



DEPARTMENT OF THE NAVY

COMMANDING OFFICER
NAVAL BASE SAN DIEGO
3455 SENN ROAD
SAN DIEGO, CALIFORNIA 92136-5084

IN REPLY REFER TO:

NAVBASESANDIEGOINST 5355.1H
NOOH

MAY 11 2012

NAVBASE SAN DIEGO INSTRUCTION 5355.1H

Subj: RESPONSIBILITIES AND PROCEDURES FOR DRUG AND ALCOHOL
EDUCATION AND ABUSE PREVENTION PROGRAM

Ref: (a) OPNAVINST 5350.4D
(b) NAVBASESANDIEGOINST 5356.1D
(c) Navy Regulations 1990, Article 138
(d) Uniform Code of Military Justice (UCMJ)
(e) SECNAVINST 5300.28D
(f) COMNAVREGSWINST 5350.1
(g) NAVBASESANDIEGOINST 5350.1B
(h) Commanding Officer's Alcohol Policy Statement
(i) MILPERSMAN 1910-232

Encl: (1) DAPA Duties and Responsibilities
(2) SARP San Diego Information Sheet
(3) Alcohol Treatment Completion Letter

1. Purpose. To promulgate a comprehensive program for drug and alcohol abuse education, prevention, and rehabilitation. This instruction provides a description of the command organization and the major drug and alcohol assistance programs available to military personnel assigned to Naval Base San Diego (NBSD). This instruction is supported by guidelines provided in references (a) through (i).

2. Cancellation. NAVSTASDIEGOINST 5355.1G. This is a complete revision and should be read in its entirety.

3. Background. The Navy's policy on drug use and alcohol abuse is "zero tolerance" and clearly stated in reference (a). Leadership must identify substance abuse early; confront and document this behavior, firmly hold individuals accountable and refer him/her for screening and/or treatment before costly mistakes are made. The chain of command must set a positive example and educate all hands to develop a clear understanding of the philosophy of zero tolerance and how it applies on this base. Reference (c) provides a list of definitions to ensure all understand the terminology used when identifying and treating alcohol and drug use or abuse.

4. Objectives. The goal of substance abuse education is to ensure every Service Member has the information necessary to

make an informed decision regarding drug and alcohol use. I want all hands to know beyond a doubt that NBSD will not be party to hiding alcoholism or drug abuse. The following are specific objectives in support of Navy policies as set forth in references (a) through (i).

a. Provide accurate information concerning drugs and alcohol, related Navy policies, procedures and resources available to assist personnel attached to NBSD. Ensure members have information upon check-in and are given the opportunity to reveal any past problems they may have had with alcohol or drugs.

b. Provide supervisory training in drug and alcohol abuse prevention and control appropriate to their areas of responsibility.

c. Promote awareness of drug and alcohol abuse and the problems which may result.

d. Remove the stigma associated with seeking additional information or personal assistance.

e. Encourage treatment and rehabilitation of alcohol abusers.

f. Disseminate available alternatives to drug and alcohol use.

g. Minimize personnel and losses resulting from drug use and alcohol abuse.

h. Identify and minimize the factors which lead to substance abuse.

i. Encourage attitudes of responsibility in those persons who choose to drink and promote social acceptability of an individual's decision not to drink.

j. Promote acceptance of the recovering alcoholic as useful and reliable members of the Naval Service.

k. Achieve acceptance of alcoholism as a preventable and treatable disease.

(1) Ensure all hands understand reference (a) prohibits, except under specific circumstances described in reference (b), the possession, use, sale or transfer of alcoholic beverages, narcotics and other controlled substances aboard NBSD.

