

Concept of Operations (CONOPS)

United States Air Force

**Establishing a Culture of Responsible Choices
(CoRC)**

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and
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Establishing a Culture of Responsible Choices

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1. Introduction

- a. As the Air Force is a cross-section of society, the effects of alcohol misuse among AF members is a pressing concern. The population most at risk comprises junior enlisted Airmen (17-24) who, while only one-third of the total active duty Air Force, account for 81 percent of the AF's alcohol-related incidents (ARIs).
- b. Statistically, 80 percent of college students (ages 18-24) try alcohol before age 21; 43 percent are binge drinkers (5 or more drinks in one sitting at least once in past two weeks); 21 percent are frequent binge drinkers (5 or more drinks in one sitting at least three times in past two weeks); and 31 percent meet criteria for a substance abuse diagnosis. The statistics for this population lend credence to the concern for this age group in the Air Force.
- c. Reducing the impact of drug use is an equally complex problem. Drug Demand Reduction involves both drug detection and drug deterrence. Drug detection (drug testing) is very important to the mission, but once caught, in most cases we lose the Airman. Deterrence of drug use is vital to the mission since effective prevention results in saving Airmen. For FY04, the Active Duty force had a 0.45% drug positive rate (1,056 total), the Reserves had a 1.22% drug positive rate (124 total), and among civilians working in positions designated for drug testing, the drug positive rate was 0.68% (78 total). There is no simple solution to the challenge of eradicating illegal drug use. Meeting the challenge of illegal drug use requires engagement on many different fronts including reduction in alcohol misuse. Further, employment of innovative science-based solutions will be crucial to any lasting change in these intractable problem behaviors.

2. Background Information

- a. Alcohol misuse and illegal drug use are incompatible with AF core values. The misuse of either represents a clear and present danger to AF missions, morale, and discipline. For the past five years there has been no decline in AF alcohol-related incidents; with an average of 5300 incidents each year. Heavy drinking and ARIs have an AF-wide mission impact: 40% of Airmen (E1-E3) report that heavy drinking negatively impacts their work performance. Irresponsible drinking is a factor in 33% of suicides, 57% of sexual assaults, 29% of domestic violence, and 44% of class A (fatal) motor vehicle accidents.
- b. Rising concern from leadership prompted a presentation during CORONA South 05 on F.E. Warren's "0-0-1-3" responsible drinking program.
 - "0-0" restates the law (0 underage drinking and 0 DUIs); "1" represents one drink per hour; "3" represents a max of three drinks per night; issues surrounding illicit drugs, disrespect for fellow Airman, and sexual assault have been included in the AF CORC program
 - It consists of a four-tiered approach with emphasis on leadership, individual, base, and community-level involvement; underscoring responsible drinking and prevention of drug use.

- FE Warren's preliminary and on-going data yielded large reduction in ARI's, DUIs, and underage drinking

c. Based on this briefing, senior leadership tasked AF/DP with developing an AF-wide responsible drinking program. AF/SG and AF/DP held two preliminary meetings. They validated the need for a working group, which would include functional involvement of all other functional players in the AF community. The working group began to meet in Apr 05 with a charter to develop an AF-wide program to prevent and combat substance misuse, based on the conceptual framework of "0-0-1-3."

3. Purpose and Philosophy

a. Establishing a culture of responsible choices represents a cultural shift. It emphasizes both the roles of individuals and of the community for morale, safety, and discipline. The "0-0-1-3" program is founded on a scientifically based public health model for prevention. The culture of responsible choices is applicable to a wide range of human behaviors that impair mission readiness, such as, alcohol misuse, illicit drug use, tobacco use, fitness deficiencies (diet and exercise), and failure to follow safety and injury prevention guidelines. The working group established goals, principles, and developed a foundational model for establishing a culture of responsible choices:

(1) Goals: The ultimate goal is zero alcohol-related and zero illegal drug-related incidents; however, initial goals are:

- Reduce alcohol and drug related incidents (ARIs) by 25 percent the first year and then reassess each year thereafter
- Examine and compare the incidence of DUI, sexual assaults, suicides, family violence, and motor vehicle and other accidents to rates of ARIs
- Create a culture change from "work hard/play hard" to "work hard/play smart", resulting in lower rates of heavy drinking through incorporation of the Wingman concept
- Expand and strengthen existing AF substance misuse/abuse programs and commanders' prevention program to include the CoRC model
- Standardize core program elements and outcome measurement
- Build a flexible toolkit for varying base needs, include AF and national best practices

