



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
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OPNAVINST 5350.4D
N135
4 Jun 09

OPNAV INSTRUCTION 5350.4D

From: Chief of Naval Operations

Subj: NAVY ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL

Ref: (a) SECNAVINST 5300.28D
(b) Uniform Code of Military Justice (UCMJ)
(c) DoD Instruction 1332.14 of 28 Aug 08
(d) SECNAVINST 1920.6C
(e) DoD Directive 1010.4 of 3 Sep 97
(f) NAVPERS 15560D, Naval Military Personnel Manual
(MILPERSMAN)
(g) BUPERSINST 1610.10B
(h) SECNAV M-5510.30 of 1 Jun 06
(i) COMNAVCRUITCOMINST 1130.9E
(j) Assistant Secretary of Defense Drug Demand
Reduction Memorandum of 1 Oct 03 (NOTAL)
(k) OPNAVINST 11200.5D
(l) OPNAVINST 1700.16
(m) BUMEDINST 5300.8
(n) OPNAVINST 5355.3B
(o) SECNAV M-5210.1
(p) DoD Policy Memorandum on TRICARE Substance Abuse
Treatment of 13 Feb 97 (NOTAL)
(q) JAGINST 5800.7E
(r) Control Substance Act of 1970
(s) DoD Instruction 1010.16 of 9 Dec 94
(t) DoD Directive 1010.1 of 9 Dec 94
(u) Military Rules of Evidence (M.R.E)
(v) BUMEDINST 6120.20B
(w) U.S. Postal Service, Domestic Mail Manual
(x) American Indian Religious Freedom Act Amendments
of 1994, Section 1996a of Title 42, United States
Code
(y) Assistant Secretary of Defense Memorandum,
Sacramental Use of Peyote by Native American Service
Members, of 25 Apr 97 (NOTAL)

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- Encl: (1) Screening and Treatment
(2) Drug Testing 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 establish regulations to enforce that policy.

b. To assign responsibilities for a unified Navy Alcohol and Drug Abuse Prevention (NADAP) Program per reference (a). This instruction is a complete revision and should be read in its entirety.

2. Cancellation. OPNAVINST 5350.4C.

3. Background/Discussion. Alcohol and drug abuse undermines combat readiness and is incompatible with the maintenance of high standards of performance and military discipline. It is a severe detriment to Navy's overall mission readiness. Enclosures (1) through (3) are procedural guidance for coordinating policies set forth in references (a) through (y). Enclosure (4) provides definitions of terms used within the NADAP Program.

4. Applicability. Provisions of this instruction apply to all active duty and Navy Reserve members, officers, and enlisted. Violation of any provision of this instruction subjects military members to disciplinary action under reference (b) and may lead to Administrative Separation (ADSEP) per references (a), (c), and (d).

5. Concept. Major elements underlying Navy's approach to eliminating alcohol and drug abuse are enhanced detection, deterrence, prevention, education, intervention, and treatment when necessary. This approach emphasizes constructive use of prevention, education, discipline, intervention, and medical treatment for members who are responsive to treatment and who reject further alcohol abuse, and the separation of any individual guilty of a single incident of drug use. The most

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important element to managing an effective alcohol and drug abuse prevention program is maintaining a command climate intolerant of any alcohol or drug abuse.

6. Policy

a. The minimum age to consume alcohol is 21 for all personnel. In foreign countries where the installation is located, the minimum age to consume alcohol shall conform to the legal age set by the host country. In the absence of any local law, the minimum age to consume alcohol shall be 21 for all personnel.

b. Alcohol and drug abuse by Navy members can seriously damage their physical and mental health, jeopardize their safety, the safety of others, and can lead to criminal prosecution and separation from naval service. Alcohol and drug abuse is detrimental to 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 (e), it is Navy's goal to be free of the effects of alcohol and drug abuse.

c. Commanders, commanding officers, and Officers in Charge (OICs) must exercise sound judgment in enforcing Navy's alcohol and drug abuse policies and ensure proper disposition of individual cases. They must analyze all available evidence to determine whether alcohol or drug abuse exists and shall respond to unacceptable behavior or substandard performance with appropriate corrective actions. Consistent enforcement of existing rules, regulations, and policies specified in this instruction by officers, enlisted leadership, and civilian supervisors is vital to the program's success. Commands that do not enforce Navy policies for preventing alcohol and drug abuse foster an environment which is tolerant of alcohol and drug abuse and the dysfunctional behaviors associated with substance abuse. It is the responsibility of all Navy personnel to promote a climate intolerant of alcohol abuse, ensuring that all Sailors under the age of 21 shall not consume alcoholic beverages.

d. Alcohol consumption is a personal decision by individual members. Those who choose not to consume alcoholic beverages shall be supported in their decision and encouraged to remain

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alcohol free. Those members who choose to consume alcoholic beverages 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. Any misconduct or irrational behavior where alcohol use is involved must be addressed immediately and effectively. Most individuals will respond to immediate and effective intervention. Alcohol abuse left unaddressed has potential to place both the member and the Navy in danger. 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 rational and full exercise of a member's mental and physical faculties while in a duty status or in the performance of military duties;

(2) Reduces member's dependability and reliability;

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

(4) Results in behavior that is in violation of this instruction and/or reference (b).

e. Violation of policies set forth in this instruction subjects military members to the full range of administrative and disciplinary actions available. These include informal counseling, comments in fitness reports and evaluations, punitive measures, and ADSEP as required by reference (b).

f. Navy does not condone consumption of alcoholic beverages during normal working hours. Commanders, commanding officers, and OICs may authorize consumption of alcoholic beverages during normal working hours for official functions, ceremonies, and other infrequent command-sponsored events.

g. Commands must emphasize personal responsibility at all events, and shall deglamorize alcohol use during traditional ceremonies by forbidding those practices which may encourage personnel to consume alcohol irresponsibly. Adequate quantities

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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.

h. Navy's policy on drug abuse is "zero tolerance." Navy members determined to be using, possessing, promoting, manufacturing, or distributing drugs and/or drug abuse paraphernalia (in violation of applicable provisions of reference (b), Federal, State, local statutes, or this instruction) shall be disciplined as appropriate and processed for ADSEP as required. Members diagnosed as drug dependent shall be offered treatment prior to separation.

i. Navy members shall never wrongfully possess, distribute or abuse drugs, be in possession of drug abuse paraphernalia, or be under the unauthorized influence of prescribed drugs. Members shall report all prescription medications received from non-military Medical Treatment Facilities (MTFs) to their chain of command and ensure they are entered into their military health record.

j. Navy's drug abuse policy is not subordinate to any foreign, State, or local ordinance, which may permit the use, possession, distribution, or prescription of a controlled substance.

k. The purchase, possession, introduction, distribution, or use of any product or device of any kind that are used, intended for use or designed for use by personnel to defeat Navy's Drug Testing program (e.g., substituting urine; masking urine; diluting urine; taking a product to flush one's system before providing a urine sample; chemically altering, adulterating, or modifying one's own urine; using a foreign device), for the purpose of circumventing a urinalysis test or assisting another in attempting to do the same, is prohibited and is a violation of this instruction. Personnel in violation of this provision are in violation of a lawful general order and shall be subjected to discipline and administrative action as appropriate. In addition, members who observe or have information that another service member(s) has purchased, possessed, introduced, distributed, or used any such products or devices must report such information to his/her defeated or has attempted to defeat drug-testing detection must report such information to their chain of command.

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1. It is the Navy's goal to be free from the effects of alcohol and drug abuse. Recognizing Navy's investment in every Sailor, those who are diagnosed as alcohol abusers or alcohol dependent should be returned to full duty status upon successful completion of prescribed education, intervention, or treatment.

(1) Commands will discipline, as appropriate, and process for ADSEP, those members whose alcohol-related misconduct is serious (see enclosure (4) of this instruction for "serious offense" definition), who are repeat offenders, or who do not respond favorably to treatment.

(2) Members who are involved in a subsequent alcohol related incident, at any time in their career, after having received treatment which resulted from a previous alcohol related incident, will be processed for ADSEP, unless a written waiver is obtained from Commander, Navy Personnel Command (COMNAVPERSCOM). Per paragraph 1b of enclosure (1), commanding officers may deviate from this policy in cases involving officers and senior enlisted personnel (E5 and above), provided 3 years have elapsed since previous incident and the commanding officer evaluates the member as possessing exceptional potential for further useful Naval service. For purposes of this provision, treatment shall include Substance Abuse Rehabilitation Program (SARP) early intervention services (Level I treatment or above as defined in American Society of Addictions Medicine (ASAM) Patient Placement Criteria (PPC)). IMPACT is an intensive goal-oriented early intervention designed for individuals who incur an alcohol-related incident, and, although a valid treatment regimen, shall not be considered treatment for ADSEP purposes. For members who have received IMPACT after an alcohol-related incident and no other treatment intervention, the ADSEP requirement is automatically waived. This provision is not applicable if the member has received IMPACT a second time.

(3) Members who incur an alcohol incident at any time during the medical treatment process, even though treatment may not have been completed, will be processed for ADSEP, unless a waiver is obtained from Office of the Chief of Naval Operations (OPNAV), Personal and Family Readiness (N135).

(4) In any event, members diagnosed as alcohol abusers or alcohol dependent will be offered appropriate treatment prior to separation, except those members who have previously received treatment and are currently in a prescribed aftercare status, as stated in reference (f), article 1910-232.

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 their commanding officer, should not be viewed as detrimental when recommending member for promotion, command screen, or special assignment.

b. However, alcohol-related misconduct should be considered a significant fitness/performance factor. Any substantiated drunk driving offense (i.e., Driving Under the Influence/Driving While Intoxicated (DUI/DWI)) is a substantial failure in judgment, behavior, and leadership. Accordingly, commanding officers and reporting seniors are required to document any substantiated DUI/DWI offense, whether convicted by Non-Judicial Punishment (NJP), court-martial, or civil authority, per reference (f). 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. Severity of misconduct should be a significant factor in the evaluation process.

(2) Alcohol-related misconduct should normally be reported in the next fitness report or evaluation. A special report may be submitted, if the reporting senior believes facts should be placed on 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). Reporting seniors should consult reference (g) for guidance on submission of special reports.

8. Action

a. OPNAV (N135) is designated as program sponsor for NADAP Program policy, and interfaces with Department of Defense (DoD) and other agencies.

b. COMNAVPERSCOM is responsible for implementation. COMNAVPERSCOM shall:

(1) Develop, implement, and monitor effective substance abuse prevention programs to enhance Fleet operational readiness. Reducing substance abuse through detection, deterrence, and expanded prevention awareness.

(2) Provide subject matter experts to command inspection teams when requested by echelon 2 commands, to evaluate activities' compliance with policy, assess status of policy implementation within headquarters command and activities, and review resource assignment to ensure appropriate use.

(3) Establish Navy urinalysis requirements and conduct an annual quality assurance, assistance, and training team inspection of Navy Drug Screening Laboratories (NDSLs) with representatives from OPNAV (N135), Office of the Judge Advocate General, Navy Environmental Health Center, and independent forensic experts.

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

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

(b) Maintaining a comprehensive database of all urinalysis (e.g., testing, results, and command compliance).

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

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

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(1) Provide screening, referral, treatment recommendations, detoxification, early intervention, treatment, and continuing care services. Arrange aero medical evacuation (when necessary) of members in a patient status.

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

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

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

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

(6) Issue and maintain standard operating procedures manual for NDSLs.

(7) Conduct quality assurance inspections of NDSLs 3 times per year and forward results to DoD (Assistant Secretary of Defense for Health Affairs), per reference (e).

(8) Ensure all SARPs provide OPNAV (N135) required statistics on screening and treatment services provided and input screening and treatment data into the ADMITS system.

