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**PROBLEM DRINKING AND ATTITUDES
TOWARD ALCOHOL AMONG NAVY RECRUITS**

**Kathleen P. Durning
Erik Jansen**

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The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This not only helps in tracking expenses but also ensures compliance with tax regulations.

In the second section, the author provides a detailed breakdown of the monthly budget. It includes categories for housing, utilities, food, and entertainment. The goal is to allocate funds wisely to avoid overspending and to save for future needs.

The third section covers the topic of debt management. It offers strategies for paying off credit cards and loans efficiently. The author suggests prioritizing high-interest debts and making regular payments to avoid penalties and interest accumulation.

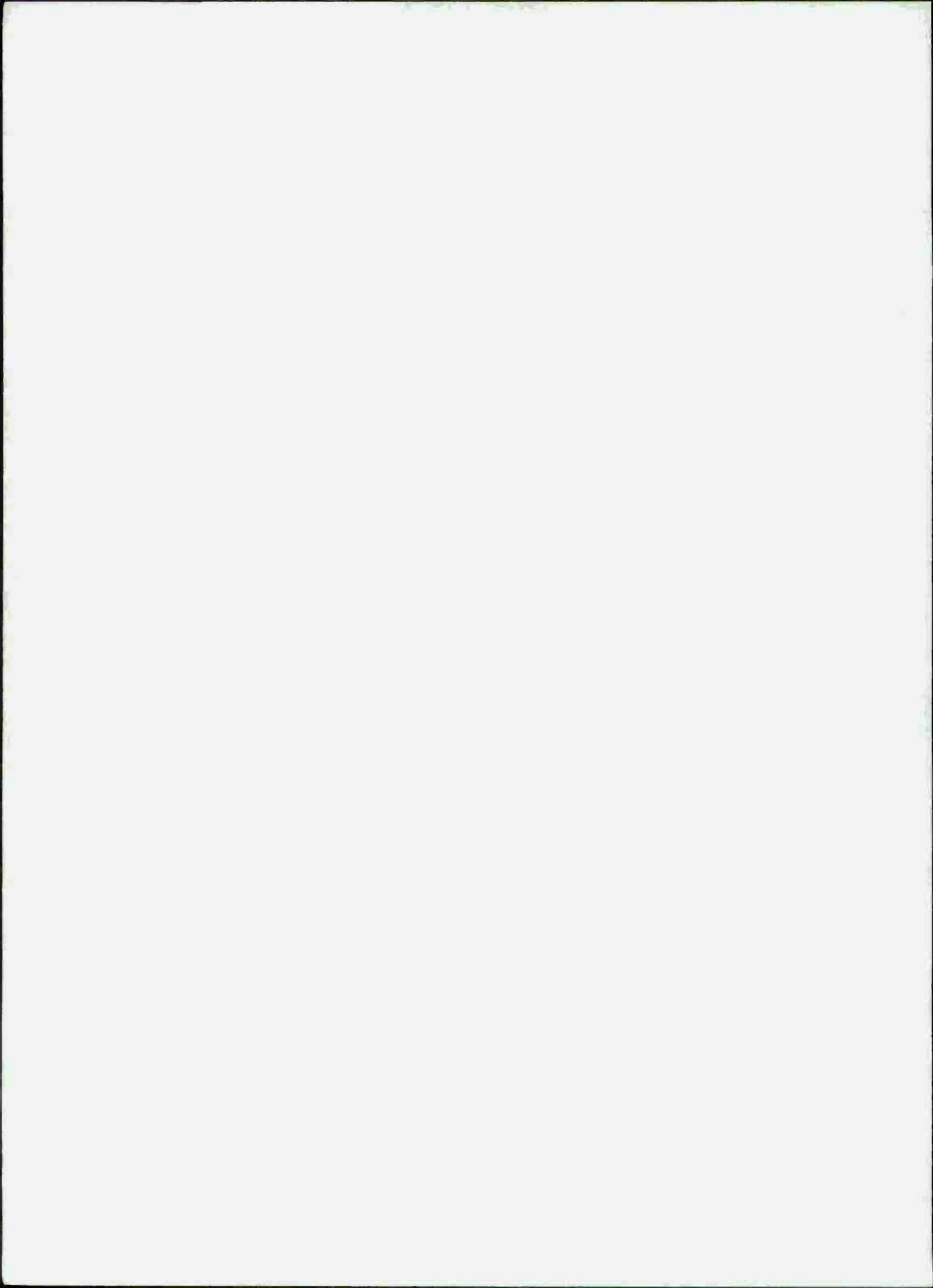
Finally, the document concludes with advice on long-term financial planning. It encourages the reader to set clear financial goals and to review their progress regularly. Consistency and discipline are key to achieving a secure financial future.

PROBLEM DRINKING AND ATTITUDES TOWARD
ALCOHOL AMONG NAVY RECRUITS

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20. ABSTRACT (continued)

previous year, and half of these were very heavy drinkers (12 or more drinks per occasion per week or 8 or more per day). A greater proportion of recruits reported binge drinking than did EM (27 vs. 16 percent). Since recruits as a group claimed more psychological benefits from alcohol consumption, they scored higher than EM on potential problem scales such as psychological dependence. Recruits experienced more belligerence due to drinking than did EM and had higher rates for police problems (21 percent reported "trouble with the law" involving drinking within the last 3 years). Recruits were generally similar to EM on other measures of current problem consequences in the social and health/injury areas within the last 3 years, though EM reported more problems on the job due to drinking.

Extensive alcohol use, adverse consequences of drinking, and permissive attitudes toward drinking and intoxication were found among recruits prior to their initiation into Navy life. The data suggest that a large proportion of individuals who choose to join the Navy already evidence drinking problems. Alcohol misuse may be met with peer encouragement among the newly enlisted, but cannot be said to be, at this initial stage, a function as such of the Navy organization.

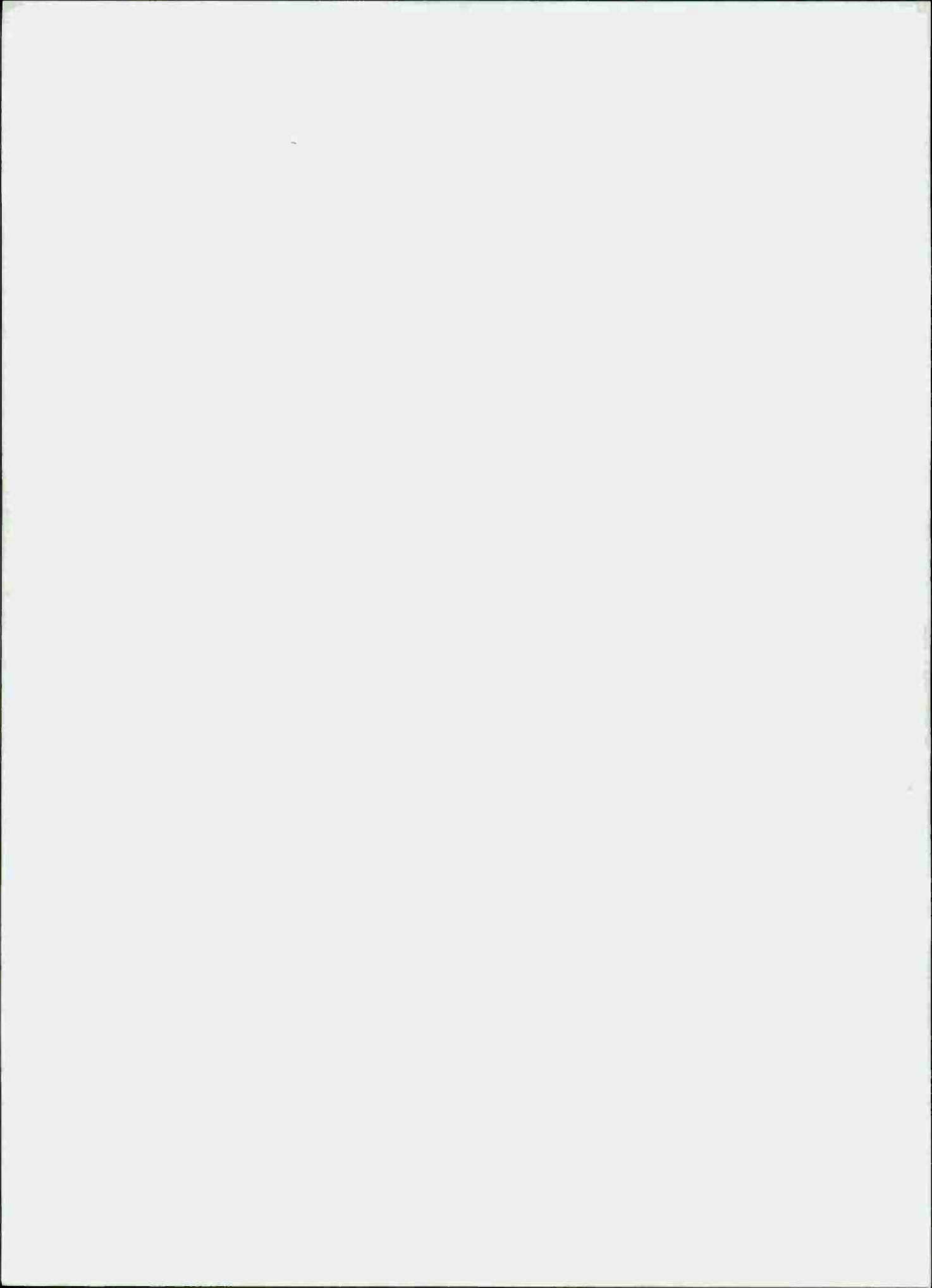
Implications of the findings for alcohol abuse prevention and education are discussed, and research into the peer influence process is recommended.

FOREWORD

This study was performed in support of exploratory development task area, PF55.521.032, Contemporary Social Issues. The report is part of a larger effort of research on contemporary factors in naval personnel effectiveness.

Appreciation is expressed to the personnel from the enlisted classification unit at Recruit Training Center, San Diego, for their cooperation in gathering the data used in this investigation.

J. J. CLARKIN
Commanding Officer



SUMMARY

Problem

The costs of alcohol misuse are great, in terms of both human welfare and institutional goals (e.g., productivity, operational readiness). Both Army and Navy research indicate that intake and problem drinking is higher among military than civilian men. It is postulated that the high incidence rate within the Navy may be due to either (1) the result of factors characteristic of the Navy environment (for example, peer attitudes which are permissive toward drinking), or (2) the result of self-selection whereby individuals with higher incidence rates choose the military services over civilian employment.

Purpose

The purpose of the present research was to apply the definitions of problem drinking used in previous Navywide research to a sample of incoming recruits to determine how the rates and patterns of alcohol use among the latter sample compared to those of personnel already assimilated into Navy life.

Approach

An Alcohol Experiences Questionnaire modeled after the questionnaire used in the Navywide survey on problem drinking (Cahalan & Cisin, 1973, 1975) was administered to 2,045 male recruits who entered basic training at the Recruit Training Command, San Diego, between November 1973 and January 1974.

Scoring of the survey resulted in estimates of the following current drinking problems: (1) tangible consequences of drinking such as financial, health and job problems, or problems with police, friends and relatives; (2) heavy intake and binge drinking; and (3) "potential" problems (psychological dependence, loss of control, symptomatic drinking and belligerence). Survey respondents were then divided by type of drinking behavior into categories ranging from nondrinkers to heavy intake, binge, or high consequences drinkers.

Rates of incidence for specific problems and percentages of recruits in the categories of the drinking typology were computed and compared to samples of naval personnel and civilians.

