



Command Master Chief's Guide



Drug and Alcohol Abuse Prevention and Control



A Drug and Alcohol Abuse Prevention Guide for Command Master Chiefs prepared by the Director, Navy Drug, Alcohol, Behavioral Health, Federal Education and Partnerships Division, Navy Personnel Command, PERS-60



Chief Petty Officers are

Enlisted warriors who lead and manage the Sailor resources of the Navy they serve.

**As such, Chief Petty Officers are
responsible for, have the
authority to accomplish and are
held accountable
for:**

Leading Sailors and applying their skills to task that enable mission accomplishment for the U. S. Navy.

Developing enlisted and junior officer Sailors.

Communicating the core values, standards and information of our Navy that empower Sailors to be successful in all they attempt.

Supporting with loyalty the endeavors of the chain of command they serve and their fellow Chief Petty Officers with whom they serve.





Command Master Chief's Guide

Introduction



This guide is the companion to the Commanding Officer's Guide, released in January 2001. We have added a chapter on Intervention to your guide. You and your subordinates have day-to-day contact with Sailors and are in the best position to spot potential substance abuse problems before they become incidents.

The next best thing is early intervention. We want our Sailors to have healthy and rewarding Navy experiences and an informed choice to make the Navy a career if desired. This guide supplements formal education courses in leadership and substance abuse and is a quick reference for handling substance abuse issues. This guide provides Navy policy and points of contact for all subject matter.

We encourage you to share the information in this guide with other chiefs. We request that you send us your comments on how this document can be improved to make your leadership role more effective. Provide your feedback to:

Navy Personnel Command (PERS-60)
5720 Integrity Drive
Millington, TN 38055-6020
P602@persnet.navy.mil

COMMAND MASTER CHIEF'S DRUG AND ALCOHOL ABUSE PREVENTION AND CONTROL GUIDE

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CHAPTER ONE

ALCOHOL and DRUG ABUSE POLICY

This chapter provides the basic Navy Policy for Drug and Alcohol Abuse Prevention and Control, OPNAVINST 5350.4C. Information in this chapter is supplemented by the references addressed herein along with appropriate personnel contacts.

- ✓ Drug Abuse
- ✓ Alcohol Abuse
- ✓ DAPA

Alcohol and other drug abuse is costly in terms of time lost and is a severe detriment to morale and esprit de corps. It undermines the very fiber of combat readiness, health, safety, discipline, reliability, judgment and loyalty.

Alcohol and other drug abuse is incompatible with the maintenance of high standards of performance, military discipline and readiness and is destructive of Navy efforts to instill pride, promote professionalism, and enhance personal excellence.

Navy Approach to Alcohol and Drug Abuse Problems

- ❖ Prevention
- ❖ Enhanced detection and deterrence
- ❖ Firm, constructive discipline
- ❖ Pro-active Command Environment
- ❖ Treatment

DRUG ABUSE

Navy's policy on drug abuse is simply, **ZERO TOLERANCE**.

Every command shall test a minimum of 10 percent of all assigned personnel monthly. Commands may test up to 40 percent of personnel assigned. Every command shall conduct a unit sweep of all personnel assigned once a year.

Drug abuse involves the wrongful use, possession, manufacture, and /or distribution of a controlled substance without legal justification or authorization. OPNAVINST 5350.4C provides the requirement.

Navy members determined to be using drugs, in violation of applicable provisions of the UCMJ, federal, state or local statutes, shall be disciplined as appropriate and **processed for administrative separation**.

Members diagnosed as drug dependent shall be offered treatment prior to separation. CO's are encouraged to offer treatment to personnel diagnosed as drug abusers prior to separation.

Personnel must be screened by a medical treatment facility. See Chapter 7 for detailed information.

For Treatment and Continuing Care Information. See Chapter 8.

ALCOHOL ABUSE

Navy's policy on alcohol use is **RESPONSIBLE USE**.

Responsible use is self imposed limitation on time, place and quantity when consuming alcohol. Alcohol consumption is never an excuse for misconduct.

Members who choose not to drink shall be supported in their decision. Commands will emphasize moderation and shall **deglamorize** alcohol use.

Members must be **screened** at a Medical Treatment Facility (MTF) when alcohol incidents occur or the CO thinks the member may have an alcohol problem.

Members who think they may have an alcohol problem are encouraged to self-refer before an incident occurs. (See Chapter 7)

Alcohol dependence and abuse are treatable. It is the Navy's position to return as many sailors as possible to full duty following appropriate:

Education (See Chapter 6)

Intervention (See Chapter 7)

Treatment /Continuing Care (See Chapter 8)

Alcohol related misconduct is a significant fitness/performance factor.

Treatment, without misconduct, is not viewed as detrimental to a Naval career.

COMMAND DRUG AND ALCOHOL PROGRAM ADVISOR (DAPA)

Your DAPA is your command's primary advisor for all substance abuse issues and reports directly to your CO or XO and CMC. A well-trained, conscientious, and trustworthy DAPA is one of your most valuable assets to administer and manage your command alcohol and drug abuse prevention program.

REQUIREMENTS

Primary DAPA should be E-7 or above and assistant DAPAs E-5 or above. Commands with 1,000 or more shall assign a full-time DAPA. CO may appoint as many DAPAs and assistants as deemed necessary. Ratio of at least one for every 200 personnel assigned is recommended.

DAPA and assistant DAPAs are appointed by the CO in writing and **shall**:

- not have had an alcohol incident within 2 years;
- have at least 1 year remaining in the command after appointment (except for those on 1-year orders);
- have achieved at least 2 years sobriety if successfully completed treatment;
- NOT be assigned duties as Urinalysis Program Coordinator (UPC);
- attend the DAPA course within 90 days of appointment.

Other DAPA information is included in OPNAVINST 5350.4C .

CHAPTER TWO

RIGHT SPIRIT CAMPAIGN

This chapter provides information about the *Right Spirit* Campaign Goals and how the CMC can make a significant contribution to the success of this effort.

- ✓ **What is the Right Spirit?**
- ✓ **Campaign Goals**
- ✓ **Prevention and Deglamorization**
- ✓ **Personal Responsibility**
- ✓ **Leadership Responsibility**



What is the Right Spirit?

- SECNAV 1996 initiative.
- Concentrated effort to change Navy's attitude and culture toward Alcohol.
- It is Education, Deglamorization, Intervention and Accountability for everyone.
- Targets everyone from Seaman to Admiral.
- Requires Responsibility from All Hands, regardless of rank.
- Educates All Hands.
- Emphasizes alternatives to drinking.
- Emphasizes Navy Core Values.



CAMPAIGN GOALS:

- Enhance Fleet Readiness by reducing alcohol abuse and related incidents
- Provide a safe and productive working environment
- Ensure quality of life and quality of service for members, shipmates, and families

PREVENTION AND DEGLAMORIZATION

Navy suffers the effects of many alcohol abuse incidents yearly. The Right Spirit Campaign strives to put the responsibility of not letting alcohol abuse hurt the Navy upon everyone. There is a strong need to deglamorize alcohol on a continuing basis in today's Navy. It takes a concentrated effort by everyone, especially leaders, to stop alcohol abuse.

Get the *Right Spirit*
It's Your Responsibility
It's Your Navy

PERSONAL RESPONSIBILITY

Right Spirit Campaign puts the responsibility for the effects of alcohol abuse on individuals. Everyone must promote positive attitudes and behaviors about avoiding alcohol abuse.



LEADERSHIP RESPONSIBILITY

CMC's vision helps drive the command leadership framework toward command excellence.

Emphasis of the goals of Right Spirit will help reduce the impact of alcohol abuse on Navy readiness.

WHAT THE CMC CAN DO

Command Action: CMCs, CPOs must:

- ❑ Ensure policies are implemented - Hold Members Accountable.
- ❑ Ensure education is available for everyone.
- ❑ Always provide non-alcoholic beverages at command events.
- ❑ Intervene early when you see the signs of abuse.
- ❑ Send members to be medically screened who are involved in alcohol incidents.
- ❑ Support referrals to appropriate educational and clinical treatment programs.
- ❑ Be involved in members' aftercare program.
- ❑ Make "It's OK Not to Drink" **your** policy.
- ❑ Emphasize support for command policy.

Promote the Right Spirit Campaign on a daily basis at your command.



Deglamorize Alcohol and Your efforts will make a difference in lowering the number of alcohol abuse incidents, DWIs and related accidents.

**Right Spirit is not prohibition.
If members choose to drink, it requires they do
it in a responsible manner.**

Use the Right Spirit Promotional Materials

- The Right Spirit Magazine
Published quarterly
Available on the web at
<http://navdweb.spawar.navy.mil>
- Make available Right Spirit posters, stickers, and coasters depicting the Right Spirit for use in the command. Contact pers602c@persnet.navy.mil if additional materials are needed.



The Right Spirit

CHAPTER THREE

SUBSTANCE ABUSE IMPACT

This chapter provides an overview of the impact substance abuse, both drug and alcohol, has upon the Navy. Statistics and current summary information are made available for your use. The data here is current at time of publication but the latest statistics can be obtained from the points of contact listed in Appendix B.

