From: Secretary of the Navy

Subj: MILITARY SUBSTANCE ABUSE PREVENTION AND CONTROL

Ref: (a) DoD Instruction 6055.04 of 20 April 2009
(b) 10 U.S.C. §§801-946
(c) ASD(HA) Memo 97-29 of 13 February 97 (NOTAL)
(d) Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
(e) 21 U.S.C. §801 et seq.
(f) DoD Instruction 1010.04 of 20 February 2014
(g) OPNAVINST 5350.8
(h) OPNAVINST 1620.2A/MCO 1620.2D
(i) OPNAVINST 11200.5D/MCO 5110.1D
(j) 10 U.S.C. §978
(k) DoD Instruction 1010.16 of 10 October 2012
(l) DoD Instruction 1332.14 of 27 January 2014
(m) SECNAVINST 1920.6C
(n) DoD Instruction 1010.01 of 14 February 2018
(o) SECNAVINST 1000.11/DTM-19-004
(p) 21 U.S.C. §355
(r) OPNAVINST 5350.4D
(s) 5 U.S.C. §552a
(t) 42 U.S.C. §290dd-3 - 42 U.S.C. §290ee-3
(u) SECNAV M-5210.1
(v) SECNAVINST 5820.4G
(w) SECNAV M-5214.1

Encl: (1) Definitions
(2) Detection and Deterrence of Military Substance Abuse
(3) Impaired Driving Policy
(4) Pre-service and In-service Military Substance Abuse
(5) Prohibitions Governing the Conduct of DON Military Personnel
(6) Responsibilities
1. **Purpose.** To establish policies, procedures, and responsibilities for the prevention and control of substance misuse and abuse, and incidents of impaired driving within the Department of the Navy (DON). Pursuant to references (a) through (v) DON establishes Departmental responsibility for policy generation and operational accountability for procedural execution. This instruction is a significant revision and should be read in its entirety.

2. **Cancellation.** SECNAVINST 5300.28E.

3. **Definitions.** See enclosure (1).

4. **Applicability.** This instruction applies to the Office of the Secretary of the Navy (SECNAV), the Chief of Naval Operations, the Commandant of the Marine Corps, and all U.S. Navy, U.S. Marine Corps installations, commands, activities, field offices, and all other DON entities.

5. **Policy.** Substance abuse by members of the Armed Forces is incompatible with military standards of discipline, performance, and operational readiness. It is the goal of the DON to eliminate substance abuse; the illegal possession, distribution, or trafficking of drugs and prohibited substances; and the wrongful possession, use, promotion or distribution of drug paraphernalia. To achieve these goals, it is DON policy that:

   a. Navy and Marine Corps members will not wrongfully use, possess, manufacture, distribute, and/or import drugs, prohibited substances, or drug paraphernalia into the customs territory of the United States. Navy and Marine Corps members will not export from the United States, introduce onto a Department of Defense (DoD)-controlled installation, vessel, vehicle, or aircraft, drugs, prohibited substances, or drug paraphernalia.

      (1) Military members will report any prescription medications received from non-military sources to their chain of command and military healthcare provider within 10 days of receipt.

      (2) Prescription drugs are dispensed to patients for a diagnosed illness, injury or condition at the direction of a physician or healthcare professional. Prescription drug use
that disregards the instructions of a prescribing physician or healthcare professional constitutes prescription drug misuse or abuse.

b. Military members found to be misusing illicit drugs or abusing prescription drugs, in violation of applicable provisions of reference (b) or pertinent civilian laws or statutes are subject to appropriate disciplinary or administrative actions.

c. Military personnel who abuse alcohol but are believed to have a high probability of being rehabilitated may be disciplined as appropriate, provided counseling, and/or treatment services in order for them to return to full active duty per enclosure (2).

d. Military members who incur a second driving under the influence or driving while intoxicated conviction during their military career, or who incur a subsequent alcohol related incident after entering a prescribed alcohol misuse or treatment/aftercare program may be disciplined as appropriate, per enclosure (3) and will be processed for administrative separation per enclosure (4).

e. Members who are found to have a substance use disorder shall, prior to separation, be afforded evaluation, treatment and rehabilitation in an appropriate facility as recommended by a medical officer or DoD authorized licensed practitioner. Members who have received treatment for a substance use disorder and are in a prescribed aftercare status are generally eligible for a single course of treatment prior to separation. Family members of military personnel with a substance use disorder should be counseled and encouraged to voluntarily participate in the member's rehabilitation program. If a family member also has a substance use disorder, he or she will be encouraged to willingly enter treatment recommended by a medical officer (MO), DoD authorized licensed practitioner, or a Marine Corps Licensed Credentialed Provider. Eligible beneficiaries with a substance use disorder will be referred for evaluation and treatment to the nearest TRICARE program, per reference (c).

f. Commands will proactively offer relevant education, prevention and outreach programs to deter substance abuse and misuse. Commands will engage with the Naval Criminal
Investigative Service (NCIS) when warranted for proactive narcotic briefings and education training regarding narcotic usage within the command and trends identified in the local area. In addition to, ongoing briefings provided pertaining to the NCIS quarterly crime reduction campaign. When requested by NCIS, commands will provide information regarding positive urinalysis for the purpose of debriefing service members in an effort to gain narcotic intelligence to proactively mitigate narcotic use within the command.

**g.** Persons convicted of a drug trafficking offense, or who have a documented pattern of substance misuse that indicates a substance use disorder, will not be inducted into the Navy or Marine Corps except as specified in enclosure (4). Trafficking, as it applies in this section, includes importing, exporting, distribution, sale, transferring, or marketing of drugs or prohibited substances.

**h.** Navy and Marine Corps resale outlets are prohibited from advertising, possessing or selling drug paraphernalia as defined by this instruction or as determined by competent authority. This prohibition applies to military exchanges, open messes, commissaries, and private organizations and concessions located on DON installations and facilities under DON control.