Findings

The alcohol intake rates and incidence of drinking problems reported by recruits as occurring during the 1 to 3-year period prior to their entry into the Navy were generally as high as or higher than those for enlisted men (page 9). The incoming recruit sample had a higher proportion of "heavy intake" and "binge" drinkers in the previous year than EM

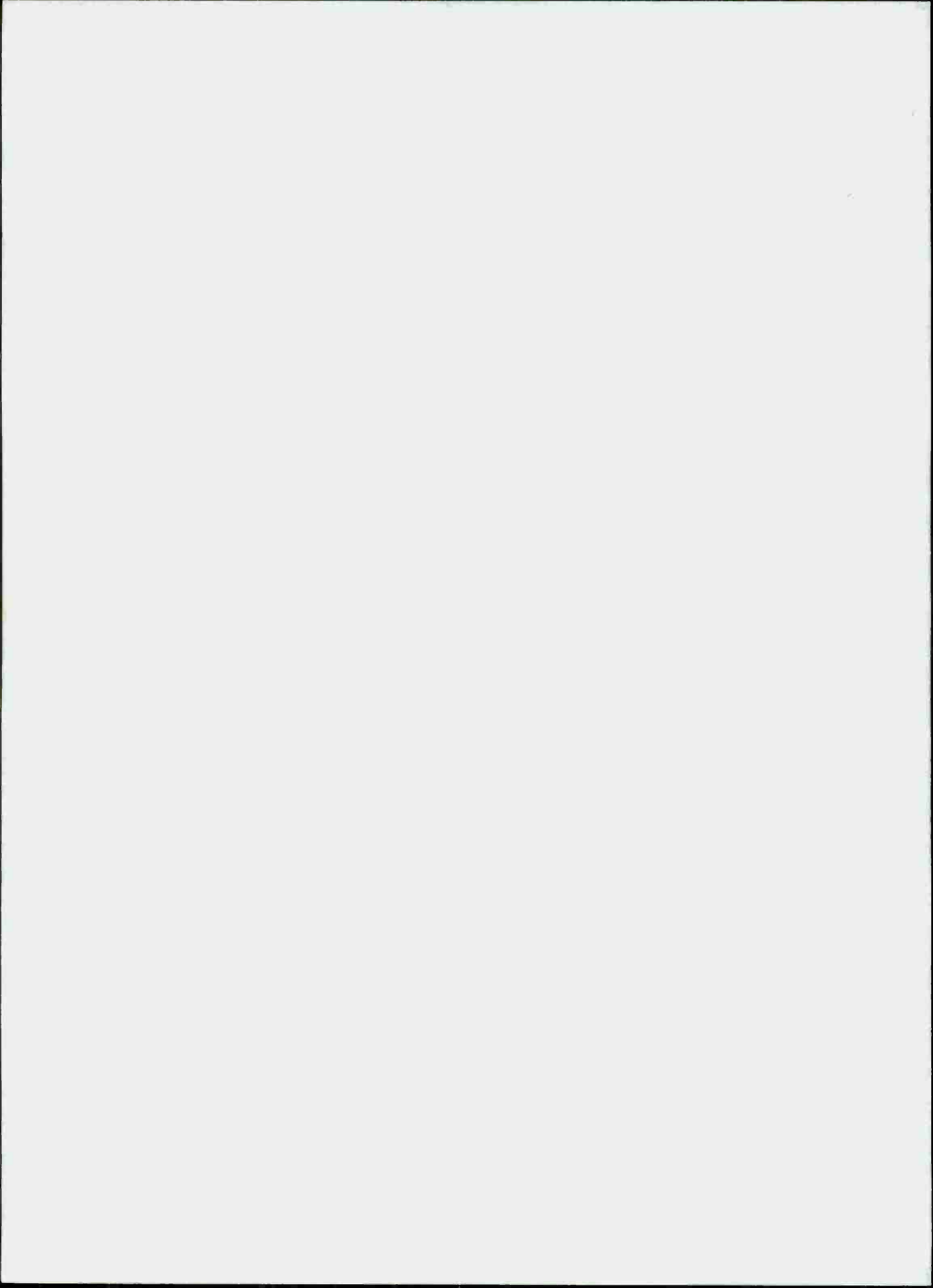
overall, and recruits as a group scored higher than EM on all "potential" problem indicators except loss of control over their drinking. Recruits were generally similar to EM on the measures of present problem consequences with friends, health, and finances. EM had higher rates than recruits for job problems due to drinking, while recruits had higher rates for police problems. Compared to EM and officers, recruits tended to attribute more psychological benefits to drinking and to hold the most permissive attitudes toward the use of alcohol (pages 15 and 17). Less than one in three young men in either the recruit sample or the nonrated Navy sample (pay grades E-1 through E-3) were nondrinkers or drinkers without reported problems (page 13).

Conclusions and Recommendations

The findings indicate widespread use and abuse of alcohol and tolerant attitudes toward intoxication among recruits before their socialization into Navy life. Thus, Navy programs designed to ameliorate problem drinking among young EM must focus not only on prevention, but also on the reversal of existing peer-reinforced drinking habits and attitudes. Development of more recreational alternatives to drinking and possible revision of institutional policies regarding pricing and availability of alcoholic beverages is recommended.

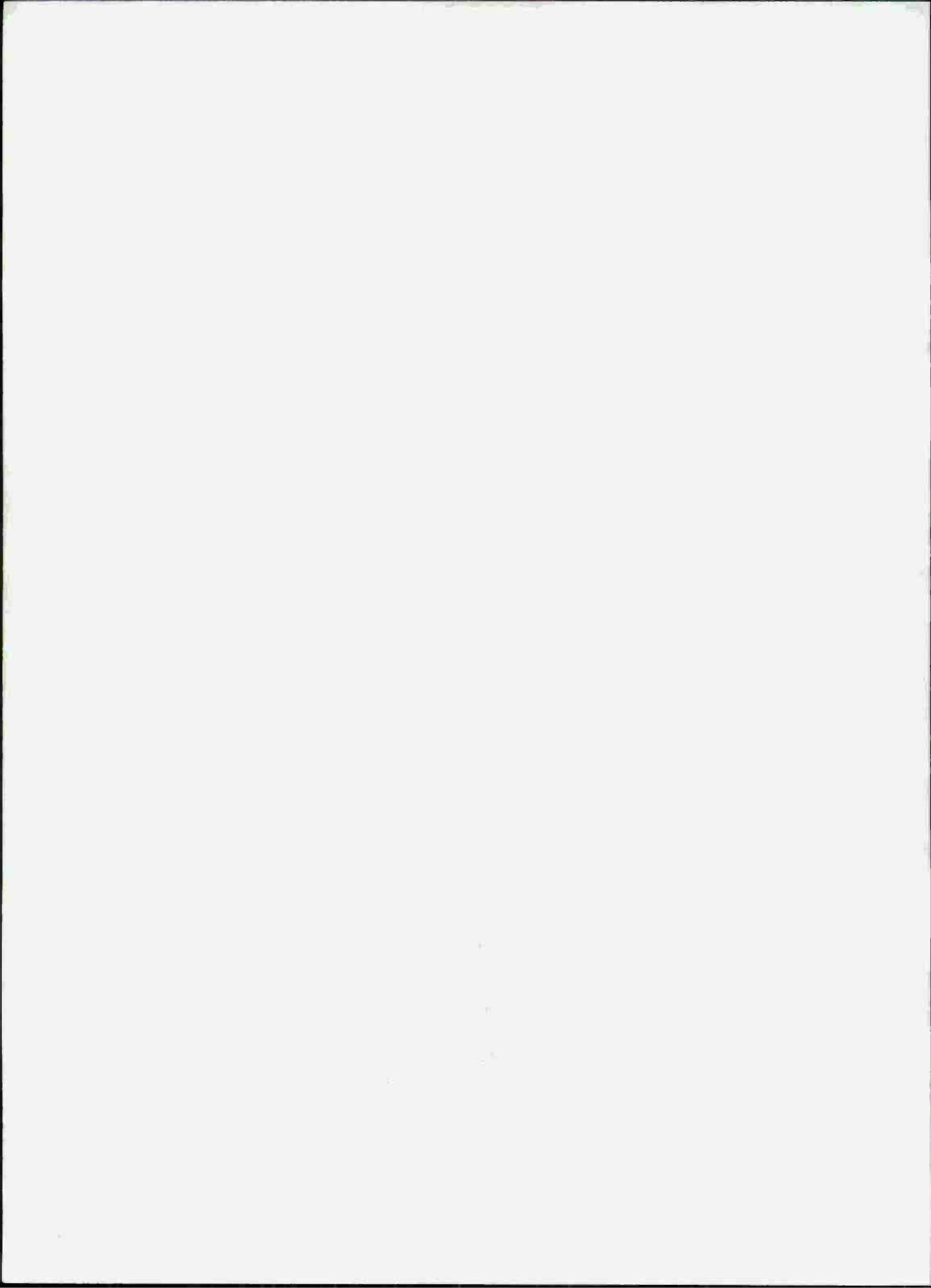
CONTENTS

	Page
INTRODUCTION	1
Problem	1
Background	1
Purpose	3
PROCEDURE	4
Sample	4
Measure	4
Scoring Procedures	4
Specific Problem Areas	4
Current Problems Typology	6
Data Analysis	7
RESULTS AND DISCUSSION	8
Intake	8
Potential Problems	10
Present Problems	10
Current Problems Typology	12
Reasons for Drinking	14
Views on Drinking and Intoxication	16
CONCLUSIONS	19
RECOMMENDATIONS	21
REFERENCES	23
APPENDIX A - ALCOHOL EXPERIENCES QUESTIONNAIRE	A-0
APPENDIX B - SCORING PROCEDURE	B-0
DISTRIBUTION LIST	



LIST OF TABLES

	Page
1. Percentages of Recruits, Enlisted Men, and Officers Reporting Selected Drinking Problems	9
2. Distribution of Recruits, Enlisted Men, and Civilians by Type of Drinking Behavior (in Percentages)	13
3. Reasons for Drinking by Pay Grade and Rank (in Percentages) . .	15
4. Views on Drinking and Intoxication by Pay Grade and Rank (in Percentages)	17



INTRODUCTION

Problem

In a report prepared for the National Institute on Alcohol Abuse and Alcoholism, the costs of civilian alcohol abuse for 1971 were estimated at \$25 billion (Berry, Boland, Laxson, Hayler, Sillman, Fein, & Feldstein, 1974). The major costs were in the areas of lost production (\$9.35 billion), health and medical services (\$8.29 billion), and motor vehicle accidents (\$6.44 billion). As large as these costs were, they probably represented a conservative cost estimate. For example, lost labor costs did not include either lost production of those workers who were unemployed due to an alcohol problem, or intangible costs to the problem drinker's family and fellow workers. Although the cost of alcohol abuse to the military services is presently unknown, there are indications that it is extensive.

Background

Results of both Army and Navy research indicate that the military services probably lose considerable productivity as a result of problem drinking among servicemen. Cahalan, Cisin, Gardner, and Smith (1972), in a study of drinking practices and problems in the U. S. Army, estimated that, "Duty time lost because of absence related to drinking problems will cost the Army 2,200 man-years (one division per month) and \$17 million in pay and allowances in FY 1973, in addition to over 16,000 man-years of duty time at reduced efficiency because of drinking (p. iv)."

Cahalan and Cisin (1975) conducted a Navywide survey of attitudes and behavior of naval personnel concerning alcohol and problem drinking. They found that (1) 3.6 percent of enlisted men (EM) reported missing 1 or more duty days due to drinking or its aftereffects in the 6 months prior to the survey, (2) 2.1 percent reported being absent without leave as a result of drinking, and (3) over 30 percent reported that their normal efficiency had been impaired while on duty as a result of drinking or a hangover.

The magnitude of problem drinking has received increased recognition in recent years due to more socially relevant survey research and a broader focus in research efforts. Traditional research typically has been limited to the "alcoholic," as medically defined. Attention necessarily focused on individuals in the older age groups or individuals who turned to the health care system for help with their problems. However, more recent research has focused on the "problem drinker" who has created problems for himself, his family, his friends, his employers, and/or the police.

This broader perspective has consistently revealed that the highest consumption and drinking problem rates occur within younger age groups. The Second Special Report to the U. S. Congress on Alcohol and Health

(Department of Health, Education, and Welfare, 1974) reviewed the civilian survey research and reported that, "The proportion of American youth who drink has been increasing so that, currently, it is almost universal. The highest scores on an index of possible problem drinking behaviors were recorded in the youngest age group for which data are available, the 18-20 year olds (p. xi)." In Army research, Cahalan et al. (1972) found that 44 percent of junior (E-1 through E-5) EM reported problems arising from alcohol abuse, while only 27 percent of senior (E-6 through E-9) EM reported similar problems. In Navy research, Cahalan and Cisin (1975) found that 46 percent of EM between the ages of 17 and 20 were problem drinkers, which is the highest percentage for any age group. From 1966 through 1969, 28 percent of Navy EM hospitalized with a diagnosis of alcoholism were 25 years of age or younger, whereas in 1970 and 1971 young alcoholics comprised 43 percent of the total alcoholic admissions (Schuckit & Gunderson, 1975). Thus, the young drinker must be included in analyses of alcohol's social and economic impact.

