



MASTER DIRECTIVES

UNITED STATES MARINE CORPS
Marine Corps Base
Camp Lejeune, North Carolina 28542

BO P5300.9A
CDAC/srd
7 Jul 1987

BASE ORDER P5300.9A

From: Commanding General
To: Distribution List

Subj: STANDING OPERATING PROCEDURES (SOP) FOR CONSOLIDATED SUBSTANCE ABUSE CONTROL PROGRAM

Ref: (a) SECNAVINST 1700.11C
(b) SECNAVINST 5300.28A
(c) OPNAVINST 5350.4
(d) MCO P1900.16C
(e) MCO P5300.12
(f) BO 1700.6G
(g) BO 5300.10
(h) BO P5300.3F
(i) BO 5420.24J
(j) BO P5400.3E
(k) BO 6120.1D
(l) BO P5560.2J
(m) BO 5041.2P, App A, Encl: (3)
(n) SUBSTANCE ABUSE PROGRAM INSPECTION CHECKLIST

Encl: (1) LOCATOR SHEET

Report Required: Monthly Drug and Alcohol Report, Paragraph 7001.1

1. Purpose. To publish the policies, procedures, and standards for the Consolidated Substance Abuse Program, and to establish responsibility for execution of the Program in accordance with the policies, procedures, and standards contained in references (a) through (l).

2. Cancellation. BO P5300.9.

3. Scope. This manual contains policy, procedures and technical instructions to ensure commands are provided the basis for a command prevention program, methods for early identification of substance abusers, program description for command education/treatment programs, proper procedures for initiating treatment of those diagnosed and eligible for treatment, and guidelines for the operation and administration of a urinalysis testing program.

4. Recommendations. Recommendations concerning the contents of Standing Operating Procedures (SOP) for Consolidated Substance Abuse Control Program are invited. Recommendations should be forwarded to the Commanding General, MCB (Attn: Director, Human Services) via the appropriate chain of command.

5. Action

a. The Consolidated Drug and Alcohol Advisory Council, reference (i), is chartered to provide assistance and guidance for the operation of the Consolidated Drug and Alcohol Center (CDAC) and Substance Abuse Programs for the Camp Lejeune complex. The Council will meet at least quarterly or on call of the Chairman and provide a report of actions recommended to the Commanding Generals, Marine Corps Base, 2d Marine Division, 2d Force Service Support Group the 6th Marine Amphibious Brigade, and II Marine Amphibious Force.

b. CDAC has the responsibility to develop and implement the policies, procedures and standards for the Consolidated Substance Abuse Control Program aboard Camp Lejeune, North Carolina.

c. Substance Abuse Control Programs, as well as CDAC, will operate in accordance with references (a) through (l) and supplemental instructions contained herein.

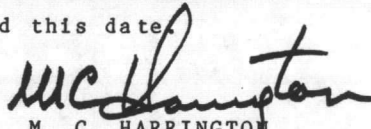
6. Concurrence. This Order has been coordinated and concurred with by the Commanding Generals, 2d Marine Division, FMF; II Marine Amphibious Force, FMF; 2d Force Service

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Support Group, (REIN), FMF; 6th Marine Amphibious Brigade, FMF; and the Commanding Officers, Naval Hospital and Naval Dental Clinic.

7. Certification. Reviewed and approved this date.

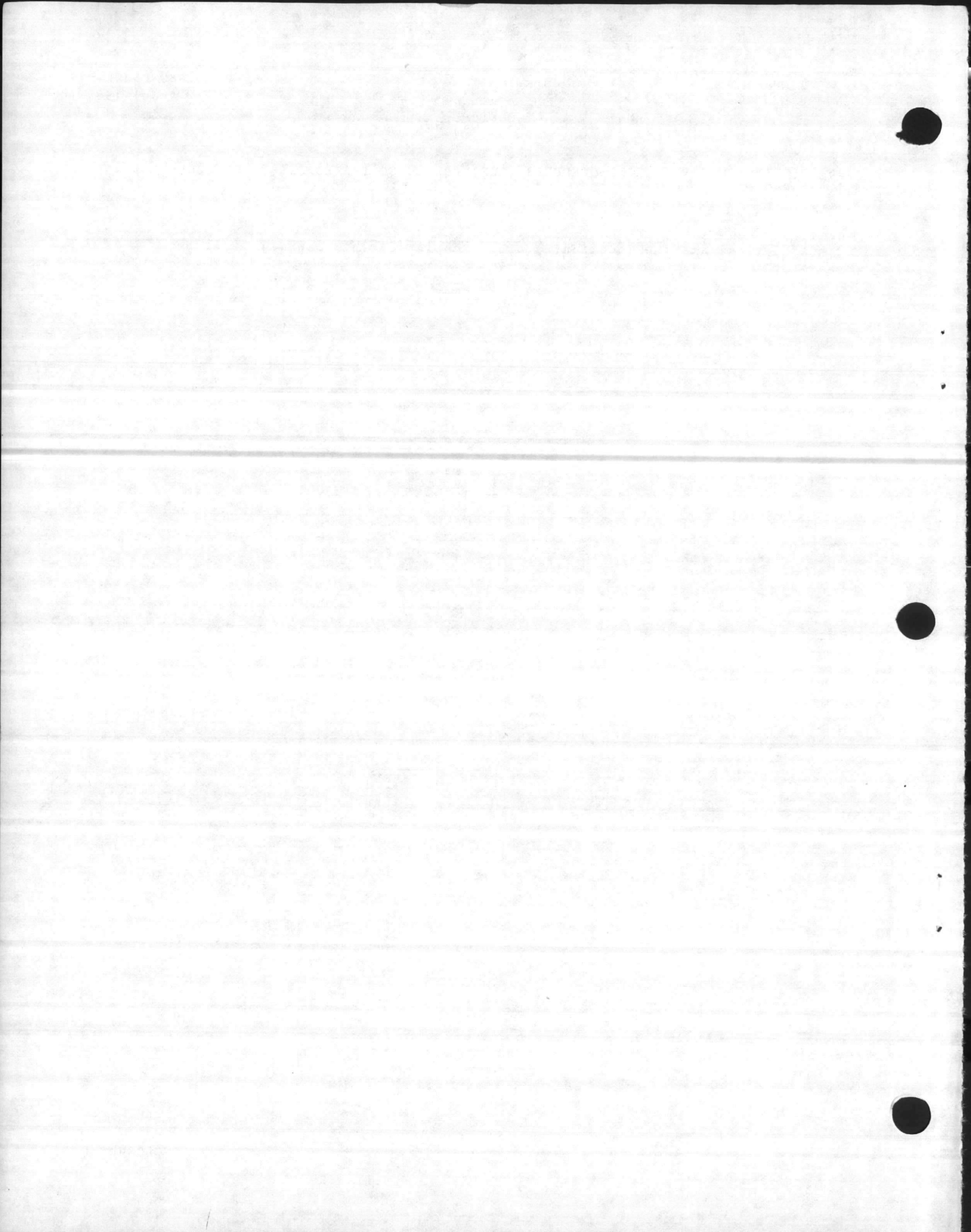

M. C. HARRINGTON
Chief of Staff

DISTRIBUTION: A Plus CDAC (500)

LOCATOR SHEET

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Location: _____
(Indicate the location(s) of the copies of this manual)

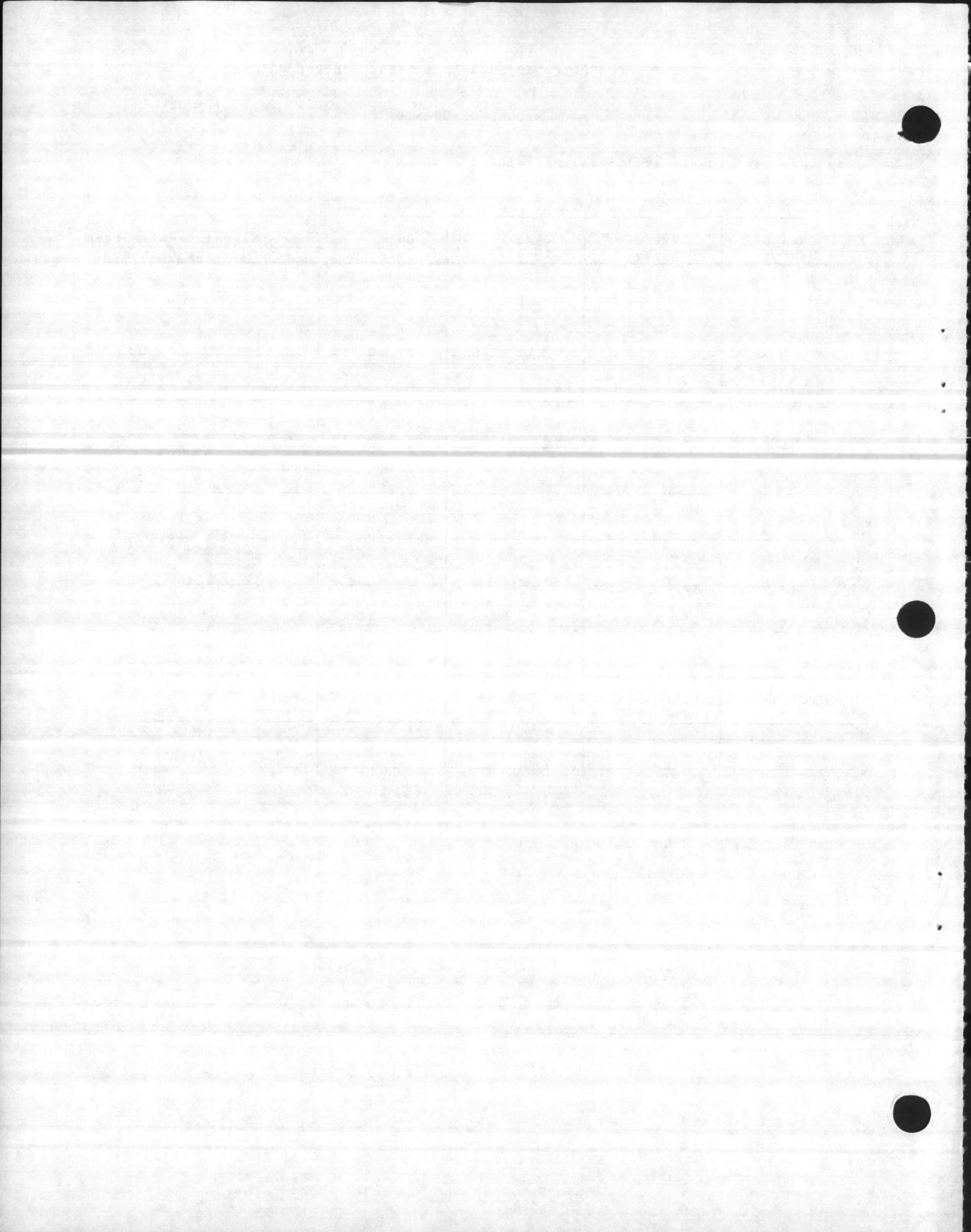


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RECORD OF CHANGES

Log completed change action as indicated.

Change Number	Date of Change	Date Received	Date Entered	Signature of Person Entering Change

