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

IN REPLY REFER TO
OPNAVINST 5350.7
OP-09BE2
10 JAN 1992

OPNAV INSTRUCTION 5350.7

From: Chief of Naval Operations

Subj: DRUG AND ALCOHOL ABUSE PROGRAM MANAGEMENT FOR THE OFFICE OF CHIEF OF NAVAL OPERATIONS (CNO) AND CNO (OP-09B) CLAIMANCY

Ref: (a) OPNAVINST 5350.4B
(b) OPNAVINST 6110.1D

Encl: (1) Information
(2) Education
(3) Appropriate Use
(4) Deglamorization
(5) Appropriate Alternatives
(6) Health and Physical Readiness
(7) Driving Under The Influence
(8) Competency For Duty Examinations
(9) Referral Process
(10) Self-Referral
(11) Pre-Care
(12) Aftercare
(13) Reemployment
(14) Treatment Failure
(15) Urinalysis Program

1. Purpose. To establish and publicize policies and procedures for the Drug and Alcohol Abuse Program in the Office of the Chief of Naval Operations (OPNAV) and the Chief of Naval Operations (CNO) (OP-09B) claimancy as identified by the distribution list.

2. Scope and Applicability. The provisions of this instruction apply to all Navy members, active and reserve, attached to OPNAV and CNO (OP-09B) claimancy. The provisions of Civilian Personnel Instructions 432, 752, and 792 apply to all contract and U.S. civilian employees of the Department of the Navy.

3. Background. Drug and alcohol abuse is a costly detriment to the mission capability of the U.S. Navy. The personal cost to the member and his or her family has not been fully determined. Recognition of potential problems and referral to the appropriate resources by the chain of command are of utmost importance.

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4. Policy. All programs and efforts to control the abuse of drugs and alcohol, as described in reference (a), shall receive full support at all levels of the command. There is "Zero Tolerance" of alcohol and other drug abuse. Abuse of alcohol and other drugs is inconsistent with Navy initiatives to promote personal excellence among its members. Such abuse is considered a preventable and treatable condition. The primary responsibility for prevention of alcohol and other drug abuse rests with the individual.

5. Discussion

a. The prevention of drug and alcohol abuse requires surveillance, detection and deterrence as well as intensive, coordinated programs of education, identification, rehabilitation and counseling. Enclosures (1) through (15) contain specific guidance and amplifying information for the implementation and administration of substance abuse prevention and control pograms.

b. Commands will provide preventive education and, when necessary, referral to rehabilitative services to personnel whose performance and continued military service are adversely affected through alcohol or other drug abuse. Personnel identified as abusers will be directed to comply with a Level I or a Level II Program at a Counseling and Assistance Center (CAAC). Individuals diagnosed as alcohol or drug dependent who are eligible for treatment and meet admission requirements, will be ordered into a Level III Program regardless of whether they volunteered for treatment. Prevention requires a systems approach involving military and civilian resources and cooperation. Command prevention starts with a strong policy and is assisted by the effective use of resource personnel such as the Command Drug and Alcohol Program Advisor (DAPA), the Command Fitness Coordinator (CFC), Command Chaplain, Command Medical Officer, and Command Master Chief.

6. Responsibilities

a. Immediate Superiors in Command (ISICs) shall maintain the capability to monitor and coordinate the drug and alcohol abuse control programs set forth in this instruction and shall ensure all activities comply with the provisions of reference (b) regarding civilian employees.

b. All commands

(1) Shall establish or participate in regional or local area Navy Drug and Alcohol Advisory Councils (NDAACs). NDAACs will assess alcohol and drug abuse within their respective geographic location and take corrective actions to counter

existing or potential problems. Councils should be composed of representatives from all major commands. The chaplain's office, legal, security, medical, local CAAC/Navy Alcohol and Drug Safety Action Program, Family Service Centers and Family Advocacy also should be represented. This council should be chaired by a senior military member (05 or above for local, 06 or above for regional). The NDACC shall meet at least quarterly. Reports will be maintained in accordance with reference (a) enclosure (12).

