



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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BUMEDINST 5350.4B
BUMED-N02B
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BUMED INSTRUCTION 5350.4B

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY MEDICINE ALCOHOL AND DRUG MISUSE PREVENTION AND CONTROL PROGRAM

Ref: (a) OPNAVINST 5350.4E
(b) Manual for Courts-Martial United States (2024 Edition)
(c) MILPERSMAN 1910-146

Encl: (1) Navy Medicine Drug and Alcohol Advisory Council Policy

1. Purpose. To establish and publicize policies and procedures for the Navy Medicine (NAVMED) Alcohol and Drug Misuse Prevention and Control Program, per reference (a). Enclosure (1) provides the Navy Drug and Alcohol Advisory Council (NDAAC) policy. This instruction is a complete revision and should be reviewed in its entirety.
2. Cancellation. BUMEDINST 5350.4A.
3. Scope and Applicability. This instruction applies to NAVMED activities and NAVMED personnel seeking assignments to NAVMED.
4. Background. Alcohol and drug misuse by NAVMED personnel is incompatible with the maintenance of high-performance standards, individual professionalism, personal readiness, military discipline, and most importantly, the mission capability of Bureau of Medicine and Surgery (BUMED) and the Navy as a whole. Recognition of potential problems and referral to the appropriate resources by the chain of command are of utmost importance. This instruction provides guidance and policy to ensure NAVMED commands have zero tolerance towards drug misuse and a responsible policy toward the consumption of alcohol.
5. Policy. It is the goal of NAVMED to be free from the adverse effects of alcohol and drug misuse; the illegal possession or trafficking of drugs; and the wrongful possession, use, distribution, or promotion of drugs or drug paraphernalia. There is zero tolerance for the illegal possession or trafficking of drugs and the wrongful possession, use, distribution or promotion of drugs or drug paraphernalia. Likewise, irresponsible consumption of alcohol or prescription medication is detrimental to good order and discipline. Alcohol and prescription medication misuse endangers personnel, negatively impacts careers and adversely impacts mission readiness. Commanders, commanding officers (CO), 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 per references (b) and (c). Violation of reference (a) and this instruction may subject Service members to disciplinary action under reference (b) and lead to administrative separation processing, in line with reference (c).

6. Roles and Responsibilities

a. BUMED Alcohol and Drug Control Officer (ADCO):

(1) Coordinate with NAVMED region's Alcohol and Drug Misuse Prevention and Control Programs per reference (a) and enclosure (1), promoting the current Navy Substance Prevention and Deterrence (OPNAV N173) approved initiative.

(2) Provide guidance, assistance, and quality assurance to assigned commands to establish, maintain, and enhance local prevention efforts.

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

(a) Monitor situational reports (SITREP) and Alcohol and the Drug Management Information Tracking System (ADMITS) for command compliance with reporting requirements.

1. Ensure a Drug and Alcohol Report (DAR) is submitted for all SITREPs where drugs or alcohol were a contributing factor in the cause of the incident.

2. Ensure DARs are processed, signed, and entered into ADMITS within 14 days (30 days for Reserve units) of the incident date.

(b) Monitor ADMITS and the Internet Forensic Toxicology Drug Testing Laboratory (iFTDTL) system to ensure commands meet urinalysis testing compliance requirements of four tests per month, minimum of 15 percent of assigned military personnel, with a maximum up to 40 percent, per reference (a).

(c) Monitor ADMITS ensuring commands comply with screening and treatment requirements per chapter 3 of reference (a).

(d) Monitor iFTDTL to ensure all positive results have been viewed by the subordinate command.

(e) Monitor ADMITS ensuring timely action is taken on each positive result.

1. Provide OPNAV N173 status reports every 30 days for those Service members with a positive urinalysis result reported who are still in the Navy after 60 days of the incident date.

2. Ensure the mandatory use of the Navy Drug Screening Program and future updates by all subordinate commands.

3. Review and update the BUMED alcohol and drug misuse area of responsibilities directives.

4. Coordinate with OPNAV N173 and the Urinalysis Program Coordinator (UPC) to reduce submission discrepancy rates for all positive urinalysis results.

(f) Compile alcohol and other drug misuse statistical data for the chain of command through ADMITS.

(g) Maintain an up-to-date unit identification code (UIC) listing and onboard count in ADMITS.

(h) Monitor training compliance, assess training needs, and coordinate education resources.