- ✓ Alcohol Abuse Impact
- ✓ History
- ✓ Drug Abuse Impact

Alcohol Abuse Impact



Alcohol Abuse Impacts Navy
Every Day - 365 Days a Year

Alcohol Abuse has a significant impact on readiness. You will see in the history section that this is an improvement from past years. We would like to think these reductions are due to aggressive prevention efforts at the command level.

Alcohol Incidents = 4164 or nearly **12** per day

DWI = 920 or almost **3** per day

Alcohol Related Motor Vehicle Fatalities = One every **46** days

Incidents, DWIs and Alcohol Related Fatalities are **primary** indicators of the magnitude of alcohol abuse. In addition to these indicators, many other serious problems arise from alcohol abuse.

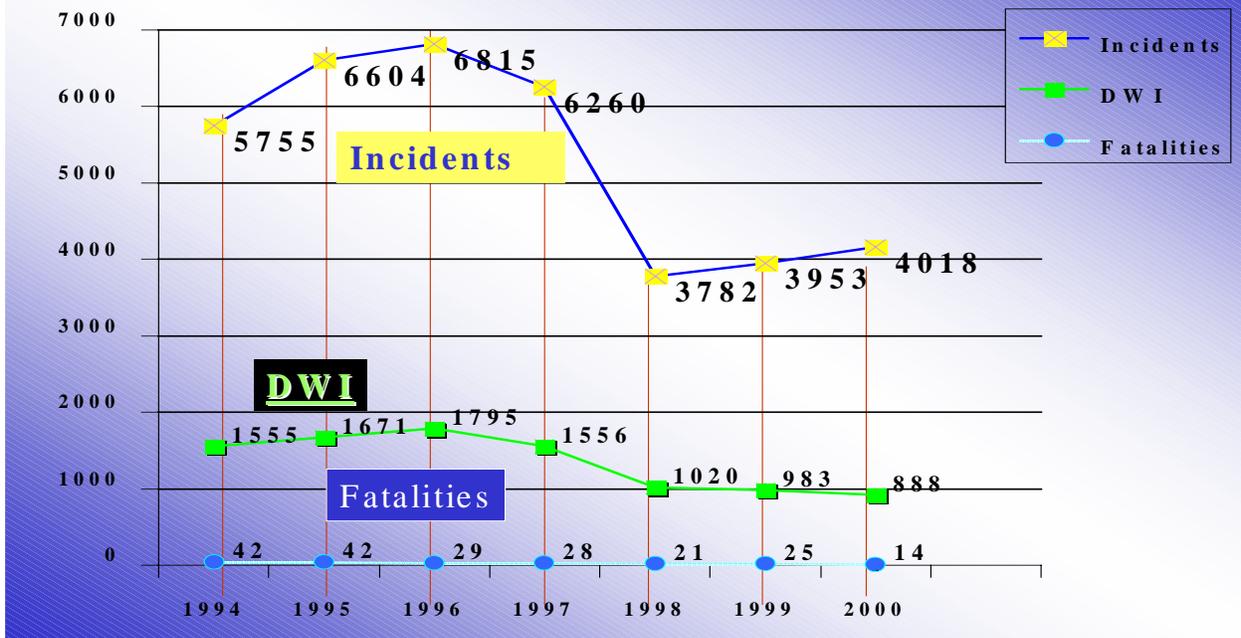
Those include:

- ◆ Motor vehicle crashes (non-fatal)
- ◆ Recreation, home and athletic fatalities
- ◆ Crimes against persons:
Murder, rape, assault, indecent assault,
child abuse, child sexual abuse, and
robbery
- ◆ Crimes against property:
Burglary
Larceny - government and personal

A significant percentage of all the above crimes are alcohol related.



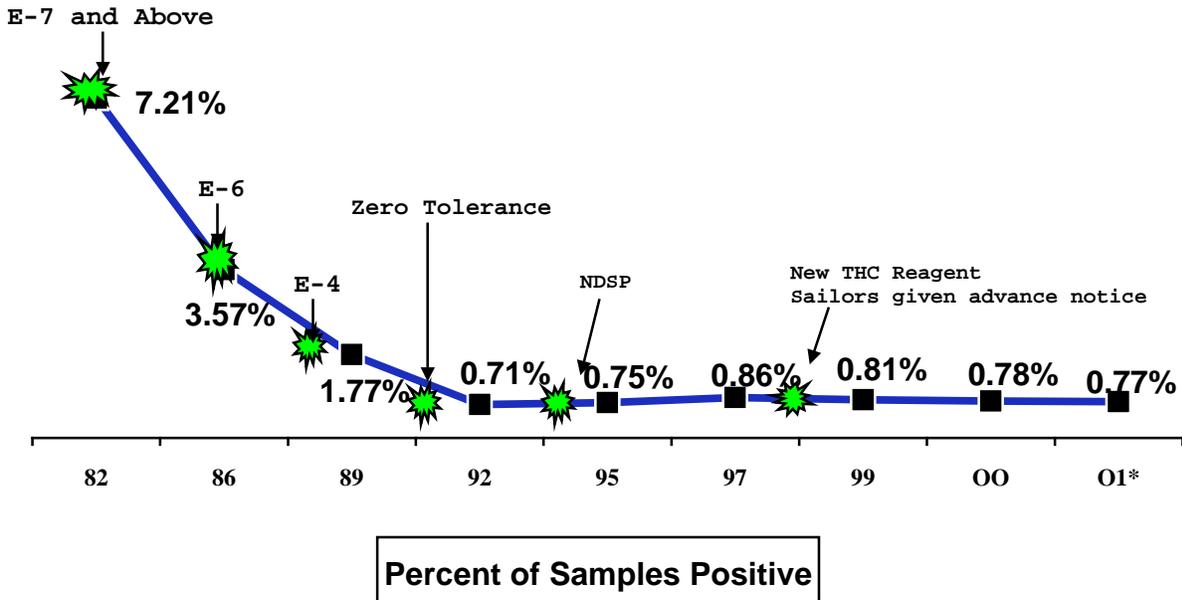
Navy Alcohol Abuse Trends



HISTORY

The chart above provides a historical perspective on the primary indicators for **Alcohol Abuse** from 1994-2000.

History of Navy's "Zero Tolerance"



Source: DIPM
FY-01 data through 30 June 01

Navy's "zero tolerance" policy for drugs began in 1981. Since then Navy has pursued an aggressive urinalysis program aimed making Navy a drug-free workplace!

The program has been and continues to be successful. The two basic reasons for this success are:

AGGRESSIVE RANDOM URINALYSIS:

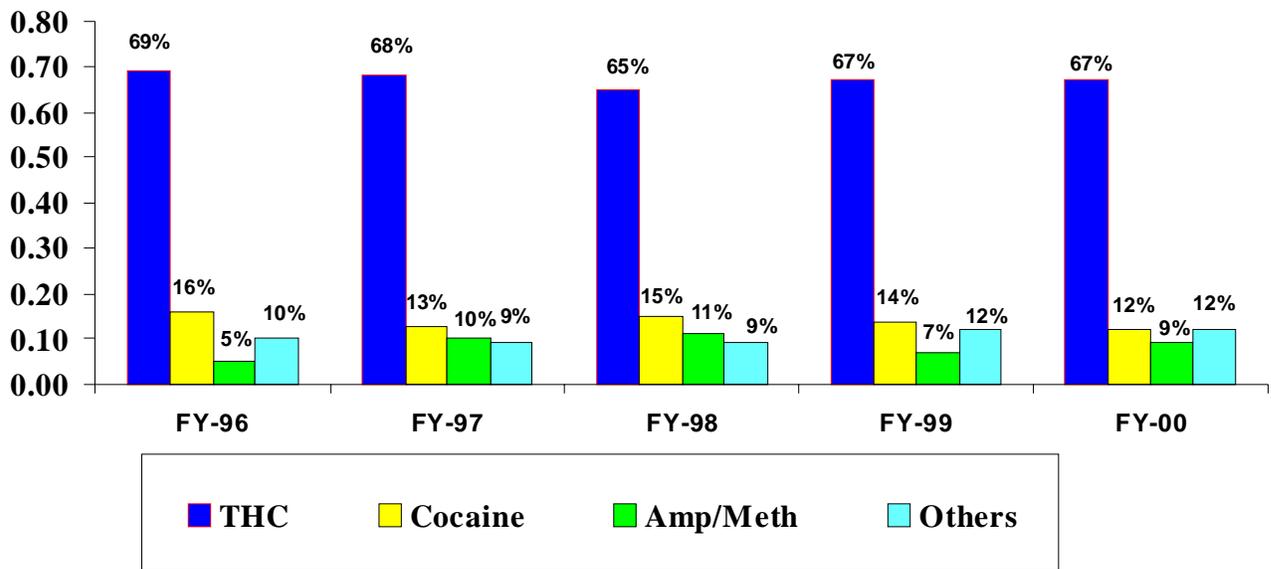
- Each Navy command is required to test a minimum of 10 percent of its assigned personnel each month.
- Each Navy command is required to conduct one annual unit sweep of all assigned personnel.

