DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
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WASHINGTON, DC 20350-2000

IN REPLY REFER TO

OPNAVINST 5350.4C CH-1
N153B
April 19, 2000

OPNAV INSTRUCTION 5350.4C CHANGE TRANSMITTAL 1

From: Chief of Naval Operations
To: All Ships and Stations (less Marine Corps field addressees not having Navy personnel attached)

Subj: DRUG AND ALCOHOL ABUSE PREVENTION AND CONTROL

Encl: (1) Revised page 8 of enclosure (2)
(2) Revised page B-4 of appendix B to enclosure (2)

1. Purpose. To transmit revised pages 8 and B-4, which provide comprehensive alcohol and other drug abuse prevention and control policy and procedures for all Navy military personnel, and to establish regulations to enforce that policy.

2. Action. Remove page 8 of enclosure (2) and page B-4 of appendix B to enclosure (2) and replace with enclosures (1) and (2).

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Deputy Chief of Naval Operations
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Distribution:
SNDL Parts 1 and 2

DEPARTMENT OF THE NAVY
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N153B
29 June 1999

OPNAV INSTRUCTION 5350.4C

From: Chief of Naval Operations
To: All Ships and Stations (less Marine Corps field addressees not having Navy personnel attached)

Subj: DRUG AND ALCOHOL ABUSE PREVENTION AND CONTROL

Ref:
(a) SECNAVINST 5300.28C
(b) DOD Directive 1010.4 of 3 Sep 97 (NOTAL)
(c) SECNAVINST 5300.29A
(d) SECNAVINST 1700.11C
(e) NAVPERS 15560C (Naval Military Personnel Manual)
(f) BUMEDINST 5300.8
(g) OPNAVINST 5355.3B
(h) NAVPERS 15909F (Enlisted Transfer Manual)
(i) SECNAVINST 1910.4B (NOTAL)
(j) SECNAVINST 1920.6A
(k) DOD Policy Memorandum on TRICARE Substance Abuse Treatment of 13 Feb 97 (NOTAL)
(l) DOD Instruction 1010.16 of 9 Dec 94
(m) BUMEDINST 6120.20B (NOTAL)
(n) DOD Directive 1300.17 of 3 Feb 88(with Int Ch of 25 Apr 97)(NOTAL)
(o) Section 1996a of 42 U.S.C. (as amended 1994)(NOTAL)

Encl:
(1) Screening and Treatment
(2) Drug Program
(3) Education and Training Policy and Requirements
(4) Acronyms and Definitions

1. Purpose

a. To provide comprehensive alcohol and other drug abuse prevention and control policy and procedures for all Navy Military personnel, and to establish regulations to enforce that policy.

b. To assign responsibilities for a unified Navy Alcohol and

other Drug Abuse Program in compliance with reference (a). This instruction is a complete revision and should be read in its entirety.

2. Cancellation. OPNAVINST 5350.4B, Report Control Symbols OPNAV 5350-9 and OPNAV 5350-10, forms OPNAV 5350/2 and OPNAV 5350/10.

3. Background/Discussion. Drug and alcohol abuse is a severe detriment to combat readiness in terms of performance, reliability, judgment, and time lost. It undermines health, safety, discipline, and loyalty. Drug and alcohol abuse is incompatible with the maintenance of high standards of performance, military discipline and readiness and is destructive of Navy efforts to instill pride, promote professionalism, and enhance personal excellence. Enclosures (1) through (3) are procedural guidance for coordinating the policies set forth in references (a) through (o). Enclosure (4) provides definitions for operational use within the Navy Drug and Alcohol abuse program.

4. Applicability. The provisions of this instruction apply to all active duty and Naval Reserve members, enlisted and officers. This instruction applies to military personnel individually and shall have the effect of a lawful general order without further implementation. Violation of this instruction subjects military members to disciplinary action under the Uniform Code of Military Justice (UCMJ) and may lead to administrative separation per reference (a).

5. Concept. The major elements underlying the Navy's approach to eliminating drug and alcohol abuse are enhanced detection, deterrence, prevention, intervention, and treatment when necessary. This approach emphasizes the constructive use of discipline, preventive education, intervention, and medical treatment for members who are responsive and who reject further abuse.

6. Policy

a. Drug and alcohol abuse by Navy members can seriously damage their physical and mental health, jeopardize their safety

and the safety of others, and can lead to criminal prosecution and discharge under less than honorable conditions. Drug and alcohol abuse detracts from operational readiness, and is inconsistent with Navy Core Values and initiatives to promote personal excellence and healthy lifestyles among Navy members. As required by references (a) and (b), it is the goal of the Navy to be free of the effects of drug and alcohol abuse.

b. Commanders, commanding officers (COs), and officers in charge (OICs) must exercise sound judgment in enforcing Navy drug and alcohol abuse policies and ensuring proper disposition of individual cases. They must analyze all available evidence to determine whether drug or alcohol abuse exists and shall respond to unacceptable behavior or performance with appropriate corrective actions. Consistent enforcement of existing rules and regulations and the policies specified in this instruction by officers, enlisted leadership, and civilian supervisors is vital to the program's success.

c. Navy's policy on drug abuse is "zero tolerance." Navy members determined to be using drugs, in violation of applicable provisions of the Uniform Code of Military Justice (UCMJ), Federal, State or local statutes, shall be disciplined as appropriate and processed for administrative separation as required. Members diagnosed as drug dependent shall be offered treatment prior to separation. As an exception, members who have received treatment for drug dependency and are in a prescribed command-approved aftercare status are not eligible for another treatment period prior to separation.

d. Navy's policy on alcohol is "responsible use." It is a personal decision of individual members as to whether or not to consume alcoholic beverages. Abstinence, the choice not to drink alcohol, is always a responsible option. Members who choose not to drink shall be supported in their decision and encouraged to remain alcohol free; however, members who choose to use alcohol must do so lawfully and responsibly. Responsible use is the application of self-imposed limitations of time, place, and quantity when consuming alcoholic beverages. Alcohol consumption is never an acceptable excuse for misconduct or poor judgment. Therefore, while it remains an individual choice as to whether or

not to drink alcoholic beverages, members who choose to drink shall do so in an appropriate place, at an appropriate time, and in an appropriate quantity. Alcohol shall not be consumed to the extent that it:

(1) Impairs the rational and full exercise of a member's mental and physical faculties while on duty or in the performance of military duties.

(2) Reduces the member's dependability and reliability.

(3) Reflects discredit upon the member personally or upon the Navy.

(4) Violation of the prohibitions set forth in this instruction subjects military members to disciplinary action under the UCMJ. The full range of administrative and disciplinary actions is available to address violations. These include informal counseling, comments in fitness reports and evaluations, administrative separation, and punitive measures under the UCMJ.

(5) Navy does not condone the consumption of alcoholic beverages during normal working hours. By way of limited exception, commanders, COs, and OICs may authorize consumption of alcoholic beverages during normal working hours for official functions, ceremonies, and other infrequent command-sponsored events. Additionally, the consumption of alcoholic beverages may be authorized by cognizant authority at unified/joint/combined commands for certain social occasions and events when participation by Department of the Navy (DON) personnel is expected to foster good will and promote international and/or community relations.

(6) Commands must emphasize responsibility and moderation at all events, and shall deglamorize alcohol use during traditional ceremonies by forbidding those practices which may encourage personnel to drink irresponsibly. Adequate quantities of non-alcoholic beverages must be provided for those who choose not to drink alcohol. All military personnel are ultimately responsible for their own actions.

e. It is the Navy's goal to be free from the effects of drug and alcohol abuse. Recognizing the investment the Navy has in our Sailors, it is imperative that as many members as are prudently possible who are diagnosed as alcohol abusers or as alcohol dependent, be returned to full duty status upon successful completion of prescribed education, intervention, and treatment.

(1) Commands will discipline as appropriate and process for administrative separation those members whose alcohol-related misconduct is severe (see "serious offense" definition), who are repeat offenders, or who do not respond favorably to treatment.

(2) Members who incur an alcohol incident, any time in their careers, after having received treatment that resulted from a previous alcohol incident, will be processed for administrative separation, unless a written waiver is obtained from the Commander, Navy Personnel Command (COMNAVPERSCOM). For purposes of this provision, treatment shall include Medical/Alcohol Treatment Facility early intervention services (e.g., Alcohol Impact or equivalent).

(3) Additionally, members who incur an alcohol incident at any time during the screening and treatment process that resulted from a previous alcohol incident, even though treatment may not have been completed, will be processed for administrative separation unless a waiver is obtained from COMNAVPERSCOM.

(4) In any event, members diagnosed as alcohol dependent or as alcohol abusers will be offered appropriate treatment prior to separation, except those members who have received treatment for alcohol abuse/dependency and currently are in a prescribed aftercare status.

7. Guidance for Reporting Seniors

a. Alcohol dependence and alcohol abuse are recognized as treatable conditions. Referral for treatment, when there is no alcohol-related misconduct, regardless of whether the referral was initiated by the member or his/her CO, should not be viewed as detrimental when recommending the member for promotion, command screen, or special assignment.

b. Alcohol-related misconduct, however, should be considered a significant fitness/performance factor. Per ALNAV 080/96, the Secretary of the Navy has determined any substantiated drunk driving (i.e., Driving Under the Influence/Driving While Intoxicated (DUI/DWI)) offense when found guilty to be a substantial failure in judgment, behavior, and leadership. Such a lack of personal responsibility and general disregard for the safety of oneself and the public is incompatible with the high standards of conduct and behavior expected of members of the Naval Service. The following guidelines should apply:

(1) Alcohol-related misconduct should be weighed along with all other performance factors during a respective reporting period. The severity of the misconduct should be a significant factor in the evaluation process.

(2) If a member experiences alcohol-related misconduct and is subsequently promoted/selected, then the period in which the misconduct took place should be weighed against all similarly evaluated periods when considering future recommendations and assignments.

(3) Alcohol-related misconduct should normally be reported when the next fitness or evaluation report comes due. A special report may be submitted, however, if the reporting senior believes that facts should be placed on the record before the next occasion for a report (e.g., member eligible for promotion selection board occurring prior to next reporting period, withdrawal of advancement recommendation of enlisted member for an advancement cycle, etc.). Reporting seniors should consult the Navy Performance Evaluation and Counseling System, NAVPERSCOM Instruction 1610.10, for guidance on submission of special reports.

8. Action

a. Deputy Chief of Naval Operations (Manpower & Personnel) (N1) is responsible for Navy Drug and Alcohol Abuse Program policy, and interfaces with the Department of Defense (DoD) and other agencies.

b. Commander, Navy Personnel Command (COMNAVPERSCOM) is designated as program sponsor, responsible for implementation. COMNAVPERSCOM shall:

(1) Provide subject matter expert personnel to Command Inspection Teams when requested by second echelon commands to evaluate the claimant's compliance with policy, assess the status of policy implementation within the headquarters command and the claimancy, and review resource assignment to ensure appropriate use.

(2) Develop, establish, and maintain all non-clinical Navy training and education requirements and objectives concerning drug and alcohol abuse.

(3) Establish Navy urinalysis requirements and conduct an annual Quality Assurance and Training Team (QAATT) Inspection of the Navy Drug Screening Laboratories (NAVDRUGLABs) with representatives of Chief of Naval Operations, Office of the Judge Advocate General, Navy Environmental Health Center, and independent forensic experts.

(4) Maintain the Alcohol and Drug Management Information and Tracking System (ADMITS). ADMITS maintains a computer database for the purpose of:

(a) Documenting and reporting alcohol-related education, command-/self-referrals, incidents, screenings, and treatment.

(b) Monitoring all incidents of drug and alcohol abuse and misuse Navy-wide.

(5) Provide training for all command level Drug and Alcohol Program Advisors (DAPAs).

c. Chief, Bureau of Medicine and Surgery (BUMED) is responsible for developing, implementing, and monitoring the medical aspects of the program. BUMED shall:

(1) Provide screening, referral, treatment recommendations, detoxification, early intervention, treatment,

and continuing care services. Arrange aeromedical evacuation (when necessary) of members in a patient status.

(2) Ensure that substance abuse services are provided by primary care physicians, mental health professionals, certified substance abuse counselors, and other qualified health care providers (HCPs) as determined by appropriate medical authority. All providers of substance abuse services shall be appropriately licensed or certified, and trained in the assessment and treatment of addictive disorders.

(3) Provide medical guidance in the development of training and education curricula for all naval personnel.

(4) Provide a representative to the DoD Biochemical Testing Advisory Committee.

(5) Establish, operate, and maintain NAVDRUGLABs for urinalysis and other biochemical testing in support of service requirements set by CNO. Ensure NAVDRUGLABs are certified by the appropriate authority.

(6) Issue and maintain a standard operating procedures manual for the NAVDRUGLABs.

(7) Conduct quality assurance inspections of NAVDRUGLABs three times per year and forward the results to DoD (Assistant Secretary of Defense for Health Affairs) per reference (b).

(8) Ensure medical treatment facilities (MTF) provide to COMNAVPERSCOM (PERS-6) required statistics on amounts and types of substance abuse services (e.g., ADMITS data).

(9) Provide statistical data and collaboration, as required, to COMNAVPERSCOM (PERS-6) for the purpose of drug and alcohol abuse prevention and control programs evaluation and assessment.

d. Superintendent, U.S. Naval Academy (USNA) shall:

(1) Provide drug and alcohol abuse prevention training to all USNA midshipmen.

(2) Establish administrative procedures for executing the Drug and Alcohol Abuse Statement of Understanding.

e. Chief of Naval Education and Training (CNET) shall:

(1) Provide enlisted recruit, "A" school, and apprentice school education programs in drug and alcohol abuse prevention.

(2) Provide drug and alcohol abuse prevention education and training to all officer candidates, midshipmen (except USNA midshipmen), and officers in pre-fleet assignment or entry programs.

(3) Include drug and alcohol abuse prevention curricula in General Military Training (GMT).

(4) Administer new entrant urinalysis at Recruit Training Center and appropriate officer accession points.

(5) Establish administrative procedures for executing the Drug and Alcohol Abuse Statement of Understanding.

f. The Naval Inspector General (NAVINSGEN) shall review, as part of the Naval Command Inspection Program, second echelon drug and alcohol abuse prevention and control programs to ensure program implementation, policy compliance, and appropriate use of assigned resources throughout the claimancy. COMNAVPERSCOM (PERS-6) personnel may augment NAVINSGEN inspection teams as appropriate.

g. Director, Naval Criminal Investigative Service (NAVCRIMINVSERV) shall:

(1) Develop guidance and provide assistance to commands in implementing and maintaining DUI/DWI countermeasure programs.

(2) Implement the national personnel security and collateral information security programs within DON, to include determination of which naval personnel are eligible for security clearance for access to classified information, or to serve in certain other sensitive positions.

(3) Manage the Navy Military Working Dog Program.