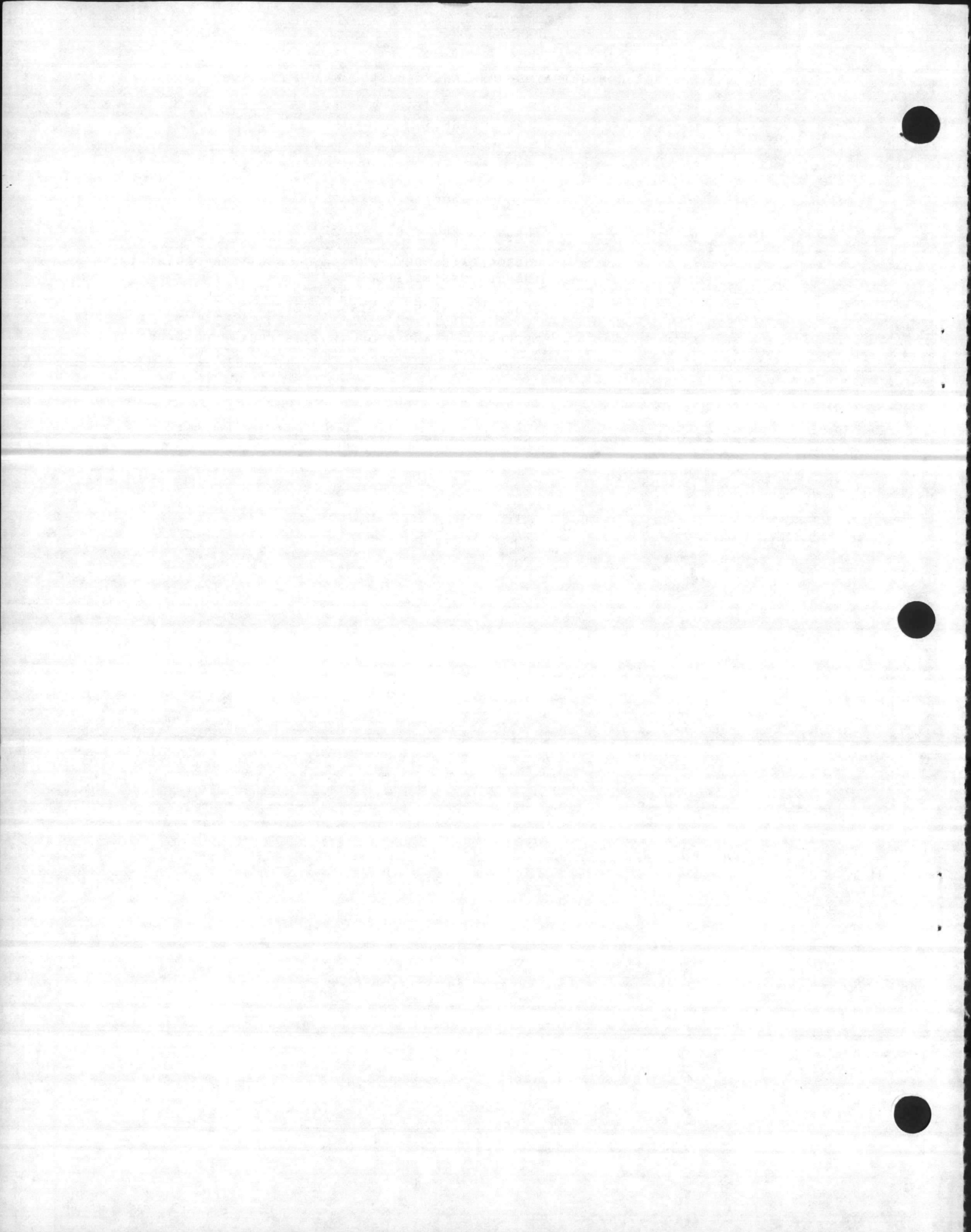


SOP FOR CONSOLIDATED SUBSTANCE ABUSE CONTROL PROGRAM

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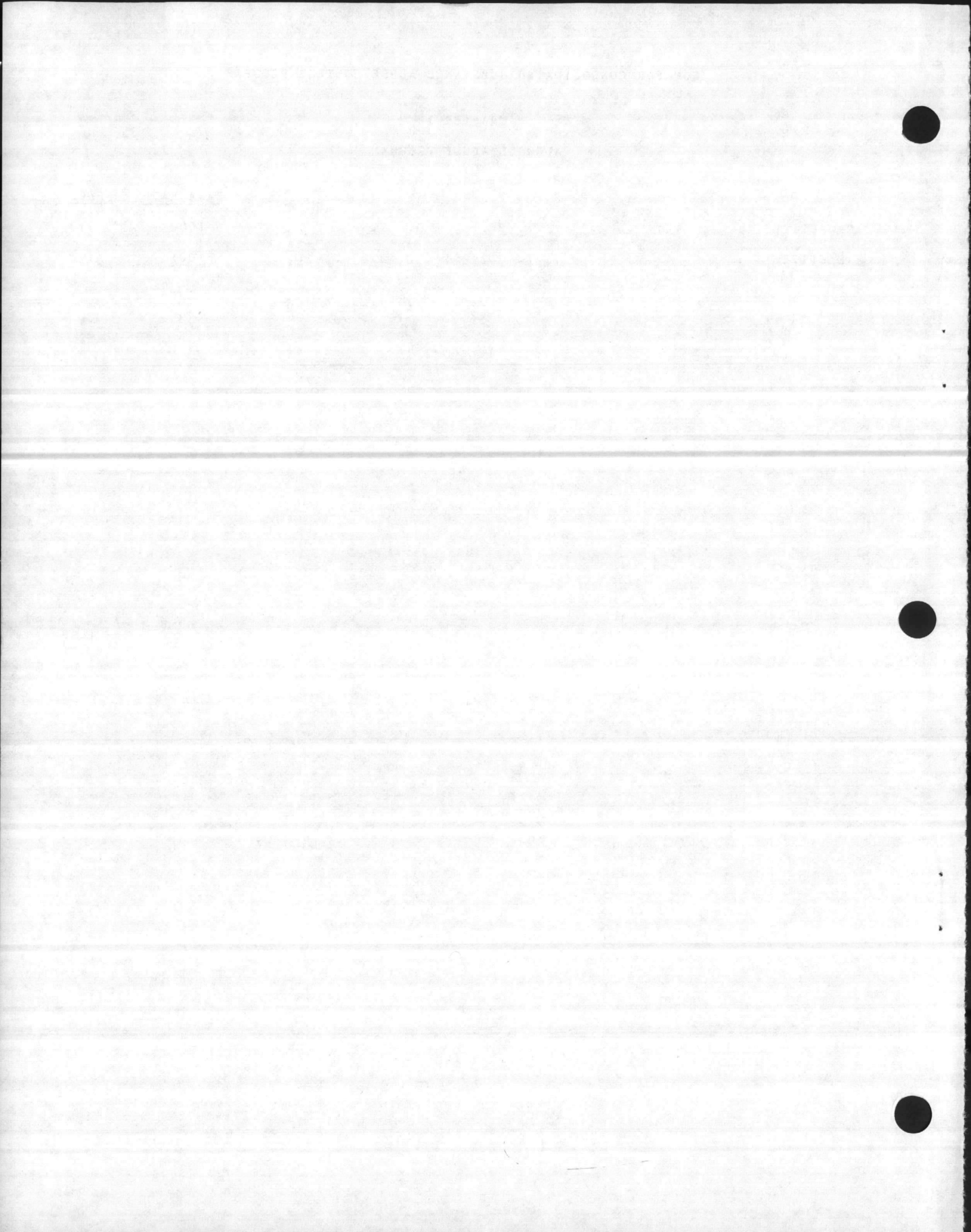
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4	SUBSTANCE ABUSE CONTROL OFFICER
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SOP FOR CONSOLIDATED SUBSTANCE ABUSE CONTROL PROGRAM

CHAPTER 1
ALCOHOL ABUSE PROGRAM

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CHAPTER 1

ALCOHOL ABUSE PROGRAM

1000. PROACTIVE. The proactive phase consists of educational and deterrent measures. Both are described in paragraphs 1100 through 2107 of reference (e).

1. Educational Measures. All substance abuse training is also leadership training. The minimum requirements of reference (e) are addressed below.

a. Basic Drug and Alcohol Training. In accordance with reference (e) paragraph 1103.4, non-supervisory enlisted personnel and civilian employees will receive basic Drug and Alcohol instruction annually. This training will be conducted at the unit level and should be incorporated into the unit annual and quarterly training schedules and records. The Civilian Personnel Office will coordinate civilian Basic Drug and Alcohol Training with the Director, CDAC.

b. Supervisory Level Training. In accordance with reference (e), paragraph 1103.2, Officers, SNCO's, NCO's and civilian employees in supervisory positions are required to receive supervisory level training within sixty days of reporting in and/or assumption of supervisory level duties and annually thereafter (civilian employees every two years thereafter). This training can be satisfied if conducted by a unit Substance Abuse Control Officer/Substance Abuse Non-Commissioned Officer (SACO/SANCO) who has attended a formal Substance Abuse Information Course (SAIC), the Leadership Awareness Drug and Alcohol Course in Washington DC, the Aftercare Program Course (APM), Camp Lejeune, North Carolina, Navy Alcohol Drug Safety Action Program (NADSAP), Camp Lejeune, or any course listed in the current edition MCBul 1500, Subject "Substance Abuse Awareness Education Courses". The Civilian Personnel Office will coordinate civilian Supervisory Level Training with the Director, CDAC.

c. Substance Abuse Control Officer Training. SACOs and SANCOs are required to attend training within three months of assignment. Training for SACOs and SANCOs is through approved courses as described in reference (e), paragraph 1205.3C and paragraph 1000.1b above.

2. Deterrent Measures. In accordance with paragraph 1105 of reference (e) deterrent measures will be utilized at the unit level as part of an effective pro-active phase implementation. Reference (e) lists available deterrent measures. Prevention classes can also be provided by CDAC personnel upon request.

1001. REACTIVE. The reactive phase can generally be described in five phases: (1) confirming abuse or dependency, (2) disciplining the individual, if required, (3) evaluating the individual's abuse or dependency, (4) providing opportunity for treatment, (5) returning the individual to full duty or separating him/her from the service.

1. Initial Action. Commanders must establish and maintain an effective identification program. This includes, but is not limited to: educating officers and SNCOs in identification techniques thereby increasing their awareness of work habits and liberty habits; monitoring duty logs, PMO blotters, and Emergency Room Reports; Health and Welfare Inspections and random vehicle checks.

2. Disciplinary Measures. Reference (e), paragraph 1203, outlines in detail the strict criteria for documentation of unacceptable alcohol related incidents.

3. Administrative Measures. Retention and reenlistment with alcohol and drug misconduct is specifically outlined in reference (e), paragraph 1204.

4. Treatment and Rehabilitation

a. Reference (e) outlines guidelines for formal treatment and rehabilitation.

b. A Marine who is diagnosed as alcoholic in accordance with reference (e) paragraph 1205, will not be available for deployment until completion of Level III Formal Treatment. Exceptions may be granted on a case-by-case basis by the Commandant of the Marine Corps (Code MHD).

c. A Marine will be placed in an "Aftercare" status for 12 months following completion of Level III Treatment.

5. Administration and Management. Assignment to Level II/Level III Programs. Once an individual has been identified as an alcohol abuser or potentially alcohol dependent, the SACO will refer the individual to the CDAC within twenty-four hours. This will be accomplished by calling CDAC and making an appointment through the receptionist.

a. Once the appointment is made the SACO/SANCO will notify the individual of the appointment in writing. An appointment log recording appointments for Level II counselors, Level II Treatment (Workshop), NADSAP and Level III Medical Evacuations (MEDEVACS) will be maintained by the SACO/SANCO. An applicable entry will also be noted in the chronological history of the individual's case file.

b. Once the Marine has seen a counselor, the counselor will make a tentative diagnosis of substance abuse or dependency or will diagnose that there is no substance abuse or dependency. If the tentative diagnosis is dependency or abuse, the Marine will then be scheduled for an appointment for consultation with the Medical Officer. After the final diagnosis has been made by the Medical Officer, the Director of CDAC will send a letter to the Commanding Officer of the individual's command. The letter will outline the diagnosis, provide a Treatment Plan and request the command to free the individual for the amount of time required for treatment. If the diagnosis is alcohol abuse the Marine will attend and complete the one week Level II Treatment Workshop. The Director will send the Commanding Officer an evaluation of the individual's performance with a Treatment Plan for the appropriate follow-up.

c. All Marines tentatively diagnosed as alcohol dependent by a counselor, will be scheduled for consultation with the Medical Officer within five working days. The Medical Officer will make the final diagnosis.

d. A typed Consultation Sheet (Standard Form 513) will be prepared by the counselor to aid the Medical Officer with his diagnosis. The counselor will sign the consult and submit it to the Quality Assurance Counselor prior to submission to the Medical Officer. Once the Medical Officer diagnoses the client, the client will sign the consult. The Medical Officer will be available for consultation one day every week at CDAC.

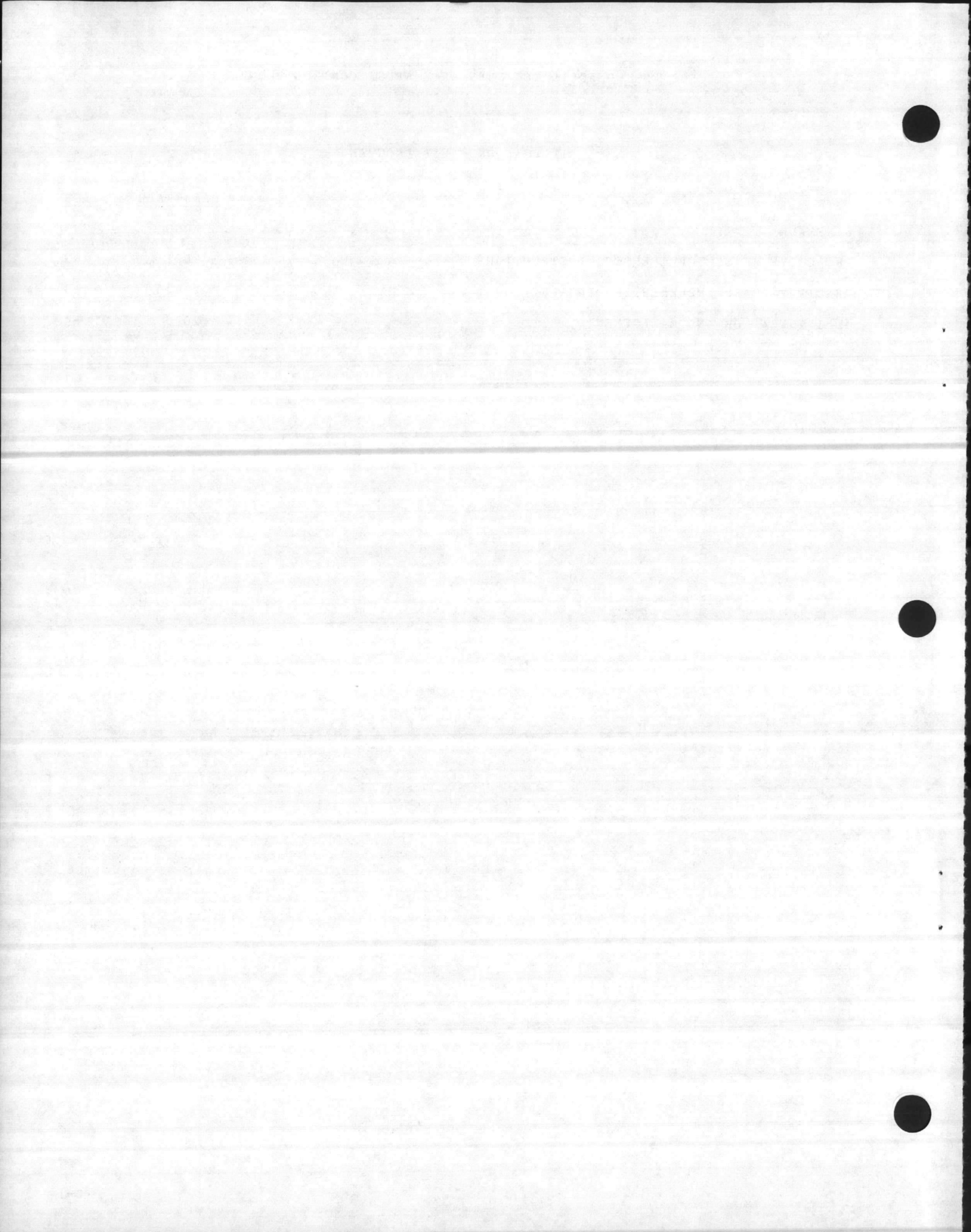
e. After diagnosis is complete, the Director will notify the individual's Commanding Officer, in writing, of the final diagnosis. Once the individual is diagnosed as alcohol dependent, he/she must be treated unless the individual refuses treatment. Reference (e) directs that any Marine diagnosed as alcohol dependent is non-deployable until treatment is complete.

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CHAPTER 2

ILLEGAL DRUG USE PROGRAM

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CHAPTER 2

ILLEGAL DRUG USE PROGRAM

2000. GENERAL

1. As stated in reference (e), the United States Marine Corps will not tolerate the possession, use, or distribution of illegal drugs and believes a drug free environment is essential to mission accomplishment. Accordingly, policy is established to:

a. Prevent and eliminate use of illegal drugs in the Marine Corps.

b. Ensure every Marine understands the important role they have in the defense of our Nation and the serious negative impact on the physical and mental well-being resulting from the use/abuse of marijuana, narcotics, and other controlled substances which render the Marine unreliable, unfit for duty, and a risk to the safety of fellow Marines.