ALL PERSONNEL FOUND GUILTY OF A SINGLE INCIDENT OF DRUG USE MUST BE PROCESSED FOR ADMINISTRATIVE SEPARATION.

The 1998 DoD sponsored World Wide Survey of Health Related Behaviors singled out Navy as the only service with a "significant decrease in drug use since 1995."

Marijuana continues to be the drug of choice among Sailors.

Navy Urinalysis Statistics Prevalence Trends by Drug



Source: DIPM

CHAPTER FOUR

INTERVENTION FOR CMCs and CPOs

This chapter will introduce you to appropriate intervention strategies. CMC/CPOs must take a proactive role in looking for signs of possible alcohol abuse and provide early assistance to prevent **crisis** intervention.

A **command referral or self-referral** is always better than an alcohol incident referral.

OBJECTIVES:

- ✓ **Describe guidelines for effective communications**
- ✓ **Describe a general profile of an abuser**
- ✓ **Mechanisms for intervening and referring**



A. Guidelines for Effective Communication

1. Communication is the act or process of imparting information by words and actions; the transference of thoughts and feelings to others with a shared understanding. The purpose of effective intervention communication is to prevent a crisis due to alcohol abuse. Chief Petty Officers must use communication as a gauge to measure how well we understand others and are understood by those needing intervention.

a. The communication process is composed of four basic elements:

1. The sender
2. The receiver
3. The message
4. Feedback

b. Types of Communication

1. Verbal
2. Non-verbal
3. Written
4. Visual



c. Barriers to effective Communication

1. Certain barriers prevent effective communication by causing misunderstanding or confusion between the sender's message and the receiver's interpretation of the message. Barriers to effective communication can be broken down into these categories:

(a) Culture

- (1) Family
- (2) Society
- (3) Race/ethnicity
- (4) Language

(5) Education

(b) Rank

(c) Stereotypes/Prejudice

(d) Emotions

d. The skill of listening. To receive accurately, listen with:

1. 100% attention
2. Objectivity
3. Open mindedness
4. Attentiveness



e. Rules of Effective Speaking and Listening

1. Establish and maintain eye contact
2. Help the speaker feel at ease
3. Be patient
4. Listen actively, using your entire body
5. Avoid criticism, allow the speaker to finish speaking and then provide constructive feedback
6. Have empathy for the speaker
7. Ask Questions

B. Describe a General Profile of an alcohol abuser.

1. Attitude changes
 - a. Lifestyle changes
 - b. Doesn't seem to care
 - c. Loses interest in hobbies/activities
 - d. Personal health change
2. Changes in friends/relationships
 - a. Change in sociability
 - b. New friends with contrasting behaviors
 - c. Secretive about friends and peers
3. Troubles at work
 - a. Change in work patterns/habits
 - b. Increase in mistakes
 - c. Increase in accidents
 - d. Becomes less productive
 - e. Unexcused absenteeism
 - f. Excessive tardiness
4. Behavior and/or personality change
 - a. Frequently feels tired
 - b. Lacks incentive to do anything



- c. Moody
 - d. Becomes paranoid; doesn't trust anyone
 - e. General personal hygiene suffers
5. Situational problems. These are events or traumas that damage a member's sense of well being and may lead to alcohol abuse
- a. The death of a loved one
 - b. The break up of an important relationship
 - c. Serious illness
 - d. Financial problems
 - e. Deployment
 - f. Family violence
 - g. Positive test result for HIV infection or other sexually transmitted disease (STD)
 - h. Peer pressure
 - i. Marital problems
 - j. Becoming a parent
 - k. Retirement
 - l. Suicidal thoughts/gestures

Chief Petty Officers should ask themselves:



- ❖ Has the person's work been erratic?
- ❖ Has the person's reliability gone down?
- ❖ Does he or she seem preoccupied?
- ❖ Are peers covering up by doing the person's work?

And, don't overlook the obvious: self-admission, a DWI, drunk and disorderly conduct, drunk in public, brawling, underage drinking or possession of alcohol, etc.

C. Mechanisms for intervening and referring.

Intervention allows the Chief Petty Officer contact with the member and at the very least, the first opportunity for the Chief to provide some needed support and guidance.

1. Prepare to intervene

- a. Obtain all necessary documents. Review expected job performance, standards and conduct.
- b. Know the material; be prepared to state specifically in what ways performance has been unsatisfactory.
- c. Schedule the session. Choose a location for privacy. Ensure that there will be no interruptions.
- d. Be prepared to cope with resistance, defensiveness, and even hostility without becoming angry yourself.
- e. Some of the typical defense reactions which may be seen:
 1. Smokescreen--other issues are brought up that detract from or cover up the main issue. Keep bringing the discussion back to the main point.
 2. Explosions--emotional out-bursts may occur, especially

if drugs or alcohol are involved. Don't react. Wait for cooling down and continue where left off.

3. Intellectualizing--facts are brought out to prove you wrong. Don't argue.
4. Repentant--"You're right, I'm wrong. I'll never do it again." Your action? Stick to the solution.
5. Prejudice--"You're just doing this because I'm ... (male, female, young, old, black, white)." State the actions have nothing to do with who they are, but what they have done or not done. Return to the documentation.

f. Don't hold the session if the member is under the influence.

g. During the intervention

1. **Communicate job-related concerns**

- a. Listen and acknowledge.
- b. Develop rapport with the member.
- c. Reframe and paraphrase
Do not hesitate to ask what problems the member is experiencing.
- d. Maintain eye contact.
- e. Avoid interruptions.

2. **Obtain information.**

- a. Be specific and nonjudgr
- b. Discuss only factual information.



- c. Find out as much as possible to pass information to the referral source.
- d. Gather relevant data to become informed about current problems (e.g., "Tell me about any recent changes in your lifestyle.")
- e. Don't diagnose or label the member.

3. **Invite discussion.**

- a. Ask opened-ended questions.
- b. Allow the member time to answer each question.
- c. Avoid bombarding with two or more questions at the same time.
- d. Be aware of your own attitudes about his/her problem.



4. **Be encouraging.** Encouraging prompts to stimulate and encourage discussion. (e.g., "Tell me more about that.")

5. **Summarization**

- a. Periodically summarize statements made by the member. Ask questions for clarification.
- b. Summarization allows the member to hear his or her own statements to examine the positive, negative, and contradiction statements.

6. **AID LIFE - Recognize suicide potential**

- a. Immediately seek professional help. Seek out Duty Officer, physician, chaplain, corpsman, or

emergency room staff.

- b. Inform the chain of command. The chain of command can secure necessary assistance resources for the long term. Suicide risk does not get better with quick solutions. Effective problem-solving takes time, and the chain of command can monitor progress to help avert future difficulties.
- c. Don't leave the person alone. Stay with the member yourself or find someone responsible to stay with the member.
- d. Expedite. Get help now. An at-risk person needs immediate attention from professional caregivers.

7. **Get agreement on a course of action**

- a. Specific improvements in behavior/performance to occur within a specified time
- b. If necessary, take disciplinary action or EMI or extra training or mentoring by a co-worker who does outstanding work
- c. If there are indications of an alcohol or drug problem or some other problem that needs referral, **make that referral!** And remember a **command referral or self referral** is always better than an alcohol incident referral.
- d. Follow up on all actions agreed to. The Chief should make a plan of follow-up with the member, to occur within a few days, to confirm actions and progress.



8. Referring

- a. Refer if efforts as a Chief Petty Officer are not meeting with success. Know your limitations and seek use of available resources.
- b. Refer the individual to the DAPA unless the problem is obviously financial, legal, medical, marital or something outside the realm of the DAPA (See e. below). Do not use the DAPA as a dumping ground but do recognize that substance abuse does cause problems in many additional areas of a person's life.
- c. Call the DAPA and set up the appointment; the DAPA may want some time to pull and review the member's service record before the interview.
- d. No matter how the individual gets to the DAPA the Chief or the member's supervisor will be asked to fill out the supervisor's portion of the DAPA Administration Screening Form.



e. Other available resources:

- Command Financial Counselor
- Command Ombudsmen
- CMEO
- Command Career Counselor
- Chaplain
- Legal Services
- Medical
- Morale, Welfare & Recreation Department
- Shipboard MWR Dept
- Transition Assistance Center
- Retired Activities Office
- Fleet & Family Support Center
- Family Advocacy Services
- Spouse Employment Services
- Health Benefit Advisors
- Navy-Marine Corps Relief Society
- Shipboard NMCRS Interviewer
- American Red Cross
- Youth Programs

- Burial Detail
- Command Fitness Leader (CFL)

Intervention and your efforts **will** make a difference in lowering the number of alcohol abuse incidents, DWIs and related accidents. Intervention is prevention. Taking care of our **Sailors** is taking care of the NAVY !



