



DEPARTMENT OF THE NAVY  
HEADQUARTERS UNITED STATES MARINE CORPS  
3280 RUSSELL ROAD  
QUANTICO, VIRGINIA 22134-5103

IN REPLY REFER TO:

5300

MFC4

FEB 21 2013

From: Commandant of the Marine Corps  
To: Distribution List

Subj: LETTER OF INSTRUCTION FOR THE MARINE CORPS ALCOHOL  
SCREENING PROGRAM

Ref: (a) Secretary of the Navy's 21st Century Sailor  
and Marine Campaign  
(b) MARADMIN 709/12

Encl: (1) Alcohol Screening Program Coordinator Guidance  
(2) Alcohol Screening Program Log  
(3) Sample Unit Monthly Breathalyzer Testing Results  
Report  
(4) Sample SACC/Resilience Education Branch Quarterly  
Breathalyzer Testing Results Report  
(5) Specific Branded Like Product Features and  
Specifications

1. Situation. The Marine Corps is focused on addressing the misuse and abuse of alcohol. Since 2010, the Corps has reinvigorated our efforts to reduce the prevalence of alcohol related incidents and the misuse of alcohol. High risk drinking and underage drinking are some of the most prevalent forms of alcohol abuse in the Marine Corps.

2. Mission. Per (reference (a)), on 1 January 2013 the Marine Corps began the Alcohol Screening Program (ASP). This program requires units to ensure semi-annual screening of every Marine for being under the influence of alcohol while on duty.

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. The ASP is a unit-level deterrence tool to identify alcohol abuse/misuse and direct appropriate intervention before any career or life-altering incidents occur. All Marines will undergo breathalyzer testing at least semi-annually. The ASP supports commanders' efforts to ensure our Marines arrive to work safe and fit for duty. The ASP testing process is not the same as "unit testing" for the

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purpose of collecting evidence to use against a Marine or Sailor. If a Marine or Sailor is identified while on duty as under the influence of alcohol, it is an opportunity for further intervention. This Letter of Instruction (LOI) promulgates the required procedures and guidelines for the execution of the ASP.

(2) Concept of Operations. The Marine Corps began executing the ASP on 1 January 2013. Full operational capability is planned for summer 2013. HQMC (MFC4) will fund initial costs for equipment and supplies.

b. Tasks

(1) HQMC (MFC4)

(a) Maintain program oversight and incorporate ASP into the Marine Corps Substance Abuse Order (MCO 5300.17).

(b) Coordinate the funding, procurement, and fielding of the initial ASP breathalyzer kits and supplies through Marine Corps Community Service (MCCS)/Substance Abuse Counseling Centers (SACC)/Resilience Education Branch.

(c) Support unit commanders and installation SACC with ASP implementation.

(d) Collect, analyze, and maintain ASP results provided by installation SACC/Resilience Education Branch.

(e) Initial commencement of this program will be consistent with the Random Urinalysis Program, e.g., cost for equipment/supplies funded by HQMC (MFC4), procurement, and distribution by the installation SACC/Resilience Education Branch.

(2) Commanding Generals. Commanding Generals will oversee program development and implementation within their commands. The ASP will fall within the cognizance of the Marine Corps 'Executive Force Preservation Board'.

(3) Commander, Marine Corps Installations Command. Commander will direct, guide, assist, and report the implementation of the ASP per reference (b) and this LOI.

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(4) MCCS Directors/Installation SACC

(a) Execute the ASP per reference (b) and this LOI.

(b) Coordinate with HQMC (MFC4) the procurement and distribution of ASP breathalyzer kits and supplies to units.

(c) Ensure all Alcohol Screening Program Coordinators (ASPC) are trained in the performance of their duties within seven (7) days of appointment (See enclosure (1)). SACC/Resilience Education Branch shall maintain a copy of appointment letters.

(d) Consolidate and analyze monthly alcohol-screening results submitted by the units.

(e) Provide quarterly reports to HQMC (MFC4). Reports will indicate the number of Marines tested (passed and failed) and number of Marines referred for screening. See enclosure (4).