2. Except for authorized medical purposes, Uniform Code of Military Justice (UCMJ) prohibits introduction, possession, use, sale, or transfer of illegal drugs by persons in the naval service. Violation of this lawful order may result in disciplinary action under the UCMJ, as well as action by Federal, state and local authorities.

3. In addition to reduced readiness resulting from drug abuse, the Marine Corps is concerned about damage to the reputation of both the Marine and the Marine Corps resulting from disregard for discipline and organizational values represented by the use of illegal drugs.

2001. PROACTIVE PHASE IMPLEMENTING INSTRUCTIONS. Proactive measures outlined in chapter 1 are applicable to the proactive drug abuser program.

1. Unit Level Preventive Education Program Objectives

a. To provide requisite knowledge and skills to allow each individual to make responsible decisions concerning drug usage.

b. To train military/civilian supervisors in their role in command drug abuse control efforts.

c. To ensure unit level preventive evaluation programs satisfy the learning objectives listed in reference (e) paragraph 2105.4.

2. Deterrent Measures

a. An effective unit deterrence plan should be well thought out, documented in an SOP and be in accordance with reference (e) paragraph 2107.

b. Urinalysis is the primary deterrent measure and should be conducted at regular intervals. It is recommended that at least once per quarter a unit sweep be conducted with regularly scheduled random samples.

c. A urinalysis will be conducted on all Marines and sailors checking into a command within 5 working days. Marines and sailors checking out of a unit will be screened within 60 days prior to date of detachment.

2002. REACTIVE PHASE IMPLEMENTING INSTRUCTIONS

1. Goals of the Reactive Phase

a. To confirm use of an illegal drug.

b. To discipline if appropriate the Marine/sailor for committing an illegal act.

c. To evaluate a Marine/sailor as to:

(1) Degree of involvement and/or dependency.

(2) Potential for continued service.

(3) Amenability for treatment/rehabilitation.

2. Identification. Methods should be aggressive, continuous and in accordance with reference (e), paragraph 2201.

3. Voluntary Drug Exemption Program

a. The Program is outlined in reference (e), paragraph 2202. Commands should provide posters displaying the representative's picture, name, and telephone extension in as many areas as possible.

b. Once the individual has been granted exemption, the SACO/SANCO must make an appointment with the CDAC for the individual to see a counselor for evaluation. After being granted an exemption and diagnosed, the Marine will be entered into an appropriate treatment program as expeditiously as possible.

4. Disciplinary Measures. See reference (e), paragraph 2203.

5. Administrative Measures. Separation from service as a result of drug use or possession will be in accordance with reference (e), paragraph 2204. The key phrase for retention after drug use identification is "Potential for further service".

6. Treatment and Rehabilitation. Treatment and rehabilitation procedures for drug abuse/dependency are outlined in reference (e), paragraph 2205.

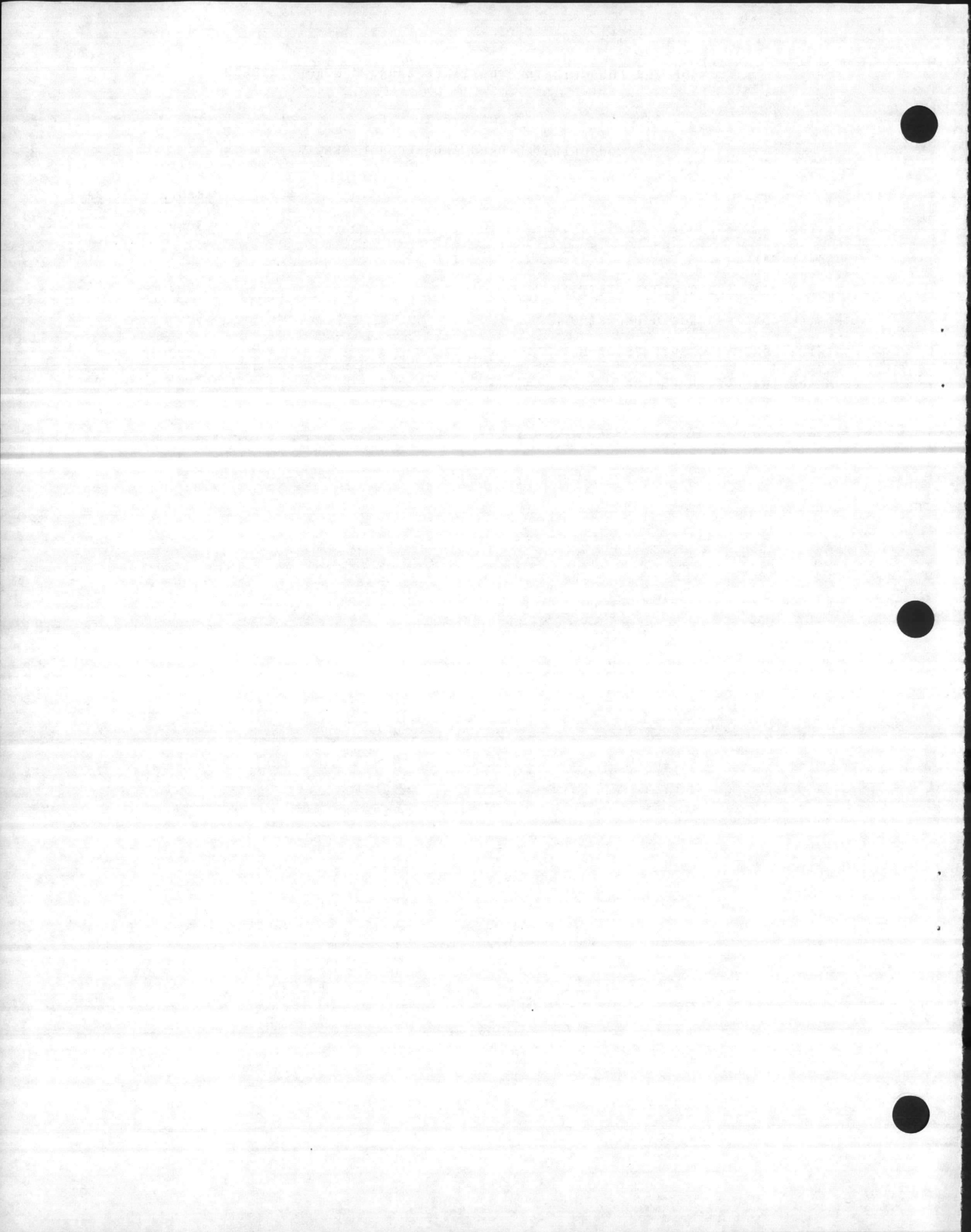
2003. ADMINISTRATION AND MANAGEMENT. The procedures for assignment to Level II and Level III programs for drug abuse and dependency are outlined in reference (e), paragraphs 2205 and 2300.

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CHAPTER 3

CONSOLIDATED DRUG AND ALCOHOL CENTER

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CHAPTER 3

CONSOLIDATED DRUG AND ALCOHOL CENTER

3000. MISSION. As stated in reference (j), the mission of the Consolidated Drug and Alcohol Center (CDAC) is to evaluate those personnel identified as substance abusers and provide the following services: drug and alcohol counseling/evaluation, medical consultation, Level II Treatment, major command evaluation programs, major command education programs, Level III formal aftercare programs and a centralized collection-testing-release point for all command urinalysis testing.

3001. CDAC STAFFING

1. The CDAC was established to increase efficiency, productivity and standardization of drug and alcohol programs.
2. The CDAC is under the operational and administrative control of the Director, Human Services, Marine Corps Base, Camp Lejeune, North Carolina.
3. Staffing in the CDAC will be in accordance with reference (h).
4. Marine Corps Base (MCB) personnel will be assigned to the CDAC for primary duty in accordance with Headquarters Marine Corps T/O 7511. Personnel from the II Marine Amphibious Force, 2d Marine Division, 2d Force Service Support Group, and 6th Marine Amphibious Brigade will be assigned to MCB in accordance with reference (h), Fleet Marine Force Personnel Assistance Program (FAP).
5. Weekly Medical Officer support for the CDAC will be provided by the Commanding Officer of the Naval Hospital, Camp Lejeune. Medical Officer support will be advisory and supervisory in nature and will not involve permanent assignment. The Medical Officer will serve as a consultant to the CDAC on all matters involving drugs or alcohol.

3002. ORGANIZATION AND RESPONSIBILITIES

1. The CDAC is divided into five functional areas, in accordance with the table of Organization HQMC T/O 7511.

a. Headquarters Section

(1) Director

- (a) Responsible for the overall functioning and supervision of the CDAC (assigned by special order).
- (b) Maintains liaison with related agencies, commanders, cognizant staff sections and higher headquarters.
- (c) Special Staff Officer.
- (d) Reviewing officer of CDAC Fitness Reports.
- (e) Member of Consolidated Drug and Alcohol Advisory Council, Camp Lejeune.

(2) Assistant Director

- (a) Responsible to the Director for day-to-day operations of the CDAC.
- (b) OIC, Navy Alcohol Drug Safety Action Program (NADSAP).
- (c) OIC, Alcohol Drug Education Traffic School (ADETS).
- (d) OIC, Major Command Evaluation Program.
- (e) OIC, CDAC budget matters.

order).

(f) 2d Marine Division Drug and Alcohol Officer (assigned by special

(g) Reporting senior for CDAC fitness reports.

(h) CDAC Voting Officer.

(i) CDAC Drug Exemption Officer.

(j) Recorder for the MCB Consolidated Drug and Alcohol Advisory Council.

(3) Non-Commissioned Officer In Charge (NCOIC)

(a) Senior enlisted billet.

(b) Personnel manager.

(c) Direct supervisor of day-to-day operations of all functional areas. Overall supervisor of the following programs; Alcohol Drug Education Traffic School (ADETS), Aftercare Program Management Course (APM), Level II Treatment Program, Level III Formal Aftercare Program (ADETS certified and Instructor Management Qualified).

(d) Quality Assurance Manager (QA) for CDAC.

(e) Member of Advocacy Committee (Spouse/Child Abuse Committee), Department of Social Services, Naval Hospital, Camp Lejeune.

(f) Member, Consolidated Drug and Alcohol Advisory Council.

(g) Liaison between Onslow County Mental Health Center, Jacksonville, NC and MCB, Camp Lejeune for the Alcohol Drug Education Traffic School, State of North Carolina.

(h) Liaison with Naval Drug Rehabilitation Center (NDRC), San Diego, CA regarding Aftercare Program Management Course (APM). Overall APM coordinator for Camp Lejeune.

(i) Community Liaison: The NCOIC coordinates with social services, Family Service Center, chaplains, mental health centers, rehabilitation programs and others to enhance appropriate client referrals. When requested and appropriate, the NCOIC will assist military units and counseling centers in establishing or revising substance abuse programs.

(j) Assists director as required.

(k) Maintains desk top/turnover procedures.

(4) Receptionist

(a) Receives and directs all telephonic communications to CDAC to the appropriate staff member.

(b) Responsible for all client appointment scheduling. Inputs client appointment schedule to administrative section computer.

(c) Supervises client administrative forms (intake evaluation data).

b. Administrative Section

(1) Administrative Chief

(a) The Administrative Chief supervises the receptionist and administrative clerk. The Administrative Chief is directly supervised by the NCOIC.

(b) The Administrative Chief acts as security supervisor and overall supervisor of automated information systems (microcomputer) to include hardware and software.

(c) Supervises the preparation of all correspondence processed by the administrative section to include screening reports, rosters, messages, consultations for alcohol rehabilitation and military fitness reports and supervises input of data via computerized data base management systems. The Administrative Chief assures distribution of all correspondence after signature and performs other duties as directed by the NCOIC.

(d) Responsible for the maintenance of such directives as are retained by CDAC admin section, also responsible for supervision of all correspondence files for the section and the acquisition of adequate admin supplies.

(e) Qualified to operate microcomputers.

(f) Maintains desk top/turnover procedures.

(2) Clerk Typist

(a) Primary operator of microcomputer.

(b) Responsible for typing from rough drafts, hand written notes or verbal instructions, a variety of material such as letters, memoranda, endorsements, directives, requisitions, screening reports, rosters, messages, consultation for alcohol rehabilitation and military fitness reports. In addition, inputs data via computerized data base management systems regarding Level II, Level III and Aftercare programs. The clerk typist distributes all correspondence after signature and performs other clerical duties as directed by Administrative Chief.

(c) Maintains files of publications, directives and correspondence. Receives and files changes to publications and directives. Uses reproduction equipment to make copies of documents upon verbal or written request.

(d) Maintains desk top/turnover procedures.

c. Urinalysis Section

(1) Non-Commissioned Officer in charge (NCOIC)/Shipping-Receiving NCO

(a) Non-Commissioned Officer in Charge. Responsible for day-to-day functions of the Urinalysis Section. Supervises three people. Qualified microcomputer operator.

(b) Responsible for validity of all alcohol and drug data from Military Police blotters, hospital emergency room reports, and urinalysis messages (positive), input to the microcomputer.

(c) Responsible for the monthly Drug and Alcohol Reports to the Commanding Generals, MCB, II MAF, 2d MarDiv, 2d FSSG, 6th MAB and the compilation of semi-annual reports to Headquarters Marine Corps, Code (MHD).

(d) Responsible for collection/shipping of urine samples from local commands.

(e) Responsible for management of drug testing chemicals to include budgetary matters.

(f) Responsible for message traffic to higher headquarters and Naval drug chemical labs.

(g) Responsible for conducting urinalysis classes for local commands.

(h) Certified to operate and train personnel on the use of portable testing kits (PTK) in accordance with current Marine Corps and Navy directives.

(i) Certified to use the Automatic Drug Laboratory Testing Equipment.

(j) Ensures PTK operators, in all commands, are properly trained. Ensures quality control measures are enforced.

(k) Ensures CDAC staff is tested (urinalysis) twice per month in accordance with reference (a), Chapter 3.

(l) Ensures desk top/turnover procedures are maintained and updated as required.

(m) Maintains awareness of command status, i.e. deployed units, Substance Abuse Control Officer (SACO) changes, etc.