CHAPTER FIVE

LEADERSHIP RESPONSIBILITY

Command Master Chief



Command Action: CMCs, CPOs must:

- ❑ Ensure **policies** are implemented - Hold Members Accountable.
- ❑ Ensure **education and prevention training** is available for everyone (See Education - Chapter 6).
- ❑ Ensure **attendance at mandated training** for all command personnel.
- ❑ Always provide **non-alcoholic beverages** at command events.
- ❑ **Intervene** early when you see signs of abuse.
- ❑ Medically **screen** members who are involved in alcohol incidents (See Reporting Incidents - Chapter 7).
- ❑ Support **referrals** to appropriate educational and clinical treatment programs (See Treatment and Continuum of Care - Chapter 8).
- ❑ **Be involved** in member's aftercare program (See Continuum of Care Chapter 8).
- ❑ Make **"It's OK Not to Drink"** **your policy**.

Promote the Right Spirit Campaign on a daily basis in your command. Your efforts **will** make a difference in lowering the number of alcohol abuse incidents, DWIs and related accidents.

Setting a strong personal example of responsible behavior by demonstrating responsible conduct on and off duty is a primary responsibility.

SET THE TONE:

Emphasize personal, shipmate, leadership and command responsibility while promoting healthy lifestyles for all Navy members.

The Command Master Chief leads in setting the tone of the **command climate**. A Command Master Chief's active support to an environment that fosters healthy lifestyles is a significant influence toward reduction of alcohol and drug abuse in the Navy.

Healthy lifestyles contribute to reduced alcohol and other drug abuse by:

Involving members in physical fitness and sports activities to optimize personal health and enhance readiness.

Supporting tobacco abstinence and/or discouraging use of tobacco products provides a healthy physical environment.

Providing nutrition and stress management education ensuring healthy and fit members.

Use the Right Spirit Promotional Materials

- The Right Spirit Magazine
Published quarterly
Available on the web at
<http://navdweb.spawar.navy.mil>
- See that posters, stickers, and coasters depicting Right Spirit are available and in use in the command.
- If your command needs promotion materials contact:
p602c@persnet.navy.mil



USE your Command Drug and Alcohol Program Advisor (DAPA) and your claimant Alcohol and Drug Control Officer (ADCO). They will provide you with valuable information and help you make Right Spirit work.

See Chapter 9 for suggested questions to ask personnel at your command. These questions will help you and your personnel focus on establishing and maintaining a climate that supports the Navy position on alcohol and other drug abuse.



*Tackle Alcohol and
other Drug Abuse
in Your Command*

**Get the
Right Spirit**

CHAPTER SIX

COMMAND LEVEL ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL EDUCATION AND TRAINING

PREVENTION THROUGH EDUCATION

This chapter provides a description and requirements of Navy command level education and training available to individuals and commands in support of Navy alcohol and drug abuse prevention and control.

- ✓ WHY TRAIN ?
- ✓ WHO PROVIDES TRAINING/WHEN/WHERE ?
- ✓ WHICH COURSES ARE MANDATED/RECOMMENDED ?
- ✓ COURSE REQUIREMENTS/DESCRIPTIONS ?

WHY TRAIN ?

Your personnel trained in mandated and recommended prevention education and training will:

- Enhance your ability to perform your mission.

Did you know.....PREVENT graduates experience less than half the number of alcohol-related incidents as the Navy population at large, potentially resulting in 460 fewer DUI arrests in FY00.

- Help you avoid alcohol and drug incidents and their costly and time-consuming consequences.



WHO PROVIDES TRAINING?

Navy Personnel Command (PERS-6) has alcohol and drug training detachments in Norfolk and San Diego. The detachments, Drug and Alcohol Program Management Activities (DAPMAs), provide command level alcohol and drug abuse prevention education and training, deglamorization and health promotion services, and technical assistance to Navy commands and naval organizations. The DAPMAs provide training at their sites, via VTT and travel to sites in their area of responsibility in response to Command requests.

DAPMA Norfolk serves Navy commands **east** of the Mississippi and naval organizations assigned to Atlantic Fleet and European commands.

DAPMA San Diego serves Navy commands **west** of the Mississippi and naval organizations assigned to Pacific Fleet commands.

**Each detachment maintains its own
quota control
for all courses.**

**Navy Personnel Command Detachment
Drug and Alcohol Program Management Activity, Norfolk**
(NAVPERSCOM Det DAPMA, Norfolk)
1683 Gilbert Street Suite 300
Norfolk, VA 23511-2719

Quota Control: DSN 564-8193/90 or comm (757) 444-8193/90
FAX DSN 564-4676 or comm (757) 444-4676
email: trousseau@nsn.cmar.navy.mil

**Navy Personnel Command Detachment
Drug and Alcohol Program Management Activity, San Diego**
(NAVPERSCOM Det DAPMA, San Diego)
937 N. Harbor Drive Suite 17
San Diego, CA 92132-0017

Quota Control: DSN 522-4979 or comm (619) 532-4979
FAX DSN 522-4984 or comm (619) 532-4984
e-mail: dapma@dapmasd.pasas.navy.mil

WHEN and WHERE:

PERS-60 publishes a Navy-wide Scheduling of Alcohol and Other Drug Abuse Prevention Education and Training each fiscal year which is available from second and third echelon Alcohol and Drug Control Officers (ADCOs). The schedule is also posted on the PERS - 60 website: <http://navdweb.spawar.navy.mil> under Education - Training on the main menu.

WHICH COURSES ARE MANDATED/RECOMMENDED

MANDATED

**DAPA Course
ALCOHOL-AWARE**

RECOMMENDED

**ADAMS Facilitators
PREVENT**

ADAMS for Supervisors
ADAMS for Managers

UPC Course
NDSP Training
Right Spirit Brief

MANDATED COURSES

✓ Drug and Alcohol Program Advisor (DAPA) Course

NOTE: A well-trained, conscientious, and trustworthy Drug and Alcohol Program Advisor (**DAPA**) is one of your most valuable assets to administer and manage your command alcohol and drug abuse prevention program. **DAPA required qualifications** are in the OPNAVINST 5350.4C.

DAPA training is mandated within 90 days for the individual appointed as DAPA or DAPA assistant. The course teaches your DAPA knowledge and skills to be the CO's primary advisor for all substance abuse issues.



DAPA tr
(ADCO)

ers

This one-week course is provided by NAVPERSCOM Det DAPMAs in Norfolk and San Diego, by VTT, and by Mobile Training Teams.

POCs for **DAPA course quota control:** Norfolk (D) 564-8193 or (757) 444-8193; San Diego (D) 522-4979 or (619) 532-4979.

✓ ALCOHOL AWARE

Mandated for all hands within two years of accession. Target population: E1 - E4 and O1 - O3.

A four-hour command-level course that makes Sailors aware of the basic nature of the drug alcohol; risks involved in using and abusing alcohol; Navy policy, expectations, instructions, core values, and what is meant by responsible use of alcohol.

AWARE is delivered by command DAPAs. Other command personnel with relevant experience and/or knowledge may also deliver this course.

Many commands make AWARE part of their command indoctrination.



Schedule
Training

Supervisor and Drug Abuse
Managers/Supervisors (ADAMS) Courses

- Supervisors Course and Managers Course are **mandated**.
- Collateral duty ADAMS Facilitators course is highly **recommended**.

✓ ADAMS for Supervisors - **Mandated** one-day training that provides

all E-5 and above personnel in first-line supervisory positions with skills and knowledge to: be a role model, prevent abuse, observe subordinates, recognize signs and symptoms of possible abuse; document substandard performance or conduct; support Medical assessments (via DAPA), treatment, and aftercare. Civilians who supervise naval military personnel should also attend ADAMS supervisor training.

✓ ADAMS for Supervisors is provided by the two DAPMAs, on-site or via Mobile Training Teams and also by command level collateral duty ADAMS Facilitators who have been certified by Navy Personnel Command (PERS-60).

✓ ADAMS for Managers - Mandated half-day seminar provides commanding officers, officers in charge, executive officers, command master chiefs, and other leaders, such as department heads and ADCOs information necessary to develop, maintain, and evaluate effective command drug and alcohol programs.

ADAMS for Managers is delivered by NAVPERSCOM Det DAPMAs Norfolk and San Diego on site or via Mobile Training Teams.

RECOMMENDED COURSES

ADAMS For Supervisors Facilitator Training and Certification

✓ "The Facilitators Course" is recommended to commands as an efficient method to meet ADAMS for Supervisors training requirements. Commands can have their own Supervisors Course Facilitators trained and certified by the DAPMAs.

Detailed Facilitator eligibility requirements and course schedules are published annually by PERS-60. Scheduling of Alcohol and Other Drug Abuse Prevention Education and Training is posted on the Navy Drug and Alcohol web site, <http://navdweb.spawar.navy.mil>

Five days of classroom training is followed by a brief mandatory period during which the **Facilitator candidate must become certified** by DAPMA before conducting ADAMS for Supervisors on a regular basis.