(2) Promulgate a clear command policy that reflects "Zero Tolerance" of alcohol and other drug abuse on or off duty and accountability measures to be taken for all offenders. Establish as a governing rule that no one in the command is immune to command intervention if that person demonstrates the characteristics of alcohol abuse or drug use. Intervention should not be suspended because of factors such as accumulated service, time in grade, proximity of retirement or popularity of the individual. Leadership qualities of the individual or the command's pressing need to have the individual on board should not interfere with the intervention process. Commands will inform all hands that intervention will occur if a Navy member has an alcohol or drug problem. Documentation of each drug and alcohol incident is to be retained by the DAPA. The Navy's rules and regulations on the use of alcohol and other drugs will be enforced by whatever means available: urinalysis, drug detector dogs, legal searches, etc.

c. Commanding Officer

(1) Shall establish an aggressive program aimed at the achievement of positive goals which include reduction in Driving While Intoxicated (DWIs), "Zero Tolerance" of drug use, and significant reductions in alcohol abuse incidents.

(2) Appoint, in writing, an E-6 or above to perform duties as (DAPA).

(3) Ensure DAPA(s) receive formal education in accordance with reference (a) within 90 days of assignment.

The Aftercare Coordinator should attend the Level I Program Management (LPM) course within 90 days of assignment.

(4) Shall be the final authority on the disposition of personnel involved in instances of alcohol or other drug abuse.

(5) Shall actively support the command Aftercare Program; meet at least quarterly, as part of a review panel, with any member returning to the command after completion of Level II or III treatment.

(6) Appoint in writing, an officer or superior petty officer as Urinalysis Coordinator.

(7) Conduct an aggressive urinalysis program; maintain liaison with the chief master-at-arms and safety officer in alcohol or other drug abuse related incidents.

(8) May delegate these duties to the executive officer.

d. Department or Division Heads shall ensure that every reasonable opportunity for alcohol and other drug abuse education is afforded to each member. Members recommended for Level II or III treatment programs will receive treatment in a reasonable period and are will be fully supported in their Aftercare upon return to the command.

e. Drug and Alcohol Program Advisor (DAPA) and Assistant DAPAs shall

(1) Advise the commanding officer on the administration of the command's alcohol and other drug abuse program.

(2) Conduct administrative screening of identified alcohol and other drug abusers.

(3) Coordinate or present Level I alcohol and other drug abuse awareness education, including new personnel orientation.

(4) Act as Aftercare Coordinator for the command, coordinating and monitoring the Aftercare Plan for members who return from Levels II or III treatment.

(5) Serve as self-referral procedure agent.

(6) Draft all required alcohol and other drug abuse reports for the commanding officer's signature as required by reference (a).

f. Urinalysis Coordinator shall advise the commanding officer on all matters relating to urinalysis including testing methodology, collection, and transportation of samples to the Navy Drug Screening Laboratories. The Urinalysis Coordinator will be appointed in writing and will be an officer or a superior petty officer.

g. All Personnel are responsible and fully accountable for their personal activities relating to alcohol and other drug abuse and for any substandard performance or illegal acts resulting from such activities. Additional responsibilities include:

(1) Encouraging persons suspected of having an existing or potential alcohol or other drug abuse problem to seek assistance

(2) Notifying the appropriate commanding officer, via the chain of command, immediately when abuse exists or is suspected. (The commanding officer must be fully informed of the circumstances to personally evaluate the impact on unit readiness.)

(3) Promoting a command climate of "Zero Tolerance" of alcohol and other drug abuse.

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Assistant Vice Chief of Naval Operations

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INFORMATION

1. Policy. An effective information program is essential to alcohol and other drug abuse prevention efforts. All available publicity sources shall be used to deglamorize such abuse. Command Drug and Alcohol Program Advisors shall be responsible for coordinating alcohol and other drug abuse education and training.