(n) Supports the Staff Judge Advocate, Naval Investigative Service (NIS), and Criminal Investigations Division (CID), concerning investigative or legal requirements.

(f) Responsible for supervision of Urinalysis Section correspondence, files and directives.

(2) Shipping-Receiving NCO

(a) In accordance with reference (e), Chapter 3, supervises the documentation and preparation of specimen samples from local commands for shipment to Naval Drug Testing Laboratories.

(b) Ensures urine is transported to United States Postal Service, Camp Lejeune by 1500 daily.

(c) Ensures timely resupply to CDAC and local commands of the following:

1 Chain of custody form MCB CLNC 5355/9 (Rev 4-83).

2 Urine sample bottles.

3 Urine bottle identification labels and seals.

(d) Responsible for correspondence, filing and directives regarding the Shipping/Receiving Section.

(e) Provides urinalysis instructions for local commands as required.

(f) Assists lab technician in testing urine as required.

(g) Maintains certification to operate portable testing kits (PTK), in accordance with current Marine Corps and Navy directives.

(h) Conducts special urinalysis tests on CDAC staff twice per month in accordance with reference (e), Chapter 3.

(i) Maintains desk top/turnover procedures.

(3) Statistics Clerk

(a) Qualified to operate microcomputer (primary operator).

(b) Certified to operate portable testing kits (PTK), in accordance with current Marine Corps and Navy directives.

(c) Certified to use the Automatic Drug Laboratory Testing Equipment.

(d) Responsible for inputting to microcomputer all information from messages, Military Police blotters, and Hospital Emergency Room reports regarding alcohol or drug incidents.

(e) Responsible for the preparation of monthly drug and alcohol reports to Commanding Generals, MCB, II MAF, 2d MarDiv, 2d FSSG, and 6th MAB, and compilation of semi-annual report to Headquarters Marine Corps.

(f) Responsible for Urinalysis Section correspondence, files and directives.

- (g) Assists Urinalysis NCOIC as directed.
- (h) Maintains desk top/turnover procedures.

(4) Laboratory Technician

- (a) Qualified to operate microcomputer.
- (b) Certified to operate portable testing kit (PTK) in accordance with current Marine Corps and Navy directives.
- (c) Certified to operate/train personnel to use Automatic Drug Laboratory Testing Equipment.
- (d) Responsible for inventory of all lab chemical/agents.
- (e) Manages/reviews/orders chemical agents for drug testing equipment.
- (f) Maintains adequate stocks of required urinalysis equipment and supplies.
- (g) Maintains desk top/turnover procedures.

d. Counseling-Evaluation Section

(1) Non-Commissioned Officer In Charge (NCOIC)

- (a) Quality Assurance (QA) MOS 8538 Treatment Specialist (counselor). Supervised by NCOIC, CDAC and Medical Officer.
- (b) Responsible to the NCOIC of CDAC for day-to-day operations of the Counseling-Evaluation Section.
- (c) Qualified group facilitator.
- (d) Coordinates client appointment schedule with receptionist.
- (e) Counselor Duties: Responsible for screening, evaluating and referring personnel with substance abuse problems to the appropriate education/treatment programs, both inpatient and outpatient. Works with the Command Substance Abuse Control Officers (SACOs) to coordinate education programs, treatment programs, medical officer appointments and initiates all administrative action for each case. Draws diagnostic impressions through one-on-one evaluations of active duty military personnel, dependents, and retirees. Prepares consultations and formulates education/treatment plans for each case. Works as facilitator/co-facilitator in designated group therapy sessions.
- (f) Conducts community liaison: The counselor works with social services, Family Service Center, chaplains, mental health centers, rehabilitation programs and others to enhance appropriate client referrals.
- (g) Certified by U.S. Navy and Naval Drug Rehabilitation Center (NDRC), San Diego, California to teach the Navy Aftercare Program Management Course (APM) aboard Camp Lejeune, North Carolina.
- (h) Conducts classes for Level II Program as required.
- (i) Maintains desk top/turnover procedures.

(2) Counselor/Level II Treatment Specialist

- (a) Supervised by NCOIC, Counseling Evaluation Section and Medical Officer regarding counseling duties.
- (b) Qualified Treatment Specialist MOS 8538.
- (c) Responsible directly to the NCOIC of Counseling and Evaluation Section for Level II Treatment Program. The Level II Treatment Program will be conducted in

accordance with references (e) and (g).

(d) Instructor/group counseling facilitator for Level II outpatient (40 hour workshop) for Marines diagnosed as nondependent substance abusers.

(e) Counselor Duties: Responsible for screening, evaluating and referring personnel with substance abuse problems to the appropriate education/treatment programs, both inpatient and outpatient. Works with the Command Substance Abuse Control Officers (SACOs) to coordinate education programs, treatment programs, medical officer appointments and initiates all administrative action for each case. Draws diagnostic impressions through one-on-one evaluations of active duty military personnel, dependents, and retirees. Prepares consultations, and formulates education/treatment plans for each case. Works as facilitator/co-facilitator in designated group therapy sessions.

(f) Conducts community liaison: The counselor works with social services, Family Service Center, chaplains, mental health centers, rehabilitation programs and others to enhance appropriate client referrals.

(g) Maintains desk top/turnover procedures.

(3) Counselor/Level III Aftercare Program Manager

(a) Supervised by NCOIC, Counseling Evaluation Section and Medical Officer regarding counseling duties.

(b) Qualified Treatment Specialist MOS 8538.

(c) Responsible directly to NCOIC CDAC, relative to management of 12 Month Level III Aftercare Program. Aftercare will be conducted in accordance with reference (e), and current CDAC directives.

(d) Counselor Duties: Responsible for screening, evaluating and referring personnel with substance abuse problems to the appropriate education/treatment programs, both inpatient and outpatient. Works with the Command Substance Abuse Control Officers (SACOs) to coordinate education programs, treatment programs, medical officer appointments and initiates all administrative action for each case. Draws diagnostic impressions through one-on-one evaluations of active duty military personnel, dependents, and retirees. Prepares consultations, and formulates education/treatment plans for each case. Works as facilitator/co-facilitator in designated group therapy sessions.

(e) Conducts community liaison: The counselor works with social services, Family Service Center, chaplains, mental health centers, rehabilitation programs and others to enhance appropriate client referrals.

(f) Certified by U.S.Navy, Naval Drug Rehabilitation Center San Diego, California to teach the Aftercare Program Management Course (APM) aboard Camp Lejeune, North Carolina.

(g) Maintains desk top/turnover procedures for counselor and Aftercare Program Manager.

(4) Counselor/Aftercare Program Management (APM) Course Coordinator

(a) Supervised by NCOIC, Counseling-Evaluation Section and Medical Officer regarding counseling duties.

(b) Qualified Treatment Specialist MOS 8538.

(c) Responsible directly to NCOIC Counseling and Evaluation Section relative to management of APM Course, in accordance with Navy directives, letters of instruction, MCB Support Agreement and current CDAC directives. The APM Course is a two week formal program divided into 38 instructional modules. The course is also certified by the State of North Carolina for substance abuse counselors continuing education.

(d) Counselor Duties: Responsible for screening, evaluating and

referring personnel with substance abuse problems to the appropriate education /treatment programs, both inpatient and outpatient. Works with the Command Substance Abuse Control Officers (SACOs) to coordinate education programs, treatment programs, medical officer appointments and initiates all administrative action for each case. Draws diagnostic impressions through one-on-one evaluations of active duty military personnel, dependents, and retirees. Prepares consultations, and formulates education/treatment plans for each case. Works as facilitator/co-facilitator in designated group therapy sessions.

(e) Conducts community liaison: The counselor works with social services, Family Service Center, chaplains, mental health centers, rehabilitation programs and others to enhance appropriate client referrals.

(f) Certified by U.S. Navy, and Naval Drug Rehabilitation Center San Diego, California to teach the Navy Aftercare Program Management Course (APM) aboard Camp Lejeune, North Carolina.

(g) Maintains desk top/turnover procedures for counselor and Aftercare Program Management Course Coordinator.

(5) MEDEVAC Coordinator

(a) Supervised by NCOIC Counseling/Evaluation Section.

(b) Coordinator is responsible for all personnel assigned to appointments with the Medical Officer and the administrative flow of all case files. The coordinator maintains a working knowledge of all message traffic concerning treatment and maintains lines of communication with all commands, the Aeromedical Evacuation Clerk at the Naval Hospital, Camp Lejeune and all Alcohol Rehabilitation Centers (ARC) used by the CDAC.

(c) Aeromedical Evacuations: The coordinator is responsible for the coordination, administration and clerical procedures for the receipt and transfer of all patients via the Aeromedical Evacuation System. Essentially the system for processing cases at the CDAC level consist of the following three functions:

1 Reporting. Responsible for initiating message traffic to Headquarters Marine Corps (HQMC) once a client is diagnosed by the Medical Officer as drug/alcohol dependent. The coordinator verifies with the client's command that there is no military or civil legal action pending against the client, and the command desires to treat the client.

2 Coordination. Upon receipt of disposition instructions from HQMC, responsible for coordinating with the Aeromedical Evacuation Clerk, Naval Hospital, Camp Lejeune, arrangements for the client to be evacuated to a formal treatment facility via the Armed Services Medical Regulating Office (ASMRO).

3 Notification. Upon receipt of the notification, the coordinator is responsible for notifying the client's command of the date and location. The command will arrange for orders to be issued to the client. The coordinator will inspect and ensure that the client has all documentation required by this Manual prior to reporting to the hospital for aeromedical evacuation. In addition the coordinator will ensure that the client has the required military issue for Temporary Additional Duty orders.

(d) The coordinator retains and manages client case files for a four (4) year period.

(e) Maintains desk top/turnover procedures.

e. Education Training/Inspection Section

(1) Non-Commissioned Officer In Charge (NCOIC)

(a) Responsible to the NCOIC of CDAC for the day-to-day operations of the Education/Training/Inspection Section.

(b) Supervises five (5) Marines.

(c) Responsible for the security/overall supervision of automated information (microcomputer) equipment system assigned to Education/Training/Inspection Section.

(d) Certified by the State of North Carolina to instruct Alcohol Drug Education Traffic School (ADETS).

(e) Supervises the Alcohol and Drug Traffic School (ADETS) conducted on Camp Lejeune for Driving While Intoxicated/Driving Under the Influence (DWI/DUI) program.

(f) Supervises the Major Command Evaluation Program. Conducts staff visits, courtesy and formal inspections of all required commands annually.

(g) Supervises (Responsible Officer) the MCB Garrison Plant Property Account Number 35.

(h) Supervises (Responsible Officer) the MCB Training Audio Visual Service Center Property Account Number 26. Certified to operate training aid support equipment.

(i) Coordinates Substance Abuse Information Course.

(j) Controls, maintains and resupplies Aftercare Program Management Course (APM) training aids and instructional materials.

(k) Responsible for self-service requirements for CDAC, to include budget control.

(l) Prepares instructional materials for ADETS, Level I (Preventive Education) and Level III Aftercare Treatment Classes, to include master outlines, pre-tests, post-tests and student outlines.

(m) Responsible for typing from rough drafts, hand written notes or verbal instructions, a variety of materials such as letters, memoranda, endorsements, requisitions, screening reports and rosters. In addition, inputs data via computerized data base management systems regarding ADETS, Instructional Management Materials and supply matters. Performs other clerical duties as assigned by NCOIC.

(n) Maintains Education/Training/Inspection files of publications, directives and correspondence. Receives and files changes to publications and directives. Uses reproduction equipment to make copies of documents upon verbal or written request.

(o) Conducts alcohol and drug classes, briefs, etc. for commands upon request. Ensures all education classes will be taught from approved lesson plans. All lesson plans will be reviewed and approved by the NCOIC of CDAC, and Assistant Director for the signature of the Director.

(p) Maintains adequate stocks of all pertinent drug and alcohol related publications to include pamphlets, newsletters, magazines, books, etc.

(q) Maintains desk top/turnover procedures.

(2) Inspector-Instructor

(a) Assists NCOIC Education/Training/Inspection Section as directed.

(b) Certified to operate microcomputer equipment.

(c) ADETS certified by the State of North Carolina.

(d) Instructor Management School (IMS) certified.

(e) Certified to operate training aid support equipment.

(f) Responsible for maintaining training aids library.

(g) Conducts/supervises ADETS Classes (DWI or DUI Program).

(h) Conducts Command Evaluation Inspections, Tri-command.

(i) Conducts Level I Classes upon request.

(j) Types from rough drafts, hand written notes or verbal instructions, a variety of material such as letters, memoranda, endorsements, directives, requisitions and rosters. In addition, inputs data via computerized data base management systems regarding ADETS, instructional management and supply matters. Performs other clerical duties as assigned.

(k) Maintains Education/Training/Inspection Section files of publications, directives and correspondence. Receives and files changes to publications and directives. Uses reproduction equipment to make copies of documents upon verbal or written request.

(l) Maintains desk top/turnover procedures.

(3) Inspector - Instructor

(a) Assist NCOIC as directed.

(b) Certified to operate microcomputer equipment.

(c) ADETS certified by the State of North Carolina. Conducts Alcohol and Drug Traffic (ADETS) Classes DWI or DUI program.

(d) Instructor Management School (IMS) qualified.

(e) Certified to operate training aid support equipment.

(f) Conducts Command Evaluation Inspections.

(g) Conducts Alcohol and Drug Classes upon request.

(h) Is responsible for typing from rough drafts, hand written notes or verbal instructions, a variety of materials such as letters, memoranda, endorsements, requisitions and rosters. In addition, inputs data via computerized data base management systems regarding ADETS, instructional management and inspection results.

(i) Maintains Education/Training/Inspection files of publications, directives and correspondence. Receives and files changes to publications and directives. Uses reproduction equipment to make copies of documents upon verbal or written request.

(j) Maintains desk top/turnover procedures.

(4) Training Aids - Motor Vehicle Operator - Maintenance NCO

(a) Certified to operate training aid support equipment.

(b) Licensed to operate six passenger military van.

(c) Conducts guard mail runs.

(d) Transports inspection teams to units daily.

(e) Responsible by letter of appointment for government vehicle assigned to CDAC.

(f) Responsible to NCOIC of CDAC for building maintenance requirements.

(g) Maintains desk top/turnover procedures.

