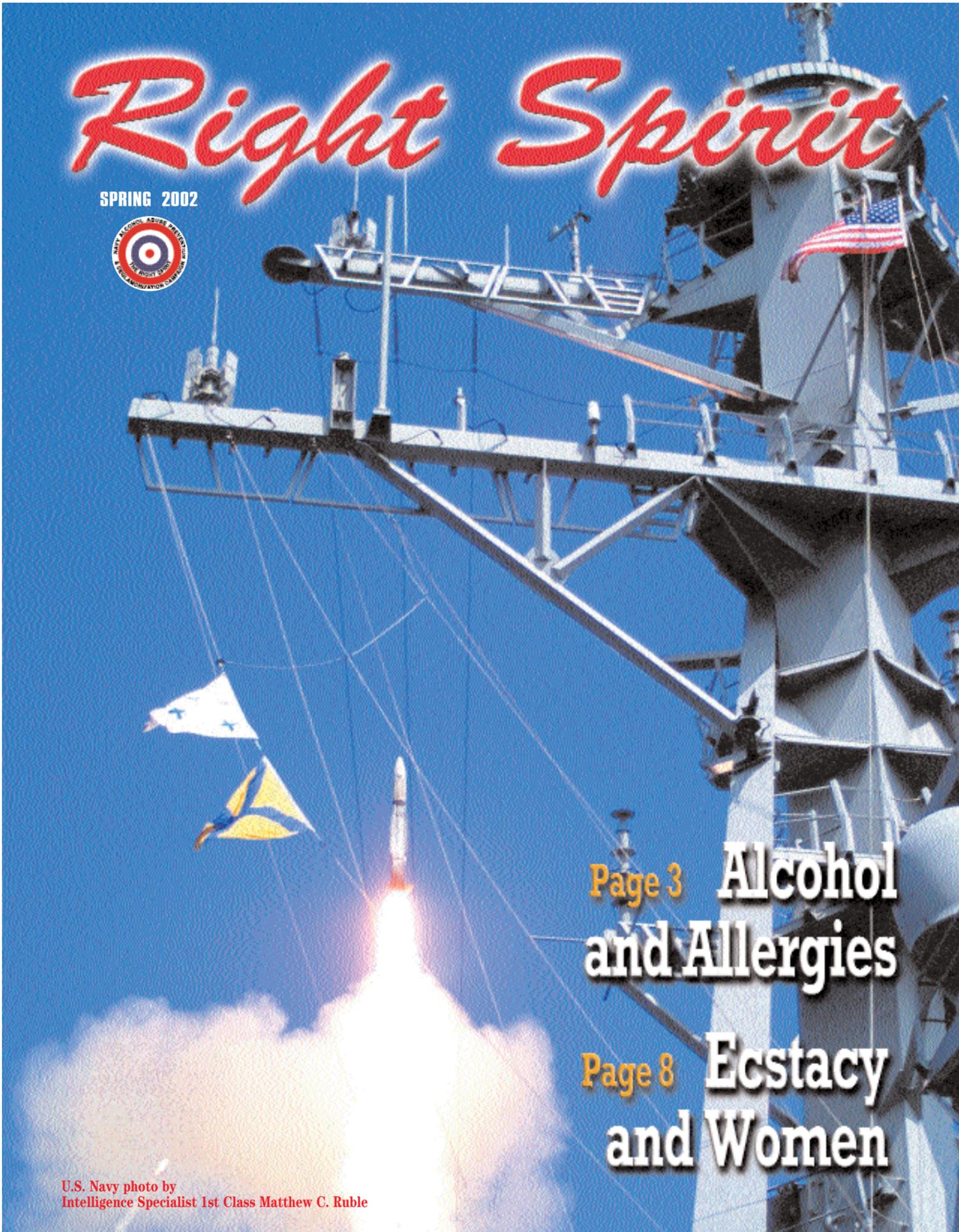


# Right Spirit

SPRING 2002



Page 3 Alcohol  
and Allergies

Page 8 Ecstasy  
and Women

U.S. Navy photo by  
Intelligence Specialist 1st Class Matthew C. Ruble



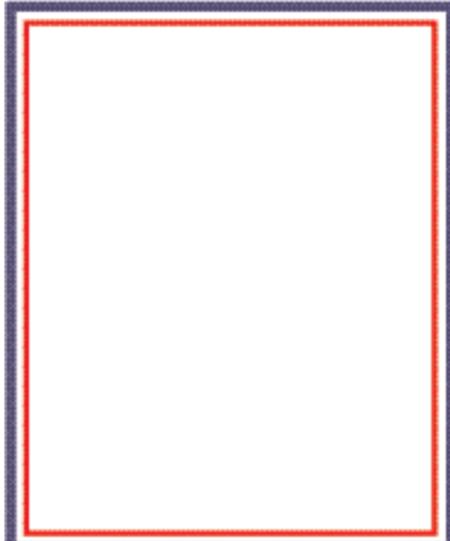
By now you have all heard about CNO'S "Task Force EXCEL," a five vector model of the Sailor Continuum. This revolutionary approach encompasses Personal Development, Professional Development, Leadership, Certifications and Qualifications and Performance. Having said this, did you know Navy's Right Spirit Campaign is fully aligned with Task Force EXCEL? Right Spirit Campaign stresses leadership responsibility, command responsibility, shipmate responsibility, and ultimately personal responsibility. These principles are a part of every facet of our Campaign vision.