2. Procedures. Information regarding alcohol and other drug abuse should be publicized regularly using the following resources:

a. Plan of the Day notes.

b. General Military Training (GMT) sessions.

c. Site television announcements or programs.

d. Pamphlets.

e. Posters.

f. Command instructions.

g. Captain's Call.

h. External resources:

(1) Local treatment facilities.

(2) Organizations such as Mothers Against Drunk Driving.

(3) Local law enforcement agencies.

(4) Hospitals and emergency care units and personnel.

i. Navy resources:

(1) Base Police.

(2) Dispensary, Clinic, and other Medical Facilities.

(3) Shore Patrol and Drug Detection Dog Teams.

(4) Counseling and Assistance Centers [CAACs]/Alcohol Rehabilitation Departments/Centers.

(5) Family Service Centers.

(6) Chaplains.

EDUCATION

1. Policy. Education helps develop appropriate attitudes and behaviors concerning alcohol and other drug abuse. In addition to those resources identified in enclosure (1), the following resources can be used:

a. Navy Alcohol and Drug Safety Action Program (NADSAP).

b. Alcohol and Drug Abuse Managers/Supervisors (ADAMS) training.

c. Drug and Alcohol Program Advisor (DAPA) course or Level I Program Management (LPM) course.

d. Alcoholism Orientation for Health Care Providers.

e. Civilian community workshops, seminars and conferences.

f. Local 12-step resources such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Overeaters Anonymous (OA), Al-Anon Family Groups, etc.

2. Procedures. The following procedures should be used, operational commitments permitting:

a. As part of the command indoctrination process, all newly reporting personnel shall be briefed by the DAPA regarding alcohol and other drug abuse policies.

b. Fifteen percent of all personnel who have not attended NADSAP or ADAMS (as mandated for specific audiences in reference (a)), shall be required to attend each fiscal year.

c. An alcohol, drug, or obesity General Military Training course should be scheduled once a quarter for all hands. Use of resources listed in enclosure (1) is encouraged.

d. The DAPA will be trained through the 1-week DAPA course and/or the 2-week LPM course, within 90 days of appointment.

e. Personnel involved in a first-time alcohol-induced incident, following command and other appropriate evaluation, shall, if no further treatment is indicated, be referred to NADSAP.

APPROPRIATE USE

Policy

1. It is important to understand that the Navy is not against the use of alcoholic beverages by those of legal age. There are appropriate times, places, and circumstances for its use. It is the personal decision of an individual to use alcoholic beverages lawfully or to abstain. It is essential that any use does not interfere with the efficient and safe performance of the individual's military duties; does not reduce dependability; and does not reflect discredit upon the member, the command, or the Navy. Moderation by those who choose to drink alcoholic beverages is the expected standard of conduct. Personnel choosing not to drink alcoholic beverages shall have that choice respected. Appropriate use of drugs is by prescription only, and only in the dosage and within the time frames specified.

2. Limit the availability of alcohol. Availability of other drugs is limited due to their legality and expense, but not alcohol. When commands sponsor a social activity or any other occasion that traditionally suggests alcohol use, the amount of alcohol available should not exceed the volume that can be reasonably considered adequate for the occasion and the size of the group.

DEGLAMORIZATION

1. Policy

a. Deglamorization of alcohol and other drug abuse is a key element in establishing an attitude of prevention and deterrence. Leadership personnel are the primary role models in influencing others to display appropriate behavior and attitudes toward the 'Zero Tolerance" stand. In deglamorizing alcohol and other drug abuse, the goal is to prevent such abuse and addiction through education and provide appropriate alternatives to staff members. Alcoholism and other addictions are diseases that can be treated successfully. Early recognition, intervention and identification are critical in helping the command demystify the uncertainty of these life-threatening diseases.

b. Alcohol use at command functions and during special ceremonies has become traditional. While recognizing this, the principle of moderation shall be adhered to during these events. The potential for trouble or danger is greatly increased with an overdose of alcohol or other drugs, as well as the criminality of behaviors sometimes associated with these conditions.