3003. SPECIAL CONSOLIDATED DRUG AND ALCOHOL CENTER SPONSORED PROGRAMS

1. Alcohol And Drug Education Traffic School (ADETS). In accordance with agreements between Marine Corps Base, Camp Lejeune and the ADETS Program Director, Onslow County Mental Health, Jacksonville, North Carolina, ADETS will be offered for those Marines and sailors convicted of driving while impaired in the civilian community and Camp Lejeune, NC. The Director, CDAC assumes responsibility for the conduct of ADETS aboard Camp Lejeune. It is the responsibility of the individual cited for a DWI/DUI to enroll in the ADETS following court conviction. To this end, commanders at all levels will ensure the individual is given every opportunity to comply with court orders to avoid future complications. Military, civilian and military dependents cited for DWI/DUI on base violations must complete the ADETS within sixty days after conviction. The Provost Marshal will provide to CDAC a copy of the Military Police blotter daily, and any other documented information to identify/record personnel that are cited for DWI/DUI violations, on and off base.

2. Navy Aftercare Program Management Course of Instruction

a. An interservice support agreement between MCB, Camp Lejeune and the Navy Rehabilitation Center, Miramar, California sets forth guidance for the subject course of instruction.

b. The course is designed for Marine and Navy Substance Abuse Control Officers (SACO) and NCO's and any personnel in key leadership billets.

c. The course is comprised of thirty eight modules arranged under four major areas; communications, Alcoholism and Substance Abuse, Substance Abuse Treatment and Recovery, and Administrative Management.

3. Substance Abuse Information Course

a. The Substance Abuse Information Course (SAIC) is an annually scheduled DOD contracted course of instruction designed for SACOs and NCO's as well as personnel in key leadership billets.

b. The SAIC is comprised of ten instructional modules addressing the following areas; communications, alcoholism and other drug abuse, substance abuse treatment and recovery, and administrative management.

4. Navy Alcohol Drug Safety Action Program (NADSAP) Level I Education

a. NADSAP's mission is to provide a consistent mechanism through which Navy and Marine personnel involved in an alcohol and/or drug related problem situation, may be identified at the earliest indication of substance abuse and referred to the CDAC for counselling and in-depth clinical dependency screening.

b. NADSAP is secondary prevention. The program is considered such because primary intervention is the initial formation of values, attitudes and beliefs, occurring principally in the home prior to entry into the service. Secondary prevention is the changing of existing values and attitudes and is partially under the control of the service. NADSAP focuses on attitude change through a thirty-six hour preventive education course concentrating in five specific areas: 1) Communication Skills 2) Attitude/Values Clarification 3) Decision Making Skills 4) Adaptability Skills and 5) Drug/Alcohol Problems. Participants learn through a combination of experiential and didactic exercises with emphasis on increasing awareness for personal responsibility. The thirty-six hour course can be presented in a variety of formats: five days a week for eight hours a day, two nights a week for six weeks, half days for two weeks, or three nights a week for four weeks.

c. NADSAP is used by commands for both prevention and intervention purposes. Commands should send people to NADSAP prior to any incidents, ensuring that substance abuse prevention contributes to operational readiness. Referrals to NADSAP also come from courts, CDAC, the Medical Officer and from individuals themselves who wish to gain information on substance abuse prevention. NADSAP participants are eligible for 3.6 continuing education units from the University of Arizona, and the American Council on Education has awarded two academic hours of undergraduate credit for those who attend NADSAP. NADSAP screening will be conducted by the unit SACO and provided

to the NADSAP Coordinator.

3004. CLINICAL PRECEPTORSHIP PROGRAM. The overall mission of the Marine Corps Clinical Preceptorship Program is to improve the skills of the counselors and the quality of services provided to personnel and their dependents. To achieve this the following goals have been established.

1. To provide a minimum of eighty hours per counselor per year of in-depth, personalized clinical supervisory training. This includes individual and group supervisory sessions.
2. To provide each counselor in the Marine Corps Clinical Preceptorship Program regular feedback on their clinical assessments and areas where their counseling skills might be improved.
3. To provide regular assessments of counselor progress in the Clinical Preceptorship Program and recommendations for further skill development training.
4. To provide curriculum materials related to the Clinical Preceptorship Program.

3005. COMMAND INSPECTION PROGRAM

1. CDAC is responsible for conducting annual substance abuse inspections for MCB, II MAF, 2d MarDiv, 2d FSSG, and 6th MAB.
2. The CDAC Inspection Team will consist of the Urinalysis Section NCOIC, the Training Section NCOIC, and the Counseling Section NCOIC.
3. Major Commands must coordinate these inspections via appropriate chain of command as follows:
 - a. Marine Corps Base, Director, Human Services
 - b. II Marine Amphibious Force, G-1/Inspector
 - c. 2d Marine Division, G-1/Division Inspector
 - d. 2d Force Service Support Group, G-1/Inspector
 - e. 6th Marine Amphibious Brigade, G-1/Inspector
4. Reference (n), will be used to conduct command inspections.
5. Reference (m), contains the grading system for the functional area, Substance Abuse Program inspections.
6. Corrective action for any below average/unsatisfactory marking will be taken within thirty (30) days and a reinspection will be scheduled within ninety (90) days.



SOP FOR CONSOLIDATED SUBSTANCE ABUSE CONTROL PROGRAM

CHAPTER 4

SUBSTANCE ABUSE CONTROL OFFICER OPERATIONS AND MANAGEMENT

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SOP FOR CONSOLIDATED SUBSTANCE ABUSE CONTROL PROGRAM

CHAPTER 4

SUBSTANCE ABUSE CONTROL OFFICER OPERATIONS AND MANAGEMENT

4000. GENERAL. Each commander will appoint in writing a unit Substance Abuse Control Officer (SACO) and a Substance Abuse Control NCO (SANCO). The SANCO position should be a primary duty and will be responsible for assisting the SACO. Units will designate alternate personnel to assume the subject position in the case of short deployments.

4001. SACO RESPONSIBILITIES. SACOs and SANCOs will be guided in the performance of their duties by reference (e), paragraph 1205.3c and this Manual. SACOs are responsible to their commanders for the following areas.

1. Expertise on current Marine Corps substance abuse policies.
2. Management and quality assurance of an aggressive urinalysis program.
3. Management of the unit drug exemption program.
4. Management and monitoring of a Unit Level Education (Level I) Program, to include the Alcohol Drug Education Traffic School (ADETS) (DWI-DUI Program) and Navy Alcohol Drug Safety Action Program (NADSAP).
5. Management of the units Aftercare Program for those personnel returning from Level II and Level III treatment.
6. Creation and update of a unit level Standing Operating Procedures (SOP), a copy of which will be filed at the CDAC.
7. Management and quality assurance of unit level personnel case files.
8. Quality assurance of subordinate unit level substance abuse policies.
9. Supervised drug and alcohol education programs.
10. Coordination and preparation for command inspections.

4002. SACO/SANCO EDUCATION

1. Reference (e), paragraph 1205c requires that SACOs and SANCOs attend a formal course of instruction within ninety days of assignment.
2. SACOs and SANCOs must have a working knowledge of policies and directives regarding substance abuse. They also must have a general knowledge of problems associated with alcohol/drug abuse and alcohol/drug dependency.
3. The formal courses of instruction which satisfy the education requirements of the SACO/SANCO include, but are not limited to the Aftercare Program Management Course (APM), the Substance Abuse Information Course (SAIC), Navy Alcohol Drug Safety Action Program (NADSAP), and the Substance Abuse Awareness Leadership Seminar offered by HQMC.
4. Additional training will be accomplished through quarterly classes conducted by CDAC that will include, but not be limited to reviewing policy, program management, and addressing current problems.

4003. REFERRAL FOR DEPENDENCY EVALUATION

1. The following criteria are established regarding personnel who will be referred by the SACO to the CDAC for evaluations, regardless of rank:
 - a. All DWI - DUI's on base or off with a BAC .15 or greater, to include all alcohol test refusals.
 - b. All first time non-THC drug offenders.

- c. All second time THC drug offenders.
 - d. All second time alcohol abusers.
 - e. Any first time abuser directed by the CO.
 - f. All drug or alcohol related spouse and child abuse cases.
 - g. All emergency room alcohol-related reports showing BAC of .15 or higher.
 - h. Anyone directed by the Commanding officer.
 - i. Any individual who has requested drug exemption whether or not exemption was granted by the Commanding Officer.
2. In accordance with reference (e), all first time THC users will be interviewed by the unit SACO and given medical evaluations at local BAS/medical facilities. When dependency cannot be ruled out, the individual will be referred to CDAC for disposition and treatment recommendations.

4004. INITIAL SCREENING AND REFERRAL

1. Any individual involved in a drug or alcohol incident or identified as a drug or alcohol abuser will be screened at the unit level by the unit SACO.
2. SACO screening will consist of collection of data and facts concerning the incident or problem. SACOs will submit a unit referral letter (Figure 4-1) with a client data - biological sketch (Figure 4-2) on any individual referred to the CDAC for intermediate evaluation, along with supplementary statements from all supervisors to include but not limited to; company commanders, section heads, platoon commanders etc. as required. Modification to the interview sheet may be made as long as the minimum information is provided.
3. Case files will be maintained in accordance with reference (e). They will include:
 - a. Privacy Act Statement, signed by the individual in black ink, placed on top of the right hand side.
 - b. Chronological History/Record of Medical Care of Alcohol/Drug Use and Incidents, placed on top left hand side (Standard form 600, NSN 7540-00-634-4176). The SACO/SANCO will sign his payroll signature at the end of each entry. Appropriate entries would be but are not limited to:
 - (1) Scheduled appointments.
 - (2) Attendance/non attendance at scheduled appointments/counseling sessions with progress notes.
 - (3) Weekly monitoring notes (If applicable).
 - (4) Any additional special comments.
 - (5) Aftercare progress.
 - (6) AA/NA or other support system attendance.
 - (7) USP attendance with results
 - c. Summary of counseling sessions and interviews, to include unit interview sheet on the right hand side.
 - d. Documentation of referral or any written correspondence to higher level treatment (if known and available), on right hand side.
 - e. Any other supporting documentation will be on the right side (evaluation by external sources, information from civilian agencies, etc.).

(1) Case files will be kept secure at all times, with access limited to unit SACO/SANCO and Commanding Officers. Must be marked in accordance with reference (e).

(2) Case files will be retained as follows:

(a) EAS: Hold for one year, then destroy. (Notify CDAC of EAS).

(b) Transfer: Deliver the case file to CDAC with a copy of the orders. CDAC will mail the case file to the new command along with a copy of the CDAC case file if one exists.

4. Following the interview at CDAC, the individual will be returned to the unit with the recommended treatment program. A copy of the recommended program will be forwarded to the Commanding Officer within two days after the individual is evaluated.

5. In cases of individuals who do not show up for interviews at CDAC, medical appointments, bed dates or scheduled group sessions a letter will be sent to the individual's Commanding Officer via the appropriate General Staff section.

6. Command SACO will make liaison with the Base Brig Substance Abuse Counselor (MOS 8538) in all cases where an individual with an identified substance abuse (i.e. alcohol/drug) problem is to be confined. The command will maintain liaison during confinement to facilitate such appointments, referrals etc. as are necessary during and following confinement.

4005. COMMAND AFTERCARE PROGRAM FOR LEVEL II/III TREATMENT

1. The Aftercare Program will be conducted in accordance with reference (e), paragraph 1205d.5e.

2. Reference (e) directs that a Marine will be placed in an "Aftercare" status for up to twelve months following completion of Level II treatment/Level III resident treatment (ARD-ARC). For purposes of administrative separation pursuant to reference (e), an individual participating in aftercare must be closely monitored. The twelve month Aftercare status is an integral part of the formal program of rehabilitation.

3. In order to meet individual needs of the Marine, the SACO must review his Aftercare treatment consult from the Level III treatment center. A copy of the plan will be placed in the Marine's unit case file.

4. While in Aftercare, the Marine will be closely monitored. Appropriate documentation will be made in the Marine's unit case file weekly to ensure that performance and behavior remains at a level consistent with Marine Corps standards.

5. The CDAC will conduct twice monthly formal Aftercare groups for Marines/sailors who have completed Level III Treatment. This program is an essential follow-up to the Level III Treatment Program and must be successfully completed as an integral part of the rehabilitation process.

6. Reference (e) paragraph 1205d.5b, provides guidance regarding relapse and request for subsequent treatment. In addition, it also states: the SACO is responsible for monitoring a Marine's attendance in the Aftercare Groups. Whenever a Marine/sailor cannot attend a group session due to leave, field operations, or other legitimate reason, the command is responsible for contacting the Aftercare Manager in writing one week prior to the scheduled group date. The correspondence must include the reason for being absent and any inclusive dates if applicable.



SOP FOR CONSOLIDATED SUBSTANCE ABUSE CONTROL PROGRAM

(Unit Heading)

5300

(date)

From: Commanding Officer,
To: Director, Consolidated Drug and Alcohol Center, Building 41, Marine Corps Base,
Camp Lejeune

Subj: REFERRAL FOR SUBSTANCE ABUSE EVALUATION

Ref: (a) MCO P5300.12 w/ch 1 and 2
(b) BO P5300.9A

Encl: (1) Client Data-Biographical Sketch

1. _____
(RANK) (First M.I. Last Name) (SSN) (MOS) (Service)
is referred for evaluation in accordance with the references.

(Signature)
(C.O. or by direction only)

Figure 4-1.--Sample Format of a Commanding Officers Cover Letter,
of Referral for Substance Abuse Evaluation.

SOP FOR CONSOLIDATED SUBSTANCE ABUSE CONTROL PROGRAM

CLIENT DATA - BIOGRAPHICAL SKETCH

RANK: _____ NAME: _____ SSN: _____
AGE: _____ SEX: _____ DATE OF BIRTH: _____
MARITAL STATUS: _____ EDUCATIONAL LEVEL: _____ EAS: _____

PROFICIENCY/CONDUCT REPORT:

1. SPECIFIC ALCOHOL RELATED OFFENSES:
2. SPECIFIC DRUG RELATED OFFENSES:
3. DRUNK DRIVING ARRESTS (DWI/DUI):
4. SPECIFIC INCIDENTS RESULTING IN REFERRAL:
5. ANNUAL CONDUCT/PROFICIENCY MARKS:
6. POTENTIAL FOR FUTURE SERVICE:

THIS PORTION TO BE COMPLETED BY SECTION SUPERVISOR.

