



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 5350.4A
BUMED-M3
26 Aug 2015

BUMED INSTRUCTION 5350.4A

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY MEDICINE ALCOHOL AND DRUG PREVENTION PROGRAM

Ref: (a) SECNAVINST 5300.28E
(b) OPNAVINST 5350.4D

Encl: (1) Acronyms
(2) Navy Medicine Drug and Alcohol Advisory Council Policy
(3) Quarterly Data Reporting Responsibilities

1. Purpose. To establish and publicize policies and procedures for the Navy Medicine (NAVMED) Alcohol and Drug Abuse Prevention Program per references (a) and (b). Enclosure (1) provides a list of acronyms.
2. Cancellation. BUMEDINST 5350.4.
3. Scope. Provisions of this instruction apply to all Navy active duty and reserve military personnel officers and enlisted assigned to naval commands within NAVMED's area of responsibility.
4. Background. Alcohol and drug abuse undermines combat readiness and is incompatible with the maintenance of high standards of performance and military discipline. Drug and alcohol abuse is a costly detriment to the mission capability of the Bureau of Medicine and Surgery (BUMED) and the Navy as a whole. 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 chain of command are of utmost importance. This instruction provides guidance and policy to ensure NAVMED commands have zero tolerance towards drugs and a responsible policy toward consumption of alcohol.
5. Policy. It is the goal of NAVMED to be free from the effects of alcohol and drug abuse; the illegal possession of or the trafficking of drugs by BUMED military personnel; and the wrongful possession, use, distribution, or promotion of drugs or drug abuse paraphernalia. Zero tolerance for illicit drug use and alcohol abuse is the policy of NAVMED. Commanders, commanding officers (COs), and officers in charge (OIC) must exercise sound judgment in enforcing the Navy's alcohol and drug policies and ensure proper disposition of individual cases. They shall take steps to process personnel for discharge, if appropriate, and to enroll others into existing programs designed to educate them regarding the dangers of abuse. Personnel who abuse

alcohol shall be identified and given all possible assistance through remediation programs on a case-by-case basis. When personnel fail to progress, or when they repeatedly lapse back into unacceptable behavior patterns, appropriate recommendations shall be made for discharge.

6. Responsibilities

a. Commanders of NAVMED Regions shall:

(1) Establish an aggressive program aimed at the achievement of the positive goals which include reduction in driving under the influence/driving while intoxicated (DUI/DWI), “zero tolerance” of drug use, and significant reductions in alcohol abuse accidents.

(2) Appoint in writing a regional Alcohol and Drug Control Officer (ADCO) who shall be in pay grade of E7 or above, an officer, or a civilian employee (GS-9 or above). The NAVMED region ADCO may serve as the regional headquarters Drug and Alcohol Program Advisor to the Commander. BUMED ADCO shall be notified once an individual is assigned as ADCO. Appointment should be made with concurrence of BUMED ADCO Program Manager.

(3) Ensure Drug Alcohol Program Advisor (DAPA) is appointed at each local command and ensure they receive formal education per reference (b) within 90 days of assignment.

(4) Be the final authority on the disposition of personnel assigned to NAVMED region commands who are involved in instances of alcohol or other drug use.

(5) Actively support the local command aftercare program.

(6) Ensure NAVMED regions attend the host installation’s Navy Drug and Alcohol Advisory Council (NDAAC) per reference (b).

(7) Ensure local commands appoint, in writing, a DAPA; recommend E7 or above to perform the duties of a DAPA.

(8) Ensure local commands appoint, in writing, a Urinalysis Program Coordinator (UPC); recommend E6 or above to perform the duties as UPC. DAPAs and personnel serving as independent duty corpsmen shall not be assigned duties as UPCs.

(9) Ensure educational requirements are met per reference (b), including Alcohol and Drug Abuse Management Seminar (ADAMS) for leaders or equivalent for commanders, COs, OICs, executive officers (XOs), and command master chiefs (CMCs). Require ADAMS for Supervisor for all E5 and above personnel in a supervisory role. Alcohol awareness training shall be required for all hands. Entries will be made in training records to document training received and reports are available through Navy Training Management and Planning Systems.

b. BUMED ADCO shall:

(1) Coordinate with NAVMED region's Alcohol and Drug Prevention Programs per reference (b) and enclosure (2), promoting the "Keep What You've Earned" initiative.

(2) Provide liaison and technical guidance to local unit identification code (UIC) DAPAs and UPCs concerning alcohol and other drug abuse prevention and control policies and procedures.

(3) Maintain quality assurance over all Navy Alcohol and Drug Prevention (NADAP) Program elements under BUMED cognizance, particularly in the areas of professional training, standards, and service delivery procedures.

(4) Report quarterly to BUMED Chief of Staff and Executive Director on regional programs using NAVMED 5350/3 Drug and Alcohol Program Review and Report, and NAVMED 5350/5 Urinalysis Program Review and Report.

(5) Ensure local UIC commands under BUMED cognizance submit all Drug and Alcohol Abuse Reports (DAAR) within 30 days of an incident per reference (b).