6. **Prohibitions Governing the Conduct of DON Military Personnel.** See enclosure (5).

7. **Responsibilities.** See enclosure (6).

8. **Reports and Forms**

   a. The reporting requirements contained in enclosures (6), (7) and (8) of this directive are exempt from information collection control, per reference (w), Part IV, paragraph 7n and 7p.

   b. Forms 5300/1T Blood bourne Pathogens Counseling Statement and SECNAV 5300/2 Order to Follow Preventative Medicine Requirements can be download from Naval Forms online at: [https://www.secnav.navy.mil/doni/default.aspx/](https://www.secnav.navy.mil/doni/default.aspx/)
c. The following forms are available for download from the Government Services Administration Forms Library at: www.gsa.gov/forms/.

(1) SF 600, Chronological Record of Medical Care.

(2) SF 601, Health Record Immunization Record.

(3) SF 603, Medical Record Dental Continuation.

d. AFMES Form 25 can be downloaded from the Armed Forces Medical Examiner System online at: https://health.mil/afmes.

9. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned according to the records disposition schedules found on the Directives and Records Management Division (DRMD) portal page:


b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local Records Manager or the DRMD program office

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DEFINITIONS

The following definitions are for use within the military substance misuse and abuse prevention and control programs of the DON in accordance with this instruction.

1. **Alcohol Abuse.** The use of alcohol to an extent that it has an adverse effect on performance, conduct, behavior, mission effectiveness, the user’s health, family, community, DON, or leads to one or more acts of alcohol-related misconduct.

2. **Alcohol Use Disorder.** A psychological and or physiological dependence on alcohol as indicated by evidence of tolerance or symptoms of withdrawal after the cessation of alcohol ingestion. People are said to have an alcohol use disorder when abstinence from use initiates withdrawal, impairs performance, or alters behavior. Alcohol use disorder is a clinical diagnosis based on specific criteria delineated in reference (d) and must be determined by a qualified MO, DoD-authorized licensed practitioner, or a Marine Corps Licensed Credentialed Provider. A diagnosis of alcohol use disorder generally requires some form of intervention, administrative action and/or treatment. Untreated, alcohol use disorder may lead to severe health consequences, disease progression, and death.

3. **Alcohol-Incident.** A criminal act or episode of misconduct punishable under reference (b) or civilian authority where the consumption of alcohol was a contributing factor to the misconduct.

4. **Anabolic Steroids and Controlled Performance Enhancing Drugs.** Any hormonal substance, chemically, or pharmacologically related to testosterone that promotes muscle growth, and including those listed in section 802 of reference (e). Additionally, any drug, selective androgen receptor modulator (SARM), growth hormone, blood-boosting agent, side effect modulator, or masking agent intended to enhance or conceal the use of anabolic steroids listed in section 802 of reference (e).

5. **Controlled Substance.** Any regulated substance listed in schedules I – V of reference (e).
6. Controlled Substance Analogues (Designer Drugs)

   a. Per reference (e), section 802, except as provided in paragraph 6.b. below, this term means a substance:

      (1) With a chemical structure substantially similar to the chemical structure of a controlled substance of reference (e); and

      (2) That produces a stimulant, depressant, hallucinogenic or pharmacologic effect that is substantially similar to or greater than the stimulant, depressant, hallucinogenic or pharmacologic effect of a controlled substance in reference (e).

   b. Such a term does not include:

      (1) A controlled substance;

      (2) Any substance for which there is an approved new drug application;

      (3) Any substance, if an exemption is in effect for investigational use, under reference (p).

7. Driving Under the Influence (DUI), Driving While Intoxicated (DWI) and Driving Under the Influence of Drugs (DUID). DUI, DWI and DUID refer to the physical operation or control of a motor vehicle or craft while impaired by alcohol, drugs or prohibited substances. On publication of this instruction, in all states, forensic blood alcohol concentration (BAC) of 0.08 g/dL is considered prima facie evidence of DUI or DWI. It should be noted that many states drivers may be considered impaired at blood alcohol levels lower than 0.08 g/dL and can be convicted on other evidence absent a recorded BAC. Additionally, physical operation or control of a motor vehicle or craft while impaired by an intoxicating substance is a punishable offense under article 111 of reference (b). Further guidance concerning DUI, DWI, and DUID is contained in reference (b), articles 111, and its analysis.
8. **Drug.** Any substance, other than food, that is consumed, inhaled, injected, absorbed, or introduced into the body to modify mood, induce intoxication, or alter physiologic function.

9. **Drug Abuse and Misuse.** The wrongful use of a controlled substance, prescription medication, over-the-counter medication, or intoxicating substance (other than alcohol) to the extent that it has an adverse effect on performance, conduct, behavior, or mission effectiveness, or the user’s health, family, community, DON, or leads to one or more acts of drug-related misconduct. For purposes of this instruction, drug misuse is characterized by the use of drugs in a manner or for a purpose not intended by the manufacturer or directed by medical authority and guidelines. Drug abuse is characterized by the deliberate use of drugs for the purpose of inducing intoxication, excitation, stupefaction, or for countering the physiological or psychological effects of withdrawal. See definition of “Wrongful.”