(9) Provide statistical data and collaboration, as required, to OPNAV (N135) for the purpose of alcohol and drug abuse testing, SARP screening and treatment data.

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

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

(2) Establish administrative procedures for execution of OPNAV 5350/1, Drug and Alcohol Abuse Statement of Understanding.

(3) Maintain a urinalysis program consistent with the policies in enclosure (2) of this instruction.

e. Commander, Naval Education and Training Command (CNETC) shall:

(1) Provide education programs in alcohol and drug abuse prevention to enlisted recruits, "A" school, and apprenticeship school students.

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

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

(4) Conduct drug testing consistent with requirements established in enclosure (2) of this instruction.

(5) Establish administrative procedures for execution of OPNAV 5350/1.

(6) Administer a random urinalysis program consistent with requirements outlined in enclosure (2) of this instruction for all Naval Reserve Officers Training Corps (NROTC) Midshipmen.

(7) Naval Personnel Development Command is delegated responsibility by CNETC for providing alcohol and drug abuse prevention education to all Navy personnel.

(8) Center for Personal and Professional Development (CPPD) shall provide OPNAV (N135), upon request, quarterly data on all drug and alcohol prevention education and training conducted.

f. Navy Inspector General (NAVINSGEN) shall review, as part of the Naval Command Inspection Program, echelon 2 alcohol and drug abuse prevention and control programs to ensure program

implementation, policy compliance, and appropriate use of assigned resources throughout the activities. OPNAV (N135) personnel may augment NAVINSGEN inspection teams as appropriate.

g. Chief of Naval Operations, Special Assistant for Naval Investigative Matters and Security (CNO (N09N)) is designated by the Secretary of the Navy as the DON senior agency security official per reference (h), and is responsible for establishing, directing, and overseeing an effective DON Personnel Security program and for implementing and complying with all directives issued by higher authority.

h. Director, Naval Criminal Investigative Service (NAVCRIMINVSVC) shall:

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

(2) Manage Navy's Military Working Dog Program to support Navy's Drug Detection and Deterrence Program.

(3) Provide statistical data and collaboration, as required, to OPNAV (N135) for the purpose of alcohol and drug abuse prevention and control program evaluation and assessment.

i. The Director, Department of the Navy Central Adjudication Facility (DON CAF) reports directly to Director, NAVCRIMINVSVC and is the personnel security adjudicative determination authority for all individuals affiliated with the DON. Director, DON CAF has responsibility for adjudicating information from personnel security investigations and other relevant information to determine eligibility for access to classified information, and/or assignment to sensitive national security positions and communicate the results via Joint Personnel Adjudication System.

j. Commander, Navy Recruiting Command (COMNAVCRUITCOM) shall:

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

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(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 all recruits complete OPNAV 5350/1.

(4) Provide statistical data and collaboration, as required, to OPNAV (N135) for the purpose of alcohol and drug abuse prevention and control program evaluation and assessment.

(5) Ensure all enlistees in the Delayed Entry Program (DEP) complete the Navy Zero Tolerance Policy for Delayed Entry Personnel course prior to reporting to Recruit Training Command (RTC) Great Lakes.

(6) Conduct urinalysis using a non-instrumented drug test for all DEP personnel within 24 hours prior to shipping to basic training at RTC Great Lakes, per reference (i).

k. Commanding Officer, RTC Great Lakes shall:

(1) Provide alcohol and drug abuse prevention education and training to all recruits with emphasis on policy and procedures contained in this instruction.

(2) Conduct urinalysis on recruits within 72 hours after reporting for basic training, usually within 24 hours upon arrival, per reference (j).

(3) Provide OPNAV (N135) statistical data on recruit urinalysis results.

1. Commander, Naval Safety Center shall provide statistical mishap data and collaboration, as required, to OPNAV (N135) for the purpose of alcohol and drug abuse prevention and control programs evaluation and assessment.

m. Echelon 2 and 3 Commands shall provide a unified and consistent coordination of alcohol and drug abuse prevention program policy to subordinate commands and ensure that:

(1) A senior enlisted personnel in pay grade E7 or above, an officer, or a civilian employee (GS-9 or above) shall

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be assigned primary duties as Alcohol and Drug Control Officer (ADCO). OPNAV (N135) shall be notified once an individual is assigned as ADCO and of all changes in ADCOs. ADCOs are responsible for providing guidance to Drug and Alcohol Program Advisors (DAPAs) assigned to subordinate commands and monitor following aspects of their substance abuse prevention programs:

(a) Alcohol and drug abuse prevention education programs are implemented and maintained (e.g., Alcohol-AWARE, Personal Responsibility and Values Education and Training (PREVENT), Alcohol and Drug Abuse Management Seminars (ADAMS) for Leaders/Supervisors, Skills for Life (SFL))

(b) Subordinate commands conduct urinalysis per the procedures outlined in enclosure (2).

(c) Program assessment reports are submitted as required.

(2) 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.

(3) Ensure commanding officers, OICs, Executive Officers (XOs), Command Master Chiefs (CMCs), and prospective commanding officers, OICs, and XOs complete ADAMS for Leaders training per enclosure (3).

n. Commander, Navy Installations Command (CNIC), and Commander, Navy Region Commands (COMNAVREGCOMs) shall comply with all provisions outlined in paragraph 8k of this instruction. In addition, CNIC and all COMNAVREGCOMs shall ensure:

(1) Navy Drug and Alcohol Advisory Councils (NDAACs) are established at each shore installations and meet at least quarterly (see paragraph 8m(2)).

(2) All shore installations maintain and operate an aggressive DUI/DWI prevention program that includes the use of calibrated breathalyzers by security personnel, random safety

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checkpoints, sobriety checks during entry and exits to base, inspection and enforcement programs covering persons, vehicles, and property.

o. Shore Installation Commanding Officers shall:

(1) Implement alcohol and drug abuse countermeasures that are consistent with the threat environment and local community, including use of breathalyzers by security personnel, random safety checkpoints, sobriety checks during entry and exits to base, inspection and enforcement programs covering persons, vehicles, and property.

(2) Establish a local NDAAC and ensure it meets at least quarterly. NDAACs are responsible for analyzing the nature and extent of local alcohol and drug threat and developing an action plan. NDAAC chair will make current threat assessments available for review during inspections and will make copies available to local commands. The minutes of meetings shall be reviewed by the commanding officer and forwarded to the echelon 2 commander for review and forwarding to OPNAV (N135).

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

1. Installation commanding officer or representative (O5 or above) to act as chair;
2. Staff Judge Advocate;
3. Fleet and Family Support 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; and
9. NAVCRIMINVSVC representative.

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

(3) Revoke, for a minimum of 1 year, on-base driving privileges of any member found guilty of driving a vehicle while intoxicated, per reference (k). Suspected violators who refuse to take Blood Alcohol Content (BAC) tests shall have on-base driving privileges immediately suspended, pending resolution of the incident. Report all DUI/DWI offenses to member's reporting senior. Submit proper documentation in officer and enlisted performance evaluations, per reference (f), article 1070-320.

(4) Enforce underage drinking prohibition statutes by strict compliance with reference (l), which requires installations to adhere to minimum age requirements (for the sale, purchase, possession, and/or consumption of alcoholic beverages) which 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.

p. Unit Commanders, Commanding Officers, and OICs shall:

(1) Create a command environment intolerant to alcohol abuse. One area of concern is underage drinking. This is a challenge unique unto itself as the offenders are violating the law and the individual providing the alcohol to an underage Sailor is breaking the law. In all cases, holding both the underage violator and the individual providing the alcohol accountable is imperative to establishing and maintaining a command environment intolerant to alcohol abuse.

(2) Create an all-hands command environment that is intolerant of alcohol abuse and underage drinking. To the fullest extent possible, hold those individuals who choose to abuse alcohol, drink alcohol while underage, or purchase alcohol for underage Sailors, accountable for their irresponsible actions.

(3) Deglamorize alcohol use, and emphasize responsibility and moderation at all times. Provide adequate quantities of non-

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alcoholic beverages at command functions where alcohol use has been authorized. Activities which may encourage personnel to drink irresponsibly shall not be tolerated.

(4) Provide specific guidance to the command regarding responsible use of alcohol. This guidance may be published in a local command instruction or included in the command's standard organization and regulations manual.

(5) Initiate ADSEP processing for:

(a) Individuals who incur a second DUI/DWI in a career.

(b) Those individuals identified as treatment failures, per enclosure (1) of this instruction. At commanding officers' discretion, waiver process can be initiated.

(6) Ensure command DAPA is designated in writing.

(a) Primary DAPA should be E7 or above and assistant DAPAs should be E5 or above. Commanders, commanding officers, and OICs shall maintain close liaison with their DAPAs. DAPA is a command's primary advisor for alcohol and drug matters and reports directly to the commanding officer, XO, or OIC.

(b) DAPA (and assistant DAPAs) shall not have had an alcohol incident within 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 or dependence shall have achieved at least 2 years sobriety immediately 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) DAPA is responsible to the commanding officer for management of the command's substance abuse prevention program. Commands with 500 or more members shall assign a full-time DAPA. Commands with 300 or more members are strongly encouraged to assign a full-time DAPA. In any case, commanding

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officers may appoint as many DAPAs and assistants as deemed necessary, but a ratio of at least one for every 300 personnel assigned is recommended.

(e) DAPAs shall not be assigned duties as Urinalysis Program Coordinators (UPC).

(f) DAPAs are responsible for alcohol and drug abuse prevention program information in command orientation programs for newly reporting personnel.

(7) Confer with command DAPA to determine whether specific instances of alcohol misuse, not characterized as incidents, should be referred to command level education, command counseling, or to a medical screening. For alcohol incident definition, refer to paragraph 3a of enclosure (1).

(8) Refer members who abuse alcohol, or who are suspected of abusing alcohol, to an appropriate medical facility for an evaluation by a medical officer or Licensed Independent Practitioner (LIP). A medical screening is mandatory for every member involved in an alcohol incident as defined in this instruction.

(9) Provide a means for command, or self-referral, without risk of disciplinary action for all members who have not incurred an incident, but are in need of alcohol abuse counseling and/or treatment per the provisions outlined in enclosure (1). This includes Sailors under the age of 21 who think they are in need of counseling/assistance for alcohol abuse.

(10) Review status of personnel involved in alcohol and drug abuse incidents and take appropriate disciplinary and/or administrative action, to include remedial education, counseling and treatment when warranted, for alcohol abuse or dependency and initiate ADSEP processing for all drug abusers.

(11) Document substantiated incidents of alcohol and drug abuse in members' service records, enlisted evaluation and fitness reports, officer fitness reports, and other reports as required by policy. Specifically, ensure substantiated DUI/DWI

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and other applicable alcohol incidents are documented and reported per reference (f), article 1070-320, and comply with provision of reference (h). Additionally:

(a) Incidents involving alcohol or drug abuse that affect security clearance eligibility shall be referred to Navy Personnel Command (NAVPERSCOM), Enlisted Performance and Separations Branch (PERS-832).

(b) Incidents involving alcohol or drug abuse by members assigned to special programs (i.e., Nuclear Program, Naval Air Crewman, Air Traffic Control, Personal Reliability Program (PRP), Submarine Duty) shall be reported to the appropriate program manager per references (m) and (n).

(12) Conduct an aggressive urinalysis program per enclosure (2) of this instruction.

(a) Random urinalysis sampling of small numbers of personnel on a frequent basis provides best results. It reduces 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 determinations, etc.) are applied toward a unit's quota. The minimum monthly testing requirement is 15 percent of assigned personnel, per enclosure (2). The requirement to conduct an annual unit sweep of all personnel, although no longer mandated, is an effective detection and deterrence tool and is recommended for use by all commands. Commands may submit up to five unit sweeps of all personnel assigned per fiscal year.