(4) Provide statistical data and collaboration, as required, to COMNAVPERSCOM (PERS-6) for the purpose of drug and alcohol abuse prevention and control programs evaluation and assessment.

h. Commander, Navy Recruiting Command (COMNAVCRUITCOM) and Commander, Naval Reserve Recruiting Command (COMNAVRESCRUITCOM) shall:

(1) Provide detailed procedural guidance to identify and screen out drug or alcohol abusers or drug traffickers seeking to enter the Navy.

(2) Implement detailed screening procedures for accepting individuals into the Navy who present indications of pre-entry drug use or underage alcohol use, but who show potential for creditable Naval service.

(3) Ensure that all recruits complete the Drug and Alcohol Abuse Statement of Understanding (OPNAV 5350/1) or equivalent (i.e., NAVCRUIT 133/65).

(4) Provide statistical data and collaboration, as required, to COMNAVPERSCOM (PERS-6) for the purpose of drug and alcohol abuse prevention and control programs evaluation and assessment.

i. Commander, Naval Safety Center (COMNAVSAFECEN) shall provide statistical data and collaboration, as required, to COMNAVPERSCOM (PERS-6) for the purpose of drug and alcohol abuse prevention and control programs evaluation and assessment.

j. Second and Third Echelon Commanders, through the assigned Alcohol and Drug Control Officer (ADCO), shall ensure that:

(1) Education programs are implemented and maintained.

(2) Program assessment reports are submitted as required.

(3) Subordinate commands actively support local

initiatives, including alcohol deglamorization, and implement DUI/DWI and other alcohol and drug abuse countermeasures consistent with the threat environment.

(4) Subordinate commands conduct urinalysis in accordance with procedures issued in enclosure (2).

(5) Navy Drug and Alcohol Advisory Councils (NDAACs) are formed at shore activities and meet at least quarterly.

(6) Prospective COs, executive officers (XOs), OICs, and command master chiefs (CMCs) successfully complete the 4-hour managers version of the Alcohol and Drug Abuse Managers/ Supervisors (ADAMS) training in accordance with enclosure (3).

k. Shore Installation COs shall:

(1) Implement drug and alcohol abuse countermeasures that are consistent with the threat environment and the local community, including inspection and enforcement programs covering persons, vehicles, and property.

(2) Establish a local NDAAC and ensure that it meets at least quarterly. NDAACs are responsible for analyzing the nature and extent of the local drug and alcohol threat and developing an action plan. The NDAAC chair will make the current threat assessment available for review during inspections and will make copies available to local commands. Minutes of meetings shall be reviewed by the CO.

(a) The NDAAC should, at a minimum, include the following personnel:

1. Installation CO or representative (O-5 or above) to act as chair

2. Staff Judge Advocate

3. Family Service Center director

4. Chaplain

5. Morale Welfare and Recreation director and club manager

6. Medical department representative

7. Tenant command representatives

8. Base security representative

9. NAVCRIMINVSERV representative

(b) Commanders are encouraged to include NDAAC issues as agenda items for other scheduled meetings.

(3) Revoke, for a minimum of 1 year, the on-base driving privileges of any member found guilty of driving a vehicle while intoxicated per reference (c). Suspected perpetrators who refuse to take blood alcohol content tests shall have on-base driving privileges immediately suspended, pending resolution of the incident. Report all DUI/DWI offenses to the member's reporting senior.

(4) Enforce underage drinking prohibition statutes by strict compliance with reference (d), which requires installations to adhere to minimum age requirements for the sale, purchase, possession, and consumption of alcoholic beverages that conform to laws of the local jurisdiction, state or host country in which the installation, facility or activity is located.

(5) Ensure close coordination with Federal and local law enforcement agencies.

1. Unit Commanders, COs, and OICs are responsible for understanding and aggressively supporting policies and taking immediate corrective measures in cases of personnel involved in drug and alcohol abuse and violations of the UCMJ. Specifically, they shall:

(1) Deglamorize alcohol use, and emphasize responsibility and moderation at all times. Provide adequate quantities of non-alcoholic beverages at command functions where alcohol use has

been authorized. Activities which may encourage personnel to drink irresponsibly shall not be tolerated.

(2) Provide specific guidance to the command regarding responsible use of alcohol.

(3) Ensure the command DAPA is trained and designated in writing.

(a) The primary DAPA should be E-7 or above and assistant DAPAs should be E-5 or above. Commanders, COs, and OICs shall maintain close liaison with their DAPAs. The DAPA is the command's primary advisor for alcohol and drug matters and reports directly to the CO or XO.

(b) The DAPA (and assistant DAPAs) shall not have had an alcohol incident within the 2 years prior to appointment, and shall have at least 1 year remaining in the command after appointment (except for those personnel on 1-year orders). Members who have successfully completed treatment for alcohol abuse/dependence shall have achieved at least 2 years sobriety prior to appointment as DAPA.

(c) Within 90 days of assuming duty, DAPAs and assistant DAPAs are required to successfully complete the DAPA course unless they have completed the course within the previous 3 years.

(d) The DAPA is responsible to the CO for the management of the command's substance abuse program. Commands with 1,000 or more members shall assign a full-time DAPA. Commands with 500 or more members are strongly encouraged to assign a full-time DAPA. In any case, COs may appoint as many DAPAs and assistants as they deem necessary, but a ratio of at least one for every 200 personnel assigned is recommended.

(e) DAPAs shall not be assigned duties as urinalysis program coordinators (UPC).

(4) Include alcohol and drug program information in command orientation programs for newly reporting personnel. DAPAs should be responsible for that portion of the orientation.

(5) Confer with the command DAPA to determine whether specific instances of alcohol misuse not characterized as incidents (see enclosure (1)) should be referred to command level education, command counseling, or to a medical screening.

(6) Refer members who abuse alcohol, or who are suspected of abusing alcohol, to an appropriate medical facility for an evaluation by a medical officer (MO) or licensed independent practitioner (LIP). A medical screening is mandatory for every member who is involved in an alcohol incident as defined in enclosure (1).

(7) Provide a means for command- or self-referral without risk of disciplinary action or career-ending implications for all members who have not incurred an incident, but are in need of alcohol counseling and/or treatment. This safe haven for self-referral shall extend to members who admit to having purchased, possessed, or consumed alcohol in violation of the minimum age requirement to purchase, possess, or consume alcohol of the military installation, State, country, or local jurisdiction in which the member is located.

(8) Review status of personnel involved in drug use and alcohol abuse incidents and take appropriate disciplinary and/or administrative action, to include remedial education, counseling and treatment when warranted.

(9) Document substantiated incidents of drug and alcohol abuse in members' service records, enlisted evaluations, officer fitness reports, and other reports as required by instructions. Specifically, ensure that substantiated DUI/DWI and other applicable alcohol incidents are documented and reported per reference (e), Article 1070-320. Additionally,

(a) Incidents involving drug or alcohol abuse which affect security clearance eligibility shall be referred to the Department of the Navy Central Adjudication Facility (DON CAF).

(b) Incidents involving drug or alcohol abuse by members assigned to special programs (i.e., Nuclear Power, Air Traffic Control, Personal Reliability, Submarine, etc.) shall be

reported to the appropriate program manager per references (f) and (g).

(10) Conduct an aggressive urinalysis program per enclosure (2).

(a) Random urinalysis sampling of small numbers of personnel on a frequent basis provides best results. It reduces the predictability of command testing and raises the perceived risk of detection. All types of testing (including tests performed as a result of valid searches, inspections, fitness for duty evaluations, etc.) are applied toward a unit's quota. Between 10 and 20 percent of assigned personnel should be tested monthly per enclosure (2). Commands shall submit a minimum of one unit sweep per year that includes all assigned personnel. Other than the one annual unit sweep, submissions in excess of 40 percent of assigned personnel in any given month require Echelon 3 prior approval.

(b) Appoint a UPC (recommend E-7 or above) to perform this duty. DAPAs and Independent Duty Corpsmen (IDC) shall not be assigned duties as UPCs.

(11) Ensure personnel receive training per enclosure (3).

(12) Conduct screening for overseas assignment, as set forth in reference (h), to ensure members with unresolved alcohol incidents are not considered for overseas duty.

(13) Proactively monitor aftercare of members who have completed a treatment program.

(14) Protect the confidentiality of records which contain information on the identity, diagnosis, prognosis, or treatment of individuals in a drug or alcohol abuse program as required by federal law.

(15) Enforce minimum age drinking statutes by strict compliance with reference (d), which requires installations to set age limits that conform to local, State or host country laws.

(16) Conduct periodic gate and quarterdeck searches and health and welfare inspections.

(17) Attend (provide representation at) quarterly NDAACs.

(18) Submit Drug and Alcohol Abuse Reports (DAAR) (OPNAV 5350/7) to ADMITS as follows:

(a) DAARs shall be completed after every command- or self-referral, drug or alcohol incident, and final disposition determination.

(b) Commanders, COs, and OICs shall submit initial DAARs within 30 days of the referral or incident (reserve units must submit initial DAARs within 90 days). Remaining DAAR form sections shall be submitted as amendments when information becomes available. The CO shall sign the DAAR.

(c) The DAAR is not used to request administrative action. Drug DAARs are filed in the member's permanent service record. Alcohol DAARs are not filed in the member's permanent service record.

(d) If a CO determines that a case previously suspected to be a positive drug test was instead an administrative error or drug use which was not wrongful (prescribed medicine, etc.), a cancellation DAAR shall be submitted immediately.

(19) Take prompt action to rid the Navy of all alcohol-abusing or dependent members who are determined not to be amenable to treatment, and all drug abusers per reference (e). For a detailed review of the policies, standards, and procedures for the administrative separation of servicemembers from the Navy, refer to reference (i) for enlisted members and reference (j) for officers.

(20) Expeditiously obtain screenings and appropriate treatment, and restore to full duty those alcohol abusive/ dependent members who respond favorably to treatment and are willing and able to abstain from further alcohol abuse.

(21) Ensure all newly reporting personnel are thoroughly briefed on the command policy, and punitive consequences for failure to obey the policy, outlined in this instruction with emphasis on deglamorization, responsible use, treatment of DUI/DWI offenses, the prohibitions against drinking during normal working hours, and illicit use of inhalants.

m. Officers, chief petty officers, and enlisted supervisory personnel are responsible for exercising positive leadership and demonstrating full support for the Navy's drug and alcohol program. They shall:

(1) Educate, train, and motivate subordinates to create group peer pressure that rejects drug and alcohol abuse and that reinforces, both on- and off-duty, positive individual and social activity.

(2) Observe individuals under their supervision and fully document evidence of substandard performance or misconduct which may indicate substance abuse problems. When appropriate, refer subordinates to the command's DAPA.

(3) Complete the eight-hour (E-5 and above) supervisor version of the ADAMS course. Refresher training should be completed every 5 years.

n. All personnel are responsible for their personal decisions relating to drug and alcohol use and are fully accountable for any substandard performance or illegal acts resulting from such use. Members arrested for an alcohol-related offense under civil authority, which if punished under the UCMJ would result in a punishment of confinement for 1 year or more, or a punitive discharge or dismissal from the Service (e.g., DUI/DWI), shall promptly notify their CO. Failure to do so may constitute an offense punishable under Article 92, UCMJ. Additional responsibilities include:

(1) Reporting known or suspected incidents of drug abuse or trafficking to their immediate supervisor, CO, security agency (e.g., base police or Master-at-Arms (MAA)), or local NAVCRIMINVSERV office. Members having non-privileged information

of an offense committed by a person in the Naval Service, including a drug offense, are required by U.S. Navy Regulations to report such an offense. Failure to do so may constitute an offense punishable under Article 92, UCMJ.

(2) Encouraging members suspected of having an existing or potential alcohol use problem to seek assistance.

(3) Notifying the appropriate CO, via the chain of command, immediately when drug or alcohol abuse exists or is suspected.

(4) Understanding individual roles and responsibilities and supporting the following alcohol abuse prevention principles:

(a) Leadership responsibility. All hands in positions of authority, from petty officers to the most senior officers, must deglamorize the use of alcohol. This includes setting a strong personal example of responsible behavior, both on- and off-duty, and fostering a climate that motivates subordinates to conduct themselves at all times as professional Navy members.

(b) Command responsibility. Commands will ensure policies and programs are implemented to reinforce the message of responsible use of alcohol by all members who choose to drink. Ensure all hands understand that intoxication is not an excuse for misconduct. Take appropriate corrective action when violations under this instruction and other violations of the UCMJ occur.

(c) Shipmate responsibility. Shipmates take responsible care of shipmates. All members must be aware of the warning signs of alcohol abuse and take positive steps to ensure shipmates do not abuse alcohol. This includes intervening before excessive drinking occurs, stopping a shipmate from driving while under the influence of alcohol, and immediately challenging inappropriate behavior resulting from alcohol use, both on- and off-duty.

(d) Personal responsibility. All members must recognize the effects alcohol abuse can have on them, on others

(including their families) and on their careers. It is absolutely essential that each member understands that he/she is fully responsible and will be held accountable for his/her actions. Personal responsibility means no drinking and driving, no drinking to the extent that it impairs judgment, no public drunkenness, and absolute compliance with the provisions in this instruction, and with the local laws for purchase, possession, and use of alcoholic beverages. The ultimate responsibility lies with each member.

9. Reports and Forms

a. Reports. The following reports are approved per SECNAVINST 5214.2B.

(1) The Drug and Alcohol Abuse Report (DAAR) required by paragraph 71(19) and enclosure (1), paragraph 8b is assigned

Report Control Symbol OPNAV 5350-2.

(2) The Report of Laboratory Urinalysis required by enclosure (2), appendix B, paragraph 4f is assigned Report Control symbol OPNAV 5350-4.

b. Forms. The following forms may be obtained from the Navy Supply System per CD-ROM NAVSUP P600 (NLL):

(1) OPNAV 5350/1 (4-90), Drug and Alcohol Abuse Statement of Understanding, S/N 0107-LF-006-5200.

(2) OPNAV 5350/7 (9-96), Drug and Alcohol Abuse Report, S/N 0107-LF-013-5800.

(3) DD 2624 (2-93), Specimen Custody Document - Drug Testing, S/N 0102-LF-016-7600.

(4) DD 1384 (4-66), Transportation Control and Movement Document, S/N 0102-LF-013-5700.

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29 June 1999

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SCREENING AND TREATMENT

1. Overview

a. Navy recognizes that alcohol abuse and dependency are preventable and treatable. Commands are responsible for identifying members at risk, obtaining a medical evaluation, and ordering members into appropriate intervention and/or treatment. Members who are alcohol abusers or alcohol dependent shall receive the education, counseling, and rehabilitation services medically indicated by the severity of their condition.

b. Alcohol problems are effectively addressed in most cases through leadership, discipline, education, counseling, and treatment. The primary function of treatment programs is to return the abuser to full duty status with a positive, productive and healthy lifestyle. Navy's policy is to provide members diagnosed as alcohol abusers or alcohol dependent with one period of treatment in response to an alcohol incident per career. For purposes of this provision:

(1) Command prevention programs (e.g., ALCOHOL AWARE, ADAMS and PREVENT 2000) are not considered treatment.