10. **Drug Paraphernalia.** Any device, tool, equipment, material or apparatus not used for an authorized medicinal purpose, and is intended or designed for use in manufacturing, concealing, processing, preparing, injecting, ingesting, inhaling, or otherwise introducing into the human body a drug or prohibited substance in violation of reference (e). Drug paraphernalia includes, but is not limited to:

   a. Hypodermic syringes, needles, and other objects used, for injecting prohibited substances into the human body not otherwise required for medical purposes, and any container used for mixing or preparing heroin (opioids), methamphetamine, cocaine, or other injectable prohibited substances prior to such an application.

   b. Objects used, intended or designed for use in ingesting, inhaling, insufflating, or otherwise introducing controlled substances (e.g., marijuana, cocaine, and methamphetamine) into the human body, such as:

      (1) Pipes or vaporizers, used for the purpose of smoking marijuana, hashish, tetrahydrocannabinol (THC) and its concentrates, methamphetamine, or cocaine (e.g. chamber pipes, carburetor pipes, electric pipes, vaporizers, air driven pipes, chillums, bongs, ice pipes, or punctured metal bowls);
(2) Roach clips or objects used to hold a burning marijuana cigarette too small or too short to be held in the hand; and

(3) Cocaine spoons or bullets.

c. The words "equipment, device, and material" should be interpreted according to their ordinary or dictionary meaning. To ensure that innocently possessed objects are not classified as drug paraphernalia, paragraph 5.b. of the basic instruction makes the criminal intent of the person in possession or control of an object a key element of the definition. Some factors to consider in determining this intent, and hence whether an object is illegal drug paraphernalia, are as follows:

(1) Statements by the person in possession of the object concerning its use;

(2) The proximity of the object, in time and space, to the unlawful use, possession, or distribution of drugs;

(3) The proximity of the object to prohibited/controlled substances;

(4) The existence of residue of prohibited/controlled substances on the object;

(5) Instructions, oral or written, provided with the object concerning its use;

(6) Descriptive materials accompanying the object which explain or depict its use;

(7) The existence and scope of legitimate uses for the object in the community; and

(8) Expert testimony concerning its use.

11. Drug Dependence. Physiological reliance on a substance or pharmacologic agent. The physiological alteration and adaptation to a drug or substance that results in the development of, physical dependence, tolerance, or withdrawal symptoms when discontinued leading to compulsive and repeated use. The term is not intended to include the use of
pharmaceuticals as part of the medical management of a chronic disease or medical condition.

12. **Drug-Related Incident.** Any criminal offense or episode of misconduct punishable under reference (b), civilian authority or host-nation law where, the consumption of a legal or illegal drug or intoxicating substance (other than alcohol) was a contributing factor. Mere possession or trafficking of a prohibited substance, illegal drug, legal drug intended for improper use, or drug paraphernalia may be classified as a drug-related incident. Additionally, testing positive for a prohibited substance, illegal drug or a legal drug not prescribed, may be considered a drug-related incident.

13. **Drug Trafficking.** The wrongful distribution (including sale or transfer) of a drug or prohibited substance, or the wrongful possession, importation into the customs territory United States, export from the United States or introduction onto a DoD-controlled installation, vessel, vehicle, or aircraft of drugs or prohibited substances (as described in paragraph 6) with the intent to distribute.

14. **Inhalant Abuse (Huffing).** The intentional inhalation or breathing of gas, fumes, or vapors of a chemical substance with the intent of inducing intoxication, excitation, or stupefaction.

15. **Marijuana, Cannabis and Synthetic Cannabinoids.** For purposes of this instruction the terms marijuana, cannabis, THC, or THC concentrates, are used interchangeably. Cannabis is the scientific name for the genus of plant commonly referred to as marijuana. Synthetic cannabinoids (e.g. Spice), are a series of structurally unrelated (to THC or to each other) chemical compounds that are designed to mimic the psychoactive effects of THC and marijuana.

16. **Natural Substances.** Chemicals or substances naturally produced by living organisms (plants, animals, or fungi). A non-exhaustive list of these substances includes salvinorin A, psilocybin, cathinone, matragynine, kavalactones, bufotenin, and 5-methoxy-dimethyltryptamine.

17. **Substance Use Disorder.** Reference (d) refers to substance use disorder as the problematic pattern of intoxicating
substance use leading to significant impairment and failure to meet major responsibilities at work, school or home. A diagnosis of substance use disorder is based on evidence of failed impulse control, social impairment, risky or destructive substance use, and other pharmacological criteria and may be characterized as mild, moderate, or severe, with the level of severity determined by the individual's symptoms.

18. **Wrongful.** Possession, use, distribution, or manufacture of a controlled drug or prohibited substance is wrongful if it is without legal or medical justification or authorization. Wrongful may include product use contrary to the directions of the manufacturer or healthcare provider and or use of an intoxicating substance not intended for human consumption. Possession, use, distribution, or manufacture of a controlled substance is not wrongful if such act or acts are:

   a. Conducted under legitimate law enforcement activities (e.g. an informant who receives drugs as part of an undercover operation is not in wrongful possession);

   b. Conducted by authorized personnel in the performance of medical duties; or

   c. Without knowledge of the contraband nature of the substance (e.g. a person who possesses cocaine, but actually believes it to be sugar, is not guilty of wrongful possession of cocaine or a person who ingests a brownie without the knowledge that it contained THC, is not guilty of wrongful use of marijuana).
DETECTION AND DETERRENCE OF MILITARY SUBSTANCE ABUSE

1. Policy. Effective detection and deterrence programs are essential to prevent substance abuse. To be effective, detection and deterrence programs must be supported by treatment and rehabilitation organizations that can provide therapy absent the consequence of self-incrimination and disciplinary action. The DON exercises a zero tolerance policy concerning drug or substance abuse and disciplines as appropriate for alcohol misuse. Alcohol abusers who demonstrate potential for productive service will be offered counseling and/or treatment and returned to full duty whenever possible.

   a. Alcohol Use Disorder. Alcohol abuse and the disease of alcoholism are treatable conditions. Prevention of alcohol misuse is the responsibility of the individual. Reasonable attitudes and sensible techniques employed by commands, supervisors, and health care personnel can help individuals acknowledge and understand their personal responsibility for its prevention. Denial by a member of his or her alcohol use disorder is a common symptom of the illness, making the member incapable of recognizing the disorder and obtaining appropriate therapy. Commands, supervisors, and health care personnel should try to identify and recommend to the appropriate Commanding Officer treatment options for individuals with less serious alcohol use disorders, before an incident occurs when the member is unable to identify their own alcohol misuse. The DON will provide the required treatment and rehabilitation for members identified as having an alcohol use disorder, whether or not they initiate treatment; including processing for separation those members who cannot perform duties free from alcohol misuse after rehabilitation.