The two DAPMAs deliver the Facilitators Course both in-house and via Mobile Training Teams. Certified command collateral duty Facilitators have reporting requirements contained in the ADAMS Management Manual. Quota Control is the two DAPMAs.

✓ PREVENT

Personal Responsibility and Values: Education and Training

Recommended for target population: Sailors 18-26 years old.

A 24-hour facilitated course that deals with a variety of behavioral issues including alcohol and other drug abuse, decision-making, health and wellness, life skills, financial responsibility, and personal responsibility for life-style choices.

Sending your junior personnel to PREVENT could save your command hundreds of hours dedicated to processing alcohol related incidents and dealing with other health or conduct problems resulting from poor choices.

NOTE: PREVENT alone is not appropriate for a Sailor who has been involved in an alcohol incident and is not a substitute for a medical assessment and/or treatment, if indicated.

PREVENT is available at many locations throughout the Navy and is facilitated by contracted personnel.

POC is NAVPERSCOM Det DAPMA, San Diego at (D) 522-4965/66 or (C) 619-532-4965/66.



✓ Urinalysis Program Coordinator (UPC) Course

Recommended one-day training for command UPCs that teaches the technically correct procedures for administering and maintaining a command Urinalysis Program. Although the UPC course is not required, it is strongly recommended.

UPC appointee should be either an officer or chief petty officer who has the highest trust and confidence of the commanding officer.

Provided by DAPMA San Diego and Norfolk, both in-house and via Mobile Training Teams.

✓ Navy Drug Screening Program (NDSP)

Recommended four-hour training session for command UPCs, Alcohol and Drug Control Officers (ADCOs), executive officers (XOs), and legal personnel.

NDSP is a computer-based application developed to assist commanding officers in administering monthly random drug testing. Once the CO establishes monthly testing parameters, NDSP randomly selects test days and individuals to be tested.

✓ Right Spirit Brief

Recommended 30 to 60 minute presentation tailored to your command on mission readiness, quality of life, Navy Core Values, Alcohol deglamorization and illicit drug use prevention. Contact DAPMA San Diego or Norfolk for arrangement.

✓ Drug Abuse Prevention Education for the Workcenter Supervisor

Keep your Front Line Supervisors informed and educated. One of the best ways to combat drug use by sailors is to stay informed and keep them informed. This concise and informative package provides the tools to assist all front line supervisor.

Developed for integration into your command's current drug abuse prevention efforts.

Available for immediate download from the PERS - 6 website:

[HTTP : //NAVDWEB . SPAWAR . NAVY . MIL](http://NAVDWEB.SPAWAR.NAVY.MIL)

OBJECTIVE

- Engage senior enlisted personnel as active participants in reducing drug use by expanding ongoing efforts into daily discussions:
 1. Educates senior enlisted on drug abuse prevention measures;
 2. Emphasizes utilizing their wealth of experience, resources, and strengths to reinforce Navy's "zero tolerance" policy for drug abuse;
 3. Encourages them to be more actively involved in the command's drug abuse prevention efforts.

CHAPTER SEVEN

ALCOHOL and DRUG ABUSE INCIDENTS

This chapter provides information about handling alcohol and drug abuse incidents. It will give you the definition and the general procedure for dealing with incidents in your command and discuss follow on action.

- ✓ WHY REPORT
- ✓ ALCOHOL INCIDENTS DEFINED
- ✓ DRUG-RELATED INCIDENTS DEFINED
- ✓ IS IT AN INCIDENT?
- ✓ SCREENING BY MEDICAL
- ✓ REPORTING: DAAR
- ✓ WHO GETS DAAR DATA?
- ✓ CO's ACTION
 - Incident
 - No incident

WHY REPORT ALCOHOL INCIDENTS -

2000 - [4164](#) INCIDENTS NAVY WIDE

That is [12](#) Every Day of the Year

[How Many Did Your Command Have?](#)

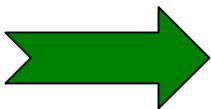
What is the Trend?  or Down 

What is the Impact of Alcohol and Drug Abuse?

Can we really know? Yes - but **ONLY** by accurate reporting

Consider that there were likely many situations that should have been reported as incidents. We know the impact of alcohol abuse on Navy is greater than the statistics indicate.

Alcohol abuse is not a command problem - it is a Navy problem and a readiness issue.



The key to reducing alcohol and drug abuse incidents and reducing the impact on readiness lies at the **command level.**



WHAT IS AN ALCOHOL INCIDENT ?

"An alcohol incident is an offense punishable per the UCMJ or civilian authority committed by a member where in the judgement of the member's Commanding Officer, the consumption of alcohol was a contributing factor."

WHAT IS A 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), in the judgement of a member's Commanding Officer, is a contributing factor is a drug-related incident."

IS IT AN INCIDENT?

It's the CO's Call.

Decision Factors: Determining if a situation is an alcohol or drug abuse incident?

Some circumstances are straight forward decisions.

Underage drinking- Yes it is an incident: It is against the law.

DWI: Yes But...What if..... the member gets a DWI reduced to a lesser charge?

CO's judgement: review of circumstances and evidence involved may still lead the CO to determine it is an incident.



Key Factor: Was the consumption of alcohol a contributing factor to the situation.

SCREENING A means to intervene early when drug or alcohol problems are present or suspected.

- ✓ **Medical evaluation to determine if alcohol problem exists**
- ✓ **Required for drugs or alcohol when incident occurs**
- ✓ **Command directed at CO's discretion**
- ✓ **Self-Referral by member**

Screening may result in a recommendation by the medical facility that the member receive **treatment**. See Chapter 8, Treatment and Continuing Care.

CO's ACTION: ALCOHOL

When alcohol Incident occurs:

- 1. Screen member**
 - DAPA screen.
 - DAPA submits CO's package to medical.
- 2. Submit Initial DAAR (Drug and Alcohol Abuse Report) within 30 days**
- 3. Medical screen recommendations**
 - May include early intervention (Impact or equivalent), treatment or no services.
 - See OPNAVINST 5350.4 series and Chapter 8.

When an Alcohol incident has NOT occurred:

Command Referral (no incident)

- May be Initiated when CO determines the need for screening.
- CO judgement call.
- Based on any credible signs and symptoms to indicate possible alcohol abuse problem.
- DAPA Screen and Medical Screen.
- Follow Medical Screening recommendations.
- Submit DAAR

See OPNAVINST 5350.4 series and Chapter 8.

Self-Referral (no incident)

- Initiated by member.
- Member's request made to a self-referral agent such as DAPA, CO, OIC, XO, CMC, Navy Drug and

Alcohol Counselor (or Intern), DoD Medical Personnel (including Licensed Independent Practitioner), Chaplain or FSC counselor.

- DAPA screen and Medical screen.
 - Follow Medical screening recommendations.
- See OPNAVINST 5350.4 series and Chapter 7.**

CO's ACTION : DRUG ABUSE INCIDENT

When drug incident occurs:

Screen member

DAPA screen

DAPA submits CO's package to medical

All confirmed incidents of drug abuse require disciplinary action as appropriate and processing for **administrative separation**, and submitting the initial DAAR.

Any individual screened as drug dependent **must** be offered treatment prior to separation.

COs are encouraged to offer treatment to individuals screened as drug abusers prior to separation.

NOTE:

Self-Referral for drug abuse is considered an incident of drug abuse and requires a DAAR submission and administrative separation processing.



Positive urinalysis results are forensic evidence for the presence of a drug(s) or drug metabolite(s) but are not considered an incident of drug abuse until the **Commanding Officer** has reviewed all information available and made a determination that an **incident of drug abuse has occurred**. Once the CO determines an incident of drug abuse has occurred then DAAR submission is required.

REPORTING: DAAR - Drug and Alcohol Abuse Report

Purpose: To document drug and alcohol related incidents and referrals.

Requirement: OPNAVINST 5350.4 series

DAAR is used for:

Documentation

Demographic data

Trend Analysis

Reporting to Congress, DoD, SECNAV

REMEMBER! DAAR is NOT:

- Input to Selection Boards
- Filed in Service Records (unless confirmed drug incident)
- End of Sailor's career

The DAAR is processed by the Navy's Alcohol and Drug Abuse Management Information Tracking System (ADMITS), a computerized database at PERS-60.

POC: e-mail: P60fb@persnet.navy.mil

Reporting ACTION:

Required DAAR submission for an alcohol and drug abuse incident and referral (See OPNAVIST 5350.4 series for detailed procedures)

DAARs reporting drug incidents become permanent entries in member's Electronic Military Personnel Record System (EMPRS).

Submit DAAR after investigation and command decisions on discipline (if any) have been determined.

Your **DAPA** will provide assistance, but the DAAR is signed by the COMMANDING OFFICER.

CHAPTER EIGHT

TREATMENT and CONTINUUM OF CARE

This chapter provides information on the treatment process, part of BUMED Continuum of Care.

- ✓ **SCREENING**
 - ✓ **TREATMENT - LEVELS OF CARE**
 - ✓ **CONTINUING CARE**
 - ✓ **AFTERCARE**
-

Navy Continuum of Care provides you with a perspective of case management and administration of a patient.