(2) A command-referral or self-referral is not an incident (see Referral below). Members in this category may receive periods of additional treatment as prescribed by an appropriate medical officer (MO) or licensed independent practitioner (LIP).

2. Referral For Screening (no incident)

a. It is incumbent upon all members of the Naval Service to detect and address alcohol misuse at the earliest possible stage of development. The preferred method of addressing potential or suspected abuse is through procedures called "command-referral and self-referral." Command- and self-referrals are means of early intervention in the progression of alcohol abuse by which members can obtain help before a problem becomes more advanced and more difficult to resolve without risk of disciplinary action.

b. A self-referral is personally initiated by the member. Members who desire counseling or treatment for alcohol problems may initiate the process by disclosing the nature and extent of their problem to one of the following personnel who is actively employed in his or her capacity as a qualified self-referral representative:

(1) DAPA

(2) CO, OIC, or Executive Officer

(3) Navy Drug and Alcohol Counselor (or intern)

(4) DoD medical personnel (including LIP)

(5) Chaplain (privileged information may exist)

(6) Family Service Center Counselor.

c. To qualify as a self-referral, the disclosure of alcohol abuse must be made to a qualified referral representative with the intent of acquiring treatment, and there can be no credible evidence of the member's involvement in an alcohol-related incident. Disclosure made to any other person who is not a qualified self-referral representative may not shield the member from disciplinary action. By way of exception, this safe haven for self-referral shall extend to members who admit to having purchased, possessed, or consumed alcohol in violation of the minimum age requirement to purchase, possess, or consume alcohol set by the military installation, State, country, or local jurisdiction in which the member is located.

d. A command-referral is initiated by the member's chain of command and may be based on any credible factor such as hearsay, personal observation, or noticeable change in job performance. COs may refer members of their command to a Medical Treatment Facility/Alcohol Treatment Facility (MTF/ATF) screening in situations where no offense has been committed, and regardless of whether or not the member has personally disclosed his/her problem. Some events for which COs are strongly encouraged to consider referral for members are:

(1) Medical record of alcohol-related involvement

(2) History of Monday or Friday absences

(3) History of financial problems

(4) Domestic disturbance/family concerns

(5) Peer/co-worker concerns

(6) Accident history

(7) History of heavy drinking

(8) Alcohol-related injury (to self, not due to own misconduct)

(9) Alcohol-related victim of a crime (i.e., rape, assault, robbery, etc.).

3. Referral For Screening (post-incident)

a. Alcohol misuse or abuse that is not recognized and treated through the command- or self-referral process may remain unchecked to the point where it results in an alcohol incident. An alcohol incident is an offense, punishable under the UCMJ or civilian laws, committed by a member, to which, in the judgment of the member's CO, the offender's consumption of alcohol was a contributing factor. Alcohol abuse/dependency screening is mandatory for members who are involved in an alcohol incident regardless of rank or status. COs are responsible for obtaining DAPA and medical screenings for all members who incur alcohol incidents. The following are examples of events after which members shall be screened:

(1) DUI/DWI

(2) Drunkenness or drunk and disorderly conduct

(3) Alcohol-related NJP

(4) Alcohol-related civilian arrest

(5) Alcohol-related spouse/family member abuse

(6) Alcohol-related courtesy turnover by shore patrol, base or local police

(7) Incompetence for duty due to alcohol intoxication or impairment.

b. The above list is for illustrative purposes and is not all inclusive. COs or equivalent should consult with the command DAPA, legal officer, ADCO, or COMNAVPERSCOM (PERS-602) for additional guidance and clarification as required.

4. Screening and Treatment programs. Command- /self-referrals and incident referrals shall be ordered to the appropriate MTF/ATF for screening. The command should complete the DAPA screening package and the DAAR form (OPNAV 5350/7), and obtain a medical screening and recommendation prior to transferring a member to an MTF/ATF facility. The MO or LIP will determine the extent of abuse and recommend the level of intervention or treatment needed to return the member to full duty status.

a. The command shall forward to the MTF/ATF:

(1) A statement of reason for referral (for non-incident) or DAAR (for incident),

(2) The member's health and service records, and

(3) The DAPA screening package.

b. Once the assessment is completed, the MO/LIP will provide the command with a written screening summary that shall contain a statement of the member's amenability to treatment, diagnosis and prescription. The screening summary shall not contain recommendations for discipline, retention or separation from service.

c. COs shall, in all but exceptional cases, follow the recommendations of the screening summary. In those rare situations where the CO elects not to comply with the recommendations contained in the screening summary, a written

notification shall be forwarded to COMNAVPERSCOM (PERS-6) via the appropriate chain of command.

d. If treatment is recommended, commands should coordinate a quota with the appropriate MTF/ATF. If the level of treatment recommended is not available locally, determination of the nearest facility will be coordinated by the prescribing medical facility. Members granted treatment should be placed in a temporary duty status consistent with the requirements of the MTF/ATF.

e. Substance abuse services are delivered within a variety of treatment settings using a flexible continuum of care and variable lengths of stay. Services range from relatively low intensity education-oriented programs to medically-managed inpatient care. Levels of care and length of stay are dependent on the patient's specific clinical needs and response to treatment rather than a pre-determined program length.

f. At the completion of early intervention or treatment, the MTF/ATF will provide a treatment summary to the member's CO, which shall include a prognosis, additional recommendations, and an aftercare plan where applicable. A treatment summary with continuing treatment recommendations will be forwarded to the member's command when the member has received partial treatment at one facility and is returning to a facility in the local area of his/her command to continue with less intense treatment.

5. Family Participation. Per reference (a), family members who are dependents of alcohol or drug dependent Navy members and, to the extent feasible, others in their household, should be counseled and encouraged to participate on a voluntary basis in the treatment process. Family members who are themselves alcohol or drug dependent shall be encouraged to enter treatment voluntarily for their own and the servicemember's benefit. Per reference (k), eligible family members may receive alcohol and drug abuse services as offered through the servicemember's selected dependent health care option (i.e., TRICARE Prime, TRICARE Extra, or TRICARE Standard). Within the limits of regulations, commands should assist with transportation and accommodations for family members when required.

6. Aftercare Plan

a. Treatment Facility Responsibilities. Upon transfer of medical care from one facility to another and/or completion of a treatment program, the MTF shall forward a copy of a summary of care to the member's command. The summary may contain referrals for additional medical/social services, and an aftercare plan, including recommendations for ongoing participation in approved self-help groups and clinically monitored outpatient counseling groups (continuing care). The MTF/ATF will ensure aftercare plans include recommended continuing care as needed, and are tailored to the needs of the member and the command. Special attention should be given to the needs of deployable units.

b. Command Responsibility. Commands are responsible, through their DAPAs, for actively monitoring and supporting aftercare plans. COs will meet with DAPAs and members with active treatment recommendations/aftercare plans at least quarterly to review progress. If the command identifies difficulties with the recommended actions, the MTF/ATF should be consulted. Command monitoring will continue through the completion of the individualized aftercare plan, not to exceed 12 months. Command monitoring and support of aftercare plans, coordinated with the DAPA, are very important in assisting members to successfully meet treatment goals.

c. Personal Responsibility. Members are individually responsible for completing all treatment recommendations.

7. Treatment Failures. The Navy is committed to providing quality care for all members in need of alcohol abuse/dependency treatment. Per reference (e), however, commands shall process for administrative separation all members considered to be treatment failures unless a written waiver is obtained from COMNAVPERSCOM. Refer to reference (i) for enlisted members and reference (j) for officers.

a. The following are examples of treatment failures:

(1) Any member who incurs a serious alcohol incident any time in his/her career after a period of treatment that was

precipitated by a prior incident. (For purposes of this provision, treatment shall include MTF/ATF directed early intervention services provided within the Continuum of Care (e.g., Alcohol Impact or equivalent).

(2) Any member who has incurred an alcohol incident or has self-referred, and has been screened by medical and found to be in need of treatment, and who commences but subsequently fails to complete treatment or incurs a second alcohol incident. (Conduct which amounts to a refusal, failure to complete, or non-amenability must be determined by the MO/LIP. Conduct which amounts to a second incident shall be determined by the member's CO.)

(3) Any member who fails to participate in, fails to follow, or fails to successfully complete the medically prescribed and command-approved aftercare plan. (This determination must be made by the member's CO in consultation with the DAPA and the MTF/ATF.)

(4) Any member who returns to alcohol abuse at any time during his or her career following treatment, and is determined to be a treatment failure by an appropriate LIP or MO.

b. A member who incurs a relapse (return to drinking) without incident, after which he/she self-refers, is not necessarily considered a treatment failure, and shall be referred to an MTF/ATF for appropriate determination.

c. Any member who self-refers and is diagnosed to be in need of treatment by an MTF/ATF, and subsequently refuses treatment, may be subject to disciplinary and/or adverse administrative action. If in the judgment of the member's CO, the purported self-referral is determined to be a fraudulent attempt to avoid assignment to unwanted duty or transfer, or to take unjust advantage of acquired education or other incentive, the CO should administer appropriate disciplinary action and may return the member to duty or process member for administrative separation.

8. Program Entry. Certain administrative functions must be completed prior to treatment. The member's parent command shall:

a. Complete all disciplinary and/or administrative actions if practicable.

b. Submit the DAAR form (OPNAV 5350/7).

c. Execute a page 13 entry (appendix A).

d. Ensure member has a complete seabag (for residential treatment), orders, and records (pay, service, medical, dental, screening file) upon his/her departure to the treatment facility. Seal all records to deter tampering.

e. Personnel assigned to nuclear power, air traffic control, Personal Reliability Program (PRP) and other special programs may be suspended or decertified per references (f) and (g). The specific program manager shall be consulted for guidance regarding suspension, decertification, and reinstatement.

9. Program completion. Upon satisfactory completion of treatment by the member, the command shall:

a. Execute a Program Completion Statement (appendix B),

b. Monitor aftercare plans,

c. Explain to member requirements for reinstatement to special programs, and

d. Submit a DAAR form (OPNAV 5350/7) indicating completion of treatment.

10. Disposition of New Accessions. Officer and enlisted accessions shall be disciplined for offenses in the same manner as any other member. Differences in administrative handling follow:

a. Any enlisted person determined to be alcohol dependent within 180 days of entry on active duty may be processed for administration separation as a "Defective and Fraudulent Enlistment" if the evidence shows that the member concealed a disqualifying pre-service alcohol incident history. Absent such

evidence, the member may be separated as an un-characterized "Entry Level Separation."

b. All applicants for appointment to officer candidate programs determined to be alcohol dependent shall be denied appointment.

c. Officer candidates currently enrolled in a commissioning program who incur a serious alcohol incident shall be disciplined as appropriate and directed to an MTF/ATF for screening and other appropriate actions.

11. Confidentiality of Records. Records of the identity, diagnosis, prognosis, or treatment of any member who has sought or received counseling, treatment, or rehabilitation in any Department of the Navy substance abuse counseling, treatment, or rehabilitation program which are maintained in connection with such program may not be introduced against the member in a court-martial except as authorized by a court order issued under the standards set forth in 42 U.S.C., section 290dd-2. Such records also may be used for rebuttal or impeachment purposes where evidence of illegal substance use or alcohol abuse (or lack thereof) has first been introduced by the member.

12. Limitations on Use of Information. Disclosures made by a member to substance abuse screening, counseling, treatment or rehabilitation personnel relating to the member's past substance use/abuse, or possession incident to such use, including disclosures made at Alcoholics Anonymous meetings, Narcotics Anonymous meetings or when attending Navy/Marine Corps preventive education or intervention classes, may not be used against the member in any disciplinary action under the UCMJ or as the basis for characterizing a discharge, provided that the information is disclosed by the member for the express purpose of seeking or obtaining treatment or rehabilitation.

a. This provision does not preclude the use of disclosed information to establish the basis for separation in a separation proceeding or to take other administrative action. Nor does it preclude the introduction of evidence for impeachment or rebuttal purposes in any proceeding in which illegal substance abuse (or lack thereof) has first been introduced by the member.

b. The use of information disclosed by a member to persons other than military substance abuse program personnel is not limited under this provision. Similarly, the use of information disclosed in response to official questioning in connection with any investigation or disciplinary proceeding will not be considered information disclosed for the purpose of seeking or obtaining treatment or rehabilitation and is not limited under this provision.

13. Disposition of Naval Reservists. For guidance regarding Naval Reservists, see appendix C of this enclosure.

Sample Page 13 Entry for Enlisted Service Record

NOTE:

1. Commands will use the following format for enlisted members who are being retained and warned.

2. DO NOT execute this page 13 warning for members recommended for separation. Doing so may require retaining the member until he or she commits another violation. If the administrative separation process determines misconduct and votes to retain the member, and the command has not recommended SECNAV overturn the recommendation and discharge the member with a general discharge, execute a page 13 warning at that time.

3. The member must sign and date the entry. Make a notation, signed and dated by an officer, if the member refuses to sign the entry.

4. Include a brief narrative of the offense, describing time, place, duty status, etc., in paragraph 1 of page 13 entry.

5. If the member is later processed for administrative separation, include a copy of the page 13 entry in the letter of transmittal or indicate existence of the page 13 entry in the Commander's comments in the event of message submission.

Sample Entry

1. You are being retained in the Naval Service. The following deficiencies in your performance and/or conduct, however, are identified: (List specific deficiencies; "pattern of misconduct" is NOT specific enough.)

_____

_____.

2. You are required to take the following corrective action(s):

_____

_____.

3. Assistance is available through _____.

4. You are advised that any further deficiencies in your performance and/or conduct may result in disciplinary action and/or in processing for separation. All deficiencies previously cited and/or any misconduct during your current enlistment, both before and after the date of this action, will be considered. Subsequent violation(s) of the UCMJ or conduct resulting in civilian conviction could result in an administrative separation under Other Than Honorable conditions.

5. This counseling/warning entry is made to afford you an opportunity to undertake the required corrective action(s). Any failure to adhere to the guidelines cited above, may result in adverse administrative action and/or administrative separation processing.

_____
(signed)

_____
(dated)

Witnessed:

_____

FOR OFFICIAL USE ONLY

SAMPLE LETTER
ALCOHOL TREATMENT COMPLETION LETTER

5350
Ser
Date

From: Commanding Officer, _____
To: _____
(Rank/Rate, First MI Last Name, USN/USNR, SSN)

Subj: ALCOHOL TREATMENT COMPLETION STATEMENT

Encl: (1) Aftercare Treatment Plan

1. Congratulations. You have completed treatment for alcohol abuse/dependency.

2. You are directed to participate in the prescribed aftercare plan provided per enclosure (1).

3. Your commitment to this plan is vital to your long-term recovery.

_____
(Commanding Officer)

Copy to:
Field Service Record (w/o encl)

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Disposition of Naval Reservists

1. Reservists serving on extended active duty orders (30 or more consecutive days) are subject to the same policies and procedures prescribed for regular Navy active duty members.