Army and Navy research also has indicated that higher rates of problem drinking exist among servicemen than among civilians. Thirty-five percent of Army EM (Cahalan et al., 1972) and 37 percent of Navy EM (Cahalan & Cisin, 1975) were self-reported "problem drinkers," as compared to approximately 25 percent of a civilian sample comparable in age. However, the civilian rate was based on a 1969 national survey and, therefore, may be an underestimate of current drinking practices.

Cahalan and his colleagues suggested that "there is something about the Army that fosters drinking over and above those factors at work in the society at large (1972, p. 80)." Overseas assignment, which often involves separation from families, was shown to be associated with increased drinking among Army personnel. Further, Cahalan noted that military personnel tended to have liberal attitudes toward drinking. Seventy-six percent of Army EM (and 69 percent of officers) reported that, "Most of my friends don't mind a person getting drunk if he doesn't do things that disturb other people." Thirty-seven percent of EM (and 36 percent of officers) felt that, "Getting drunk occasionally is a good way to blow off steam." Fifty-three percent of EM (and 35 percent of officers) endorsed the statement, "When you are in the Army, most people expect you to drink," and 70 percent of EM (and 44 percent of officers) agreed that, "Many men drink more in the Army than they would in civilian life."

Cahalan and Cisin's (1975) Navy research also revealed a permissive attitudinal climate toward drinking. Eighty-two percent of EM (and 68 percent of officers) reported that, "Most of my friends don't mind a person getting drunk if he doesn't do things that disturb other people." Forty-five percent of EM (and 41 percent of officers) agreed that, "Getting drunk occasionally is a good way to blow off steam." Sixty-four percent of EM (and 49 percent of officers) agreed that the "percentage of men with drinking problems in the Navy is much or somewhat higher than among civilian men of the same age."

Fifty-six percent of EM reported that they "drink to be sociable," and 77 percent, "to celebrate special occasions" that may be more frequently encountered by servicemen. Twenty-five percent of EM reported that drinking helped them when they were lonesome, and 24 percent reported that they drank when they had nothing else to do, indicating that situational factors may also be significant inducements to drinking among naval personnel.

Cahalan and Cisin (1975) have suggested the possibility of a "Navy drinking climate." The implication is that young recruits may adopt the drinking practices of Navy peers as a result of their assimilation into Navy life. However, it is equally likely that the Navy attracts individuals who already have higher drinking rates than those who choose civilian life. Johnston (1973) reported that regular drinking was more frequent among high school students who later chose the military (55 percent) than those who opted for college (38 percent) or a civilian job (48 percent). Cahalan and Cisin (1975) reported that 19 percent of Navy EM drank to forget their worries and 28 percent drank to help them gain self-confidence. Such reasons seem more characteristic of individuals than of situations. Thus there is some question whether higher rates of drinking among EM are the result of their exposure to a drinking climate.

Purpose

The purpose of the present research was to determine how the drinking rates and patterns of a sample of incoming Navy recruits compared with those of Fleet personnel. Lower rates would indicate that drinking problems may develop partially as a result of socialization into the Navy. Similar rates would indicate that drinking problems may already be evident among many individuals who choose to serve in the Navy, even before they are exposed to military peers and the Navy environment.

PROCEDURE

Sample

The sample used in this study consisted of 2,045 male recruits at the Recruit Training Command, San Diego. All recruit companies were surveyed in groups of 50 to 150 between November 1973 and January 1974. Twenty-two percent of the sample was from minority ethnic groups. The mean level of education was 11.7 years, and the mean age was 19.3 years, with 90 percent falling between the ages of 17 and 20. The sample surveyed cannot be assumed to be representative of all recruits, since it was drawn from only one of the three training commands and during only the winter months.

Measure

Recruit attitudes and alcohol-use incidence rates were measured by the Alcohol Experiences Questionnaire (AEQ), which was administered under anonymous conditions during the third week of basic training. The AEQ, which is presented in Appendix A, was derived from Cahalan and Cisin's (1973) Navy pilot questionnaire. However, the following modifications were made to make it more appropriate for incoming recruits:

1. Questions on past service experiences were necessarily deleted as being inappropriate for the recruit sample.
2. Since few recruits are married, items concerning the wife's reactions to drinking were either eliminated or combined with other items to reflect the reactions of the wife or other relatives.
3. Some questions were rephrased to include problems due to drinking encountered either at work or at school.
4. Due to limited testing time, several other questions were omitted. In the financial, job, and health or injury problem areas, where estimates of recruit drinking problems were based on one or two fewer items than was the case for other Navy personnel, potential bias was in the direction of underestimating problem rates among recruits.

Because of the similarity of the two forms, it was possible to compare the scores obtained by the recruits on the various drinking problems to those obtained by the 3,846 EM and 3,841 male officers surveyed in the 1974 Navywide alcohol and problem drinking study (Cahalan & Cisin, 1975).

Scoring Procedures

Specific Problem Areas

The scoring of the questionnaire resulted in estimates of drinking problems in 12 areas that were experienced by recruits within the 3

years prior to their entry to recruit training. These problem areas generally matched those described by Cahalan and Cisin (1973, 1975), with the exception that "problems with wife" and "problems with relatives" were not maintained as separate problem areas on the recruit AEQ, but combined in problem area 12 below.

1. Heavy intake of alcohol - Consumption of 12 or more drinks per occasion per month, 8 or more per occasion per week, or between 4 and 7 daily drinks 3 or 4 times per week. (Very heavy intake was defined as having 12 or more drinks per occasion per week or 8 or more drinks per day.)

2. Binge drinking - Intoxication for several days and/or going on a binge (drunk for more than 24 hours) 3 or more times in the last 3 years.

3. Belligerence - Incidents of hostility or aggression, fighting or arguing while drinking or as a result of drinking.

4. Loss of control - Difficulties in stopping drinking once it has started, excessive concern about drinking, etc.

5. Psychological dependence on alcohol - Use of alcohol in order to change moods or forget worries.

6. Symptomatic drinking - Incidence of such problems as blackouts, drinking alone, drinking in the morning, or sneaking drinks.

7. Financial problems - Spending needed money on alcoholic beverages.

8. Problems with friends - Pressure from friends to cut down on drinking or the loss of a friend as a result of drinking.

9. Job problems - Drunk while on the job, co-workers suggested cutting down on drinking, drinking reduced chances for a raise, etc.

10. Police problems - Trouble with the law involving drinking.

11. Health or injury problems - Situations where drinking has caused injury or prolonged absence from work or school due to illness caused by drinking, or doctor suggested respondent cut down drinking.

12. Problems with wife or relatives - Pressure from wife or relatives to cut down drinking.

Problems 3 through 6 above were considered "potential" since the definitive overt consequences are uncertain.

Most questionnaire items were considered to be related, to some degree, to one of these 12 problem areas. Thus, if a recruit had a high score on those items related to a specific problem, say binge drinking,

it was considered that this problem applied to him. To illustrate, the score for binge drinking was determined in the following manner.

1. If the recruit reported that he stayed intoxicated for several days and went on a binge 5 or more times within the last 3 years, he received a score of 3.
2. If he indicated that he stayed intoxicated for several days or went on a binge 3 or more times, he received a score of 2.
3. If he reported that he went on a binge once or twice, he received a score of 1.
4. If he endorsed any other items that were related to binge drinking but were not currently considered a "problem," for example staying intoxicated for several days more than 3 years previously, he received a score of 0.

For this particular problem, a score of 2 or more was considered to be "high."

The items pertaining to each of the problem areas and the score(s) allotted to each item are included in Appendix B.

Current Problems Typology

A scoring procedure (see Cahalan & Cisin, 1975) was also used to provide a "current problems typology." That is, recruit respondents were divided in categories corresponding to type of drinking behavior. This allowed comparison to Navy EM and officers and to similar categories of civilians. (These civilians were surveyed in 1969 and compared with Navy respondents by Cahalan and Cisin [1975]). The five mutually exclusive categories were:

1. Nondrinkers.
2. Nonproblem drinkers (those who exhibited none of the 12 alcohol-related problems to a significant degree).
3. Drinkers with "potential problems" (i.e., a significant level of problems only on the belligerence, loss of control, psychological dependence, and symptomatic drinking indicators).
4. Heavy intake or binge drinkers who did not have a high consequences score.
5. High consequences drinkers (those who currently experienced a significant level of concrete, adverse social [including job], financial, or health problems resulting from their drinking habits).

The latter two categories combined represent the proportion of the sample evidencing substantial involvement with alcohol in terms of either

consumption or multiple tangible consequences. (Since the five categories are hierarchical, drinkers in the more severe categories may also have scored in the less severe categories. For example, a "heavy intake" or "binge" drinker may also have had high "potential problems.")

Data Analysis

The recruit sample was compared to (1) the Navy EM and officer samples on incidence rates of specific drinking problems and endorsement rates of attitudinal and motivational items, and (2) both Navy and civilian samples on the proportions in each category of the current problems typology.

RESULTS AND DISCUSSION

The analyses of intake and drinking problem rates of recruits prior to their entry into the Navy provide results comparable in form to those reported by Cahalan and Cisin (1975) for naval personnel. Since drinking attitudes and behaviors vary with age, recruits were compared to younger EM in the lower pay grade categories whenever possible.

Table 1 presents comparisons between Navy recruits, EM, and officers on specific drinking problems reported over the past 1 to 3 years. Overall, EM reported more problems connected with drinking than officers. Moreover, the recruit problem rates listed in Table 1 are generally as high as or higher than the Navy comparison groups.

Intake

Specifically, Table 1 reveals that in the year prior to entry into the Navy, 46 percent of recruits were "heavy intake" drinkers (12 or more drinks per occasion monthly, 8 or more per occasion weekly, or 4 or more daily on 3 or more days per week). The comparable rates for EM and officers reporting on the year prior to the Navywide survey were 40 and 17 percent, respectively. Twenty-three percent of recruits and 19 percent of EM evidenced "very heavy intake" (12 or more drinks per occasion at least weekly or 8 or more daily). However, when analyzed by pay grade category, 30 percent of E-1s through E-3s, 16 percent of E-4s through E-5s, and 13 percent of E-6s through E-9s were "very heavy intake" drinkers (Cahalan & Cisin, 1975).

Thus, while intake rates were higher for incoming recruits than for EM overall, incidence of "very heavy intake" was higher among nonrated EM (30 percent) than among recruits (23 percent). This difference may reflect situational differences between the two samples. The nonrated EM are typically assigned to the most boring and laborious jobs; some nonrated EM therefore may be more likely to seek gratification through drinking. In addition, peer group encouragement of drinking may be increased for nonrated EM. The legal age for drinking may have prevented some recruits, depending on their residence, from readily obtaining alcoholic beverages. The legal age for alcohol use is still 21 years in 20 states, while 18-year-olds may drink beer on Navy bases regardless of surrounding ordinances.

The data indicate that alcohol consumption may be a well developed, regular pattern for many recruits entering the Navy. The recruit survey revealed that 57 percent of respondents reported drinking at least once per day for the year prior to entry into the Navy. Further, nearly 90 percent of incoming recruits reported having been "high or drunk," and over 80 percent of these respondents had experienced drunkenness by the age of 16. It would seem that contact with alcohol is an early experience for most male recruits which is not dictated by the minimum legal age requirement for alcohol consumption.

Table 1

Percentages of Recruits, Enlisted Men, and Officers
Reporting Selected Drinking Problems

Specific Problems	Recruits (N=2,045)	Enlisted Men ^a (N=3,846)	Officers ^a (N=3,841)
Heavy intake	46	40	17
Very heavy intake	23	19	4
Binge drinking	27	16	2
Belligerence	31	25	11
Loss of control	10	12	5
Symptomatic drinking	35	27	12
Psychological dependence	23	14	5
Financial problems ^b	15	19	4
Problems with friends	10	10 ^c	2 ^c
Job problems ^b	9	14	5
Police problems	21	12	4
Health or injury problems ^b	4	5	1

^aFrom Tables 30 and 29, Cahalan and Cisin (1975).

