



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
WASHINGTON, DC 20350-2000

IN REPLY REFER TO

OPNAVINST 5350.7
OP-09BE2

10 JAN 1992

OPNAV INSTRUCTION 5350.7

From: Chief of Naval Operations

Subj: DRUG AND ALCOHOL ABUSE PROGRAM MANAGEMENT FOR THE OFFICE
OF CHIEF OF NAVAL OPERATIONS (CNO) AND CNO (OP-09B)
CLAIMANCY

Ref: (a) OPNAVINST 5350.4B
(b) OPNAVINST 6110.1D

Encl: (1) Information
(2) Education
(3) Appropriate Use
(4) Deglamorization
(5) Appropriate Alternatives
(6) Health and Physical Readiness
(7) Driving Under The Influence
(8) Competency For Duty Examinations
(9) Referral Process
(10) Self-Referral
(11) Pre-Care
(12) Aftercare
(13) Reemployment
(14) Treatment Failure
(15) Urinalysis Program

1. Purpose. To establish and publicize policies and procedures for the Drug and Alcohol Abuse Program in the Office of the Chief of Naval Operations (OPNAV) and the Chief of Naval Operations (CNO) (OP-09B) claimancy as identified by the distribution list.

2. Scope and Applicability. The provisions of this instruction apply to all Navy members, active and reserve, attached to OPNAV and CNO (OP-09B) claimancy. The provisions of Civilian Personnel Instructions 432, 752, and 792 apply to all contract and U.S. civilian employees of the Department of the Navy.

3. Background. Drug and alcohol abuse is a costly detriment to the mission capability of the U.S. Navy. 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 the chain of command are of utmost importance.



0 5 7 9 L D 0 5 5 8 0 2 0

10 JAN 1992

4. Policy. All programs and efforts to control the abuse of drugs and alcohol, as described in reference (a), shall receive full support at all levels of the command. There is "Zero Tolerance" of alcohol and other drug abuse. Abuse of alcohol and other drugs is inconsistent with Navy initiatives to promote personal excellence among its members. Such abuse is considered a preventable and treatable condition. The primary responsibility for prevention of alcohol and other drug abuse rests with the individual.

5. Discussion

a. The prevention of drug and alcohol abuse requires surveillance, detection and deterrence as well as intensive, coordinated programs of education, identification, rehabilitation and counseling. Enclosures (1) through (15) contain specific guidance and amplifying information for the implementation and administration of substance abuse prevention and control programs.

b. Commands will provide preventive education and, when necessary, referral to rehabilitative services to personnel whose performance and continued military service are adversely affected through alcohol or other drug abuse. Personnel identified as abusers will be directed to comply with a Level I or a Level II Program at a Counseling and Assistance Center (CAAC). Individuals diagnosed as alcohol or drug dependent who are eligible for treatment and meet admission requirements, will be ordered into a Level III Program regardless of whether they volunteered for treatment. Prevention requires a systems approach involving military and civilian resources and cooperation. Command prevention starts with a strong policy and is assisted by the effective use of resource personnel such as the Command Drug and Alcohol Program Advisor (DAPA), the Command Fitness Coordinator (CFC), Command Chaplain, Command Medical Officer, and Command Master Chief.

6. Responsibilities

a. Immediate Superiors in Command (ISICs) shall maintain the capability to monitor and coordinate the drug and alcohol abuse control programs set forth in this instruction and shall ensure all activities comply with the provisions of reference (b) regarding civilian employees.

b. All commands

(1) Shall establish or participate in regional or local area Navy Drug and Alcohol Advisory Councils (NDAACs). NDAACs will assess alcohol and drug abuse within their respective geographic location and take corrective actions to counter

existing or potential problems. Councils should be composed of representatives from all major commands. The chaplain's office, legal, security, medical, local CAAC/Navy Alcohol and Drug Safety Action Program, Family Service Centers and Family Advocacy also should be represented. This council should be chaired by a senior military member (05 or above for local, 06 or above for regional). The NDACC shall meet at least quarterly. Reports will be maintained in accordance with reference (a) enclosure (12).

(2) Promulgate a clear command policy that reflects "Zero Tolerance" of alcohol and other drug abuse on or off duty and accountability measures to be taken for all offenders. Establish as a governing rule that no one in the command is immune to command intervention if that person demonstrates the characteristics of alcohol abuse or drug use. Intervention should not be suspended because of factors such as accumulated service, time in grade, proximity of retirement or popularity of the individual. Leadership qualities of the individual or the command's pressing need to have the individual on board should not interfere with the intervention process. Commands will inform all hands that intervention will occur if a Navy member has an alcohol or drug problem. Documentation of each drug and alcohol incident is to be retained by the DAPA. The Navy's rules and regulations on the use of alcohol and other drugs will be enforced by whatever means available: urinalysis, drug detector dogs, legal searches, etc.

c. Commanding Officer

(1) Shall establish an aggressive program aimed at the achievement of positive goals which include reduction in Driving While Intoxicated (DWIs), "Zero Tolerance" of drug use, and significant reductions in alcohol abuse incidents.

(2) Appoint, in writing, an E-6 or above to perform duties as (DAPA).

(3) Ensure DAPA(s) receive formal education in accordance with reference (a) within 90 days of assignment.

The Aftercare Coordinator should attend the Level I Program Management (LPM) course within 90 days of assignment.

(4) Shall be the final authority on the disposition of personnel involved in instances of alcohol or other drug abuse.

10 JAN 1992

(5) Shall actively support the command Aftercare Program; meet at least quarterly, as part of a review panel, with any member returning to the command after completion of Level II or III treatment.

(6) Appoint in writing, an officer or superior petty officer as Urinalysis Coordinator.

(7) Conduct an aggressive urinalysis program; maintain liaison with the chief master-at-arms and safety officer in alcohol or other drug abuse related incidents.

(8) May delegate these duties to the executive officer.

d. Department or Division Heads shall ensure that every reasonable opportunity for alcohol and other drug abuse education is afforded to each member. Members recommended for Level II or III treatment programs will receive treatment in a reasonable period and are will be fully supported in their Aftercare upon return to the command.

e. Drug and Alcohol Program Advisor (DAPA) and Assistant DAPAs shall

(1) Advise the commanding officer on the administration of the command's alcohol and other drug abuse program.

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

(3) Coordinate or present Level I alcohol and other drug abuse awareness education, including new personnel orientation.

(4) Act as Aftercare Coordinator for the command, coordinating and monitoring the Aftercare Plan for members who return from Levels II or III treatment.

(5) Serve as self-referral procedure agent.

(6) Draft all required alcohol and other drug abuse reports for the commanding officer's signature as required by reference (a).

f. Urinalysis Coordinator shall advise the commanding officer on all matters relating to urinalysis including testing methodology, collection, and transportation of samples to the Navy Drug Screening Laboratories. The Urinalysis Coordinator will be appointed in writing and will be an officer or a superior petty officer.