(b) To ensure 100 percent of Navy personnel are tested annually, each command is required to conduct an end of fiscal year unit sweep of all command personnel who have not been tested in the course of the current fiscal year.

(c) Appoint a UPC (recommend E7 or above) to perform this duty. DAPAs and personnel serving as independent duty corpsmen shall not be assigned duties as UPCs.

(d) Use of Navy Drug Screening Program (NDSP), version 5.2 or greater, is mandatory.

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

(14) Conduct screening for overseas assignment, per reference (f), to ensure members with unresolved alcohol incidents are not considered for overseas duty.

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

(16) Protect confidentiality of records that contain information on identity, diagnosis, prognosis, and/or treatment of individuals in substance abuse treatment programs as required by Federal law.

(17) Enforce minimum age drinking statutes by strict compliance per reference (1), which requires installations to set age limits that conform to local, State or host country laws.

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

(19) Attend (or provide representation at) quarterly NDAAC meetings, which are responsible for analyzing the nature and extent of the local alcohol and drug threat and developing an action plan.

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

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

(b) Commanders, commanding officers, and OICs shall ensure initial DAARs are submitted within 30 days of 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. Commanding officers shall sign the DAAR, unless they have specifically designated a representative in writing to sign the DAAR. For

expeditious processing, commands are encouraged to submit the electronic DAAR, which may be obtained from <https://admits.spawar.navy.mil/index.htm>.

(c) DAAR is not used to request administrative action. Drug DAARs are filed in member's permanent service record. Alcohol DAARs are not filed in member's permanent service record but are maintained in the ADMITS database. Both drug and alcohol related incident DAARs are recorded in ADMITS.

(d) If a commanding officer determines a positive drug test reported by a DoD drug-screening laboratory was not wrongful use (e.g., prescribed medicine), commands must notify OPNAV (N135) via official correspondence, explaining the circumstances that warranted such determination. A sample letter is contained in appendix D of enclosure (2). In such cases, no DAAR is required.

(21) Take prompt action to process for separation, alcohol abusers and alcohol dependent members determined not to be amenable to treatment, and all drug abusers per the provisions of reference (f), articles 1910-152 and 1910-146. For a detailed review of policies, standards, and procedures for ADSEP of service members from the Navy, refer to reference (c) for enlisted members and reference (d) for officers.

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

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

q. Officers, Chief Petty Officers (CPOs), and enlisted supervisory personnel are responsible for exercising positive leadership and demonstrating full support for NADAP programs. They shall:

(1) Educate, train, and motivate subordinates to create group-peer pressure that rejects substance abuse and 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.

r. All personnel are responsible for their personal decisions relating to alcohol and drug use and are fully accountable for any substandard performance or illegal acts resulting from such use. Members arrested for alcohol-related offense by civil authority (i.e., DUI/DWI, public intoxication, disorderly conduct), shall promptly notify their commanding officer. Failure to do so constitutes an offense punishable under reference (b), article 92. Additional responsibilities include:

(1) Reporting known or suspected incidents of drug abuse or attempts by Navy personnel to conceal drug use by employing methods to defeat urinalysis, or drug trafficking to their immediate supervisor, commanding officer, command security manager, base police, Master-at-Arms (MAA), or local NAVCRIMINVSVC office. Members having 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 constitutes an offense punishable under reference (b), article 92.

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

(3) Immediately notifying appropriate commanding officer, via chain of command, when alcohol or drug 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 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 occur, per reference (b).

(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 each member understands they are fully responsible and will be held accountable for their actions. Personal responsibility means no drinking alcohol and driving, no drinking alcohol to the extent it impairs judgment, no public drunkenness, and absolute compliance with provisions in this instruction and with local laws for purchase, possession, and use of alcoholic beverages. Ultimate responsibility lies with each member.

9. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per reference (o).

10. Forms and Reports

a. Forms

(1) The following forms are available on Naval Forms Online at <https://navalforms.daps.dla.mil/web/public/home>.

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

(b) OPNAV 5350/7 (6-92), Drug and Alcohol Abuse Report, Web-based form.

(c) NAVPERS 1070/613 (Rev. 10-81), Administrative Remarks.

(2) The following forms are available on DoD Forms Management Program Web site at <http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm>.

(a) DD 1966 (10-05), Record of Military Processing - Armed Forces of the United States.

(b) DD 2624 (2-98), Specimen Custody Document - Drug Testing, S/N 0102-LF-016-7600.

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

b. Reports

(1) DAAR required by subparagraph 8p(20) and enclosure (1) (paragraphs 4, 8b and 9d) is assigned Report Control Symbol OPNAV 5350-2. DAARS are created online at ADMITS Web site <https://admits.spawar.navy.mil/index/htm>. An account is acquired by submitting an ADMITS staff identification form to the ADMITS processing office.

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



M. E. FERGUSON III
Vice Admiral, U.S. Navy
Deputy Chief of Naval Operations
(Manpower, Personnel, Training
and Education)

OPNAVINST 5350.4D

4 Jun 09

Distribution:

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<http://doni.daps.dla.mil/>

SCREENING AND TREATMENT

1. Overview

a. Navy recognizes 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 at the first sign of a problem. Members who are alcohol abusers or alcohol dependent shall receive education, counseling, and rehabilitation services medically indicated by the severity of their condition.

b. Alcohol problems are effectively addressed in most cases through engaged leadership, immediate intervention, discipline as appropriate, education, counseling, treatment, and personal responsibility. Primary function of treatment programs is to return the alcohol abuser or alcohol dependent member 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. Commanding officers may recommend a second period of treatment to officers and senior enlisted personnel (E5 and above) if they evaluate that members are possessing exceptional potential for further useful naval service and are screened by a SARP to be amenable for another period of treatment, provided 3 years have elapsed since previous incidents. Any alcohol incident after two periods of treatment during a career is viewed as a failure to complete a SARP and requires mandatory processing for ADSEP. In addition, any member who incurs a second DUI/DWI at any time in their career shall be processed for ADSEP. Any waiver to this policy must be approved by NAVPERSCOM (PERS-832) via OPNAV (N135). For purposes of this provision:

(1) Command prevention education programs (e.g., Alcohol-AWARE, ADAMS, SFL, and PREVENT) are not considered treatment. Alcohol-IMPACT is not considered treatment for ADSEP purposes. The only exception to this policy is when a member has received two periods of Alcohol-IMPACT. If the member incurs an alcohol related incident after a second period of Alcohol-IMPACT, provisions of paragraph 1b apply.

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(2) A command or self-referral requires no credible evidence of an alcohol-related incident (see referral below). Members in this category may receive a second period of treatment as prescribed by an appropriate medical officer or LIP at any period in their career:

2. Referral for Screening (no incident)

a. It is incumbent upon all members of the naval service to identify and address any alcohol misuse or abuse immediately. 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 a one-time event that is personally initiated by the member. Members who desire counseling or treatment resulting from drug and/or alcohol abuse, may initiate the process by disclosing the nature and extent of their problem to one of the following personnel who is actively employed in their capacity as a qualified self-referral agent:

- (1) DAPA;
- (2) Commanding officer, XO, OIC, or CMDCM/Chief of the Boat (COB);
- (3) Navy drug and alcohol counselor (or intern);
- (4) DoD medical personnel (including LIP);
- (5) Chaplain; and
- (6) Fleet and Family Support Center counselor.

c. To qualify as a valid self-referral, disclosure of alcohol abuse must be made to a qualified referral agent with the intent of acquiring treatment, and there can be no credible evidence of member's involvement in an alcohol-related incident. Disclosure made to any other person who is not a qualified self-referral agent may not shield the member from disciplinary action.

d. Self-referral disclosure policy for drug use (refer to enclosure (2), paragraph 11 of this instruction).

e. 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. Commanding officers may refer members of their command for medical screening at a SARP in situations where no offense has been committed and regardless of whether or not the member has personally disclosed their problem. Some events for which commanding officers are strongly encouraged to consider referral for members are (courtesy turnover is not necessarily an incident):

- (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) History of accidents or mishaps;
- (7) History of heavy drinking;
- (8) Alcohol-related injury (to self, not due to misconduct); and
- (9) Alcohol-related victim of a crime (e.g., rape, assault, robbery), wherein a clear pattern of alcohol abuse by victim is a contributing factor.

3. Referral for Screening (post-incident)

a. Alcohol misuse or abuse that is not recognized and treated at the earliest stage through the command or self-referral process may remain unchecked to the point where it results in an alcohol related incident. An alcohol related incident is an offense, punishable under reference (b), or civilian laws, committed by a member, where in the judgment of the member's commanding officer, offender's consumption of

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alcohol was a contributing factor. Alcohol abuse/dependency screening is mandatory for members who return to drinking and incur an alcohol incident. 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) Domestic violence where alcohol is a factor; or
- (6) Incompetence for duty due to alcohol intoxication or impairment.

b. The above list is for illustrative purposes and is not all-inclusive. Commanding officers, or equivalent, should consult with the command DAPA, legal officer, ADCO, or OPNAV (N135) for additional guidance and clarification as required.

4. Screening and Treatment Programs. Command/self-referrals and incident referrals shall be ordered to the appropriate SARP for screening. Command will complete DAPA screening package and OPNAV 5350/7 created from the ADMITS Web site. For expeditious processing, commands are encouraged to use the Web-based DAAR, which can be obtained from <https://admits.spawar.navy.mil/index/htm>. A medical screening and recommendation from a medical officer or LIP must be obtained prior to transferring a member to a SARP facility for treatment. The medical officer or LIP will determine the extent of abuse and recommended level of intervention or treatment needed to return the member to full duty status.

a. Command shall forward to SARP:

- (1) A statement or reason for referral (for non-incident) or DAAR (for incident);
- (2) Member's health and service records; and
- (3) DAPA screening package.

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

c. Commanding officers shall, in all but exceptional cases, follow recommendations of the screening summary. In those rare situations where the commanding officer elects not to comply with recommendations contained in the screening summary, a written notification shall be forwarded to OPNAV (N135) via the appropriate chain of command.

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

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 in-patient 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. Required treatment will be per the America Society of Addictions Medicine Patient Placement Criteria guidelines.

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

5. Family Participation. Per reference (a), family members 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 benefit and the service member's benefit. Per reference (p), eligible family members may receive alcohol and drug abuse services offered through the service member's selected dependent health care option (i.e., TRICARE Prime, TRICARE Extra, or TRICARE Standard). Within limits of regulations, commands are encouraged to assist with transportation and accommodations for family members when required.

6. Aftercare Plan

a. Treatment Facility Responsibilities. Upon transfer of medical care from one SARP facility to another and/or completion of a treatment program, SARP shall forward a copy of a summary of care to member's command and the local SARP. 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). SARP will ensure aftercare plans include recommended continuing care as needed, and are tailored to the needs of the member and command. Special attention should be given to needs of deployable units.

b. Command Responsibility. Commands are responsible (through their DAPAs) for actively monitoring and supporting aftercare plans. Commanding officers are encouraged to meet with DAPAs and members with active treatment recommendations/aftercare plans at least quarterly to review progress. Progress reports that identify ongoing care requirements and relapse(s) should be provided to the command security manager for review and promptly reported to DON CAF. If the command identifies difficulties with recommended actions, SARP should be consulted. Command monitoring of individualized aftercare plans will continue for the following 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 successfully completing all treatment recommendations and maintaining a career free of any subsequent alcohol abuse.

