

9 JAN 03

MEMORANDUM FOR 90 SW CAIB

FROM: 90 MDOS/SGOH

SUBJECT: Proposed Action Plan for Alcohol and Violence Reduction

1. Underage drinking, driving under the influence, and suicidal behavior have been identified as persistent areas of concern at F.E. Warren AFB. These issues have been discussed at the CAIB and a recent meeting with the Wing CV and Group Deputy Commanders. Col VanSickle requested that an action plan be developed. The current proposal is designed to effectively address problems with alcohol and suicidal behavior.

2. **Proposed Plan of Action for Alcohol and Violence:** A community-based approach has been most effective at other Air Force installations and with college age populations across the country. Such an approach targets the reduction of the problem through changing the culture that supports such behavior. This method encourages all members of the community to accept ownership of the problem. The current suggestions are adapted from interventions demonstrated to be effective.

a. **Informational Campaign:** Emphasize the importance of these problems and stressing concepts of *teamwork* and *unit cohesion* to overcome them.

- (1) Article from 90 SW/CC in base paper emphasizing goal for the year to reduce such dangerous behavior in community
- (2) Frequent communication by Unit commanders in commander calls regarding alcohol issues and teamwork/"buddy care"; options for safety; Squadron CC will brief their personnel on unit progress
- (3) Annual Life Skills briefing on Suicide/Alcohol/Violence, occurring early in year. This could occur at group or squadron commander's call, if commander desires
- (4) Public service postings in high traffic areas of dorms, containing information on alcohol and coping issues, and feedback about progress in meeting reduction goal (i.e. # DUI and UAD incidents), updated regularly; postings developed by Life Skills Support Center
- (5) Survey of airmen for suggestions for recreational/social events not involving alcohol that people would attend, with possible funding of the best

b. **Squadron CC Meetings with high-risk persons:** This method is currently employed by the Operations Group, and is similar to a method used at USAFA and Sheppard AFB. New arrivals would be screened for past problematic alcohol behavior or high-risk attitudes (such as beliefs that underage drinking is acceptable or necessary to have a good time). Persons identified as at higher risk meet with the commander in a small group for clarification of health and behavior expectations.

- c. **Flight ORM meeting following an alcohol incident:** A major “lesson learned” across college campuses is to *involve the target population in the solution of the problem*. In addition, the impact of peer opinions and feedback are very important for the age group of the majority of the base population. A meeting of Flight personnel, with the member present, could include discussion of the incident that occurred, impact on mission, and possible alternative choices that could have been made. This meeting should be oriented towards problem-solving and operational risk management, including review of expectations, healthy options, and safety procedures. Additional resources could be provided by the ADAPT program, if Flight leadership desired (such as videos, pamphlets, briefing slides, or briefers).
- d. **Increased Monitoring and Enforcement:** communicating to individuals, base population, and community that alcohol misbehavior will not be tolerated.
- (1) Tracking at Group of the numbers of alcohol incidents, results of Flight Meetings, and actions taken
 - (2) Regular dorm inspection and walk-throughs at high risk times of day
 - (3) Reporting of crimes and consequences in base paper
 - (4) Education of local retailers regarding their responsibilities regarding underage drinking—possible restriction from use of retailer/establishment by military personnel for repeat offenders
 - (5) Continuing Coordination with Cheyenne PD
- e. **People Helping People-IDS Agencies continue their services and interventions for alcohol and violence.** These include: treatment of individuals identified as having alcohol or suicide risk; briefings at FTAC, Right Start, all military/DoD employees, Commanders/First Sergeants, CDC providers, and others; outreach efforts and informational fairs to base families and in Cheyenne community schools and organizations; Life Skills consultant available on call at all times; frequent articles in base paper; educational briefing materials, videos, pamphlets available for use by units.
3. Review of Progress at March '03 CAIB: Assess progress and feedback from units on methods, adjust and adapt as needed.

ALAN D. OGLE, CAPT, USAF, BSC
Chief, Life Skills Support Center