

Section 4: Education

Objectives

1. To understand the short-term and long-term effects of alcohol on the body.
2. To understand the concept of blood alcohol content and the factors that influence it.
3. To know legal limits on blood alcohol levels.
4. To be able to explain the concept of tolerance.
5. To be able to describe what a standard drink is.
6. To understand guidelines for no-risk and low-risk drinking.
7. To know the difference between binge drinking and heavy drinking.
8. To be able to list risk factors for alcohol problems.
9. To be able to describe strategies for reducing high-risk drinking and negative outcomes related to drinking.
10. To be able to explain the difference between legal and illegal prescription drug use.
11. To be able to describe different types of prohibited substance use.
12. To understand the links between substance abuse and the risk of other problems.
13. To be able to describe factors to consider in ensuring effective substance abuse education.
14. To understand the SACO's duty to support and facilitate unit substance use education.

Overview

This section focuses on your SACO duties with respect to educating Marines in your unit about substance abuse. In order to effectively support substance abuse education, it is essential that you have full understanding of relevant Marine Corps policies and programs. Some issues related to these policies are discussed in other sections of this manual. These include:

- Alcohol and substance abuse policies ([Section 1: Introduction](#), p. 1-7)
- Drug testing procedures ([Section 5: Drug Testing](#), p. 5-1)

- What happens to Marines after they have a substance-related incident ([Section 7: Response](#), p. 7-1)
- Resources for people with possible drug or alcohol problems ([Appendix C, p. 8-17](#))

In addition to knowing the policies, being an effective SACO requires that you are knowledgeable about alcohol and drugs, including their effects, how common they are in the Marine Corps, and signs that may indicate possible substance abuse problems. This section provides you with information on these topics. It also describes some techniques for reducing high-risk drinking. Finally, the section concludes with a discussion how planning and conducting unit-level substance abuse education sessions.

Alcohol Use and Abuse

Effects of Alcohol Consumption

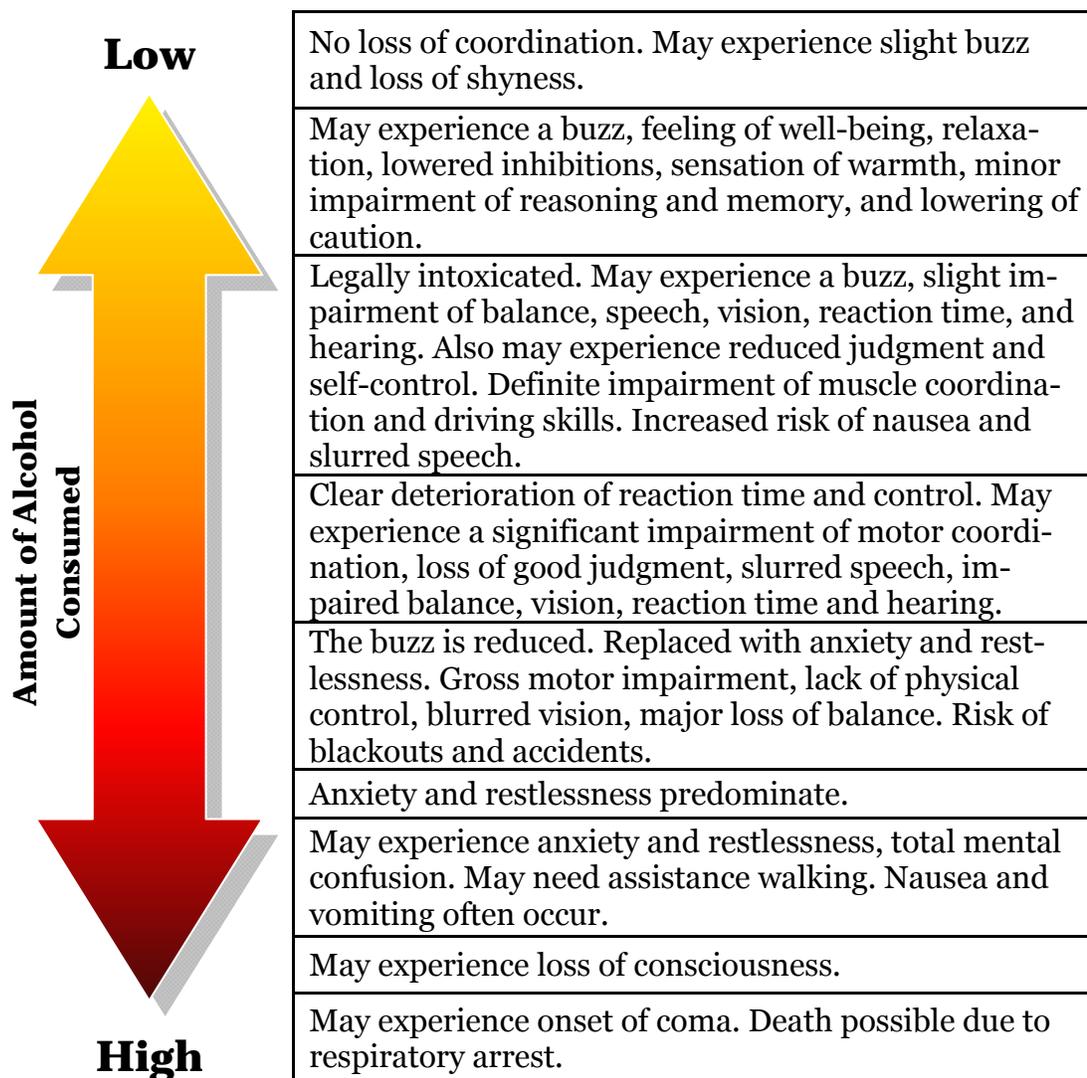
Although legal, alcohol is a powerful drug. The consumption of alcohol affects both the mind and body. Initially, drinking alcohol may result in relaxation and a positive mood. However, as the amount of alcohol increases, it may impair coordination, judgment, and sensory abilities such as hearing and sight. The table on page 4-6 lists common effects of alcohol at different levels of consumption.