7. Treatment Failures. Navy is committed to providing quality care for all members in need of alcohol abuse/dependency treatment. Comply with provisions of reference (h). Per reference (f), however, commands shall process for ADSEP all members considered to be treatment failures, unless a written waiver is obtained from NAVPERSCOM (PERS-832) via OPNAV (N135). Per paragraph 1b of this enclosure, senior enlisted personnel (E5 and above) and officers may be eligible for a second period of treatment if their commanding officer evaluates them as possessing exceptional potential for further useful naval service, provided more than 3 years have elapsed since previous incident. A SARP screening is required to determine amenability for another period of treatment (refer to reference (c) for enlisted members and reference (d) for officers). A sample letter requesting the ADSEP waiver is contained in appendix A to this enclosure.

a. The following are examples of treatment failures:

(1) Any member who incurs an alcohol incident any time in their career after a period of treatment at Level 1 or above that was precipitated by a prior incident.

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

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

(4) Any member who returns to alcohol abuse as defined in current Diagnostic and Statistical Manual (DSM) IV criteria at any time during their career following treatment, and is determined to be a treatment failure by their commanding officer in consultation with command DAPA, local SARP, and appropriate medical officer or LIP.

b. A member who, after successfully completing treatment, self-refers without any credible evidence of an alcohol related incident, is not considered a treatment failure and shall be referred to a SARP for appropriate aftercare plan or treatment if necessary.

c. Any member who self-refers and is diagnosed to be in need of treatment by a SARP, and subsequently refuses treatment, may be subject to disciplinary and/or adverse administrative action and suspension of security clearance. If in the judgment of member's commanding officer, 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, commanding officer should administer appropriate disciplinary action and may return member to duty or process member for ADSEP. Comply with provisions of reference (h).

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

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

b. Submit OPNAV 5350/7. Preferred method of submission and faxed to ADMITS is a Web-based form which can be completed on-line at <https://admits.spawar.navy.mil/index.htm>.

c. Execute a NAVPERS 1070/613, Administrative Remarks, page 13 entry (appendix B of this enclosure).

d. Ensure member has a complete sea bag (for residential treatment), orders, and records (pay, service, medical, dental, screening file) prior to transfer to SARP for treatment. Seal all records to deter tampering.

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e. Personnel assigned to nuclear power, air traffic control duty, PRP, and other special programs may be suspended or decertified per references (m) and (n). Specific program managers shall be consulted for guidance regarding suspension, decertification, and reinstatement.

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

a. Execute a program completion statement (appendix C of this enclosure);

b. Monitor aftercare plans;

c. Explain to member the requirements for reinstatement to special programs; and

d. Submit an OPNAV 5350/7 Web-based form indicating completion of treatment, if treatment is provided by a facility other than a Navy SARP.

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 are as follows:

a. Any enlisted person determined to be alcohol dependent within 180 days of entry on active duty may be processed for ADSEP as an "Erroneous Enlistment" if evidence shows member concealed a disqualifying pre-service alcohol incident history. Absence of such evidence, the member may be separated as an uncharacterized "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 an alcohol incident shall be disciplined as appropriate and directed to a SARP for screening and other appropriate actions.

11. Confidentiality of Records. Records of identity, diagnosis, prognosis, or treatment of any member who has sought

or received counseling, treatment, or rehabilitation in any DoD 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 standards set forth in section 290dd-2 of title 42, United States Code (U.S.C.). Such records 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 member's past substance use/abuse, or possession incident to such use, including disclosures made at Alcoholics Anonymous meetings, or when attending Navy/Marine Corps prevention education or intervention classes, may not be used against the member in any disciplinary action under reference (b) or as basis for characterization of discharge, provided information is disclosed by the member for the express purpose of seeking or obtaining treatment or rehabilitation.

a. This provision does not preclude use of disclosed information to establish basis for separation in a separation proceeding, to deny or revoke clearance eligibility by the DON CAF, or to take other administrative action. Nor does it preclude 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. Use of information disclosed by a member to persons other than military substance abuse program personnel is not limited under this provision. Similarly, 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 Navy Reservists. For guidance regarding Navy Reservists, see appendix D of this enclosure.

**APPENDIX A
SAMPLE LETTER
ADMINISTRATIVE SEPARATION WAIVER REQUEST**

Ser 00/
Date

From: Commanding Officer, (insert command name)
To: Commander, Navy Personnel Command (PERS-832)
Via: Chief of Naval Operations (N135F)

Subj: REQUEST FOR ADMINISTRATIVE SEPARATION WAIVER

Encl: (1) Attach all relevant documents, include copy of
DAAR(s) (*see note)

1. Waiver for administrative separation is requested in case of
(insert member's Rate/Rank, Full Name, Branch of Service).

2. The following amplifying data is submitted:

a. Insert treatment requested, confirmation of dependency/
abuse, treatment recommended by SARP (i.e., Level I (Out-
patient); Level II (Intensive Out-patient); Level III
(Residential), etc.)

b. Insert type of referral, e.g., command referral, self-
referral, or an alcohol incident referral.

c. State reason for requesting waiver. If incident
referral, include date of incident and date(s) of previous
alcohol incident(s) (any alcohol incident, i.e., DUI/DWI, public
intoxication, drunk and disorderly conduct) after member has
received treatment from a previous incident.

d. Indicate member's EAOS, PRD, and ADSD.

e. Insert amenability pending treatment date, treatment
facility, and location if available.

Subj: REQUEST FOR ADMINISTRATIVE SEPARATION WAIVER

f. Provide history of previous treatment(s), status of aftercare (if any) (e.g., "Member successfully completed IP/Level III treatment on 28 February 2005 at ARC, Jacksonville, Florida. Member is currently in aftercare or member completed aftercare on 29 October 2005.")

g. Insert member's history of disciplinary infractions, alcohol incidents, all other alcohol related problems, and dates of each, if any.

h. Commanding officer's comments/endorsement (provide brief summary of member's performance).

3. Command point of contact is: (Insert name of POC, who can be reached at COMM number/DSN, or COMM fax number/DSN, and e-mail address. E-mail address for command POC is required.)

Commanding officer's signature
(or XO/Acting or By direction)

*NOTE: Enclosures should include NAVPERS 1070/613, Administrative Remarks relevance, memorandums detailing extraordinary circumstances, and documentation believed to have bearing on this request. DAARs should be completed after every command or self-referral, alcohol incident, and final disposition determination. Submit initial DAARs within 30 days of the referral or incident. Incomplete requests cause delays in processing.

(Contact the NADAP office for any further questions regarding alcohol waiver requests at COMM 901-874-2485/DSN 882; COMM Fax 901-874-4228/DSN 882.)

Original letter from command will be mailed to:

Chief of Naval Operations (N135F)
5720 Integrity Drive
Millington TN 38055
Copy to: Command Security Manager

APPENDIX B
SAMPLE NAVPERS 1070/613, ADMINISTRATIVE REMARKS, PAGE 13 ENTRY
FOR ENLISTED SERVICE RECORD

(DO NOT execute this warning for members recommended for separation. Doing so may require retaining member until they commit another violation.)

NOTES:

1. Commands will use the following format for enlisted members who are being retained and warned.
2. If administrative separation process determines misconduct and votes to retain member, and the command has not recommended Secretary of the Navy overturn the recommendation and discharge the member with a general discharge, execute a NAVPERS 1070/613 warning at that time.
3. Member must sign and date the entry. Make a notation, signed and dated by an officer, if member refuses to sign the entry.
4. Include a brief narrative of the offense, describing time, place, duty status, etc., in paragraph 1 of NAVPERS 1070/613 entry.
5. If member is later processed for administrative separation, include a copy of NAVPERS 1070/613 entry in the letter of transmittal or indicate existence of NAVPERS 1070/613 entry in 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 UCMJ or conduct resulting in civilian conviction could result in an administrative separation under Other Than Honorable (OTH) 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.

(Member's Signature)

(Date)

Witnessed:

(Signature)
TYPE NAME

Copy to:
Command Security Manager

**APPENDIX C
SAMPLE LETTER
ALCOHOL TREATMENT COMPLETION LETTER**

5350
Ser
Date

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

Subj: ALCOHOL TREATMENT COMPLETION STATEMENT

Encl: (1) Aftercare Treatment Plan

1. You have completed treatment for alcohol abuse/dependency.
2. You are directed to participate in the prescribed aftercare plan provided in enclosure (1). Your commitment to this plan is vital to your long-term recovery.

(Commanding Officer)

Copy to:
Command DAPA
Command Security Manager
Field Service Record (w/o encl)

APPENDIX D
DISPOSITION OF NAVY RESERVISTS

1. Reservists will be subject to the same policies and procedures prescribed for active duty Navy members, regardless of drilling location.
2. Scheduled date of release to inactive duty shall not preclude reservists on extended active duty from receiving appropriate level of treatment while on active duty. Date of release to inactive duty may be extended to complete appropriate level of treatment, if necessary. 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 a SARP for alcohol or drug problems to the maximum extent feasible.
 - a. Command prevention and education programs (Alcohol-AWARE, SFL, ADAMS, etc.) are well suited to these members.
 - b. A SARP referral to Alcohol-IMPACT or similar early intervention program may be recommended, but should be authorized on a non-pay, additional Inactive Duty Training (IDT) drills basis.
 - c. If a member is diagnosed as alcohol or drug dependent by a physician, medical officer, or LIP using DSM IV criteria, member shall be ordered to receive treatment appropriate to the dependency diagnosed. Member should be counseled to seek required treatment through an accredited inpatient/outpatient treatment facility available to the member from civilian resources.
 - (1) Use of military treatment facilities is authorized, however, treatment at military facilities will be under individually prepared permissive letter type orders. Orders will clearly set forth the fact that pay, allowances, and retirement points are not authorized.
 - (2) Government transportation, including use of the aero medical evacuation system (where available) is authorized. If

government transportation is not available or 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 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 reflects negatively on member's potential for continued useful service and requires processing for ADSEP and possible loss of clearance eligibility.

5. If a level of treatment precludes satisfactory participation at member's current training category level, 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. Reference (f), article 1620-020, and reference (q) should be consulted for procedures regarding exercise of NJP authority and courts-martial jurisdiction over Navy 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 IDT is subject to NJP and court-martial jurisdiction without regard to any change in member's reserve status subsequent to commission of offense. No disciplinary action may be taken, however, if 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 loss of clearance eligibility, and administrative action and/or processing for separation, as appropriate, even though disciplinary action may not be

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possible. Inactive duty reservists, both officer and enlisted, may be processed for Other Than Honorable (OTH) discharge for drug abuse established through urinalysis conducted on IDT.

d. A positive urinalysis test for marijuana during the first 29 days of a Navy 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, use of marijuana conceivably could have taken place prior to entry on active duty at a time when the member was not subject to reference (b). Take action as appropriate under paragraph 6c when use of drugs is confirmed, but member's status under reference (b) is unclear.

e. Refusal to participate in an ordered treatment program constitutes grounds for immediate ADSEP processing and loss of clearance eligibility.

f. Members of the Navy 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 ADSEP process.

7. For assistance in handling special cases, contact Commander, Navy Reserve Forces Command (N01A2), 4400 Dauphine Street, New Orleans, LA 70146-5100.