SCREENING

Alcohol abuse/dependency screening at a Medical Treatment Facility (MTF) is mandatory for members who are involved in an alcohol incident regardless of rank or status.

Medical screening is the clinical and administrative function of determining the need for treatment and the appropriate portal of entry into the continuum of care.

The Licensed Independent Practitioner (LIP), with the recommendation of a certified Navy Drug Alcohol Counselor, **will determine the need for admission and level of care.**

**THE LICENSED INDEPENDENT PRACTITIONER
MAKES THE DECISION ON
THE LEVEL OF CARE
A MEMBER RECEIVES**

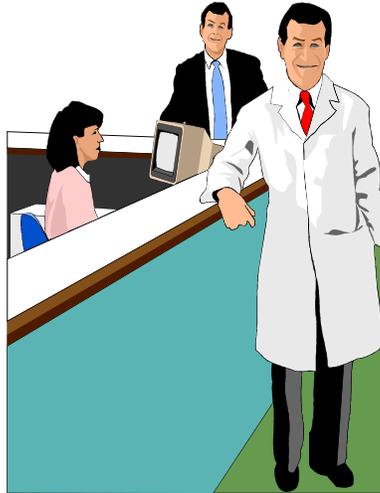
Encourage your Commanding Officer to discuss any concerns with the Licensed Independent Practitioner (LIP) regarding treatment recommendations.

Treatment - Levels of Care

- **Early Intervention/IMPACT Education**
 - 20-hour course.
 - Individuals who misused alcohol (without a pattern of abuse).

- **Outpatient Services (OP)**
 - Treatment length variable (40-50 hours).
 - Four hours per day (approx. 2 weeks).
 - Go home at night or return to the command.
 - MEDEVAC (BEQ/BOQ) if necessary.

- **Intensive Outpatient Services (IOP)**
 - Patients diagnosed alcohol dependent or with alcohol abuse, recommended for abstinence based program.
 - 100 hours over 4 weeks
 - Full time for 2 weeks.
 - Partial days/evenings for last 2 weeks.



□ **Residential Services/Inpatient Treatment (IP)**

Comprehensive full-time care

- Variable length of care
Maximum is 4 weeks
- TAD/TDY to BUMED Treatment Facility

□ **Medically Managed ("Detox")**

During screening, the patient is under observation for signs of withdrawal. With a diagnosis of significant risk of severe withdrawal symptoms, the patient requires immediate medical attention.

The patient will be placed under observation in BUMED medically managed care.

When stable, the patient will be reassessed and transferred to the appropriate care facility.

Continuing Care (CC)

Myth: Continuing Care and Aftercare are the same.

Continuing Care is recommended by and is the responsibility of Medical Treatment Facility. Varies in length depending on patient's needs.

Aftercare begins after medical treatment ends. It is the responsibility of the command to monitor Aftercare which should not exceed 12 months. It primarily consists of administrative monitoring.

Continuing Care Goals:

- Support for recovery process and relapse prevention
- Provide a forum that's abstinence based
- Program length is based on individual needs/progress

Continuing Care Consists of:

Individual and group sessions

- 1-3 hours per week
- Focus on unmet psycho-social needs, personality traits and disorders, and any other concerns

Education focus

- Recovery/relapse issues
- Leisure-time activities
- Lifestyle changes related to abstinence/responsible use

Outpatient Service

- **Weekly program, meet with certified counselor 1 to 3 hours per week at treatment facility.**
- **Go home at night or return to command.**

Aftercare:

The MTF prepares a written summary of care to the member's command. The summary may contain referrals for additional medical/social services, and an aftercare plan, including recommendations for ongoing participation in approved self-help groups and clinically monitored outpatient counseling groups (*continuing care*).

The MTF will ensure aftercare plans include recommended continuing care, as needed, and are tailored to the needs of the member and the command.

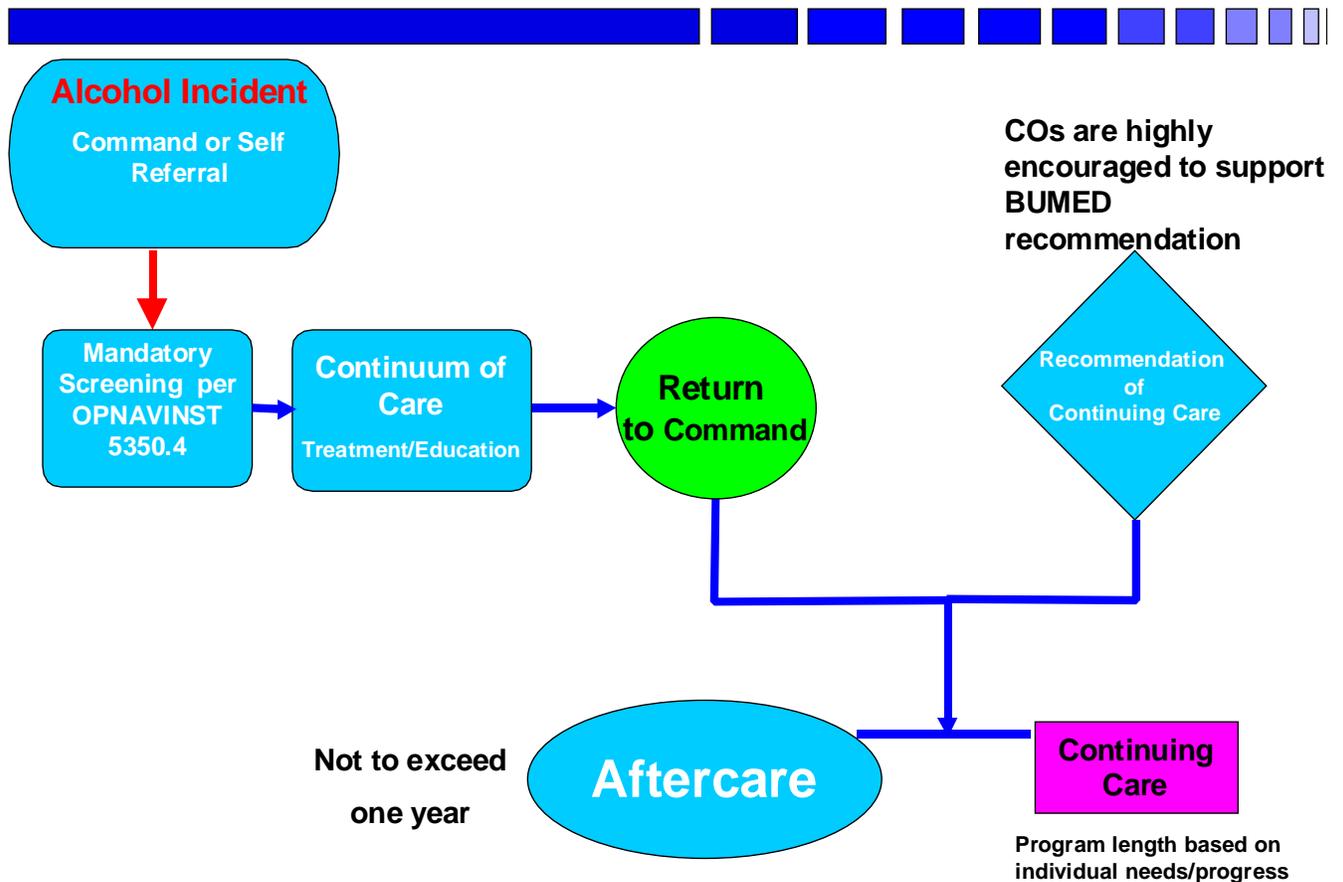
Commands are responsible, through their DAPAs, for actively monitoring and supporting aftercare plans. **Commanding Officers** will meet with DAPAs and members who have active treatment recommendations/aftercare plans at least quarterly to review progress. If the command identifies difficulties with the recommended actions, the MTF should be consulted. Command monitoring will continue through the completion of the individualized aftercare plan, not to exceed 12 months.

Command monitoring and support of aftercare plans, coordinated with the DAPA, are very important in assisting members to successfully meet treatment goals. Meetings with the member, DAPA and CO demonstrate the command's commitment to the member's recovery.

NOTE: Where operational commitments dictate, Aftercare may be modified by the *commanding officer*.

For instance, a MTF may recommend three AA meetings per week, but the service member is deployed on board a ship where only one AA meeting per week is held. The *Commanding Officer* may modify Aftercare to include attendance at one AA meeting per week and compensate for the other two meetings by substituting activities like the writing of a 200-word essay per week on a topic selected by the DAPA, or seeking and making contact with a mentor, or writing weekly letters to their counselors from the MTF.

Continuum of Care



CHAPTER NINE

COMMAND QUESTIONS

This chapter provides a list of questions by subject area of this guide. These questions can be used to assess the Command's posture regarding Alcohol and Drug Abuse. They are not intended to guide the command toward all they need to know about these subject areas. They are common questions, the answers to which will help the CMC to align the Alcohol and Drug Abuse posture of the command.

