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## Here's to Grog

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# HERE'S TO GROG!

An article prepared

by

Commander J.R. Tappan, U.S. Navy

*"What do you do with a drunken sailor*

*early-y-y in the mornin'?"*

Grog.

The seafarer's drink of song and chantey. Our traditional beverage.

But grog is more than sea-spray, sails, and swords. Grog is also alcohol.

And what *do* we do with the drunken sailor—the pilot, FBM fire-control technician, chief ordnanceman, doctor, snipe, admiral, messcook, parachute rigger . . . ?

You may begin to sense that there is no intention of hoisting any tankards here. Even so, maybe you have a *Personal* reason for reading this.

Is it because you have an uneasy feeling that the Navy is dependent on alcohol—is an alcohol pusher?

Is it because your skipper, your exec, your department head, your division chief, petty officer, leading seaman, or the new recruit has caused you trouble at one time or another when he or she could not "handle" the booze? Or, closer to home, is it because booze is moving in on your mother, sister, brother, wife, daughter, or your son?

Or are you reading this because the title made you feel good about our

traditional wetting-down parties, drinking the dolphins, beer busts, wine-tasting nights, vodka blizzards, initiations, mess nights, Friday noon liquid lunches, champagne brunches, "muster-ing" at the O'Club or the Chief's Club, hard-to-refuse prices at the package store, and our happy, happy (happy?) hours . . . ? That must be it.

Because, of course, you don't have a problem, and besides . . .

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In this article the author makes a *gut* plea for Navy management to deal with a problem that is causing extravagant waste in terms of people and dollars. The article is a popularized version of an exhaustive research project by Commander Tappan conducted under the auspices of the college's advanced research program. The project is titled "Prevention of Alcoholism and Other Drinking Problems in the U.S. Navy"; copies of this study are available from the Chief of Naval Personnel (ATT: Pers 6c15), Navy Department, Washington, D.C. 20350 (autovon 222-1210). The author wishes to acknowledge the valuable advice and assistance given by Mr. Bernard Donohue in the preparation of this article.

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**TABLE I—CURRENT DRINKING PRACTICES AND THEIR CONSEQUENCES OF SAMPLE FROM FOUR NAVAL INSTALLATIONS (OFFICER AND ENLISTED MEN COMBINED)<sup>a</sup>**

Serious Consequences Typology (in last 3 years)	Results from Questionnaires (in percentages)		
	By mail <sup>b</sup> (N=845)	(1603) Total	On-site <sup>b</sup> (N=758)
Critical Conditions (2 or more very serious problems with wife, friends, job, police, health, injuries)	4		5
Very Serious Consequences (a very high score in one of problem areas above)	10		13
Serious Consequences (numerous unfavorable consequences—problems with wife, friends, job, police, health, finances)	18		14
Very Heavy Intake or Binge (the higher side of Heavy Intake below or staying intoxicated for several days or on binge 3 or more times)	6		6
Subtotal	38%		38%
Heavy Intake (5 or more drinks at least 4 days a week; or 8 or more at least once a week; or 12 or more at least once a month)	14		13
Potential Problems Only (Psychological dependence, loss of control, belligerence)	20		22
Drank, No problems	26		24
Nondrinkers	3		3
Total <sup>c</sup>	101%		100%

<sup>a</sup>Data obtained from memorandum to Director, Alcohol Abuse Control Program from Ira H. Cisin and Don Cahalan, Bureau of Social Science Research, Inc.: Supplementary Analysis of Drinking Problems, Navy Pilot Study, 28 February 1973. Survey taken at two large CONUS and two large overseas naval installations.

<sup>b</sup>This table indicates that the same effective data can be obtained by mail as by in-person surveys.

<sup>c</sup>Totals may vary because of rounding of components.

And besides, "I don't want anybody on my ship who can't hold his liquor!" And furthermore, "I don't trust a man who doesn't drink!"

Well, for whatever reason, personal or professional, you are reading. So, while I have your attention, let's look at some rather shocking figures from a recent and important research effort.

A pilot study (tables 1 and 2) indicates that 38 percent of our Navy—that is about four friends at your small cocktail party and every third flesh-and-

blood sailor belying up to the bar—38 percent of our Navy has *self-reported*<sup>1</sup> serious life consequences because of frequent overdosing of alcohol. These serious life consequences are such traumas as: you've been passed over; your wife has walked out or threatened

<sup>1</sup>This survey presents tangible evidence as to the scope of the Navy-wide problem. The figures vary less than 1 percent from those taken in a larger (11,000) Army sample and correspond closely to related statistics on the total adult U.S. male population.