1. JOB PERFORMANCE:
2. CONDUCT/PROFICIENCY ON THE JOB:
3. LIBERTY HABITS:
4. FAMILY PROBLEMS: (IF ANY)
5. SPECIFIC INCIDENTS: (ALCOHOL/DRUG OR OTHER PROFESSIONAL PROBLEMS):
6. Achievement Awards: _____
7. Military Decorations: _____
8. Combat Duty: (Yes/No). If yes. Identify where/when:

9. NAME OF SUPERVISOR: _____ PH# _____
10. NAME OF SACO: _____ PH# _____
11. CO/SACO ANALYSIS OF INTERVIEW: (Please be very specific)

12. CO/SACO RECOMMENDATION(s): (Please be very specific)

Figure 4-2.--Sample Format of a Client Data - Biographical Sketch

SOP FOR CONSOLIDATED SUBSTANCE ABUSE CONTROL PROGRAM

CHAPTER 5

REFERRAL, EVALUATION AND SUBSEQUENT PROCEDURES

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CHAPTER 5

REFERRAL, EVALUATION AND SUBSEQUENT PROCEDURES

5000. REFERRAL. Commanders determining that formal evaluation is required for identified substance abusers will refer those individuals in writing to the CDAC. An appointment date will be set for the evaluation, unless it is considered necessary that an evaluation be conducted as soon as possible. A duty evaluator is assigned at the CDAC to respond to immediate requests. Marines scheduled for appointments must bring their Service Record, Health Record, and a command referral letter outlining relevant drug and alcohol history. A quantitative evaluation cannot be made without adequate background information.

5001. SCREENING AND EVALUATION. The following standards/requirements will be followed in conducting screening and evaluations.

1. Marines will be referred to CDAC for screening/evaluation by their commanding officer within 2 working days following the alcohol or drug incident.
2. Appointments for screening/evaluations will be scheduled within 3 working days after receipt of a request from a commanding officer. The process will be structured as follows at CDAC:
 - a. A minimum of 2 hours will be planned for each screening/evaluation.
 - b. Unless special circumstances dictate otherwise, screening/evaluation will be completed expeditiously.
 - c. A trained Substance Abuse Counselor (MOS 8538) will supervise the screening/evaluation and will review the results and approve the recommendations.
 - d. Screening/evaluation sessions will be fact-finding in nature using the nine-point evaluation form contained in appendix C, of reference (e).
 - e. At the completion of the evaluation, a tentative diagnosis will be made and an appropriate course of action formulated by the counselor.
 - f. The Marine being evaluated will be informed of both the results of the evaluation and recommended course of action.
 - g. Where a tentative diagnosis of alcohol abuse or alcohol dependency is made and treatment is recommended at either a Level II/III program, the Marine will be scheduled for a medical examination within 5 working days of initial evaluation. The medical officer will provide a final written diagnosis and appropriate treatment program.

5002. FOLLOW-UP PROCEDURES AFTER EVALUATION1. Alcohol Diagnosis

- a. Alcohol Dependency. An individual diagnosed alcohol dependent by a Medical Officer will be ordered to formal treatment at an Alcohol Rehabilitation Center in accordance with reference (e).
- b. Alcohol Abuser. Alcohol Abusers who have shown developing patterns of abuse incidents, but who have been determined not to be alcohol dependent, shall be assigned to an appropriate program of rehabilitation in accordance with references (e) and (g).

2. Disposition of those diagnosed to be Alcohol Dependent

- a. If the local Alcohol Rehabilitation Services Treatment Facility, Marine Corps Base, Camp Lejeune is not available or not desired, the individual will be processed for MEDEVAC in accordance with MEDEVAC procedures noted in paragraph 5005 of this Manual.
- b. Disposition will be made by the Consolidated Drug and Alcohol Center when all legal and administrative actions related to the Marine are completed.

c. Disposition instructions for individuals with previous formal treatment will be handled on a case-by-case basis in accordance with reference (e).

d. An individual discharged with alcohol dependence will be provided the address of the nearest Veteran's Administration Hospital providing appropriate treatment. An individual diagnosed as alcohol dependent who is being discharged may be medically evacuated to a VA Hospital if he requests such treatment and agrees in writing to participate for a period of 30 days.

3. Request for Transfer to Treatment at a Veteran's Administration Hospital. The CDAC is responsible for requesting disposition instructions for treatment at a VA hospital based on the recommendation of the unit. The request will provide the estimated date of Administrative Discharge and a statement that the individual concerned requests the treatment and has agreed in writing to participate for a period of 30 days.

4. Transfer to VA Hospital

a. CDAC Responsibility. After approval from CMC, the CDAC will coordinate with the nearest medical facility to obtain an ASMRO treatment location and MEDEVAC date.

b. Unit Responsibility. Once the MEDEVAC date has been established, the unit will coordinate the MEDEVAC of the individual with the CDAC.

5. Drug Diagnosis

a. Drug Dependent. An individual who has been diagnosed as drug dependent with potential for further service shall be referred to the Navy Drug Rehabilitation Center (NDRC) or an ARC. Individuals determined to be drug dependent with no potential for service will be offered the opportunity for treatment at the Veteran's Administration Hospital nearest their place of residence in conjunction with, or after discharge, in accordance with reference (e).

b. Drug Abusers. Drug abusers with potential for further service who have shown a developing pattern of abuse incidents, but who have been determined not to be dependent shall be assigned to an appropriate program of rehabilitation.

6. Request for Disposition Instructions for Drug Dependency

a. If treatment/rehabilitation for dependency is not available locally, then disposition instructions from CMC (Code MPD) must be requested within two working days.

b. Dispositions will be made by the Consolidated Drug and Alcohol Center based on the recommendation of the unit.

c. Disposition instructions indicating previous formal treatment will be handled on a case-by-case basis. The need for subsequent treatment may indicate failure to fully participate in a recovery program and could be the basis for recommendation for administrative separation.

d. An individual discharged for drug abuse and determined not to be drug dependent will be provided the address of the nearest VA facility to his home with the capability of providing appropriate treatment. A Marine who is diagnosed as dependent and is being processed for discharge may be medically evacuated to a VA facility for treatment in conjunction with the discharge providing the individual requests such treatment and agrees in writing to participate.

7. Retention After Completion of Formal Rehabilitation. In making the determination regarding the retention or discharge of an individual completing treatment, the commander should give consideration to the recommendation in the Clinical Summary concerning future value to the service. Personnel completing treatment successfully shall be placed in the Aftercare program and evaluated by the unit for a period of one year before final disposition is made.

8. Retention After Local Rehabilitation. If an individual with potential for further service is diagnosed as a drug abuser requiring local rehabilitation, units will

afford the individual local rehabilitation. The command must provide documentation of potential for further service in writing. Upon completion of treatment, commanders will determine whether or not the individual has been successfully rehabilitated. If the rehabilitation was successful then the individual should be retained, and no further action will be required. If the rehabilitation process was unsuccessful, the individual shall be processed for separation under paragraph 6016 or 6017 of reference (d).

9. Disposition of Drug Traffickers. The disposition of personnel who may be either casual suppliers or traffickers of illicit drugs is accomplished through existing administrative/legal channels. The Marine Corps recognizes no specific responsibility to retain such personnel or to rehabilitate them.

10. Other Administrative Actions Required

a. Transfer. The provisions of this order in no way affect an individual's eligibility for transfer or reassignment. It is usually more beneficial to the individual and less burdensome on the administrative system if the individual with a substance abuse problem can be rehabilitated or discharged prior to effecting any transfer. In the event a command is unable to retain a Marine for any reason, a request for reassignment will be submitted to the Commandant of the Marine Corps (Code MMEA). In the event rehabilitation cannot be completed prior to the transfer, the Commanding Officer of the transferring command will notify the Commanding Officer of the joining command that the individual has an unresolved abuse problem and forward a copy of the rehabilitation case file to the new command. In the case of a Marine enrolled in the Urinary Surveillance Program, a transfer will not be effected until completion of the program. Case files will be forwarded with a cover letter and letter of transmittal.

b. Deployment. Marines diagnosed alcohol dependent will be placed in a non-deployable status until successful completion of Level III Rehabilitation Treatment.

c. Referral of Individuals Granted Drug Exemption. Individuals granted drug exemption by their commanding officer should be referred directly to CDAC to be evaluated for dependency.

d. Operation of a Motor Vehicle. The authority to operate government vehicles or the privileges to drive aboard Camp Lejeune will be revoked or suspended when a commander has reason to believe that the individual operator, military or civilian, presents a hazard to himself or others in accordance with reference (1).

e. Liberty. For health and welfare purposes of Marines and sailors, suspension of liberty is authorized when executed in support of pre-rehabilitation measures to assist substance abusers and those diagnosed as dependent.

f. Duty Status. Many Marine Corps duties involve the potential for situations that are hazardous. These include, among others, the operation of motor vehicles, guard duty involving possession of firearms and ammunition, aviation flight line operations duty, and live-fire field exercises. Careful assignment of personnel and increased supervision will ensure reduction of hazards surrounding characteristically dangerous duties. Commanders should exercise precautionary measures to ensure Marines using drugs are not assigned to duties that might present hazards to themselves and others.

g. Alcohol Deglamorization Policy. Refer to reference (e).

h. Overseas Drug Abuse Orientation. Shall be in accordance with reference (e).

11. Service members in receipt of adjudged punitive discharge. Service members whose sentence at court-martial includes an unsuspended punitive discharge, and whose records indicate that they may be drug or alcohol dependent will be processed in accordance with this chapter before they are discharged or released on appellate leave.

5003. FORMAL TREATMENT (LEVEL III)

1. Any Marine diagnosed as alcohol dependent by a medical officer will be ordered

into formal treatment. Marines diagnosed as drug dependent by a medical officer will be ordered into formal treatment only if the Marine's commander determines that the Marine has potential for further service.

2. Once ordered into treatment, any Marine who refuses orders to a Level III Facility is subject to prosecution under Article 92, UCMJ. These Marines, as well as those Marines who refuse to participate in treatment once at the facility are subject to separation from the Marine Corps in accordance with reference (d), Paragraph 6208.

5004. FOLLOW-UP TO FORMAL TREATMENT (LEVEL III) AFTERCARE PROGRAM

1. Normally. Level III Treatment is six weeks in duration. It may be extended or shortened depending upon the individual being treated. Marines discharged from a Level III Facility prior to completing six weeks are not necessarily treatment failures. The written summary and recommendation provided by the facility to the Marine's commander will specifically address the individual's Aftercare Program, completion status and possible courses of action.

2. Marines successfully completing Level III treatment are to be returned to full duty and assigned duties commensurate with their grade, training and experience. Within 3 working days of return from treatment the command will make an appointment for aftercare screening by CDAC; Marines shall remain in an Aftercare status for a period of one year.

3. The Aftercare program will vary with each patient, but will include: individual, group and family counseling on a decreasing frequency basis and attendance at local Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or similar meetings. Periodic evaluation requests will be sent to the Marine's commander by the treating Level III Facility monitoring the Marine's post-treatment performance.

4. Aftercare and Deployment. During the twelve month Aftercare period, it is recommended that the Marine be returned to his unit. In addition Commanders should review paragraph 1205g of reference (e), regarding permanent change of station orders or long deployment periods. Unit must maintain an aggressive Aftercare Program to ensure that Marines recovery is continuous.

a. A deploying unit's SACO should notify the Aftercare Manager at the Consolidated Drug and Alcohol Center of the number of Marines scheduled to deploy who are participating in an Aftercare Plan. Once the unit returns from deployment, those Marines should report to the Aftercare Manager to be placed back into the Aftercare system.

b. In the event that a unit deploys during a Marine's treatment cycle, the commander may direct the Marine to rejoin the unit during the deployment, once treatment has been successfully completed.

c. During the Aftercare period, it is recommended that the Marine be returned to his unit in a non-TAD status, if possible. Permanent change of station orders (PCS) orders should be avoided during the Aftercare period. Local stability will allow the Marine to become reestablished in the command and the community, while allowing the commander sufficient time to observe performance and conduct. If physical stability is not possible, a synopsis of the individual's case file, to include treatment, prognosis and aftercare summaries, will be forwarded to the receiving command's Level II Program officer in charge. The receiving unit will ensure that the Marine is scheduled for an appointment with a Level II counselor within two weeks of reporting. The Aftercare program specified by the treatment facility must be followed despite PCS orders, deployments, or any other operational commitments.

5. The Aftercare Program at the CDAC will last a maximum of one year, consisting of twice a month counseling sessions. These sessions will decrease to once a month, or be terminated, upon review and recommendation by the Aftercare Review Board held once a month by the CDAC staff. The CDAC will help the unit set up family counseling, if needed.

6. It is the responsibility of the unit to closely monitor the progress of each Level III returnee. Unit SACOs should hold weekly sessions with each returnee.

5005. MEDEVAC PROCEDURES. Once a Marine is diagnosed dependent the CDAC will make

liaison with ASMRO scheduling a bed space. The CDAC will also coordinate with the United States Naval Hospital, Camp Lejeune and schedule transportation aboard a MEDEVAC Flight. Close coordination is required with the unit, CDAC and USNH to ensure the MEDEVAC progresses smoothly and promptly.

1. CDAC Responsibilities

a. Once an individual is diagnosed dependent and all legal and administrative matters have been resolved, the CDAC will coordinate with ASMRO, schedule a bed space and notify the unit in writing.

b. The CDAC will provide the unit with a list of uniforms, civilian clothes and equipment required for rehabilitation.

2. Unit Responsibility

a. Once the ASMRO treatment location has been established, the unit is responsible for ensuring the appropriate orders issuing agency is notified.

b. Once the unit receives notification of disposition instructions and the list of required uniforms and equipment, it will ensure that the individual being MEDEVACed has in his/her possession these items.

c. The unit will ensure that MEDEVAC personnel report to the United States Naval Hospital (USNH), Camp Lejeune before 0900 on the Monday indicated in the treatment letter from CDAC.

d. The unit will ensure that MEDEVAC personnel have their Orders, Health Records, Pay records, Service Record Book and required gear upon reporting to the USNH for MEDEVAC.