Tolerance

In general, as people drink more alcohol, they will feel more impaired, and appear to be more impaired. However, this will not always be true. People who drink heavily over a long period of time may develop a tolerance for alcohol. If this happens, consuming the same amount of alcohol produces less of an effect, and it takes more drinks for them to reach the same state of being “buzzed.” These individuals may also appear less intoxicated to others. It is even possible for a person with tolerance to show NO outward signs of impairment. However, tolerance does NOT affect blood alcohol levels. Thus, an individual with alcohol tolerance may feel and appear completely sober, but still be legally drunk.

People who have developed a tolerance to alcohol may not feel or act impaired, but the level of alcohol in their bloodstream may still be over the legal limit.

Figure 4-1 Continuum of the Effects of Alcohol on the Body.



Alcohol Poisoning

Alcohol poisoning occurs when a person ingests more alcohol than his or her body can process. After excessive drinking, a person is likely to pass out. Even after passing out, his or her level of intoxication may continue to rise as alcohol in the stomach is absorbed into the bloodstream.

At high levels, alcohol depresses the nerves that control basic body functions like breathing, temperature regulation, and the gag reflex. Death may result because the person stops breathing, their heart stops beating, or they choke on their own vomit.

Be alert for the signs of alcohol poisoning. Be aware that a person with alcohol poisoning may show only some of these signs. Call 911 if there is any suspicion of a possible alcohol overdose. A Marine's life may be in your hands.

Signs of possible alcohol poisoning:

- Mental confusion.
- Passed out and can't be awakened.
- Slow breathing (fewer than 8 breaths/minute).
- Irregular breathing (10 or more seconds between breaths).
- Hypothermia (low body temperature), bluish skin color, paleness.
- Seizures.

Blood Alcohol Content

Blood alcohol content (BAC) is a measure of the amount of alcohol in a person’s system. It is the most commonly used measure of alcohol intoxication.

Estimating BAC

A person’s BAC will increase as the amount of alcohol consumed increases. Alcohol consumption is usually discussed in terms of “standard drinks,” which are described below. For the same number of drinks, a person’s BAC also will vary depending on his or her gender and weight. The table below provides BAC estimates based on these factors.

Table 4-1 Male and Female Blood Alcohol Content Estimates.

BLOOD ALCOHOL CONTENT (BAC) Table for Male (M) / Female (F)										
Number of Drinks		Body Weight in Pounds							Driving Condition	
		100	120	140	160	180	200	220		240
0	M	.00	.00	.00	.00	.00	.00	.00	.00	Only Safe Driving Limit
	F	.00	.00	.00	.00	.00	.00	.00	.00	
1	M	.06	.05	.04	.04	.03	.03	.03	.02	Driving Skills Impaired
	F	.07	.06	.05	.04	.04	.03	.03	.03	
2	M	.12	.10	.09	.07	.07	.06	.05	.05	
	F	.13	.11	.09	.08	.07	.07	.06	.06	
3	M	.18	.15	.13	.11	.10	.09	.08	.07	Legally Intoxicated
	F	.20	.17	.14	.12	.11	.10	.09	.08	
4	M	.24	.20	.17	.15	.13	.12	.11	.10	
	F	.26	.22	.19	.17	.15	.13	.12	.11	
5	M	.30	.25	.21	.19	.17	.15	.14	.12	
	F	.33	.28	.24	.21	.18	.17	.15	.14	

1 drink = 1.5 oz. 80 proof liquor, 12 oz. 5% beer, or 5 oz. 12% wine.

It is important to be aware that the numbers in this table are just **estimates** of what an individual’s BAC will be after a certain number of drinks. Actual BACs will vary from person to person, and will depend on several factors besides number of drinks, weight, and gender. These include:

1. **Rate of consumption.** BAC will be higher if drinks are consumed quickly.
2. **Recent consumption of food.** BAC will be higher if you drink on an empty stomach.
3. **Type of mixer.** Carbonated beverages (soda, tonic, etc.) mixed with alcohol speed up the absorption process; water and fruit juices slow it down.
4. **Liver/nutrition problems.** Effects of alcohol may take longer to wear off for people who have certain liver or nutrition problems.
5. **Medications.** Most medications — even over-the-counter ones — have some type of reaction when mixed with alcohol. When combined, the effects of alcohol and medications may both be amplified. In other cases, alcohol

may reduce the effectiveness of medications.

Legal BAC Limits

Operating Motor Vehicles. In every state in the U.S., it is illegal to drive with a BAC equal to or greater than 0.08%. Most states set lower BAC limits for inexperienced drivers and commercial drivers. For people under the legal drinking age, many states have zero-tolerance laws, meaning that it is illegal to drive with **any** alcohol in your system.

Special rules apply on military installations. The BAC cut-off for driving under the influence (DUI) citations is often lower on base than it is off base. Be sure you know the legal limit on your installation. On all installations, a person under 21 years of age operating a motor vehicle with a BAC of anything higher than 0.01% is considered to be DUI.

Even when not driving, a BAC of 0.01% or greater may lead an incident to be classified as an alcohol-related incident.

On duty. The Alcohol Screening Program was implemented Marine Corps-wide in 2013 (MARADMIN 709/12). In this program, commanders are required to conduct random breathalyzer testing of unit members while they are on duty. The program requires Marines to be randomly tested twice a year.

Because people are being tested while on duty rather than during their off time, the allowable BAC limits are much lower than the BAC limits for driving. BAC limits for the new Alcohol Screening Program are as follows:

≥ 0.02% results in education and counseling by command leadership.

≥ 0.04% results in referral to Medical Officer to determine fitness for duty.

It is important to be aware that it takes time for alcohol to get out of the body. For this reason, someone who drank heavily at night can still have an elevated BAC the next morning.

Someone who drinks heavily at night can still have an elevated BAC the next day.

Standard Drinks

Keeping track of the number of drinks you've had can help you to know whether your BAC is at a risky level. However, when a Marine is trying to keep track of how many drinks he or she has had, it is important to understand that all drinks are not equal. Two similar looking alcoholic beverages can contain very different

amounts of alcohol. The concept of a standard drink was developed to make it easier to compare alcohol content across drinks.

The amount of alcohol in beer and wine is reported as percent alcohol. The average beer is 5% alcohol by volume (ABV), and the average wine is 12% ABV.

The amount of alcohol in hard liquor is reported in terms of “proof.” Proof is equal to twice the percent alcohol. The average hard liquor is 80 proof, meaning that it is 40% ABV.

