



DEPARTMENT OF THE NAVY
JOINT BASE PEARL HARBOR-HICKAM
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JBPHHINST 5350.4A

JB00

20 Feb 13

JOINT BASE PEARL HARBOR-HICKAM INSTRUCTION 5350.4A

From: Commander, Joint Base Pearl Harbor-Hickam

Subj: NAVY DRUG AND ALCOHOL ADVISORY COUNCIL (NDAAC)

Ref: (a) OPNAVINST 5350.4D

Encl: (1) Joint Base Pearl Harbor-Hickam Navy Drug Alcohol
Advisory Council Quarterly Data Reporting
Requirements

1. Purpose. To delineate responsibilities of the NDAAC for Commander, Joint Base Pearl Harbor-Hickam (JBPHH); to designate representatives to the Council; and to outline the Council's reporting requirements. Also, to propose programs or changes to programs already in place that would reduce the amount of alcohol related incidents at the command.

2. Cancellation. JBPHHINST 5350.4.

3. Background. Reference (a) directs establishments of local NDAACs to provide potential threat assessments for review by the regional NDAAC. Illicit drug use and alcohol abuse pose a profound danger to each command's good order, discipline, and morale. It tears away at the core of our readiness of operational and shore-based Naval Forces. Drug and alcohol abuse reduces the operational capability of the command and results in loss of man hours due to investigations and legal/disciplinary matters. All Hands should strive to discourage all practices which glamorize or encourage drug/alcohol abuse and pursue innovative and aggressive programs to promote activities in which alcohol does not play a major part.

4. Policy. The Commander has a policy of zero tolerance for drug and alcohol abuse within his area of responsibility. Council members must utilize programs designed to detect, deter, discipline, assess, train, educate, and counsel offenders. Personnel whose abuse of alcohol causes them to be late for duty, who appear for duty with a hangover, who exhibit alcohol related attitude problems or who are involved in alcohol related liberty incidents shall be identified and given all the possible

assistance to participate in remedial programs on a case by case basis. When personnel fail to progress or make appropriate recommendations for action, in particular senior leadership, within a command are to ensure personnel with drug/alcohol abuse problems are removed from positions and situations that involve handling classified material, sensitive equipment, and dangerous machinery. The potential relationship between drug/alcohol abuse, security compromise, and accidents must be clear in everyone's minds.

5. Council Membership. The NDAAC shall consist of the following members:

- a. Chief Staff Officer, JBPHH (Chairperson).
- b. JBPHH Drug Abuse Program Advisor (DAPA) (NDAAC Coordinator).
- c. JBPHH Command Master Chief.
- d. JBPHH Senior Enlisted Advisor.
- e. JBPHH Chaplain.
- f. JBPHH Staff Judge Advocate.
- g. NCIS Representative.
- h. JBPHH Security Representative.
- i. Medical Clinic Representative.
- j. Military Family Support Center Representative.
- k. Morale Welfare and Recreation Director and Club Manager.

6. Meetings. The council will meet quarterly at the direction of the Chairperson. The information contained in enclosure (1) will be discussed at each quarterly meeting.

7. Responsibility. The council is responsible for:

- a. Analyzing the nature, extent, and effect of the local substance abuse threat.
- b. Liaison with base and local law enforcement activities in potential threat assessments.
- c. Determining level of drug and alcohol education programs available to local commands.
- d. Reviewing facilities and methods available to combat drug and alcohol use.

e. Evaluating the training of prevention personnel and success of the urinalysis testing program.

8. The local NDAAC Coordinator (Command DAPA) shall submit a copy of the quarterly NDAAC minutes and data to the Region Alcohol and Drug Control Officer. Minutes shall include at a minimum:

a. Threat assessment statement of local drug/alcohol usage and prevalence.

b. List of attendees.


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QUARTERLY DATA REPORTING REQUIREMENTS

1. Base Security

a. Number of DUI/DWI cases on/off base since the last meeting/quarter.

b. Number of drug and alcohol related incidents (other than DUI/DWI) since last meeting/quarter.

c. Number of drug and alcohol Incident, Complaint Reports (ICR) generated since the last meeting/quarter.

d. Comparison of above information with the same time frame of last year.

e. Number of gate searches conducted since last meeting/quarter and the result of those searches.

f. Number of barracks/work center searches involving Military Working Dog conducted since the last meeting/quarter and the results of those searches.

g. Significant substance abuse trends detected or noted.

2. Staff Judge Advocate

a. Number of administrative separations of Courts-Martial involving alcohol and other drugs since the last meeting/quarter.

b. Comparison of information with the same time-frame of last year.

c. Listing of all "off limits" establishments with known alcohol and or drug problems or connections.

d. Listing of incidents involving military personnel detained/involved in "courtesy turnover" since the last meeting/quarter. The listing should be broken down by rank/rate, command, etc.

e. Significant problems noted in local community involving military personnel alcohol/other drugs.

3. Military Family Support Center

a. Number of new cases since the last meeting/quarter involving alcohol/other drugs.

b. Number of referrals made to Medical Treatment Facility (MTF) or Command DAPA for suspected alcohol/other drug abuse problems.

c. Comparison of the above information with last year.

4. Morale, Welfare, and Recreation

a. Ongoing "de-glamorization efforts."

(1) Designated Driver program and policies in effect.

(2) Server training programs and policies in effect.

(a) Total number of servers employed base wide.

(b) Number of currently trained servers with approved curriculum.

(c) Number needing training/scheduled to attend.

(d) Projected training dates for next server training session.

b. Trends and problems noted in clubs due to alcohol (i.e., fights, altercations, underage drinking, etc.).

c. Ongoing efforts to limit underage drinking (i.e., positive identification checks such as arm bands, hand stamps, etc.).

5. Chaplain

a. Number of cases/referrals involving alcohol/drugs since last meeting/quarter.

b. Comparison and trends from last year.

6. Medical Department

a. Provide number of cases and trends seen in Emergency/Treatment Rooms involving alcohol/drug use during the past quarter.

7. Substance Abuse Rehabilitation Program

- a. Number of patients admitted from local area commands for alcohol and/or drug dependency since last meeting/quarter.
- b. Comparison of admission rate with one year ago.
- c. Significant substance abuse trends noted.
- d. Number of beds currently available or backlog for Intensive Outpatient admission.

8. Naval Criminal Investigative Service

- a. Significant substance abuse trends noted in outgoing or completed investigations.
- b. Listing of local establishments with alcohol/drug abuse "reputations".
- c. Extent of alcohol involvement in NCIS investigations.

9. Command DAPA

- a. Number of drug and alcohol screens conducted since last quarter (should be broken into separate "alcohol" and "drug" categories).
- b. Number of outpatient and intensive outpatient recommendations since the last meeting/quarter and significant trends noted (i.e., 60% increase in intensive outpatient recommendations over this time last year and the significance or appearance that local commands are not practicing early intervention and waiting too late to refer personnel for assistance).
- c. Number of PREVENT classes convened since the last meeting/quarter/year.
- d. Significant substance abuse trends noted.
- e. Comparison of all information with last year.
- f. Schedule of ADAMS for supervisor/PREVENT classes for the next quarter.
- g. Number of ADAMS/PREVENT Graduates.