      (1) DON will ensure that adult beneficiaries who are admitted to a military treatment facility (MTF) for care are screened annually for problematic substance use using the Alcohol Use Disorders Identification Test, Alcohol Consumption Questions (AUDIT-C) screening tool, per reference (f).

      (2) Medical providers will receive annual instruction concerning current trends and practices in the identification, assessment, and referral of personnel at risk for substance abuse. Training will include the interpretation and use of the alcohol screening instrument AUDIT-C, per reference (f).
(3) The AUDIT-C screening tool will be incorporated into the annual Periodic Health Assessment for all active duty and reserve component personnel per reference (f).

b. Drug Misuse and Drug Use Disorders. DON will employ effective deterrence programs, detection strategies, urinalysis testing, and protected self-referral to identify incidents of drug abuse or substance misuse. Additionally, Navy and Marine Corps provide access to support and assistance programs for military members and their dependents, whether or not they initiate treatment.

c. Referral of Substance Use Disorder Diagnosed Separatees. Substance dependent members who require separation will be afforded the opportunity for treatment, by referral to a MTF, or at the commander’s discretion, to a MTF per reference (c).

2. Detection and Deterrence. To ensure that programs designed to reduce alcohol misuse and drug abuse among DON personnel are effective, comprehensive policies and procedures must be developed to identify substance misuse and abuse. Commanders, Commanding Officers, and Officers in Charge will, within the limits of their resources, make fullest use of administrative and disciplinary procedures including, but not limited to, the following:

a. Employ trained investigative and enforcement personnel.

b. Request Military Working Dog sweeps.

c. Use urinalysis to support inspections and readiness programs.

d. Schedule frequent inspections and assistance visits.

e. Conduct random inspections of vehicles and personal possessions on entry or exit of military installations, vessels or other property under military control.

f. When appropriate, promptly administer suitable disciplinary or administrative actions.

g. When warranted, initiate practical restorative procedures, to include a remedial training plan, motivational
education, a productive work schedule, and command counseling. If indicated, refer the member to rehabilitation at an outpatient counseling center or residential rehabilitation facility.

h. Monitor the aftercare treatment and address incidents of recidivism immediately.

i. Provide timely and accurate substance abuse-related incident reports in an effort to identify area "hot spots" and abuse trends, apply or realign resources to address potential threats. Reporting of command substance abuse incidents will be treated like other reports of serious manpower or equipment challenges and will not necessarily reflect negatively upon the reporting officer's professional or managerial capabilities.

j. Prior to commanders, commanding officers, and officers in charge adjudicating a member’s contested urinalysis result, leadership will review the member’s previous positive urinalysis testing results and any previous enrollments in substance abuse treatment or rehabilitation programs. This evidence of prior use may be used for rebut of claims of accidental ingestion or mistake.

k. Advocate and encourage the disciplined lifestyle required by members of the Naval Service. Reinforce historic Navy and Marine Corps customs and traditions, emphasizing honor, courage, and commitment. Establish a climate where substance misuse is discouraged by officers and senior enlisted, is rejected by emerging leaders and mentors, and is persuasively discouraged through peer pressure and positive reinforcement.

l. Hand held Alcohol Detection Devices (ADD) may be used as technical aides for inspections under section 313 of reference (q). The test results cannot be used as the basis for disciplinary action, but can provide the foundation for a probable cause search or fitness for duty examination. Commands are encouraged to employ non-evidentiary ADD’s as part of a comprehensive substance abuse deterrence program. Development of detailed standard operating procedures provide guidance and consistency regarding non-evidentiary ADD use. Standardized metrics and reporting criteria should be established to demonstrate device utility, establish best practices and measure program success per references (f) and (g).
3. A Comprehensive Forensic Urine Drug Testing Program

   a. The primary drug testing mechanism for DON personnel will be the DoD Drug Testing Program. Mandatory urinalysis testing of all officers and enlisted members is conducted under the following collection premises, and in accordance with enclosure (2) of reference (r):

   (1) Inspection – any random inspection or examination collection pursuant to section 313 of reference (q). Random collection can be subdivided as:

      (a) Random inspection or examination of an entire unit (unit sweep).
      
      (b) Random inspection or examination of a random sampling a unit.

   (2) Probable Cause – any probable cause collection search or seizure is used when there is reasonable belief that the urine to be collected contains evidence of illegal drug use, pursuant to section 315 of reference (q).

   (3) Consent – any collection when a service member voluntarily agrees to participate in a urine collection as part of a consent search, pursuant to section 314 of reference (q).

   (4) Rehabilitation – any collection conducted during a member’s participation in a drug treatment or rehabilitation program.

   (5) Safety Mishap – any collection following an incident considered a safety mishap under the appropriate DON regulation from an individual deemed directly or indirectly involved with the incident.

   (6) Command-Directed – any examination collection directed by the command to determine a member’s competence for duty or the need for counseling, rehabilitation, or other medical treatment when the commanding officer has reason to question the member’s competence for duty.

   (7) Medical – any collection pursuant to section 312 of reference (q), procured during any examination for a valid
medical purpose, such as emergency treatment, physical examinations, and other such medical procedures deemed necessary for diagnostic or treatment purposes.

(8) New Entrant – any collection provided during the pre-accession physical or initial period of military service.