Navy's Alcohol and Drug Abuse Prevention (NADAP) Program continues to improve mission readiness by providing the Fleet with state-of-the-art substance abuse prevention education. NADAP has two training detachments and both are ready to serve you and your command. Drug and Alcohol Program Management Activity (DAPMA) Norfolk and DAPMA San Diego can assist you by tailoring a Right Spirit Campaign for your command. Both DAPMAs offer a cadre of other NADAP education for your command including: DAPA training, Urinalysis Coordinator training, and Personal Responsibility and Values: Education and Training (PREVENT) courses. DAPMA representatives can also visit your command to provide Education and support.

We lose far too many Sailors to alcohol-related deaths. Alcohol abuse has a direct negative impact on our Navy and its mission effectiveness. We must continue our Prevention through Education efforts.

The time is at hand for all Navy leaders and Sailors alike to reenergize our efforts in reducing alcohol abuse and its negative effect on Fleet readiness. If we don't act now, we risk a return to a greater number of incidents, which will result in a serious impact on mission readiness. We cannot let this happen to our Navy, especially in these challenging times. I urge you to make Right Spirit a part of your personal and your command's daily life. Educate our Sailors, who choose to drink alcohol, on responsible alcohol use. Let them know that it is okay not to drink.

As we welcome a new Spring season, keep Navy's Right Spirit Campaign in your thoughts and live with responsibility and accountability. This is a choice you can live with.



**RADM Annette E. Brown**  
Assistant Commander,  
Navy Personnel Command,  
Personal Readiness and  
Community Support (PERS-6)

## From the MCPON



**MCPON(SS/SW/AW) Jim Herdt**  
Master Chief Petty Officer  
of the Navy



In the wake of the September 11<sup>th</sup> tragedy, young Navy and Marine Corps family members more than ever are feeling the stress of having one or both parents placing themselves in harms way to protect the American way of life. That stress can be one contributing factor in a youth's decision to experiment with illegal drugs or alcohol.

We are all very concerned by the amount of drug use among young Americans, and especially our family members. The Navy is fighting back with an effective answer to meet this threat head-on through the Drug Education for Youth, or DEFY leadership program.

DEFY gives kids the tools they need to resist drugs, gangs and alcohol. Youth aged 9-12 are taught life skills which they take with them the rest of their lives. For the parent or guardian who is about to deploy, the DEFY program fills an important part of the child's growth during their absence giving peace of mind. DEFY builds 'strong kids, strong families, for a ready Fleet.'

The yearlong program includes a one-week summer leadership camp followed by a year of mentorship. Both phases combine education on health, physical fitness, citizenship and life skills. It gives children the skills they need to grow up smart and strong in a world that can present them with a confusing array of choices.

Since its beginning in 1993, more than 20,000 youth have graduated from the DEFY program. You can find out more information on DEFY on the web at <http://www.hq.navy.mil/defy>. If you are interested in DEFY, ask your base commander or command master chief to contact the Secretary of the Navy's Drug Demand Reduction Task Force.

**MCPON**



### Right Spirit

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### The Facts

**Fatally injured drivers who have been drinking are least likely to have been wearing safety belts.** Source: NHTSA. (1999) NHTSA Traffic Safety Facts, Alcohol, DOT HS 809 086.

**Men are more likely than women to be driving at the time of a fatal crash.** Source: NHTSA. (1999) NHTSA Traffic Safety Facts, Overview, DOT HS 809 086.

**Pedestrian fatalities are more likely to be alcohol-involved than are those of drivers and passengers.**

Source: NHTSA. (1999) NHTSA Traffic Safety Facts, Overview, DOT HS 809 086.

**Only 7 percent of all crashes involve alcohol use, but nearly 38 percent of fatal crashes do.** Source: NHTSA. (1999) NHTSA Traffic Safety Facts, Alcohol, DOT HS 809 086.

**Traffic crashes are the greatest single cause of death for every age from six through 33. About 45% these fatalities are in alcohol-related crashes.** Source: National Highway Traffic Safety Administration, & National Center for Statistics & Analysis. (1999) (Based on 1997 data)

### Alcohol May Aggravate Allergies

New research suggests that alcohol could intensify allergic reactions in people with allergies or prone to developing them, ABC News reported in January.

Spanish researchers found that moderate alcohol consumption affects IgE antibodies, which cause allergic symptoms by overreacting to certain substances in the air, such as pollen, mold, or animal dander.

"Our research found that regular alcohol intake higher than 70 grams per week, or more than one drink per day, was associated with increased total blood IgE levels in the patients studied," said the lead investigator in Santiago.