5. Organization

a. The principal members of the Drug and Alcohol Abuse Education and Prevention Program will be Department Heads (DH), Division Officers and other supervisory personnel, as assisted by the Drug and Alcohol Program Advisor (DAPA). The DAPA will be a mature officer or Chief Petty Officer who will be responsible to the Executive Officer (XO) for all aspects of the Drug and Alcohol Abuse Program. The DAPA will provide onboard education, prevention, screening, probationary supervision, aftercare, motivational training services and referral. Chaplains, Medical Officers, persons serving duty as trial or defense counsel, legal assistance officers, Naval Investigators or those personnel whose primary responsibility for the detection and investigation of criminal offenses will not be assigned as the DAPA. Minimum educational requirements for the DAPA are satisfactory. Completion of DAPA School and program orientation at the Center of Personal and Professional Development Detachment (CPPD) is required.

b. The DAPA is the initial contact for individuals requiring assistance and referral. The DAPA is to be considered a command educator in drug and alcohol abuse prevention. Specific requirements of the DAPA duties are contained in enclosure (1). Enclosure (2) provides additional information for assisting the DAPA in the performance of his/her duties.

6. Organizational Relationships

a. The organization described herein supports NBSD chain of command. Information flow with respect to individuals with substance abuse problems must necessarily be limited to the individual's immediate chain of command.

b. Substance Abuse Rehabilitation Program (SARP) will provide screenings, evaluations and recommendations as well as outpatient counseling aimed at returning individuals to productive duty. Accordingly, the DAPA will contact SARP to

make appointments for command personnel who require these services.

c. The CPPD provides training for drug and alcohol abuse prevention for DAPA, ADAMS classes, Urinalysis Program Coordinators and Prevention Specialists.

7. Identification/Detection Measures. One of the most difficult problems is the detection or identification of the drug or alcohol abuser. The coordinated efforts of middle management and medical, legal and law enforcement personnel are essential for the successful conduct of any drug and alcohol abuse control program.

a. Abuse of a substance will usually be evident in at least one of three areas:

- (1) Physical deterioration or other medically defined symptoms.
- (2) Inability to appropriately handle social situations.
- (3) Widely varied, short-term changes in professional performance.

b. There is no substitute for proper supervision by everyone in the chain of command. Concern and involved supervisors are the best assets in detecting changes in performance, attitudes, physical conditions or personal problems which may be indicative of alcohol or drug problems. Peer group leadership may be of considerable value in identification and education of drug and alcohol abusers.

c. Any member of NBSD, acquiring knowledge of substance use or the availability of illegal substances in any business establishment frequented by those personnel, will report these facts to Legal and the Chief Master at Arms. Failure to do so is a violation of reference (b) and punishable under the Uniform Code of Military Justice.

8. Action

a. Command drug and alcohol abuse policies will be discussed by the CO or in his absence the XO, at each command indoctrination. Therefore, each member of NBSD will have an

opportunity to hear the policy directly from the CO and to ask questions concerning possible/potential problem areas.

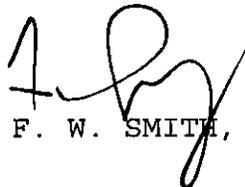
b. DHs will ensure a periodic review of the command drug and alcohol policies is conducted within their department.

c. The DAPA will establish personal contact with personnel who have participated in a counseling/rehabilitation program after completing treatment as per reference (f).

d. The XO and DHs will review billet assignment and duties for personnel transitioning from treatment.

e. Evaluations of personnel transitioning from treatment and returning to duty will be reviewed by DHs to ensure they are not prejudicial based upon involvement in a substance abuse counseling/rehabilitation program.

f. Subsequent alcohol or drug abuse will be confronted immediately and in a straight forward manner.


