UNITED STATES MARINE CORPS
MARINE CORPS RECRUIT DEPOT/ WESTERN RECRUITING REGION
1600 HENDERSON AVE 235
SAN DIEGO, CALIFORNIA 92140-5001

DepO P1700.1
14
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DEPOT ORDER P1700.1/wch1

From: Commanding General
To: Distribution List

Subj: STANDARD OPERATING PROCEDURES FOR THE DEPOT SUBSTANCE ABUSE PROGRAM (SHORT TITLE: SUBSTANCE ABUSE SOP)

Ref: (a) MCO P1700.24B
(b) NAVMC 2931

Encl: (1) LOCATOR SHEET

1. Situation. Substance abuse is a constant threat to the well-being of Marines and their ability to perform effectively. Substance abuse prevention and treatment requires a full commitment by leadership and the support of all Marines.

2. Cancellation. Depot Order P5300.7.

3. Summary of Revision. This revision contains numerous procedural and policy amendments to the methods used in the delivery of substance abuse prevention/treatment services and urinalysis testing procedures.

4. Mission. To set forth the policy, procedures and standards for the Depot Substance Abuse Program per the references. Emphasis will be placed on substance abuse prevention, early identification, positive motivation, rehabilitation, and changing attitudes about substance abuse.

5. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. CO's and OIC's will provide individual attention, reporting and follow-up in every instance of substance abuse.

(2) Concept of Operations. The key elements of the leadership effort are: prevention, timely identification, precise documentation, effective treatment, discipline, restoration to full duty or separation.

b. Subordinate Element Missions. Comply with contents of this Manual and the references.

6. Administration and Logistics

a. This Manual can be accessed online via the MCRD MCCS homepage at http://www.mccsmcrd.com.

b. For commands without access to the Internet, a hard copy version of this Manual can be obtained through the Depot Adjutant.

7. Command and Signal

a. Command. This Manual is applicable to MCRD and WRR.

b. Signal. This Manual is effective the date signed.

T. W. SPENCER
Chief of Staff

DISTRIBUTION: A

Copy to: CMC (MR)

UNITED STATES MARINE CORPS
MARINE CORPS RECRUIT DEPOT/WESTERN RECRUITING REGION
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MCRD SAN DIEGO, CALIFORNIA 92140-5001

DepO P1700.1 Ch 1
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Subj: STANDARD OPERATING PROCEDURES FOR THE DEPOT SUBSTANCE ABUSE PROGRAM (SHORT TITLE: SUBSTANCE ABUSE SOP)

Encl: (1) New page 2-7 and 2-8 inserts to MCO P1700.1

1. Situation. To provide additional guidance regarding the urinalysis testing and tracking procedures for units stationed aboard the Marine Corps Recruit Depot and Weapons Field Training Battalion, Camp Pendleton.

2. Mission. To publish pages 2-7 and 2-8 of the Manual.

3. Execution. Insert new page 2-7 and page 2-8, listed as enclosure (1).

4. Administration and Logistics. This Change transmittal will be filed immediately following the signature page of the basic Manual.

5. Command and Control

a. Signal. This Change is effective date signed.

b. Command. This Change is applicable to MCRD and WRR.

T. W. SPENCER
Chief of Staff

DISTRIBUTION: A

LOCATOR SHEET

Subj: STANDARD OPERATING PROCEDURES FOR THE DEPOT SUBSTANCE ABUSE PROGRAM (SHORT TITLE: SUBSTANCE ABUSE SOP)

Location: _____
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SUBSTANCE ABUSE SOP

RECORD OF CHANGES

Log completed change action as indicated.

Change Number	Date of Change	Date Entered	Date Received	Signature of Person Incorporating Change
1	26 Apr 2004	26 Apr 2004	26 Apr 2004	[illegible]

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SUBSTANCE ABUSE SOP

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SUBSTANCE ABUSE SOP

INTRODUCTION

0001. PURPOSE. CO's and OIC's will provide individual attention, reporting and follow-up in every instance of substance abuse.

0002. POLICY

1. Alcohol abuse and the distribution, possession or use of illegal drugs is contrary to the effective performance of Marines and to the Marine Corps' mission, and will not be tolerated in the Marine Corps. All Marines are responsible for their own actions.