For the study, researchers measured blood levels of IgE in 460 patients attending an allergy clinic. The study participants also divulged whether they consumed alcohol weekly. Of the 460 patients, 325 were diagnosed as being atopic, or producing high levels of IgE. This group was more likely to suffer from allergic illnesses, including hay fever, asthma or the skin condition eczema.



# ALCOHOL IN THE NEWS

## NCADD: Alcohol Awareness Month is Coming

National Council on Alcoholism and Drug Dependence, Inc. (NCADD)  
[www.ncadd.org](http://www.ncadd.org)

New York, NY - Each April, the National Council on Alcoholism sponsors a campaign to raise public awareness about alcoholism and other alcohol-related problems. "Recovery: It's a Family Affair — and Everyone's Invited!" will be the theme of the annual campaign in April 2002. This grassroots campaign will encourage local communities to focus on the part that family plays in recovery from alcoholism.

Families need and want help. According to the Brown University Center for Alcohol and Addiction Studies, more than nine million children live with a parent dependent on alcohol and/or illicit drugs, and more than half of all adults have a family history of alcoholism or problem drinking. Alcoholism affects a wide circle of people close to the alcoholic: relatives, friends, neighbors, employers, co-workers, classmates, teachers, doctors, community workers, and is closely linked to many of America's most difficult social problems, including crime, homelessness, teen pregnancy and domestic violence.

Alcoholism is not an issue of morality or "will power;" it is a public health issue, and while families and friends often suffer many of the same consequences of alcoholism as the alcoholic, they are often overlooked when it comes to recovery.

Led by the National Council on Alcoholism and Drug Dependence since 1987, Alcohol Awareness Month begins with Alcohol-Free Weekend, which takes place in 2002 from Friday, April 5 through Sunday, April 7. Parents and other adults are asked to abstain from drinking alcoholic beverages for a 72-hour period to demonstrate that alcohol isn't necessary to have a good time and NCADD will focus on youth-planned and youth-run Alcohol-Free events. In addition, all family members are encouraged to take

this opportunity to learn more about alcoholism and to investigate recovery throughout the month.

NCADD operates a toll-free Hope Line (800-NCA-CALL) for information and referral, and also coordinates a National Intervention Network (800-654-HOPE) to educate and assist the families and friends of addicted persons. NCADD also has a website with up-to-date information about alcoholism and a network of links to other agencies and organizations in the alcoholism field.

With offices in New York and Washington, and a nationwide network of Affiliates, NCADD provides education, information, help and hope to the public. Founded in 1944 by Marty Mann, the first woman to achieve long-term sobriety in Alcoholics Anonymous, NCADD fights stigma and advocates prevention, intervention, and treatment. For more information, visit: [www.ncadd.org](http://www.ncadd.org)

## Drunk Drivers Cause of Most Fatal Late-Night Crashes

New research shows that drunk drivers are 13 times more likely to cause a fatal crash than sober dri-



vers, according to a recent press release. The study by Steven Levitt, professor of Economics at the University of Chicago, and Jack Porter, professor of

# ALCOHOL IN THE NEWS

Economics at Harvard University, examined fatal two-car crashes using records from 1983 to 1993 in the Fatality Analysis Reporting System administered by the National Highway Transportation Safety Administration.

The researchers compared the number of two-car crashes involving two drinking drivers, one drinking driver, or no drinking drivers, then applied mathematical formulas to determine the percentage of people estimated to be driving drunk.

The findings indicated that drivers who had been drinking were seven times more likely to cause a fatal crash than sober drivers, while those who were legally drunk were 13 times more likely.

"The peak hours for drinking and driving are between 1:00 a.m. and 3:00 a.m., when as many as 25 percent of drivers are estimated to have been drinking," Levitt said.

According to the study, drivers who have been drinking cause nearly 60 percent of the fatal crashes that occur during peak hours for drinking and driving. Overall, alcohol is a factor in 30 percent of fatal crashes.

The study also identified which law-enforcement strategies are more likely to reduce crashes. The researchers found that police roadblocks are less effective than increased general surveillance. "Our results suggest that policies focused on stopping erratic drivers with greater frequency might be more successful," Levitt and Porter noted in their study.

## Americans Say Addiction is Nation's Most Serious Health Problem

A newly released survey shows that Americans believe alcohol and other drug addiction is the country's most pressing health issue.

Conducted for the Council of Public Relations Firms by RoperASW, the survey showed that 26.5 percent of those surveyed said addiction was America's most serious health problem. Respondents ranked addiction as a



bigger problem than heart disease, cancer, sexually transmitted diseases, diet and nutrition, and mental health and depression.

The survey, which was based on interviews with 1,014 men and women nationwide, also found that 45.6 percent of respondents don't believe materials available about health problems provide enough specific information.

## CDC Says Alcohol-Related Traffic Deaths Increase

A new report from the U.S. Centers for Disease Control and Prevention (CDC) shows that alcohol-related traffic deaths increased from 1999 to 2000, Reuters reported recently.