3. USNH Camp Lejeune Responsibilities. The USNH will ensure that all MEDEVAC forms are completed.

a. The USNH will admit MEDEVAC personnel to the Alcohol Rehabilitation Department, while awaiting the MEDEVAC flight time from MCAS, Cherry Point.

b. The USNH will transport MEDEVAC personnel from USNH to MCAS Cherry Point and ensure they board the MEDEVAC Aircraft.

4. Individual Responsibilities

a. The individual client will ensure that he/she has the required uniforms and equipment. Treatment facilities have terminated personnel who arrive without the proper uniforms and equipment.

b. The individual client will ensure that he/she complies with the provisions of Paragraph 4102.3 of this Manual.

5006. NAVY PERSONNEL

1. Counseling and Rehabilitation Limitations. In accordance with reference (c), an individual member may be admitted to drug and alcohol program Levels I and II on more than one occasion, so long as the basic criteria for admittance are met, i.e., the member's commanding officer continues to evaluate him as possessing potential for continued naval service and he has been evaluated by a qualified screener and/or medical officer as amenable to counseling/rehabilitation. Residential drug rehabilitation, however, is usually a one-time opportunity per career. Residential alcohol rehabilitation is also normally a one-time opportunity per career. In special circumstances involving the relapse of officers and senior petty officers (E-5 and above) in whom the Navy has a greater investment, the commanding officer may recommend a second refresher period of residential rehabilitation of not more than three weeks. A return to drug or alcohol abuse following residential rehabilitation will normally be viewed, at the discretion of the member's commanding officer, as a failure to complete a drug or alcohol abuse program, or failure at rehabilitation (as appropriate).

2. Family Rehabilitation. It is the Navy policy to encourage the development of

programs and activities that contribute to a healthy family life, and that restore to a healthy state those families that are suffering from the effects of alcoholism or drug dependency. Toward this end, whenever feasible, rehabilitation programs should be designed to provide rehabilitation for members of the immediate Navy and Marine Corps family of dependent personnel, within the resources available.

3. Level III Residential Rehabilitation for Alcohol Dependent Personnel

a. If a member has been formally evaluated and diagnosed as alcohol dependent, in need of residential rehabilitation, the commanding officer has recommended him for retention, rehabilitation at either Level I or II has not been effective or appropriate and the member has not previously been treated at a Level III facility, then the member is considered eligible for residential alcohol rehabilitation.

b. Residential alcoholism rehabilitation is available at Navy Alcohol Rehabilitation Centers (ARCs), Navy Alcohol Rehabilitation Dept. (ARDs). If feasible and available, residential rehabilitation shall be provided at an alcoholism rehabilitation facility nearest the member's parent command (duty station or home port).

c. In addition, personnel not meeting minimum criteria for physical fitness and weight control standards may be treated at the Navy's Alcohol Rehabilitation Centers (ARCs). Residential treatment will include, where required, bed space and transportation to self-help groups.

d. Prior to effecting transfer of the member to a residential alcoholism rehabilitation facility, the command shall:

(1) Dispose of all disciplinary action.

(2) Ensure that the member is inspected and has at least the minimum clothing required by NAVPERS 15665C, U.S. Navy Uniform Regulations.

(3) Ensure that the member hand-carries to the rehabilitation facility his service record, pay record, and medical/dental records. These records shall be double-wrapped together and sealed to prevent patient tampering with record contents. Alternatively, a command may elect to transfer records to the residential rehabilitation facility via express mail or specialized courier service if there is a perceived likelihood of records being lost, destroyed, or altered. In the latter case, commands must ensure that records are delivered to the rehabilitation facility prior to the arrival of the member for rehabilitation.

(4) Members shall be issued TAD-TREAT orders for the period of time spanning rehabilitation duration (normally six weeks).

e. If residential rehabilitation is not available within the immediate geographic area of the member's parent command or if the local residential rehabilitation facility is unable to accept the member for rehabilitation within a time frame acceptable to the command, the command may elect to request residential rehabilitation for the member via the Armed Services Medical Regulating Office (ASMRO). The member is eligible for transportation to the rehabilitation facility via the areomedical evacuation (AEROVAC) system at no cost to the parent command. Since a waiting list normally exists in the ASMRO system, information concerning personnel on the waiting list may be obtained directly from the ASMRO via telephone or message, as appropriate.

5007. MARINE CORPS DEPENDENTS

1. It is recognized that those dependents who are of school age should be receiving substance abuse education through their school systems. The Director, Consolidated Drug and Alcohol Center, shall make available, when requested by school authorities, such personnel, resources and information to supplement such programs as are sponsored by the Camp Lejeune School System. Additionally, substance abuse information and education will be made available, within the capabilities of the command, to all military dependents.

2. Military dependents diagnosed as alcoholic will be treated at a Navy Alcohol Rehabilitation Department/Alcohol Rehabilitation Center(ARD/ARS) on a space available basis. When space is not available, they will be provided whatever emergency services

are necessary to stabilize the situation and referred to a local community program for treatment. This restriction placed on military dependents does not apply to participation in a Marine's treatment recovery, which should be encouraged at all times.

3. Military dependents diagnosed as alcohol abusers, with written consent of their sponsor, will be permitted to attend the Level II Treatment at Consolidated Drug and Alcohol Center, Camp Lejeune on a space available basis.



SOP FOR CONSOLIDATED SUBSTANCE ABUSE CONTROL PROGRAM

CHAPTER 6

URINALYSIS PROGRAM

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CHAPTER 6

URINALYSIS PROGRAM

6000. POLICY. Drug abuse reduces readiness and is not tolerated in the United States Marine Corps. Every legal means is to be used to provide the drug free environment rightfully expected for every Marine. As a major means of drug abuse detection and deterrence, the Marine Corps Urinalysis Program has contributed significantly towards control of illegal drug use. To continue this progress in the "War Against Drugs", an aggressive but fair compulsory urinalysis program is to be followed in every unit of the Marine Corps.

6001. OBJECTIVE. The Urinalysis Program is established for systematic screening of all Marines for the presence of drugs, as prescribed by the Department of Defense and the current edition of SECNAVINST 5300.28. Results of urinalysis will be used to deter and detect drug abuse through administrative/disciplinary measures, counseling, and, when appropriate, treatment/rehabilitation.

6002. BACKGROUND

1. The Urinalysis Program uses biochemical testing of urine samples to provide:
 - a. Deterrence for Marines disposed to use illegal drugs.
 - b. Early identification of Marines involved with the use of illegal drugs.
 - c. Confirmation of drug presence necessary for administrative and/or disciplinary action.
2. Urinalysis is a means to identify presence of drugs in the individual at the time the urine sample was taken. Confirmation of presence of drugs or drug metabolites is not proof that an individual is an illegal drug user. A subsequent command evaluation is necessary to determine if there is a legal reason for presence of the drug residue (see paragraph 3007).
3. In order to maintain a high level of program reliability and fairness to all personnel, DOD has established stringent requirements for the urinalysis program. Urine samples must be collected within full view of a designated observer; strict chain-of-custody requirements are established on the urine bottle to protect the individual; the urine sample must be tested by two different methods and drug presence confirmed by a DOD certified laboratory, and legality/illegality of drug presence must be determined through specific command evaluation. These safeguards ensure protection of rights, as well as affording continued program reliability. Quality control reviews of DOD certified laboratories ensure standards are maintained.

6003. SCREENING REQUIREMENTS

1. Commanders will conduct an aggressive periodic program of urinalysis screening, adapted as necessary to meet unit and local situations. This program will combine various types of urinalysis, to include command directed, random, and special testing. It is recommended that commanders conduct unit sweeps once per quarter. Random samples should be conducted continuously between quarterly unit sweeps. A urinalysis will be conducted on all Marines and sailors checking into a command within five days. Marines and sailors checking out of a unit will be tested within sixty days prior to PCS. Any other screening requirements should be in accordance with reference (e), paragraph 3003.
2. Command-directed screening is directed by the commander whenever any member of the command is suspected of illegally using drugs or whenever drug use is suspected within a unit. Although only the commander may direct this type of testing, the test will normally be conducted whenever a Marine is apprehended for illegal drug use or connected with any incident in which drug use may be a contributing factor, such as; assault, larceny, indebtedness, or unauthorized absence. The Urinary Surveillance Program is command directed. Paragraph 3004 of reference (e) sets forth administrative and disciplinary action that may be taken based on the results of urinalysis screening.

3. Random urinalysis will be conducted on all Marines, regardless of grade or position, on a routine basis as frequently as testing facilities and organizational mission permit. Testing should be done often enough to act as a deterrent, but not so frequently that it adversely affects morale or creates an administrative burden. A system should be used to ensure that all Marines are tested at least annually in a truly random fashion. Random testing may take several forms, to include unit sweeps (simultaneous testing of all members of a command), partial unit testing by last digit of the social security number or work section, etc. An effective Urinalysis Program should include announced and unannounced testing.

4. Special Urinalysis is that testing required for local command SACO/SANCO and any other individuals involved in the collection/testing/shipment of urine samples, and for Marines returning to duty after successful completion of drug treatment at Naval Drug Rehabilitation Center. These persons will be tested at least twice per month for 6 months after returning to duty. Testing dates will be randomly selected.

6004. EVIDENTIAL USE OF COMPULSORY URINALYSIS RESULTS. Should be used in accordance with reference (e), paragraph 3004.

6005. PORTABLE AND SEMIAUTOMATIC URINALYSIS EQUIPMENT. Consolidated Drug and Alcohol Center will maintain operational control of portakits. Reference (e) paragraph 3005 imposes stringent control over urinalysis field testing equipment and requires internal and external quality assurance measures, and requires a training aid certification program for operators. All commands using Portakits shall implement the following controls:

1. Operator certification and training. Only certified personnel may operate Portakits. Commanding Officers must certify in writing in a document to be maintained by Substance Abuse Control Officer (SACO) that their Portakit operators meet the following minimum criteria.

a. Operators must have received initial training from the manufacturers representative.

b. Operators must test twenty or more samples per quarter to maintain proficiency.

2. Quality Assurance

a. Each operator shall:

(1) Comply with manufacturer's operating procedures.

(2) Check all reagents for expiration date and use only current reagents.

b. Commands with Portakit operators will conduct a quarterly supervisory review of each certified operator. This review shall be documented in writing and a copy will be sent to CDAC. Documentation will be maintained by the SACO and include the following elements:

(1) Review of operator's command certification, and number of samples analyzed in last three months.

(2) Review of manufacturer's operating instructions and observation of actual testing procedures to ensure compliance.

(3) Ensure all reagents are stored in a secure, refrigerated area and that reagents and samples are allowed to warm/cool to room temperature before testing.

(4) Review all documentation to ensure chain of custody is properly maintained and documents on positives are retained.

c. The Inspector General (IG) of the Marine Corps has incorporated into his regular inspection checklist a review of command urinalysis records for compliance with reference (e).

6006. COMMAND CONFIRMATION. Will be conducted as directed by reference (e), paragraph 3007.

6007. URINARY SURVEILLANCE PROGRAM. Will be conducted as directed by reference (e), Paragraph 3008. When an individual is placed on the USP, he shall be assigned in writing, and an SRB entry will be made showing discrepancy/corrective action with beginning and end dates of the USP.

6008. URINALYSIS TESTING POLICY UPON CHECK-IN

1. It is the policy of the Commanding General that all personnel, regardless of grade, will participate in urinalysis testing upon check-in.
2. All commands attaching or joining recruit graduates for either initial-skills training or permanent assignment will screen the page 11 of the Service Record Book for the drug counseling entry directed in paragraph 3009.2, reference (e) as part of their routine check-in procedures. Marines with this entry in their Service Record must be tested for drug presence under the urinalysis system within ninety six hours of joining the organization. If this second ninety six hour test is confirmed positive by a DOD certified laboratory, the Marine will be processed for separation from active duty. If the second ninety six hour test is negative, no further action is required.
3. Marines in entry-level status who are to be separated based on positive urinalysis will be processed for separation in accordance with paragraph 6210.5 reference (d). Marines with more than 180 days of continuous active military service will be processed for separation in accordance with paragraph 5210.5 reference (d) and paragraph 2203.3 of reference (e). If the Marine has finished initial-skills training and been reassigned prior to receipt of positive laboratory results the test results will be forwarded to the Marine's next command for compliance with the administrative processing of this manual.

6009. REPORTING PROCEDURES

1. All laboratory confirmed positives will be reported, by the Laboratory, by message to commanders for appropriate action. The CDAC will receive an information copy.
2. CDAC will maintain stringent records on all results, positive and negative for 24 months. These records are used to back up judicial proceedings and for reporting purposes.
3. In the event a positive urinalysis result is returned on a Marine who has been transferred, the unit will forward the results to the Marine's new command with a recommendation for action to be taken.

6010. URINE SAMPLE COLLECTION PROCEDURES

1. Only a Unit Commander or a Medical Officer may direct that a urine sample be taken to test for drug presence, and the individual member, unit, or part of a unit, to be tested must be specified.
2. A responsible individual designated by the Commanding Officer will be assigned to coordinate the urine collection. He will be known as the coordinator. The coordinator should be the SACO or SANCO. The coordinator will receive the urine sample bottles and prepare each as follows:
 - a. Record only the following on gummed label.
 - (1) Date of collection (DAY/MONTH/YEAR).
 - (2) Batch number (FOUR DIGIT NUMBER ASSIGNED BY CDAC)
 - (3) Sample (SPECIMEN) number.
 - (4) Individual's social security number (USE ALL DIGITS).
 - (5) Testing premise.
 - b. Attached gummed label to bottle.
3. The coordinator will fill out the urine sample custody document, blocks ONE through

FIVE.

a. Block 1: Unit address and RUC number. This is the address found in the current NTP 3 Supp-1 (I) US Navy Plain Language Address Directory.

Block 2: CG MCB Camp Lejeune NC (RUC 31000).

Block 3: Date of sample collection.

Block 4: CLNC.

Block 5: Four digit number assigned by CDAC.

b. The coordinator will fill out block eight for each individual using his/her ID Card to ensure the social security number is correct.

c. In block nine the coordinator will indicate the appropriate testing premise identifier. There will only be one testing premise per chain of custody.

INSPECTIONS

RS: Random Sample

US: Unit Sweep

OS: Other Service - Directed testing (reenlistments, orders to D.I., recruiting, MSG.)