A standard drink is defined as a drink that contains 0.6 ounces of alcohol. The box below provides the size of standard drinks for beer, wine, and hard liquor of average strength.

<p style="text-align: center;"><u>Standard Drinks</u></p> <ul style="list-style-type: none">- 12 fl oz beer (5% ABV)- 5 fl oz of wine (12% ABV)- 1.5 fl oz shot of hard liquor (40% ABV [80 proof])

Although these guidelines are useful as a rule of thumb, they can lead you astray. When counting the number of drinks you have, you need to pay close attention to both the size and the strength of your drinks.

1. **Drink size.** The size of the drink you have may not match the size defined above. For example, a pint or larger glass of beer will contain more than one standard drink. A generous pour of wine or hard liquor also may be more than one standard drink.
2. **Drink strength.** The standard drinks listed above assume that a beer is 5% ABV, wine is 12% ABV, and hard liquor is 40% ABV (80 proof). However, wines, beers, and hard liquors vary in strength. For example, light beers tend to have less than 5% ABV. In contrast, some craft beers may have 9% ABV, or even more.

Mixed drinks are particularly tricky, because they may contain multiple shots of hard liquor. If there are three 1-1/2 ounce shots of hard liquor in a mixed drink, and if each shot is 80-proof, that one drink counts as three standard drinks.

It can be complicated to count drinks. However, understanding how alcohol content varies across drinks can help you and your Marines make more informed decisions about drinking.

Calculating Standard Drink Equivalents

There is a formula that can be used to calculate how many standard drinks are in a drink. To use this formula, you need to know two things:

1. The number of fluid ounces of alcoholic beverage in the drink.
2. The percentage of alcohol in that alcoholic beverage.

To calculate the number of standard drinks in an alcoholic beverage:

$$\# \text{ STANDARD DRINKS} = \frac{(\# \text{ fluid ounces}) \times (\% \text{ alcohol})}{0.6}$$

That is, first multiply the number of fluid ounces by the percent of alcohol in the drink, and then divide by 0.6.

EXAMPLES:

1. A 20-oz light beer with 4.2% alcohol.

$$(20 \times 0.042) / 0.6 = \mathbf{1.4 \text{ standard drinks}}$$

2. A 20-oz. beer with 7% alcohol.

$$(20 \times .07) / 0.6 = \mathbf{2.3 \text{ standard drinks}}$$

3. A mixed drink that contains 1.5 ounce shots of 3 different types of 90-proof hard liquor.

$$(4.5 \times .45) / 0.6 = \mathbf{3.375 \text{ standard drinks}}$$

Alcohol Misuse and Abuse

Alcohol misuse and abuse are serious threats to the fitness and readiness of the Marine Corps. It is much more common for Marines to misuse alcohol than to use prohibited substances. Alcohol misuse can disrupt all aspects of a service member's life, including job performance, social relationships, finances, emotional stability, and decision-making. Those who misuse alcohol are at an increased risk for engaging in other risky behaviors. In fact, alcohol misuse is a common ingredient in most behavioral problems in the USMC, including sexual assault and family violence. For these reasons, preventing alcohol misuse is likely to improve the operational readiness of Marines and to help the Corps accomplish its mission.

Before providing more detail about alcohol use and misuse, it is helpful to define

some terms.

Alcohol Misuse

Alcohol misuse is a general term that describes using alcohol in ways that put an individual at risk for negative health and social consequences. Alcohol misuse encompasses several different patterns of unhealthy alcohol use, including binge drinking, heavy drinking, and problem drinking.

Binge drinking is drinking a large amount on a single occasion. This is likely to result in high BAC and a high level of impairment. Binge drinking can have negative effects on health and can lead to a range of negative outcomes, even if the person only does it once in a while.

The amount of alcohol that constitutes a “binge” may differ depending on individual circumstances. In general, however, a binge is defined as:

- Drinking 5 or more drinks in about 2 hours (for men).
- Drinking 4 or more drinks in about 2 hours (for women).

Note that some definitions of binge drinking refer to “on one occasion” or “in a row.” However, the most current definition used by experts uses “in about 2 hours” as the time frame.

Heavy drinking generally refers to a more long-term pattern of drinking at more than low levels. Long-term patterns of consistently drinking more than a small amount every day or several days a week are associated with increased risks. Heavy drinking is sometimes defined as:

- Having more than 14 drinks per week (for men).
- Having more than 7 drinks per week (for women).

Problem drinking occurs when alcohol misuse (e.g., binge and/or heavy drinking) continues despite having caused harm or disruption to yourself or others. Simply stated: if drinking is causing any problems in your life, drinking is a problem for you. You can be a problem drinker even if you don’t drink often. For example, even occasional episodes of binge drinking can result in significant problems.

The criteria for binge drinking and heavy drinking differ for men and women because women, on average, process alcohol more slowly than men.

Alcohol Use Disorders

The alcohol misuse terms discussed so far (binge drinking, heavy drinking, and problem drinking) describe behaviors. In contrast, alcohol use disorders are medical diagnoses that indicate the individual has a serious problem with alcohol, likely requiring professional treatment. Historically, healthcare professionals have distinguished between alcohol abuse and alcohol dependence.

Alcohol abuse occurs when alcohol use has led to neglect of responsibilities, has occurred in situations where it was hazardous, or has caused legal or interpersonal problems. This diagnosis is given to individuals who are engaging in significant problem drinking but who are not dependent on alcohol.

Alcohol dependence (commonly known as **alcoholism**) applies to individuals who have had negative consequences from drinking and are also addicted to alcohol. Physical dependence on alcohol makes it very difficult to quit drinking. Alcoholics who attempt to quit may experience intense withdrawal symptoms.

Recently, however diagnostic guidelines have changed. Alcohol abuse and alcohol dependence are no longer separate diagnoses. Instead they have been combined into a single diagnosis: alcohol use disorder.

Alcohol use disorder is diagnosed through 11 criteria or symptoms (e.g., cravings, or a strong desire or urge to use; alcohol is often taken in larger amounts or over longer periods than was intended). Individuals with alcohol use disorder are classified as mild, moderate, or severe depending on the number of these 11 symptoms that they display.