According to CDC researchers, 700 more people died in alcohol-related crashes in 2000 than the previous year. The number of traffic deaths rose by 4 percent for those with a 0.10 percent blood-alcohol concentration — the legal limit for alcohol consumption in most states — and 7 percent among those who had been drinking but were not over the legal alcohol limit.

"There have been no obvious changes that would lead one to expect an increase in alcohol-related crashes," said Randy Elder of the CDC. "Many factors can affect the number of crashes, and it is difficult to specifically identify what is responsible for changes from one year to the next."

This is the first increase in alcohol-related fatalities since 1995. "We'll need a broad range of public-health strategies to stem further increases and reduce the number of alcohol-related traffic fatalities," said Elder.

*It's About Choice*

*It's About Choice*

# NADAP Charts a New Course!

By CDR M. Alexander and LCDR K. Keely

February 20-21, 2002, PERS 663 met with the Officers in Charge of Drug and Alcohol Program Management Activity (DAPMA) Norfolk and San Diego and others to discuss the changes in the Navy's Alcohol and Drug Abuse Prevention (NADAP) program.

PERS 66, Fleet and Family Support Director welcomed PERS 663 (formerly PERS 602 and 603) and the DAPMAs into PERS 66 Division and expressed satisfaction at the opportunity to create synergy between the programs directed at improving the operational capability of the Fleet.

PERS 663 and the DAPMAs discussed the impact of the CNO's "Revolution in Education and Training" on NADAP courses, which resulted in an ongoing review of NADAP course delivery. The DAPMA OIC's provided updates on participation in the development of two Task Force Excel vectors, Leadership and Personal Development, on the "Sailor Continuum."



PERS 6 approved including DAPMA classes in the Navy Integrated Training Resources and Administration System (NITRAS) database. NITRAS feeds the Navy-wide Navy Training Management Program System (NTMPS) database. This will allow the Navy to capture all formal NADAP training in these two powerful training databases.

There are several benefits to this. First, every DAPMA course that Sailors and officers attend will be reflected in their "Electronic Training Jacket" and their Navy "Smart Transcript." This will make it easier for sailors to document their course attendance and it will also provide course descriptions when sailors have their smart transcripts evaluated for college credits.

Second, the NTMPS database will allow commands and TYCOMs to review and evaluate NADAP course attendance within their own UIC and among their claimancies. Commands and TYCOMS will be able to compare and contrast a command's drug/alcohol abuse prevention training program with its corresponding rates of Alcohol Related Incidents (ARIs) which are reported by the command DAPA via the ADMITS program. Finally, this new opportunity to capture training attendance and to evaluate its effectiveness improves NADAP's impact and visibility in ways that benefit everyone.

PERS 663 and the DAPMAs discussed the future of the Right Spirit Campaign, opening the opportunity to restructure, rename, redefine or reinvigorate the program. All agreed that the intent is to make the program as Fleet-friendly as possible to increase the impact to the Sailor and usefulness to the Fleet.

PERS 663 previewed a new look for the NAVDWEB site and the DAPMA websites to bring them in line with the new regulations. All agreed that the changes were user-friendly.

The program management team discussed the changes in the NADAP program, the impact of downsizing on NADAP personnel, the shift of focus to prevention, and the need to integrate drug and alcohol abuse prevention into day-to-day Fleet operations. The team initiated the plans for the upcoming NADAP Summit for June 18-20, 2002, in Millington, Tennessee. The NADAP Summit will bring together the Alcohol and Drug Control Officers (ADCO) from the fleet with NADAP Program Management Team to integrate prevention efforts into fleet operations. The NADAP Summit will be aimed at making good Sailors better, reducing alcohol and drug abuse and improving Fleet operational performance.

# STRESS SKILLS BUILD STRENGTH

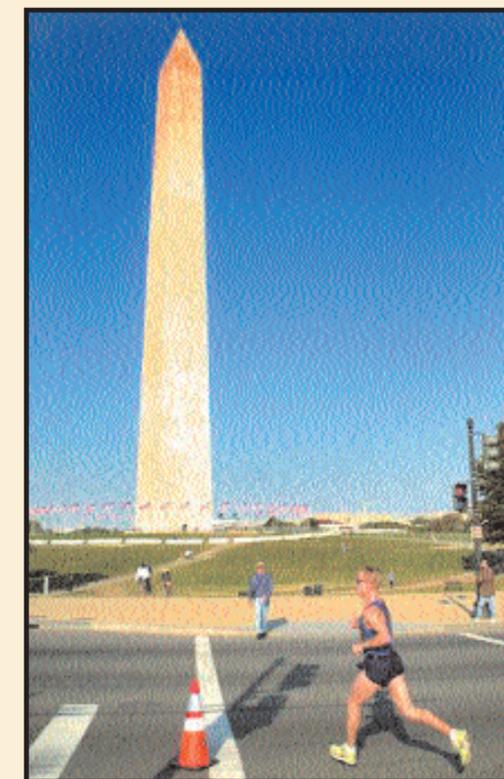
A basic stress skill uses the acronym **ACT: Accept, Create & Take action!**

Gary Emery, Ph.D., and James Campbell, M.D., present the ACT formula in their book *Rapid Relief from Emotional Distress* (1987).