^bRecruit scoring was not strictly comparable since the Navywide questionnaire included one or two more items relative to these problem areas (see Appendix B).

^cFrom Tables 2 and 1, Cahalan and Cisin (1975); a high score on the "problems with friends" scale is equivalent in definition to a score in the "severe problems with friends, neighbors" category for respondents to the Navywide survey (see Appendix B).

A greater proportion of recruits reported "binge" drinking in the 3 years previous to the survey than EM overall (27 vs. 16 percent; Table 1). However, this may be indicative of experiences associated with high school escapades that do not necessarily become established as a consistent habit pattern.

Potential Problems

Table 1 also shows that recruits scored higher than EM on three of the four potential problem indicators. Thirty-one percent of recruits (compared to 25 percent of EM) reported experiencing "belligerence" in connection with drinking, a reaction common among young drinkers; 10 percent (compared to 12 percent of EM) reported "loss of control" over their drinking; and 35 percent reported "symptomatic drinking" (compared to 27 percent of EM). Positive responses to three of the seven symptomatic items, derived from Jellinek's (1952) classical symptomology (including such behaviors as skipping meals while drinking, blackouts, sneaking drinks, and drinking alone), supposedly indicate a significant risk of becoming addicted to alcohol. Cahalan (1970) has conceded that such behaviors might have different meanings in the case of exuberant, young drinkers. More confidence can be placed in measures that assess actual adverse consequences with respect to the job, family, police, or financial management than measures that are possible indicators of alcohol addiction.

While 14 percent of EM were classified as "psychologically dependent" on alcohol, the corresponding figure for recruits was 23 percent. Psychological dependence items emphasize escapist and mood changing reasons for drinking (e.g., help in being cheered up, relief of nervousness and depression) and, unlike the other scales, reflect neither the frequency nor recency of achieving the desired effects. It may be that the young recruit drinkers, who are less familiar with alcohol, attributed more potency to alcohol in terms of its supposed psychological effects and therefore claimed more often than older men that they drank for such reasons.

Until appropriate longitudinal research has been performed, the validity of these four potential problem indicators remains unknown. However, if these indicators have some validity, the Navy may be attracting a large proportion of potential problem drinkers, and the etiology of alcohol abuse in the Navy must be partially a function of the individuals who are attracted to the service.

Present Problems

The remainder of Table 1 reflects rates of current problem consequences of drinking occurring within the 3 years prior to the surveys. In the area of financial problems, 15 percent of recruits reported spending money on drinking that was needed for essentials. The 19 percent rate of "financial problems" for EM indicates a positive response

to either the question regarding spending money that was needed for essentials, or to the statement that drinking was harmful to financial position, or to both. Since this latter statement was not included in the recruit questionnaire, respondents to the Navywide survey had a greater opportunity to achieve a high score for financial problems (see Appendix B).

Ten percent of both the recruit and EM samples reported losing a friendship or drifting apart from a friend due to drinking. Seventeen percent of recruits reported that friends and/or neighbors had told them to cut down on their drinking.

The recruits reported lower rates of prior alcohol-related "job problems" than EM, but higher rates than those reported by officers. Despite the fact that many recruits had not held jobs before their entry into the Navy, 9 percent endorsed at least one item of the type, "Drinking hurt my chances for promotion or a better assignment," or "People I worked with indicated I should cut down on drinking."

Recruits reported the highest level of "problems with police" due to drinking, with 21 percent reporting driving and/or nondriving trouble with the law within the last 3 years. Overall, EM had a rate of 12 percent. However, this rate rose to 18 percent when only E-1s through E-3s were considered (Cahalan & Cisin, 1975).

Although the recruit and Navywide questionnaires were not identical in the health and injury problem area, about one in 20 in both the recruit and EM samples reported accidents and/or adverse effects on health as a result of drinking. The exact rates of high "health or injury problems" in the prior 3 years are 4 percent for recruits, 5 percent for EM overall, 6 percent for the E-1 through E-3 subgroup, and 1 percent for officers.

Since so few recruits are married, they were not queried extensively as to "problems with wife" due to drinking as were the respondents to the Navywide survey. However, 15 percent of recruits reported that a wife or some other relative suggested they should cut down on their drinking (not shown in Table 1).

In summary, for the problems listed in Table 1, the E-1 through E-3 subgroup and the recruits generally evidenced the highest problem rates. Recruits and nonrated EM were the youngest of the men surveyed. The high problem incidence rates reported by these men are consistent with results of other research that reported the highest level of problems among the youngest adults surveyed. Civilian surveys conducted in the late 1960s found that men in the youngest age groups (21-24 years) had the highest incidence of drinking problems (Cahalan & Room, 1974). A more recent survey by Harris (1974) included younger respondents and reported that the greatest proportion of persons who had experienced problems resulting from drinking was in the 18 to 20-year age group,

and that the next highest proportion was in the 21 to 24-year age group. When the Navywide EM sample was analyzed by age, the proportion of "high consequences" drinkers steadily decreased from a high of 46 percent among 17 to 20-year-old EM to only 10 percent of 45 to 49-year-old EM. Cahalan and Cisin's (1975) results also showed that the following factors, many of which are more characteristic of recruits and nonrated EM than of other personnel, were associated with high levels of problem drinking: (1) low levels of education, (2) nonshore duty, (3) less than 2 years of active duty, (4) single marital status, or separation from spouse if married, and (5) dissatisfaction with present job assignment.

The high problem rates reported by recruits of the present study for the 3-year period prior to their entering the Navy reveal that extensive drinking with frequent adverse consequences is a common pattern within this incoming population.

Current Problems Typology

Table 2 presents a breakdown of Navy recruits, EM, and civilians by type of drinking behavior. Two-thirds of the recruits reported "heavy intake," "binge," and/or "high consequences" associated with drinking (adverse social, financial, or health problems). This proportion, based on recruit practices prior to their entering the Navy, is similar to the rate of 71 percent obtained for nonrated EM in the Navywide study. Table 2 shows that, with increasing pay grade, EM evidence progressively lower problem rates.

There were proportionately fewer nondrinkers and drinkers with no problems among military personnel than among civilians, although the civilian data is for 1969 and may be out of date. Forty-one percent of the civilians, though not comparable in age to recruits, were "heavy intake," "binge," or "high consequences" drinkers, compared to 56 percent of the total EM sample. The rates for civilians were thus lower than those for the military, and the rates for recruits reporting on the period before enlistment were approximately comparable to those of younger, nonrated military personnel.

Self-reported drinking rates may be somewhat inflated for the recruits since younger respondents may have a tendency to overreport alcohol intake and related incidents due to the desire to appear manly and experienced, i.e., a sort of "machismo" effect. On the other hand, senior personnel may be in the habit of covering up or underreporting problem drinking out of fear of discovery. The fact that half of the respondents to the Navywide survey (Cahalan & Cisin, 1975) felt senior EM had a higher-than-average proportion of problem drinkers, even though fewer problem consequences were reported by senior than by junior EM, may lend credence to such an interpretation. Any of these possibilities could exaggerate the apparent relative severity of recruit and young EM problem drinking.

Table 2

Distribution of Recruits, Enlisted Men, and Civilians by
Type of Drinking Behavior (in Percentages)

Current (Last 3 years) Problems Typology	Recruits (N=2,045)	Enlisted Men ^a			Total (N=3,846)	Comparable Civilians ^b (N=978)
		E-1 - E-3 (N=1,019)	E-4 - E-5 (N=1,599)	E-6 - E-9 (N=1,201)		
Nondrinkers	6	5	4	5	5	9
Drank, no problems	12	13	24	29	23	30
Potential problems only	14	12	17	18	16	20
Heavy intake, binge, or high consequences drinkers	67	71	56	48	56	41

Note: Totals vary due to computer rounding.

^aFrom Table 2, Cahalan and Cisin (1975). Data on pay grades were unavailable for 27 EM.

^bFrom Table 30, Cahalan and Cisin (1975). Civilian males 21-59 years old were standardized by age group in the same proportions as the total EM sample. Civilian data are for 1969.

Reasons for Drinking

Table 3 presents the percentages of recruits, EM, and officers that endorsed the various reasons given on the surveys as fairly or very important in explaining their drinking. The EM were divided into junior (pay grade E-1 through E-5) and senior (E-6 through E-9) personnel, and the officers were divided into junior (W-1 through O-3) and senior (O-3 and above) officers. All three groups had high percentages reporting drinking "To help me relax." The recruits had the highest rate of endorsing alcohol as a means of coping with worries, a bad mood, or being depressed or nervous. This is consistent with the higher scores on "psychological dependence" noted among recruits, a scale which incorporates several of these items. There appears to be little difference between recruits and junior EM in their use of alcohol to cope with being lonesome (28 vs. 27 percent) or having nothing else to do (27 vs. 26 percent). Proportionately more recruits and junior EM emphasized psychological benefits as reasons for drinking than senior EM. Junior officers were also more likely to emphasize these psychological benefits than senior officers.

Forty-three percent of recruits rated "I drink to be sociable and because the people I know drink" as a fairly or very important reason for drinking. Fifty-six percent of EM and 73 percent of officers rated "I drink to be sociable" as a fairly or very important reason (Cahalan & Cisin, 1975). Thus, such social drinking appears to be relatively more important among officers and EM.

Social motives for drinking, as well as the reasons listed in Table 3, are difficult to interpret without civilian comparisons, especially in a survey format where the endorsement of multiple reasons for drinking was possible without indication of relative importance. There are not adequate data to conclude, on the basis of the reasons given by recruits, EM, and officers, that the Navy exerts stronger social pressures on its personnel to drink than other large organizations having members of similar ages and education.

It is interesting to note from the Navywide data that the percentages of endorsement of social reasons for drinking did not show the decrease from junior to senior EM that is characteristic of the intrapsychic reasons listed in Table 3. That is to say, reasons such as "I drink to be sociable," "because the people I know drink," and "polite thing to do in certain situations" did not tend to diminish as a function of pay grade (Cahalan & Cisin, 1975).

Such data may provide some leverage on amelioration of the alcohol problem in the Navy. Revision of institutional policies that tacitly sanction a steady pattern of social drinking over the career of the Navy man may be indicated, such as policies currently allowing the opening of bars in service clubs at noon, discount pricing of liquor, and promoting frequent functions accompanied by drinking or where

Table 3

Reasons for Drinking by Pay Grade
and Rank (in Percentages)

Reason Rated as Very or Fairly Important Reason for Drinking	Recruits (N=2,045)	Enlisted Men ^a		Officers ^a	
		Junior (N=2,618)	Senior (N=1,201)	Junior (N=2,331)	Senior (N=1,481)
To help me relax	41	47	45	51	55
When I want to forget everything ^b	23	19	9	5	3
Helps me forget my worries ^b	29	22	14	12	13
Helps cheer me up when I'm in a bad mood ^b	41	30	24	22	23
Because I need it when tense and nervous ^b	23	21	16	14	16
Helps me gain self-confidence	27	23	17	19	15
Helps me when lonesome	28	27	22	14	12
When have nothing else to do	27	26	20	12	10
Helpful when de- pressed or nervous	50 ^c	42	37	41	45

^aFrom Tables 18 and 16, Cahalan and Cisin (1975). Data on pay grades were unavailable for 27 EM and 29 officers.

^bThese items also form part of the "psychological dependence" potential problems scale.

^cFifty percent of recruits also endorsed smoking, working harder than usual, or exercising as very or fairly helpful for this purpose. Forty percent endorsed eating and 22 percent taking a tranquilizer or some other medicine as helpful when nervous or depressed.

drinking is expected. Among junior EM, the most frequently given reason for getting high or tight at their present duty station was "lots of private parties" (30 percent), while among senior EM and officers, it was to "celebrate lots of special occasions" (30 and 29 percent, respectively; Cahalan & Cisin, 1975).

The second most frequent reason (28 percent endorsement) for getting high or tight at the present duty station among junior EM of the Navy-wide survey was "Drinking is about the only recreation here." Whereas 25 percent of EM at isolated duty stations reported enough drinking problems to be classified by Cahalan and Cisin (1975) at or above the "very serious consequences" level, only 16 percent were so classified at duty stations where social and recreational resources were rated as very good in the area. This may indicate that the Navy should provide more recreational alternatives to drinking.