(4) Report quarterly to the Deputy Surgeon General of the Navy/Deputy Chief, BUMED on regional program compliance and statistical data.

b. NAVMED Echelon 3 Commanders:

(1) Establish an aggressive program of prevention, deterrence, and detection. The most important components in managing an effective prevention program are education, proactive command involvement, and a command climate intolerant of any alcohol or drug misuse. Commanders should aim for the achievement of positive goals which includes reduction in driving under the influence (DUI) and driving while intoxicated, zero tolerance of drug misuse, and significant reductions in alcohol abuse accidents.

(2) Appoint in writing a regional ADCO who will be in the pay grade of E-7 or above, an officer, or a civilian employee (General Schedule (GS)-9 or above) as a primary duty. The BUMED ADCO will be notified once an individual is assigned as the ADCO. Appointment should be made with concurrence of BUMED ADCO Program Manager. ADCOs must attend the Drug and Alcohol Program Advisor (DAPA) course within 6 months of being assigned duties as an ADCO, complete the Alcohol and Drug Misuse for Managers and Supervisors (ADAMS) for Leaders course, complete the online UPC course on Navy E-Learning, and review policies to provide guidance, assistance, and quality assurance to establish, maintain, and enhance local prevention efforts.

(3) Ensure DAPA and assistant DAPAs are designated (in writing) at each subordinate command and ensure they receive formal education per reference (a) within 90 days of

appointment unless they have completed the course within the previous 3 years. Primary DAPA should be an E-7 or above, an officer, or a civilian employee (GS-7 or above). Assistant DAPAs should be an E-5 or above, an officer, or a civilian employee (GS-7 or above).

(4) Actively support the local command aftercare program.

(5) Ensure the regional and subordinate command DAPAs attend host installation NDAAC, or host installation equivalent committee meetings and actively support local initiatives and implement other alcohol and drug misuse countermeasures consistent with the threat environment per reference (a).

(6) Appoint in writing a primary UPC and assistant UPC. The designated primary UPC should be an E-7 or above, or a civilian employee (GS-7 or above). The designated assistant UPCs should be E-6 or below, or a civilian employee (GS-6 or below). DAPAs and personnel serving as independent duty corpsmen will not be assigned duties as UPCs.

(7) Ensure educational requirements are met per reference (a) including ADAMS for Leaders. COs, OICs, executive officers (XO), executive director, chief of staff, command master chiefs (CMC), and other senior command personnel must complete ADAMS for Leaders within 1 year of attaining such position and repeat annually due to program changes.

c. NAVMED Region ADCO:

(1) Coordinate NAVMED region's Alcohol and Drug Misuse Prevention and Control Programs per reference (a) and enclosure (1), promoting the current OPNAV N173 approved initiatives.

(2) Provide liaison and technical guidance to regional and subordinate command 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 Misuse Prevention and Control Program elements under NAVMED region cognizance, particularly in the areas of professional training, standards, and service delivery procedures.

(a) Monitor SITREPs and ADMITS for command compliance with reporting requirements.

1. Ensure a DAR is submitted for all SITREPs where drugs or alcohol were a contributing factor in the cause of the incident.

2. Ensure DARs are processed, signed, and entered in ADMITS within 14 days (30 days for reserve units) of the incident date.

(b) Monitor ADMITS and the iFTDTL system to ensure commands meet urinalysis testing compliance requirements.

(c) Monitor ADMITS to ensure commands comply with screening and treatment requirements per chapter 3 of reference (a).

(d) Monitor iFTDTL to ensure all positive results have been viewed by subordinate command.

(e) Monitor ADMITS ensuring timely action is taken on each positive result.

1. Provide the BUMED ADCO status reports every 30 days for Service members with a positive urinalysis result reported who are still in the Navy after 60 days of the incident date.

2. Ensure the mandatory use of the Navy Drug Screening Program and future updates by all subordinate commands.

3. Review and update the NAVMED regional alcohol and drug misuse area of responsibilities directives.

4. Coordinate with BUMED ADCO and UPC to reduce submission discrepancy rates for all positive urinalysis results.

5. Ensure subordinate commands comply with reporting requirements for all positive urinalysis results.

6. Compile alcohol and other drug misuse statistical data for the chain of command through ADMITS.

7. Maintain an up-to-date UIC listing and onboard count in ADMITS.

8. Monitor training compliance, assess training needs, and coordinate education resources.

(4) Report quarterly statistical data within regional area of responsibility to the BUMED ADCO by the 15th of January, April, August, and November using the templates as provided by the BUMED ADCO.

d. Commanders, COs, and OICs:

(1) Provide specific guidance to the command regarding responsible use of alcohol and zero tolerance for drug misuse. This guidance may be published in a local command instruction or included in the command's standard organization and regulations manual.