Risk Factors for Alcohol Problems

Researchers have identified a number of factors that are associated with increased risk of alcohol problems. These include:

- Starting to drink at an early age.
- Family history of alcohol abuse.
- Childhood physical or sexual abuse.
- Financial problems.
- Family conflict.
- Lack of commitment to work.
- Low self-esteem.
- Significant loss.
- Unit culture that encourages drinking.
- Symptoms of depression or posttraumatic stress disorder.

- Previous combat exposure.
- Sleep problems.

Having one or more risk factors for alcohol abuse does not automatically mean that someone will develop alcohol problems. Similarly, having no risk factors does not mean that someone will not develop alcohol problems. For example, a family history of alcohol abuse is a commonly recognized risk factor for developing alcohol problems, yet there are many people with a family history of alcohol abuse who never develop an alcohol problem. And other people with no family history of alcohol abuse do become alcoholics. However, the more risk factors a person has, the greater the chances that he or she will develop an alcohol problem.

If Marines are aware that they have risk factors for developing alcohol problems, they can be vigilant for signs that they may be developing a problem. If they see themselves developing a possible problem, they should get assistance early, before more serious problems arise.

A risk factor is not a guarantee that a problem will develop, but it is a reason to pay more attention to signs of a possible problem.

Understanding Drinking Risks

Several frameworks have been developed to educate people about no-risk, low-risk, and high-risk alcohol consumption. This section describes, alcohol risk guidelines developed as part of the PRIME for Life (PFL) program.

PFL is the program used by the Marine Corps as an early intervention for people who are at risk of developing substance-related problems (see [Section 7: Response](#), p. 7-20 for more information).

The PFL guidelines are intended to help people make better decisions about alcohol use. The guidelines can be useful to you in your efforts to educate Marines about risky drinking. Knowing the risks associated with different levels of drinking can help Marines make good choices and reduce their risk of serious negative outcomes.

In looking at these guidelines, it is important to bear in mind that they are based on standard drinks, and that a single beverage may contain more than one standard drink.

Low-risk drinking is different from no-risk drinking.

The table below shows PFL guidelines regarding the risks associated with different levels of daily drinking.

Table 4-2 PRIME for Life Alcohol Guidelines (*based on the average week*).

Number of Drinks per Day in a Typical Week	Associated Risks
0 per day	<ul style="list-style-type: none">- No alcohol-related problems- Longer lifespan than people drinking 3 or more per day
Up to 1-2 per day	<ul style="list-style-type: none">- Does not increase risks for most people- Longer lifespan than abstainers and people drinking 3 or more per day
More than 2 per day	<ul style="list-style-type: none">- Health problems are common- Shorter average lifespan
More than 3 on any day	<ul style="list-style-type: none">- Higher rates of health and impairment problems; the higher the quantity and frequency, the greater the risk

Is Some Drinking Good for You?

You may have heard that low levels of drinking (up to 1 drink/day for women and up to 2 drinks/day for men) are associated with health benefits. There is some evidence of this. For example studies have found that low-risk drinking may be associated with:

- Reduced risk of heart disease.
- Reduced risk of dying of a heart attack.
- Lowered risk of gallstones.
- Possibly reduced risk of strokes.
- Possibly reduced risk of diabetes.

However, the idea that low levels of drinking is healthy is still quite controversial. Evidence so far does not show that drinking actually causes these benefits. It may be, instead, that healthier people are more likely to have a drink now and then. Many doctors worry that encouraging alcohol consumption, even at low levels, may be more likely to cause problems than to improve health.

Negative Consequences of Alcohol Misuse

A wide range of negative outcomes have been associated with alcohol misuse. Some are short-term outcomes of being impaired, whereas others are consequences of long-term heavy drinking.

Short-term. In general, drinking lowers inhibitions, slows mental processing, and impairs judgment. It can result in poor decision-making and increases in risky behavior. Impairment due to high levels of alcohol consumption (e.g., binge drinking) has been linked with increased risk of numerous negative outcomes, including:

- Motor vehicle accidents.
- Sexually transmitted infections (due to having unprotected sexual contact).
- Unintended pregnancy (due to having unprotected sexual contact).
- Being a victim of sexual assault or intimate partner violence.
- Being a perpetrator of sexual assault or intimate partner violence.
- Involvement in other aggressive encounters, such as fights.
- Alcohol poisoning.
- Deliberate self-harm and suicidal behavior.
- Physical injury (e.g., from falls).
- Legal problems (e.g., DUI).
- Interpersonal problems.
- Missing work or performing poorly at work.
- Child abuse and neglect.
- Birth defects (if drinking while pregnant).

Long-term. Heavy drinking over a sustained time period increases the likelihood of relationship problems, financial problems, problems at work, and legal/disciplinary problems. It is associated with higher risk of mental health problems like depression and posttraumatic stress disorder (PTSD), and with increased risk of several physical health problems, including:

- High blood pressure.
- Obesity (Alcohol is calorie dense and use can lead to excessive food consumption and weight gain).
- Heart problems, including irregular heartbeat and damage to the heart muscle.
- Stroke.
- Cancers of the head and neck (mouth, pharynx, larynx, and esophagus), digestive tract (stomach, colon, and rectum) and breast.
- Liver problems, including steatosis (fatty liver), alcoholic hepatitis, fibrosis, and cirrhosis.

High-Risk Drinking in the Marine Corps

Since 1980, the DoD has been surveying service members on a regular basis about their alcohol use, including binge drinking and heavy alcohol use. This survey is called the Health Related Behavior Survey of Active-Duty Military Personnel.

Looking over time, there have been some ups and downs in rates of binge drinking and heavy drinking in the military. However, despite efforts to reduce alcohol misuse in the military, overall rates are just as high now as they were in the first survey in 1980.