(6) Track training needs and completion for all regions and local UIC commands under BUMED cognizance.

c. NAVMED Region ADCO shall:

(1) Coordinate with NAVMED region's Alcohol and Drug Abuse Prevention Programs per reference (b) and enclosure (2), promoting the "Keep What You've Earned" initiative.

(2) Provide liaison and technical guidance to local UIC DAPAs and UPCs concerning alcohol and other drug abuse prevention and control policies and procedures.

(3) Maintain quality assurance over all NADAP program elements under NAVMED region cognizance, particularly in the areas of professional training, standards, and service delivery procedures.

(4) Report quarterly to BUMED ADCO using NAVMED 5350/3 Drug and Alcohol Program Review and Report, and NAVMED 5350/5 Urinalysis Program Review and Report; reports are due by the 15th of January, April, August, and November. Reporting criteria is given in enclosure (3).

(5) Ensure local UIC commands submit all DAARs within 30 days of an incident per reference (b).

(6) Assess training needs and coordinate educational resources for each command assigned under their NAVMED Region.

d. Commanders, COs, and OICs shall:

(1) Establish an aggressive program aimed at the achievement of the positive goals which include reduction in DUI/DWI, "Zero Tolerance" of drug use, and significant reductions in alcohol abuse accidents.

(2) Establish a command policy that mandates all personnel selected for urinalysis will report to a specified area within a period of time after notification and will remain until a sample is provided, unless deemed an authorized absence.

(3) Appoint in writing a DAPA who must be in pay grade of E7 or above, an officer, or a civilian employee (GS-9 or above). The Office of the Chief of Naval Operations (OPNAV) (N135) and BUMED ADCO shall be notified once an individual is assigned as the DAPA for the command.

(4) Ensure DAPA receives formal education per reference (b) within 90 days of assignment.

(5) Be the final authority on the disposition of personnel involved in instances of alcohol or other drug use.

(6) Actively support the local command aftercare program per reference (b).

(7) Ensure command DAPA participates in host installations NDAAC meetings per reference (b).

(8) Ensure appointment, in writing, of a UPC; recommend E7 or above to perform this duty. DAPAs and personnel serving as independent duty corpsmen shall not be assigned duties as UPCs.

(9) Provide guidance and oversight to all subordinate UIC DAPAs and UPCs.

(10) Ensure all personnel assigned attend ADAMS mandatory prevention training for leaders or equivalent for commanders, COs, OICs, XOs, and CMCs. Require ADAMS for supervisor for all E5 and above personnel. Alcohol awareness training shall be required for all hands. Entries will be made in the Alcohol and Drug Information Management Tracking System to document training received.

(11) Command responsibilities are outlined in NAVMED 5350/1, Command Responsibilities and shall be submitted to NAVMED Region ADCO quarterly by the 5th of January, April, August, and November.

e. Command DAPA shall:

(1) Advise the unit CO on the administration of the command's alcohol and other drug abuse programs.

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

(3) Coordinate or present alcohol and other drug abuse education, such as command level Alcohol Aware, Personal Responsibility: Values and Education Training, and ADAMS.

(4) Act as Aftercare Coordinator for the unit commander.

(5) Serve as self-referral procedure agent.

(6) Complete and submit NAVMED 5350/2, Drug and Alcohol Program Advisor Responsibilities and NAVMED 5350/3, Drug and Alcohol Program Review and Report, quarterly by the 10th of the following month to the NAVMED Region ADCO via Command CO, XO, and CMC. NAVMED Region ADCO will submit a total summary of all UICs assigned to its area of responsibility to the BUMED ADCO per paragraph 5b(4) above.

(7) Notify NAVMED Region ADCO of appointment as Command DAPA.

f. Command UPC shall:

(1) Advise the unit commander, CO, or OIC on all matters relating to urinalysis including testing methodology, collection, and transportation of samples to the Navy Drug Screening Laboratory.

(2) Establish minimum testing requirement of 4 tests per month, minimum 15 percent of assigned personnel with a maximum up to 40 percent per reference (b).

(3) Ensure 100 percent of all personnel are tested annually, utilizing unit sweep of all command personnel who have not been tested in the course of the current fiscal year.

(4) Complete and submit NAVMED 5350/4, Urinalysis Program Coordinator Responsibilities quarterly by the 10th of the following month and NAVMED 5350/5, Urinalysis Program Review and Report monthly by the 5th of the following month, to the NAVMED Region ADCO via Command CO, XO, and CMC.

(5) Complete Navy Knowledge Online, UPC training within 30 days of appointment.

(6) Notify NAVMED Region ADCO of appointment as Command UPC.

(7) Conduct urinalysis on newly reported personnel within 72 hours of reporting onboard, using sub-unit sweep for all personnel assigned.

(8) Ensure all personnel assigned to subordinate UICs are being tested per reference (b).