2. Procedures. In an effort to deglamorize alcohol use at command functions and during traditional ceremonies, the following procedures apply:

a. If alcoholic beverages are served, relevant portions of SECNAVINST 1700.11C, "Alcoholic Beverage Control," and BUPERSINST 1710.13, "Operation of Navy Messes Ashore and Package Stores," will be observed.

b. At all command parties, picnics or social functions where alcoholic beverages are served, adequate quantities and varieties of non-alcoholic and low-caloric beverages must be provided.

c. The decision of personnel who choose not to drink will be respected.

d. In support of deglamorizing the use of alcohol and other drugs, encouragement in the use of appropriate alternatives (see enclosure (5)) is directed.

APPROPRIATE ALTERNATIVES

1. Policy. Commands should strongly encourage social activities and greater use of recreational facilities as appropriate alternatives to alcohol and other drug abuse. In addition to the range of recreational activities available on base, managers and supervisors should look to civilian community resources to ensure that the wide spectrum of interests can be met. Leadership by example in the use of appropriate alternatives is a primary factor in deterring boredom which may lead to alcohol and other drug abuse.

2. Procedures. While alcoholic beverages or drugs are used for a multitude of reasons, rarely are the alternatives to those activities examined.

a. The following chart is included as a guideline to alternatives. It is not exclusive. Use of individual initiative and ingenuity will uncover many more approaches to this problem:

MOTIVE	POSSIBLE ALTERNATIVE
Physical. Desire for physical satisfaction, relaxation, or more energy.	Athletics, exercise, hiking, outdoor work, martial arts.
Sensory. Desire to stimulate sight, sound, taste; need for sexual or sensual stimulation.	Sensory awareness training, sky diving, nature study.
Emotional. Relief of psychological pain, attempt to solve personal problems, relief from a bad mood, escape from problems.	Counseling, instruction in psychology, awareness workshops and seminars; volunteer work, clubs and organizations.
Social. To promote social change, to identify with a subculture, to tune out undesirable environmental conditions.	Community action; helping the poor, aged, or handicapped; ecology action volunteer work.

b. Participation in athletics and sports should be made available and encouraged. Departments or divisions are encouraged to form sports teams (bowling, softball, basketball, running, etc.).

HEALTH AND PHYSICAL READINESS

1. Policy. Command personnel are strongly encouraged to keep physically fit. Members who have difficulty meeting the standards set in reference (b) are encouraged to seek proper guidance from the Medical Department or Command Fitness Coordinator (CFC). All command members are urged to participate in physical fitness activities to eliminate stress and increase overall healthiness. The immediate supervisor's role is to ensure that all personnel are complying with the Navy weight standards in accordance with reference (b).

2. Procedures. To help members deter alcohol and other drug abuse through physical fitness and to comply with standards set in reference (b), up to 1 1/2 hours during non-peak duty hours should be afforded for sustained physical activity (e.g., jogging, walking, tennis, swimming, etc.).

DRIVING UNDER THE INFLUENCE

1. Policy. Drinking and drunk driving are contributing factors in half of all motor vehicle fatalities. This does not take into account fatalities and injuries attributable to driving under the influence of drugs or a combination of alcohol and other drugs nor does it take into account the emotional damage to the families and friends of the victims. The Chief of Naval Operations strongly opposes driving under the influence of alcohol or any other drugs. Personnel driving under the influence of alcohol or other drugs will be considered to have demonstrated disregard for the law and for the health and safety of themselves and others. Such behavior is a demonstration of impaired judgment and calls into question one's ability to make proper decisions.

2. Procedures

a. Upon receipt of an official report that a member has been cited for driving under the influence, the following actions shall be taken:

(1) The command Drug and Alcohol Program Advisor will administratively screen the member's health and service record.