2. The scheduled date of release to inactive duty shall not preclude reservists on extended active duty from receiving the appropriate level of treatment while on active duty. The date of release to inactive duty may be extended to complete the appropriate level of treatment, if necessary. The member's aftercare program would then be completed while in an inactive duty status and monitored by the command responsible for the member serving on inactive duty.

3. Reservists in an inactive duty status or on active duty orders of less than 30 days shall be screened by an MTF/ATF for drug or alcohol problems to the maximum extent feasible.

a. Command prevention and education programs are well suited to these members.

b. An MTF/ATF referral to the ALCOHOL-IMPACT course or similar early intervention program may be recommended, but should be authorized only on a non-pay, additional drills basis.

c. If a member is diagnosed as alcohol or drug dependent by a physician, MO, or LIP using Diagnostic and Statistical Manual of Mental Disorders (DSM (current edition)) criteria, the member shall be ordered to receive treatment appropriate to the dependency diagnosed. The member should be counseled to seek the required treatment through an accredited inpatient/outpatient treatment facility available to the member from civilian sources.

(1) Use of military treatment facilities is authorized; however, treatment at military facilities will be under individually prepared permissive letter type orders. The orders will clearly set forth the fact that pay, allowances and retirement points are not authorized.

(2) Government transportation, including use of the aeromedical evacuation system (where available) is authorized.

If government transportation is not available or the member desires to use other-than-government transportation, such transportation will be at the member's own expense and not subject to reimbursement.

d. If a reserve member is diagnosed as an alcohol abuser or as alcohol dependent, and treatment is not available, the command shall maintain the member in an enhanced command level program, and shall counsel the member to seek appropriate treatment through available civilian resources.

4. Failure to comply with an ordered treatment plan or treatment failure, shall normally reflect negatively on the member's potential for continued useful service and shall lead to processing for administrative separation.

5. If a level of treatment precludes satisfactory participation at the member's current training category level, the member should be transferred to an appropriate training category or Records Review Unit.

6. Special Guidelines for Disciplinary/Administrative Action (Reservists Not on Extended Active Duty)

a. The Manual of the Judge Advocate General (JAGMAN) and reference (e), chapter 3420320 should be consulted for the procedures regarding the exercise of nonjudicial punishment (NJP) authority and court-martial jurisdiction over Naval Reserve personnel not on extended active duty.

b. A reservist who is assigned to any reserve activity or status and who is alleged to have committed a drug offense while on active duty or inactive duty training is subject to NJP and court-martial jurisdiction without regard to any change in the member's reserve status subsequent to commission of the offense. No disciplinary action may be taken, however, if the member's military status has been completely terminated before discovery of the alleged offense.

c. A reservist in an inactive duty status involved in a confirmed drug abuse incident, including conviction in civilian

court, is subject to administrative action and/or processing for separation, as appropriate, even though disciplinary action may not be possible. Inactive-duty reservists, both officer and enlisted, may be processed for Other Than Honorable discharge for drug abuse established through urinalysis conducted on inactive duty training.

d. A positive urinalysis test for marijuana during the first 29 days of a Naval Reserve member's continuous active duty may not, by itself, constitute evidence to support disciplinary action. In cases of extremely heavy abuse, the body can store the drug and it may be detected at levels above the DoD established cut-off for up to 30 days. Hence, the use of marijuana conceivably could have taken place prior to entry on active duty at a time when the member was not subject to the UCMJ. Take action as appropriate under paragraph 6c when the use of drugs is confirmed, but the member's status under the UCMJ is unclear.

e. Refusal to participate in an ordered treatment program constitutes grounds for administrative separation processing.

f. Members of the Naval Reserve not on extended active duty have no specific right to treatment incident to processing for administrative discharge. A dependency determination (alcohol or drug) is, therefore, not specifically required as part of the administrative separation process.

7. For assistance in handling special cases contact Commander, Naval Reserve Force (Code 009), 4400 Dauphine Street, New Orleans, LA 70146-5000.

DRUG PROGRAM

1. Overview

a. The Navy has zero tolerance for drug abuse. Drug abuse involves the wrongful use, possession, manufacture, or distribution of a controlled substance. The term "use" encompasses all methods of introducing a drug into the body (such as inhaling, injecting, ingesting, etc.). Use, possession, manufacture, and distribution are wrongful if they are without legal justification or authorization. A "controlled substance" is any substance listed in Schedules I through V of the Controlled Substance Act of 1970 (21 U.S.C. 812, et al.). Drug abuse is punishable under Article 112a of the UCMJ.

b. Additionally, this provision expressly prohibits, the use of controlled substance analogues (designer drugs), the illicit use of inhalants (huffing), the illicit use of anabolic steroids, and the excessive use (beyond what is normal, sufficient, or prescribed) of prescription and/or over-the-counter drugs and medications. Violation of this provision may subject Navy military members to disciplinary action under the UCMJ for violations including those of Article 92, Failure to Obey a Lawful General Order, or adverse administrative action, or both.

c. Navy members who abuse drugs, including those who self-refer, will be screened, disciplined as appropriate, and processed for administrative separation. Members diagnosed as drug dependent will be offered treatment prior to separation.

2. Urinalysis. Commanders, COs, and OICs shall conduct an aggressive urinalysis program, tailored as necessary to meet unique unit and local situations. Specific types of urinalysis authorized per reference (l) are outlined in this enclosure and in reference (m). All positive urinalysis results shall be reported to the Department of the Navy Central Adjudication Facility (DON CAF) if the individual possesses a security clearance or is assigned to a sensitive billet. Frequent, random urinalysis is the most effective means to detect and deter drug abuse. The main objectives of the urinalysis program are:

a. Establish a valid and reliable means for inspecting

personnel to assess the command's readiness to carry out its assigned mission.

b. Serve as a strong deterrent against drug abuse.

c. Provide statistical data and demographics on the prevalence of drug abuse.

3. Authorized Use of Urinalysis

a. Mandatory urinalysis for drugs may be conducted in the following circumstances:

(1) Inspection. During inspections performed under Military Rules of Evidence (M. R. E.) 313.

(2) Search and Seizure. During searches and seizures as governed by M. R. E. 311, 312, and 314-316.

(3) Co-incident to one of the following examinations:

(a) A command-directed examination or referral of a specific member to determine the member's competence for duty in accordance with reference (n).

(b) An examination regarding a mishap or safety investigation undertaken for the purpose of accident analysis and development of countermeasures.

(4) Any other examination ordered by medical personnel for a valid medical purpose under M. R. E. 312(f) including emergency medical treatment, periodic physical examinations, and such other medical examinations as are necessary for diagnostic or treatment purposes.

b. Urinalysis results from a Navy Drug Screening Lab (NAVDRUGLAB) or other DoD-certified lab will be used to refer a military member for appropriate disciplinary action and to establish the basis for separation and characterization of discharge in separation proceedings per references (b) and (e), chapter 36 for enlisted members and chapter 34 for officers. A matrix delineating the use of the results of urinalysis is

provided in appendix A to this enclosure.

(1) Results from non-DoD certified labs may not be used for these purposes.

(2) The use of field-testing urinalysis kits is not authorized unless written authorization is obtained from COMNAVPERSCOM (PERS-6).

(3) See reference (i) for enlisted members and reference (j) for officers to obtain a detailed review of the policies, standards, and procedures for the administrative separation of servicemembers from the Navy.

4. Types of Urinalysis and Authority to Conduct (premise codes in parentheses)

a. Search and Seizure. Results of urinalysis obtained in search and seizure actions may be used for any purpose, including disciplinary action and characterization of service in separation proceedings. Further guidance concerning search and seizure actions is contained in M. R. E. 311 - 312, 314 - 316.

(1) Tests conducted with member's consent (VO). Members suspected of having unlawfully used drugs may be requested to consent to urinalysis. Prior to requesting consent, the command representative should advise the member that he or she may decline to provide the sample. Where practicable, consent should be obtained in writing. Article 31(b) UCMJ warnings are not normally required in such cases provided that no other questioning of the member takes place. Further guidance concerning consent searches is contained in M. R. E. 314 and its analysis.

(2) Probable cause tests (PO). Urinalysis may be ordered per M. R. E. 312(d) and 315 whenever there is probable cause to believe that a member has committed a drug offense and that a urinalysis will produce evidence of such offense. If a member declines to provide a urine sample, and there is probable cause to believe that the member has committed a drug offense and that urinalysis will produce evidence of that offense, the member's CO, or other officer with command authority, should order a

probable cause test. The member's declaration of drug use constitutes probable cause to suspect that an offense has been committed. In any case, consultation with a Judge Advocate on the issue of probable cause is strongly encouraged.

b. Inspections under Military Rule of Evidence 313. Urinalysis inspections are designed to ensure the security, military fitness, and good order and discipline of a unit. Such inspections, conducted as an incident of command, help ensure that assigned personnel are fit and ready for duty. Results of urinalysis inspections may be used for any purpose, including disciplinary action and characterization of service in separation proceedings. Further guidance concerning inspections is contained in M. R. E. 313 and its analysis.

(1) Inspections authorized by commanders, COs, and OICs. Commands may order urinalysis inspections just as they may order any other inspection to determine and ensure the security, military fitness, and good order and discipline of the command. Commands may use any method of selecting servicemembers or groups of members for urinalysis inspection, including, but not limited to:

(a) Random selection (IR) of individual servicemembers from either the entire unit or any identifiable segment or class of that unit. Examples of identifiable segments include a department, division, work center, watch section, barracks, all non-rated, all officers, or all personnel who have reported for duty in the past month. To enhance the deterrent value of such testing, testing programs should be designed so that a servicemember's chance of selection remains constant throughout the testing period.

(b) Unit sweep (IU) is a urinalysis of an entire unit or the selection, random or otherwise, of an entire sub-unit or identifiable segment of a command. Examples of a sub-unit include an entire department, division, or watch section; all personnel within specified pay grades; all newly reporting personnel as they report aboard; or all personnel who surrender or are apprehended after an unauthorized absence. A unit or sub-unit urinalysis inspection should not be conducted as a

subterfuge to search a specific servicemember.

(2) Service-directed testing (OO). Service-directed testing is an inspection directed by the Secretary of the Navy or CNO. See paragraph 5 for specific test categories.

c. Fitness for duty testing. Categories of fitness for duty urinalysis are described below. Results obtained from urinalysis conducted within this category (see paragraph 3a(3)), may NOT be used for disciplinary purposes nor as a basis for the characterization of service in separation proceedings. Additionally, such results may not be used as a basis for the vacation of the suspension of execution of punishment imposed per Article 15, UCMJ, or as a result of court-martial. Such results MAY, however, be used as a basis for administrative separation, or for impeachment or rebuttal in any proceeding in which evidence of drug abuse (or lack thereof) has been first introduced by the member. For a detailed review of the policies, standards, and procedures for the administrative separation of servicemembers from the Navy, see reference (i) for enlisted members and reference (j) for officers.

(1) Command-directed tests (CO). Urinalysis should be ordered whenever a member's behavior, conduct, or involvement in an accident or other incident gives rise to a reasonable suspicion of drug abuse and a urinalysis test has not been conducted on a consensual or probable cause basis. Command-directed tests shall be ordered by a member's commander, CO, OIC, or other officer who has succeeded to command per U.S. Navy Regulations (1990). The authority to authorize a command-directed urinalysis may be delegated to an XO and/or command duty officer. Reasonable suspicion may be generated by a member's involvement in:

(a) A serious accident or incident in which unusually careless acts were performed.

(b) A motor vehicle offense involving excessive speed, loss of control of vehicle, reckless driving, or driving under the influence of alcohol.

(c) Fights, assaults, disorderly conduct, disrespect

to superiors, willful disobedience of orders, and similar incidents of misconduct.

(d) Bizarre, unusual, or irregular behavior.

(e) Alcohol treatment.

(2) Mishap investigation tests (AO). A CO or investigating officer may order urinalysis in connection with any formally convened mishap or safety investigation. Results of such tests may not be used for punitive action taken by the DON against the member. Results of such tests that are positive for drug abuse, however, shall be used for administrative separation processing.

(3) Treatment facility staff (RO). Military staff members of alcohol/drug abuse program treatment facilities shall undergo urinalysis as a deterrent to their use of drugs and to provide an example to their clients. The facility CO or director will establish the frequency of testing.

d. Medical Examination (MO). A physician or other medical personnel may order urinalysis in connection with a competence for duty examination conducted per reference (m) or in connection with any other medical examination. This category of test does not include urinalysis ordered by a physician or other medical personnel for medical diagnostic purposes as defined in paragraph 3a(4) of this enclosure, or urinalysis conducted as a search and seizure.

5. Service-directed. The following categories of inspections shall be conducted per instruction:

a. Navy Drug Screening Laboratory staff (OO). Military staff members of drug screening labs shall undergo urinalysis as a deterrent to their use of drugs, and to ensure their personal integrity. The facility CO will establish the frequency of testing, which shall not be less than six times per year for each military staff member.

b. Security personnel (OO). Security staff shall be tested as directed by the respective program manager. Testing of brig

staff and detainees is essential to ensure illegal drugs do not enter these controlled spaces.

(1) Naval Brig staff (OO). Members assigned to the staff of Naval Brig facilities shall undergo urinalysis as a deterrent to their use of drugs, and to provide an example to the prisoners and detainees. Testing of staff in numbers above limits prescribed for other commands is authorized.

(2) Brig prisoners/detainees (OO). Testing is mandatory for all personnel upon confinement to the brig, and bimonthly thereafter to detect the presence of any drugs in these controlled areas.

c. Entrance testing (NO). The following individuals shall undergo drug testing:

(1) Candidates for all officer programs shall be tested during pre-commissioning physical examinations. They also may be tested as required by cognizant unit commanders.

(2) Navy and Naval Reserve enlistees shall be tested and evaluated at Recruit Training Command (NAVCRUITRACOM) within 72 hours of the member's initial entry on active duty (IEAD). The required urinalysis testing should be accomplished within 24 hours of new member's arrival at NAVCRUITRACOM.

(3) Prior service personnel recalled to active duty (other than active duty for training) whose break in active service is more than 6 months shall be tested and evaluated within 72 hours following re-entry.

(4) Prior service applicants for Selected Reserve enlistments/re-enlistments whose break in service from a Selected Reserve or Regular component is more than 6 months and other applicants for Selected Reserve enlistments shall be tested and evaluated in conjunction with their enlistment/re-enlistment physical.

d. Accession Training Pipeline (IU). All students will undergo urinalysis within 2 weeks of reporting to apprentice

training and “A” schools or the first module of other training subsequent to completion of recruit training. COs of “A” schools, apprentice training, and officer students in warfare/staff specialty entry schools are authorized to exceed urinalysis quotas described in paragraph 6 of this enclosure.