(9) Other – any collection conducted under “other” circumstances, as allowed by reference (q).

b. The DON has determined forensic urine drug testing from the DoD Drug Testing Program as the preferred deterrence mechanism. It ensures uniform use of rigorous scientific standards, analytical accuracy, forensic supportability and program acceptance. While other testing methodologies are available, commands must be mindful when assessing methodology and analytical results that challenge a finding from the DoD drug testing laboratory. Leadership must consult with the Regional Legal Service Office/Staff Judge Advocate with questions with regard to scientific credibility, forensic acceptability, and limits of detection of an alternate testing method, or laboratory before disregarding or questioning an analytical result from a DoD drug testing laboratory.

4. Limitation on Use of Urinalysis Test Results. Results obtained from urinalysis testing under a fitness for duty inspection, if not supported by probable cause or valid medical purposes, may not be used against the member as the basis for punitive actions under reference (b) or as the foundation for unfavorable characterization of a discharge in separation proceedings, except when used to impeach or rebut evidence of drug misuse (or lack thereof) initially introduced by the member. Subject to the above limitations, a urinalysis result obtained via other involuntary or compulsory testing premise may be used to refer a military member to a treatment or rehabilitation program, to take appropriate disciplinary action, and to establish the basis for separation and characterization of discharge under applicable laws and regulations. Mandatory urinalysis results may also be used in other administrative determinations except as otherwise limited in this instruction or under rules issued by SECNAV.
5. Statistical, Analytical and Prevalence Studies. Urinalysis test results may be used to conduct longitudinal, statistical, analytical, investigative and prevalence studies of military personnel. Specimen demographic data will not contain personal identifiers per the provisions of reference (s). Demographic data may contain information regarding age, gender, rank and rate, specialty, geographic location, military service or component, and related demographic information concerning military personnel both active duty and reserve. All requests for Service-specific drug testing demographic data will be approved by the Director, DoD Drug Testing and Program Policy.

6. Self-Referral for Rehabilitation for Substance Misuse. Navy and Marine Corps active duty and reserve personnel who self-refer for substance misuse to authorized medical personnel will be screened for a substance use disorder at a medical facility or SACC within the scope of the memorandum of understanding. Those who are diagnosed as substance use disorder moderate or severe will be exempt from disciplinary action, but will be processed for administrative separation and offered treatment as outlined in reference (f).

7. Confidentiality of Records. Records concerning the identity, diagnosis, prognosis, or treatment of any member who has sought or received counseling, treatment or rehabilitation in any DON substance misuse counseling, treatment, rehabilitation program or contracted rehabilitation facility may not be introduced against the member in a court-martial except as authorized by a court order issued under the standards set forth in reference (t), or for rebuttal or impeachment purposes where evidence of alcohol, drug, or substance misuse (or lack thereof) has first been introduced by the member. This provision is intended to create an enforceable right of privacy for medical and therapeutic records associated with a drug and alcohol counseling, treatment or rehabilitation program. Except for administrative discharge proceedings, no medical or rehabilitation record may be released without the signed consent of the Service member or the written order of a military judge. Records will be preserved and maintained per reference (u). Failure to protect records generated pursuant to this instruction may cause legal harm to the DON or members of the Naval Service.
8. Limitations on Use of Information. Disclosures made by a member to alcohol or substance misuse screening, counseling, treatment, or rehabilitation personnel relating to past alcohol or substance abuse, or possession incident to such misuse, including disclosures made at Alcoholics Anonymous or Narcotics Anonymous meetings, or when attending Navy and Marine Corps preventative education or intervention classes, may not be used against the member in disciplinary action under reference (b) or as the basis for characterizing a discharge, provided that the information is disclosed by the member for the sole purpose of seeking or obtaining treatment. This does not preclude the use of disclosed information to establish the basis for separation in a separation proceeding or to take other administrative action, nor does it preclude the introduction of evidence for impeachment or rebuttal purposes in any proceeding in which alcohol or prohibited substance misuse (or lack thereof) has first been introduced by the member. The use of information disclosed by a member to persons other than military substance misuse program personnel or other established communications that are considered privileged (i.e. communication to clergy) is not limited under this paragraph. Similarly, the use of information disclosed in response to official questioning in connection with any investigation or disciplinary proceeding will not be considered information disclosed for the purpose of seeking or obtaining treatment or rehabilitation and is therefore not limited under this paragraph.
IMPAIRED DRIVING POLICY

1. **Policy.** It is DON policy to prevent, control, and document incidents of impaired driving. This enclosure clarifies and standardizes procedures for managing and documenting such incidents and applies to all Navy and Marine Corps active duty personnel and members of their reserve components on active duty or inactive duty training. For any substance-related misconduct, commanders will take appropriate action within their discretion and in accordance with applicable policy. Substantiated incidents of impaired driving justifiably call into question an individual's judgment, lack of personal responsibility, and one's general regard for the safety of oneself and the public. Driving while impaired is contrary to the standards of conduct expected of members of the Navy and Marine Corps.