(2) Principles:

- Leadership driven change – Wing Commander's program

- Responsible choices are an integral part of the culture of Airmen
- Personal responsibility and accountability in choosing activities is emphasized
- Broad functional community involvement is essential at all levels of implementation
- Multi-pronged prevention approach offers greater opportunity for success
- ARI and drug positive deterrence are the goals of choice (proactive vs. reactive)
 - Detection/punishment necessary, but not sufficient
- Core elements and evaluation must be standardized across AF
- Planning and implementation must be locally tailored and flexible

4. Assumptions/Facts

- Irresponsible drinking and/or illegal drug use are incompatible with AF core values
- Alcohol misuse and illegal drug use represents a clear and present danger to mission, morale, and discipline
- An average of 5,300 alcohol-related incidents occurred each year in the AF for the past 5 years
- Irresponsible drinking and ARIs have an AF-wide mission impact: 40% of Airmen (E1-E3) report that heavy drinking negatively impacts their work performance
- Irresponsible drinking is a factor in 33 percent of suicides, 57 percent of sexual assaults, 29 percent of domestic violence, and 44 percent of fatal motor vehicle accidents
- Airmen report boredom and loneliness as factors contributing to the misuse of alcohol
- For FY04, 1258 Air Force members (Active Duty, Reserves, Civilians) had their career impacted, were discharged, and/or faced prosecution for drug positives

5. Strategy

- a. Foundational Model: There are four core elements involved in changing the heavy drinking and illegal drug use culture. The Model will address the new culture through an integrated, four-pronged approach:

(1) Leadership: involves active, top-down support as a crucial factor in assuring broad functional involvement and establishing the importance of a culture change. This also involves any and all interventions to assist base leadership to develop awareness of this

problem and to understand the value of addressing it through the use of science-based prevention strategies

(2) Individual Level: any prevention activity that is directly targeting the person and their specific circumstances. Target is the person at moderate and high risk.

- Anonymous, computer-based screening for alcohol misuse and drug use
 - o Use screening as basis for personalized feedback regarding risk, relevant norms, and ways to mitigate harm
 - o Anonymous screening and feedback are suggested
 - o Anonymous screening will provide the most accurate surveillance of risk and provides a more robust opportunity for community prevention efforts as personnel are much more likely to answer honestly and openly
 - o Providing private and specific feedback based on response to screening and level of risk has demonstrated efficacy in reducing risky behaviors
 - o While non-anonymous screening theoretically allows bases to “detect” folks with an alcohol problem and intervene as needed, there is good evidence that members do not answer honestly to non-anonymous screening
 - o As such the benefit of non-anonymous screening is greatly reduced and may potentially waste resources
- Provide opportunities for brief intervention at teachable moments (e.g. screening and advice in primary care, in-processing, and mid-year feedback with supervisor)
- Supervisor interacts with the individual and both sign a responsible drinking and zero drug use contract
- Responsibility and commitment – enlist the commitment of our Airmen
- Education and awareness – must occur at all levels of training/schools
- Screening, brief interventions for alcohol misuse, and treatment for substance use disorders
- Establish a Wingman Culture of taking care of each other
- Secure and encourage participation of all Airmen in generating behavioral and environmental changes; change must be relevant to the target population

(3) Base Community: efforts at population level (base, squadron, unit) that directly target cultural beliefs, environmental, policy, and activities that promote alcohol misuse or drug use. Target is the base processes, not the person.

- Leadership driven program – this is a Commander’s program; leaders have a critical role in prevention and their involvement is critical to success
- Develop a range of recreational activities – shift in community beliefs and customs are essential; establish community-based recreational activities that provide alternatives to heavy drinking
- Enhance awareness of potentially devastating consequences of irresponsible behavior
- Incorporate feedback from Airmen in the field in developing tool kits and designing media information that appeals to them
- Media campaign promoting responsibility – persistent and dynamic public message promoting responsible drinking that bust alcohol myths
- Monitor AF metrics/consider base specific metrics
- Media campaign – ensure Airmen target audience has access to all information regarding program components and expectations and has regular updates on program progress
- Awareness campaign – share facts on the health effects of heavy alcohol use, as well as impact on readiness

(4) Local Community: efforts at population level for the community that directly targets cultural beliefs, environmental, policy, and activities that promote alcohol misuse or drug use. Target is the total community population (on and off base), and not just the individual or the base.