(f) Maintain sufficient supplies to support the execution of the ASP.

(5) Commanders (executing the random urinalysis program)

(a) Execute the ASP.

(b) Utilizing this LOI, develop and implement unit Standard Operational Procedures for the ASP.

(c) Appoint, in writing, an Officer or Staff Non-Commissioned Officer (SNCO) as the ASPC. Forward a copy of each appointment letter to the local SACC/Resilience Education Branch.

(d) Commence unit testing upon receipt of the breathalyzer equipment and after an ASPC is appointed and trained.

(e) Establish an ASP testing regime to test 100 percent of the Marines/Sailors at least semi-annually and include random monthly testing.

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(f) As appropriate, command leadership shall educate and counsel Marines and Sailors with a positive test result greater or equal than .02.

(g) As appropriate, refer Marines and Sailors with a positive test result of .04 percent or greater to medical for a fit for duty determination. Ensure that these individual are also sent to the installation SACC/Substance Abuse Rehabilitation Program for screening.

(h) Marines/Sailors shall not be sent to the SACC/SARP until test results read .00.

(i) Within seven (7) days after the end of each month, submit monthly breathalyzer testing results to the installation SACC/Resilience Education Branch via the chain of command for monitoring oversight. This report will include the following: the number of Marines tested, the number of Marines tested with a blood alcohol content (BAC) level of .02 - .03, the number of Marines tested with a blood alcohol content (BAC) of .04 or higher, the number of Marines who were referred to Medical for fit for duty evaluation, and the number of Marines who were referred to the SACC for screening. See enclosure (3).

(j) Ensure ASPC sign for breathalyzer testers and when not in use, testers must be maintained in a locked container.

(6) ASPC

(a) Administer the alcohol screening in accordance with this LOI.

(b) Coordinate ASP equipment and supply delivery with the SACC/Resilience Education Branch.

(c) Notify the unit commander of Marines who test positive during the breathalyzer testing while on duty.

(d) Consult with the local SACC/Resilience Education Branch for appropriate education and screening requirements for Marines identified.

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(e) Record alcohol screening results per enclosure  
(2).

(f) Sign for breathalyzer testers. Ensure that when  
not in use, testers are maintained in a secure location.

c. Coordinating Instructions

(1) The ASP may only be used for Marines and Sailors who  
are on duty.

(2) Prioritized Fielding Plan:

(a) Distribution of breathalyzer kits will commence  
upon HQ approval.

(b) HQMC (MFC4) will initially fund MCCS to procure  
equipment and supplies for units that participate in the  
urinalysis program. HQMC (MFC4) must receive and approve all  
requisition requests prior to funding being released. HQMC  
(MF4) will approve requests on a quarterly basis.

(c) SACC/Resilience Education Branch that currently  
possesses breathalyzers shall forward a copy of the equipment  
features and specifications to HQMC (MFC4) for approved use.

(d) The SACC/Resilience Education Branch will  
procure one breathalyzer kit for each unit required to conduct  
the ASP as provided in this LOI and a sufficient quantity of  
mouthpieces for use by the units to meet the requirement to test  
100 percent of Marines and Sailors, semi-annually.

4. Administration and Logistics

a. To ensure optimal device performance, routine  
inspection, maintenance, and calibration of the tester must be  
performed as specified in the user manual supplied with each  
instrument.

b. ASPC shall contact the installation SACC/Resilience  
Education Branch to address concerns with the operation of  
testers and the execution of the ASP.

5. Command and Signal

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- a. Command. Direct questions concerning the ASP to HQMC (MFC4) at commercial phone number (703)784-9526 or DSN 278-9526.
- b. Signal. The ASP is effective on 1 January 2013.