(2) The DAPA will schedule a Counseling And Assistance Center (CAAC) screening.

(3) Should CAAC recommend Level II or III treatment, a dependency evaluation by a physician or clinical psychologist will be scheduled as soon as possible. If dependency is not diagnosed and Level I is recommended, a command Level I program, including mandatory attendance at NADSAP, will commence.

(4) Departmental chain of command should follow up with local base security officials to ensure that administrative sanctions resulting in suspension of base driving privileges has occurred.

b. When convicted of driving under the influence of alcohol or other drugs, the following additional measures shall occur:

(1) Document offenses in member's service record include comments in the performance evaluation or fitness report.

(2) Take appropriate disciplinary action.

(3) Member shall present himself/herself at Base Security to have base driving privileges revoked for 1 year.

NOTE: Any disciplinary action taken will be completed prior to commencement of Level II or III treatment. Exceptions may occur on a case-by-case basis.

COMPETENCY FOR DUTY EXAMINATIONS

1. Policy. When there is reason to suspect a military member is illegally under the influence of alcohol or other drugs while on duty, the member should be relieved immediately from duty and referred to the appropriate medical personnel for evaluation of competence for duty in accordance with BUMEDINST 6120.20B.

2. Procedures. Should a member be found unfit for military duty, appropriate disciplinary or administrative action will be taken. Additionally, the referral process outlined in enclosure (9) should be instituted.

REFERRAL PROCESS

1. Policy. Personnel identified as having problems which may stem from alcohol or other drug abuse will be referred to the proper chain-of-command. Immediate referral ensures that appropriate action, whether education or treatment, can be instituted, and eligible personnel can be returned to full duty.

2. Procedures. The following actions will be taken when personnel are identified who have problems which may stem from alcohol or other drug abuse:

a. The DAPA will administratively screen the service member's health and service record.

b. The member's supervisor should complete and return to the DAPA an evaluative statement on the member's performance for inclusion in the CAAC screening package. In addition, the member's supervisor will make the member available for all appointments scheduled by the DAPA.

c. All prior department or division counseling sheets, if any, shall be forwarded to the DAPA.

d. The DAPA will schedule a CAAC screening and will forward the appropriate paperwork.

e. Following the CAAC screening, should the member be assessed as potentially alcohol or other drug dependent, the member will be referred to a physician or clinical psychologist for a dependency diagnosis determination.

f. Based on available information and the DAPA's, CAAC's and medical officer's recommendations, the commanding officer shall order the member to complete the appropriate level of treatment (I, II or III).

g. A copy of all Drug and Alcohol Abuse Reports will be forwarded to CNO (OP 09BE2). Drug and Alcohol Abuse Semi-Annual Reports (DAASAR) will be mailed by 21 April and 21 October to:

Chief of Naval Operations
OP 09BE2
Washington D.C. 20350-2000

DAASARs require portable test kit results only but commands not using portable test kits are also required to submit a report.

SELF-REFERRAL

1. Policy. Voluntary self-referral is a one-time procedure for personnel who feel they may be drug dependent, want help, and can obtain help without risk of disciplinary action. Drug trafficking will continue to be subject to disciplinary action. Self-referral constitutes an incident of drug abuse and does not preclude administrative discharge processing (enclosure (5) of reference (a)).

2. Procedures

a. To qualify as a self-referral, disclosures must be made to a qualified self-referral agent. Self-referral agents include: Navy physicians, clinical psychologists, Drug and Alcohol Program Advisors, Navy Drug and Alcohol Counselor interns (SNEC 9522), Navy Drug and Alcohol Counselors (SNEC 9519), and Counseling and Assistance Center directors and assistant directors. These personnel must be actively employed in the capacity as a self-referral representative.

b. Subsequent to disclosure to a self-referral agent, the following actions should be taken:

(1) The commanding officer will be officially notified through use of the notification letter (reference (a), enclosure (5), appendix A)

(2) The DAPA will administratively screen the member's health and service record.