The graph on the next page shows the percentage of people who reported binge drinking and heavy drinking for three groups:

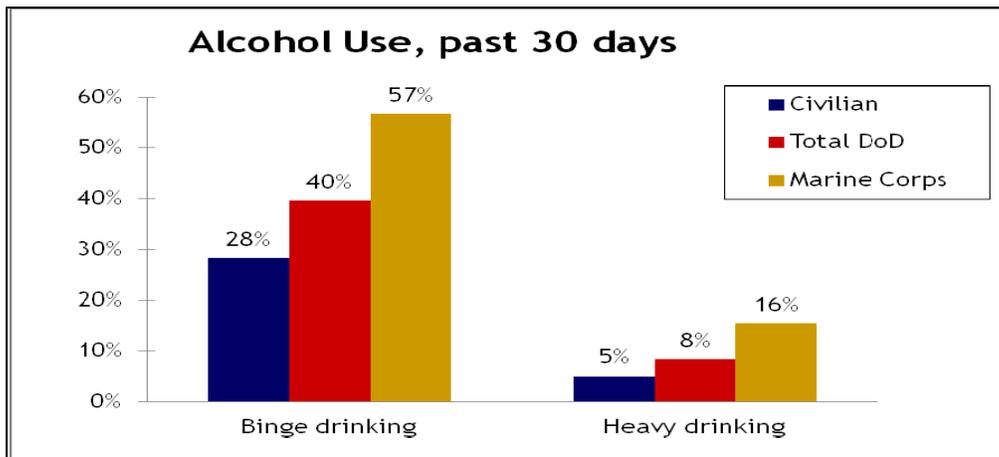
- (a) Marines
- (b) Service members overall
- (c) Civilians of similar age and gender to the military population

One consistent finding of this survey is that active-duty personnel are more likely than comparable civilians to engage in heavy drinking. In addition Marines consistently report more heavy drinking than members of the other services. In 2011 Marines were about twice as likely as comparable civilians to report binge drinking or heavy drinking.

Reasons for Drinking

The most common reasons service members gave for drinking among current drinkers in the military were “to celebrate” (50%), “I enjoy drinking” (46%) and “to be sociable” (30%). The most commonly reported reason for not drinking was cost (23%). Heavy drinkers also reported other reasons for not drinking, including that “drinking is bad for health” (59%) and that it “might interfere with military career” (58%).

Figure 4-3 Alcohol Use among Marines, Servicemembers and Civilians.



Source: 2011 Department of Defense Health Related Behaviors Survey of Active Duty Military Personnel (February 2013)

Reducing Alcohol-Related Risks

Being a responsible drinker requires planning ahead. It is important to think about your drinking plans before you begin drinking and consider ways to reduce your risks while drinking. The following are tips to help those who plan to drink to reduce their risk. Of course, the most effective way to reduce risk is not to drink at all.

- **Set limits:** Setting a limit on the amount of alcohol you will consume is a good strategy for not drinking too much. Once a limit has been set, it is important to stick to it. Don't adjust your limit after you have begun drinking.
- **Count drinks:** Counting drinks can help a Marine monitor how much alcohol he or she is consuming. When doing this, it is important to keep in mind that different alcoholic beverages can contain very different amounts of alcohol. Each drink should be evaluated based on how many standard drinks it contains (see [p. 4-7](#)).
- **Eat before drinking:** Having a full stomach and being well-hydrated before drinking will slow the absorption of alcohol. Slower absorption of alcohol makes an intense initial spike in BAC less likely.
- **Drink slowly/space drinks:** Drinking slowly or spacing drinks apart can help prevent quick spikes in BAC levels and will help Marines control

their levels of intoxication. The body can only process about 1 standard drink per hour. Drinking slowly or taking a break between drinks gives your body time to process the alcohol you have already consumed before you drink more.

- **Alternate alcoholic and non-alcoholic beverages:** Alternating between alcoholic and nonalcoholic beverages is another way to keep your BAC at a steady lower level. It also increases hydration, reducing the likelihood of a hangover. No one has to know that the drink in your hand is alcohol-free, which can reduce pressure to have another drink.
- **Choose weaker drinks:** As noted above, different drinks vary greatly in strength. If you want to drink more volume, choose weaker drinks, such as a light beer rather than a craft beer.
- **Choose quality over quantity:** Higher quality drinks may cost more, but may also be more enjoyable. Instead of having several low-quality drinks, Marines can choose to spend the same amount of money on a smaller number of high-quality beverages.
- **Avoid drinking games:** Drinking games are an easy way to lose track of how much you are drinking. They can also pressure people to drink more, and to drink more quickly, than they otherwise would. They should be avoided.
- **Abstain when tired, upset or angry:** Alcohol can make negative feelings worse. It also lowers inhibitions. This makes it more likely that someone in a bad mood will do something they will regret. It's wise to avoid drinking when you're in a bad mood.
- **Learn refusal skills:** Sometimes people buy you a drink or offer to buy you a drink when you don't actually want one. Refusing the drink or accepting it but not actually drinking it are both ways to drink less in this situation.
- **Look out for others:** If you see another Marine (or anyone) getting into trouble while drinking, try to intervene to make sure that they get home safely.
- **Engage in safety planning:** No Marine would go on a mission without planning to ensure his or her safety and that of his or her group. The same should be true when a group of Marines plans to go out (or stay in) drinking. Safety planning is having a set plan (prior to a first drink) to minimize risky situations that may arise when drinking. This can include plans for

getting home safely, such as having a designated driver; knowing and firmly setting alcohol limits; or using the buddy system and drinking with trustworthy friends. Having a practical safety plan prior to a night of drinking will help avoid problematic situations and increase your safety and that of your friends. Here are some possibilities to consider:

- Have a plan for getting home safely, whether by taking a cab or public transportation, walking, using a designated driver, or calling a friend for a ride home.
- Have a “reached your limit” signal: Agree to look out for each other, and identify a signal to let people in your group know if you think they’re getting into the high-risk range.
- Have a “let’s go” signal: Before going out drinking, work out a signal that will mark the end of drinking. Everyone should agree that when anyone gives that signal, it’s time for drinking to stop.
- Take turns being a designated nondrinker: Taking turns at being the Marine who watches out for his or her buddies and does not drink is a way to reduce risk. Many places will give the designated nondrinker free nonalcoholic beverages. Even if this person is not driving, they can still look after their buddies and ensure that everyone makes it home using a taxi or other service. Rules should be established that the designated nondrinker has the final say on when others should slow down or stop drinking and when it is time to leave.

It is a good idea to use several of these strategies at the same time.

Prohibited Substance Use

Alcohol use is not prohibited. It is legal and acceptable for Marines who are at least 21 years of age. This sometimes makes it hard to know how much is too much. In contrast, rules regarding prohibited substance use are clear – there is **zero tolerance** for prohibited substance use in the Marine Corps.

What Substances are Prohibited?

