences.** Others may actually obtain a health benefit from its use. Some, however, drink in ways that place **themselves or others at risk for experiencing alcohol-related problems. While no pattern of alcohol use is without risk,** certain drinking patterns may help reduce risk significantly.

In the United States, 44 percent of adults eighteen years of age and older are current drinkers (consuming at least twelve drinks in the last year). Meanwhile, 14 million Americans, experience alcohol abuse or alcohol **dependence. Heavy episodic or binge drinking is 16 percent for all adults, with the highest rate, 32 percent, among young adults ages eighteen to twenty-five.** The prevalence of heavy drinking commonly increases through **adolescence into early adulthood. Approximately 100,000 deaths each year attribute to alcohol use, making it the third leading cause of preventable mortality** in the United States. Worldwide, 750,000 deaths are attributed to **alcohol use each year.**

Young people are known to be particularly vulnerable to acute alcohol effects due to their lower tolerance **to alcohol, their lack of experience with drinking, and drinking patterns that often include heavy episodic and binge drinking in high-risk situations.** At the same time, moderate to low levels of alcohol consumption have been linked **to a lower risk for heart disease and stroke. No single solution can reduce all alcohol-related harm to individuals and populations.** A comprehensive approach using a range of strategies—such as public health education and awareness **programs, including school, family, and community-based prevention programs; environmental approaches—such as controls on the price and availability of alcohol, minimum age for the purchase of alcohol, legislative measures to curb driving under the influence of alcohol, and restrictions on the promotion, marketing, and advertising of alcohol.**

In 1890 Congress imposed limited prohibition on the Army by banning intoxicating beverages to enlisted **men. The Army considered beer and light wines to be non-intoxicating and thus allowed their sale and consumption in post canteens at the discretion of post commanders.** Congress then expanded Army prohibition with the so-called **Canteen Act of 1901, which forbade "The sale of, or dealing in, beer, wine or any intoxicating liquors by any person in any post exchange, or canteen, or army transport, or upon any premises used for military purposes by the United States" for the next fifty years.** When America entered World War I, Congress extended alcoholic prohibition beyond the Army's post boundaries. Section 12 of the Selective Service Act of 18 May 1917 established a

prohibition zone five miles wide around each post. Meanwhile, the same law made it illegal anywhere to sell intoxicating beverages to a member of the armed forces in uniform. Interestingly, even after the 21st Constitutional Amendment ended national prohibition in 1933, the Army continued to abide by the 1901 prohibition and the World War I standard of 1.4 percent on military posts. Not until midway through World War II did the Army raise its intoxication standard to 3.2 percent alcohol. The Army's intoxication standard and its prohibition for military posts continued in force until 1953, when determination that the Canteen Act of 1901 had been repealed, and the 1951 amendments to the Universal Military Training and Selective Service Act were in effect. Since then, post commanders control the sale and use of intoxicating beverages. Congress passed a law (USC 10, Section 2683), that mandates that military bases adopt the exact same drinking age as the state (or country) that the base is located in. The legislation allows an installation commander to adopt a lower drinking age if the installation is within 50 miles of a state or country with a lower drinking age. In that case, the Installation Commander *MAY* adopt the drinking age of that state/country. On installations that are within 50 miles of a border with a lower drinking age, some Installation Commanders have elected to adopt the lower drinking age, while others have not. On Fort Bliss: US Army is 18 for the Soldier only, not their family members; US Navy, US Air Force, and US Marine Corps age is 21 for their service members. METHOD: On weekend evenings, thousands of youths (younger than 21 years) and young adults (21 to 25 years) residing in communities along the U.S. border cross over into Mexico to patronize all-night bars where the drinking age is 18 rather than 21 years and where the price of alcohol is considerably less than in the United States. On January 1, 1999, Juarez, Mexico, across the border from El Paso, Texas, implemented a 2 AM bar closing policy replacing the previous 5 AM closing time. RESULTS: At the Juarez/El Paso border, the total number of youths with positive BACs returning from bars in Juarez after 3 AM was reduced by 89%.

The easy availability of alcohol, ritualized drinking opportunities, and inconsistent policies contribute to a work culture that facilitates heavy and binge drinking in this population. Prevention strategies such as alcohol use policies combined with campaigns focusing on alcohol deglamorization, personal responsibility, and health promotion are being implemented effectively on some installations and poorly on others. The statistics speak for themselves. In terms of alcohol-related problems, the highest levels of negative effects like being arrested for driving while impaired, productivity loss, and dependence symptoms occurred among military personnel in the lowest pay grades (i.e., E1 to E4) and generally correspond to the youngest enlisted service members. The Fort Bliss Army Substance Abuse Program indicated that the majority of the DWI's were Specialists, with a median age

of 27. However, the violators admitted to heavy and/or binge drinking between the ages of 18-21.