2. Each member of the command must strive to prevent the irresponsible use of alcohol and eliminate the use, possession, and trafficking of illegal drugs in the Marine Corps.

3. CO's and OIC's will provide individual attention, reporting and follow-up in every instance of substance abuse. It is essential that those individuals not separated from the Marine Corps as a result of substance abuse be allowed to redeem themselves; therefore, no action will be taken against an individual that would be degrading.

4. The key elements of the leadership effort are: prevention, timely identification, precise documentation, effective treatment, discipline, restoration to full duty or separation. Any reluctance to confront a Marine, regardless of grade or length of service would be detrimental to the objectives of the Marine Corps Substance Abuse Program and would constitute a serious disservice to the individual, their family and fellow Marines.

0003. BACKGROUND

1. Alcohol abuse is any use of alcohol that adversely affects individual performance, debilitates physical or mental health, interferes with financial responsibility, deteriorates personal relationships, leads to to violation of military regulations or civil laws, or contributes to disorderly conduct. Prevention of abuse requires fully committed abuse requires fully committed leadership and the support of all Marines. Leaders must understand that alcohol abuse is a constant threat to the well-being of Marines and their ability to perform effectively and must be aware of the characteristics of irresponsible drinking. Once identified, the individual must be confronted and appropriate action taken (i.e., disciplinary and/or administrative action).

2. Emphasis will be placed on substance abuse prevention, the early identification of alcohol misuse, positive motivation, rehabilitation, and changing attitudes about the abuse of alcohol.

3. It is against military regulations and civil statutes to possess, distribute or use illegal drugs. The UCMJ prohibits, except for authorized medicinal purposes, the introduction, possession, use, sale, or other transfer of marijuana, narcotics, or other controlled substances by members of the Naval Service.

0004. GENERAL. The Marine Corps Substance Abuse Program is divided into two major phases: proactive and reactive.

1. Proactive Phase. Measures taken by a Commander to prevent substance abuse. It is totally preventive in nature and consists of preventive education and deterrent measures.

2. Reactive Phase. Occurs after a substance-related incident. The purpose of this phase is to eliminate alcohol abuse and the use of illegal drugs in the Marine Corps. This phase includes identification, disciplinary action, treatment/rehabilitation, and return to full duty or separation.

CHAPTER 1

SUBSTANCE ABUSE PREVENTION/EDUCATION

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CHAPTER 1

SUBSTANCE ABUSE PREVENTION/EDUCATION

1000. COMMAND EDUCATION PROGRAM

1. All personnel assigned to the Depot will receive substance abuse prevention/education per reference (a). Marines will receive the appropriate level of substance abuse prevention training within 60 days upon arriving at the Depot and annually thereafter. Prevention education training will include, but is not limited to, the training objectives in these paragraphs.

2. Officers and SNCOs will receive annual supervisory level training in drug and alcohol abuse prevention. Civilian employees in supervisory positions of Marines will receive prevention education upon assumption of supervisory duties and every two years thereafter. The purpose of supervisor training is:

a. To state the Marine Corps policy on drug/alcohol abuse and dependence as contained in this Manual.

b. To explain the difference between responsible drinking and alcohol abuse.

c. To discuss recreation activities as alternatives to drug/alcohol abuse.

d. To discribe the early warning signs and progressive nature of drug and alcohol abuse.

e. To identify the role of a supervisor in setting a positive example, preventing alcohol abuse, identifying and refering abusers, and the alcohol recovery process.

f. To state Marine Corps policy on the use, possession, and/or distribution of illegal drugs and urinalysis testing.

3. In addition to the Officer and SNCO annual training objectives, subparagraphs (a) through (f) above, NCOs will receive drug and alcohol abuse prevention training through a HQMC (MRO) approved course. The NCOs will provide this prevention training to their subordinates annually. This NCO Training course is a one-time requirement. It does not preclude participation in additional prevention training. The course objectives are:

a. To describe the impact alcohol abuse has on mission readiness.

b. To identify the role of the small unit leader in preventing drug and alcohol abuse.

c. To explain how alcohol is absorbed, processed and eliminated from the body.

d. To define Blood Alcohol Level (BAL).

e. To identify factors that influence BAL.

f. To explain alcohol effects at various BALs.