(2) Enforce underage drinking prohibition statutes, which requires commands to adhere to the minimum age requirements (for the sale, purchase, possession, or consumption of alcoholic beverages) which conform to laws of the local jurisdiction, state, or host country in which the command is located. Consumption of alcoholic beverages on naval installations must be restricted to personnel 21 years of age and older in all 50 states and U.S. territories. In foreign countries, the drinking age on the installation must conform to the legal age set by the host country. In the absence of any local law, the minimum drinking age must be 21 years of age.

(3) Provide non-alcoholic beverages at command functions where alcohol has been authorized. NAVMED does not condone the consumption of alcoholic beverages during designated working hours. However, for official functions, ceremonies, and other infrequent command-sponsored events, alcohol is permissible if approved and authorized by the CO.

(4) The use of alcohol detection device (ADD) is authorized as a complement to a command's initiatives to deter irresponsible use of alcohol and assist with identifying Sailors who may require support and assistance with alcohol use decisions. Results of ADD testing are not to be used as a basis for disciplinary measures, but refusal to submit may subject the member to appropriate disciplinary or administrative action. A Sailor whose ADD-indicated reading is a 0.04 percent Blood Alcohol Content or Concentration (BAC) or greater must be presumed to be not ready to safely perform duties and must be relieved of duty and retained onboard the command in a safe and secure environment until the ADD-indicated reading is not detectable. For any reading of 0.04 percent BAC or greater, a referral to the DAPA is appropriate. A Sailor who is under the minimum legal drinking age and has an ADD indicated reading of 0.02 percent BAC or greater must, at a minimum, be referred to the DAPA. In cases where the ADD reading is 0.02 percent BAC or greater, the Sailor should be retested after a 20-minute waiting period to allow the effect of mouthwash, breath mints, gum or breath sprays that may produce a detectable indicator of alcohol to clear. An ADD reading of less than 0.02 percent must be considered a negative result.

(5) Report all information of DUIs by unit members to the installation commander.

(6) Notify the base security manager of service members involved in incidents of drug misuse.

(7) Initiate administrative separation processing as outlined in reference (a) and CONSULT a staff judge advocate.

(8) Designate (in writing) a command DAPA and notify NAVMED regional ADCO as updates occur.

(a) Primary DAPA should be E-7 or above, an officer, or a civilian employee (GS-7 or above). Assistant DAPAs should be E-5 or above, an officer, or a civilian employee (GS-7 or above). COs must maintain close liaison with their DAPAs. The DAPA is the command's primary advisor for alcohol and drug matters and reports directly to the CO.

(b) The DAPA (and assistant DAPAs) must not have an alcohol incident within 2 years prior to appointment and must have at least 1 year remaining in the command after appointment (except for those personnel on 1-year orders). Service members who have successfully completed treatment for alcohol use disorder must have achieved at least 2 years of sobriety immediately prior to appointment as DAPA.

(c) Within 90 days of assuming duty, DAPAs and assistant DAPAs are required to successfully complete the command DAPA course, unless they have completed the course within the previous 3 years. DAPAs, UPCs, and assistants that have completed the DAPA or UPC courses greater than 3 years prior to an available workshop as defined in chapter 8 of reference (a) must complete the DAPA course to maintain currency.

(d) Commands with 300 or more Service members must assign a full-time DAPA. In any case, the chief of staff must appoint as many DAPAs and assistants as deemed necessary, but a ratio of at least one for every 100 personnel assigned is recommended.

(e) Personnel serving in a role of a substance abuse counselor will not be designated as the command DAPA.

(f) DAPAs, Sexual Assault Prevention Response counselors, and personnel serving as independent duty corpsmen must not be assigned duties as UPC.

(g) The command DAPA is required to contact OPNAV N173 to obtain ADMITS and iFTDTL access within 30 days of designation as command DAPA.

(9) Submit DAR within 14 days of referral or incident (Reserve Component units must submit within 30 days). DARs may be amended when additional information becomes available. DARs must be signed electronically via ADMITS by the CO. This responsibility must not be delegated to the DAPA.