Views on Drinking and Intoxication

Table 4 presents percentages of Navy recruits, EM, and officers who held certain views on drinking and intoxication. Recruits tended to hold the most tolerant attitudes toward drinking and drunkenness, followed by EM, and then officers. This trend is consistent with differences in problem drinking rates. Eighty-seven percent of the recruits reported that, "Most of my friends don't mind a person getting drunk if he doesn't disturb other people," while 51 percent agreed that, "Getting drunk occasionally is a good way to blow off steam." Seventy-seven percent reported enjoying getting drunk themselves once in a while, and 41 percent felt that, "A party isn't a party unless drinks are served." The endorsement rates of favorable views on drinking were higher among recruits than among EM or officers, and reveal that these young men had permissive attitudes toward drinking and getting drunk before they entered the military environment.

Table 4 also indicates that most recruits (78 percent) disagreed with the statement, "There is really no cure for alcoholism." Given several alternatives, the greatest proportion of recruits (34 percent) chose the item that defined alcoholism as a habit like cigarette smoking, rather than the item that defined it as a disease (28 percent). The "habit" definition of alcoholism was also endorsed more frequently by officers and EM (38 and 40 percent endorsement respectively; Cahalan & Cisin, 1975). It should be noted that respondents to the Navywide survey apparently experienced some confusion since they endorsed several items defining alcoholism when the definitions were not presented as being mutually exclusive. Cahalan and Cisin (1975) reported that 70 percent of respondents agreed that alcoholism was a disease when that definition alone was presented.

Fourteen percent of the recruits reported worrying "some" or "a lot" about their own drinking habits. This concern parallels overall EM and officer responses of 15 and 14 percent to the same question

Table 4

Views on Drinking and Intoxication by
Pay Grade and Rank (in Percentages)

Statement En- dorsed as "True"	<u>Recruits</u> (N=2,045)	<u>Enlisted Men^a</u>		<u>Officers^a</u>	
		Junior (N=2,618)	Senior (N=1,201)	Junior (N=2,331)	Senior (N=1,481)
No matter how much I like a person, I hate to see him drunk	35	45	62	50	70
I enjoy getting drunk once in a while	77	66	48	49	30
Most of my friends don't mind a person getting drunk if he doesn't disturb other people	87	86	74	77	56
I often feel guilty about my drinking	19	21	20	11	14
A party isn't a party unless drinks are served	41	27	26	28	30
People who don't drink at all are usually not much fun to be around	17	11	11	12	12
Getting drunk oc- casionally is a good way to blow off steam	51	46	43	47	32
There is really no cure for alcoholism	22	16	22	16	17

^aFrom Table 14, Cahalan and Cisin (1975).

(Cahalan & Cisin, 1975). By contrast, only 5 percent of the recruits admitted that they needed help with a drinking problem. (Seven percent of EM and 5 percent of officers responded positively to a similar 1975 survey question, "Do you have any kind of a drinking problem at the present time?")

Only 2 percent of recruits had sought help for a drinking problem, while 6 percent of EM and 2 percent of officers had consulted a doctor, clergyman, commanding officer, or relevant agency about a problem related to their own drinking.

The fact that attitudes of naval personnel (Cahalan & Cisin, 1975) were positive toward drinking and tolerant of intoxication suggested that the military environment may stimulate and reinforce alcohol use and abuse. As Table 4 shows, however, the views of the recruits were often more favorable toward drinking than those of junior EM. The results of the present research indicate that recruits bring with them to the military environment an established pattern of heavy intake and drinking-related problems, as well as a set of attitudes that are positive regarding intrapsychic benefits of drinking. These attitudes do not appear to be the result of either a drinking climate unique to the Navy or military experience or peer pressure that encourages drinking among individuals who would not otherwise drink.

CONCLUSIONS

In general, the results of the present research indicate that whatever drinking climate may exist within the Navy is likely to be a function of the individuals recruited into the service rather than the organizational structure and mission of the Navy per se. The attitudes toward alcohol and the reported drinking problems of recruits prior to enlistment are not unlike those of young Navy EM. The result of throwing such individuals into close proximity is likely to be the formation of social groups that may reinforce alcohol use. However, such informal social groups do not necessarily result from the formal, organizational structure and processes of the Navy. The following findings seem to support this contention.

The incoming recruit sample reported a higher alcohol intake rate based on a quantity-frequency index than EM overall (46 percent of recruits vs. 40 percent of EM were "heavy intake" drinkers in the previous year). A larger proportion of recruits were high scorers on such potential problems as "psychological dependence" (23 percent vs. 14 percent of EM) and "symptomatic" drinking (35 vs. 27 percent of EM). The recruits reported higher rates of "belligerence" and "binge" drinking than EM (31 vs. 25 percent and 27 vs. 16 percent, respectively).

Recruits were generally similar to EM overall on the self-reported measures of tangible social, financial, and health problem consequences of drinking within the last 3 years. EM had higher rates than recruits for job problems (14 vs. 9 percent), while recruits had higher rates for police problems (21 vs. 12 percent). Such differences are likely to reflect the different life situations in which EM and recruits find themselves.

The overall percentages of individuals categorized as either "heavy intake," "binge," or "high consequences" drinkers were nearly equivalent within the recruit and nonrated (E-1 through E-3) samples (67 and 71 percent, respectively).

The attitudes of recruits toward drinking and intoxication were generally more permissive than those of junior EM. For example, 51 percent (vs. 46 percent for EM) agreed that, "Getting drunk occasionally is a good way to blow off steam." The reasons given by recruits for drinking emphasized perceived psychological benefits more than the reasons given by junior EM. For example, recruits had the highest endorsement rates for drinking as a means of coping with worries (29 percent), a bad mood (41 percent), and being depressed or nervous (50 percent). Recruits were similar to junior EM in their claimed use of alcohol to help them with loneliness or having nothing else to do. Forty-three percent drank "to be sociable and because the people I know drink." Such an attitudinal set on the part of recruits precedes their entry into the Navy and may predispose them to alcohol use or abuse when placed in the company of similarly minded peers.

A greater percentage of nonrated EM reported "very heavy intake" of alcohol than recruits (30 percent vs. 23 percent). This could be partially attributed to dissatisfaction of nonrated EM with job assignments or other life circumstances and to legal restrictions on drinking that limit the accessibility of alcohol for young civilians. However, it also seems possible that the difference is due to peer group pressure; social groups may be formed among the newly enlisted where the permissive attitudes of individuals are transformed into group norms.

RECOMMENDATIONS

The present study was descriptive of intake and drinking rates among Navy recruits. Since it did not explicate the etiological causes of the high problem levels reported by the incoming sample surveyed, definitive solutions cannot be recommended. However, when the present results are combined with Cahalan and Cisin's (1975) results, a number of practical suggestions would seem to follow.

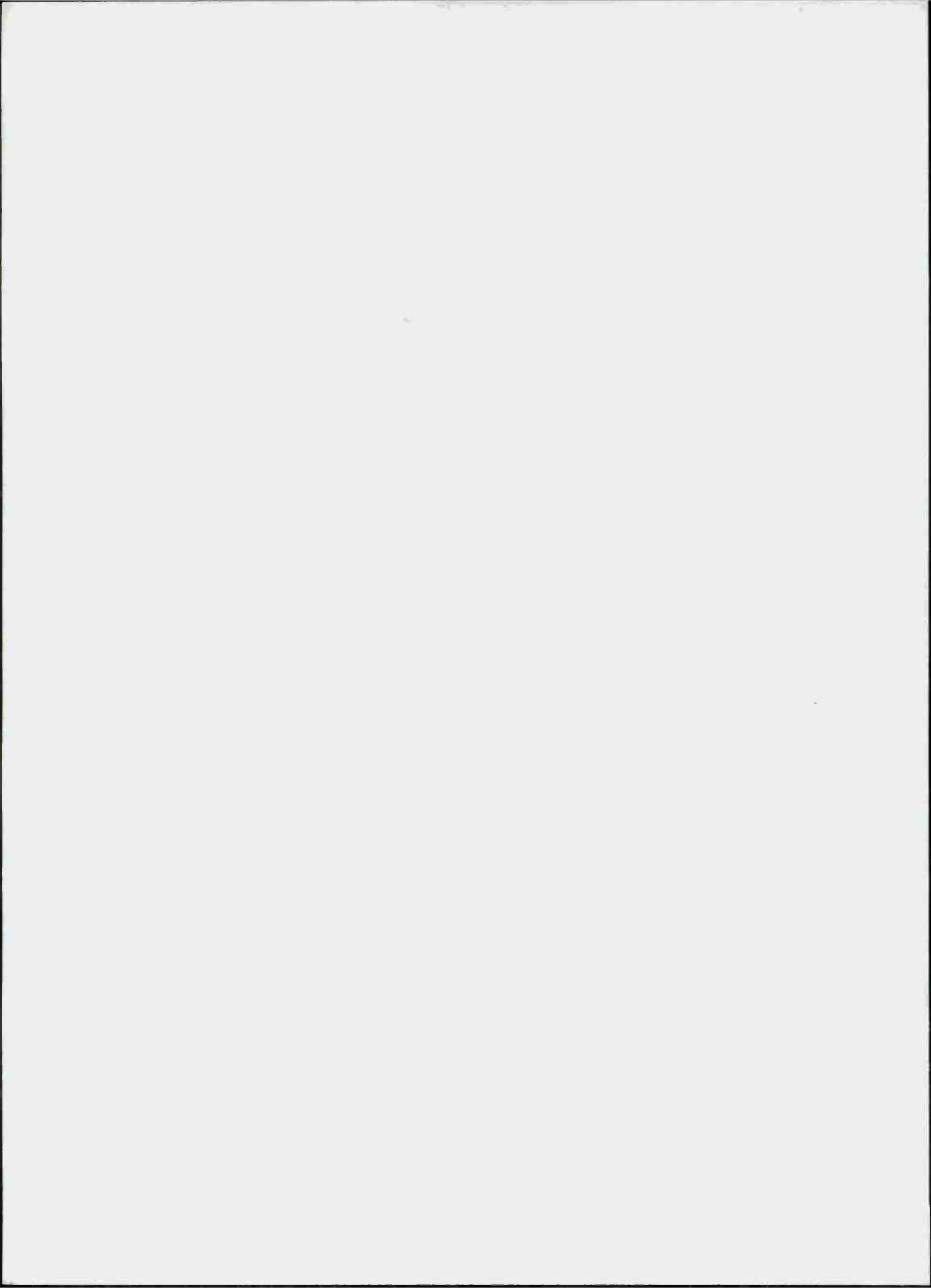
Drinking patterns appear to be established within the incoming population before recruits are socialized into Navy life. Moreover, drinking behaviors are supported by the prevalent peer attitudes of permissiveness toward alcohol use. Thus, any ameliorative strategies intended to decrease problem drinking among young EM must take into account the extensive prior use and abuse of alcohol by recruits. Navy interventions directed at young EM must focus not only on prevention, but also on the reversal of existing drinking habits and mores.

Further research might profitably seek to determine how peer pressure influences the behavior of young EM. Such a determination is necessary before such informal pressure, if shown to be critical, can be neutralized or redirected to discourage abuse of alcohol and other substances. Educational or policy strategies that fail to win informal group support are not likely to be as effective as those that succeed in doing so.

In addition to further research into the peer influence process, two more specific recommendations can be made.