R. E. MILSTEAD JR  
Deputy Commandant for  
Manpower and Reserve Affairs

Distribution:

COMMCICOM  
COMMCIPAC  
COMMARFORPAC  
COMMARFORCOM  
COMMARFORRES  
CG MCIEAST  
CG MCIWEST  
CG MCCDC  
COMMARSOC  
CG MCRD/WRR  
CG Camp Butler  
CG MCAGCC  
CG MCRD/ERR  
CO BICmd  
CO Camp Allen  
CO HQBN HH  
CO MARBKS 8TH & I  
CO MCAS Beaufort  
CO MCAS Cherry Point  
CO MCAS Iwakuni  
CO MCAS Miramar  
CO MCAS New River  
CO MCAS Yuma  
CO MCB Camp Lejeune  
CO MCB Camp Pendleton  
CO MCB Hawaii  
CO MCB Quantico  
CO MCLB Albany  
CO MCLB Camp Barstow  
CO MWTC  
All MCCA Directors

## ALCOHOL SCREENING PROGRAM COORDINATOR GUIDANCE

1. Situation. The Alcohol Screening Program (ASP) is designed to deter Marines from being under any influence of alcohol while on duty. This initiative also presents an opportunity for education and training, for any Marine or Sailor that is identified by the ASP as testing positive. Your command has identified you as the Alcohol Screening Program Coordinator (ASPC) for your unit. The ASPC is responsible for administering the breathalyzer screenings and for reporting the results. The following information will assist you in your ASPC responsibilities.

2. Mission. Your task is four-fold: 1) Conduct alcohol screenings; 2) Record the results of the screenings; 3) Report unit's results to HQMC (MFC4) via the local SACC/Resilience Education Branch and the chain of command; and 4) Consult with the local SACC when deemed appropriate.

3. Execution. On 1 January 2013, the Marine Corps began executing the ASP. Complete implementation of the ASP Marine Corps wide is expected by summer 2013. The ASP will only be conducted while on duty.

a. Training. No specific additional training is required because the ASP equipment operator instructions and this LOI provide necessary procedures and guidance. The ASPC will operate each breathalyzer per suggested manufacturer's instructions.

### b. Testing Procedures

(1) Breath testing is based on the principle of equilibrium. The equilibrium between blood and breath takes place in the deepest part of the lungs, near tissues called the alveoli. Alveolar breath establishes equilibrium with the blood, based on the water content of the alveoli and blood. The equilibrium ratio is 2,100 to 1. That is, a particular volume breath (2,100 cc) contains as much alcohol as does a volume of blood (1 cc).

(2) When you perform a breath test, it is important that you collect and analyze a sample of alveolar breath, since it is only deep-lung breath that maintains the 2,100 to 1 equilibrium ratio with the blood. Breath from the upper parts of the lungs and from the mouth is called tidal breath. Tidal breath is

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## ALCOHOL SCREENING PROGRAM COORDINATOR GUIDANCE

farther from the alveoli and receives less alcohol from the blood. As a person speaks and breathes shallowly, outside air constantly exchanges with tidal breath (flowing in and out, much like seawater with the tides). Therefore, tidal breath contains a lower alcohol concentration than alveolar breath, and tidal breath does not stay in equilibrium with the blood.

(3) When a person exhales, he or she expels a mixture of tidal breath and alveolar breath. The first part of the exhalation consists almost entirely of tidal breath. As the exhalation continues, the person expels a higher proportion of alveolar breath. The average person must exhale for about five to six seconds before eliminating most of the tidal breath. The last part of his or her exhalations consists almost entirely of alveolar breath and provides a good sample for accurate measurement of BAC. If performed properly, a breath test is as accurate as a blood test.

(4) Limitations to breath testing. Although all breath testing instruments currently used are reasonably accurate, they are subject to the possibility of accuracy errors, especially if not used properly. There are factors that can affect the accuracy of breathing testing devices. Some of these factors tend to produce "high" test results; others tend to produce "low."

(a) There are two common factors that tend to produce high results on a breath test:

1. Residual mouth alcohol. After a person takes a drink, some of the alcohol will remain in the mouth tissues. If the person exhales soon after drinking, the breath sample will pick up some of this left-over mouth alcohol. In this case, the breath sample will be higher than the true BAC.

a. It takes 20 minutes for the residual alcohol to evaporate from the mouth. Evaporation cannot be accelerated by having the subject gargle with water or in any other way.

b. The only sure way to eliminate this factor is to make sure the subject does not take any alcohol for at least 20 minutes before conducting a breath test. Remember,

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too, that most mouthwashes, breath sprays, cough syrups, etc., contain alcohol and will produce residual mouth alcohol. Therefore, do not permit the subject to put anything in their mouth for at least 20 minutes prior to testing.