2. **Detection and Deterrence.** Detection and deterrence measures are necessary to support prevention and assistance programs that help keep people from harming themselves and others. Calibrated Alcohol Detection Devises (ADD) and breathalyzers may be used by trained technicians to promote safety and detect impaired driving and fitness-for-duty violations per reference (g). If additional analysis is necessary, blood specimens should be collected for specialized forensic analysis. This analysis will verify, quantify, and confirm the presence of drugs or alcohol in the member’s system. This analysis will be performed in an appropriate forensic laboratory, by certified personnel, using validated methodology and specialized instrumentation. This analytic expertise represents and ensures a valuable and necessary detection and deterrent capability for the Navy and Marine Corps.

   a. Breathalyzers can be used for random on-duty inspections, spot checks in vehicles, situations where probable cause is established, or to determine fitness-for-duty.

   b. Members identified as driving while impaired are to be returned to their commands for their safety and the safety of the community, and for appropriate follow-up and referral for Substance Use Disorder screening per this instruction.

   c. On-station enforcement of the traffic control regulations in reference (h) must be scrupulously observed.
d. Off-station controls must be enforced in accordance with reference (g) and the requirements of this instruction. These controls must be rigorously employed when the availability of alcoholic beverages or drugs in the community poses a threat to the safety and wellbeing of Service members and their dependents.

e. When a blood specimen is collected pursuant to a probable-cause search, chain of custody must be maintained (e.g., AFMES Form 25, http://www.health.mil/afmes/) and specimens shipped to the Division of Forensic Toxicology, Armed Forces Medical Examiner System (AFMES), or similarly certified forensic laboratory, for comprehensive forensic analysis.

3. Substantiated Incidents of Impaired Driving. A substantiated incident of impaired driving per reference (i) may include, but is not limited to:

   a. A conviction by summary, special, or general court-martial, in violation of reference (b), article 111.

   b. A finding by competent authority during a hearing under reference (b), article 15 that, based upon a preponderance of the evidence the member has violated reference (b), article 111, or an applicable lesser included offense, regardless of punishment under reference (b), article 15.

   c. The final adjudication by Federal, State, local, or foreign authorities that the member violated a Federal statute, State statute, local ordinance, or foreign country law prohibiting operating a motor vehicle while impaired, may be based on any of the following:

   (1) A court's acceptance of a plea of guilty.

   (2) A finding of guilty after entry of a plea of not guilty.

   (3) A court's acceptance of a plea of nolo contendere or other equivalent plea.

   (4) A court's acceptance of a request for probation before judgment or other equivalent legal action designed to impose accountability for misconduct while avoiding a criminal
conviction. (NOTE: A court's acceptance of a plea bargain to a lesser offense in paragraph 3.c.(1) above, such as reckless driving, does not preclude a commander from making an independent determination that an allegation of impaired driving is substantiated. Use of a foreign tribunals' decision as the basis for command action under this instruction is permitted when the fundamental fairness of the foreign nation’s adjudicatory process is certified under reference (v).

d. A final adjudication by Federal, State, local, or foreign authority that the member violated any federal statute, state statute, local ordinance, or foreign country law regulating the operation of vehicles, when, incident to the violation, the member submits to a blood alcohol test and the results of the test exceed the state or foreign country standard for operating a vehicle while impaired.

4. Accountability. Commanding Officers or Officers in Charge must properly document all substantiated incidents of impaired driving and take action, as appropriate, in cases of other unacceptable behaviors while under the influence of alcohol or drugs. Substantiated incidents of impaired driving will be documented in officer fitness reports and enlisted evaluations, appropriate administrative records, and other reports required by instruction. Fitness report and performance evaluation grades should not be based solely upon a substantiated incident of impaired driving, but upon an evaluation of the individual's total performance during the rating period. It is DON policy to evaluate a person's total record in determining promotion, retention, reenlistment, and assignment issues.

5. Records. It is imperative that all records are maintained per reference (u) to ensure that the legal process and any necessary disciplinary action is captured and protected.
1. **Policy.** It is DON policy that no person who is alcohol, drug, or substance dependent, who currently misuses alcohol, drugs or prohibited substances, whose pre-service misuse of alcohol, drugs or prohibited substances indicates an inclination to continue such misuse while in the service, or who has a record of drug trafficking conviction, enter the Naval Service. Some people have clear potential for substance misuse-free military service despite past misuse. Pre-service substance misuse, as long as the misuse is terminated prior to entry into the Naval Service, is not necessarily disqualifying. Therefore, persons who have misused alcohol, drugs or prohibited substances prior to applying for military service, but who are not currently misusing or substance dependent, may be considered for admittance on a case by case basis. The applicants overall record, however, must indicate the candidate is exceptionally qualified in all other areas and demonstrates the motivation to adhere to all relevant standards of performance and conduct.

2. **Guidelines for Acceptance.** The Chief of Naval Operations (CNO) and Commandant of the Marine Corps (CMC) will establish recruiting and accessioning procedures that will eliminate individuals whose past alcohol, drug or substance abuse was of such intensity or duration as to render them unsuitable for military service. Minimum standards for acceptance into the Naval Service are as follows:

   a. Except as provided for in paragraph 2.b., applicants are not eligible for enlistment, appointment, or commissioning if they have:

      (1) Been convicted of a drug abuse offense;

      (2) Been psychologically or physically dependent on alcohol, drugs or a prohibited substance; and or

      (3) Been convicted of drug trafficking.

   b. Acceptance may be authorized on a case-by-case basis when a candidate’s pre-service substance abuses or dependency, as defined by paragraphs 2.a.(1) or 2.a.(2), was resolved in such a way that it is exceedingly unlikely that such behavior will recur. The CNO and CMC will establish evaluation criteria.
for identifying applicants deserving of special consideration when prior pre-service alcohol, drug or substance abuse no longer constitutes a perceivable risk.

c. Applicants who wish to serve as commissioned officers, medical and dental professionals, Submarine, Nuclear Power, Personnel Reliability Program specialists or in other programs requiring an additional degree of trust and dependability, may be evaluated for acceptance using more stringent entry criteria established by the CNO and CMC to ensure a negligible risk of alcohol, drug or substance abuse exists from applicants to such demanding programs.