TABLE 2—CURRENT DRINKING PRACTICES AND CONSEQUENCES  
BY PAY GRADE CATEGORY<sup>a,b</sup>

Serious Consequences Typology (last 3 years)	Enlisted Men (%)			Officers (%)		
	Total (N=895)	Junior (N=559)	Senior (N=334)	Total (N=708)	Junior (N=455)	Senior (N=251)
Critical Conditions	7	7	7	2	2	2
Very Serious Consequences	14	16	12	7	9	6
Serious Consequences	17	20	13	14	13	15
Very Heavy Intake or Binge	9	8	10	3	3	3
Subtotal	47%	51%	45%	26%	27%	26%
Heavy Intake	13	12	15	13	13	12
Potential Problems Only	16	16	15	27	28	24
Drank, No Problems	20	17	26	32	30	37
Nondrinkers	3	4	3	2	2	2
Total <sup>c</sup>	99%	100%	101%	100%	100%	101%

<sup>a</sup>Data obtained from Memorandum to Director, Alcohol Abuse Control Program from Ira H. Cisin and Don Cahalan, Bureau of Social Science Research, Inc., subject: Supplementary Analysis of Drinking Problems, Navy Pilot Study, dated 28 February 1973.

<sup>b</sup>Data on pay grades were unavailable for two enlisted men and two officers.

<sup>c</sup>Totals may vary because of rounding of components.

to; you've been arrested; you've had too many accidents; or you are really hurting, physically or emotionally or both.

And that doesn't even include those among us who need—that's right—who *need* several slugs a night to be "ourselves" again. Did you say, "Well, maybe we do have a problem?" For a moment, however, let's not even talk about us or you or somebody else. I have an even different problem and I don't know what to do about it, except to write snappy phrases and invoke the Spirit that Moves on the Waters and wonder if someone is still interested—or comfortable—enough to keep on reading.

This is my problem. It takes real guts—not Hollywood blood and guts; not the Cubi Point "march on the O'Club" guts—but *real* guts to drink straight ginger ale in this man's Navy. Or even to have only one or two cocktails or beers and call it quits. Real guts.

And I don't have them.

Sometimes, I don't really want a drink. But rather than stand around

emptyhanded at our many Navy socials, I feel like I have to fool the crowd by keeping something that looks like booze in my drinking hand. In good company I feel I do *not* have the choice to take it or leave it. Not with people I like or want to be liked by. And I wish I could.

What kind of pressure is it that gives me this feeling? It is everywhere you go in today's Navy. "Hey, man, the coke fountain is at the pharmacy down the street."

Not only that but it hurts me, now that I know the facts about the subject, when I see many friends abusing booze—and frequently. Because now I *know* that too many of them either are sick or eventually will become sick to the point of developing a dependency upon the drug if the overdoing continues.

So, what do I do about it? Try to shut down the clubs or eliminate happy hours? No! Carry Nation and her prohibitionists were nuts. Drinking *can* be healthfully enjoyed. Although alcohol is a drug, it has value when maturely used. It lubricates socially, it sedates, and it

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soothes. But a great number of us either do not or cannot use this drug safely. This is especially true for those 9,000,000 (and counting) neighbors in the United States<sup>2</sup> and those 50,000 to 100,000 shipmates<sup>3</sup> who suffer from the disease of alcoholism and for whom alcohol is literally a poison. Also included in this group who *cannot* use the drug at all are millions of recovered alcoholics who, with great strength, defend their worthy lives against the encroachments of amoral hucksters or well-meaning friends.

Let's take a closer look at this so-called problem that somebody has.

Note the significant difference between officer and enlisted personnel in table 2. While the 38 percent figure reflects combined officer and enlisted results, 47 percent of this category were enlisted men and 26 percent were officers. This enlisted-officer "actual problems" ratio is odd because when we examine the "potential problem only" typology, we find just the opposite: that twice as many officers as enlisted men are categorized. Remembering that these statistics reflect self-reported consequences of drinking, this contrast raises a question: Is there any less drinking by officers or just more reluctance to face the problems it is causing?

The statistics also show that the greatest number of alcohol abusers are the younger, more junior enlisted personnel. In addition, 21 percent of these junior (below E-6) enlisted men who admitted having job-related drinking problems within the last 3 years also admitted having been "high" or "tight" on duty one or more times during that period.