Research has shown that groups of people who work together, whether in small teams or larger organizations, develop shared beliefs and practices that can influence alcohol use. Workplace culture in the military, can be a risk factor for heavy alcohol use. For example, the workplace culture can influence beliefs about acceptable drinking contexts, drinking behavior, and expectations about the positive or negative consequences of drinking. Another factor that may influence heavy and binge drinking among young adults in the military is the physical and social availability of alcohol. Alcohol availability is a known risk factor for increased alcohol use in the general population and in occupational settings. Current strategies to prevent alcohol problems among military personnel include instituting and enforcing policies that regulate alcohol availability and pricing, deglamorizing alcohol use, promoting personal responsibility and good health. Although the U.S. military has implemented policies and programs designed to reduce alcohol use and related problems among personnel, there has been little formal evaluation of these programs. Despite the military's efforts to address problem drinking, the effectiveness of these programs in reducing or preventing hazardous drinking and its attendant problems remains largely unknown. Effectiveness is then contingent on each installation commander's beliefs and measures. The U.S. military adopted strict policies in the early 1980s with the aim of reducing rates of alcohol, tobacco, and illicit drug use. An analysis of survey data from 1980 to 1995 found lower rates of illicit drug use among military personnel relative to civilians, suggesting that the policies were effective in this regard. However, such differences were not found in the rates of alcohol use, especially when accounting for demographic changes in the military, suggesting that the substance use policies have not been effective in reducing alcohol use. Research suggests that alcohol use and related problems are reduced when alcoholic beverage prices are increased. DOD policies, however, allow alcoholic beverages sold in military stores to be discounted below prices in local civilian stores. The DOD's Alcohol Abuse Prevention Strategic Plan states that alcoholic beverages in military stores should be priced at no more than 5 percent below the local competitive price. A 1997 review by the Office of the Inspector General found that these policies were used to set store prices and that patrons of military retail stores benefited from additional discounts because of the stores' exemption from sales tax. The authors concluded that the DOD's pricing policy was inconsistent with its policy for maintaining a healthy active-duty force. Based on findings, the next step would be to develop systemwide approaches to modifying the aspects of the military environment that show the most promise for lowering alcohol consumption rates among young adults, thereby reducing the prevalence of heavy and binge drinking. DOD experts

conclude that military efforts to eliminate alcohol abuse should be intensified.

State Age-21 laws are one of the most effective public policies ever implemented in the Nation. In 1984, Congress passed the National Minimum Purchase Age Act, to encourage each state to enact a minimum legal purchase age (MLPA) of 21 by 1986. The result was impressive: an estimated 1,071 lives were saved in 1987 alone. From 1985 - 1996, the estimated number of lives saved reached nearly 17,000, in addition to a 63% decline in alcohol-related crash fatalities among young drivers., Findings show that the MLPA has decreased the number of **DWI arrests, youth suicides, marijuana use, crime, and alcohol consumption by youth. High school seniors who could not legally drink until age 21 drank less before age 21 and between ages 21 - 25 than did seniors in states with lower drinking ages. The behavior of 18 year-olds is particularly influential on youth ages 15 - 17, as young people typically imitate the practices of those who are slightly older, Therefore, if 18 year-olds can legally drink, their immediate, younger peers are likely to drink too. An Arizona Department of Public Safety report found that fatal accidents increased over 25% while traffic fatalities increased more than 35% after the state MLPA was lowered from 21 to 19. A Michigan study found that DWI arrests increased 141% for 18 - 20 year-olds after the state lowered the MLPA from 21 to 18.**

In a vote of 373-23, the “Sober Truth on Preventing (STOP) Underage Drinking Act”, H.R.864, passed the House of Representatives. This important legislation in an effort to make underage drinking prevention a true reality in every community nationwide. Despite a more than 40 percent decline in alcohol-related traffic fatalities since MADD was founded in 1980, the threat still remains. There are more than 1,000 families every month that must live with the tragic consequences of drunk driving. The real possibility of eliminating drunk driving in this country is a powerful, even audacious, idea. Yet the tools are now at hand. Using technology, tougher enforcement, stronger laws and grassroots mobilization, the goal of eliminating a primary public health threat that has plagued the United States is within our reach,” said Glynn Birch, national president of MADD, whose 21-month-old son was killed by a drunk driver in 1988.