6. Unit Quotas

a. While unit commanders, COs, OICs, and physicians have the authority to order as many urinalyses as are deemed necessary, NAVDRUGLABs have a finite capacity. It is necessary, therefore, to regulate the submission of urine samples to the laboratories.

(1) COMNAVPERSCOM (PERS-6) shall be the responsible authority for laboratory quota management, and shall coordinate quota assignments and assess the distribution of samples among the NAVDRUGLABs.

(2) Random sampling of small numbers of personnel on a frequent basis provides best results. This process reduces the predictability of command testing and raises the perceived risk of detection. Each command shall submit to the NAVDRUGLABs samples from 10 to 20 percent of its assigned personnel monthly.
R) All types of testing (search and seizure, inspection, fitness for duty, etc.) are applied toward a unit's quota. Commands shall submit one unit sweep of all assigned personnel per year. Commanding officers may conduct up to five unit sweeps of all personnel assigned per year.

(3) Except for unit sweeps, submissions in excess of 40
R) percent of assigned personnel in any given month require Echelon 3 prior approval.

(4) Navy has developed the Navy Drug Screening Program (NDSP) to assist local commands in administering their urinalysis testing program. NDSP is a computer-based application that requires at least Windows 3.1 and a 386/33mhz microprocessor to run. NDSP enables COs to establish monthly drug testing parameters. Once parameters have been set, NDSP randomly selects the test day and individuals to be tested. Use of NDSP minimizes the opportunity for cheating or gaming the urinalysis system while maximizing the deterrent effect by keeping the test days unpredictable.

7. Collection and Transportation of Urine Specimens. Commands are responsible for collecting and shipping urine specimens per the chain of custody procedures of reference (l). Urine samples should be shipped to the appropriate NAVDRUGLAB through regular mail channels. For purposes of court-martial, other disciplinary, and administrative proceedings, adequate chain of custody on the samples is achieved when the container is delivered at the NAVDRUGLAB sealed without indication of tampering as annotated by the lab on the chain of custody document. For detailed guidance regarding the collection and transportation of urine samples, see appendix B of this enclosure.

8. Retests

a. Navy Drug Screening Laboratories. The drug screening laboratory will retain chain of custody documents and other paperwork on file for 3 years. The laboratory also will retain positive samples in frozen state for 1 year unless requested by the submitting command to retain the sample for an additional period of time. When a sufficient quantity of a specimen is available to permit retesting, the NAVDRUGLAB will conduct a retest:

(1) When requested by the submitting command;

(2) When requested by an administrative board under rules applicable to the board; and

(3) Upon order of a military court-martial under rules applicable to military courts.

b. Retests requested by member. COs may obtain a retest of a specimen at a NAVDRUGLAB upon request by a member if, in the judgment of the CO, the circumstances warrant additional testing. A member may obtain a sample retest at a laboratory other than a NAVDRUGLAB at the member's own expense when, in the opinion of the NAVDRUGLAB CO, a sufficient quantity of a specimen is available for retesting and the proposed laboratory meets DoD certification requirements. Samples may be retested only for the drug which was previously identified to be positive. Requests for portions of samples for such retesting must be submitted to

the cognizant laboratory via the member's command. All requests for retests must be submitted to COMNAVPERSCOM (PERS-6) via chain of command for final approval.

c. Retests at laboratories other than DoD-certified laboratories. Commands desiring to have samples retested at a drug testing laboratory other than a laboratory certified by the Assistant Secretary of Defense (Health Affairs)(ASD(HA)) shall submit requests to COMNAVPERSCOM (PERS-6) for prior approval.

9. Command Determination of Drug Abuse

a. Only specimens which have been tested and confirmed positive at a NAVDRUGLAB or other DoD-approved lab may be used for administrative or punitive action. The report of results message is official notification of laboratory test results and constitutes authority to effect appropriate disciplinary or administrative action.

b. A positive laboratory report is a dependable indication that drugs are present in the urine. A cross-check should be made with appropriate medical and dental personnel to determine whether the member was using legitimately prescribed medications or if any other valid reason could explain the positive report. The medical officer shall report to the member's CO whenever there appears to be an authorized use of the identified drug.

c. Using all information available, including self-admission, the urinalysis results, Medical Treatment Facility/ Alcohol Treatment Facility (MTF/ATF) screen results, service record, and chain of command recommendations (e.g., department head, division officer, leading chief petty officer), the CO will proceed as directed below and either:

(1) Determine that the member is a drug abuser, and discipline appropriately. Administrative separation processing is mandatory. Members diagnosed as drug dependent will be offered treatment prior to separation if eligible; or,

(2) Determine that the member's urinalysis result was caused by administrative error (e.g., faulty local chain of custody, evidence of tampering) or that the drug use was not

wrongful (e.g., prescribed medication, unknowing ingestion). In this case, the member shall not be identified as a drug abuser, and the positive urinalysis is not a drug abuse incident. In such cases, no action/documentation with respect to the member is required. When the positive urinalysis is determined not to be a drug abuse incident, however, the command shall notify, via official correspondence, COMNAVPERSCOM (PERS-6) and the command's immediate senior in command of the circumstances that warranted such a determination.

d. If the test result is to be used in a court-martial or administrative proceeding, and the trial or administrative proceeding cannot be completed within 1 year from the date of the positive test result, the cognizant command must request an extension of the 1-year period of custody for positive test results from the NAVDRUGLAB that performed the test(s). When urinalysis results are used as evidence in a general or special court-martial, the command should consult with the trial counsel to determine when the laboratory may discard the positive sample.

10. Voluntary Self-Referral Policy. All Navy personnel who self-refer for drug abuse to a qualified self-referral representative and conform to all requirements for self-referral, as listed in enclosure (1) of this instruction, shall be screened for drug dependency at an appropriate medical facility, and an official determination of dependency shall be made by either a MO or LIP.

a. Personnel who screen as drug dependent shall be considered valid self-referrals and shall be exempt from any disciplinary action. Valid self-referrals, however, shall be processed for administrative separation, and offered rehabilitation treatment prior to separation.

b. Personnel who screen as "not drug dependent" are not valid self-referrals and will not be exempt from disciplinary action. In such cases, COs will take the following action:

(1) If member is not drug dependent, but has used drugs, commands shall initiate disciplinary action as appropriate and process for administrative separation.

(2) If member is not drug dependent and has not used drugs (e.g., member's admission is furtive attempt to avoid sea duty or transfer, or take advantage of acquired education): Commands shall initiate disciplinary action as appropriate, and return to duty or process for administrative separation.

c. Any member who has been notified of the requirement to submit, or actually has submitted, a urine sample for analysis under <u>any</u> testing premise is ineligible to participate in the self-referral program until the results of his/her current urinalysis has been received by the command and any potential disciplinary or administrative actions have been initiated.

d. Notwithstanding a member's valid self-referral, appropriate disciplinary or administrative action, including separation under other than honorable conditions, may be taken against the member for drug abuse occurring either before or after self-referral, if detection of such abuse is based upon independent evidence.

11. <u>Urinalysis Guidance</u>

a. Urinalysis testing shall be conducted with the full expectation that administrative or disciplinary action might result.

b. <u>Urinalysis Program Coordinators (UPCs) shall be designated in writing by the CO</u>. The UPC shall be responsible for maintenance and administration of the command urinalysis program including the training of assistant UPCs and observers and the shipment of the samples to the assigned NAVDRUGLAB. Officers or chief petty officers should serve as UPCs and observers to the greatest extent possible. To facilitate the collection of a unit sweep where all hands are to be sampled, the designation in writing of an additional UPC is recommended.

c. Random sampling of smaller numbers of personnel on a more frequent basis provides best results. It reduces the predictability of command testing and raises the perceived risk of detection.

d. Planned testing dates should be held in strictest

confidence. The element of surprise is essential to a successful deterrence program.

e. Appropriate use of the Navy Drug Screening Program (NDSP) virtually eliminates the opportunity to cheat the urinalysis program.

f. Under no circumstances shall the command UPC and observers provide their own samples for inclusion in the same batch number when conducting urinalysis. If the command requires the UPC and observers to be tested (e.g., unit sweep), an assistant UPC or UPC from another command shall be used.

g. Specimen collection should immediately follow the test announcement. Members designated for testing should report directly to the collection site.

h. Strict adherence to direct observation policy during urine collection prevents most countermeasures to detection, e.g., substitution, dilution, adulteration, etc.

i. Mailing as soon as practical after collection reduces the possibility of tampering and reduces the chance of sample deterioration. Every effort should be made to mail specimens to the NAVDRUGLAB the same day, as specified in appendix C.

j. Secure chain of custody and strict compliance with collection procedures maximize the deterrent value of the command urinalysis program.

12. Pre-service Use of Drugs

a. Policy. Drug dependent persons, current drug abusers, and persons whose pre-service drug abuse indicates a tendency to continue abuse shall not be permitted to enter the Navy. Recruiting procedures shall include positive measures to identify and screen out drug abusers at the point of application for enlistment, appointment, or commission.

b. Guidelines for Acceptance. Despite pre-service drug use, individuals may possess potential for future productive service. COMNAVCRUITCOM shall establish procedures within the guidelines

of references (a) and (b) to grant enlistment eligibility waivers to applicants with a history of drug abuse. The Controlled Substance Act shall determine the schedule used in classifying the drug (e.g., cocaine as a narcotic under Schedule II). Individuals convicted of a drug-related offense are processed within the same guidelines developed by COMNAVCRUITCOM for processing applicants with other types of civil convictions.

c. Special Programs. Program sponsors may establish special acceptance criteria for entry and continuation in programs such as submarine, nuclear power, Nuclear Weapon Personnel Reliability Program (PRP), air traffic controller, etc., provided the special criteria do not violate the general acceptance policy established in reference (e) (see also references (f) and (g)).

d. Characterization. An enlistment eligibility waiver cannot be used to characterize a discharge.

13. Statement of Understanding. Prior to induction, every officer and enlisted accession shall be briefed on the objectives of the Drug and Alcohol Abuse Statement of Understanding (OPNAV 5350/1), or equivalent (NAVCRUIT 133/65), and shall be required to read and sign same. This statement describes Navy's zero tolerance policy for drug abuse, urinalysis procedures for detecting drug abuse, and the consequences if drug abuse is detected after entry. COMNAVCRUITCOM, CNET, and the Superintendent, USNA shall establish administrative procedures for executing the Drug and Alcohol Abuse Statement of Understanding. CNET shall ensure statements are obtained for individuals reporting to Naval Training Centers. Signed Statements of Understanding are filed in the members' service records. Failure to file the statement does not preclude enforcing Navy's drug policy. In addition, all enlisted Nuclear Power Program candidates must sign a Nuclear Field Statement of Understanding prior to enlistment in the Nuclear Power Program. That Statement of Understanding specifically states that continuation in the Nuclear Power Program is denied to any individual identified as a drug abuser, whether the abuse occurred before or after entry into active service. Applications for the Nuclear Power Program by officers, officer candidates, and midshipmen who disclose pre-service marijuana use are reviewed per reference (g).

14. Post-Enlistment Disclosure of Pre-service Drug Abuse. Commands will, on a case-by-case basis, evaluate personnel who admit to pre-service drug abuse after denying such abuse at the time of entry. COs may discipline those members, if appropriate, and/or process for administrative separation by reason of fraudulent enlistment. Personnel who otherwise would have met acceptance criteria at induction may be retained with the approval of the officer exercising General Court-Martial (GCM) authority. In such cases, forward copies of all related correspondence to COMNAVPERSCOM (PERS-8).

15. Sacramental Use of Peyote by Native American Service Members

a. Per reference (n), the use of the Peyote Cactus as a religious sacrament in connection with the bona fide practice of a traditional religion by Navy personnel who are members of Native American (Indian) Tribes as defined in reference (o) shall be accommodated.

b. Reasonable limitations on the use, possession, transportation, or distribution of peyote shall be imposed, in accordance with standards set forth in reference (n), to promote readiness and safety, to comply with international law or the laws of other countries, and to ensure unit cohesion, standards, and discipline.

c. Managers of special programs (e.g., PRP, nuclear power, submarine, aircrew, etc.) may impose additional limitations by supplemental instruction that are reasonable, necessary, and consistent with the standards set forth in reference (n).

USE OF DRUG URINALYSIS RESULTS

	Usable in disciplinary proceedings	Usable as basis for separation	Usable for characterization of service
1. Search or Seizure	YES	YES	YES
- member's consent	YES	YES	YES
- probable cause	YES	YES	YES
2. Inspection			
- random sample	YES	YES	YES
- unit sweep	YES	YES	YES
3. Medical - general diagnostic purposes	YES	YES	YES
4. Fitness for duty			
- command-directed	NO	YES	NO
- competence for duty	NO	YES	NO
- mishap/safety investigation	NO	YES	NO
5. Service directed			
- treatment facility staff (military)	YES	YES	YES
- alcohol rehab testing	NO	YES	NO
- naval brigs	YES	YES	YES
- entrance testing	NO	YES	*NO
- accession training pipeline	YES	YES	YES

* YES for reservists recalled to active duty (except Delayed Entry Program participants)

Collection and Transportation of Urine Specimens

1. Collection

a. The Urinalysis Program Coordinator (UPC) should be an E-7 or above and shall be designated in writing. The UPC will maintain the urine specimen bottles (NSN 6640-00-165-5778 - male, NSN 6530-00-8377472 - female) and prepare each as follows:

(1) Record on gum label:

(a) Date of collection (DAY/MONTH/YEAR).

(b) Batch number (locally derived four character alphanumeric assigned to each batch of 12 samples or portion thereof).

(c) Specimen number (predetermined two digit sequential number assigned to each sample in a batch).

(d) Member's social security number (use all digits).

(e) Testing premise/authority identifier as follows:

Searches
VO: Consent Testing
PO: Probable Cause

Inspections
IR: Random Sample
IU: Unit Sweep/Accession Training Pipeline
IO: Inspection Generic

Fitness for Duty
CO: Command Directed
AO: Mishap Investigation
RO: Rehabilitation Facility Staff testing

Medical Examination
MO: Medical Examination

Other
OO: Other Authorized Testing (specify)
NO: New Entrant

(f) Premise codes need not be explained on the chain of custody form. Should circumstances require more identification, include the documentation with the shipment to the attention of the NAVDRUGLAB CO.