2. Breath Contaminant. Some types of portable breath tests might react to certain substances other than alcohol. For example, substances such as ether, chloroform, acetone, acetaldehyde and cigarette smoke conceivably could produce a positive reaction on certain devices. If so, the test would be contaminated and its results would be higher than the true BAC. Normal characteristics of breath samples, such as halitosis, food odors, etc., do not affect accuracy.

(b) There are two common factors that tend to produce low breath test results:

1. Cooling of the breath sample. If captured breath is allowed to cool before it is analyzed, some of the alcohol vapor in the breath may turn to liquid and precipitate out of the sample. If that happens, the subsequent analysis of the breath sample will produce a low BAC.

2. The composition of the breath sample. Breath compositions mean the mixture of tidal breath and alveolar breath.

### (5) Conducting a Test

(a) Start by asking the Marine if they have ingested anything during the last 20 minutes. If the answer is yes, require the Marine to wait at least 20 minutes before submitting a test.

(b) Instruct Marine to take a deep breath and exhale into the mouthpiece until the unit beeps. Exhale firmly and steadily (not necessarily as hard as they can).

(c) The unit will automatically detect the presence of deep lung air and take a sample.

### (6) Test Results

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(a) Test results will be displayed within ten seconds.

(b) Record the results on the Alcohol Screening Program Log (Enclosure (2)).

(7) If the Marine fails to provide a sufficient breath sample:

(a) Have the Marine perform a second test right away. A 20-minute waiting period is not required.

(b) After three attempts, the Marine will be treated as failing to provide a sample.

(8) Record of test. A record of each test must be completed regardless of the test results. The following information will be annotated on the Alcohol Screening Program Log:

(a) Test number. Record the 5-digit test number that appears on the screen.

(b) Date/Time. Date and time screening was administered.

(c) Rank. The Marine's current rank.

(d) Last Name. Last name of the Marine screened.

(e) First Name. First name of the Marine screened.

(f) Results. "NEG" if negative; "BAC=0.000" (fill in number) if positive; or "No Sample" if Marine could not provide a sample.

(g) Disposition. Note the disposition of each Marine/Sailor who failed the test, i.e., referred for education or screening. N/A if no referral.

c. Calibration Procedures. Calibration of the breathalyzer must be performed as specified in the user manual supplied with each tester. ASPCs will record the date/time the tester was calibrated on the first line of the Alcohol Screening Program

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Log prior to each daily test (this information verifies the breathalyzer has been calibrated).

### 4. Administration and Logistics

a. Record accurately the monthly alcohol screening results using enclosure (2).

b. Refer Marines identified as having tested positive for consuming alcohol to the commanding officer.

c. Consult with the local SACC/Resilience Education Branch for appropriate education and screening requirements.

d. Provide reports no later than seven (7) days after the end of the month. Ensure that appropriate safeguards are in use when submitting, e.g., encrypted, digital signatures, FOUO in the subject line.

5. Command and Signal. Direct questions concerning the ASP to the local SACC/Resilience Education Branch or HQMC (MFC4) at commercial phone number (703)784-9526.

Enclosure (1)

MARINE CORPS ALCOHOL SCREENING PROGRAM LOG

Test #	Date/Time	Rank	Last Name	First Name	Results	Disposition

This log reflects the results of the Alcohol Screening that was conducted on \_\_\_\_\_ by \_\_\_\_\_ for unit \_\_\_\_\_.