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<sup>2</sup>Of the total U.S. population, about 45 percent, or 100 million, are drinkers. The percentage of male drinkers in the total population is greater than female.

<sup>3</sup>Ninety-seven percent of all Navy personnel are drinkers, the great majority being male.

Something is becoming clearer here. Do we *expect* our young sailors to be "steamers"?

Further, regarding performance of duty, a relatively high proportion of both enlisted men (27 percent) and officers (22 percent) reported alcohol-related inefficiencies, such as putting in only a part of a day's work or substandard performance. Businesses and industries which are aware of employee alcohol problems are also familiar with the "high-priced half-man"—a highly paid executive or manager with alcohol problems.

It is a frightening thought that 38 percent of our force is so seriously affected by excessive drinking. It is especially frightening when you consider that 40 percent of this number—or 15 percent of our Navy—will go on to become confirmed alcoholics.<sup>4</sup> And an alcoholism rate of 15 percent should make it the Navy's *number one* health problem. For myself, I can't help but agree, after 22 years of being surrounded by *serious* alcohol abuse overseas and in home ports, both ashore and afloat (yes, afloat—but we never talk about that).

But everyone knows that statistics can lie, and maybe these do, too. Certainly they are hard to prove, because statistics are not people. They are not easily related to yourself or your shipmates. So you can scoff or laugh them off, if you need to.

Therefore, let's not count any more heads; let's count something else—*money*. Over \$189,000,000—annually—in poor job performance alone!<sup>5</sup>

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<sup>4</sup>Forty percent of frequent, heavy drinkers develop alcoholism according to data presented at the Surgeon General's Conference on 22 May 1970.

<sup>5</sup>This is a *minimum* estimate. Figure based on one-quarter of an alcoholic employee's annual salary, the rate used by the GAO and the National Council on Alcoholism to determine the dollar costs in poor job performance.

That is quite a bar bill. That is what we in the Navy are swilling down—your OPTAR or 113 dump trucks full of greenbacks in job inefficiencies and everyday snafus, missed movements, Casreps, non-“Zero Defects,” and other botched jobs. And that doesn't even touch the costs of medical treatment or the replacement of personnel who have to be mustered out or nursed along to early retirement. Throw in a few serious accidents, such as a midair collision involving F-4's, even *without* fatalities and pilot replacements, and the price really soars.

And what about the costs we can't measure—what about the families, the kids? Fifty-two percent of all of today's alcoholics are the *children* of alcoholics. That is some heritage we are pouring them. That's right—heritage, not heredity. For better or worse, if they watch their immortal, omnipotent parents solving all of *their* problems with alcohol, what do you expect the kids to do when the hassling starts? If, peeking over the banister at our famous Navy socials, they see liquor as the only obvious requirement for a party, you can hang up Emily What's-her-name or any parental guidance to the contrary—your kids know what “grownups” do.

In fact, we make drinking a badge of manhood, don't we? “Can't drink 'till you're a man, son.” And once you are there, if ever you can't hold your liquor through all of our good-time Navy social traditions and customs, look out! You are *no longer* a man!

But let's back up a bit. What about alcohol? Why all the fuss? What is it and what does it really do?

Simply stated, alcohol is a depressant drug. It is also legal, as you know, and it ought to stay that way. Alcohol and ether have similar chemistry. Just remove one molecule of water from two molecules of alcohol and you have ether. Stimulate you? You may think so, but no way. It will knock you out, a little bit at a time. Ethanol. That is what

you are drinking. Ethyl alcohol, the causative agent in all alcoholic beverages. And, although it takes many years and an M.D. after your name to be an anesthesiologist, anybody can self-administer alcohol.

Of course, when too much alcohol is self-induced, coffee is usually prescribed—lots of coffee. Unfortunately, coffee may just keep that person, now with reduced judgment and reactions, awake long enough to get behind the wheel.

Some of the more obvious short-term effects of our traditional beverage are well-known, as are a few of the long-term effects. Yet, many effects are generally misunderstood. Let's examine some of them briefly.