MCO 5300.17 prohibits the use of illegal substances and the use of other substances (including legal substances) to induce “intoxication, excitement, or stupefaction of the central nervous system.” It is not just the use of such substances that is prohibited – the order also prohibits possession, manufacturing, trafficking, or distribution of such substances or related paraphernalia.

Although most people think of illegal drugs when they think of prohibited substances, there are other types of substance use prohibited by the Marine Corps order as well. These include:

- Use of new synthetic or designer drugs that are similar to illegal drugs but are not (yet) illegal.
- Use of prescription drugs in ways other than how they were prescribed to be used, or for purposes other than those for which they were prescribed.
- Use of over-the-counter drugs or other substances (e.g., inhalants or propellants) to get high.

As SACO you are responsible for preventing and responding to all of these types of prohibited substance use.

Use of Illegal Drugs

Illegal drugs are substances that a person, by law, is prohibited from possessing, using, or distributing. These are substances deemed illegal under any circumstances by the U.S. Government and the Marine Corps. Keep in mind that federal law and military law such as the UCMJ overrule state and local laws. For this reason, marijuana use by Marines is never allowed, even in states where such use may be legal, because marijuana use violates federal law and UCMJ regulations.

Use of New Synthetic or Designer Drugs

In recent years, new chemicals and drugs that mimic the effects of illegal sub-

stances have appeared. Examples are spice (mimicking the effects of marijuana) and bath salts (mimicking the effects of cocaine). When they first appeared, these drugs had not yet been declared illegal and drug tests to detect them had not yet been developed. However, their use was still contrary to USMC Order 5300.17, because the Order prohibits use of substances to induce “intoxication, excitement, or stupefaction of the central nervous system.”

Misuse of Prescription Drugs

Although use of illegal drugs may be the first thing that comes to mind when you think of illegal substance use, in reality you are much more likely to come across situations where Marines are misusing or abusing prescription drugs. As SACO it is essential that you understand the difference between legal and illegal use of prescription medications.

Legal use refers to using prescribed medications for the prescribed purpose, exactly as directed by a medical professional.

Illegal use occurs when prescription drugs are used:

1. By a person to whom the medication was not prescribed.
2. In ways other than prescribed.
3. For purposes other than those for which they were prescribed.

Even if you have a prescription for a particular medication, it is prohibited to take that medication in ways other than as prescribed. This includes:

- Taking higher doses of the medication than were prescribed.
- Using different routes of administration (e.g., chopping up and snorting a pill rather than swallowing it).
- Using a medication in combination with other substances in order to get high.
- Taking old medication that was prescribed to you for a past problem (e.g. pain) after that problem has been resolved.

Federal and state laws prohibit the sharing of prescription drugs; taking medication that was prescribed for somebody else or sharing your medications with another person is illegal. This is true even if the medication is being used for its intended purpose. For example, even if a fellow Marine is in pain, it is illegal for you to give him or her one of your prescription pain pills.

Other Substances

“Other substances” includes substances that are not illegal but can be used as mind-altering substances. Inhalants are a prime example. Chemicals such as paint thinner, glue, or gasoline can be inhaled for the purpose of getting high.

Over-the-counter (OTC) drugs, including some cold medicines, may also be abused for recreational purposes.

Prohibited Substance Use Among Marines

Marines are less likely than civilians to use illegal drugs. In a survey of active-duty personnel, 3% of Marines reported illicit drug use in the past 30 days, with marijuana being the most commonly used drug. Civilians similar to Marines in age and gender were four times more likely to report illegal drug use in the past month.

In contrast, prescription misuse is higher among military personnel than among civilians, and it is rising more rapidly in the military. In 2008, 11% of Marines reported any prescription drug misuse in the past 30 days, compared to 4% of civilians.

Among Marines, the type of prescription drug most likely to be abused is pain medication. In the past few years, there has been greater availability of prescription medications. Prescriptions for pain medications, in particular, have increased. This is because they are often prescribed for combat-related injuries, health conditions related to multiple deployments, and other related physical strains. Marines with legal prescriptions are more likely to misuse prescription pain relievers than those without a prescription.

There is little available information about rates of use of other types of prohibited substances in the Marine Corps.

Effects of Substance Use on Health and Readiness

The Marine Corps zero tolerance policy highlights the incompatibility of substance use with military readiness. Substance use is directly associated with a range of negative outcomes that are detrimental to force readiness and fitness. Some of these are similar to potential effects of alcohol misuse. Although you are not expected to be an expert on the effects of different types of drugs, as SACO it is vital that you are aware of the unfavorable consequences of substance use in general. It is particularly important that you have a clear understanding of how substance abuse may negatively affect health and military readiness.

There are several ways in which substance use can negatively affect Marines' lives and their ability to perform their duties.

Poor decisions and risky behavior

By altering perceptions, drugs can result in impaired judgment. As a result, substance abusers are more likely than nonusers to make poor choices and engage in risky behaviors. This can result in increased risk of accidents and injuries, as well as risky sexual behavior (possibly resulting in sexually transmitted infection or unwanted pregnancy). Some specific drugs (e.g., methamphetamine) are linked with increases in impulsive and aggressive behavior, further increasing the risk of negative outcomes.

Physical health problems

Due to the wide variety of potentially damaging effects drugs have on the body, substance abuse puts almost every system in the body at risk for health problems and complications. The cumulative impact of drugs can be devastating to the body. The specific nature of these risks varies by type of drug.

Mental health problems

Illegal substance use can lead to a variety of negative effects on mental health, including paranoia, panic attacks, hallucinations, and depression.

Social, occupational, legal, and financial problems

Because substance use creates behavioral problems, abusers often become undependable. This can lead to relationship conflicts and failure to meet their obligations at work, school, or with family. Drug abusers may lose interest in other activities and become socially isolated, making it harder for them to receive help.

Signs of Prohibited Substance Use

There are many different types of illegal drugs, prescription drugs, and other substances that can be used as drugs. This makes it very difficult to develop a comprehensive list of signs of drug use. In addition, many signs associated with substance abuse are nonspecific and are general indicators of some type of problem, which may or may not be related to substance use. Still, it is important that SACOs be attuned to changes in behavior that indicate that a Marine may be having problems (with substances or otherwise). These include:

- Deterioration of personal appearance or military bearing.
- Repeatedly being late for work or formation.
- Deterioration in performance at home, work, or school.
- Problems with coworkers.
- Relationship problems.
- Changes in appetite or sleep patterns.