(Date) (Rank & Name of ASPC) (Name of Unit)

- \_\_\_\_\_ Marines/Sailors reported for breathalyzer screening
- \_\_\_\_\_ Marines/Sailors were tested
- \_\_\_\_\_ Marines/Sailors test results fell between .02 - .03
- \_\_\_\_\_ Marines/Sailors were referred to the SACC/SARP for screening
- \_\_\_\_\_ Marines/Sailors test results fell at .04 or above
- \_\_\_\_\_ Marines/Sailors were referred to Medical for a fit for duty evaluation



(COMMAND LETTER HEAD)

IN REPLY REFER TO  
5300  
ASPC  
6 Feb 13

From: Commanding General  
To: Director, Consolidated Substance Abuse Counseling Center  
Quantico

Subj: JANUARY 2013 BREATHALYZER TESTING RESULTS REPORT

Ref: (a) MARADMIN 709/12  
(b) ALCOHOL SCREENING PROGRAM COORDINATOR GUIDANCE

1. In accordance with the references, the alcohol screening program (ASP) was properly conducted for the month of January. The following are the results of the ASP testing:

- \_\_\_\_\_ Marines/Sailors reported for breathalyzer screening
- \_\_\_\_\_ Marines/Sailors were tested
- \_\_\_\_\_ Marines/Sailors test results fell between .02 - .03
- \_\_\_\_\_ Marines/Sailors were referred to the SACC/SARP for screening
- \_\_\_\_\_ Marines/Sailors test results fell at .04 or above
- \_\_\_\_\_ Marines/Sailors were referred to Medical for a fit for duty evaluation

2. The following individuals tested positive during the reporting period and have been referred for screening and/or fit for duty:

Rank	LName	FName	DoD ID	BAC Result
PFC	Marine	Underage	XXXXXXXXXX	0.04

3. The point of contact for this matter is GySgt Hardcharger, I. M. at commercial XXX-XXX-XXXX or DSN XXX-XXXX.

A. LEATHERNECK

Enclosure (3)



UNITED STATES MARINE CORPS  
COMBINED SUBSTANCE ABUSE COUNSELING CENTER  
MARINE CORPS COMMUNITY SERVICES  
QUANTICO, VIRGINIA 22134-5096

IN REPLY REFER TO  
5300  
CSACC  
14 Apr 13

From: Director, Consolidated Substance Abuse Counseling Center  
Quantico  
To: Headquarters Marine Corps (MFC4)  
Subj: SECOND QUARTER 2013 BREATHALYZER TESTING RESULTS REPORT  
Ref: (a) MARADMIN 709/12  
(b) ALCOHOL SCREENING PROGRAM COORDINATOR GUIDANCE

1. In accordance with the references, the alcohol screening program (ASP) was properly conducted for the second quarter FY 2013 at Marine Corps Base Quantico. The following are the results of the ASP testing:

\_\_\_\_\_ Marines/Sailors reported for breathalyzer screening  
\_\_\_\_\_ Marines/Sailors were tested  
\_\_\_\_\_ Marines/Sailors test results fell between .02 - .03  
\_\_\_\_\_ Marines/Sailors were referred to the SACC/SARP for  
\_\_\_\_\_ screening  
\_\_\_\_\_ Marines/Sailors test results fell at .04 or above  
\_\_\_\_\_ Marines/Sailors were referred to Medical for a fit for  
\_\_\_\_\_ duty evaluation

3. The point of contact for this matter is GySgt Hardcharger, I. D. at commercial XXX-XXX-XXXX or DSN XXX-XXXX.

A. LEATHERNECK

Enclosure (4)

## SPECIFIC BRANDED LIKE PRODUCT FEATURES AND SPECIFICATIONS

The breathalyzer must have the following:

1. Must be cleared by Department of Transportation for professional screening
2. Must be cleared by Food and Drug Administration
3. Must be cleared by National Highway Traffic and Safety Administration
4. Large easy to read backlight liquid crystal display
5. Auto Shut Off
6. Single button operation
7. Maintenance Self-Check
8. Enhanced Breath Sensor
9. Hard Carrying Case
10. Temperature Display
11. Test Counter
12. Adjustable Air Sample
13. Detects breath alcohol levels between .002 and .0006 BAC
14. Disposable Mouthpieces that prevents contamination of instrument and subject

Enclosure (5)