(3) The DAPA will schedule a CAAC screening followed by an appointment with a Navy physician or clinical psychologist for a dependency diagnosis.

(4) Following the dependency determination, eligible personnel (see Matrix Delta, appendix A to enclosure (7) of reference (a)) will be directed to the appropriate level of treatment or education.

(5) Personnel not eligible for treatment will be processed for administrative separation as soon as possible. Such personnel, if diagnosed as drug dependent, should be offered, in writing, the opportunity for Veterans Administration treatment following separation.

PRE-CARE

1. Policy. There may be occasions when it is not possible for a person who has been diagnosed as alcohol or other drug dependent to be promptly afforded Level III treatment or does not have sufficient time remaining to be eligible for Level III treatment. In such an instance, a command directed Level I Pre-Care Program will be prescribed and monitored.

2. Procedures

a. In the event, and upon notification that Level III is not available for personnel diagnosed as alcohol or other drug dependent, a command Level I Pre-Care Program should be established by the DAPA, in concert with the member's chain of command. This Level I Pre-Care Program shall include, but not necessarily be limited to:

(1) Weekly meetings with the DAPA.

(2) Weekly random urinalysis.

(3) Appropriate 12-step group participation.

(4) Attendance at CAAC Level II program, when available.

b. An individual's command Level I Pre-Care Program terminates upon admittance to Level III treatment.

AFTERCARE

1. Policy. The first year after treatment is a critical time for those members who have undergone Level II or III. It is the one-year period where the Navy man or woman begins to practice a new way of living. It is crucial that service members be supported throughout the chain of command in their efforts toward sobriety and abstinence. The DAPA should be responsible for coordinating the command Aftercare Program and ensuring that required elements in the Aftercare Plan are monitored.

2. Procedures. The following steps will be taken in implementing the command Aftercare Program:

a. Prior to a service member's return from Level II or Level III, the DAPA, division officer or leading chief petty officer, work center supervisor, and work center personnel should meet to reinforce the attitudes expressed in the Aftercare policy.

b. The following Aftercare elements should be taken by all personnel in an Aftercare status:

(1) Weekly meetings with the DAPA.

(2) Participation in formalized Aftercare group at the nearest CAAC.

(3) Continued disulfiram: (Antabuse) therapy for those few members to whom it was prescribed in Level III.

(4) Maintenance of an Aftercare urinalysis program.

(5) Participation in an appropriate 12-step program (e.g., AA, NA, OA) on a continuing basis as ordered by the Commanding Officer.

(6) Participation in additional rehabilitative programs (e.g., marriage or financial counseling, parenting groups, sexual offenders programs, etc.), if warranted, based on service member's needs identified during rehabilitation.

(7) Quarterly progress meetings with the member, the DAPA, and the commanding officer or executive officer.

RE-EMPLOYMENT

1. Policy. Personnel returning from a Level II or Level III treatment facility are to be treated as individuals who are returning to duty from hospitalization for any other disease or illness.

2. Procedures. Upon return to the work center or command, such personnel shall, when feasible, and in concert with appendix D (Disposition of Members in PRP, Submarine, Nuclear Power, Air Traffic Control and Other Special Programs) to enclosure (7) of reference (a), be reassigned to the same, or a comparative, billet with commensurate authority, responsibility and accountability. While adjustments may be required to allow participation in specific Aftercare elements, there should be no more modifications made than for a person needing, for example, physical therapy for a broken leg. A supportive attitude, not an attitude of privilege, is required by all concerned. Supervisors shall establish clear standards for performance and behavior and firm dates for review of performance, confront subsequent alcohol or other drug abuse immediately, and review evaluations to ensure that they reflect current performance standards and not prejudices associated with previous alcohol or other drug abuse.