1001. CONTINUING PREVENTION EDUCATION. In accordance with reference (a) officer and enlisted formal Marine Corps schools are required to develop and present alcohol and drug abuse prevention education as a part of the course curriculum.

1002. RECRUIT ILLEGAL DRUG USE EDUCATION. Reference (a) requires that an initial substance abuse education orientation be given to all recruits entering the Marine Corps. The primary purpose of this initial orientation is to foster an understanding of Marine Corps policy regarding drug/alcohol abuse. The initial orientation will include, at a minimum, the training objectives indicated in this Manual.

1003. SUBSTANCE ABUSE CONTROL OFFICER (SACO). Commanders will appoint SACOs in writing and they will serve in the billet for a minimum of one year. Units will appoint in writing a SACO for at least a year. Consideration will be given to maturity, grade, prior experience, and personal beliefs of prospective candidates. It is inappropriate to appoint an individual whose personal convictions or beliefs are inconsistent with the goals of the Marine Corps Substance Abuse program or who have experienced alcohol and/or domestic problems within two years of assignment. All unit SACOs are required to receive formal training within 90 days of appointment in order to function effectively as the unit's substance abuse expert. SACO's will be provided sufficient training to enable them to function as a valuable assistant to commanders. The training course for Marine SACOs is the standardized Marine Corps Unit Substance Abuse Program Management Course. It is a 40-hour course available through the SACC. Other courses will be available for increasing SACO skills in the substance abuse field.

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SUBSTANCE ABUSE SOP

CHAPTER 2

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CHAPTER 2

URINALYSIS SCREENING

2000. GENERAL

1. Urinalysis screening is an excellent means to deter illegal drug usage. Urinalysis programs will be conducted aggressively on a periodic basis. Normally, tests will be administered with samples gathered at the work section, rather than at a central location. Urinalysis screening will be administered per references (a) and (b). The Marine Corps has been directed to use Drug Testing Program (DTP) software for urinalysis testing. The DTP allows for the printing of all required urine collection forms, allows for random selection of individuals for testing, and bar coding to efficiently and effectively conduct the special collection process.

2. Testing Requirements

a. Commanders will test at least 10% of the unit each month (except students and recruits) on a random basis as required by reference (a). Commanders continue to have the option to test as frequently as they see fit to maintain zero tolerance within their unit. Any person missing the initial test will be tested as soon as possible, per this Manual. Test premise for subsequent tests will be (IO) inspection.

b. All students assigned to a formal school aboard the Depot will receive a urinalysis within 72 hours of arrival.

c. All recruits will receive a urinalysis within 72 hours of their arrival at the Depot.

d. All personnel reporting for duty at the Depot will receive a urinalysis immediately after reporting to the Depot. The CPAC Director will insure all newly reporting personnel have in fact provided a urine sample at SACC. Personnel returning from TAD/Leave in excess of 10 working days will also provide a urine sample within 72 hours of their return per this Manual.

e. All personnel assigned to participate in a urinalysis test will be tested. Commanders will ensure that Marines do not leave the immediate area after a urinalysis has been announced. Disciplinary or administrative action will be taken unless the Marine's absence was due to an emergency or was otherwise legally excused by the commander.

f. Original urinalysis records will be kept by the Depot SACC. A copy will be maintained by the unit SACO. These records will be maintained for two years.

g. Those personnel involved in the collection/shipment of urine specimens shall undergo urinalysis testing once per month as a deterrent measure and to ensure the integrity of those involved in urinalysis collection.

3. Western Recruiting Region (WRR). WRR Districts will adhere to procedures set forth in this Manual. The unit performing the tests will be responsible for the proper collection of all samples. All SACO's will receive training from the SACC, MCRD, San Diego, California. District CO's will ensure personnel provide a urine sample three times a year for testing. Any reference within this Manual to the Depot SACC or Depot SACO's will also pertain to the 8th, 9th and 12th District SACO's.