- Sudden weight loss or gain.
- Recurring legal problems.
- Financial problems (unexplained need for money, stealing, selling possessions, skipping payments, increasing debt).
- Sudden change in friends, favorite hangouts, or hobbies.
- Changes in behavior or personality.
- Lying or deception.
- Poor decision-making.
- Diminished short-term memory/forgetfulness.
- Lack of focus or motivation.
- Acting secretive or suspicious.
- Seeming “spaced out.”
- Showing anxiety, panic, or paranoia.
- Exhibiting mood swings.
- Being irritable or hostile.

There are other signs that are more specifically related to likely drug use. These include rumors or reports of drug use and/or spending time in areas known for drug activity during liberty hours.

Some signs also suggest what type of drug the individual may be using. For example:

- Drug odors and unusual smells on the breath, body, or clothing.
- Possession of drug paraphernalia.
- Changes in musculature, acne (steroid use).

There are also signs specific to prescription drug misuse. These include:

- Faking illness or injury, or making up illnesses for children or pets in order to obtain medications.
- Continually “losing” prescriptions so that new prescriptions will be written.
- Visiting multiple doctors and pharmacies.
- Lack of interest in treatment options other than medications.
- Stealing, forging, or selling prescriptions.

Drugs/Substances of Abuse

You are not expected to be an expert on the details of all types of drugs and substances that are prohibited. However, as a SACO you should generally be familiar with different types of drugs that your Marines may be using. Table 4-3 de-

scribes different classes of drugs that are subject to abuse. More details about each type of drug is provided in [Appendix B](#), p. 8-9.

Table 4-3 Drugs and Substances of Abuse.

Class of Drugs	Examples	Effects
Opioids	Heroin, Morphine, Hydrocodone	Euphoria, sleepiness, dulling of senses
Depressants (“downers”)	Benzodiazepines, GHB	Sleepiness, relaxation, reduced anxiety
Stimulants (“uppers”)	Cocaine, methamphetamine	Alertness, agitation
Hallucinogens	Ecstasy, LSD, PCP	Altered perceptions, agitation, hallucinations
Cannabis	Marijuana, hashish	Relaxation, increased appetite, altered perception
Synthetic marijuana	Spice	Relaxation, altered perception, paranoia
Anabolic steroids		Mood swings, bodily changes
Inhalants	Lighter fluid, paint thinner	Dizziness, loss of coordination

Substance Use Disorders

The categories used to diagnose individuals with drug problems are the same as those used to categorize people with alcohol problems (see [p. 4-11](#)). Individuals with clinically significant drug problems have traditionally been diagnosed as substance abuser or substance dependent. More recent guidelines merge these two diagnoses into a single category: substance use disorder. Substance use disorder encompasses a multitude of substances (i.e. cocaine use disorder; stimulant use disorder). However, the same 11 criteria are used to diagnose substance use disorder regardless of the type(s) of substance(s) involved. Like alcohol use disorder, substance use disorder is classified as mild, moderate, or severe, based on the number of symptoms the individual displays.

Substance Abuse Education

SACOs are required to ensure that formal substance abuse education is provided to the Marines in their units at least annually. An active and engaged SACO will typically exceed this threshold by making sure that several educational programs are provided over the course of the year. These may include universal programs given to all unit members as well as selective interventions that are provided to a high-risk group (e.g., underage Marines).

The DDRC and A&SAPS are primarily responsible for planning and organizing educational events. However, you as SACO should work with them to help ensure that the education provided to your unit is as relevant, useful, informative, and engaging as possible. As a member of the prevention team, the SACO also may assist in conducting education events.

You will also work as a liaison between the CO and members of the substance abuse prevention team when it comes to education. In this role, you should let the DDRC and A&SAPS know about the CO's substance abuse prevention priorities. Likewise, you should keep the CO informed about the prevention education needs of your unit as well as ongoing educational efforts to address these needs.

Although the SACO typically will not be responsible for planning education sessions, it is beneficial for you to understand the ingredients of strong education efforts. This will make you better able to assist the DDRC and A&SAPS with education efforts. It will also help you to serve as a more effective liaison between your prevention allies and the CO.

Planning Substance Use Education

Choosing a topic

In thinking about the topic(s) to focus on in an education session, there are several types of information to consider:

- Requirements of relevant Marine Corps Orders.
- Opinions and suggestions of partners in the prevention community.
- Preferences of command leadership.
- Results of needs assessments.
- Other information about substance-related issues in the unit, on base, or in the local community.

As your ultimate guide in choosing the topic of educational efforts, ask yourself

what information is likely to be most useful and relevant to your Marines. In thinking about this, consider the following questions:

- Are Marines in your unit aware of command substance use policies?
- Have there been recent changes in policies relevant to substance use that unit members need to know about?
- Are there new substance issues emerging on base or in the surrounding community (as happened with spice and bath salts in recent years)?
- Are there common misconceptions or myths about substances, substance use, or drug testing that should be dispelled?
- Do Marines in your unit know what high-risk drinking is?
- What are the local drinking norms? Is there pressure to drink, or to drink heavily?
- What substance-related problems are most common in your unit?
- Are Marines in your unit aware that heavy alcohol use contributes to a wide range of problems, including domestic violence, financial difficulties, vehicle accidents, sexual assault, suicide, and mental health problems?

Requirements of Relevant Marine Corps Orders. MCO 5300.17 identifies the following training objectives for unit educational training:

- To state the Marine Corps policy on alcohol and drug abuse and dependence.
- To facilitate guided discussions on the risks associated with irresponsible drinking.
- To state the importance of recreational activities as alternatives to alcohol and drug abuse.
- To state the early warning signs and progressive nature of alcohol and drug abuse.
- To state the supervisor's role in:
 - Setting a positive example
 - Preventing alcohol abuse
 - Identifying and referring possible alcohol or drug abusers
 - Alcohol abuse or dependency recovery
- To describe the Marine Corps policy on illegal drug use and urinalysis.
- To recognize that alcohol and drug abuse contributes to other problems, including :
 - Domestic abuse
 - Financial problems

- Sexual assault
- To recognize that alcohol and drug abuse may result from attempts to cope with combat operational stress.