The effects of alcohol consumption depend upon a variety of factors such as the rate of absorption, learned expectation, and central nervous system adaption to the drug<sup>1</sup> . . . In the normal drinker, brief periods of drinking leave no discernible behavioral or neurological residue, and therefore do not constitute a persistent health hazard. At the other end of the scale, however, extreme intoxication may lead to a depression of the central nervous system and to a state of stupor with an attendant risk of death.<sup>3\*</sup>

Of course, this risk of death comes from the physiological effects of the drug upon the individual. Other risks of intoxication include the much-quoted automobile accidents and fatalities—over 50 percent are alcohol-related—arrests (nearly half), suicides (one-third), and other violent acts. These are real-time risks. But the effects of large doses of alcohol over long periods of time are insidious.

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\*Where indicated by asterisk, quotations for this paper were drawn from the author's original research work (see footnote on title page of this article).

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Long-term abuse of alcohol may result in structural damage to the heart, brain, and liver. In addition, very heavy long-term drinking may cause mental disorders and permanent damage to the nervous system, memory, judgement, and learning; sexual ability may deteriorate severely along with the disintegration of the personality.<sup>6\*</sup>

Can you drink everyone under the table? We all know people who can. What makes them "tick"?

Chronic and heavy consumption of alcohol seems to alter the sensitivity of the central nervous system to its effects. This means that larger amounts of alcohol are needed to produce the same effect. This adaption of the central nervous system to the effect of alcohol is termed "tolerance" by pharmacologists. Adaption is common to the chronic use of all addictive drugs and is believed to be a basis of "addiction" or, in more recently adopted terminology, "dependence."<sup>7\*</sup>

Let's face it. There are differences between a shipmate who is dependent on alcohol and the moderate or even heavy drinker. The former isn't trying to prove his manhood any more or even to drink you under the table. He needs greater amounts of the drug now, even though he may be without the obvious behavioral impairments normally associated with such amounts. But take his supply away from him and he may experience dramatic changes in behavior and perceptions. He may suffer from severe tremulousness, hallucinations, confusion, delirium, convulsions, and, at the extreme, death. That's right—death. Even withdrawal from heroin addiction doesn't do that!

It is obvious that abuse of this drug is the major factor leading to problem drinking. And the 4 out of 10 ratio, previously referred to, of frequent

excessive drinkers who will eventually become dependent upon it was not casually used. Many authoritative studies have established this rate.

Did you say, "But aren't we (?) doing something about this? Isn't the Navy. . . .?"

Probably not. Because from where you sit, *YOU* are the Navy. If somebody else's Navy is doing something, well . . . what is that to you? Besides, isn't the following really your policy?

- Full support and cooperation will be given to the person who can successfully conceal his or her alcoholism from the attention of Command.

- Such premiums will include leave, liberty, job security, promotional opportunities, fringe benefits and, when eligible, full retirement.

- However, if that person becomes so sick that he cannot conceal his illness, then he shall be punished and/or separated from the service without benefit (unless we can hide it for him to retirement).

It's not your policy? That is commendable. Speaking only for myself, as a one-time commanding officer, it used to be *mine*.

Of course, somebody else's Navy is doing something about this situation. There are over 1,000 volunteer recovered alcoholics in the Navy's referral network, a vital part of the Navy's Alcoholism Prevention Program. Many of them have recovered from alcoholism through the Navy's treatment and rehabilitation facilities. This network is helping shipmates and their dependents who are in trouble with alcohol, but it is available to aid commands, as well, in connection with preventive education, identification, and alcohol counseling.

After special training, qualified recovered alcoholics are designated as collateral duty alcohol counselors (CODACs). CODACs have educational and other resources available to them and are

working in coordination with the Navy's Human Resources Management Centers, the Naval Safety Center (driving safety program), medical officers, local shore patrol, military and civilian police, chaplains, social workers, AA, and other local organizations as a means to maximize their effectiveness... It is significant to note that in 1973 the number of recovered alcoholics who have volunteered their services increased over 60 percent.\*

Their noteworthy efforts have helped a lot of sick shipmates in a relatively short period of time. Although the Navy's Alcoholism Prevention Program was not established until mid-1971, an alcohol rehabilitation center (ARC) at Long Beach, Calif., has treated over 1,700 patients since 1967. As of this writing, 4,350 active duty military inpatients (4,163 enlisted, 187 officer) at 5 ARC's and 14 alcohol rehabilitation units (ARU's) have completed rehabilitation. The restoration-to-duty effectiveness rate is about 70 percent. But, with over 240 shipmates pouring into these facilities monthly now, there is a backlog of individuals with alcohol problems awaiting treatment despite the expansion of the Navy's facilities for treatment.