(10) Appoint primary and assistant UPCs (in writing) and notify ADCO as updates occur. Commands are required to have a primary UPC at all times. The designated primary UPC should be E-7 or above, or a civilian employee (GS-7 or above). The designated assistant UPCs should be E-6 or below, or a civilian employee (GS-6 or below). In all cases where junior personnel (below E-7) are used as command UPCs, the urinalysis program must undergo a quarterly inspection by an officer or chief petty officer and results of the inspection forwarded to the CO. To facilitate collection of a unit sweep where all hands are to be tested, additional UPCs are recommended. UPCs must complete Navy e-Learning, UPC training within 30 days of appointment.

(11) 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.

(12) Be the initial authority on the disposition of personnel involved in instances of alcohol or drug misuse.

(13) Actively support the local command aftercare program per reference (a).

(14) Ensure the command DAPA participates in host installations NDAAC meetings per reference (a).

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

(16) Ensure educational requirements are met per reference (a).

(17) Abide by additional requirements delineated in chapter 2, paragraph 18 of reference (a).

e. Command DAPA:

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

(2) Conduct the administrative screening of identified alcohol and drug misusers.

(3) Track educational requirements for the command per reference (a).

(4) Act as aftercare coordinator for the unit commander.

(5) Serve as self-referral procedure agent.

(6) Provide the monthly DAPA report to NAVMED regional ADCO no later than the 15th of the following month via command CO, XO, and CMC using the template as provided by the BUMED ADCO to the regional ADCO.

(7) Notify the NAVMED region ADCO of appointment as command DAPA.

f. Command UPC:

(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 four tests per month using the random urinalysis premise code. Commands with less than 50 personnel onboard are allowed to conduct random tests at a minimum of twice a month with echelon 2 approval. Commands with approval from their echelon 2 command, must forward approved documentation to OPNAV N173.

(3) Commands are always required to test a minimum of 15 percent of assigned personnel per month (maximum up to 40 percent).

(4) 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.

(5) Provide the monthly UPC report to NAVMED regional ADCO no later than the 15th of the following month via command CO, XO, and CMC using the template as provided by the BUMED ADCO to the regional ADCO.

(6) Contact OPNAV N173 to obtain ADMITS and iFTDTL access within 14 days of designation as command primary or assistant UPC and complete UPC training within 30 days of appointment as per reference (a).

(7) Notify NAVMED region ADCO of appointment as command UPC.

(8) Conduct urinalysis on newly reported personnel within 72 hours of reporting onboard or on the first normal duty day after reporting onboard using sub-unit sweep premise code.

(9) Ensure all personnel assigned to subordinate UICs are being tested, per reference (a).

(10) Copy NAVMED region ADCO on all email correspondence regarding determination of positive urinalysis letters forwarded to OPNAV N173.

7. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules found on Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the Office of the Chief of Naval Operations (OPNAV) Records Management Program (DNS-16).

8. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED ADCO will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of War, Secretary of the Navy, and Navy policy and

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statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

9. Information Management Control. Reports required in subparagraphs 6b through 6f of this instruction are exempt from reports control per Secretary of the Navy manual 5214.1 of December 2005, part IV, subparagraph 7k.



R. FREEDMAN
Acting

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <https://www.med.navy.mil/Directives/>

NAVY MEDICINE DRUG AND ALCOHOL ADVISORY COUNCIL POLICY

1. Reference (a) requires that NDAACs support the Chief of Naval Operations Zero Tolerance initiative. The primary purpose of the 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 subordinate commands are attending their local geographical area NDAAC or attending an equivalent council if on a Marine Corps or Joint Base installation. If no geographical area NDAAC has been established, subordinate commands must establish 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. The NDAAC requirements are outlined in paragraph 16 of reference (a).
4. Meetings. The council will meet quarterly or at the direction of the chairperson. NDAACs are responsible for analyzing the nature and extent of local alcohol and drug threats and developing an action plan. NDAAC chair must make current threat assessments available for review during inspections and must make copies available to local commands.
5. Reports. The minutes of meetings will be reviewed by NAVMED region ADCO, CMC, deputy commander, and NAVMED region commander, and forwarded to BUMED ADCO for review and forwarding to OPNAV N173.
6. Point of Contact. The point of contact for questions or concerns is the NAVMED region ADCO.