**A**ccept what is

**C**reate a vision of what you want

**T**ake action to make it happen



Stating we should "accept what is" does not mean that Emery and Campbell are proposing a passive acceptance of whatever life throws at us. Rather, the idea is that we can better tolerate distress by first being aware of and acknowledging the facts of our situation. We cannot run a marathon or step out into a busy street unless we recognize and acknowledge the realities of physical exertion and traffic.

If our goal is to run our first marathon, we will be unable to complete the race without

- **Accepting a realistic assessment** of our current physical condition,
- **Creating a vision** of the physical condition we need to train to, and
- **Taking action** to train to the required fitness level.

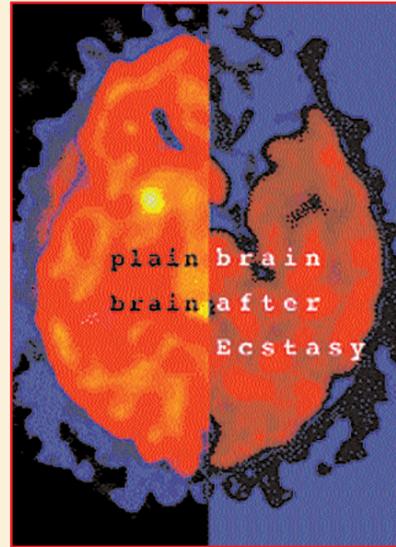
## Study indicates women more vulnerable to brain damage from Ecstasy

LONDON (AP) Ecstasy, the increasingly popular party drug, may cause more brain damage in women than in men, new research suggests.

A preliminary study published this week in *The Lancet* medical journal compared brain scans of people who had taken 50 or more Ecstasy tablets in their lifetimes with those of a group who had never taken the drug. The findings indicated that the women, but not the men, had lost a significant number of certain brain cells, even though the men had taken more Ecstasy over the years. (Fifty tablets is considered the threshold for increased risk of developing psychiatric problems). Experts say the findings raise an interesting possibility, but that larger studies are needed to confirm the results.

Ecstasy, also known as XTC or E, affects serotonin, a brain chemical that regulates mood, emotion, sleep, appetite, memory and sexual behavior. The drug typically induces feelings of euphoria, increased energy and sexual arousal, and makes people feel a need to be touched or hugged. MDMA is also said to suppress the need to eat, drink, or sleep, enabling users to endure two- to three-day parties. However, in high doses it can cause a sharp increase in body temperature, leading to muscle breakdown, kidney and heart failure and death.

Studies have shown it also kills brain cells that release serotonin. Scientists are



now trying to find out how long the brain damage lasts and the long-term consequences of that damage. So far, studies have found that heavy users have persistent memory problems and preliminary research suggests they also have trouble with verbal reasoning and sustaining attention.

In the latest study, Dutch scientists compared the brain scans of 69 people, who were divided into four groups. One included people who used drugs, but not Ecstasy, the second comprised those who had taken less than 50 tablets during their lives. The third, the heavy users, had taken 50 or more E pills, and the fourth group included people who used to be heavy users but had given up Ecstasy at least a year before the study.

The researchers found that compared to the brains of women who had never taken Ecstasy, the brains of heavy Ecstasy female users had weaker concentrations of serotonin transporters, the sites on brain cell surfaces that mop up serotonin from the space between cells after it has finished acting on other cells. If the chemical is not mopped up, further brain signals are prevented from getting through.

MDMA gets into the brain cell through

the serotonin transporter. A missing transporter means a dead cell, said the study's leader, Dr. Liesbeth Reneman, professor of radiology at the Academic Medical Center at the University of Amsterdam. The decline in serotonin transporters was not seen in the men's brain scans, she said.

Kathryn Cunningham, professor of pharmacology and toxicology at the University of Texas Medical Branch in Galveston, said it makes sense that men and women would respond differently to MDMA. One reason is that amphetamines are cleared from the body more quickly in the presence of testosterone, she said.

Another fact that supports the findings is that the female hormone estrogen regulates the serotonin transporter, said Cunningham, who was not involved in the study. "Estrogen-dependent changes in the serotonin transporter might regulate the brain response, and thus toxicity, to MDMA. And it's conceivable that women

may be more vulnerable to brain damage at certain times of the month," she said.

MDMA was discovered in Germany in 1913 and patented by a pharmaceutical company in 1914. It was intended as an appetite suppressant, but because of its side-effects MDMA was never marketed. The chemical structure and effects of Ecstasy, known scientifically as Methylenedioxymethamphetamine, or MDMA, is similar to methamphetamine and mescaline other synthetic drugs known to cause brain damage.