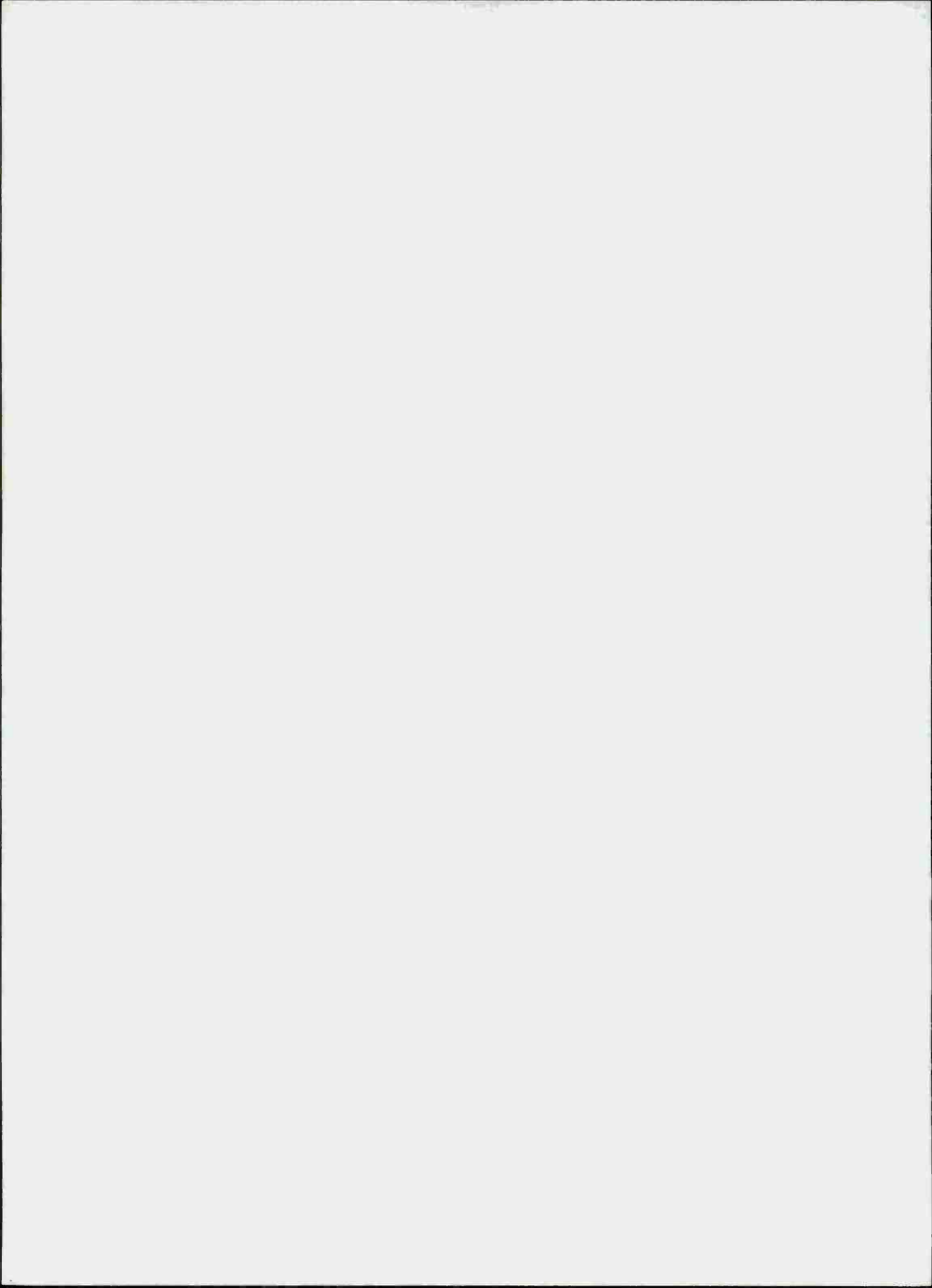
1. Inadequate recreational facilities may leave EM with too few appealing alternatives to the use of alcohol. Without recreational and other leisure-time options, there is little chance for group norms incompatible with alcohol use to develop. It is therefore recommended that installations with inadequate recreational facilities be improved by providing additional facilities, and that the effectiveness of such programs for reducing problem drinking rates be evaluated in consultation with researchers.

2. It is recommended that discount pricing policies be eliminated. Discount pricing of alcohol at service clubs, package stores, and commissaries may serve to tacitly encourage alcohol use. At the very least, such policies contribute to the stereotype (e.g., Cahalan & Cisin, 1975) of a Navy drinking climate. Discount pricing is logically inconsistent with the goal of reducing problem drinking rates in the Navy. Any revenue gained through discontinuing discount pricing could be directed toward the development and operation of recreational facilities and/or alcohol education and rehabilitation programs.

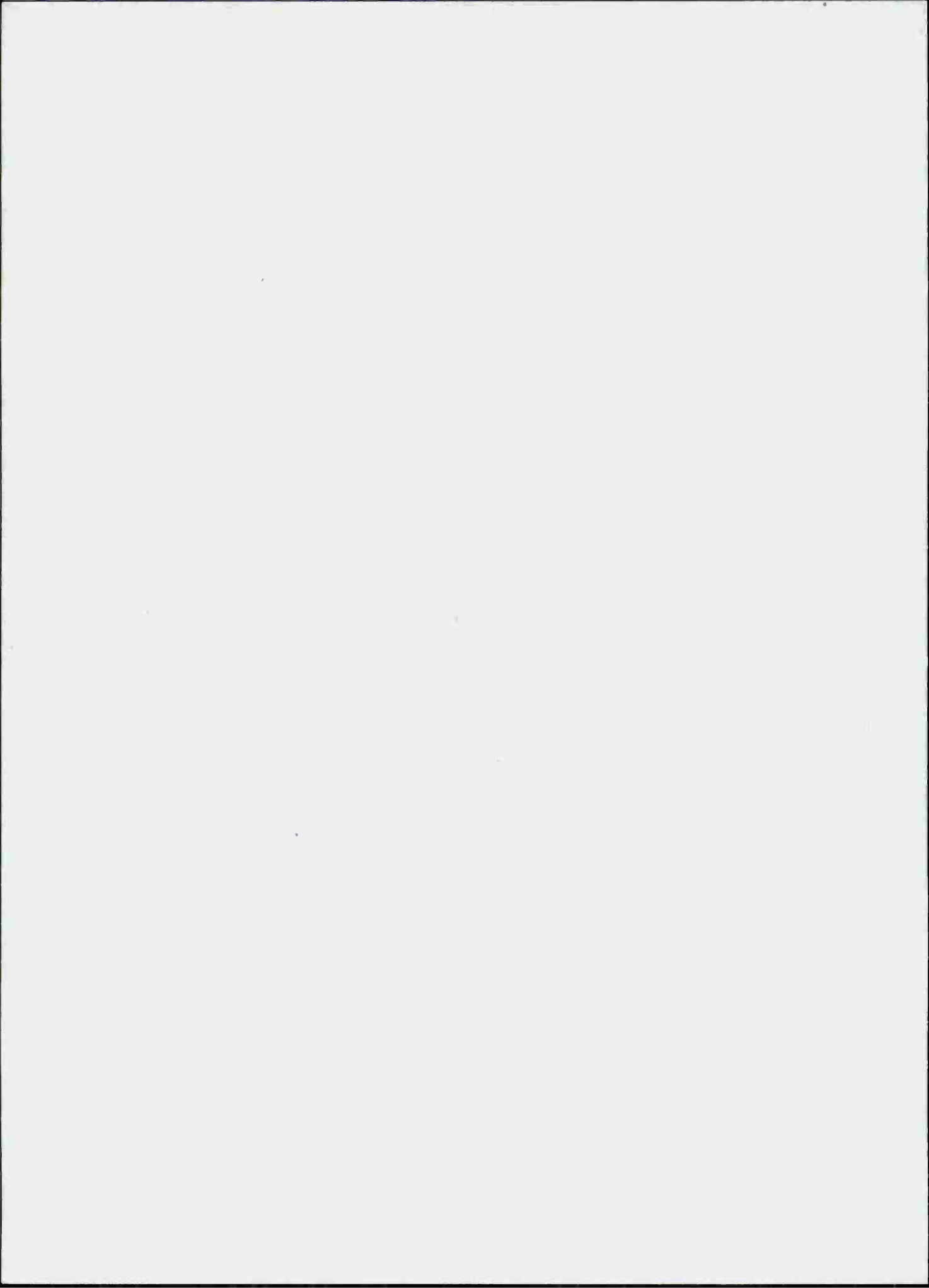


REFERENCES

- Berry, R., Boland, J., Laxson, J. Hayler, D., Sillman, M., Fein, R., & Feldstein, P. The economic costs of alcohol abuse and alcoholism--1971. Prepared for the National Institute on Alcohol Abuse and Alcoholism under Contract No. HSM-42-73-114, March 1974.
- Cahalan, D. Problem drinkers. San Francisco: Jossey-Bass, 1970.
- Cahalan, D., & Cisin, I. H. Report of a pilot study of the attitudes and behavior of naval personnel concerning alcohol and problem drinking. Washington, D. C.: Bureau of Social Science Research, Inc., February 1973.
- Cahalan, D., & Cisin, I. H. Final report on a service-wide survey of attitudes and behavior of naval personnel concerning alcohol and problem drinking. Washington, D. C.: Bureau of Social Science Research, Inc., March 1975.
- Cahalan, D., Cisin, I. H., Gardner, G. L., & Smith, G. C. Drinking practices and problems in the U. S. Army, 1972. Arlington, VA: Information Concepts, Inc., December 1972.
- Cahalan, D., & Room, R. Problem drinking among American men. New Brunswick, NJ: Rutgers Center of Alcohol Studies, 1974. (Monograph No. 7)
- Harris, L., & Associates, Inc. Public awareness of the National Institute on Alcohol Abuse and Alcoholism advertising campaign and public attitudes toward drinking and alcohol abuse. College Park, MD: L. Harris & Associates, Inc., 1974. (Study No. 2355)
- Jellinek, E. M. Phases of alcohol addiction. Quarterly Journal of Studies on Alcohol, 1952, 13, 673-684.
- Johnston, L. Drugs and American youth. Ann Arbor, MI: Institute for Social Research, 1973.
- Schuckit, M. A., & Gunderson, E. K. E. Alcoholism in young men. San Diego: Naval Health Research Center, January 1975. (TR 75-14)
- U. S. Department of Health, Education, and Welfare. Second special report to the U. S. Congress on alcohol and health from the Secretary of Health, Education, and Welfare. Washington, D. C.: U. S. Government Printing Office, Preprint Edition, June 1974.



APPENDIX A
ALCOHOL EXPERIENCES QUESTIONNAIRE



ALCOHOL EXPERIENCES QUESTIONNAIRE

INSTRUCTIONS

This section of the booklet asks questions about your experiences and feelings about using alcohol. There are no right or wrong answers. Answer each question honestly.

Remember--this questionnaire is anonymous. THERE IS NO WAY THAT YOU CAN BE IDENTIFIED BECAUSE YOU DID NOT PLACE YOUR NAME OR SOCIAL SECURITY NUMBER ON EITHER THE ANSWER SHEET OR THIS BOOKLET.

Please mark your answers to the questions of this section in Section B of the answer sheet. Your truthful answers to the questions will be used in research to improve alcohol education programs for enlisted personnel.

Answer all items and do not leave anything blank.

Here is a list of activities people say they find helpful when they are depressed or nervous. For each activity, please fill in the circle for how helpful you have found it to be when you are depressed or nervous, using the following code:

- A - never tried it for that purpose
- B - not at all helpful
- C - fairly helpful
- D - very helpful

1. Smoking
2. Eating
3. Having a drink such as a highball or cocktail or some wine or beer
4. Working harder than usual, or exercising
5. Taking a tranquilizer or some other medicine

People drink wine, beer, or hard liquors for different reasons. Here are some statements people have made about why they drink. How important would you say that each of the following is (or was) to you as a reason for drinking. Mark one answer for each item using the following code:

- A - I never drink
- B - not at all important
- C - fairly important
- D - very important

6. I drink because it helps me to relax
7. I drink when I want to forget everything
8. I drink to be sociable and because the people I know drink
9. A drink helps me forget my worries
10. A drink helps cheer me up when I am in a bad mood
11. A drink helps me gain self-confidence
12. A drink helps me when I am lonesome
13. I drink because I need it when I'm tense and nervous
14. I drink when I have nothing else to do

The following questions are about your views on drinking and intoxication. Mark AGREE or DISAGREE for each statement:

- A - AGREE
- B - DISAGREE

15. No matter how much I like a person, I hate to see him drunk
 16. I enjoy getting drunk once in a while
 17. Most of my friends don't mind a person getting drunk if he doesn't do things that disturb other people
 18. I often feel guilty about my drinking
 19. A party isn't a party unless alcoholic drinks are served
 20. People who don't drink at all are usually not much fun to be around
 21. Getting drunk occasionally is a good way to blow off steam
 22. There is really no cure for alcoholism
-
23. If you gave up drinking altogether, how much would you miss it?
 - A. A lot
 - B. Some
 - C. A little
 - D. Not at all
 - E. I don't drink alcoholic beverages at all
 24. Some people worry about their drinking even though they may not be really heavy drinkers. How much do you worry about your drinking?
 - A. A lot
 - B. Some
 - C. A little
 - D. Not at all
 - E. I don't drink alcoholic beverages at all
 25. Do you need help with a drinking problem?
 - A. No
 - B. Yes, but I have not tried to get help
 - C. Yes, and I have tried to get help