4. Various types of urinalysis should be combined for a more effective program. Listed below are a few of the authorized urinalysis testing premises that may be used:

a. Probable Cause (PO). This testing premise is used when there is a reasonable belief that illegal drug use has occurred and that the individual(s) targeted for urinalysis have likely used a substance. The CO has this authority based on the totality of the circumstances (i.e., the suspect's demeanor at the time of questioning, associates who are known to use drugs, appearance at the time (dilated pupils, sweating), previous drug usage, reputation as a drug user). Mere suspicion of illegal drug use does not constitute probable cause. The more factors that point to drug use, the more likely probable cause is there. Insufficient probable cause at the time the sample is procured could lead to inadmissibility at a trial by court. A probable cause determination should not be made without consulting a prosecutor at the Office of the Staff Judge Advocate.

b. Command Directed (CO). This testing premise may be based on a CO's mere suspicion that illegal drug use has occurred. Safety mishaps and unauthorized absence would be non-exclusive examples of the evidentiary basis common to this premise. Unless also supported by probable cause, the results arising from this testing premise are inadmissible at court-martial.

c. Unit Sweep (IU). This type of screening is the simultaneous testing of all members of a unit. A unit or sub-unit urnalysis should not be conducted as a subterfuge to search a specific service member.

d. Random Sample (IR). This type of screening will be conducted on all Marines, regardless of grade or position, on a routine basis. Random testing may take a variety of forms, to include partical unit testing or random selection of work sections.

e. Service Directed and Other Directed Testing Urinalysis (OO). This category is for personnel assigned to the Depot SACC, and those individuals involved in the collection/testing/shipment of urine samples at the unit level (e.g. SACO's, and Urinalysis Coordinators).

f. Inspection (IO). (Generic)/Reenlistment - Are designed to ensure the military fitness and the good order and discipline of a unit. Such inspections, conducted as an incident of command, help ensure that assigned personnel are fit and ready for duty and that personnel using illegal drugs are identified.

g. Service Directed and Other Service Directed Testing (OO). Inspection directed by SECNAV or CMC.

2001. URINALYSIS INSTRUCTIONS

1. Only the CO may direct a urine sample be taken from an individual, unit, or specific parts of the unit in order to test for drugs. However, a medical officer may direct that a urine sample be collected from an individual or unit for diagnostic reasons. Commanders will ensure urinalysis programs are aggressive and non-prejudicial.

2. All urinalysis testing conducted aboard the Depot, except for WFTBn, recruit sampling, Recruiting Districts, and medical examinations will be coordinated through the Depot SACC Urinalysis Coordinator for scheduling and administrative support.

3. The CO, Receiving Company, RTR will be responsible for collection, packaging and shipment of recruit samples per this Manual. Coordinators and observers will be assigned to ensure that the procedures outlined in this Manual are followed. All coordinators will receive training from the Depot SACC and be thoroughly familiar with all requirements of the urine collection process prior to collecting any samples. Observers will receive guidance and instruction from the Urinalysis Coordinator. The Depot Urinalysis Coordinator located at SACC is available to provide further instruction. After collection of urinalysis samples of permanent personnel at MCRD, the Depot Urinalysis Coordinator will transport those samples to the Naval Drug Screening Laboratory (NDSL), Naval Hospital, San Diego, California.

4. WFTBn will bring all samples to the Depot SACC for verification and delivery to the NDSL, Naval Hospital, San Diego, California.

2002. SAMPLE ADULTERATION

1. An adulterated sample is a sample to which any substance has been added. Substances commonly used include, but are not limited to: water, vinegar, bleach, liquid soap, ammonia, apple juice, solvents, and various herbs and teas.

2. Proper observation prevents adulteration. If the Observer sees the person attempt to introduce ANY substance into the bottle, urinate on the hand, or urinate on to a band-aid and then into the bottle, the Observer should notify the Coordinator when the sample is returned. The Coordinator or his representative will then call the Depot SACC for instructions prior to releasing the Marine from the site.

a. Depot SACC will notify the Criminal Investigative Department (CID), to go to the site and ascertain the sequence of events and secure any evidence that is found.

b. The original sample will be retained and sent to the lab to confirm adulteration.

c. The Marine will be required to supply a second sample and **WILL NOT BE RELEASED** until this sample is obtained.

d. If notification of adulteration is received from the Drug Screening Laboratory, SACC will immediately notify the command. The CO will then conduct an inquiry into the circumstances, and report the findings to the Depot SACO. The CO may take administrative or punitive action as deemed appropriate.