Methamphetamine destroys brain cells containing dopamine. Damage to these neurons is the underlying cause of the motor disturbances seen in Parkinson's disease.

Ecstasy gained popularity in the 1990s at all-night dance parties known as raves. Recent reports have shown that ecstasy use is dramatically increasing in the United States, Europe and Southeast Asia.

**For more information on Drug Abuse Prevention and Education, check out our website:**

<http://navdweb.spawar.navy.mil>

You'll find two recently developed training aids for the Fleet:

**Ecstasy Awareness Training** - this package contains accurate information on what Ecstasy is, what the symptoms are, who is abusing Ecstasy, and what the legal and health consequences of Ecstasy abuse are.

**Workcenter Supervisor Training** - this package is designed to educate senior enlisted personnel on drug use prevention measures, emphasizes utilizing their wealth of experience, resources, strengths, and encourages them to be more actively involved in command drug abuse prevention efforts. You'll find it listed under "miscellaneous" on the Publications page of the site.



## NAVY SPOUSE EMPLOYMENT ASSISTANCE PROGRAM “CAREER ACCELERATOR PROGRAM PILOT”

*By Mr. Ed Roscoe  
Navy Personnel Command*

The Department of the Navy has established an agreement with the staffing agency Adecco, who best demonstrated the ability to meet the needs of Navy and Marine Corps spouses throughout the world. This agreement increases the opportunity for spouses to find employment in the private sector, pursue skills training at no cost to them, continue employment with the same company and amass retirement benefits. The pilot program, entitled Career Accelerator was launched on January 29, 2002 at the Fleet and Family Support Center, Jacksonville, Florida. If successful, it will be further expanded to include Fleet and Family Support Centers nationwide.

Benefits that spouses may be eligible for include health, vacation, 401K, access to training and holiday pay. Adecco associates are entitled to contribute to a 401K after they have completed three months of service. Adecco does not contribute matching funds to the 401K program for associates or for Adecco Career Accelerator spouse participants.

The flexibility in working with the Navy is apparent in Adecco's desire to customize their program to meet the Department of the Navy's needs. They can provide welcome packages to spouses relocating to new communities, and the participant is issued a VIP card that will ease their transfer by identifying them as belonging to the program. Spouses inform the office with which they are registered for work where and when they will be relocating. That Adecco branch will advise the new location and forward the spouse's record so that employment opportunities can be matched to the spouse even before arrival. While no guarantee of employment can be made, they will however use every opportunity available to locate either temporary or full-time employment.

For more information on Fleet & Family Service Centers or Career Accelerator Program Pilot, please contact Mr. Ed Roscoe at p662c2@persnet.navy.mil or call him at 901-874-4367.



## Secondhand Smoke Increases Risk of Respiratory Problems

The largest study to date on passive smoking found that secondhand smoke increases the risk of asthma and other respiratory problems in non-smokers, Reuters reported recently.

The study examined information on nearly 8,000 men and women in the United States, 16 European countries, Australia, and New Zealand regarding their exposure to secondhand smoke. The researchers found that passive smoking was strongly linked to asthma and respiratory symptoms in adults, including breathlessness, chest tightness, and lung function.

## Smoking-Related Cancer Deaths on Rise

A new study from the American Cancer Society (ACS) shows that more people will die this year from cancers caused by tobacco and alcohol use than last year, HealthScout News reported recently.

According to the ACS report, "Cancer Facts and Figures 2002," about 200,000 people will die this year from cancers caused by tobacco use and heavy alcohol consumption, 9,000 more than last year. The report also shows that lung cancer remains the deadliest form of cancer,

and is expected to kill 154,900 people in 2002, a 1.6 percent decline from last year. According to the ACS, tobacco use is responsible for one in five deaths in America. About 47 million Americans smoke.

"Lung cancer is a direct consequence of cigarette smoking," said Dr. Anna Pavlick, an oncologist at New York University Medical Center.

Dr. Michael Thun, head of epidemiological research for the society and one of the authors of the study, said tobacco control is one of the most effective ways to prevent cancer deaths. But the ACS report found that 14 states spend less than \$1 per person on tobacco-control measures.

On a positive note, the study found that the five-year survival rate for all cancers is 62 percent, up 2 percent from last year. "Clearly, the take-home message from this report is that prevention and early intervention are why the mortality rates keep coming down," said Pavlick.