- Develop coalition with community agencies including the Military Affairs Committee and Chamber of Commerce – collaborate with prevention coalitions and community agencies to assure lawful/meaningful actions are taken
- Enlist community support – review possible unintended consequences of policies impacting the community
- Assess threat and availability – send clear message to retailers and bars regarding enforcement of underage drinking laws if community support is not forthcoming
- Engage the media

6. Duties and Responsibilities

a. The Deputy Chief of Staff, Personnel, and the Air Force Surgeon General, designate the Force Sustainment Division, Directorate of Airmen Development and Sustainment, (AF/DPDF); and the Community Behavioral Health Division (AFMSA/SGOF) as the Co-Chairs, CoRC Working Group, Integrated Delivery System, Commander's Action Information Board. That sub-committee will provide regulatory policy, direction and leadership for CORC, establish performance standards for the program, and evaluate the effectiveness of the program.

1. AF/A1 will:

- a. Support development, consolidation, distribution, training, planning, and lead updates of the overarching Air Force CoRC Tool-kit.
- b. Provide operational oversight and support to the program, and co-chair the HAF CoRC working group with SG.
- c. Create a continuum to “teach, reinforce, practice” a responsible drinking and zero drug use culture at every level and opportunity of an Airmen's career
- d. Ensure culture is intricately woven in the Air Force education, training, recruiting and commanders' programs
 1. Phase I, recruiting: recruiter sets the initial tone for all recruits and ensures their full understanding of the responsible drinking culture and zero tolerance for drug use
 2. Phase II, education: reinforce the culture through enlisted basic military training (BMT), officer pre-commissioning sources and initial skills training
 - At BMT and officer commissioning programs (USAFA, ROTC, OTS, AMS) target demographic and blocks of instruction on responsible use of alcohol and zero tolerance for drug use
 - Ensure revised training with new materials produced through this effort
 3. Phase III, operationalize the program: commander's involvement and emphasis at every level; include AF, MAJCOM, and base-level commanders' training opportunities; incorporate at base-level Right Start/INTRO, commander's calls, and Wingman Day activities
 4. Phase IV, ensure the culture change: continuing emphasis through all professional military education opportunities – FTAC, ALS, NCOA, SNCOA, BDE, IDE/SDE, First Sergeants Course, Commanders Course, and professional continuing education

e. Develop a DP related “tool kit” for implementation of the CoRC; include Family Readiness, Sexual Assault Response, civilian/military personnel resources for assistance, MEO/EEO, etc.

f. Play an active role in the Community Action Information Board (CAIB) and Integrated Delivery System (IDS) and other community prevention planning efforts.

2. AF/SG will:

a. Co-chair, and provide appropriate functional representation to the HAF CoRC working group

b. Provide subject matter expertise to CoRC working groups, MAJCOMs, and installations as needed

c. Develop an SG related “tool kit” for implementation of the CoRC; including HAWC, Primary Care, Family Advocacy, Demand Reduction, Life Skills Support Centers, and Alcohol and Drug Abuse Prevention Treatment (ADAPT)

d. Play an active role in AF CAIB/IDS and other community prevention planning efforts.

e. Consult on the development of metrics, e.g., dashboard, ADAPT referrals, drug positive rates, etc. to measure effectiveness of prevention activities

3. AF/JA will:

a. Provide functional representation to the HAF CoRC working group

b. Provide legal review and advice to implementation of each phase of the CoRC program

c. Play an active role in CAIB/IDS and other community prevention planning efforts.

d. Remain available for consultation with installation through MAJCOM legal advisors
Note: Base legal offices are best-suited to ensure local implementation of CoRC initiatives are adjusted to suit the local legal environment.

4. AF/HC will:

a. Provide functional representation to the HAF CoRC working group

b. Develop a Chapel related “tool kit” for implementation of the CoRC

c. Pursue the establishment of a “Dorm Escape” type volunteer run facility at each base

- d. Provide outreach ministry on the culture of responsible choices
- e. Develop base level metric to measure effectiveness of outreach efforts
- f. Play an active role in CAIB/IDS and other community prevention planning efforts.