SEARCH OR SEIZURE

CT: Consent Testing

PC: Probable Cause

MEDICAL EXAMINATION

ME: Medical Examination

FITNESS FOR DUTY

CD: Command Directed

PD: Physical Directed

SA: Official Safety, Mishap, Accident Testing

RA: Rehabilitation program/Aftercare Testing (Includes Urinary Surveillance Program)

ADDITIONAL AUTHORIZED MARKINGS

RF: Rehabilitation Facility Staff Testing. (Anyone involved in the collection, testing or shipping of urine).

d. Next, the coordinator will turn to the third copy of the urine sample custody document (the second green copy). In block ten, he will print the individual's rank. In block G, using the individual's ID Card to ensure the spelling is correct, he will print the individual's name. (First, Middle Init, Last)

4. The SACO/SANCO will maintain a urinalysis ledger (LOG BOOK, self serve, NSN 7530 00 2221 3525). In accordance with SECNAVINST 5215.5B the ledger will be retained for 2 years. The ledger will record all test samples with the following identifying information:

a. Date of sample collection (Day/Month/Year).

b. Batch Number.

c. Specimen Number.

d. Individual's SSN.

e. Testing premise identifier.

f. Name/signature of observer.

g. Name signature of member providing sample.

(This ledger shall be maintained in a secure place when not in use).

5. A designated individual of the same sex as the Marine being tested shall observe the complete sample collection process. The coordinator should not act as the observer. The observer shall observe the Marine urinate in the sample bottle, replace the lid on the bottle, affix the evidence tape, (ensuring the bottle label is not covered) and observe the individual deliver the bottle to the coordinator. After the sample is collected, the observer will sign the urinalysis ledger certifying that the sample bottle contains urine provided by the Marine.
6. The designated observer must be thoroughly familiar with all requirements of reference (e), chapter 3. The individual providing the sample shall remain under the direct and continuous observation of the observer while urinating in the sample bottle, placing the lid on the bottle, placing the identification seal on top of the lid, and delivering the bottle to the coordinator. The observer shall observe only one individual at a time, through the entire collection process, including delivery of the sample to the coordinator. For example, if you wish to allow three persons to provide samples at a time, three observers are required. It is not necessary for the observer to handle the sample bottle, however, no individual shall have possession of their own sample bottle (full or empty), except while under the direct observation of the designated observer or the coordinator. Samples provided by women Marines may be collected in wide mouth medical specimen containers, such as NSN 6530-00-8370-7472, but must be transferred to the standard container for shipment. This transfer will be done by the Marine providing the sample in the presence of the observer. After the sample is collected, the observer will sign the urinalysis ledger certifying that the sample bottle contains urine provided by the Marine. The coordinator must ensure that the lid is screwed onto the bottle tightly.
7. The coordinator will ensure the sample bottle is validated by the Marine, who will verify the identifying information by signing the ledger and initialing the label. If the Marine refuses to cooperate, verification may be done (signed/initialed) by the observer and witnessed by the coordinator.
8. The coordinator will receive the sample bottle from the member, ensuring that it contains a minimum volume of 60 milliliters (approximately three-quarters full). The coordinator will initial the label and transcribe the information contained thereon to the Urine Sample Custody Document OPNAV 5350/2 (figure 6-1). When all samples have been collected and recorded, the coordinator will sign and date block 11(a) of the urine sample custody document (s).
9. The urine sample will be delivered to CDAC the same day of collection. Units are not authorized to ship urine directly by mail to the naval lab unless they are deployed. Deploying units, regardless of duration of deployment/operation, needing to ship direct, will coordinate with CDAC prior to deployment regarding administrative and logistical requirements regarding shipping urine directly by United States Postal Service.
10. The SACO/SANCO who signs and initials block eleven (B) should bring the samples to CDAC. If this SACO/SANCO is unable to complete the process, another reliable Marine may take custody by signing block eleven (C), and deliver the samples to CDAC.
11. To prevent specimen leakage, the Coordinator will complete the following prior to transporting specimens to CDAC:
 - a. Remove bottles and separators from 12 bottle boxes.
 - b. Place plastic bag in box (plastic bag provided by CDAC).
 - c. Replace separators.
 - d. Place both used and unused bottles in box.
 - e. If cases (12 Box/144 bottle containers) are used, they will be lined by a plastic bag (provided by the unit, this is a self service item.).
 - f. Upon completion of steps (a) through (e) above, the boxes/cases containing specimens will be delivered to CDAC for shipment.

12. Urine samples will be accepted between 0800 - 1100 and 1300 - 1530 Monday - Thursday. Samples will be accepted on Fridays on a case by case basis. Additionally, the unit must call the Urinalysis NCOIC at CDAC prior to delivering samples. All urine samples will be shipped from CDAC daily to the designated Naval laboratory in accordance with reference (e), paragraph 3101.

13. In order to avoid mistakes and errors, it is recommended that an additional individual be assigned to the coordinator to manage personnel that cannot urinate during the test.

14. Any individual whose sample is determined not to be urine will be prosecuted under the appropriate Article of the Uniform Code of Military Justice (UCMJ).

6011. STORAGE OF URINE SAMPLES

1. Storage of urine samples for any length of time is not recommended. Units will make every effort to deliver urine samples to CDAC on the day of collection.

2. When overnight storage of urine samples is unavoidable, experience has shown that a double barrier restricted access facility is required to avoid legal questions of custody during prosecution of individuals identified by positive samples. Two examples of double barrier restricted access are:

a. A functioning refrigerator with a hasp and lock, the keys to which are held only by the SACO/SANCO; the refrigerator kept in a locked room, the keys to which are held only by the SACO/SANCO and accessible only to the Commanding Officer/Officer of the Day.

b. A functioning refrigerator with a hasp and lock, the keys to which are held only by the SACO/SANCO; the refrigerator kept in a locked cage in a room with the keys to the cage held only by the SACO/SANCO and accessible only to the Commanding Officer/Officer of the Day.

6012. LEGAL HOLD

1. Coordinators, Observers, and Couriers on the chain of custody of samples identified as positive, should be placed on legal hold until the case is resolved, or it is determined that their testimony is not needed.

2. Deploying units should consider the future need of testimony with regard to individuals collecting, observing, testing or transporting urine samples shortly before an anticipated deployment.

SOP FOR CONSOLIDATED SUBSTANCE ABUSE CONTROL

CHAPTER 7
REPORTS REQUIRED

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SOP FOR CONSOLIDATED SUBSTANCE ABUSE CONTROL PROGRAM

CHAPTER 7

REPORTS REQUIRED

7000. GENERAL. The goals of the Marine Corps Substance Abuse Program are the prevention of drug and alcohol abuse and the identification, treatment, and return to productive duty of drug and alcohol abusers with potential for further service. Accurate information concerning drug and alcohol abuse is essential to the achievement of these goals and the fulfillment of the reporting requirements of higher authorities.

7001. MONTHLY REPORTING

1. CDAC Responsibility

a. CDAC will compile drug and alcohol statistics from PMO Blotters, Urinalysis Reports, Emergency Room Reports and prepare the monthly report.

b. The Monthly Drug and Alcohol Report will be submitted, in accordance with figure 7-1, to the CG, MCB (Director, Human Services), II Marine Amphibious Force (G-1), 2d Marine Division, FMF, (G-1), 2d Force Service Support Group (REIN), FMF, (G-1), and 6th Marine Amphibious Brigade, FMF, (G-1), by the 6th of the month or first working day thereafter.

7002. SEMIANNUAL REPORT.

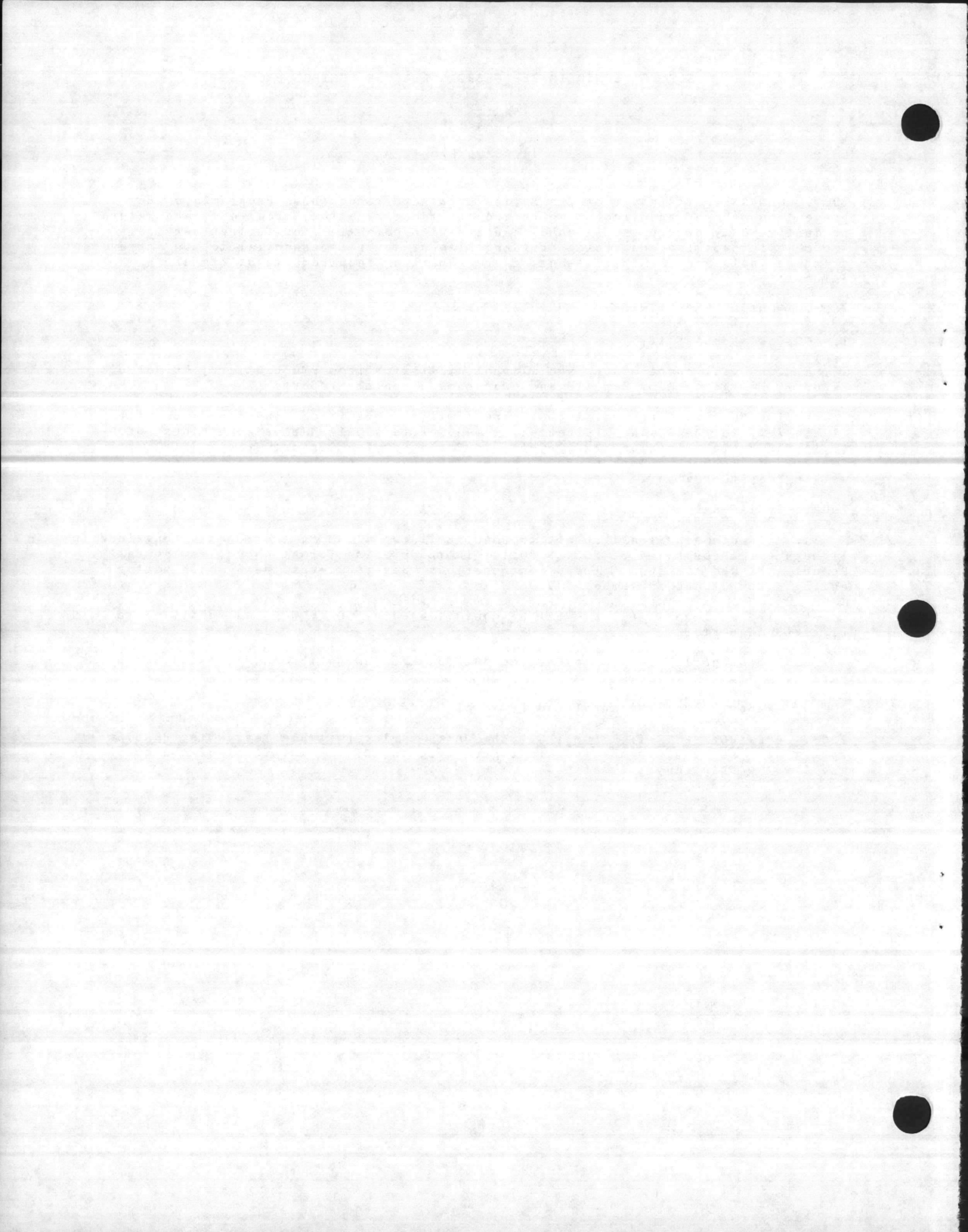
a. All commands shall submit to CDAC, Building 41, MCB, the reports contained in figures 4-1 through 4-4 of MCO P5300.12, in the precise format shown, semiannually. Reports are due the end of the 6 month period. Reports cover the 6 month period ending March 31 and September 30.

b. The semiannual report will be consolidated by CDAC, MCB and submitted to higher headquarters

c. The reports are due to CMC the 30th day following the end of the 6 month period.

d. Reports shall be submitted by Naval Letter.

7003. PORTABLE TEST KIT REPORTING. The units having portable test kits (PTKs) will submit user reports, as outlined in figure 7-2, to CDAC by the first of the month, or the first working day thereafter.



SOP FOR CONSOLIDATED SUBSTANCE ABUSE CONTROL PROGRAM

UNITED STATES MARINE CORPS
Consolidated Drug and Alcohol Center
Marine Corps Base
Camp Lejeune, North Carolina 28542-5000

5355
CDAC
date

From: Director, Consolidated Drug and Alcohol Center, Marine Corps Base, Camp
Lejeune,
To: Commanding General, _____, _____, (Attn: "Cognizant Staff Section")
Subj: MONTHLY DRUG AND ALCOHOL INCIDENT REPORT
Encl: (1) Part 1, Monthly Alcohol and Non-Urinalysis Incident Report
(2) Part 2, Monthly Urinalysis Report
(3) Part 3, Guide to Monthly Drug and Alcohol Reports
1. Enclosures (1), (2) and (3) are submitted.

SOP FOR CONSOLIDATED SUBSTANCE ABUSE CONTROL PROGRAM

MONTHLY WORKSHEET SUMMARY FOR _____
 (month/year)

UNIT _____ TEST KIT _____

TESTING	#TESTED ON PTK	PROB CAUSE	REENL	REHAB/ SURVEIL	UNIT SWEEPS	OTHER
	#1	#2	#3	#4	#5	#6

A - TOTAL

TESTED _____

B - #POS _____

C - SENT TO

CDAC _____

CONFIRMATION RATE

	THIS MONTH	CUMULATIVE
D - PTK LAB RESULTS RECEIVED	_____	_____
E - PTK LAB POSITIVES CONFIRMED	_____	_____
F - PERCENT CONFIRMED POSITIVE		
DIVIDED BY RESULTS RECEIVED	_____	_____

LINES A, B, C, BLOCKS (2)+(3)+(4)+(5) EQUALS BLOCK (1)

LINE B EQUALS LINE C.

LINE F (CUMULATIVE) SHOULD BE AT LEAST 85% OR HIGHER. IF 85% OR HIGHER IS ACHIEVED, THE UNIT IS MAINTAINING THE STANDARDS EXPECTED. IF OVER A 3 MONTH PERIOD, 85% IS NOT ACHIEVED, NOTIFY FOR CALIBRATION OF EQUIPMENT OR OPERATOR TRAINING.

Figure 7-2.--Portable Test Kit Format.

SOP FOR CONSOLIDATED SUBSTANCE ABUSE CONTROL PROGRAM

DATE OPERATOR CERTIFIED: _____

ORGANIZATION THAT CERTIFIED: _____

NAME OF CERTIFYING INSTRUCTOR: _____

OPERATOR'S SIGNATURE

SACO'S SIGNATURE