TREATMENT FAILURE

1. Policy. In the case of members treated for alcoholism, a return to drinking is viewed with concern. Alcohol use, in itself, is not illegal, and an alcohol-related incident committed during the remainder of a career is necessary to establish rehabilitation failure. Illegal drug use following treatment is, by definition, rehabilitation failure.

2. Procedures

a. An administrative remarks (page 13) warning will be executed on all personnel returning from Level II or III treatment detailing the elements which constitute rehabilitation failure. Rehabilitation failure is defined in enclosure (1) of reference (a).

b. Personnel determined to be rehabilitation failures may be processed for administrative separation. Exceptions in the case of alcohol treatment failures may be made on a case-by-case basis. (See matrices Alpha and Delta in Appendix A to enclosure (6) of reference (a).)

URINALYSIS PROGRAM

1. Urinalysis is one of many tools available to the commanding officer to identify drug abuse. Attention to the urinalysis program should not result in ignoring other detection and enforcement efforts. Others include education, inspections and searches.

2. Chain of custody for urine samples is a vital, but sometimes misunderstood, part of the process.

a. Efforts to maintain chain of custody have failed because the basis for the requirement was not understood. When a laboratory result is offered as evidence of drug abuse in any administrative or disciplinary action, there must be evidence to show the result is authentic, i.e., the substance analyzed is what it is claimed to be. The lack of outward distinction among urine specimens creates the possibility of accidental switching or intentional tampering. Labeled containers, documented changes in custody, and restriction on access provide protection against error. A complete, demonstrable chain of custody is vital. Labels and documents are worthless if the specimen has been left unattended and unsecured or if the specimens cannot be identified because of confused markings or documentation.

b. Five general principles support a proper chain of custody:

(1) Minimize the number of people having custody of the specimen to reduce the chance for error.

(2) Lock the specimen in a secured container or space when not in the custodian's sight and control.

(3) Document each change in custody and the purpose.

(4) Seal all samples with tamper resistant tape.

(5) Follow proper procedures outlined in reference (a) appendix B, enclosure (4), for the shipment of urine samples.

c. Documentation must be standardized. All CNO (OP-09B) units shall adhere to the procedures outlined in reference (a).

3. Sample Preparation. Urine specimens must be collected under direct observation. A minimum volume of 60 milliliters is required from each person (approximately 3/4 of bottle).

4. Shipment of Samples. Submit urine samples to laboratories representing the geographic homeport.

5. Portable Urinalysis Kit. Deterrence and detection dimensions are increased in the Navy's drug abuse control program with the portable urinalysis kits. Initiating treatment, evaluation, or rehabilitation actions before receipt of laboratory confirmations on portable urinalysis kits shall be exercised with extreme caution to preclude prematurely labeling a person a drug abuser. Kit positive shall be held in close confidence until laboratory results are known. Conceivably a test identified positive by the kit may be determined later to be a false positive. An identification in this case would be an embarrassment to all concerned and a difficult stigma for the person to overcome.

6. Random Samples. The periodic use of random urinalysis is one of the most effective deterrents available. Commands that test more than 23 samples a month will do at least two completely random urinalysis a month. Commands that test less than 23 personnel a month are strongly encouraged to do multiple tests vice testing once a month. This is a stronger deterrent than testing once a month. No one is exempt from urinalysis. Everyone throughout the chain of command is subject to random urinalysis. If anybody is exempt from urinalysis because of rank or position, it negates the legality of the urinalysis. Random sampling may be ordered by any commander, commanding officer or officer in charge, except random sampling involving more than 20 percent of a unit or more than 200 samples. Those must be authorized by CNO (OP-09BE2), AUTOVON 227-4074.

7. Unit Sweeps. The term "unit sweep" refers to the entire unit or to an identifiable segment of the command (i.e., a division, all personnel reporting late for duty, etc.).

8. Direct Observation. The observer will watch as the urine leaves the body cavity and enter the appropriate container. Commands should have observers sign a page 13 stating they understand the observation requirements and that they are subject to testify in case of court martial.