Chapter Two: RIGHT SPIRIT CAMPAIGN

1. Are Right Spirit materials on hand and being distributed to the deckplates?
2. Is the Right Spirit Magazine being regularly received in sufficient quantities for the size of the command?
[Distributed quarterly by PERS-6.](#)
[Notify P602C@persnet.navy.mil to get on mailing list or change quantity](mailto:P602C@persnet.navy.mil)
3. Do we provide non-alcoholic beverages at command functions?
[Right Spirit Campaign encourages non-alcoholic drinks at all command functions where alcohol is served.](#)
4. Do we have any non-alcohol functions or areas where alcohol is not served?
[Non-alcohol functions or an area where alcohol is not allowed is becoming more common at some commands. Such functions show strong support for "it's ok not to drink".](#)

Chapter Five: LEADERSHIP RESPONSIBILITIES

1. Is everyone in a leadership position in the command aware of the Right Spirit Campaign goals?

[ALNAV 011/96, NAVOP 008/96](#)

2. Do the command leaders demonstrate support for the alcohol and other drug abuse policies?

[ALNAV 011/96, NAVOP 008/96](#)

3. Has command leadership attended all mandated training?

[OPNAVINST 5350.4C](#)

Chapter Six: EDUCATION

Reference: [OPNAVINST 5350.4C](#)

1. Do we have a primary DAPA and DAPA assistants designated in writing? With sufficient DAPA assistants to get the job done? [One per 200 personnel.](#)

2. Did the DAPA and DAPA assistants attend the DAPA course within 90 days of appointment? [One week course available from DAPMA San Diego or Norfolk](#)

3. Have supervisors attended the ADAMS Supervisors Course? Have the CO, XO, CMC, LCPO, and other leaders such as Department Heads attended the ADAMS for Leaders Course? [Both courses available through DAPMA.](#)

4. Have we sent qualified personnel to the Facilitators Course to become certified to teach ADAMS for Supervisors as a collateral duty? [When a certified ADAMS facilitator is needed in your command for ADAMS courses, a course is available from DAPMA.](#)

5. Has everyone attended the Alcohol AWARE Course? Do we teach the Alcohol AWARE Course in the command? Does the command DAPA teach AWARE? Where? [AWARE is required within two years of accession for all members.](#)

Chapter Seven: INCIDENT HANDLING

Reference OPNAVINST 5350.4C

1. How many incidents have we had in the past 12 months?
Drug? Alcohol?
How many in the past 3 years?
2. How many personnel have been command referred to alcohol or drug screening for evaluation?
3. How many personnel have self-referred for alcohol or drug abuse dependency evaluation?
4. Has the command experienced an incident where screening by the medical facility recommended treatment and the command did not agree?
5. Have DAARs been submitted for all alcohol and drug related incidents and referrals?

Drug Testing

1. Who is the current UPC? Is he/she designated in writing? [Designation letter required by OPNAVINST 5350.4 series.](#)

Are there assistant UPCs? If so, are they designated in writing?
[Designation letter recommended by OPNAVINST 5350.4 series.](#)

If not, who handles UPC's sample? [OPNAVINST 5350.4 series prohibits UPCs and observers from handling their own samples. If the command requires the UPCs and observers to be tested, an assistant UPC or UPC from another command shall be used. The DAPA shall not be the UPC.](#)

2. Have the UPC and assistant UPCs attended UPC training? [UPC training is available to Fleet via DAPMA San Diego and DAPMA Norfolk Mobile Training Teams. See Chapter 5.](#)
3. How are observers are selected to participate in the collection? [Recommended method is a list of pre-selected observers from duty roster. Are the observers briefed? Briefing observers ensures correct Direct Observation procedures are employed. Observer training/brief sheets should be maintained with each urinalysis collection.](#)
4. How are personnel currently notified of requirement to provide a sample? [Gives CO idea of current command notification procedures.](#)
5. Currently, who has authority to exempt a member that has been selected to provide a sample from providing a sample? [Only CO can exempt person, or CO may designate a person who can exempt individuals from providing urinalysis.](#)
6. What is current policy when a member claims inability to provide a sample? [Recommend personnel remain in an enclosed/secured area under observation and be allowed to consume fluids until ready to provide urinalysis.](#)
7. Is the command using Navy Drug Screening Program (NDSP)? [NDSP is computer software that selects personnel to be tested.](#)
If not, how do we select individuals and why are we not using NDSP?
8. Does command's Urinalysis program meet minimum Navy requirement of 10% each month and one command sweep per year? [Requirement established in OPNAVINST 5350.4 series.](#)
9. Does the UPC maintain complete files? [UPC files for each collection should be maintained IAW command SORM.](#)
10. Are sufficient urinalysis supplies maintained onboard to conduct a Command Unit Sweep tomorrow? [Recommend commands maintain sufficient supplies to conduct one unannounced Unit Sweep.](#)

11. Are urinalysis supplies stored in a secured area?
If so, who has access? If not, why not?

12. Has this command received any discrepancy messages from the Navy Drug Screening Lab?
If so how do we document corrective action?

13. When was the last time the command had a positive urinalysis? What administrative actions were taken?

Chapter Eight: TREATMENT AND CONTINUUM OF CARE

Reference: OPNAVINST 5350.4 series

1. How many personnel do we presently have in Aftercare?
2. Did the command modify the Aftercare plan for any member currently in Aftercare?
3. Are command leaders aware of the differences between Continuing Care and Aftercare?
4. Do the members in aftercare meet quarterly with the CO and DAPA?

APPENDIX A

REFERENCES

This appendix provides a reference listing for Drug and Alcohol Abuse Prevention and Control. References are provided in two formats - by subject matter and by number. All are current series.



Department of Defense

<u>Title</u>	<u>Number</u>
Military Personnel Drug Abuse Testing Program 94	DOD Directive 1010.1 Dec
Alcohol and Drug Abuse by DOD Personnel	DOD Directive 1010.4 Sep 97
Drunk and Drugged Driving by DoD Personnel	DOD Directive 1010.7 Aug 83
Technical Procedures for the Military Personnel Drug Abuse Testing Program	DOD Instruction 1010.16 Dec 94



SECRETARY OF THE NAVY

Alcoholic Beverage Control	SECNAVINST 1700.11 Jul 86
Enlisted Administrative Separations	SECNAVINST 1910.4 May 96
Administrative Separation of Officers	SECNAVINST 1920.6 Nov 83
Investigative and Counterintelligence Collection and Retention Guidelines Pertaining to the DON	SECNAVINST 3820.2 Aug 80
Military Alcohol and Drug Abuse Prevention and Control	SECNAVINST 5300.28 Mar 99
Alcohol Abuse and Drunk Driving	SECNAVINST 5300.29 Nov 97
Nuclear Weapon Personnel Reliability	SECNAVINST 5510.35 Oct 94
Criminal and Security Investigations And Related Activities Within the Department of the Navy	SECNAVINST 5520.3 Jan 93
Department of the Navy Clemency and Parole Review	SECNAVINST 5815.3 Oct 93
Department of the Navy Drug-Free Workplace Program	SECNAVINST 1279.3 Dec 88



CHIEF OF NAVAL OPERATIONS

Naval Command Inspection Program	OPNAVINST 5040.17 Nov 96
Alcohol and Drug Abuse Prevention And Control	OPNAVINST 5350.4C Jun 99
Submarine and Nuclear Propulsion Program Personnel Drug/Alcohol Policy	OPNAVINST 5355.3 Sep 91
Navy Law Enforcement Manual	OPNAVINST 5580.1 Oct 86
Navy Military Working Dog Program	OPNAVINST 5585.2 Aug 97
Physical Readiness Program	OPNAVINST 6110.1 Mar 98
Motor Vehicle Traffic Supervision	OPNAVINST 11200.5 Jul 88



COMMANDER NAVY PERSONNEL COMMAND

Naval Military Personnel Manual (MILPERSMAN) Article

Extension of Enlistments	1160-040
Reservists Subject to the UCMJ	1830-010
Administrative Separation (ADSEP) Policy And General Information	1910-010
Separation by Reason of Convenience of the Government, Personality Disorders	1910-122
Separation by Reason of Alcohol Abuse Rehabilitation Failure	1910-152
Separation by Reason of Misconduct	1910-140
Separation by Reason of Misconduct Due to Drug Abuse	1910-146
Nuclear Field Program	BUPERSINST 1306.78 Feb 92
Report on the Fitness of Officers	BUPERSINST 1610.10 Aug 95
The Navy Enlisted Performance Evaluation System	BUPERSINST 1610.10 Aug 95

Administrative Procedures for Naval Reservists on Inactive Duty

BUPERSINST 1001.39 Dec 95

Enlisted Transfer Manual

NAVPERS 15909D

Annual schedule of Alcohol and Other Drug Abuse Prevention Education and Training Courses for Fiscal Year