5. AF/A7 will:

- a. Provide functional representation to the HAF CoRC working group
- b. Develop a Services Squadron related “tool kit” for implementation of the CoRC
- c. Direct the design/development of base-level Services plans as a critical role in the CoRC program
- d. Continue development of activities and programs that are non-alcohol related to create a “strong sense of community,” build enticing marketing to encourage the community to participate
- e. Play an active role in CAIB/IDS and other community prevention planning efforts

6. AF/XOS will:

- a. Provide functional representation to the HAF CoRC working group
- b. Play an active role in CAIB/IDS and other community prevention planning efforts

7. SAF/PA will:

- a. Provide functional representation to the HAF CoRC working group
- b. Develop a marketing “tool kit” for implementation of the CoRC
- c. Provide a proactive communications strategy so that Air Force PA shops worldwide can support, to the highest degree possible, the spirit and intent of CoRC and to maximize the use of limited resources, personnel, and funding
- d. Provide counsel to commanders on communications strategies
- e. Play an active role in CAIB/IDS and other community prevention planning efforts.
- f. Request Site Picture from CSAF as appropriate
- g. Work with DP, SG, SVS, AAFES, CES, SFS and other agencies to develop communications plans, themes, and messages

- h. Interact with local chamber of commerce and businesses to increase community awareness of CoRC culture changes
8. AF/SE will:
- a. Provide functional representation to the HAF CoRC working group.
 - b. Gather and report safety data as defined by HAF working group
 - c. Provide safety education programs as needed or identified by the CoRC
9. The Chief, AF Sexual Assault Prevention and Response (SAPR) (HQ/DPDFR) will:
- a. Provide functional representation to the HAF CoRC working group.
 - b. Provide SAPR educational materials and consultation to the CoRC working group as required.
 - c. Provide data related to sexual assault as requested and appropriate.
10. MAJCOM SG will:
- a. Consult on the development of metrics, e.g., dashboard, ADAPT referrals, drug positive rates, etc. to measure effectiveness of prevention activities; provide other metrics as required.
 - b. Play an active role in MAJCOM CAIB/IDS and other community prevention planning efforts.
11. MAJCOM A1s will:
- a. Ensure working groups are established to institutionalize the culture of responsible choices and support implementation of toolkits; working group should report to the MAJCOM IDS/CAIB, which reports to AF/IDS/CAIB
 - b. Include CoRC in squadron commander's courses
 - c. Gather and report data as defined by HAF
12. HQ Recruiting Service will ensure recruiting messages convey AF cultural expectations and standards of responsible behavior, based on wise decision-making and AF core values
13. HQ AETC/DO will ensure course content for Basic Military Training and Technical Training communicates AF standards of behavior supporting CoRC, based on core values and behavioral options for meeting them.
14. USAFA/CC will:

- a. Ensure USAFA Course of Instruction communicates AF standards of behavior and CoRC, based on AF core values and behavioral options for meeting them
- b. Revise USAFA training with new materials to capture the Culture of Responsible Choices.

15. AMS/CC will:

- a. Ensure Courses of Instruction communicates AF standards of behavior and CoRC, based on core values and behavioral options for meeting them
- b. Revise training with new materials to capture the Culture of Responsible Choices.

16. Air University will:

- a. Ensure this program material is included in the Wing Commander Course
- b. Provide a take away CD for all students which includes a slide show and talking paper on AF CoRC
- c. Ensure Command Chief Course includes this content
- d. Ensure the First Sergeant Academy contains lessons on the Culture of Responsible Choices
- e. Revise training in Officer Commissioning Programs (ROTC, OTS, COT) with new materials to capture the Culture of Responsible Choices and terminology. Ensure course content for OCS. BDE communicate AF standards of behavior and CoRC, based on core values and behavioral options for meeting them.
- f. Ensure course content for First Term Airmen Centers, and Airmen Leadership School communicate AF standards of behavior and CoRC, based on core values and behavioral options for meeting them
- g. Incorporate program into Air and Space Basic Course and Squadron Officer School

17. Installation Commanders will:

- a. Appoint a base level action officer with overall responsibility for the CoRC; action officer must be Capt or above (or GS equivalent) on the wing staff.
- b. Establish a CoRC working group working with and reporting through the IDS, which in turn will report to the CAIB.
- c. Get family members involved in the CoRC through town hall meetings, key spouse groups, etc.; include an overview of CoRC in “Heart Link” spouse orientations

18. The designated CoRC action officer will:

- a. Chair the CoRC working group with representation from all functional communities

- b. Coordinate the overall activities of the CoRC on the installation
- c. Ensure provision of basic training and information /resource manuals to supervisors in how to address and/or refer members with problems to appropriate services
- d. Track statistical requirements and ensure data is input to the Commander's Dashboard (under development)
- e. Provide any reporting requirements through MAJCOM to HAF

19. Installation Staff Judge Advocates will:

- a. Maintain liaison with state and local legal and regulatory authorities, as appropriate.
- b. Advise commanders and staff agencies on legal aspects of local initiatives.
- c. Advise commanders on judicial, non-judicial, and quality force tools available.