3. "Flushing" refers to an attempt by any drug user to remove or dilute drug metabolites from the body. In general, diuretics in the form of pills or teas are used to induce frequent elimination. Commonly used agents include large doses (500 mg or more) of Niacin, vinegar, and Golden Seal tea. The continuous consumption of water is another method of flushing. Commanders must be alert to "flushing" activities and insure Marines do not leave the immediate area after a urinalysis test has been announced.

2003. CHAIN OF CUSTODY. The chain of custody is initialed after the individual signs the ledger and initials the label on the specimen bottle. The chain of custody path is as follows: the individual, the Coordinator who receives the sample, the shipping activity (Depot SACC or Receiving Barracks), and the testing laboratory. There may be others in the chain of custody, however, personnel in the chain will be kept to a minimum. A continuous chain of custody must be maintained and documented per reference (a).

2004. URINALYSIS TRAINING

1. The Depot Urinalysis Coordinator will conduct training sessions for all personnel involved with urinalysis collection, packaging, screening and supervision. This training is conducted quarterly during the SACO Course and may be supplemented as necessary contingent upon the mission.

2. Personnel conducting urinalysis collection will report to the Depot SACC, Urinalysis Section, prior to collecting samples for supplies and/or assistance.

2005. STANDING OPERATING PROCEDURES FOR STEROID TESTING. All testing for steroids will be coordinated with the Substance Abuse Counseling Center. This includes all units attached to the MCRD.

1. The CO must direct that the urinalysis test be conducted. The test premise will be "PO" or "CO."

2. When the sample(s) are ready to be transported, the Depot Urinalysis Coordinator will arrange for the sample to be transported to the UCLA Olympic Analytical Laboratory, Los Angeles, California.

3. After screening the samples, the Command will be notified of the results. The results of the sample will be forwarded to CMC by SACC.

2006. URINALYSIS MESSAGE TRAFFIC AND UNIT NOTIFICATION.

Urinalysis message traffic aboard the Depot is restricted to the Commanding General and his designated representatives for treatment and law enforcement, SACC and PMO. Upon receipt of urinalysis message traffic from the NDSL the SACC will notify units of positive results. If message traffic is not received from NDSL within 10 days of samples being submitted to them, SACC will contact the NDSL to inquire about the status of the samples. This follow up action will help to ensure the accurate and timely processing of positive results. As a back up to this procedure, unit SACOs with access to the ADMITS system may check on the progress of samples submitted to the NDSL at any time (though there is typically a ten day delay between the normal NDSL message traffic and the ADMITS system).

2007. TRACKING RESULTS THROUGH BATCH NUMBERS

1. Units are responsible for urinalysis tracking and maintaining a unit log that will provide accountability for urinalysis samples submitted to the NDSL for testing. The batch numbers assigned to the units are as follows:

0001-0999	MCRD SACC (Personnel checking in)
1000-1999	1st Recruit Battalion
2000-2999	2nd Recruit Battalion
3000-3999	3rd Recruit Battalion
4000-4999	Support Battalion (permanent personnel)
5000-5999	Support Battalion (BMP Marines)
6000-6999	Receiving (all recruits arriving at Depot)
7000-7999	Headquarters and Service Battalion
8000-8999	Weapons Field Training Battalion
9000-9999	12th Marine Corps District

2. The unit will assign batch numbers within the range of numbers provided above. Once a unit has reached the highest number assigned, it will begin at the bottom end of the range again. Unit SACOs are responsible for assigning consecutive batch numbers to ensure proper tracking of all samples submitted for testing. Information regarding urinalysis results can be obtained by using these batch numbers when checking the ADMITS system.