A collection of more than 20 million previously secret documents from tobacco-industry files is now available for viewing on the Internet. The world's largest public digital collection can be accessed at <http://legacy.library.ucsf.edu>

"Right Spirit - It's About Choice"



# Resources

## More information is available

**Your Primary Source  
Drug & Alcohol Program Management  
Activities (DAPMA)**

**San Diego — DSN 522-4964  
Commercial (619) 532-4964  
Fax (619) 532-4984**

<http://bluemoon.sparwar.navy.mil/dapmasd>

**Norfolk — DSN 564-8190/93  
Commercial (757)444-8190/93  
Fax (757) 444-4676**

<http://www.dapmaeast.navy.mil>

The site for the latest Navy Alcohol and Drug  
Information: <http://navdweb.spawar.navy.mil>

**Other helpful sites:**

for blood alcohol content and general safety:

<http://www.ou.edu/oupd/bac.htm>

for general alcohol and drug info:

<http://alcoholism.miningco.com>

for general alcohol info: <http://www.drinks mart.org>

**Courses available:**

DAPA Course

ADAMS for Managers

ADAMS for Supervisors

ADAMS for Facilitators

Alcohol AWARE

Urinalysis Program Coordinator (UPC)

PREVENT

PERS-66 Point of Contact for all courses:

Ms. Pat Darden, Command Education and Training

Program Manager, DSN 882-4250,

commercial 901-874-4250, fax x2698



You can view all previous *Right Spirit* publications <http://navdweb.spawar.navy.mil>



## A POSITIVELY NEGATIVE POEM ABOUT ALCOHOL

*We drank for joy  
and became miserable.  
We drank for sociability  
and became argumentative.  
We drank for sophistication  
and became obnoxious.  
We drank for friendship  
and became enemies.  
We drank to help us sleep  
and awakened exhausted.  
We drank to gain strength  
and it made us weaker.  
We drank for exhilaration  
and ended up depressed.  
We drank for "medical reasons"  
and acquired health problems.  
We drank to help us calm down  
and ended up with the shakes.  
We drank to get more confidence  
and became more afraid.  
We drank to make conversation  
flow more easily and the words  
came out slurred and incoherent.  
We drank to diminish our problems  
and saw them multiply.  
We drank to feel heavenly  
and ended up feeling like hell.*

*author unknown*



# From the Editor



With a new season comes a new name for the new Alcohol and Drug area here at Navy Personnel Command. We're 'NADAP' (Navy Alcohol and Drug Abuse Prevention), and with the transition comes new ideas and goals for the future.

Things we're planning are: A NADAP Summit in June here in Millington; nine new Drug and five alcohol public service announcements; and two new traveling displays for conferences and exhibits.

We hope you're enjoying the new look of the magazine, and as always, if you would like to submit an article, photo or information on how you incorporate the *Right Spirit* in your daily routine, please email me at [p602c@persnet.navy.mil](mailto:p602c@persnet.navy.mil)

*All the Best,  
Lindsay Conner, Editor*

# IMPORTANT NEWS

## From the Defense Authorization Act

Subtitle I – Military Justice and Legal Assistance Matters

Sec. 581. BLOOD ALCOHOL CONTENT LIMIT FOR THE OFFENSE UNDER THE UNIFORM CODE OF MILITARY JUSTICE OF DRUNKEN OPERATION OF A VEHICLE, AIRCRAFT, OR VESSEL.

“(b) (1) ... the applicable limit on the alcohol concentration in a person’s blood or breath is as follows:

“(A) In the case of the operation or control of a vehicle, aircraft, or vessel in the United States, such limit is the blood alcohol content limit under the law of the State in which the conduct occurred, except as may be provided under paragraph (2) for conduct on a military installation that is in more than one State and subject to the maximum blood alcohol content limit specified in paragraph (3).

“(B) In the case of the operation or control of a vehicle, aircraft, or vessel outside of the United States, the applicable blood alcohol content limit is the maximum blood alcohol content limit specified in paragraph (3) or such lower limit as the Secretary of Defense may by regulation prescribe.

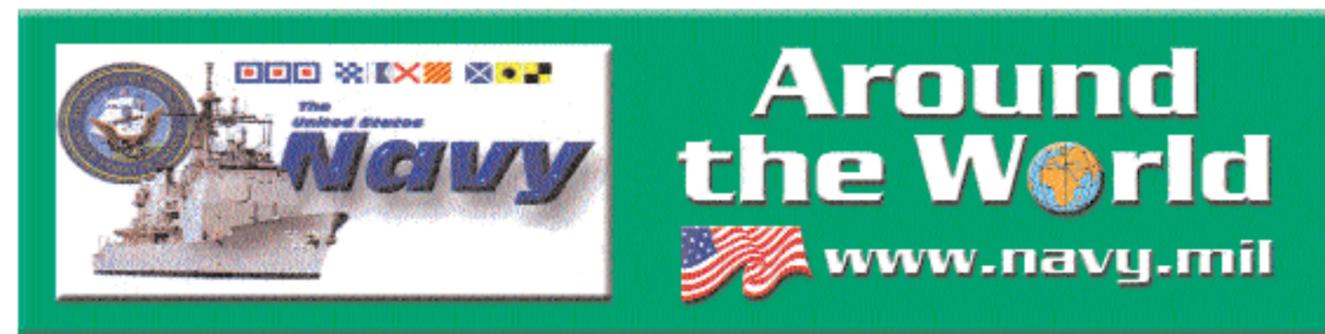
“(2) In the case of a military installation that is in more than one State, if those States have different blood alcohol content limits under their respective State laws, the Secretary may select one such blood alcohol content limit to apply uniformly on that installation.