Below is a list of experiences that many people have reported when they drink. For each experience, please use the following code to indicate the last time it happened to you:

- A - never had this experience
- B - had this experience more than 3 years ago
- C - more than 6 months ago, but within the last 3 years
- D - had this experience within the last 6 months

26. Felt sleepy after drinking
27. Felt happy and cheerful, or became the life of the party
28. Felt aggressive or cross while drinking
29. Got into a fight after drinking
30. Got into a heated argument
31. Stayed away from my job because of a hangover
32. My wife or some other relative indicated I should cut down on drinking
33. Friends indicated I should cut down on drinking
34. Neighbors indicated I should cut down on drinking
35. My drinking was involved in losing a friendship or drifting apart from a friend
36. People I worked with indicated I should cut down on drinking
37. Have gotten high or tight when at work or at school
38. Drinking may have hurt my chances for promotion or a better assignment
39. A doctor suggested I should cut down on drinking
40. Had an illness connected with drinking which kept me from school or work for a week or longer
41. Spent too much money on drinks or after drinking
42. Spent money on drinks which was needed for essentials like food, clothing, or payments
43. A policeman (civilian or military) questioned or warned me because of my drinking
44. Had trouble with the law about driving after drinking
45. Had trouble with the law about drinking, when driving was not involved
46. My drinking contributed to my getting hurt in an accident
47. My drinking contributed to an accident in which someone else was hurt or property (such as an auto) was damaged
48. I stayed intoxicated (drunk) for several days at a time
49. Once I started drinking it was difficult for me to stop before I became completely drunk
50. Have awakened the next day not being able to remember some of the things I had done while drinking
51. Skipped a number of regular meals while I was drinking
52. Tossed down several drinks pretty fast, to get a quicker effect from them
53. Had a quick drink or so when no one was looking
54. Took a few quick drinks before going to a party to make sure I'd get enough drinks
55. Often took a drink the first thing when I got up in the morning
56. My hands shook a lot the morning after drinking
57. Sometimes got high or tight when drinking by myself
58. Often drank in order to change the way I felt
59. Sometimes kept on drinking after I had promised myself not to
60. Found it hard to work on the job without a few drinks now and then

Now answer the following questions in the SPECIAL CODES SECTION of your answer sheet.

Column A. Thinking of all the times during the 12 months before you entered recruit training when you had something to drink--how often have you had some kind of beverage containing alcohol, whether it was wine, beer, whiskey, or any other drink? Fill in the circle under Column A, SPECIAL CODES, on the answer sheet, which best describes the past year.

- 0 = Never in the last year
- 1 = 1 to 11 times a year
- 2 = About once a month
- 3 = 2 or 3 times a month
- 4 = Once or twice a week
- 5 = 3 or 4 times a week
- 6 = Nearly every day
- 7 = Only once a day
- 8 = Usually once a day, sometimes twice
- 9 = Usually twice a day, or more often

Now think back over the last 12 months and try to remember the times when you had more than a couple of drinks. Again, we're including beer, wine, whiskey, or any other kind of drink containing alcohol. For the next three questions, fill in the circle on the answer sheet column using the code on the right below (do not mark in this booklet):

Questions

Column B. About how often during the last year would you say you had at least 12 drinks during any 12-hour period?

- 0 = Never in the last 12 months
- 1 = 1-5 times a year
- 2 = 6-11 times a year
- 3 = About once a month
- 4 = 2 or 3 times a month
- 5 = Once or twice a week
- 6 = 3 or 4 times a week
- 7 = Nearly every day
- 8 = Every day

Column C. About how often during the last year would you say you had between 8 and 11 drinks during any 12-hour period?

Column D. About how often during the last year would you say you had between 4 and 7 drinks during any 12-hour period?

Column E. How old were you the first time you got high, or drunk on alcohol?

- 0 = Never been high
- 1 = 11 years old or younger
- 2 = 12 years old
- 3 = 13 years old
- 4 = 14 years old
- 5 = 15 years old
- 6 = 16 years old
- 7 = 17 years old
- 8 = 18 years old
- 9 = 19 or older

Column F. When was the last time you were high or drunk--how long ago?

- 0 = Never been high
- 1 = Within the last month
- 2 = Over 1 month ago, but less than 2 months ago
- 3 = 2 to 4 months ago
- 4 = 4 to 6 months ago
- 5 = 6 to 12 months ago
- 6 = Over 1 year ago
- 7 = Over 2 years ago

Column G. About how often do you get high or drunk, on the average? (Choose closest estimate prior to entering basic training)

- 0 = Never or less than once a year
- 1 = Once or twice a year
- 2 = 3-6 times a year
- 3 = About once or twice a month
- 4 = About once every week to 10 days
- 5 = Twice a week
- 6 = 3-4 times a week
- 7 = 5-6 times a week
- 8 = Daily

Column H. About how many times in the last three years have you been high or drunk for more than 24 hours in a row?

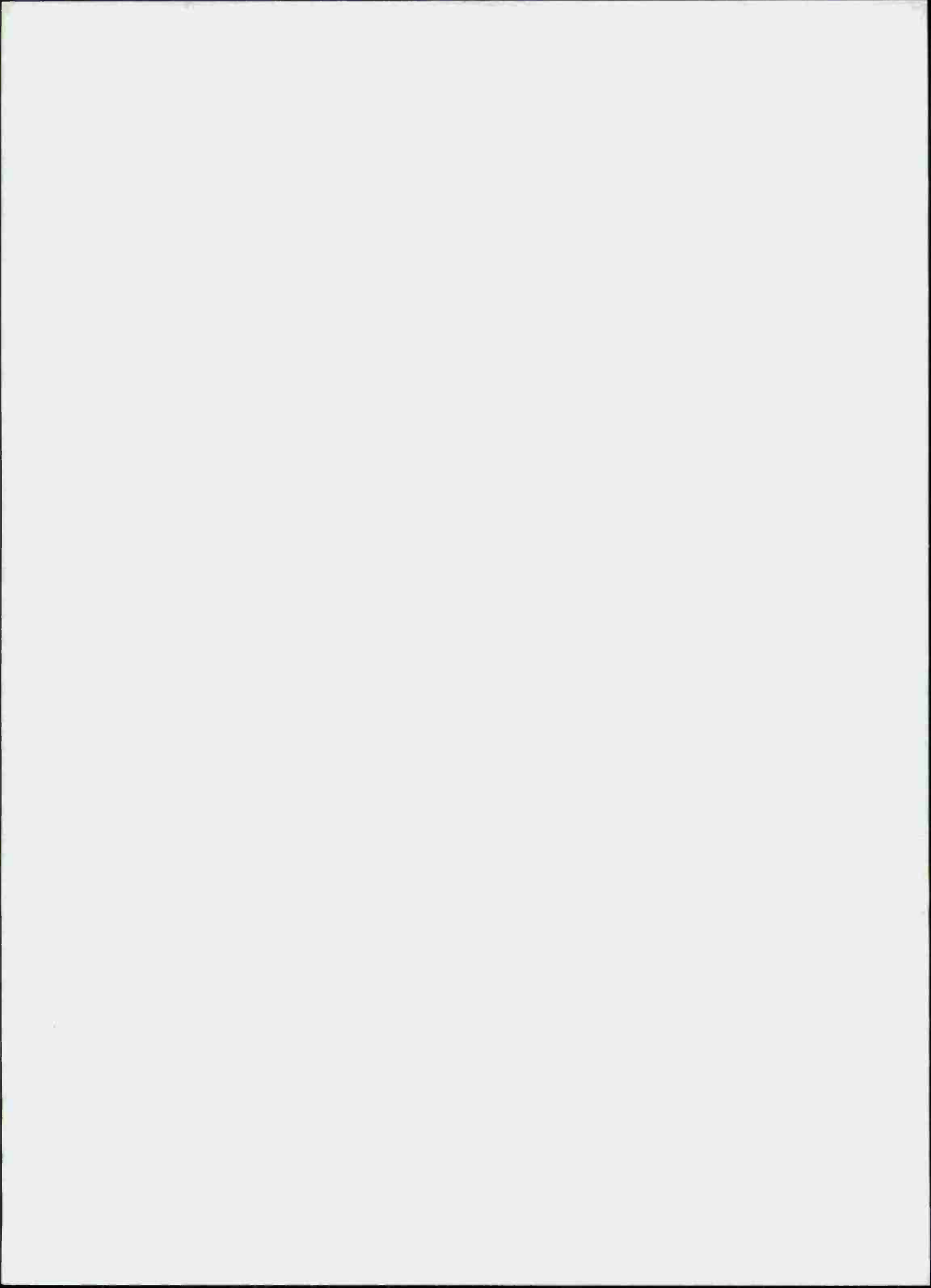
- 0 = never in the last 3 years
- 1 = Once or twice in the last 3 years
- 2 = Three or four times in the last 3 years
- 3 = Five or more times in the last 3 years

Column I. What is your attitude about people getting drunk?

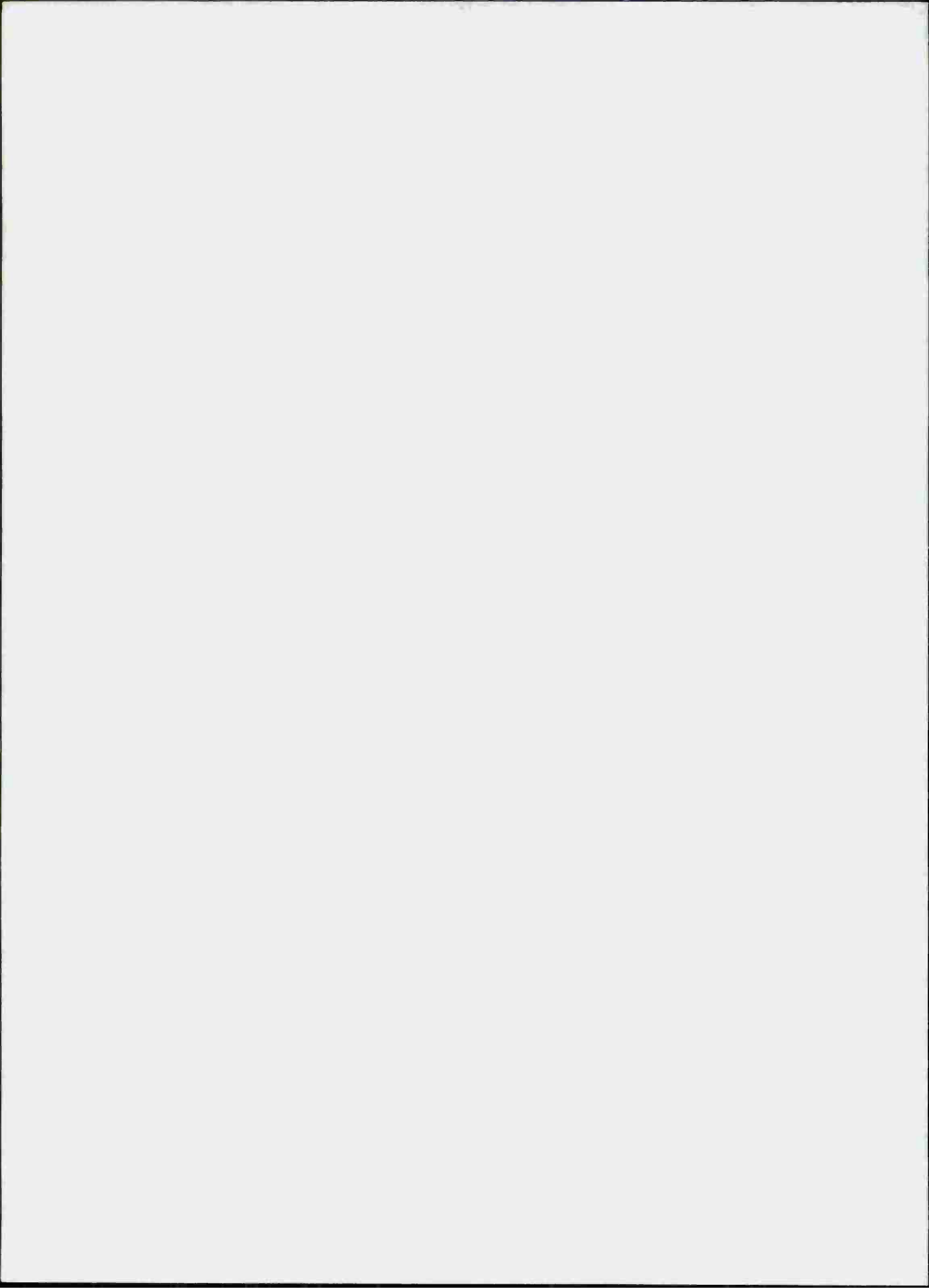
- 1. It's all right to get drunk whenever you feel like it
- 2. It's all right to get drunk once in a while as long as it doesn't get to be a habit
- 3. It's better never to get drunk

Column J. Which one of the following definitions of alcoholism comes closest to your own opinion?