3. Commands aboard the Depot are responsible for the administrative accuracy of all documents pertaining to the collection of urinalysis samples. When samples are delivered to SACC by the SACO, the Depot Urinalysis Coordinator, with the assistance of the unit SACO, will review all documents for accuracy. The SACC Urinalysis Coordinator will be responsible for transporting urinalysis samples to the NDSL upon receipt from the unit. In the absence of the Depot Urinalysis Coordinator, the unit SACO will be responsible for transporting samples to the NDSL.

Immediately upon return from the NDSL, the unit SACO will be responsible for providing custody documents, all supporting documentation, and a receipt from the NDSL acknowledging the receipt of the samples (to the SACC Director or the Drug Demand Reduction Coordinator). In the absence of the Depot Urinalysis Coordinator, the Drug Demand Reduction Coordinator is responsible for monitoring urinalysis message traffic and notifying units of positive results. The unit SACOs, however, will still be responsible for transporting the samples to NDSL until the Depot Urinalysis Coordinator returns.

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SUBSTANCE ABUSE SOP

CHAPTER 3

TREATMENT PROGRAMS

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CHAPTER 3

TREATMENT PROGRAMS

3000. PURPOSE. This Chapter sets forth policies and procedures to follow once a Marine has been identified as having a substance abuse-related incident.

3001. GENERAL. The Marine Corps Substance Abuse Program has been re-engineered placing a greater emphasis on outpatient care and individualized treatment. This "continuum of care" treatment model is designed to use a combination of diagnosis and patient placement criteria for placing Marines in the least intensive/restrictive treatment environment, appropriate to their needs.

1. Unit Level Program. Unit programs are conducted at the Regiment, Battalion or Company level to provide command counseling, basic substance abuse/alcoholism prevention education, discipline, and a rudimentary screening process for all substance abusers.

2. Major Command Programs. Shall be known as the Substance Abuse Counseling Center (SACC). The Depot SACC provides in-depth screenings to determine if early intervention or an assessment is warranted. These evaluations for alcohol and drug abuse/dependency will be based on the current edition of the Diagnostic and Statistical Manual of Mental Disorders. The Depot SACC will provide an array of services to include outpatient treatment, continuing care services and prevention education.

3. Residential Treatment Programs. This treatment is offered at the Substance Abuse Rehabilitation Department (SARD) Point Loma, and the Navy Alcohol Rehabilitation and Education Department, Naval Hospital, Camp Pendleton, California, to provide resident treatment for those Marines in need.

CHAPTER 3

TREATMENT PROGRAMS

SECTION 1: UNIT PROGRAMS

3100. UNIT PROGRAMS

1. Responsibility. Commanders are responsible for establishing and administering unit level programs in accordance with the guidance contained in reference (a) and this Manual.

a. An officer will be appointed, in writing, to serve as the Unit SACO and a copy of the appointment letter will be submitted to the Depot SACC. The Unit SACO will receive training as required in reference (a) and this Manual. The SACO duty may be assigned as an additional duty to an individual whose other duties or whose experience give impetus to the program.

b. A Unit Level Program and a SOP for its administration will be established.

c. All personnel will receive the required substance abuse prevention education per the guidance contained in reference (a) and this Manual.

d. Aggressive urinalysis programs will be conducted at battalion levels. Figure 3 is a checklist to be used by unit urinalysis coordinator.

e. Identification, referral, treatment and rehabilitation programs will be utilized per reference (a) and this Manual.

f. The recommendations of the substance abuse counselor (MOS 8538) and the medical officer will be carefully considered in the disposition of personnel evaluated for substance abuse and dependency.

g. Commanders must be familiar with the guidance in reference (a) for determining the appropriate action to be taken when an individual participates in a treatment/rehabilitation program.

h. Unit Commanders

(1) Implement a positive program to ensure that all personnel who are known and/or suspected of substance abuse are referred to the Depot SACC for evaluation.

(2) Monitor the progress of individuals involved in a substance abuse treatment program or continuum of care.

i. Arrange transportation and TAD orders for individuals being admitted to a residential treatment program.

2. Unit Level Programs will consist of command counseling and individual screening by unit level SACOs coupled with appropriate disciplinary or administrative measures. Individuals in the Marine's chain of command will be involved in this program. Minimum program requirements are contained in reference (a). Commanders are encouraged to use SACC education programs as the educational component of the unit programs.