“(3) For purposes of paragraph (1), the maximum blood alcohol content limit with respect to alcohol concentration in a person’s blood is 0.10 grams of alcohol per 100 milliliters of blood and with respect to alcohol concentration in a person’s breath is 0.10 grams of alcohol per 210 liters of breath, as shown by chemical analysis.

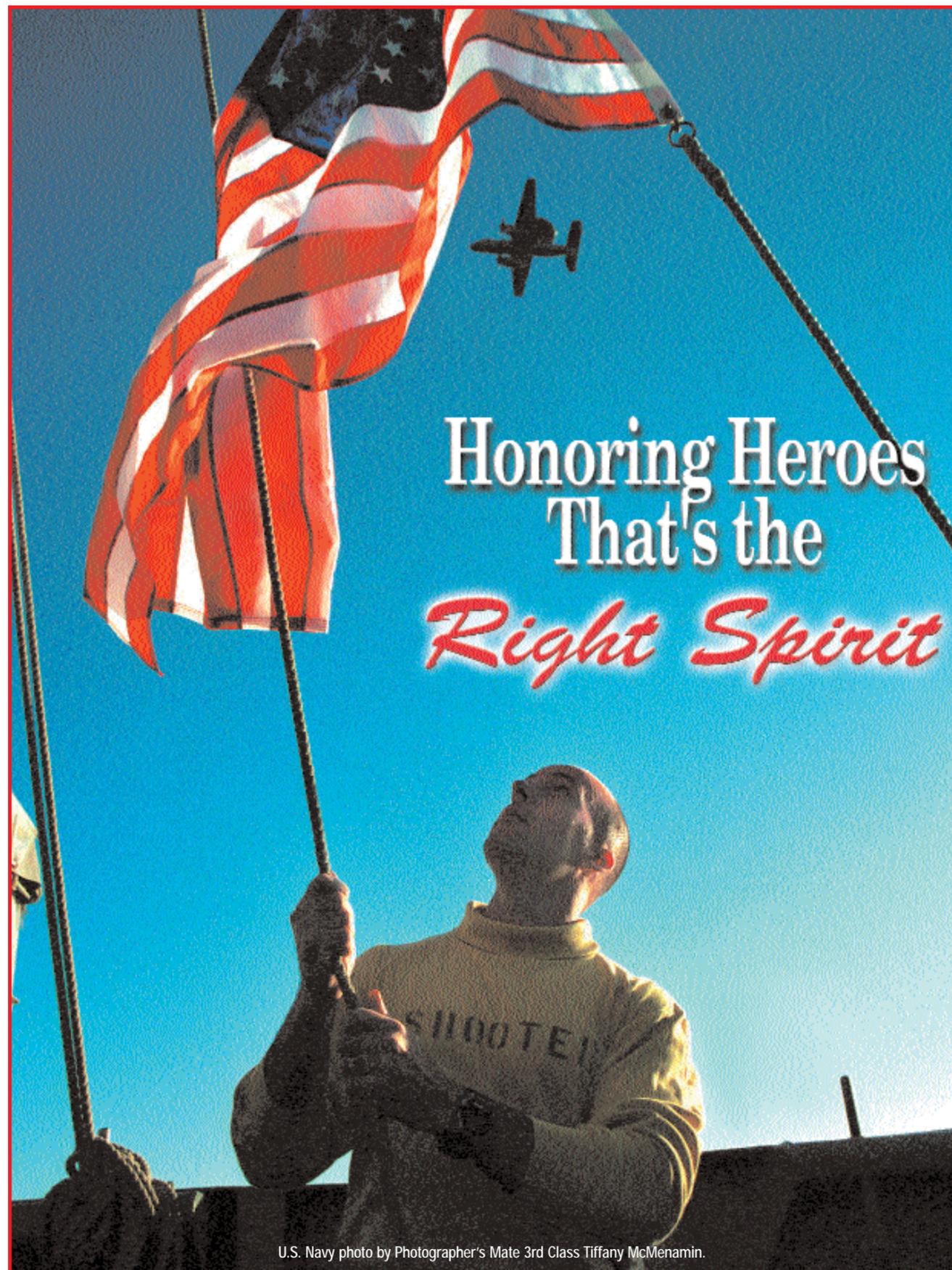
“(4) In this subsection:

“(A) The term ‘blood alcohol content limit’ means the maximum permissible alcohol concentration in a person’s blood or breath for purposes of operation or control of a vehicle, aircraft, or vessel.

“(B) The term ‘United States’ includes the District of Columbia, the commonwealth of Puerto Rico, the Virgin Islands, Guam, and American Samoa and the term ‘State’ includes each of those jurisdictions.”



Whatever you do **REMEMBER** it's ok not to drink



Honoring Heroes  
That's the  
*Right Spirit*

U.S. Navy photo by Photographer's Mate 3rd Class Tiffany McMenemy.