**COMNAVPERSCOM (PERS-60)
Posted on NAVDWEB by
mid - August
<http://navdweb.spawar.navy.mil>**



[BUREAU OF MEDICINE AND SURGERY](#)

Disposition of Rehabilitated Alcohol Dependent or Abuser Aircrew, Air Controllers, Hypobaric Chamber Inside Observers and Instructors

BUMEDINST 5300.8 Mar 92

Standards of Prevention of Substances Related Disorders Treatment Services

BUMEDINST 5353.4 Sep 99

Competence of Duty Examinations Evaluations for Sobriety, and other Bodily Views and Intrusions Performed by Medical Personnel

BUMEDINST 6120.20 Feb 82



OFFICE OF CIVILIAN PERSONNEL MANAGEMENT

**Department of the Navy Drug-Free
Workplace Program**

SECNAVINST 12792.3 Dec 88

Directives and Instructions listed by Number

NUMBER

TITLE

DEPARTMENT OF DEFENSE

DOD Directive 1010.1 Dec 94	Military Drug Abuse Testing Program
DOD Directive 1010.4 Sep 97	Alcohol and Drug Abuse by DOD Personnel
DOD Directive 1010.7 Aug 83	Drunk and Drugged Driving by DoD Personnel
DOD Instruction 1010.16 Dec 94	Technical Procedures for the Military Personnel Drug Abuse Testing Program

SECRETARY OF THE NAVY

SECNAVINST 1700.11 Jul 86	Alcoholic Beverage Control
SECNAVINST 1910.4 May 96	Enlisted Administrative Separations
SECNAVINST 1920.6 Nov 83	Administrative Separation of Officers
SECNAVINST 3820.2 Aug 80	Investigative and Counterintelligence Collection and Retention Guidelines Pertaining to the DON

SECNAVINST 5300.28 Mar 99	Military Alcohol and Drug Abuse Prevention and Control
SECNAVINST 5300.29 Nov 97	Alcohol Abuse and Drunk Driving
SECNAVINST 5510.35 Oct 94	Nuclear Weapon Personnel Reliability
SECNAVINST 5520.3 Jan 93	Criminal and Security Investigations And Related Activities Within the Department of the Navy
SECNAVINST 5815.3 Oct 93	Department of the Navy Clemency And Parole Review
SECNAVINST 12792.3 Dec 88	Department of the Navy Drug-Free Workplace Program

CHIEF OF NAVAL OPERATIONS

OPNAVINST 5040.17 Nov 96	Naval Command Inspection Program
OPNAVINST 5350.4 Sep 99	Alcohol and Drug Abuse Prevention And Control
OPNAVINST 5355.3 Sep 91	Submarine and Nuclear Propulsion Program Personnel Drug/Alcohol Policy
OPNAVINST 5580.1 Oct 86	Navy Law Enforcement Manual
OPNAVINST 5585.2 Aug 97	Navy Military Working Dog Program
OPNAVINST 11200.5 Jul 88	Motor Vehicle Traffic Supervision

COMMANDER NAVY PERSONNEL COMMAND

Naval Military Personnel Manual
(MILPERSMAN) Article

1160-040	Extension of Enlistments
1830-010	Reservists Subject to the UCMJ
1910-010	Administrative Separation Policy and General Information
1910-122	Separation by Reason of Convenience of the Government
1910-152	Separation of Enlisted Personnel by Reason of Alcohol Abuse Rehabilitation Failure
1910-140	Separation by Reason of Misconduct
1910-146	Separation by Reason of Misconduct Due to Drug Abuse
BUPERSINST 1001.39 Dec 95	Administrative Procedures for Naval Reservists on Inactive Duty
BUPERSINST 1306.78 Feb 92	Nuclear Field Program
BUPERSINST 1610.10 Aug 95	Navy Performance Evaluation and Counseling System
BUPERSINST 1910.1 Jan 90	Administrative Separation Procedures
NAVPERS 15909D	Enlisted Transfer Manual

COMNAVPERSCOM (PERS-60)

**Annual Schedule of Alcohol and
Other Drug Abuse Prevention
Education and Training Courses for
Fiscal Year posted on NAVDWEB by
mid - August
<http://navdweb.spawar.navy.mil>**

BUREAU OF MEDICINE AND SURGERY

BUMEDINST 5300.8 Mar 92

**Disposition of Rehabilitated Alcohol
Dependent or Abuser Aircrew, Air
Controllers, Hypobaric Chamber
Inside Observers and Instructors**

BUMEDINST 5353.4 Sep 99

**Standards of Prevention of
Substances Related Disorders
Treatment Services**

BUMEDINST 6120.20 Sep 81

**Competence of Duty Examinations
Evaluations for Sobriety, and other
Bodily Views and Intrusions
Performed by Medical Personnel**

OFFICE OF CIVILIAN PERSONNEL MANAGEMENT

BUMEDINST 12792.3 Aug 88

**Department of the Navy Drug-Free
Workplace Program**

APPENDIX B
POINTS OF CONTACT
RESOURCE LISTING

The following **points of contact and resources** provide valuable information for any issue, problem or situation related to substance abuse. Included are organizational and personnel contacts as well as an Internet resource guide.

Organizational Contacts

NAVY PERSONNEL COMMAND (PERS-60)
5720 Integrity Drive
Millington TN 38055-6020

<http://navdweb.spawar.navy.mil>

PERS-60 Director, Navy Drug and Alcohol,
Behavioral Health, Federal Education and Partnerships Division
PERS-60D Assistant Director for Health Promotions

<u>Alcohol Abuse Prevention Branch</u>		<u>PERS-602</u>	DSN
		(Comm 901-874)	
PERS-602	Branch Head	p602@persnet.navy.mil	882-4500
PERS-602B	Education & Training	p602b@persnet.navy.mil	882-4250
PERS-602C	Right Spirit Media	p602c@persnet.navy.mil	882-4251
PERS-602E	Policy	p602e@persnet.navy.mil	882-4247
PERS-602F	Policy	p602f@persnet.navy.mil	882-4266

Drug Detection and Deterrence Branch PERS 603
(Comm 901-874)

DSN

PERS-603	Branch Head	p603@persnet.navy.mil	882-4400
PERS-603C	Urinalysis Policy	p603c@persnet.navy.mil	882-4240
PERS-603D	NDSP	p603d@persnet.navy.mil	882-4252

DAPMA NORFOLK

**Navy Personnel Command Detachment
DRUG AND ALCOHOL PROGRAM MANAGEMENT ACTIVITY
(DAPMA) Norfolk
1683 Gilbert St Suite 300
Norfolk VA 23511-2719
DSN: 564-8190/8193
COMM: (757) 444-8190/8193
FAX: (757) 444-4676**

DAPMA SAN DIEGO

**Navy Personnel Command Detachment
DRUG AND ALCOHOL PROGRAM MANAGEMENT ACTIVITY
(DAPMA) San Diego
937 Harbor Drive Suite 17
San Diego CA 92132-0017
DSN: 522-4964
Comm: (619) 532-4964
Fax: (619) 532-4984**

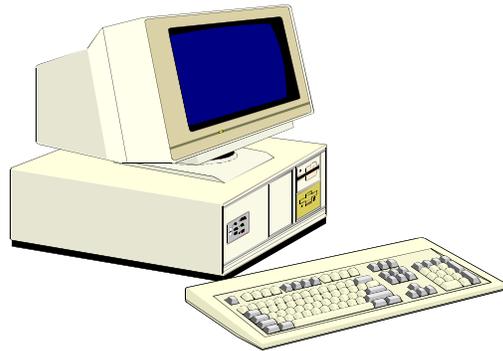
Fill in the blank

ADCO

Claimant _____
ADCO _____
COMM: _____ DSN: _____
Fax: _____
Email _____
Address _____

NAVY DRUG AND ALCOHOL DIRECTORY

This publication is a ready reference for key information on Navy and Marine Corps drug and alcohol program activities. The complete publication is available on the web at: <http://navdweb.spawar.navy.mil>



The Internet provides an excellent source for drug and alcohol information. This listing is some of the sources that can provide a wealth of information.

Your Primary Source:

The Navy Drug and Alcohol Web Site:
<http://navdweb.spawar.navy.mil>

Additional sources:

National Institute on Alcohol Abuse and Alcoholism
www.niaaa.nih.gov

Alcoholics Anonymous
www.alcoholicsanonymous.org

Prevention Online (PREVLINe)
www.health.org

DRUG FREE RESOURCE NET PARTNERSHIP FOR A DRUG-FREE AMERICA
www.pitt.edu/~cedar/

WEB OF ADDICTIONS
www.who.ch/whosis/whosis.htm

MOTHERS AGAINST DRUNK DRIVING
www.madd.org

NATIONAL NETWORK FOR HEALTH
www.nnh.org

NATIONAL INSTITUTE ON DRUG ABUSE
www.nida.nih.gov

See [NAVDWEB](#) for additional links.

Command Master Chief's Notes



NAVY CHIEF!

NAVY PRIDE!





Drug and Alcohol Abuse Prevention and Control

Support the

Right Spirit