3. New Entrant Drug Use, Alcohol Testing and Dependency Evaluation. Per references (j) and (k), unless otherwise directed by Secretary of the Navy (SECNAV), all new entrants will be tested for drug and alcohol abuse and evaluated for dependency within 72 hours of the member's Initial Entry on Active Duty (IEAD) following enlistment or appointment. For reserve component member’s not entering active duty, urinalysis will be administered within 72 hours of beginning individually scheduled annual training or initial active duty training.

   a. Testing Policy

      (1) All persons covered by this accession program will be tested for abuse of drugs, per reference (k) and alcohol abuse. The CNO and CMC may direct testing for additional substances as necessary to ensure that individuals abusing atypical substances or drugs are identified at this service entry point.

      (2) All persons covered by this program will be medically evaluated for dependency using appropriate clinical and/or psychiatric principles and criteria.

   b. Enlisted Separation Policy

      (1) Enlisted personnel who refuse to consent to drug or alcohol testing or evaluation during IEAD will be discharged.

      (2) Enlisted personnel confirmed positive for any drug on the DoD testing panel will be discharged and permanently disqualified from military service unless a waiver is granted
under criteria established by the CNO and CMC following an individual assessment of the particular case.

(3) Enlisted personnel whose alcohol test indicates a blood alcohol concentration of 0.05 g/dL or greater and who are considered not alcohol dependent will be discharged unless a waiver is granted under criteria established by the CNO and CMC following an individual assessment of the particular case.

(4) During national emergencies when conscription is authorized, the CNO and CMC may retain inductees who test positive for drugs or alcohol if deemed appropriate considering all relevant factors at the time.

c. Officer Separation Policy

(1) Applications for appointment as midshipmen will be disapproved if the applicant refuses to consent to drug or alcohol testing or evaluation during IEAD.

(2) Naval Reserve Officer Training Corps (NROTC) members will be appropriately disenrolled if they refuse to consent to testing or evaluation, are diagnosed with a drug dependency, or receive a positive test result for any drug on the DoD testing panel, unless the member possesses a valid prescription that would account for the positive drug test result. No offer of appointment will be made to such individuals. Positive drug test results or refusal to consent to testing or evaluation may be treated as evidence of misconduct on the part of the NROTC member for purposes of recoupment or ordering to active duty in an enlisted status. During national emergencies when conscription is authorized, SECNAV or his or her designee, may retain midshipmen who test positive and who receive a waiver, if deemed appropriate considering all relevant factors at the time.

(3) Officers who are tested after appointment and are found to have used a prohibited substance, or who have refused a drug test or dependency evaluation, will be given an honorable or general discharge under honorable conditions, unless the separating authority determines, pursuant to applicable Service regulations, that a discharge under other than honorable conditions is more appropriate based upon other misconduct.
(4) Applicants for appointment as midshipmen and officers who are tested after appointment who have a blood alcohol level of 0.05 g/dL or greater and who are not alcohol dependent, will be denied appointment or discharged, as appropriate, unless SECNAV, or his or her designee, grants a waiver following an individual assessment of the particular case.

4. Post Enlistment Disclosure of Pre-service Alcohol and/or Drug Abuse. Military personnel who deny pre-service alcohol, drug or substance abuse, and subsequently admit to use which could have disqualified them from entry into the military, and who have demonstrated a potential for useful service, may be assessed at the time of such admission. Those who satisfy CNO’s or CMC’s retention guidelines for substance abuse-free conduct may be retained. All others should be processed for separation.

5. Pre-Service Drug-Related Offenses. Persons with substance misuse-related convictions, as discovered by the recruiter's local police review or by inclusion on the applicant's national agency investigation, are generally considered ineligible for Naval Service. For purposes of this enclosure, the phrase "substance misuse-related conviction" will not include civil arrests or judicial action involving drug use when the charges were dropped or the individual was declared not guilty, unless such judgment or dismissal was the result of an agreement or deferral of prosecution conditioned on entry into the Naval Service.

6. Pre-Service Alcohol-Related Offenses. Individuals who have been convicted of an alcohol-related offense may be considered for acceptance as provided for in paragraph 2.a. However, persons with multiple alcohol-related convictions Driving While Intoxicated (DWI's), Driving Under the Influence (DUI’s etc.) are generally considered ineligible for Naval Service.

7. In-Service Drug-Related Offenses

   a. Drug trafficking violations while on active duty may result in appropriate disciplinary action, administrative separation under references (l) and (m), or both.

   b. Drug use by members of the Naval Service is incompatible with the unique and rigorous standards required of military
personnel. Members who are found to have committed a substantiated incident of substance abuse may be disciplined, as appropriate, and processed for separation per references (1) and (m), or both.
PROHIBITIONS GOVERNING THE CONDUCT OF DON MILITARY PERSONNEL

1. For purposes of this paragraph, the definition of controlled substance analogues (designer drugs) in enclosure (1), and deceptive devices and methods in paragraph 1d of this instruction, apply.

   a. Controlled Substance Misuse, Possession, Manufacture, Distribution, Importation, Exportation, and Introduction. Reference (b), article 112a, prohibits any person subject to reference (b) from wrongfully using, possessing, manufacturing, distributing, importing into the United States, exporting from the United States, or introducing onto a DoD-controlled installation, vessel, vehicle, or aircraft any substance described in paragraphs 1.a.(1) and 1.a.(2).

      (1) Opium, heroin, cocaine, amphetamine, lysergic acid diethylamine, methamphetamine, phencyclidine, barbituric acid, and marijuana (naturally occurring tetrahydrocannabinol or synthetic (e.g. Spice), and any compound or derivative of any such substance.

      (2) Any substances not specified in paragraph 1.a.(1) which are listed on the Controlled Substance Act (CSA) schedule of controlled substances prescribed by the President under clause (2) of reference (b), article 112a, or which are listed in schedules I – V of section 202 of the CSA reference (d).