The cost-effectiveness of the Navy's treatment and rehabilitation program is unbelievable, and cannot be examined in detail here. To give you a hint, though, the cost savings of successfully rehabilitating three pilots and getting them back into their cockpits again early last year at one ARC was \$1.5 million! And how much would it cost us to recruit and train replacements for the 2,050 alcoholic inpatients alone who were successfully restored to full duty just last year? The cost analysis estimate is in the hundreds of millions! Yet, the total Alcohol Program treatment costs annually are only \$4.9 million. And we haven't even mentioned the 9,000 out-

patients treated in the program last year!

From a purely management viewpoint, the Navy's alcohol program is probably the most cost-effective Navy program going other than possibly the Safety Program. It just does not make sense, for example, to muster out our seasoned and experienced people who have developed an alcohol problem. Separating these casualties immediately establishes the need for replacements, but at a much greater cost than the expense of rehabilitation.

But are you convinced that the alcohol problem can be managed effectively? Probably not. That is one of the biggest stumbling blocks in the alcohol education program's efforts so far—convincing top and middle management that the problem *can* be managed to the Navy's benefit and *should* be so managed.

In fact, the alcohol education program's primary goal is to provide command management

with methodologies and educational and personnel resources to assist each command in establishing effective drug education and action programs... The Navy's half-day alcohol education package includes "Chalk Talk on Alcoholism," as well as other films and materials, and is being presented to all commands by CODACs and drug abuse education specialists (DAESs).\*

It should be noted that an alcohol education program, such as has been described briefly above, is required by both the Secretary of the Navy and the Chief of Naval Operations in their directives on the subject to be implemented at all levels of command.

But then SECNAV and CNO require a lot of things to be "implemented"...

Besides, you've got the conn. Not them.

Yet, can you honestly say you know enough, right now, to be effective? With

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all respect, I doubt it.

You can learn, though. And you can do something, if you really want to. Something for yourself, your wife, your kids, or your men. Even for your seniors (even for them!).

That CNO directive, OPNAV Instruction 6330.1, is in the files somewhere. Do what you want with it.

And there are books, pamphlets, movies, and seminars. And there are *people!*

Do you know a recovered alcoholic—one of “those” people? Sit down with him. You’ll learn more in an hour from a recovered alcoholic who knows you care than from all the articles in the world. I don’t promise you it will be comfortable finding out how you, unwittingly, have contributed to the development of his illness, but it might help you from doing it again.

And how about right there in your command? Your CODAC or DAES has what you’ll need. Let him see you. Make his day.

But, Skipper, good intentions aren’t enough. If you’re pursing your lips, nodding portentously, and intending to shuffle this onto your XO, who will, of course, finesse it on to his . . . well, so much for “delegation.” When that routine is over, the only people who really *learn* something are those three confused messcooks on the fantail.

You do not have something better to do!

An enemy who can cripple one-third of your crew and wipe out your OPTAR demands your attention. If that enemy were another fighting force, you had better believe that you would know everything there was to know about it before engaging it.

But, go ahead. Have your grog. Have as many as you don’t need. Or as few as you want.

Because, remember, the problem is

not alcohol. It is its abuse.

So, please, start looking around. Look at your clubs’ profit motives and how they go about ensuring business. How do the hours and condition of your special services recreational facilities stack up against your clubs? Where is the emphasis?

Take a hard look at your next unit party, CPO initiation, wetting-down, or mess night; because they are valuable to the Navy team and we should have them. But what is the *real* purpose of those longstanding Navy traditions and customs? We’ve got more swizzle sticks than stacks and flagpoles.

Finally, I think you know, now, what we do with a drunken sailor. We treat him. But what we do about the potential ones depends on you.

And nobody else.

Except me, of course, and I’m still looking for the light switch. So let’s start right here. Our shipmates can order for themselves—let’s all stop pushing “Navy . . . on the rocks.”

Now, as I was saying, Admiral . . .

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### BIOGRAPHIC SUMMARY



Comdr. (captain-selectee) Jeremy R. Tappan, U.S. Navy, did undergraduate work at Carleton College and holds a bachelor's degree from the U.S. Naval Postgraduate School, Monterey, Calif. As a naval aviator,

he has served in numerous attack squadrons and as Commanding Officer of VA-37. He has also served in the Office of the Chief of Naval Operations, Nuclear Safety and Readiness Branch, is a 1973 graduate of the College of Naval Warfare, and is currently on special assignment in regard to his research project by the Alcoholism Prevention Project Office, Bureau of Naval Personnel.

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