DRUG TESTING PROGRAM

1. Overview

a. Navy has "zero tolerance" for drug abuse. Drug abuse is 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). Use, possession, manufacturing, distribution, or promotion of drugs, drug abuse paraphernalia, or materials used to defeat the drug test, is wrongful if it is without legal justification. A "controlled substance" is any substance listed in schedules I through V of reference (r), section 812, et seq. Drug abuse is punishable under reference (b), article 112a, and is a disqualifying factor when clearance eligibility is required.

b. Drug abuse is also the wrongful use of controlled substance analogues, such as designer drugs, illicit use of anabolic steroids, and use of prescription and/or over-the-counter drugs and medications. For the purpose of this instruction, this category includes consumption of substances for other than their intended use, e.g., glue, air freshener, gasoline fume sniffing, herbal products, and other similar substances. Violation of this provision may subject Navy military members to disciplinary action under reference (b) including violation of article 92, Failure to Obey a Lawful Order, adverse administrative action, or both. Violation of this provision is a disqualifying factor when clearance eligibility is required.

c. Navy's "zero tolerance" policy is dependent on a vigorous and thorough urinalysis program requiring honest participation of all hands selected for testing, observers, and UPCs. It is imperative those selected to provide a urine sample do so in a controlled and secure environment that employs direct observation as its centerpiece. Therefore, all attempts by any and all means to avoid providing a urine sample when selected or ordered, to dilute a urine sample to reduce the quantitative value of that sample when confirmed by Gas Chromatography/Mass Spectrometry (GC/MS), to substitute any substance for one's own urine, or to chemically alter, adulterate, or modify one's own urine are a direct violation of Navy's official urinalysis program.

Violation of this provision will subject Navy military members to disciplinary action under reference (b) including violation of article 92, Failure to Obey a Lawful Order, adverse administrative action, or both. Violation of this provision is a disqualifying factor when clearance eligibility is required.

d. Navy members who abuse drugs, including those who self-refer, per the provisions outlined in enclosure (1) of this instruction, will be screened for dependency, disciplined as appropriate, and processed for ADSEP, and be considered for clearance denial/revocation. Members diagnosed as drug dependent will be offered treatment prior to separation.

2. Urinalysis. Commanders, commanding officers, and OICs shall conduct an aggressive urinalysis program, tailored as necessary to meet unique unit and local situations. The minimum monthly testing requirement is 15 percent of assigned personnel, with a maximum of up to 40 percent of assigned personnel tested. Unit sweeps are, although no longer mandated, an effective detection and deterrence tool and are recommended for use by all commands. Commands may submit up to five unit sweeps per fiscal year. Commands shall conduct an end of fiscal year unit sweep of all individuals not tested in the course of the year. Specific types of urinalysis authorized per reference (s) are outlined in this enclosure and in reference (t). All confirmed incidents of drug use shall be reported to NAVPERSCOM (PERS-832) 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. Main objectives of the urinalysis program are to:

- a. Establish a valid and reliable means for inspecting personnel to assess 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 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 reference (u), section 313.

(2) Search and Seizure. During searches and seizures as governed by reference (u), sections 311, 312, and 314-316.

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

(a) An examination or referral of a specific member to determine member's competence for duty per reference (v).

(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 reference (u), section 312(f), including emergency medical treatment, periodic physical examinations, and other such medical examinations as are necessary for diagnostic or treatment purposes.

b. Only urinalysis results from an NDSL or other DoD-certified lab will be used to refer a military member for appropriate disciplinary action and to establish a basis for separation and characterization of service in separation proceedings per references (e) and (f) (articles 1910-146 for enlisted members and article 1920-210 for officers). A matrix delineating use of results of urinalysis is provided in this enclosure.

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

(2) Per reference (s), use of a field-testing urinalysis kits is not authorized. The Military Department must receive Deputy Assistant Secretary of Defense, Counter-Narcotics approval. Field-testing of urine specimens must be in full compliance with enclosure E1.14 of reference (s).

(3) See reference (c) for enlisted members and reference (d) for officers to obtain a detailed review of the policies, standards, and procedures for ADSEP of service members 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 loss of clearance eligibility, disciplinary action and characterization of service in separation proceedings. Further guidance concerning search and seizure actions is contained in reference (u), sections 311-312 and 314-316.

(1) Tests conducted with member's consent (VO). Members suspected of having wrongfully used drugs may be requested to consent to urinalysis. Prior to requesting consent, a command representative should advise member they may decline to provide the sample. Where practicable, consent should be obtained in writing but is not required. Reference (b), article 31(b) warnings are not normally required in such cases provided no other questioning of the member takes place. Further guidance concerning consent searches is contained in reference (u), section 314 and its analysis.

(2) Probable cause tests (PO). Urinalysis may be ordered per reference (u), sections 312(d) and 315, whenever there is probable cause to believe a member has committed a drug offense and a urinalysis will produce evidence of such offense. If there is probable cause to believe the member has committed a drug offense and urinalysis will produce evidence of that offense, member's commanding officer, or other officer with command authority, may direct a probable cause test. Member's declaration of drug use constitutes probable cause to suspect an offense has been committed.

b. Inspections Under Reference (u), Section 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 assigned personnel are fit and ready for duty. Results of urinalysis inspections may be used for any purpose, including loss of clearance eligibility, disciplinary action and characterization of service in separation proceedings. Further guidance concerning inspections is contained in reference (u), section 313.

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c. Inspections Authorized by Commanders, Commanding Officers, 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 personnel or groups of members for urinalysis inspection, including, but not limited to:

(1) Random selection (IR) of individual service members 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 center, watch section, barracks, all non-rated, pay grade, all officers, or all personnel who have reported for duty in the past month. To enhance the deterrent value of such testing, use of NDSP is required. Use of NDSP ensures that a service member's chance of selection remains constant throughout the testing period.

(a) Security personnel (IR). Testing of brig staff is essential to ensure illegal drugs do not enter these controlled spaces. Testing of security personnel shall be conducted per random urinalysis requirements.

(b) Naval Brig staff (IR). 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 prisoners and detainees. Testing of brig staff shall be conducted per random urinalysis requirements.

(2) Unit sweep (IU). There are three categories of this testing premise:

(a) Unit sweep (IU). A unit sweep is the testing of an entire command or unit. Unit sweeps are, although no longer mandated, an effective detection and deterrence tool and are recommended for use by all commands. Commands may submit up to five unit sweeps per fiscal year.

(b) Sub-unit sweep (IU). 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 newly reporting personnel; pay grade; or all personnel who surrender or are apprehended after

an unauthorized absence. All newly reporting personnel shall be tested within 72 hours of arrival.

(c) End of fiscal year testing (IU). To ensure 100 percent of Navy personnel are tested annually, commands shall review all personnel onboard who were not tested during the course of the year and conduct an end of fiscal year unit sweep for all personnel who fall into this category.

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

e. 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 or as a basis for characterization of service in separation proceedings. Additionally, such results may not be used as a basis for the vacation of the suspension or execution of punishment imposed per reference (b), article 15; or as a result of courts-martial. Such results MAY, however, be used as a basis for ADSEP, 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 policies, standards, and procedures for ADSEP of service members from the Navy, see reference (c) for enlisted members and reference (d) 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. Preferred collection premise is a consent test (VO). If the member refuses consent and in the opinion of the command, when there is sufficient probable cause to suspect drug use, a probable cause (PO) test may be conducted. As a last option, use command-directed (CO) test premise which shall be ordered by a member's commander, commanding officer, OIC, or other officer who has succeeded to command per U.S. Navy Regulations, 1990. 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 commanding officer or investigating officer may order urinalysis in connection with any formally convened mishap or safety investigation. Results of positive tests may not be used for punitive action against the member providing the results were confirmed by commanding officer/medical officer. Results of such tests that are positive for drug abuse mandate ADSEP processing, and possible loss of clearance eligibility, but may not be used in determining characterization of service.

(3) Medical Examination (MO). Medical department personnel shall assist with a competence for duty examination in conformance with policies per reference (v) or in connection with any other medical examination. This category of 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 this instruction:

a. Treatment Facility Clients (RO). Military members who are attending treatment at a SARP facility shall undergo urinalysis as a deterrent to their use of drugs. Testing of clients in numbers above limits prescribed for other commands is authorized.

b. Brig Prisoners/Detainees (OO). Testing is mandatory for all personnel to detect presence of any drugs in these

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controlled areas. Testing prisoners/detainees above limits prescribed for other commands is authorized.

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 and may also be tested as required by cognizant unit commanders.

(2) RTC Great Lakes will conduct urinalysis of every recruit within 72 hours of arrival at RTC. Normally, urinalysis will occur within the first 24 hours of arrival per reference (i).

(3) Prior service personnel recalled to active duty (other than active duty for training) shall be tested and evaluated within 72 hours following re-entry.

(4) Prior service applicants for Selected Reserve enlistments/reenlistments shall be tested and evaluated in conjunction with their enlistment/reenlistment physical.

d. Accession Training Pipeline (IU). All students will undergo urinalysis within 2 weeks of reporting to apprentice training and "A" schools or first module of other training subsequent to completion of recruit training. Commanding officers 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.

e. Special Programs (OO). Personnel in receipt of orders to billets requiring screening will undergo urinalysis as part of the screening process per reference (f). Urinalysis is also required within 30 days prior to detachment from current duty station.

6. Unit Quotas

a. Each Navy command is required to conduct an aggressive urinalysis program. The minimum monthly testing requirement is four times a month. The 4 tests must include a minimum of 15 percent of all assigned personnel. In addition, each Navy

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command must conduct an end of fiscal year unit sweep for all members not tested throughout the course of the year. All Navy personnel assigned to a Joint Service command are required to participate in the Joint Service command's urinalysis program unless specific authorization is granted from OPNAV (N135) to establish and maintain a separate urinalysis program. Any Navy commands that fail to meet the monthly random urinalysis requirement must notify their echelon 3 commander in the following month with the reason for failing to comply with this instruction. Echelon 3 commanders shall notify OPNAV (N135).

b. NDSP. Each Navy command is required to use NDSP version 5.2 or greater, the computer software program that randomly selects the days of testing and personnel to be tested. NDSP produces a bar-coded specimen custody document that eliminates errors with transcribing member information. NDSP produces various reports that allow commands to effectively manage its urinalysis program.

c. While unit commanders, commanding officers, OICs, and physicians have authority to order as many urinalyses as necessary, NDSLs have a limited testing capacity. It is necessary, therefore, to regulate submission of urine samples to laboratories.

(1) OPNAV (N135) shall be the responsible authority for laboratory quota management, coordinate quota assignments, and if necessary, assess distribution of samples among NDSLs.

(2) Random Urinalysis (IR): Random sampling of small numbers of personnel on a frequent basis provides the best results. This process reduces predictability of command testing and raises the perceived risk of detection. Each command at a minimum shall submit samples of 15 percent of assigned personnel gathered from at least four tests per month, unless the command obtains specific written permission by echelon 2 commanders. All types of testing (search and seizure, inspection, fitness for duty, etc.) are applied toward a unit's quota.

(3) Unit Sweeps (IU): Unit sweeps (IU) are, although no longer mandated, an effective detection and deterrence tool and recommended for use by all commands. Commands may submit up to five unit sweeps per fiscal year.

(4) Commands shall conduct urinalysis on all newly reported personnel within 72 hours of arrival using the unit sweep (IU) premise.

(5) Commands are required to review all personnel onboard who were not tested during the fiscal year and conduct a unit sweep of all those personnel prior to the end of the fiscal year unit sweep (IU) premise.

(6) Except for months when a command conducts a command unit sweep, submissions in excess of 40 percent of assigned personnel in any given month require prior approval of echelon 3 commanders.

(7) NDSP assist commands in administering their urinalysis-testing program and enables the commanding officer to establish monthly drug testing parameters. Once parameters have been set, NDSP randomly selects test day and individuals to be tested, minimizes the opportunity for cheating or gaming the urinalysis system, while maximizing the deterrent effect by keeping test days unpredictable. Use of NDSP is mandatory.