      (3) Unprescribed medical products that are restricted for importation or use within the United States, or contain controlled substances as described in paragraphs 1.a.(1) and 1.a.(2).

   b. Drug Paraphernalia. The use, possession, sale, or distribution of drug paraphernalia by persons in the DON is prohibited. A violation of this prohibition may result in punitive action under reference (b), adverse administrative action or both. See enclosure (1) for the definition of Drug Paraphernalia.

   c. Prohibited Substance Abuse. The wrongful use, possession, manufacture, distribution, importation into the United States, exportation from the United States, or
introduction onto a DoD-controlled installation, vessel, vehicle, or aircraft by DON personnel of controlled substance analogues (designer drugs), anabolic steroids, naturally occurring intoxicating substances, over-the-counter or prescription medications, with the intent to induce intoxication, excitation, or stupefaction, is prohibited. Although not illegal to possess, misuse of chemicals, propellants or inhalants to alter one’s mental or physiological state or in a manner unintended by the manufacturer, are prohibited.

d. Deceptive Devices and Methods. Any intentional act designed to avoid providing a urine sample when lawfully directed to do so, to dilute a urine sample in an effort to reduce the urinary drug concentration, to substitute any substance for one’s own urine, to use a synthetic urine delivery device (e.g. Whizzinator), to chemically alter one's own urine to avoid detection of a drug or prohibited substance, or to assist another in attempting to do the same, is prohibited.
RESPONSIBILITIES

1. The Assistant Secretary of the Navy (Manpower and Reserve Affairs) (ASN(M&RA)) is responsible for policy guidance and execution oversight of the substance abuse prevention and control programs.

2. The Chief of Naval Operations (CNO) will execute policy and establish and operate drug-testing laboratories that are fully responsive to the military urinalysis testing requirements of the Navy and Marine Corps, and contract or arrange as necessary, for testing services not provided by the Department of Defense (DoD) drug testing laboratories. In addition, the CNO and the Commandant Marine Corps (CMC) will when applicable:

   a. Establish and administer substance abuse Prevention, Education and Outreach programs consistent with this policy guidance, giving specific attention to the functional areas of detection and deterrence, treatment and rehabilitation, preventive education and training, and enforcement and discipline. These programs will be designed to support functional areas of personnel management, recruiting, retention, administrative separation, and courts-martial.

   b. Establish offices in their respective headquarters to enhance integration of a comprehensive substance abuse prevention program. These offices shall monitor and coordinate all aspects of prevention, detection, testing, deterrence, enforcement, education, training, treatment, and rehabilitation.

   c. Ensure that policies and procedures governing the Department of the Navy (DON) urinalysis testing program are performed using accepted and established operating procedures related to the collection, transport, testing, documentation, review, reporting, and storage, as required by references (k) and (n).

      (1) Ensure 100 percent of DON military personnel are tested annually by conducting frequent and random monthly urinalysis collection events. Personnel not selected, or those who were selected but were absent for random urinalysis sample collection during the first three quarters of each fiscal year, will be selected for testing during the fourth quarter using the
inspection other (IO) test basis code. Commanders may, but are not required to conduct a unit sweep to meet this requirement.

(2) Reference (k), requires urinalysis specimens to be collected under the direct observation by a designated individual of the same gender as the Service member providing the specimen. The DON recognizes a Service member’s gender by the member’s gender marker in the Defense Enrollment Eligibility Reporting System. Accordingly, transgender service members providing a urinalysis specimen will be observed in accordance with the Secretary’s guidance contained in reference (o).

d. Establish and operate substance abuse treatment programs. The CNO and CMC will coordinate these services to provide an effective and standardized treatment regimen per references (a), (c) and (f).

e. Ensure that the treatment methodology, standards of practice and rehabilitation programs for eligible family members with substance use disorders are equivalent, to the extent permitted by law and within the limitations of this instruction, with those available to military personnel.

f. Provide substance abuse program managers from the Navy and Marine Corps to represent the DON on military and governmental committees and task forces as may be requested by the Office of the Secretary of Defense. These representatives may not make policy commitments on behalf of the DON, but will keep ASN(M&RA) informed of activities and initiatives considered or enacted by such groups which may alter or affect the effectiveness of DON policies and programs outlined in this instruction.

g. Ensure that appropriate measures are taken to:

(1) Prevent trafficking, sale, and distribution of regulated drugs and prohibited substances listed in paragraph 6.a., and drug paraphernalia on DoD-controlled ships, vehicles, aircraft or installations.

(2) Minimize the effect to military personnel of illegal possession and use of drugs and prohibited substances by civilian employees.
(3) Provide for off-station enforcement (e.g., establishment or designation of off-limit areas), per references (a) and (h), when the availability of regulated drugs and prohibited substances listed in paragraph 6.a., and drug paraphernalia in the civilian community, presents a threat to the discipline, health, welfare, or morale of service members.

(4) Provide guidance and assistance to Commanding Officers, Officers in Charge, and activity leadership to ensure effective execution of substance abuse policies and programs.

(5) Provide substance abuse prevention training to military and civilian supervisors and counselors per reference (f).

(6) Continue to design, develop and enhance outreach programs for the control and prevention of substance abuse, including personal accountability for substantiated occurrences of impaired driving and alcohol and drug related incidents, as directed by this instruction.

h. Ensure maximum cooperation and coordination through Marine Corps participation on policy committees sponsored by the CNO. These committees will ensure that Navy and Marine Corps programs demonstrate effectiveness and uniformity and that assure rehabilitation and treatment services are provided for Marine Corps personnel and their dependents.

i. Establish procedures for identifying pre-service substance misusers at the point of recruitment, initial application, induction, and at the initiation of major specialty training programs as outlined in enclosure (4).

j. Request exceptions to this instruction for medical, educational, operational, or personnel management purposes when deemed necessary, and propose changes when required to meet necessary policy objectives.

k. Maintain sufficient and complete archived records and reports capable of supplying data and reports to the Office of the Secretary of Defense with copies to ASN(M&RA) per reference (n).