20. Installation SG will:

- a. Provide evidenced-based treatment for those identified with an alcohol related incident, and/or as substance abusers or substance dependent.
- b. Provide functional representation to the installation CoRC working group
- c. Provide alcohol-related incident metrics as required
- d. Use and modify the SG related "tool kit" for implementation of the CoRC; include Family Advocacy, Demand Reduction, Life Skills, ADAPT, etc.
- e. Ensure local Military Treatment Facilities (MTF) provide subject matter expertise for identification, screening, early intervention, treatment and prevention of substance related problems
- f. Coordinate subject matter experts to engage the base in community prevention efforts
- g. Provide responsible choice awareness training to CoRC working groups as needed, and awareness briefings to the base and/or local community.
- h. Play an active role in CAIB/IDS and other community prevention planning efforts.
- i. Ensure Drug Demand Reduction staff will be active member and subject matter experts to base and community initiatives, specifically targeting prevention of drug use.

- j. Use Primary Care Clinics as an avenue for meaningful detection, early intervention and referral.
 - k. Optimize Behavioral Health Consultants in primary care for screening and early intervention opportunities.
 - l. Use Health and Wellness Centers as conduits of prevention education resources.
 - m. Consult on the collection of AF metrics and development of installation specific metrics, e.g., dashboard, ADAPT referrals, illegal drug use rates, etc. to measure effectiveness of prevention activities; provide other metrics as required.
 - n. Promote principles of responsible choices in appropriate prevention activities
21. Mission Support Group will:
- a. Play an active role in CAIB/IDS and other community prevention planning efforts
 - b. Promote principles of responsible choices
21. Squadron Commanders will:
- a. Make CoRC objectives (personal responsibility with regards to drinking, drugs, sexual assault, high risk activities, etc.) a topic of one commander's call per year
23. Services Squadrons will:
- a. Continue to provide activities and programs that are non-alcohol related.
 - b. Consider hosting a "Services Focus Day" for wing leadership similar to the project at F.E. Warren, consisting of briefings and tours of Services facilities and highlighting the importance of leadership support at the squadron level
 - c. Provide marketing support of Services programs that facilitate establishment of the culture of responsible choices
 - d. Be actively engaged in the development and implementation stages of the program
 - e. Develop base level metrics to measure effectiveness of program activities
 - f. Play an active role in CAIB/IDS and other community prevention planning efforts
24. Security Forces Squadrons will:
- a. Provide Security Forces Management and Information System (SFMIS) data on reported alcohol- and drug-related incidents to authorized individuals as required

- b. Provide successful strategies and crime statistics to CAIB.
- c. Ensure Armed Forces Disciplinary Control Board procedures are well understood at base level.
- d. Institute Armed Forces Disciplinary Control Board procedures at base level
- e. Play an active role in CAIB/IDS and other community prevention planning efforts.
- f. Provide successful strategies and crime statistics to underpin crime prevention programs
- g. SF support to commander programs should be determined locally provided they follow established guidance within AFI 31-101, *The Air Force Installation Security Program*, 1 Mar 03. i.e., F.E. Warren readjusted their perimeter allowing access to the civilian community

25. Installation PA will:

- a. Analyze and adopt relevant components of F.E. Warren's publicity efforts in the CoRC campaign.
- b. Engage the local media in the CoRC "story"
- c. Promote and publicize CoRC activities
- d. Play an active role in CAIB/IDS and other community prevention planning efforts
- e. Ensure community access to all information regarding program components and expectations and has regular updates on program

7. Performance Measure

- a. Outcome measurements: Evaluate effectiveness with primary metrics and indirect measures of quality of life/readiness. Primary outcomes, using FY04 as baseline, will be to decrease ARI and illegal drug use by 25 percent the first year and reassess the metric each year after. Define and develop cost avoidance measurements, e.g., fewer hours in disciplinary actions, increase in productivity, etc.. Outcome measurement methods can be reassessed after one year.