(2) Attach gum label to body of bottle (this step may be accomplished after the sample has been collected, in which case the label must be attached to the bottle in the presence of the member providing the urine).

b. The UPC will maintain a urinalysis ledger documenting all test specimens with the following identifying information:

(1) Date of collection (TIME/DAY/MONTH/YEAR)

(2) Batch number

(3) Specimen number

(4) Member's social security number

(5) Testing premise identifier

(6) Signature and printed name of observer

(7) Signature of member

(8) Identification of new batch and specimen numbers if administratively changed for any reason, signature and printed name of individual making change, and signature and printed name of witness.

c. The UPC shall ensure that each specimen is collected under the direct observation of a designated individual (observer) of the same sex as the member providing the sample. The observer will sign the urinalysis ledger, certifying that the specimen bottle which contains urine provided by the member was

not contaminated or altered. The observer shall not handle the bottle unless the UPC is performing the duties of observer; in which case, the UPC must maintain direct custody of all samples while observing.

(1) The observer shall observe the service member urinating into the specimen bottle, placing the cap on the bottle, and delivering the bottle directly to the UPC.

(2) For female personnel, the urine may be collected in a wide-mouth bottle (NSN 6530-00-837-7472) and transferred into the specimen bottle. In this case, the observer shall observe the servicemember urinating directly into the wide-mouth bottle, transferring the urine to the specimen bottle, placing the cap on the specimen bottle, disposing of the wide-mouth bottle, and delivering the specimen bottle directly to the UPC.

d. The UPC shall ensure that each servicemember verifies the identifying information by signing the ledger and initialing the specimen bottle label. If the servicemember refuses to sign, the verification may be accomplished by the observer and witnessed by the UPC.

e. The UPC shall ensure that the member presents picture proof of identity and shall verify the service member's social security number on the bottle against the proof of identity. The preferred form of identification is the member's United States Armed Forces Geneva Conventions Identification Card.

f. The UPC shall receive the specimen bottle from the member and ensure that it contains a minimum volume of 30 milliliters, as required by the NAVDRUGLAB, and that it is not reopened. The urine sample bottle holds a maximum of 100 milliliters. Submission of less than the minimum quantity to the NAVDRUGLAB may result in the inability to confirm the preliminary test or may preclude retesting. The UPC will initial the label in the member's presence.

g. The UPC will then transcribe the information to the Specimen Custody Document (DD 2624). The dates on the form <u>must</u> be in the following format: four-digit year, two-digit month, and two-digit day. If month or day is single digit, place zero

in left box of that entry. DD 2624 and bottle labels may be prepared in advance. In this case, the UPC must verify that the information on the label and Specimen Custody Document match. The UPC shall sign and date the Specimen Custody Document(s) when collection of all samples is completed.

h. Tamper-resistant tape is required on all samples collected. UPCs should procure tamper-resistant tape via procedures and ordering information outlined in paragraph 2a(6) of this enclosure. Tape of the same width and length as above may be substituted. The UPC or servicemember seals the sample
R) bottle by fixing one end of the tape near the label and pulling the tape directly across the widest part of the cap and down the opposite side of the bottle. In any event, failure to use tamper-resistant tape does not invalidate urinalysis results provided proper chain of custody has been maintained throughout the process (see reference (l)).

i. If a member claims to be unable to submit a complete sample, or submits less than the 30 milliliter minimum, it is permissible to require the member to remain in a controlled area, under observation, and to drink fluids normally consumed in the course of daily activity until such time as the member is able to provide a complete sample or the balance of the
R) incomplete sample. The UPC either shall maintain custody of the incomplete sample or discard the partial sample and require the member to submit a full sample when the member is able.

j. Should a member be unable to provide a sample during the command's prescribed collection period, the member shall be examined by a military medical authority to investigate the possibility of physiological or psychological problems. The examination should be completed the same day of the collection and documented in the member's medical record. If failure to provide a sample is a chronic problem, the member shall be referred to the MTF for appropriate action.

2. Preparation for Shipment. The UPC shall prepare samples for shipment as follows:

a. Ship urine specimens in the (12 bottle) shipping container. The UPC shall pack specimens for shipment as follows:

(1) Use two types of waterproof containers. The first waterproof container can be one of two types available for the interior, i.e., a single specimen bag (plastic) or the larger 12-specimen bag (plastic). The second waterproof container is the waterproof mailing pouch for the exterior.

(2) Ensure each bag or pouch contains sufficient absorbent material. Two types of material are available: a small 1 to 2 square inch absorbent pad for use with single specimen bags; and a 5" x 5" absorbent pad for the 12-specimen bag container. The 5" x 5" absorbent pad can only absorb the fluid in six bottles; therefore, a box of 12 bottles inside a 12-specimen bag will require two such absorbent pads.

(3) Use of the single specimen bag:

(a) The UPC shall check the bottle cap for tightness. If tightening breaks the tamper-proof seal, replace the tamper-proof seal and make appropriate documentation on chain of custody form. Place the bottle in the single specimen bag.

(b) After the absorbent material is placed within the bag, the adhesive top should be folded carefully to obtain a leakproof seal. The leakproof seal is necessary to contain any spilled urine in the event of bottle failure until the absorbent material can react.

(c) Place the bottle in the shipping box cell provided with the separator insert and use additional paper to reduce bottle movement during shipping.

(4) Use of the 12-specimen bag:

(a) The UPC shall check each bottle cap for tightness. If tightening breaks the tamper proof seal, replace the seal and make appropriate documentation on the DD 2624. Remove all bottles and separator insert and place 12-specimen bag in shipping container. Then replace separator insert. Place two large absorbent pads inside the waterproof pouch. Bottles should

be placed into cells provided by the separator insert. If fewer than 12 bottles are present, empty cells should be filled with paper to reduce shipment movement.

(5) Packaging the shipping container. Once the interior waterproof container(s) with absorbent are sealed,

(a) Enclose one copy of the DD 2624 in a waterproof mailer and insert the mailer into the shipping container box.

(b) Open the mailing pouch and place the cardboard shipping box inside the mailing pouch ensuring there is one 5" x 5" absorbent pad for every six bottles or fraction thereof in the shipment. Carefully fold the pouch adhesive strip to attain a leakproof seal. The leakproof seal is necessary to contain any spilled urine in the event of bottle failure until the absorbent material can react.

(c) Place the adhesive mailing label and a printed label stating "Clinical Urine Specimens" on the outside of the mail pouch.

(6) The following national stock numbers (NSNs) should be used to obtain the secondary container and absorbent material via normal supply channels per NAVSUP P-2002:

(a) Single specimen bags:

Bag, specimen, 6"x5"	6530-01-307-5431
Bag, specimen, 6.5"x4"	6530-01-307-5430

(b) Multi-specimen bag:

Mailing pouch, 10.5"x15"	6530-01-304-9762

(c) Absorbent material:

Pouch, liquid absorbent, 1.25"x1.25"	6530-01-307-7434
Pouch, liquid absorbent, 2.5"x3"	6530-01-307-7433
Pouch, liquid absorbent, 5"x5"	6530-01-307-9754

(d) Envelope:

Envelope, packing list	8105-00-857-2247

(e) Tamper resistant tape:

Time Medical Labeling System GSA Contract # GS-02F-48169	144 Tower Dr Burr Ridge, IL 60521 Toll Free: 1-800-323-4840 (in CA): 1-800-382-3371

b. Hand delivery of urinalysis samples directly to a NAVDRUGLAB by the command UPC negates the requirement for a secondary container in the collection packaging. The primary container, however, must still be sealed.

3. Transportation

a. The UPC shall indicate on the original DD 2624 one of the following modes of shipment:

(1) "Released to First Class U.S. Mail."

(2) "Released to (name, rate/rank) to hand carry to drug testing laboratory." In such case, the person transporting the specimens would sign the DD 2624 upon receiving the specimens.

(3) "Released to Air Mobility Command, Bill of Lading Number XXX."

(4) "Released to (Air carrier) Flight XXX, Bill of Lading Number XXX."

(5) "Released to (Foreign air carrier) Flight XXX, Bill of Lading Number XXX." (NOTE: A foreign flag carrier is used only when no other shipment means is available. Ensure that the following statement appears on DD 2624 section 12d and on all bills of lading - "Shipment complies with U.S. domestic and IATA international packaging regulations.")

(6) When the Bill of Lading Number is not determined prior to sealing the container, indicate only the mode of

shipment on the original and copy of DD 2624 and annotate the command copy with the appropriate registration or bill of lading number when the container is accepted for shipment.

b. The UPC shall seal all sides, edges and flaps of the box with adhesive paper tape, then sign and date across the tape on the top and bottom of each shipping container.

(1) Seal and sign each container whether shipped separately or collectively, mailed or hand delivered to the NAVDRUGLAB.

(2) When several shipping containers are consolidated into a larger box, line the larger box to prevent the contents from rubbing against the box. Seal all shipping containers inside a plastic bag. Add sufficient packing material to prevent shifting of contents. U.S. Postal regulations allow up to four 12-bottle shipping containers to be consolidated into a larger box.

c. The UPC shall place the original Specimen Custody Document (DD 2624) in a sealed envelope (retaining one copy) and affix the envelope to the sealed shipping container. Report Control Symbol 5350-4 applies to the data transmittal.

d. The UPC shall wrap the container with brown mailing paper or place the container(s) in a larger outer container (the Specimen Custody Document will remain affixed to the specimen box inside). An alternate method is to wrap the shipping container with brown mailing paper and then attach the original specimen custody document to the outside of the container in a see-thru mailer envelope. Boxes or mailers shall be shipped to the NAVDRUGLAB specified by the second echelon commander or to the appropriate alternate laboratory. If applicable, priority ONE will be entered on DD 1384 (Transportation Control and Movement Document), or in the "Description of Contents" block on the U.S. Government Bill of Lading.

e. When boxes of samples from several commands or UPCs are collected at a central collection point for shipment or an intermediate individual will actually enter the samples into the selected mode of shipment, the actions described above shall be

performed by the collection point UPC after he or she signs the Specimen Custody Document and provides a copy to the supplying UPC.

4. Laboratory Handling

a. The CO of the cognizant NAVDRUGLAB or the director of the DoD-certified laboratory is responsible for maintaining an internal identification system to maintain accountability of specimens and samples within the laboratory.

b. A designated laboratory employee will receive the shipment of specimens and store them so that the integrity and physical characteristics are maintained.

c. An individual designated by the CO or laboratory director shall open the outer wrappings, locate the Specimen Custody Document (DD 2624), and visually inspect the shipping container to determine if the seals on sides, edges, and flaps were opened or tampered with while in transit. The designated individual shall then describe the condition of the shipping container in the appropriate block and sign and date the Specimen Custody Document.

d. The designated individual shall then open the container and inventory the contents. Accountability shall be maintained on specimens as portions are transferred to sample test containers and routed throughout the lab. The original specimen bottles, with residual urine, shall be held in a secure location until preliminary and/or confirmation testing of the samples is complete.

e. Working samples (that portion of the specimen which actually undergoes testing) shall be discarded. The residual urine and the original specimen bottle of samples testing negative shall be discarded. The Specimen Custody Document will be annotated to indicate positive samples at the end of the confirmation process. The original specimen bottle, with residual urine, of samples testing positive will be stored (frozen at -5 to -20 degrees C) for 1 year following issuance of the report described below, after which it may be discarded unless the laboratory is requested to retain the specimen due to

pending legal or administrative proceedings. Commands requesting sample retention shall advise the NAVDRUGLAB when legal or administrative proceedings are completed. If legal or administrative proceedings are not completed within the requested period, the submitting command shall request another extension. Unless the sample is ordered retained by a court of competent jurisdiction, in cases tried by a court-martial, samples need not be retained beyond the date of the final action. In cases involving non-judicial punishment, samples may be discarded following action on any appeal or upon expiration of the time period within which to file such an appeal.

f. A Report of Laboratory Urinalysis shall be forwarded to the originating command by naval message marked "For Official Use Only", using Report Control Symbol 5350-4, with information copies to the appropriate chain of command as specified on DD 2624. The report will consist of at least the following elements and be marked "For Official use Only":

(1) Identification of DD 2624:

(a) Locally assigned batch number

(b) Date received

(2) Identification of positive findings:

(a) Specimen number

(b) Social security number

(c) NAVDRUGLAB findings

(3) A statement that all specimens not specifically listed are negative (unless all specimens are listed).

g. The laboratory certifying official shall sign the DD 2624 certifying that the results are accurate and have been correctly reported to the originating command.

h. The original DD 2624, the original intra-laboratory chain of custody document (if used), confirmatory documentation (gas

chromatography/mass spectrometry tracing(s)), and a copy of the report of results message shall be attached together and retained by the laboratory for a minimum of 3 years. After three years, these records shall be disposed of locally without notification to the originating command.

DRUG SCREENING LABS

Address	Telephone/Message Address
Commanding Officer Navy Drug Screening Laboratory Box 113 Bldg H2033 NAS Jacksonville, FL 32212-0113	Autovon: 942-7755 Commercial: (904) 777-7755 NAVDRUGLAB JACKSONVILLE FL //JJJ//
Commanding Officer Navy Drug Screening Laboratory Box 88 6819 Great Lakes, IL 60088-6819	Autovon: 792-6862 Commercial: (847) 688-6862 NAVDRUGLAB GREAT LAKES IL //JJJ//
Commanding Officer Navy Drug Screening Laboratory 34425 Farenholt Ave Suite 40 San Diego, CA 92134-5298	Autovon: 522-9372 Commercial: (619) 532-9372 NAVDRUGLAB SAN DIEGO CA //JJJ//

AREAS OF RESPONSIBILITY

NAVDRUGLAB Jacksonville: Those units designated by Commander in Chief, U.S. Atlantic Fleet (CINCLANTFLT), Commander in Chief, U.S. Naval Forces Europe (CINCUSNAVEUR), the Commandant of the Marine Corps (CMC), and those undesignated units in geographic proximity.

NAVDRUGLAB Great Lakes: All activities assigned to CNET, all United States Marine Corps (USMC) accession points as designated by CMC, and selected Naval activities located in the Great Lakes area.

NAVDRUGLAB San Diego: Units designated by Commander in Chief, U.S. Pacific Fleet (CINCPACFLT) or Commandant of the Marine Corps (CMC), and those undesignated units in geographic proximity.

EDUCATION AND TRAINING POLICY AND REQUIREMENTS

1. General. All Navy military personnel shall be educated about Navy drug and alcohol abuse policies, programs, resources and measures to avoid alcohol and drug abuse. Specific training is required for individuals in leadership and supervisory positions to identify alcohol-related problems and to provide support in command aftercare. Training shall be provided for all personnel filling positions in the Navy Drug and Alcohol Abuse Program such as Alcohol and Drug Control Officers (ADCOs), Drug and Alcohol Program Advisors (DAPAs), and Urinalysis Program Coordinators (UPCs). Clinical training, supervision, and certification are required for all health care providers who conduct or supervise alcohol and drug abuse services. Awareness education will be offered to Navy family members on a voluntary basis.