Suggestions of Partners in the Prevention Community. Consult with your DDRC, A&SAPS, and other people working in related areas. Consider their perspectives on which local problems involving substance use are the most common, or causing the most trouble. Consider working together with other prevention specialists to provide education that spans both of your focal areas (e.g., substance abuse and sexual assault; or substance abuse and family violence).

Preferences of Command Leadership. Before finalizing any plans regarding the content of educational efforts, it is important to obtain the approval of command leadership. In most cases, this will involve communicating with the CO as ideas are refined, allowing him or her to comment throughout the process. You may be able to incorporate this in regular reports you provide to the CO (see [Unit Substance Abuse Reports](#), p. 2-10).

Results of Needs Assessments. In addition to reviewing the requirements of the MCO, the choice of the topic of an educational session should take into account the results of the most recent installation/unit needs assessments (see [Section 3: Prevention](#), p. 3-1).

Other Information. It may be useful to think beyond your unit when planning the content of the education. Substance use issues in other units and in the general community could easily become an issue for your unit. By addressing issues that are already present on the base or in the community you can provide Marines with the information they need to avoid the problem.

Selecting your target audience.

Some topics may be equally relevant to junior enlisted personnel, NCOs, and officers. In these cases, it makes sense to provide a single educational event for all unit members. In many cases, though, a “one-size-fits-all” approach to education will not provide the most helpful information to all unit members. The information available from needs assessments can help you determine whether different groups within the unit have different needs. If this is the case, consider recommending that different education be provided to different groups. Targeting educational efforts to reflect the needs of a specific group will increase the likelihood that education sessions will be useful and make a positive difference.

Deciding on format

Most formal education programs are classroom based, and involve lectures,

PowerPoint presentations or films, accompanied by guided discussions. Although lectures, presentations, and films may provide important information, research has clearly shown that educational efforts that involve interaction are more effective than those that do not.

As you work with the DDRC and A&SAPS to plan substance abuse education, consider alternative formats such as small group training sessions or discussions, use of technologies (e.g., educational apps or games relevant to substance use), role playing or skits, knowledge-based games, having a panel of speakers conduct a question-and-answer session, or any other activities that provide relevant information. Using a variety of formats across trainings is likely to engage participants and result in higher levels of learning.

Choosing appropriate educator(s)

A SACO may sometimes lead an education session, but often the educator will be someone else. In deciding who the best educator would be, consider the topic, format, and target audience. Be sure that the educator (whether you or someone else) has knowledge and expertise on the specific topic. If more than one topic will be discussed, you may need to have more than one educator.

Depending on the circumstances, either a peer or an authority figure may be the most effective educator. Authority figures may be most effective for conveying their expectations regarding adherence to substance abuse policies. However, their presence may inhibit Marines from speaking openly. Peers may be more effective in leading discussions about norms and attitudes related to substance abuse.

Preparing for Education Sessions

Preparation

The following are some things you can do to help ensure that education sessions go well.

Reserve a space. Select a space that is appropriate for the training that will be conducted. On the most basic level, this means enough seating for all participants. Beyond that, it might mean a smaller room with movable chairs if you want to have a discussion.

Check out the training location. For example, make sure it has the necessary audiovisual components, or know that you will need to bring them.

Confirm the time and location with the speaker. Make sure the educator

knows the time and location of the session. Ask them if they need any particular equipment or supplies. Also offer to upload any documents they have to the computer in the room (if applicable).

Arrive early. Arriving early will make it easier to start on time. You can make sure the equipment is functioning properly and upload needed documents. This can also be a time to put out materials and set up the room for the presentation. You may want to rearrange the seating (if possible) to make it more of a discussion (for example, by placing the chairs in a circle).

Assessing Effectiveness of Education

Although not required, best practices in conducting formal education include assessing whether the education was effective. This entails gathering information about:

1. **Consumer satisfaction:** Whether the Marines found the education session useful or informative.
2. **Evidence of benefit:** Whether the Marines learned what you were trying to teach them. This assesses whether Marines' knowledge or attitudes about substance abuse changed as a result of the education session.

This information can be gathered anonymously from participating Marines by asking them to complete a short survey or write down answers to questions that are asked aloud.

To assess satisfaction, consider having Marines rate the education session or information provided on usefulness, interest, relevance to me, and/or importance. Ratings should be made on a 5-point scale (e.g., 1 = not at all, 5 = extremely).

To assess evidence of benefit, generate a small number of questions that will determine whether the Marines learned what you wanted them to learn in the session. These should be factual questions with right or wrong answers that are directly relevant to the content of the educational session.

You might also want to include a question that asks for comments or suggestions for improving the course, or about content that should be covered in future education sessions.

The information you gain from these surveys will provide data on how to improve future educational events, and suggestions for content to cover in the future. This information may be informative for your CO and could be provided on regular substance abuse reports to him or her (see [Unit Substance Abuse Re-](#)

[ports](#), p. 2-10).

Informal Education

Beyond formal education, SACOs should take advantage of any opportunities to provide informal education about substance-related issues. This involves educating Marines about substance abuse issues in a casual way, outside of a formal educational context. For example, the SACO might have an impromptu discussion with a group of Marines about risks associated with a new synthetic drug. These informal educational opportunities are an important supplement to more formal education.

What you should know about Alcohol, Prohibited Substances, & Substance Abuse Education

1. How increasing amounts of alcohol affect the body, including the signs and symptoms of alcohol poisoning.
2. The concept of tolerance.
3. What BAC is, and what factors affect it, and legal limits on BAC.
4. What defines a standard drink size and how to calculate standard drink equivalents.
5. The difference between no-risk, low-risk, and high-risk drinking, and the difference between binge drinking and heavy drinking.
6. The short-term and long-term effects of alcohol misuse on the body.
7. Risk factors for alcohol problems.
8. Strategies for reducing alcohol-related risks.
9. The difference between legal and illegal prescription drug use.
10. What types of substance use are illegal, besides use of illegal drugs and misuse of prescription drugs.
11. What types of problems have been linked with high-risk alcohol use and prohibited substance use.
12. The SACO's duties to ensure that annual unit-level substance abuse education is provided.
13. Factors to consider in planning unit-level substance abuse education.