- 1. Alcoholism is a disease
- 2. Alcoholism is mostly a habit like cigarette smoking
- 3. Alcoholism usually is caused by people's social environment
- 4. Alcoholism is basically a sign of moral weakness
- 5. Alcoholism is like an allergy or physical condition that some persons are born with



APPENDIX B
SCORING PROCEDURE



SCORING PROCEDURE

Specific Problem Areas*

1. INTAKE (Based on prior year) (Heavy intake = 3 or more; very heavy intake = 4)

<u>Related Items</u>	<u>Score</u>
12 or more drinks per occasion at least weekly OR 8 or more daily	4
12 or more drinks per occasion monthly OR 8 or more per occasion weekly OR 4 or more daily on 3 or more days per week	3
8 or more drinks per occasion monthly OR 4 or more at least once a week OR high/tight at least once a week	2
12 or more drinks per occasion yearly OR high/tight at least once a month	1
All others (no problem)	0

2. BINGE DRINKING (High score = 2 or more)

<u>Related Items</u>	<u>Score</u>
Stayed intoxicated for several days AND went on binge 5 or more times	3
Stayed intoxicated for several days OR went on binge 3 or more times	2
Went on binge once or twice	1
All others (no problem)	0

*Unless otherwise noted, all score categories within a given problem area are mutually exclusive and problems are assumed to be current (within last 3 years). Cases where questions or scoring on the recruit questionnaire differed from the Navywide questionnaire (Cahalan & Cisin, 1975) are indicated under the appropriate problem area.

3. BELLIGERENCE* (High score = 2 or more)

<u>Related Items</u>	<u>Score</u>
Experiences in connection with drinking:	
Felt aggressive or cross	1
Got into a fight	1
Got into a heated argument	1
All others (no problem)	0

4. LOSS OF CONTROL (High score = 3 or more)

<u>Related Items</u>
Once started drinking, difficult to stop before becoming intoxicated
Kept on drinking after promising self not to
How much do you worry about your drinking: A lot

<u>Scoring Scheme</u>	<u>Score</u>
All 3 problems above	4
Any 2 problems above	3
Any 1 problem above	2
How much worry about drinking: Some	1
All others (no problem)	0

*Additive score.

5. SYMPTOMATIC DRINKING* (High score = 3 or more)

<u>Related Items</u>	<u>Score</u>
Awakened the next day not being able to remember the things I had done while drinking	1
Skipped a number of regular meals while I was drinking	1
Tossed down several drinks pretty fast to get a quicker effect	1
Had a quick drink or so when no one was looking	1
Took a few quick drinks before going to a party to make sure I had enough	1
Often took a drink the first thing when I got up in the morning	1
My hands shook a lot the morning after drinking	1
Sometimes got high or tight when drinking by myself	1
All others (no problem)	0

*Additive score.

6. PSYCHOLOGICAL DEPENDENCE* (High score = 7 or more)

<u>Related Items</u>	<u>Score</u>
How helpful have you found having a drink to be when you are depressed or nervous:	
Very helpful	3
Fairly helpful	1
I drink when I want to forget everything:	
Very important	3
Fairly important	1
A drink helps me forget my worries:	
Very important	3
Fairly important	1
A drink helps me cheer me up when I'm in a bad mood:	
Very important	3
Fairly important	1
I drink because I need it when tense or nervous:	
Very important	3
Fairly important	1
I often drank in order to change the way I felt	3
All others (no problem)	0

*Additive score.

7. FINANCIAL PROBLEMS (High score = 2 or more)

<u>Related Items</u>		<u>Score</u>
<u>Navywide Survey</u>	<u>Recruit Survey</u>	
Spent money on drinking that was needed for essentials	Spent money on drinking that was needed for essentials	3
Drinking was harmful to financial position	(No score of "2" was possible for the recruit sample)	2
Spent too much money on drinks or after drinking	Spent too much money on drinks or after drinking	1
All others (no problem)	All others (no problem)	0

8. PROBLEMS WITH FRIENDS (High score = 3 and is equivalent to "severe problems with friends and neighbors" in Cahalan & Cisin [1975])

<u>Related Items</u>		<u>Score</u>
<u>Navywide Survey</u>	<u>Recruit Survey</u>	
Drinking involved losing a friendship or drifting apart from a friend	Drinking involved losing a friendship or drifting apart from a friend	3
Drinking harmed friendships and social life, OR <u>BOTH</u> friends and neighbors said to cut down drinking	<u>BOTH</u> friends and neighbors said to cut down drinking	2
Friends said to cut down drinking, OR neighbors said to cut down	Friends said to cut down drinking, OR neighbors said to cut down	1
All others (no problem)	All others (no problem)	0

9. JOB PROBLEMS (High score = 2 or more)

<u>Related Items</u>		<u>Score</u>
<u>Navywide Survey</u>	<u>Recruit Survey</u>	
ANY TWO OF THE FOLLOWING:	BOTH OF THE FOLLOWING:	
Drinking hurt chances for promotion or better assignment	Drinking hurt chances for promotion or better assignment	3
People at work said cut down drinking	People at work said cut down drinking	
Drinking had harmful effect on job and assignment		
ANY ONE OF THE ABOVE	ANY ONE OF THE ABOVE	2
Have gotten high/tight on duty, OR stayed away from duty because of hangover	Have gotten high/tight at work or school, OR stayed away from my job because of hangover	1
All others (no problem)	All others (no problem)	0

10. POLICE PROBLEMS (High score = 2 or more)

<u>Related Items</u>	<u>Score</u>
Trouble with the law about driving after drinking, AND other nondriving trouble with the law about drinking	3
Trouble with the law about driving after drinking, OR other nondriving trouble	2
Police (civilian or military) questioned or warned respondent because of his drinking	1
All others (no problem)	0

11. HEALTH OR INJURY PROBLEMS (High score = 2 or more)

<u>Related Items</u>		<u>Score</u>
<u>Navywide Survey</u>	<u>Recruit Survey</u>	
Had illness connected with drinking which kept respondent from duty for a week or longer, OR in a hospital/rest home due to drinking	Had illness connected with drinking which kept respondent from work or school for a week or longer	3
Physician suggested respondent cut down on drinking, AND: Drinking had harmful effect on health AND/OR drinking contributed to getting hurt in an accident	Doctor suggested respondent cut down on drinking, AND drinking contributed to getting hurt in an accident	2
Physician said to cut down drinking, OR drinking had harmful effect on health	Doctor said to cut down on drinking	1
All others (no problem)	All others (no problem)	0

12. PROBLEMS WITH WIFE OR RELATIVES*

		<u>Related Items</u>	
<u>Navywide Survey</u>	<u>Score</u>	<u>Recruit Survey</u>	<u>Score</u>
PROBLEMS WITH WIFE		PROBLEMS WITH WIFE OR RELATIVES	
Wife actually left home because of respondent's drinking	5	Wife or some other relative indicated respondent should cut down drinking	1
Wife got angry or threatened to leave home because of drinking	4	All others (no problem)	0
Wife got angry but did not threaten to leave home, OR drinking was harmful to marriage/home life	3		
Wife showed concern over drinking, OR indicated respondent should cut down	2		
All others married at any time during past three years who are drinkers but have no problem	1		
PROBLEMS WITH RELATIVES			
Respondent's drinking was very displeasing to a relative (other than wife)	2		
Relative indicated respondent should cut down drinking	1		
All others (no problem)	0		

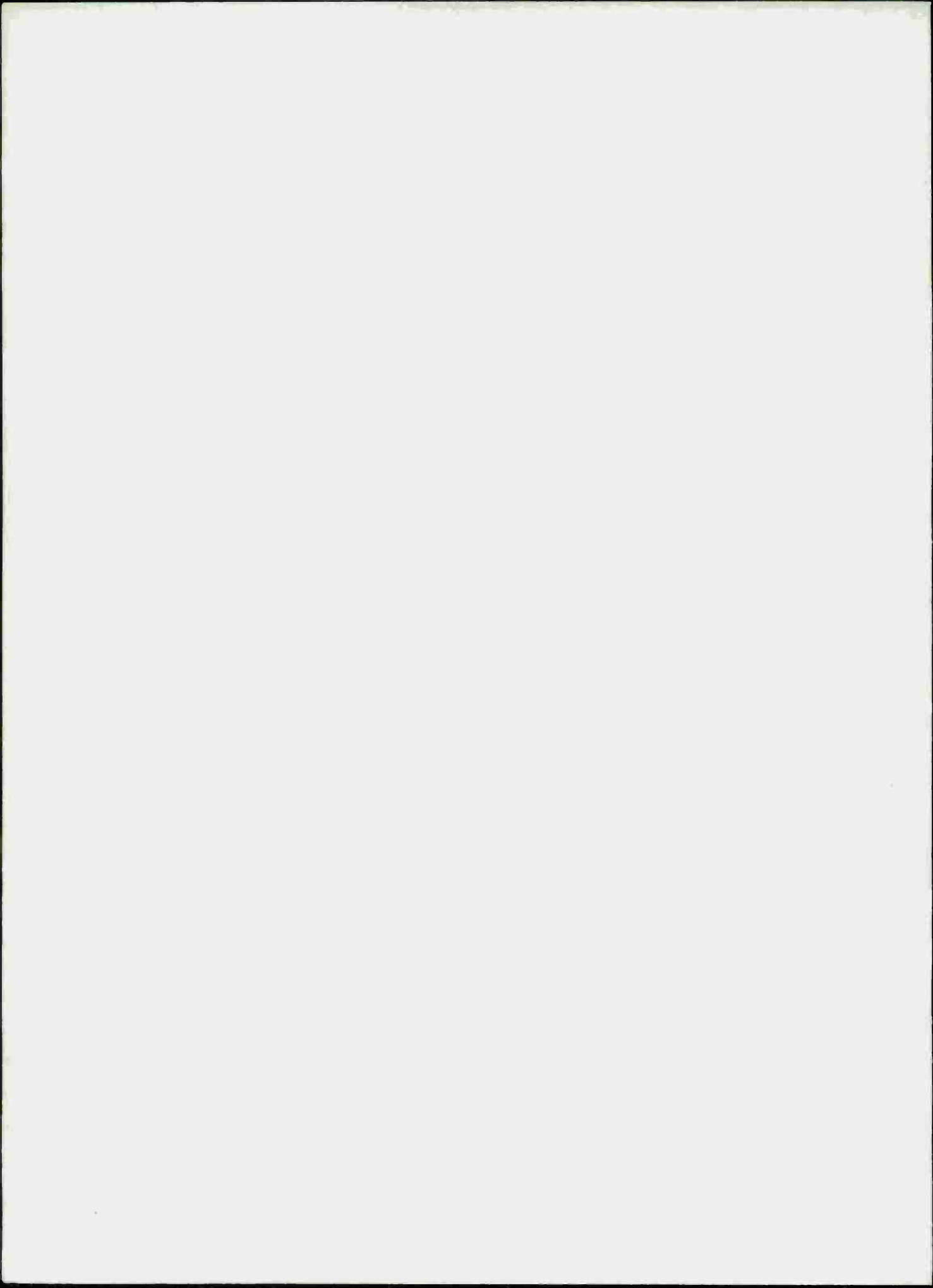
*Combination of 2 problem areas (problems with wife and problems with relatives) in the Navywide survey.

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