2. Responsibilities

a. Commander, Navy Personnel Command (COMNAVPERSCOM) (PERS-6) is the program manager for all alcohol and drug abuse awareness and prevention education and training programs, including Alcohol-AWARE, Alcohol and Drug Abuse Managers/ Supervisors (ADAMS), DAPA course, and PREVENT 2000. COMNAVPERSCOM (PERS-6) is responsible for the quality assurance and evaluation of awareness and prevention education and has curriculum approval authority. Scheduling of Alcohol and Drug Abuse Prevention Education and Training is published each fiscal year by PERS-60. Responsibilities for training development, delivery, and quality assurance may be delegated to COMNAVPERSCOM training detachments: Drug and Alcohol Program Management Activity (DAPMA) Norfolk and San Diego. COMNAVPERSCOM (PERS-6) is responsible for the development or procurement of media, public information, and programs for use by Navy commands in their prevention and deglamorization efforts.

b. Chief of Naval Education and Training (CNET) shall provide drug and alcohol abuse education for enlisted recruits, Senior Enlisted Academy, officer candidates (except Naval Academy), and officers in pre-fleet assignment or entry programs. Alcohol and drug abuse prevention information shall also be provided in leadership courses and in the General Military Training (GMT) program.

c. Chief, Bureau of Medicine and Surgery (BUMED) shall provide alcohol and drug abuse training, education, clinical supervision, and certification programs for Navy drug and alcohol counselors and other medical professionals who provide evaluation and intervention/treatment services to members with substance abuse problems.

d. The Superintendent, U.S. Naval Academy shall incorporate substance abuse prevention education into the standard curriculum under the cognizance of the CNO.

e. The Chief of Chaplains of the Navy shall train members of the Chaplain Corps to identify abusers and to counsel and refer Navy personnel and their family members.

f. Unit commanders, COs and OICs shall ensure that assigned personnel receive periodic drug and alcohol abuse education, including requirements for AWARE and ADAMS, and the training required by this instruction for members assigned as the DAPA or for other command functions related to the alcohol and drug abuse prevention program.

3. Education Requirements

a. Initial Entry. All new Navy entrants shall receive education on alcohol and drug abuse awareness and prevention, Navy policies and the disciplinary consequences of abuse. Education for officer candidates shall include similar prevention information plus the responsibilities of junior leaders in maintaining military discipline and enforcing the law. Entry level education shall be completed before commissioning or within 90 days after entry on active duty.

b. Command Indoctrination. Drug and alcohol abuse education shall be included as part of each command's indoctrination of new personnel. It should be presented by the DAPA and should include a description of the command's policies, as well as programs and local resources.

c. Periodic Awareness Through General Military Training (GMT). Drug and alcohol abuse awareness education is scheduled periodically through the CNET GMT program. COMNAVPERSCOM (PERS-

6) will provide assistance in developing lesson plans and audio-visual materials.

d. ALCOHOL-AWARE. ALCOHOL-AWARE is basic alcohol awareness training for use at Navy commands. It targets junior enlisted (E1-E4) and junior officers (O1-O3). All Navy personnel shall complete the AWARE course within 2 years of completion of recruit training or other accession point entry. Course completion shall be documented as a page 4 entry. Additionally, commands are encouraged to document a page 13 entry as evidence of the fact that the member has been made aware of the risks of alcohol misuse and the command policy. Commands are strongly encouraged to use AWARE, in whole or in part, as part of their indoctrination program, as refresher education, as part of alcohol abuse stand downs, or in any manner that best suits the command's alcohol abuse prevention and deglamorization efforts.

e. Personal Responsibility and Values Education and Training (PREVENT 2000). PREVENT 2000 focuses on the themes of personal responsibility and Navy Core Values. PREVENT 2000 is a 24-hour prevention education and health promotions course targeting the 18-25 year age group. It covers alcohol and drug abuse, interpersonal responsibility, financial responsibility, health and wellness, and also teaches important life skills such as communications and decision making. PREVENT 2000 is to be used for prevention education and health promotion only. It is not considered treatment. Individuals with alcohol incidents should not be sent to PREVENT 2000 unless there is no other option or screening indicates they do not meet the criteria for ALCOHOL-IMPACT or other intervention programs. All Navy members in the target age group should attend PREVENT 2000 within 4 years of accession. Integration of PREVENT 2000 contributes toward command prevention program requirements.

f. Alcohol and Drug Abuse Managers/Supervisors (ADAMS). ADAMS consists of two short, interactive education courses for Navy managers and supervisors and one 5-day course for training command personnel in facilitating the ADAMS for supervisors course.

(1) ADAMS for Managers. The ADAMS Manager course is a half-day seminar designed for COs, XOs and CMCs, or other senior

command personnel. It is a career requirement. This course should be incorporated into the training pipeline for CO, XO, and CMC-designated personnel. Other senior members are highly encouraged to complete ADAMS Manager also. The course focuses on managing substance abuse issues at the command and community level. It is a practical leadership course in the prevention and deglamorization of alcohol abuse and the deterrence of drug use. ADAMS Manager is offered through the Drug and Alcohol Program Management Activities (DAPMA) in Norfolk and San Diego. It may also be offered through selected pipeline training and via video tele-training.

(2) ADAMS for Supervisors. The 1-day ADAMS for supervisors is designed to provide Navy supervisors with knowledge and skills in alcohol and drug abuse prevention, recognition and documentation, intervention and aftercare. It is required for all E-5 and above personnel in first-line supervisory positions. Civilians who supervise naval military personnel should also attend ADAMS supervisor training. The training shall be accomplished within 2 years of attaining such a position. Because policy and programs are subject to change, ADAMS for supervisors should be repeated every 5 years.

(3) Collateral Duty Command ADAMS Facilitators. COs are encouraged to select qualified personnel for training and certification to provide the ADAMS supervisors training to their own commands. The ADAMS facilitator training is a 5-day course followed by a certification process. Candidates must be E-6 and above or O-3 and above. Course availability is published each fiscal year by COMNAVPERSCOM (PERS-6) or may be obtained from PERS-60 or DAPMA Norfolk and San Diego.

4. Training Requirements

a. Program Management Training. COMNAVPERSCOM (PERS-6) and its field activities will provide training and technical assistance to local Navy commands and second echelon personnel who administer alcohol and drug prevention and deglamorization programs.

b. ADCO. ADCOs shall complete the DAPA Course. In addition, attendance at ADAMS, AWARE, and PREVENT 2000 are

strongly recommended since these are major courses which the ADCO will oversee.

c. DAPA. Members assigned as DAPAs and assistant DAPAs are required to complete the DAPA course within 90 days of appointment unless they have previously completed the course not more than 3 years prior to appointment. The DAPA course is provided by COMNAVPERSCOM (PERS-6) and its field activities. The DAPA course includes Navy policy and procedures, and it also focuses on prevention skills and aftercare monitoring. Graduates of the DAPA course are highly qualified to run a command program, monitor command aftercare and deliver training such as AWARE.

d. Alcohol Training for MWR Personnel. Personnel employed in Navy recreation facilities with the responsibility to sell or serve alcoholic beverages shall complete appropriate server training or equivalent to ensure compliance with Navy and local regulations and statutes, enforcement of policies related to underage drinking, encouragement of alternatives, and the promotion of designated driver programs. Above all, server personnel shall be trained to recognize and to not serve those patrons who are impaired, and to take appropriate action to reduce the potential for the patron becoming involved in an alcohol-related incident.

5. Advertisement and Availability. COMNAVPERSCOM (PERS-6) will advertise the availability of alcohol and other drug training through the annual publication of Scheduling of Alcohol and Drug Abuse Prevention Education and Training and via electronic media on the PERS-6 Navy Drug and Alcohol Abuse Prevention World Wide Web site (NAVDWEB.SPAWAR.NAVY.MIL). Course development, changes in training or education requirements, and the availability of multimedia productions also will be announced through Drug and Alcohol Program Advisories and Right Spirit Bulletins.

ACRONYMS AND DEFINITIONS

The following definitions are for use within the Navy Drug and Alcohol Abuse Prevention and Deglamorization Program and are not intended to modify the definitions found in statutory provisions, regulations, or other directives.

AA (Alcoholics Anonymous). Worldwide self-help organization consisting of a fellowship of recovering alcoholics whose primary purpose is to "stay sober and help other alcoholics to achieve sobriety."

Abuse. For the purposes of this instruction, the word abuse is used as a general term meaning misuse, excessive use, or wrongful use, and is not intended to contradict or modify the use of the term "abuse" as used in clinical diagnosis.

ADAMS (Alcohol and Drug Abuse Managers/Supervisors Training). ADAMS consists of three courses: (1) ADAMS Manager is a 4-hour course that enables COs, XOs and command master chiefs to establish and maintain an effective command drug and alcohol program; (2) ADAMS Supervisor is a 1-day course for E-5 and above that teaches Navy policy and supervisory responsibilities in the command program; (3) ADAMS Facilitator is a 5-day course plus a certification process which trains command personnel to conduct ADAMS training.

ADCO (Alcohol and Drug Control Officer). An ADCO is a collateral duty position in second and third echelon commands. ADCOs oversee drug and alcohol abuse prevention programs in their claimancy.

Addiction. Addiction is characterized physiologically by tolerance (the need for a great amount of the drug to achieve a desired state) and withdrawal (symptoms varying from uncomfortable to serious convulsions, etc.) that are relieved by taking the drug.

Administrative Screening. The process by which the command DAPA collects basic information (review of health records, supervisory comments, evaluations, etc.) prior to a medical screening. Basic administrative information is evaluated in the overall screening

of an individual referred for an alcohol or drug problem.

ADMITS (Alcohol and Drug Management Information Tracking System). The primary information management system for the Navy Drug and Alcohol Program. ADMITS collects data on alcohol-related incidents, screenings, treatment, drug testing results, etc.

AFIP (Armed Forces Institute of Pathology). A DoD laboratory that manages the integrity of the DoD drug testing program. It operates both open and blind quality control testing.

Aftercare Plan. A post-treatment regimen of care prepared by the MTF/ATF at the time a member successfully completes a treatment program. Aftercare plans are prepared in consultation with the member's parent command and may include recommendations for clinically monitored outpatient counseling (continuing care), attendance at self-help groups, and referrals for additional medical/social services. The member's failure to adhere to all provisions of the aftercare plan may result in treatment failure. The aftercare plan is monitored at the command level by the DAPA.

Alcohol Abuse. The use of alcohol to an extent that it has an adverse effect on performance, conduct, discipline, or mission effectiveness, and/or the user's health, behavior, family, community, or Department of the Navy, or leads to unacceptable behavior as evidenced by one or more acts of alcohol-related misconduct. Alcohol abuse is also a clinical diagnosis based on specific diagnostic criteria delineated in the DSM, and must be determined by a medical officer (MO) or licensed independent practitioner (LIP). A clinical diagnosis of alcohol abuse generally requires some form of intervention and treatment.

Alcohol-AWARE. A 4-hour command level course that includes basic information about alcohol use and associated risks, Navy policies, responsible drinking and alternatives. In addition to being a requirement for all personnel, AWARE is a command tool that can be used in a variety of ways. It is targeted at the E1-E4 and O1-O3 population.

Alcohol Dependence. Psychological and/or physiological dependence on the drug alcohol as indicated by evidence of tolerance or symptoms of withdrawal as characterized by the

development of withdrawal symptoms 12 hours or so after the reduction of intake following prolonged, heavy, alcohol ingestion. People are said to be dependent on alcohol when abstinence from use impairs their performance or behavior. Alcohol dependence is a clinical diagnosis based on specific diagnostic criteria delineated in the DSM, and must be determined by an MO or LIP. Untreated, alcohol dependence may lead to death. (See also Alcoholism.)

Alcohol-IMPACT. Intensive goal-oriented early intervention designed for individuals who incur an alcohol-related incident. A member previously assigned to attend Alcohol-IMPACT as a result of an alcohol incident who incurs a subsequent incident does meet the previous treatment requirement for ADSEP processing.

Alcohol Incident. An offense punishable under the UCMJ or civilian authority committed by a member where, in the judgment of the member's CO, the consumption of alcohol was the primary contributing factor.

Alcoholism. A chronic, progressive disease in which the individual is addicted to alcohol. Drinking and symptoms grow worse over time (same as alcohol dependence). For U.S. Navy purposes, the term "alcohol dependence" is used.

Anabolic Steroids. Any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins, and corticosteroids) that promotes muscle growth, and includes any salt, ester, or isomer of such a drug or substance described or listed in Title 21 U.S.C., section 802, if that salt, ester, or isomer promotes muscle growth.

AOHCP (Addictions Orientation for Health Care Providers). A short course focusing on the diagnosis of alcohol/drug abuse and dependence. AOHCP, or similar training, is required for all health care professionals who are authorized to diagnose abuse or dependence.

ASAM (American Society of Addictions Medicine). A professional association of physicians and other medical professionals who specialize in alcohol and other drug treatment. The continuum of care model and other treatment innovations were developed under the guidance of ASAM.

ATF (Alcohol Treatment Facility). Any branch, department, or section, of an MTF that provides screening, referrals, early intervention, or treatment services for alcohol-induced problems. The range of services provided (i.e., from screening and education to residential inpatient treatment) depends on the staffing and capability of the facility.

BAC (Blood Alcohol Content or Concentration; also BAL, Blood Alcohol Level). The percentage of alcohol in the blood system expressed in the ratio of grams of alcohol per 100 milliliters of blood. A dynamic measure resulting from a variety of factors -- rate of drinking, strength of drink, body weight, gender, etc. In most states, a .10 BAC is prima facie evidence of driving under the influence. In other states, a .08 BAC is prima facie evidence of intoxication.

Chain of Custody. The process by which the integrity of a urinalysis sample is maintained from collection through testing and used at legal proceedings. The chain of custody procedures require strict adherence to the use of custody documents, labels, etc., by authorized personnel.

Continuing Care. A phase of treatment designed to provide support for members adjusting to an abstinent life style. Continuing care in most cases will follow a phase of more intense intervention. The normal frequency of continuing care is two hours per week or less.

Continuum of Care. The alcohol treatment model used by the U.S. Navy and other military treatment providers. Period of treatment is variable and may occur in a variety of settings. The basic philosophy is to place patients in the least intensive or restrictive treatment environment commensurate with the severity of their needs. Patients can be moved to more or less intensive treatment during the treatment phase as their needs change or problems are identified. The continuum of care is generally divided into five levels of intensity: level 0.5 - Early Intervention (Alcohol IMPACT) 20 hours; level I - Outpatient Treatment (OT) 40 hours/2 weeks; level II - Intensive Outpatient/Partial Hospitalization (IOP) 80-100 hrs/4 to 6 weeks; level III - Inpatient Treatment (IP) 1 to 2 weeks; level IV -

Medically Managed Intensive Inpatient Treatment (IIT) 1 to 2 weeks.

Controlled Substance. A drug or other substance found in Schedules I-V of the Controlled Substances Act of 1970 (Title 21 U.S.C., section 812 et al.). Use of controlled substances is restricted or prohibited, depending on the classification of the drug.