7. Critical Elements to an Effective Drug-Testing Program. Although there are many facets of an effective drug-testing program, there are four critical elements required to ensure a successful program. If any one of these elements is missing the program in question is susceptible to compromise.

a. Command random urinalysis must be unpredictable and unannounced. To be effective, commands must check NDSP each day to see if it will be a testing day. When UPCs do not check NDSP daily, potential for patterns is present and drug users can and will identify and exploit those patterns by planning drug use around any identifiable pattern. This is called "gaming" the system.

b. Observer must watch the urine leave the body and enter the bottle. For females, direct view is recommended and for males a 90-degree angle is recommended. Drug users will go to any length to defeat a command's drug testing program and avoid detection. Commands can prevent such actions by ensuring strict adherence to direct observation for each member of the command, no exceptions. THE OBSERVER SHOULD NEVER LOSE SIGHT OF THE BOTTLE, SHOULD NEVER TAKE POSSESSION OF THE BOTTLE, AND SHOULD

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WATCH THE URINE LEAVE THE BODY AND ENTER THE BOTTLE. Direct observation can be either the weakest link or the strongest element. It is strongly recommend commands maintain a Khaki presence and involvement during collection and observation.

c. Immediately after notification, personnel selected are required to remain in a secured area until sample is provided. One of the methods employed by drug users to avoid detection is to show up at the end of a day after ingesting large volumes of fluids and voiding a number of times. This is often done after taking a diuretic that accelerates one's basal metabolism rate. Holding personnel in a secured area under watch until a sample is provided is a safeguard against drug users exploiting a command's drug testing program.

d. Personnel selected cannot be excused from drug testing. Establish a command policy that mandates all personnel selected for urinalysis will report to a specified area within a period of time after notification and remain until a sample is provided. One method drug users are using to avoid detection is to get excused from providing a sample after being notified of the requirement. Interviews with NAVCRIMINVSVC have identified Sailors using many different excuses (e.g., family problems, feeling sick, simply disappearing from command, not being able to void, emergent tasking at work) to avoid having to provide a sample.

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

9. Retests

a. NDSLs. NDSLs retain chain of custody documents and other paperwork on file for 3 years. The laboratory will also

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retain positive samples in frozen storage for 1 year unless requested by submitting command to retain the sample for an additional period of time. When a sufficient quantity of a specimen is available to permit retesting, NDSL will conduct a retest:

- (1) When requested by submitting command;
- (2) When requested by an administrative board under rules applicable to the board; and
- (3) Upon order of courts-martial under rules applicable to military courts.

b. Retests Requested by Member. Members may request a retest of a specimen at an NDSL upon request if, in the judgment of the member's commanding officer, circumstances warrant additional testing. A member may request a sample retest at a laboratory other than a NDSL at their own expense when, in the opinion of the NDSL commanding officer, a sufficient quantity of a specimen is available for retesting and the member's commanding officer favorably endorses the request. In such cases, OPNAV (N135) will often review all information and rule on the request. The laboratory that the urine sample is to be tested in must meet 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 OPNAV (N135) via member's command. All requests for retests shall be submitted to OPNAV (N135) for final approval/disapproval.

10. Command Determination of Drug Abuse

a. Only specimens which have been tested and confirmed positive at a NDSL or other DoD-approved lab may be used for administrative or punitive action.

b. A positive laboratory report is considered forensic evidence that drug(s) or drug metabolite(s) are present in the urine. A cross-check should be made with appropriate medical and dental records to determine whether the member was using legitimately prescribed medications or if any other valid reason could explain the positive report.

c. Using all information available (including self-admission, urinalysis results, SARP screening results, service record, and chain of command recommendations), the commanding officer must make an initial decision on whether the member's drug use was wrongful. Proceed as directed below and either:

(1) Determine that the member is a drug abuser. Determine that the member's positive urinalysis was the result of knowing drug use and initiate mandatory ADSEP processing. Members diagnosed as drug dependent will be offered treatment prior to separation.

(2) Determine that the member is not a drug abuser: Determine that the member's positive urinalysis was the result of unknowing drug use or a break in the chain of custody of the urine sample. In such cases, the positive urinalysis should not be considered a drug abuse incident and no DAAR submission is required. If the positive urinalysis is determined not to be a drug abuse incident, the command shall notify OPNAV (N135) and the command's immediate senior in command, echelon 2 or 3 via official correspondence of the circumstances that warranted such a determination. See appendix D for example of Determination of Positive Urinalysis Letter.

d. If test result is to be used in a court-martial or administrative proceeding, and trial or administrative proceeding cannot be completed within 1 year from date of positive test results, cognizant command must request an extension of the 1 year period of custody for positive test results from the NDSL 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.

11. Voluntary Self-referral Policy. All Navy personnel who self-refer for drug abuse to a qualified self-referral agent 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 by either a medical officer or LIP.

a. Personnel who self-refer and screen as drug dependent shall be considered valid self-referrals and are exempt from any

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disciplinary action. Valid self-referrals, however, shall be processed for ADSEP, and offered rehabilitation treatment prior to separation. Immediate processing for ADSEP will not be delayed for treatment purposes.

b. Personnel who do NOT screen as drug dependent are not valid self-referrals and will NOT be exempt from disciplinary action. In such cases, commanding officers will take one of the following actions:

(1) If member tests positive and is not drug dependent, commands shall initiate disciplinary action as appropriate and process member for ADSEP.

(2) If member tests negative and is not drug dependent (i.e., 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 member to full duty or process for ADSEP.

c. Any member who has been notified of the requirement to submit, or actually has submitted, a urine sample for analysis under any testing premise is ineligible to participate in the self-referral program until results of their 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 OTH 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.

e. Members who self-refer as a result of prescription medication may be retained on active duty, provided commands submit a request to OPNAV (N135) that explains why the positive urinalysis is not a drug abuse incident. See appendix D of this enclosure for example of Determination of Positive Urinalysis Letter.

12. Urinalysis Program Guidance

a. Urinalysis testing shall be conducted with the full expectation that administrative or disciplinary action might result. See paragraph of this enclosure for critical elements required for an effective drug-testing program.

b. Command UPCs shall be designated in writing by the commanding officer. UPC shall be responsible for maintenance and administration of the command urinalysis program including training of assistant UPCs and observers. Officers or CPOs should serve as UPCs and observers to the greatest extent possible. When it is not feasible to use an officer or CPO, only the most trusted junior personnel should be used. In all cases where junior personnel are used as command UPCs, urinalysis program must undergo a quarterly inspection by an officer or CPO and results of the inspection forwarded to the commanding officer. To facilitate collection of a unit sweep where all hands are to be tested, 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 predictability of command testing and raises the perceived risk of detection. Commands must conduct random urinalysis at least 4 times per month.

d. Planned testing dates should be held in strictest confidence. The element of surprise is essential to a successful deterrence program.

e. Use of NDSP version 5.2 or greater is mandatory.

f. Under no circumstances shall 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. In such cases where an assistant UPC from the same command is used, primary UPC and observer samples shall be submitted in a separate batch from all other command urine samples.

g. Specimen collection should immediately follow test announcement. Members designated for testing should report

directly to the collection site immediately after notification. When personnel are allowed to report to the collection area as they choose, opportunity for individuals to flush their system by using diuretics is present. Commands must take all precautions to ensure members are not provided any opportunity to defeat urinalysis by using such tactics.

h. Direct observation is either the weakest link or the strongest element in a command's urinalysis program. Commands jeopardize the urinalysis program when they do not employ effective direct observation.

(1) It is strongly recommended observers be E7 or above. In cases where E7 or above personnel are not available, only the most trusted junior personnel should be used. When junior personnel are used as observers, commands must provide an officer or CPO to randomly check to ensure observers are performing their duties appropriately.

(2) In all cases, observers should be briefed each time they perform duties as observer. See appendix B of this enclosure for example observation procedures.

(3) Strict adherence to direct observation policy during urine collection prevents most countermeasures to detection, e.g., using a device that contains clean urine, diluting a sample with water, adulterating a sample with a foreign substance, or even switching their urine with clean urine.

(4) Direct observation requires the observer be present from the time member receives the bottle until member returns the sample to the UPC. UPC should instruct the observer, in the presence of the member, to never take possession of the bottle, never lose sight of the bottle, and to watch the urine leave the body and enter the bottle.

(5) Proper procedures for direct observation requires observers be of the same gender as the member providing the urine sample, male observers stand at 90-degree angle to observe urine leaving the body and enter the bottle and female observers stand at the stall door with the door open for a direct view. At no time should members be allowed to provide a urine sample without direct observation.

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

j. If samples have to be stored overnight, it is recommended they be refrigerated if possible, secured with a lock and key, documented on DD 2624, Specimen Custody Document - Drug Testing, and access limited to the person whose signature appears on the document. Secure chain of custody and maintain strict compliance with collection procedures to maximize the deterrent value of the command urinalysis program.

13. 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 point of application for enlistment, appointment, or commission. Any applicant for Navy who has a positive urinalysis during the application process for any branch of service at a military entrance processing station shall be permanently disqualified for enlistment eligibility.

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 (e) to grant enlistment eligibility waivers to applicants with a history of drug abuse. Use the reference (r) schedule to determine the classification of drugs (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 PRP, air traffic controller, etc., provided special acceptance criteria does not violate general acceptance policy established in reference (f) (see also references (m) and (n)).

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

14. Statement of Understanding. Prior to induction, every officer and enlisted accession shall be briefed on the objectives of OPNAV 5350/1 or DD 1966, Record of Military Processing - Armed Forces of the United States (and shall be required to read and sign it.) This statement describes Navy's zero tolerance policy for drug abuse, urinalysis procedures for detecting drug abuse, and consequences if drug abuse is detected after entry. COMNAVCRUITCOM, CNETC, and Superintendent, USNA shall establish administrative procedures for executing OPNAV 5350/1. Statements are obtained for individuals reporting to RTCs. The signed OPNAV 5350/1 will be filed in members' service record. Failure to file the statement does not preclude enforcement of 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. The 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 Nuclear Power Program by officers, officer candidates, and midshipmen who disclose pre-service marijuana use are reviewed per reference (n).

15. 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 time of entry. Commanding officers may discipline those members, if appropriate, and/or process for ADSEP by reason of fraudulent enlistment. Personnel who otherwise would have met acceptance criteria at induction may be retained with approval of the officer exercising general court-martial authority.

16. Sacramental Use of Peyote by Native American Service Members

a. Use of 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 (x) shall be accommodated. Comply with the provisions of reference (h).

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

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

**APPENDIX A
USE OF DRUG URINALYSIS RESULTS
FROM DOD CERTIFIED DRUG LABS***

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

* All urine samples must be confirmed positive at a DoD certified lab by GC/MS

** YES for reservists recalled to active duty (except DEP participants)

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APPENDIX B
COLLECTION AND TRANSPORTATION OF URINE SPECIMENS

1. Collection

a. UPC should be an E7 or above and shall be designated in writing. UPC will maintain urine specimen bottles National Stock Number (NSN) 6640-00-165-5778 - male, NSN 6530-00-837-7472 - female) and prepare each as follows:

(1) Record on gum label:

(a) Date of collection (YYYY/MMM/DD).

(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

MO: Medical Examination (Competence for duty)

Other

OO: Other Authorized Testing (specify)

RO: Rehabilitation Facility Staff Testing

NO: New Entrant

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

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

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

- (1) Date of collection (YYYY/MMM/DD).
- (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. UPC shall ensure each specimen is collected under direct observation of a designated individual (observer) of the same gender as the member providing the sample. Observer will sign urinalysis ledger certifying the specimen bottle which contains urine provided by the member was not contaminated or altered. Observer shall not handle the bottle unless UPC is performing duties of observer, in which case UPC must maintain direct custody of all samples while observing.

