BUMED INSTRUCTION 5350.5

From: Chief, Bureau of Medicine and Surgery

Subj: HEADQUARTERS, BUREAU OF MEDICINE AND SURGERY ALCOHOL AND DRUG PREVENTION PROGRAM

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

1. Purpose. To establish and publicize policies and procedures for the Headquarters (HQ), Bureau of Medicine and Surgery (BUMED) Alcohol and Drug Abuse Prevention Program in accordance with references (a) and (b).

2. Cancellation. NAVMEDCOMINST 5350.1.

3. Scope and Applicability. Provisions of this instruction apply to all Navy active duty and reserve military personnel officers and enlisted assigned to HQ, BUMED.

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 HQ, 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 HQ, BUMED has a zero tolerance toward drugs and a responsible policy toward consumption of alcohol.

5. Policy. It is the goal of HQ, BUMED to be free from the effects of alcohol and drug abuse; the illegal possession of/or the trafficking of drugs by HQ, 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 Navy Medicine. COS must exercise sound judgment in enforcing the Navy’s alcohol and drug policies and ensure proper disposition of individual cases. Chief of Staff (COS) 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. **HQ, BUMED COS 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 HQ, BUMED 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). HQ, BUMED ADCO may serve as the HQ, BUMED Drug and Alcohol Program Advisor to the COS.

   (3) Ensure a Drug and Alcohol Program Advisor (DAPA) is appointed in writing and ensure they receive formal education, in accordance with reference (b), within 90 days of appointment.

   (4) Act as the final authority on the disposition of personnel assigned to HQ, BUMED who are involved in instances of alcohol or other drug use.

   (5) Actively support the command aftercare program. DAPA will attend a Navy Drug and Alcohol Advisory Council (NDAAC) to meet quarterly with area Drug and Alcohol Advisors (DAPA), in accordance with reference (b), within the Washington, DC Metropolitan area.

   (6) 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.

   (7) Ensure all military personnel assigned to HQ, BUMED attend mandatory prevention training. Deputy Chiefs, Assistant Deputy Chiefs, BUMED Special Assistants, and Command Master Chief shall attend the Alcohol and Drug Abuse Management Seminar (ADAMS) for leaders. ADAMS for Supervisor is required for all E5 and above military personnel. Alcohol Aware training is required for all hands. Entries will be made in the training and service records to document training received; reports are available through the Navy Training Management and Planning Systems (NTMPS).

   (8) Coordinate the Drug Abuse Prevention Programs, in accordance with reference (b), promoting “The Right Spirit Campaign.”

   (9) Provide liaison and technical guidance to HQ, BUMED DAPA and UPC concerning alcohol and other drug abuse prevention and control policies and procedures.
(10) Ensure Drug and Alcohol Abuse Reports (DAAR) are submitted within 30 days of an incident, in accordance with reference (b).

(11) Assess training needs and coordinate educational resources for HQ, BUMED.

b. **HQ, BUMED DAPA shall:**

(1) Advise COS 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 COS.

(5) Serve as self-referral procedure agent.

c. **HQ, BUMED UPC shall:**

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

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

(3) Ensure 100 percent of all military personnel are tested annually, utilizing unit sweep of all command military 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 BUMED ADCO.

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

(6) Conduct urinalysis on newly reported military personnel within 72 hours of reporting onboard, using sub-unit sweep for all military personnel assigned.
d. 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 COS, via the chain of command, immediately when abuse exists or is suspected. (The COS 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, in accordance with reference (b).

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

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

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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Chief of Staff

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