F. W. SMITH, JR.

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www.cnmc.navy.mil/sandiego

DAPA DUTIES AND RESPONSIBILITIES

1. The duties and responsibilities of the NBSD DAPA are as follows:

a. Advise CO, NBSD, on the methodology to design and implement a comprehensive Drug and Alcohol Abuse Prevention and Control program.

b. Assist in administering and coordinating Navy policies and procedures concerning drug and alcohol education, rehabilitation, identification and enforcement as applied to NBSD.

c. Advise the CO concerning the use of applicable resources and interface with Navy organizations having a functional role in alcohol and drug abuse prevention and control programs.

d. Maintain liaison with evaluation and counseling facilities designated by NBSD and those departments and personnel onboard NBSD whose activities require coordination to ensure an effective alcoholism and drug abuse prevention effort.

2. The DAPA is responsible to the XO through the Administrative Officer for performance of the DAAP. The DAPA shall develop a referral network for those individuals who are in need of alcohol and drug rehabilitation. The minimum referral system shall include the SARP, Naval Medical Clinic, and PREVENT. The DAPA must have a thorough knowledge of the processes followed by each of the previously mentioned organizations. Additionally, the DAPA will provide input to the Planning Board for Training in matters pertaining to drug and alcohol education and to the Recreation Committee for development of positive alternatives to substance abuse.

SARP SAN DIEGO INFORMATION SHEET

1. Location: Building 268 (dry side, up the hill and north of the Main Exchange Complex)
2. Phone Number: SARP: 556-7633, PREVENT: 556-7015
3. Hours: Monday through Friday, 0700-1530
4. Screening and Referral: Evaluation of substance use to include diagnoses and recommendations.
5. Client Scheduling
 - a. CO/XO/DAPA call SARP Point Loma, 553-0370 between 0730 and 1530 for appointment.
 - b. Appointment times vary.
 - c. Cancel appointment if service member becomes unavailable.
 - d. If out to sea, send message requesting SARP appointments.
6. Standby List
 - a. Available when appointment schedule is full or as needed.
 - b. Used upon notification of a cancelled scheduled appointment.
 - c. Coordinate through SARP Point Loma, 553-0370.
7. Client Requirements
 - a. Be on time.
 - b. Bring service/medical records.
 - c. Bring command documents (DAPA, Supervisor, Div, Etc.)
 - d. Wear a clean Uniform of the Day. Utilities are acceptable. Civilian attire acceptable if member is on leave; leave papers required.

8. Recommendations

a. Memorandum is returned the day of the appointment to the command DAPA noting outcome and recommendations.

b. Formal letter is mailed to the members command at completion of treatment, labeled "CO/XO EYES ONLY."

9. Major Problem Areas

a. No shows (cause unfilled appointments, rescheduling and increased backlog of clients awaiting appointments).

b. Lack of documentation from supervisors and DAPAs.

c. Failure to cancel appointments.

10. Continuing Care Support Group

a. As requested/scheduled call for a quota.

b. Meets from 1230-1330, Monday through Thursday.

c. Recommends following Out Patient and In/Out Patient treatment.

d. Provides a copy of clinical summary and aftercare plan.

11. OP/IOP Program

a. The OP Program is an eight day program and runs Mondays through Wednesdays from 0715-1500.

b. IOP is a three week program commencing on Mondays.

c. Quota's are available by calling 556-7633.

12. Requirements include

a. TAD orders

b. Medical record

c. Must be in uniform of the day. Utilities are

acceptable. Civilian attire acceptable if member is on leave.

d. Leave papers are required.

e. AA meetings are recommended based on individual aftercare requirements.

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ALCOHOL TREATMENT COMPLETION LETTER

5350
Ser N00

From: Commanding Officer, _____
To: _____
(Rank/Rate, First MI Last Name, USN/USNR, SSN)

Subj: ALCOHOL TREATMENT COMPLETION STATEMENT

Encl: (1) Aftercare Treatment Plan

1. Congratulations. You have completed treatment for alcohol abuse/dependency.
2. You are directed to participate in the prescribed aftercare plan provided per enclosure (1).
3. Your commitment to this plan is vital to your long-term recovery.

(Commanding Officer)

Copy to:
Service record (w/o encl)

Enclosure (3)