(1) Whenever there are more than two individuals providing urine samples, commands shall have an observer and UPC. Where there are two or less individuals providing urine samples commands may have UPC act as observer as well, providing

that UPC does not lose physical custody of either sample from time of collection until the samples are mailed to the NDSL.

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

(3) For female personnel, 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 service member urinating directly into the wide-mouth bottle, transferring urine to the specimen bottle, placing cap on the specimen bottle, disposing of the wide-mouth bottle, and delivering specimen bottle directly to UPC.

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

e. UPC shall ensure the member presents picture proof of identity and shall verify service member's social security number on the bottle against proof of identity. Preferred form of identification is the member's Common Access Card (CAC), or U.S. Armed Forces Geneva Conventions identification card.

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

g. UPC will confirm information on the DD 2624. Dates on the form must be in the following format: four-digit year, two-digit month, and two-digit day (20060312 for 12 March 2006). 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, UPC must verify the information on the label and specimen custody document match. UPC shall sign and date DD 2624 in block 12 when collection of all samples is completed.

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h. It is recommended that tamper-resistant tape be used on all samples collected. UPCs should procure tamper-resistant tape via procedures and ordering information outlined in paragraph 2a(6) below. It is recommended the UPC or service member seal the bottle by affixing one end of the tape near the label and pulling tape directly across the widest part of the cap and down the opposite side of the bottle. If the UPC affixes the tape, it is recommended the procedure be done in the presence of the member. In any event, failure to use tamper-resistant tape does not invalidate an otherwise technically correct collection process where proper chain of custody has been maintained throughout the process.

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, until such time as they are able to provide a complete sample or the balance of the incomplete sample. UPC shall maintain custody of the incomplete sample until such time as the member is able to provide the balance of the sample in the same bottle, or discard the partial sample and require the member to submit a full sample when the member is able. Under no circumstances should the member be allowed to leave the collection area.

j. Since members have been required to provide urine samples under direct observation since boot camp, commands should take all precautions to ensure the member is not attempting to defeat the drug testing process. If a member claims to be unable to provide a sample during the command's prescribed collection period, the member shall be turned over to the MAA and remain under observation at all times until a sample is provided. If, after a period of 24 hours, the member still cannot provide a urine sample, member shall be examined by a military medical authority to investigate possibility of physiological or psychological problems. Examination should be completed the same day of the collection and documented in member's medical record. If failure to provide a sample is a chronic problem, member shall be sent to a Branch Medical Clinic (BMC) or MTF for further evaluation.

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

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a. Ship urine specimens in the (12 bottle) shipping container. 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: a single specimen bag (plastic) or the large 12-specimen bag (plastic), use of 12-specimen bag is preferred. The second waterproof container is the waterproof mailing pouch for the exterior.

(2) Use of 12-specimen bag:

(a) UPC shall check each bottle cap for tightness. If tightening breaks tamper proof seal, replace seal and make appropriate documentation on the DD 2624 and on the command ledger.

(b) Remove all bottles and separator inserts 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 movement during shipment.

(3) Use of single specimen bag for two or less urine samples:

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

(b) After absorbent material is placed in the bag, close bags tightly to obtain a leak proof seal. Leak proof seal is necessary to contain any spilled urine in the event of bottle failure until absorbent material can react (do not use vermiculite or shredded paper).

(c) Place bottle in shipping box cell provided with separator insert and use additional paper to reduce bottle movement during shipping. If fewer than two bottles are

present, it is recommended empty cells be filled with paper to reduce movement during shipment (do not use vermiculite or shredded paper).

(4) 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 inch by 5 inch absorbent pad for the 12-specimen bag container. A 5 inch by 5 inch absorbent pad can only absorb the fluid in 6 bottles, therefore, a box of 12 bottles inside a 12-specimen bag will require 2 such absorbent pads.

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

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

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

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

(6) The following NSNs should be used to obtain the secondary container and absorbent material via normal supply channels.

(a) Single specimen bags:

Bag, specimen (6 x 5 inch)
S/N 6530-01-307-5431

Bag, specimen (6.5 x 4 inch)
S/N 6530-01-307-5430

(b) Multi-specimen bag:

Mailing pouch (10.5 x 15 inch)
S/N 6530-01-304-9762

(c) Use of regular garbage/trash bags:

(d) Absorbent material:

Pouch, liquid absorbent (1.25 x 1.25 inch)
S/N 6530-01-307-7434

Pouch, liquid absorbent (2.5 x 3 inch)
S/N6530-01-307-7433

Pouch, liquid absorbent (5 x 5 inch)
S/N 6530-01-304-9754

(e) Envelope:

Envelope, packing list; S/N 8105-00-857-2247

(f) Tamper resistant tape:

Time Medical Labeling System
GSA Contract # GS-02F-48169

144 Tower Dr
Burr Ridge, IL 60527
800-323-4840 (Toll-free)

(in California):
9566 Vassar Ave
Chatsworth, CA 91311
800-382-3371 (Toll-free)

b. Hand deliver urinalysis samples directly to an NDSL by command UPC negates requirement for a secondary container in collection packaging. Primary container with absorbent material, however, must still be sealed.

3. Transportation

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

(1) Commands using a Fleet post office/postal center or postal representatives to mail urinalysis samples to an NDSL should document DD 2264, block 12d with the following statement "Released To Fleet Post Office/Postal Center or Postal Representative," as appropriate. This will facilitate receipt and handling of specimens and eliminate any discrepancy report from NDSL.

(2) "Released to FIRST CLASS U.S. Mail."

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

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

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

(6) "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 the following statement appears on DD 2624, block 12d, and on all bills of lading - "Shipment complies with U.S. domestic and International Air Transport Association (IATA) packaging regulations.")

(7) When bill of lading number is not determined prior to sealing the container, indicate only mode of shipment on original and copy of DD 2624 and annotate command copy with appropriate registration or bill of lading number when the container is accepted for shipment.

b. UPC shall seal all sides, edges, and flaps of the box with adhesive paper tape, then sign and date across 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 NDSL.

(2) When several shipping containers are consolidated into a larger box, line the larger box to prevent 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. UPC shall place original DD 2624 in a sealed envelope (retaining one copy) and affix the envelope to the sealed shipping container.

d. UPC shall wrap container with brown mailing paper or place container(s) in a larger outer container (DD 2624 will remain affixed to specimen box inside). An alternate method is to wrap shipping container with brown mailing paper and then attach original DD 2624 to the outside of container in a see-through mailer envelope. Boxes or mailers shall be shipped to the NDSL specified by OPNAV (N135). If applicable, Priority ONE will be entered on DD 1384, Transportation Control and Movement Document, or in "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 samples into selected mode of shipment, actions described above shall be performed by collection point UPC after they sign the DD 2624 and provides a copy to supplying UPC.

4. Laboratory Handling

a. The commanding officer of the cognizant NDSL or director of 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 the integrity and physical characteristics are maintained.

c. An individual designated by commanding officer or laboratory director shall open outer wrappings, locate DD 2624, and visually inspect shipping container to determine if the seals on sides, edges, and flaps were opened or tampered with

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while in transit. Designated individual shall then describe the condition of shipping container in the appropriate block and sign and date the DD 2624.

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

e. Working samples (that portion of the specimen which actually undergoes testing) shall be discarded. Residual urine and original specimen bottle of samples testing negative shall be discarded. The DD 2624 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 NDSL 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 NJP, 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 in one or two formats: by naval message marked "For Official Use Only," or via Web-base with information copies to appropriate chain of command as specified on DD 2624. Report will consist of at least the following elements at a minimum:

(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) NDSL 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. Original DD 2624, the original intra-laboratory chain of custody document (if used), confirmatory documentation (GC/MS 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 3 years, these records shall be disposed of locally without notification to the originating command.

**APPENDIX C
DRUG SCREENING LABS**

Address	Telephone/Message Address
Commanding Officer Navy Drug Screening Laboratory Box 113 Bldg H2033 NAS Jacksonville, FL 32212-0113 E-mail	DSN: 942-7755 Commercial: (904) 542-7755 NDSL JACKSONVILLE FL//JJJ// tgrau@dl0nndsl.med.navy.mil
Commanding Officer Navy Drug Screening Laboratory Box 88 6819 Great Lakes, IL 60088-6819 E-mail	DSN: 792-2045 Commercial: (847) 688-2045 NDSL GREAT LAKES IL//JJJ// txrobin@nhgl.med.navy.mil
Commanding Officer Navy Drug Screening Laboratory 34425 Farenholt Ave Suite 40 San Diego, CA 92134-5298 E-mail	DSN: 522-7141 Commercial: (619) 532-7141 NDSL SAN DIEGO CA//JJJ// wsendt@ndslsd.med.navy.mil

AREAS OF RESPONSIBILITY

NDSL Jacksonville: Commands or mobile units geographically located east of the Mississippi River and those commands designated by Commander, U.S. Fleet Forces Command

NDSL Great Lakes: All activities assigned to Commander, Naval Education and Training Command, Naval Reserve Officer Training Corps (NROTC), and selected naval activities located in the Great Lakes area.

NDSL San Diego: Commands or mobile units geographically located west of the Mississippi River unless otherwise directed by OPNAV (N135).

**APPENDIX D
SAMPLE LETTER
DETERMINATION OF POSITIVE URINALYSIS LETTER**

Subj: REQUEST FOR ADMINISTRATIVE SEPARATION WAIVER

5350
Ser 00/
Date

From: Commanding Officer, (insert command name)
To: Chief of Naval Operations (N1351C)

Subj: DETERMINATION OF POSITIVE URINALYSIS IN CASE OF
(RANK/RATE, FULL NAME, BRANCH OF SERVICE)

Ref: (a) OPNAVINST 5350.4D
(b) COGNIZANT NAVDRUGLAB MSG DATE/TIME/GROUP

Encl: (1) Attach all relevant document(s)

1. Per reference (a), I have determined the positive urinalysis reported in reference (b) in case of (Rate/Rank and last name) was not an incident of drug abuse and no further action is warranted.

2. (Explain circumstances that warranted commanding officer's determination that positive urinalysis is not a drug abuse incident and that NDSL or OPNAV (N135) was contacted).

3. Command POC is (include telephone number and e-mail address).

Commanding officer's signature

Copy to:
TYCOM ADCO
Command DAPA

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EDUCATION AND TRAINING POLICY AND REQUIREMENTS

1. General. All Navy military personnel shall be educated about Navy alcohol and drug 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 NADAP Program such as ADCOs, DAPAs, and UPCs. Clinical training, supervision, and certification are required for all healthcare 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. CNETC shall provide alcohol and drug abuse education for enlisted recruits, Senior Enlisted Academy, officer candidates (except USNA), and officers in pre-fleet assignment or entry programs. Alcohol and drug abuse prevention information shall also be provided in leadership courses and GMT programs. CPPD will oversee alcohol and drug abuse prevention education and training, including Alcohol-AWARE, ADAMS, DAPA, UPC, and PREVENT courses. CPPD is also responsible for quality assurance and evaluation of awareness and prevention education and has curriculum approval authority. Scheduling of alcohol and drug abuse prevention education and training will be published each fiscal year by CPPD.

b. OPNAV (N135) will support CNETC by conducting an annual review of all NADAP curriculums to ensure full alignment with current Navy policies.

c. Chief, 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. Superintendent, USNA shall incorporate substance abuse prevention education into the standard curriculum under cognizance of CNO.