U.S. Secretary of Transportation Mary E. Peters said, “Drunk driving is a problem that is painful and persistent, but it’s also preventable. Eighty-seven percent of Americans support the use of sobriety checkpoints, yet 10 states still prohibit the use of them. Impaired driving is not just another traffic offense; it is a serious crime that often causes needless deaths and injuries. Research shows that the overwhelming majority of people arrested for drunk driving have driven drunk more than 50 times before their first arrest. Two-thirds of those whose licenses

are suspended for DUI drive anyway. Drunk driving remains a behavioral challenge, an enforcement challenge and a challenge requiring innovative new approaches, including exploring new technologies,” said Fred Webber, president & CEO, Alliance of Automobile Manufacturers. MADD’s mission is to stop drunk driving, support the victims of this violent crime and prevent underage drinking. Founded in 1980, MADD has helped save more than 330,000 lives. MADD is a 501 (c) (3) charity with approximately 400 entities nationwide and 2 million members and supporters.

As part of the Vietnam Experience Study, death certificates and other available medical and legal records pertaining to the cause of death of 426 veterans who had served in Vietnam, Germany, Korea, or the United States during the Vietnam era. All deaths occurred after the men were discharged from active duty, from 1967 through 1983. The panel determined that there were 133 alcohol-related deaths, or more than six times the number (21 deaths) recorded by the original death certifiers.

Speaking only in terms of medical care and lost time at work, alcohol abuse costs DoD more than \$600 million each year. DoD spends another \$132 million a year to care for babies with fetal alcohol syndrome – sometimes-serious health problems related to their mothers’ heavy drinking. Thirty-one percent of all occupational injuries are alcohol-related, as are 23 percent of suicides and 32 percent of homicides. We need to begin to look at where there are risks to the human weapon system and how we can build a system that protects our people. It’s not the use, it’s alcohol abuse that gets people into trouble.

On 31 August 2005, the Cooperative Working Team (CWT) discussed the decline in US military criminal statistics. At the CWT meeting, one Okinawan local government official commended the improved US military disciplinary measures and attributed the downward trend mainly to the strengthened police activities of various kinds and the disciplinary measures enforced by the US military involving alcohol related incidents in Japan.

Drunk driving is serious misconduct, service discrediting, and inimical to the public image of this Command, per USAREC Regulation 190-3. Suspension of Government driving privileges is required for all incidents of drunk driving. Procedures: 1. Suspension of Government driving privileges. 2. Army Substance Abuse Program (ASAP) referral. Note, Privately-owned vehicles may not be used to transport applicants, prospects, or contacts during performance of official duties while Government driving privileges are suspended. 3. Drunk driving written reprimands for Soldiers. 4. The Soldier will be flagged. Any nonjudicial punishment in such cases will be imposed by Rctg Bn or higher commanders. Because civilian courts (or federal magistrates) usually adjudicate

drunk or impaired driving offenses in the continental United States, nonjudicial punishment usually should only be used when other misconduct is involved. My questions pertaining to this regulation are: 1. What impacts the behavior change? 2. Are the above actions enough to deter/prevent the crime? 3. What is the real punishment/penalty? 4. What is the deterrence to avoid a repeat offense?

Closing

The following are a list of concerns addressed in the report that may have, all or in part, serve as analysis in **the 174 DWI offenses on Fort Bliss during Calendar Year 2006; a. the MLPA of 18 vs. 21, b. Education vs. Training, and c. Promotion (advocating/advertising) vs. Penalty.**

On Saturday 28 August 2004, at 1930, a drunk driver collided into the Lindsey' vehicle after running a stop sign at an excessive speed. The force of the impact killed all three of the Lindsey children. Rachel 10, Madelyn 6, and Yates 1 month (36 days old) were all securely fastened in the rear seat. Dirk and Tara Lindsey survived the crash with serious injuries. On 28 January 2005, Five months to the day of the crash, Eloisa Quintanilla, age 39, pleaded guilty to three counts of murder and two counts of intoxication assault. She received three life sentences, but will be eligible for parole in 30 years. Her Blood alcohol level was .22 after the crash, or nearly three times the .08 legal limit. Dirk and Tonya donated their vehicle to MADD for use in the program to prevent this from happening to another family.

The availability of alcohol is widespread, along with a reduced legal age, and varied penalties amongst military personnel in the Fort Bliss community. Opportunities to purchase alcohol on base include: the Shoppette at Biggs AAF, the Shoppette on main post, the Bowling alley on main post, the Mini Shoppette on main post, the Officers club, the Centennial club, and the most recent opening of the Fort Bliss main post shoppette and gas station which consists of 50% to 75% of alcoholic beverages. With the lives of our citizens at stake, my question is have we done enough, both morally and ethically, or are we feeding this destructive behavior to our military community and society?



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