Controlled Substance Analogue (Designer Drug). A substance, the chemical structure of which is substantially similar to the chemical structure of a controlled substance in Schedule I or II, and which has a stimulant, depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance in Schedule I or II. A controlled substance analogue also is a substance, the chemical structure of which is substantially similar to the chemical structure of a controlled substance in Schedule I or II, and with which a particular person represents or intends to have a stimulant, depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance in Schedule I or II.

DAAR (Drug and Alcohol Abuse Report). (OPNAV 5350/7) The basic reporting form submitted by the command to the ADMITS system. DAAR submission is required for reporting alcohol incidents, drug positives and other system information requirements. The DAAR form should be submitted within 30 days of an incident.

DAPA (Drug and Alcohol Program Advisor). A collateral duty command position. The DAPA is the CO's advisor on all matters relating to alcohol or other drugs. Among other duties, DAPAs conduct administrative screenings, prepare required reports (e.g., DAARS), provide prevention education, and monitor aftercare.

DAPMA (Drug and Alcohol Program Management Activity). Two detachments of Commander, Navy Personnel Command (COMNAVPERSCOM)

PERS-6. The DAPMAs in Norfolk and San Diego provide alcohol and other drug prevention education, training, and technical assistance to Navy commands via mobile training teams, residential training, and electronic media.

Deglamorization. A term used in the alcohol and other drug abuse prevention field. It means to "take the glamour out." Deglamorization is a command requirement and involves not promoting alcohol, providing alternatives, assuring that non-alcoholic alternatives are available at official functions, providing a climate that says "it's okay not to drink," etc. Public information and education that provide information on the significant negative health and behavioral impact of alcohol misuse also are elements of deglamorization.

Detoxification. Medical management of the withdrawal from alcohol or other drugs. Withdrawal from alcohol or other drugs can be a life threatening state for those addicted and requires medical management, normally in an in-patient status. Symptoms vary from mild shakes to life-threatening convulsions. Detoxification is not treatment but is the medical stabilization, by drugs, observation, and other means, of individuals going through withdrawal. If required, it precedes treatment.

DIPM (Drug Information Presentation Manager). A graphical user interfaced data base that interfaces with ADMITS and the master Navy data base to provide in-depth alcohol and drug abuse trend analysis and threat assessment (e.g., number of drug positives, alcohol incidents, etc., by pay grade, age, education, etc., by geographical area, unit identification code, type commander, etc.).

DON CAF (Department of Navy Central Adjudication Facility). The chief adjudication facility for determining eligibility and managing security clearances in the Navy.

Drink. A drink of alcohol is defined as 1.5 oz. of liquor, 5 oz. of wine, or 12 oz. of beer. Each contains the same amount of alcohol. This definition is used by researchers, for data collection purposes, and in charts that estimate blood alcohol content (BAC).

Drug Abuse. The wrongful use, possession, distribution, or introduction onto a military installation, or other property or facility under military supervision, of a controlled substance, prescription medication, over-the-counter medication, or intoxicating substance (other than alcohol). "Wrongful" means without legal justification or excuse, and includes use contrary to the directions of the manufacturer or prescribing healthcare provider, and use of any intoxicating substance not intended for human ingestion. (For purposes of this instruction, drug abuse also includes inhalant abuse (sometimes referred to as "huffing") and steroid usage other than that specifically prescribed by a competent medical authority.)

Drug Dependence. Psychological and/or physiological reliance on a chemical or pharmacological agent as defined by the current DSM. It is the physiological alteration to the body or state of adaptation to a drug which, after repeated use, results in the development of tolerance and/or withdrawal symptoms when discontinued, and/or the psychological craving for the mental or emotional effects of a drug that manifests itself in repeated use and leads to a state of impaired capability to perform basic functions. Drugs have varying degrees of risk of addiction with nicotine and crack cocaine having the highest potential for addiction with very little use. The term does not include the continuing prescribed use of pharmaceuticals as part of the medical management of a chronic disease or medical condition.

Drug Paraphernalia. All equipment, products, and materials of any kind that are used, intended for use, or designed for use, in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling or otherwise introducing into the human body a controlled substance in violation of title 21 U.S.C., section 801, et seq.

Drug-Related Incident. Any incident in which the use of a controlled substance or illegal drug, or the misuse of a legal drug or intoxicating substance (other than alcohol) is a contributing factor. Mere possession or trafficking in a controlled substance, illegal drug, legal drug intended for improper use, or drug paraphernalia may be classified as a drug-

related incident. Additionally, testing positive for a controlled substance, illegal drug or a legal drug not prescribed, may be considered a drug-related incident.

DSM (Diagnostic and Statistical Manual of Mental Disorders). A manual prepared by the American Psychiatric Association as a guide for clinical practitioners. DSM has many uses. In the alcohol and other drug field, it provides the diagnostic criteria for alcohol abuse, alcohol dependence, drug abuse, and drug dependence. Each updated edition of the DSM is identified by a roman numeral, e.g., DSM-III, DSM-IV, etc. All references to the DSM in this instruction refer to the current edition at time of application.

DUI/DWI (Driving Under the Influence/Driving While Intoxicated). DUI/DWI refers to the operation of, or being in the physical control of a motor vehicle or craft while impaired by any substance, legal or illegal. Definitions vary slightly from State to State. In most States a recorded BAC for alcohol ranging from .08 to .10 is prima facie proof of DUI/DWI without any other evidence. It should be noted that in many States, drivers can be impaired at levels lower than .08 and can be convicted on other evidence without a recorded BAC (see Substantiated DUI/DWI). Additionally, operation of, or being in physical control of a motor vehicle or craft with any recorded BAC for alcohol by a person under the age of 21 may be prima facie evidence of DUI in many States. Further guidance concerning DUI/DWI is contained in Article 111, UCMJ and its analysis.

Heavy Drinker. For survey or other data collection purposes, a heavy drinker is defined as one who drinks five or more drinks per typical drinking occasion at least once a week.

Illegal Drug. The category of substances including controlled substances, controlled substance analogues, and all other prohibited (whether by law or regulation) drugs (e.g., LSD, marijuana, cocaine, heroin, etc., sometimes referred to as illicit drugs).

Impaired. Per the UCMJ, "impaired" means any intoxication which is sufficient to diminish the rational and full exercise of the

member's mental or physical faculties.

Inhalant Abuse (Huffing, Puffing, etc.). The intentional inhalation or breathing of gas, fumes or vapors of a chemical substance or compound with the intent of inducing intoxication, excitement, or stupefaction in the user. Nearly all abused inhalants produce effects similar to anesthetics, which slow down the body's function. Varying upon the level of dosage, the user can experience slight stimulation, feeling of less inhibition, loss of consciousness, or suffer from Sudden Sniffing Death Syndrome (this means the user can die from the 1st, 10th, or 100th time he or she abuses an inhalant).

Intervention. The act or process of confronting or otherwise directing an individual to obtain help for an alcohol or other drug problem. Many individuals who have alcohol or drug problems deny those problems or are unwilling to seek help. COs, supervisors, shipmates, counselors, other medical professionals or spouses can intervene.

Licensed Independent Practitioner (LIP). The LIP is a licensed psychologist, physician, psychiatrist or other medical professional who has the clinical responsibility for the screening, assessment and treatment of alcohol and other drug clients. An LIP clinically supervises counselors and has the ultimate responsibility for the treatment of clients under his or her supervision.

Medical Screening. The actual assessment of an individual's alcohol or other drug problems to determine if a diagnosis of alcohol abuse or dependency is warranted and to determine treatment requirements. Navy drug and alcohol counselors collect information and impressions for the screening, but the actual diagnosis must be made by an LIP or qualified MO.

Moderate Drinking. Moderate drinking has no legal meaning and, with the exception of health guidelines, is not a standard.

MTF (Medical Treatment Facility). Any DoD or authorized civilian institution that provides medical, surgical, or psychiatric care and treatment for sick or injured DoD personnel and their dependents. Alcohol and other drug treatment in the Navy is the

responsibility of the Chief, Bureau of Medicine and Surgery. Alcohol treatment may be an integral department of an MTF or may exist or operate independently and report to a cognizant MTF.

NAVDRUGLAB (Navy Drug Screening Lab). Navy labs that process urinalysis samples. Labs are monitored by AFIP and are inspected quarterly by BUMED and annually by DoD and CNO.

NAVDWEB. The Navy Drug and Alcohol World Wide Web site. NAVDWEB provides training and education materials and programs, drug and alcohol program information, and prevention resources, etc., that may be downloaded or accessed interactively online. NAVDWEB can be accessed by any member or activity possessing INTERNET access capability by logging on NAVDWEB.SPAWAR.NAVY.MIL.

NDAAC (Navy Drug and Alcohol Advisory Council). Regional or area councils with specified memberships (e.g., COs, shore patrol, MWR, treatment providers, etc.) who meet regularly to determine the alcohol and other drug threat and plan and implement countermeasures.

NDAC (Navy Drug and Alcohol Counselor). A military member or civilian employee specifically trained and certified to conduct screening, counseling, education and treatment of alcohol and other drug abusers or those dependent on alcohol or other drugs. Limits of practice are strictly defined, and counselors must work under the clinical supervision of a licensed independent practitioner.

NDACS (Navy Drug and Alcohol Counselor School). The residential school for training active duty Navy drug and alcohol counselors.

NDSP (Navy Drug Screening Program). A computer-based application developed to assist COs in administering monthly random drug testing. Once parameters have been set, NDSP selects the test days and the individuals to be tested. Use of NDSP virtually eliminates the opportunity for cheating on urinalysis.

Patient Placement Dimensions. Set of criteria used to determine the level of treatment after a diagnosis of alcohol dependence or alcohol abuse. Primarily consists of six factors that are

assessed to determine where a patient will be placed in the continuum of care. Factors include: withdrawal potential, biomedical, emotional/behavioral, treatment acceptance, relapse potential, and recovery environment. Operational schedules are a major consideration.

PREVENT 2000 (Personal Responsibility and Values Education and Training). PREVENT 2000 is a prevention education and health promotion course specifically developed to target the 18-25 year age group. PREVENT 2000 deals with life choices related to drug and alcohol use, interpersonal relationships (including sexual responsibility), health, fitness and financial responsibility. PREVENT 2000 is not intended as an intervention.

Prevention Program. An ongoing process of planned activities to specifically counter the identified threat of drug and alcohol abuse in a geographical area or command. Prevention programs normally include: threat assessment, policy development and implementation, public information activities, education and training, deglamorization, and evaluation. Effective prevention programs are tailored to the specific area or command, i.e., command-/community-based.

Referral (Alcohol). Command- and self-referrals are means of early intervention in the progression of alcohol abuse by which members can obtain help or be directed to avail themselves of help before a problem becomes more advanced and more difficult to resolve without risk of disciplinary action. Command-referral occurs when the CO orders a member to screening for a suspected alcohol problem, while a self-referral occurs when the member him/herself reports to a qualified self-referral representative to request help for a potential alcohol problem. (Self-referral rules for drug abuse differ from alcohol. See Self-Referral (Drug Abuse).)

Relapse. Addiction and alcoholism (alcohol dependence) are considered diseases of relapse. A relapse is a return to drinking or drugging, no matter how brief. Sometimes a relapse can be therapeutic if it reinforces to the individual that he or she really does have a problem and strengthens his or her commitment to a recovery program. On the other hand, a relapse could result in a full blown return to drinking with all its

attendant problems requiring another intervention and treatment, and may result in treatment failure.

Right Spirit. "The Right Spirit Campaign" is an ongoing SECNAV-sponsored Alcohol Abuse Prevention and Alcohol Use Deglamorization campaign to reduce the incidence of alcohol abuse and to deglamorize drinking. The Right Spirit stresses responsibility and accountability at all levels.

Self-Referral (Drug Abuse). Process by which a Navy member who believes that he or she is dependent (addicted) on drugs may report to a qualified self-referral representative (as listed in paragraph 2b of this instruction) and receive a screening at an ATF/MTF for official determination of drug dependency. Members found to be drug dependent will be exempt from disciplinary action for drug abuse if they accept and participate in treatment offered by the Navy. However, a valid self-referral is still considered an incident of drug abuse, and the member will be processed for administrative separation. The type of discharge will be characterized by his or her overall service record, not just the incident of drug abuse. Members found not drug dependent, but who have used drugs, will not be exempt from disciplinary action, will be disciplined as appropriate, and will be processed for administrative separation. Members found not drug dependent, and who have not used drugs, will be disciplined as appropriate and processed for administrative separation or retained and returned to duty in accordance with the needs of the Navy.

Serious Offense. Any offense committed by a member for which a punitive discharge, or confinement for 1 year, would be authorized by the Manual for Courts-Martial for the same or a closely related offense. See reference (e), Article 1910-142 for enlisted members and 1611-010 for officers.

Substantiated DUI/DWI. A charge of Driving Under the Influence, or Driving While Intoxicated (DUI/DWI) is considered substantiated if there is a conviction by a military or civilian court, a finding of guilt at NJP, or if, in the judgment of the CO, the available evidence supports the allegation that the member was in operation of a motor vehicle, vessel, or craft

while under the influence of, or intoxicated by alcohol and/or other drugs in violation of local statutes, regulations, and/or the UCMJ. Upon notification or report of a member's arrest for DUI/DWI, COs must investigate the circumstances, consider all the relevant facts (e.g., police report, eyewitness statements, member's statement, BAC test result, etc.) and make a determination of the validity of the charges. Refer to reference (c) for detailed description of a substantiated DUI/DWI offense.

Threat Assessment. The assessment of the impact and potential impact of alcohol or other drugs on a command, geographical area, etc. A variety of data and reports make up the threat assessment, e.g., shore patrol reports, information from local police, DIPM information, etc. An effective prevention program requires an ongoing threat assessment.

Treatment. The process of restoring to effective function by means of a structured therapeutic program. The level and length of treatment depends on the severity of the alcohol or drug problem. (See "Continuum of Care" definition.)

Treatment (Rehabilitation) Failure. Treatment is a failure when: (1) A member incurs an alcohol incident any time in his/her career after a period of treatment that was precipitated by a prior incident; or (2) a member has incurred an alcohol incident or self-refers, and is screened by medical and found to be in need of treatment, and commences and subsequently fails to complete treatment, or refuses treatment (non-amenable); or (3) a member fails to participate in, fails to follow, or fails to successfully complete a medically prescribed and command-approved aftercare plan; or (4) a member returns to alcohol abuse at any time during his/her career following treatment, and is determined to be a treatment failure by an appropriate LIP or MO.

TRICARE. A DoD medical services delivery system characterized by reciprocal facilities and services of all three military departments. Within a TRICARE region, a servicemember may be referred to the nearest MTF, regardless of the branch of Service.

UPC (Urinalysis Program Coordinator). A collateral duty command position filled by an E-7 or above. The UPC is responsible forall aspects of the command urinalysis program, from

facilitating testing and training observers, to maintaining chain of custody, to labeling and shipping specimens.