(9) Copy NAVMED Region ADCO on all determination of positive urinalysis letters forwarded to NADAP.

g. Ensure 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 shall include:

(1) Encourage individuals suspected of having an existing or potential alcohol or other drug abuse problem to seek assistance.

(2) Notify unit commander, CO, or OIC via the chain of command, immediately when abuse exists or is suspected. (The commander, CO, or OIC must be fully informed of the circumstances to personally evaluate the impact on unit readiness.)

(3) Promote a command climate of “Zero Tolerance” of alcohol and other drug abuse per references (c) and (d).

7. Forms and Reports

a. The following NAVMED forms are available electronically from Naval Forms Online at: <https://navalforms.daps.dla.mil/web/public/home>.

(1) NAVMED 5350/1 (8-2011), Command Responsibilities.

(2) NAVMED 5350/2 (8-2011), Drug and Alcohol Program Advisor Responsibilities.

(3) NAVMED 5350/3 (8-2011), Drug and Alcohol Program Review and Report.

(4) NAVMED 5350/4 (8-2011), Urinalysis Program Coordinator Responsibilities.

(5) NAVMED 5350/5 (8-2011), Urinalysis Program Review and Report.

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b. The Alcohol and Drug Control Officer Reports are assigned report control symbol NAVMED 5350-1 and is good for 3 years from the date of this instruction.



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Distribution is electronic only via the Navy Medicine Web site at:
<https://www.med.navy.mil/directives/Pages/default.aspx>

ACRONYMS

ADAMS	Alcohol and Drug Abuse Management Seminar
ADCO	Alcohol Drug Control Officer
BUMED	Bureau of Medicine and Surgery
CMC	Command Master Chief
CO	Commanding Officer
DAAR	Drug and Alcohol Abuse Report
DAPA	Drug Alcohol Program Advisor
DUI	Driving Under the Influence
DWI	Driving While Intoxicated
NADAP	Navy Alcohol and Drug Abuse Prevention
NAVMED	Navy Medicine
NDAAC	Navy Drug and Alcohol Advisory Council
OIC	Officers in Charge
OPNAV	Office of the Chief of Naval Operations
UIC	Unit Identification Code
UPC	Urinalysis Program Coordinator
XO	Executive Officer

NAVY MEDICINE
DRUG AND ALCOHOL ADVISORY COUNCIL POLICY

1. Reference (b) requires that Navy Drug and Alcohol Advisory Councils (NDAACs) support the CNO's "Zero Tolerance" initiative. The primary purpose of the Navy Medicine (NAVMED) Region NDAAC is threat assessment, (e.g., determining the extent of local and regional drug and alcohol threat, assessing the local climate for abuse and making appropriate policy recommendations to counter the threat).
2. NAVMED regions will ensure each subordinate command establishes an NDAAC to operate as a "Quality of Service" body, providing local and region commanders with drug and alcohol program information from a variety of sources.
3. NDAAC Membership. Is outlined in reference (b), paragraph 8.
4. Meetings. The council will meet quarterly or at the direction of the chairperson. The information contained in enclosure (3) will be discussed at each quarterly meeting.
5. Reports. The minutes of meetings shall be reviewed by NAVMED Region ADCO, Command Master Chief, Executive Director, and NAVMED Region Commander and forwarded to BUMED ADCO for review and forwarding to OPNAV (N135).
6. Point of Contact. NAVMED Region ADCO, name/grade, telephone/DSN.

QUARTERLY DATA REPORTING RESPONSIBILITIES

Regional Alcohol Drug Control Officer:

1. Number of Driving Under the Influence/Driving While Intoxicated (DUI/DWI) cases on or off base since last meeting or quarter.
2. Number of DUI/DWI cases reported in Navy Medicine region since last meeting/quarter.
3. Comparison of above information with the same time frame last year.
4. Work with local Morale, Welfare and Recreation for:
 - a. Ongoing “de-glamorization efforts.”
 - b. Designated Driver Program and policies in effect.
 - c. Trends and problems noted in clubs due to alcohol (i.e., fights, altercations, underage drinking, etc.).
 - d. Ongoing efforts to limit underage drinking (i.e., positive identification checks (arm bands, hand stamps, etc.).
5. Work with the Chaplain representation for the command:
 - a. Chaplain services provided by regional Chaplain Office.
 - b. Be aware of significant trends noted or detected.
6. Center for Personal and Professional Development:
 - a. Number of Alcohol and Drug Abuse Management Seminar (ADAMS) for Leaders/Supervisor and Prevent classes convened since last meeting/quarter.
 - b. Number of ADAMS for Leaders/Supervisor and Prevent graduates since last meeting/quarter.
 - c. Number of Drug Alcohol Program Advisor (DAPA) classes convened and number of graduated students since last meeting/quarter.
 - d. Significant trends noted or detected.

7. Substance Abuse Rehabilitation Program:

- a. Attendance statistics from monthly/quarterly DAPA meeting (i.e., which commands are not routinely represented at DAPA meetings?).
- b. Scheduled DAPA meeting for the next quarter.
- c. Significant trends noted or detected.