Enclosure (3)

e. Chief of Chaplains of the Navy (CNO (N097)) shall coordinate with the Chaplains School to train members of the Chaplain Corps to identify abusers and to counsel and refer Navy personnel and their family members.

f. Unit commanders, commanding officers, and OICs shall ensure assigned personnel receive periodic training on alcohol and drug abuse prevention, including requirements for Alcohol-AWARE and ADAMS, and training required by this instruction for members assigned as 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 disciplinary consequences of abuse. Education for officer candidates shall include similar prevention information plus 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. Alcohol and drug abuse prevention education shall be included as part of each command's indoctrination of new personnel.

c. Periodic awareness through GMT. Alcohol and drug abuse awareness education is scheduled periodically through the CNETC GMT program.

d. Alcohol-AWARE (REQUIRED). Alcohol-AWARE is basic alcohol awareness training for use at Navy commands. It targets junior enlisted (E1 through E4) and junior officers (O1 through O3). All Navy personnel shall complete Alcohol-AWARE course within 2 years of completion of recruit training or other accession point entry.

e. SFL (RECOMMENDED). An interactive CD-ROM courseware designed to indoctrinate 18 to 24 year old Sailors on Navy core values and provide information and facts needed for making sound, value-based decisions.

f. PREVENT (RECOMMENDED). A 24-hour prevention education and health promotions course targeting the 18 to 25 year age group with the goal of putting knowledge to action by focusing on behavior, peer support/mentoring, and values alignment. PREVENT is to be used for prevention education and health promotion, it is not considered treatment.

g. ADAMS (RECOMMENDED). Interactive education courses for Navy leaders and supervisors for training command personnel in facilitating ADAMS for Supervisors course.

(1) ADAMS for Leaders (REQUIRED). Brief seminar designed for commanding officers, XO's, CMCs, COBs, and other senior command personnel. It is a career requirement.

(2) ADAMS for Supervisors (REQUIRED). 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 E5 and above personnel in first-line supervisory positions. Civilians who supervise Navy personnel should also attend this training. 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) ADAMS for Facilitators (RECOMMENDED). Commanding officers are encouraged to select qualified personnel for training and certification as ADAMS Facilitators to provide ADAMS for Supervisors training in their commands.

h. UPC Training (STRONGLY RECOMMENDED). UPC course is for command UPCs, assistant UPCs, ADCOs, XO's, and legal personnel. This course includes training on NDSP. Although the UPC course is not required, it is strongly recommended for UPCs in order for commands to maintain integrity of their urinalysis programs.

i. Prevention Specialist Training (RECOMMENDED). This course prepares participants to work as alcohol, tobacco, and other drug abuse prevention specialists and to attain certification as a certified prevention specialist recognized by the International Certification and Reciprocity Consortium. Participants will receive training in the five required domains.

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4. Training Requirements

a. ADCO. ADCOs are encouraged to complete the DAPA course. In addition, attendance at ADAMS, AWARE, and PREVENT are recommended since these are major courses which ADCOs oversee.

b. DAPA. Members assigned as DAPAs and assistant DAPAs are required to complete the DAPA course within 90 days of appointment unless they previously completed the course not more than 3 years prior to appointment.

c. Alcohol training for Morale, Welfare, and Recreation (MWR) Personnel. Personnel employed in Navy recreation facilities, with 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, knowledge of alternatives, and a full understanding of designated driver programs.

ACRONYMS AND DEFINITIONS

The following definitions are for use within the NADAP 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."

ADAMS (Alcohol and Drug Abuse Management Seminar). ADAMS consists of three courses: (1) ADAMS for Leaders is a course that enables commanding officers, XO's, OICs, CMCs, and COBs to establish and maintain an effective command alcohol and drug abuse prevention program; (2) ADAMS for Supervisors is a course for E5 and above that teaches Navy policy and supervisory responsibilities in the command's alcohol and drug abuse prevention program; and (3) ADAMS Facilitator is a course which includes a certification process that enables members who completed training to facilitate ADAMS training to command personnel.

ADCO (Alcohol and Drug Control Officer). ADCOs are assigned at second, third, and fourth echelon commands. ADCOs oversee alcohol and drug abuse prevention programs in their activities and are responsible for all subordinate command's compliance with policies and procedures outlined in this instruction.

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

Administrative Screening. 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 NADAP 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 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 SARP 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. 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 DMS of Mental Disorders IV, and must be determined by a medical officer or LIP. A clinical diagnosis of alcohol abuse generally requires some form of intervention and treatment.

Alcohol-AWARE. A 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, Alcohol-AWARE is a command tool that can be used in a variety of ways. It is targeted at the E1 to E4 and O1 to O3 population.

Alcohol Dependence (see also Alcoholism). 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 ingestion. People are said to be dependent on alcohol when abstinence from use impairs their performance or behavior.

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Alcohol dependence is a clinical diagnosis based on specific diagnostic criteria delineated in DSM IV, and must be determined by a medical officer or LIP. Untreated, alcohol dependence may lead to death.

Alcohol-IMPACT. Intensive goal-oriented early intervention designed for individuals who incur an alcohol-related incident. A member who successfully completed Alcohol-IMPACT as a result of an alcohol incident, and incurs a subsequent incident does not meet the requirement for ADSEP processing. However, if a member has attended IMPACT more than once, the second time does meet the requirement for administrative processing if the member incurs an alcohol related incident subsequent to the second IMPACT intervention.

Alcohol Incident. An offense punishable under reference (b) or civilian authority committed by a member where, in the judgment of the member's commanding officer, the consumption of alcohol was a 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 reference (r), 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 substance 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.

BAC (Blood Alcohol Content or Concentration; also 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. Legal limit of BAC varies from State to State.

Career. A career is defined as all creditable service towards retirement, to include all periods of service, regardless of transitions between active duty and reserve or enlisted and officer.

Chain of Custody. Process by which the integrity of a urinalysis sample is maintained from collection through testing and used at legal proceedings. 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 2 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 varies 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/Education Program (Alcohol-IMPACT), 20 hours;

Level I, Outpatient Treatment, 40 hours/2 weeks;

Level II, Intensive Outpatient/Partial Hospitalization (IOP), 80-100 hours/4 to 6 weeks;

Level III, Inpatient Treatment, 1 to 2 weeks; and

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Level IV, Medically Managed Intensive Inpatient Treatment, 1 to 2 weeks.

Controlled Substance. A drug or other substance found in schedules I through V of reference (r), 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.

CPPD (Center for Personal and Professional Development). CPPD's goal is to maximize a Sailor's human potential to enhance their professional potential. The center is ultimately a response to Navy's commitment to leadership and an environment of excellence. The five areas of focus on the Personal Development Vector are interpersonal relationships, life skills, values, personal financial management, and health (including physical fitness and wellness).

DAAR (Drug and Alcohol Abuse Report). OPNAV 5350/7 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. Command DAPAs are encouraged to utilize the on-line version of this form, which may be accessed at <https://admits.spawar.navy.mil/index.htm>. Must be faxed and signed to ADMITS for entry.

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DAPA (Drug and Alcohol Program Advisor). A collateral duty command position (commands with 500 personnel or more shall assign a full-time DAPA). DAPA is the commanding officer'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). 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.

Drink. A drink of alcohol is defined as 1.5 ounce of liquor, 5 ounce of wine, or 12 ounce of beer. They contain the same amount of alcohol used by researchers for data collection purposes and in charts that estimate BAC.

Drug Abuse. Wrongful use, possession, manufacturing, or 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

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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, this includes consumption of any substance for other than their intended purpose, e.g., glue, air freshener, gasoline fume sniffing (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 IV. 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 reference (r), 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 is 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 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 all States, a recorded BAC for alcohol of .08 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 is against the law. Further guidance concerning DUI/DWI is contained in reference (b), article 111 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. 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, sometimes referred to as illicit drugs).

Impaired. Per reference (b), "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). 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. Depending upon the level or 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 they abuse an inhalant).

Intervention. 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. commanding officers, supervisors, shipmates, counselors, other medical professionals, or spouses can intervene.

Licensed Independent Practitioner (LIP). 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. A LIP clinically supervises counselors and has the ultimate responsibility for the treatment of clients under their supervision.

Medical Screening. 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 a LIP or qualified medical officer.

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 family members. Alcohol and other drug treatment in the Navy is the responsibility of the Chief, BUMED. Alcohol treatment may be an integral department of an MTF or may exist or operate independently and report to a cognizant MTF.

NDSL (Navy Drug Screening Lab). There are three NDSLs in the Navy, which are located in San Diego, CA; Jacksonville, FL; and Great Lakes, IL. They analyze urine specimens for the presence of controlled substances and other illegal drugs under forensic conditions. NDSLs also provide expert witnesses in legal proceedings. NDSLs are monitored by AFIP and are inspected quarterly by BUMED and annually by DoD and CNO.

NDAAC (Navy Drug and Alcohol Advisory Council). Regional or area councils with specified memberships (i.e., commanding officers, shore patrol, MWR, treatment providers) who meet regularly to determine the alcohol and other drug threat in order to 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 LIP.

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

NDSP (Navy Drug Screening Program). A computer-based application developed to assist commanding officers in administering the command's urinalysis testing program. Once parameters have been set, NDSP selects the test days and individuals to be tested. Use of most current NDSP software virtually eliminates the opportunity for cheating or gaming the command's urinalysis testing program.

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

Prevention Program. An ongoing process of planned activities to specifically counter the identified threat of alcohol and drug

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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). A form of early intervention in the progression of alcohol abuse to avail members of help in overcoming alcohol abuse. There are two types of referrals, which are defined below:

- Command-referral occurs when the commanding officer orders a member to screening for a suspected alcohol problem,

- Self-referral occurs when the member reports to a qualified self-referral agent requesting help for a potential alcohol problem. (Self-referral rules involving 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 they really do have a problem and strengthens their commitment to a recovery program. On the other hand, a relapse could result in a return to drinking with all its attendant problems requiring another intervention and treatment, and may be classified as treatment failure.

Right Spirit. "Right Spirit Campaign" is Navy's Alcohol Abuse Prevention and Alcohol Use Deglamorization campaign to reduce the incidence of alcohol abuse and to deglamorize drinking. Right Spirit stresses responsibility and accountability at all levels.

SARP (Substance Abuse Rehabilitation Program). Any branch, department, or section of an MTF or BMC that provides screening, referrals, early intervention, or treatment services for alcohol-induced problems. Range of services provided (i.e., from screening and education to residential inpatient treatment) depends on staffing and capability of the facility.

Self-Referral (Drug Abuse). Process by which a Navy member who believes that they are dependent (addicted) on drugs may report to a qualified self-referral representative (as listed in paragraph 2b of this instruction) and receive screening at a SARP facility 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 ADSEP. Type of discharge will be characterized by their 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 ADSEP. Members found not drug dependent, and who have not used drugs, but attempted to, will be disciplined appropriately and processed for ADSEP or retained and returned to duty per 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 (f), article 1910-142 for enlisted members and article 1611-010 for officers.

Substantiated DUI/DWI. A charge of DUI/DWI is considered substantiated if there is a conviction by a military or civilian court, a finding of guilty at NJP, or if, in the judgment of the commanding officer, 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 reference (b). Upon notification or report of a member's arrest for DUI/DWI, commanding officers must investigate the circumstances, consider all relevant facts (i.e., police report, eyewitness statements, member's statement, BAC test result) and make a determination of validity of the charges. Refer to reference (a) for detailed description of a substantiated DUI/DWI offense.

Threat Assessment. 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, (i.e., shore patrol reports, information from local

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police, ADMITS information). An effective prevention program requires an ongoing threat assessment.

Treatment. Process of restoring to effective function by means of a structured therapeutic program. Level and length of treatment depends on 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 their 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 their career following treatment, and is determined to be a treatment failure by an appropriate LIP or medical officer.

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

UPC (Urinalysis Program Coordinator). A collateral duty command position filled by an E7 or above. UPC is responsible for all aspects of the command urinalysis program, from facilitating testing and training observers, maintaining chain of custody, and labeling and shipping specimens.