3101. CASE FILES

1. Per reference (a), the unit will maintain substance abuse case files on all Marines who have had a substance abuse-related incident. An accurate assessment of the individual will be documented in a folder containing a complete chronological history of all known incidents, interviews, evaluations, referrals, treatment summaries, progress reports and counseling sessions.

2. Case files shall be clearly marked "Confidential Personal Information, for use by commander, SACO, and treatment personnel only." They will include a copy of the Privacy Act Statement, signed by the individual. The Privacy Act Statement will be placed on the right side of the folder, followed by a chronological history of events.

3. Supporting documents will be filed in chronological order on the right side of the folder.

4. Security. All case files will be kept under lock and key.

5. Disclosure of Confidential Information. CO's have access to all confidential information disclosed by a Marine involved in a Marine Corps or Navy substance abuse programs. This access cannot be delegated.

6. Records Disposition. All individual case files will be maintained for two years after the Marine has completed treatment and/or departs the Depot. If the Marine is transferred and the case file is still active, it shall be forwarded under separate cover marked "For Commanding Officer's Eyes Only." Those files which have been inactive for TWO years will be destroyed.

CHAPTER 3

TREATMENT PROGRAMS

SECTION 2: DEPOT SUBSTANCE ABUSE COUNSELING CENTER

3200. PURPOSE. This Section sets forth the policies and procedures which will be used to implement the Depot SACC Program.

3201. POLICY

1. The Depot SACC will offer in-depth screening, counseling, education, treatment, follow-up care and referral services to all Marines, dependents and civilian employees who have had a substance abuse-related incident or seek assistance. In all cases dealing with substance abuse, individuals will be treated with dignity and respect.

2. The SACC Director and Licensed Independent Practioner (LIP) will ensure that SACC remains consistent with existing Navy treatment standards for substance abuse per the guidance contained in reference (a).

3202. PROGRAM STAFFING/MANNING

1. The SACC Director will be designated in writing. The Director will be assisted by four enlisted Marines: three counselors (MOS 8538) and a urinalysis specialist (MOS 9936).

2. The SACC Director will act as the overall coordinator of the Depot Substance Abuse Program and will be guided by the policies set forth in reference (a) and this Manual, to include the following:

a. Maintain liaison with other agencies/individuals, both military and civilian, dealing with prevention, education, treatment and rehabilitation of substance abuse, in order to maintain a progressively viable program enhanced by current knowledge and successful techniques.

b. Upon request, provide educational presentations and assistance to all units utilizing films, transparencies, tape recordings or other appropriate media.

c. Upon request, provide confidential evaluations to individuals throughout the Command regarding possible substance abuse problems.

d. Maintain a reference library consisting of books, literature and periodicals dealing with substance abuse for interested members of the Command.

e. Prepare substance abuse reports, as required by reference (a).

3. Substance abuse counselors will be the only personnel to conduct counseling. Group and individual counseling will be facilitated by a counselor and educational presentations will be conducted by counselors and/or a prevention specialists.

3203. PROGRAM OBJECTIVES

1. To provide in depth screening and evaluation by substance abuse counselors for drug or alcohol abuse/dependency based on the current edition of the Diagnostic and Statistical Manual of Mental Disorders(DSM IV).

2. To arrange a medical evaluation for any Marine suspected of alcohol abuse/dependency or illicit substance use.

3. To provide services such as treatment and prevention education for those Marines identified in a substance related incident and those diagnosed as substance abusers/substance dependent in accordance with the American Society of Addictive Medicine (ASAM) criteria and existing directives.

4. To provide Marines with insight into the substance abuse problem and presenting positive alternatives to their underlying problems.

5. To identify policies and programs concerning substance abuse in the Marine Corps.

6. To identify and re-establish current values that conform to military and societal concepts.

7. Identify long and short term effects of alcohol and other drugs on the body.

8. Identify behavioral differences associated with substance abusers and maintain documentation of those characteristics which aid in identifying substance abusers.

3204. SERVICES OFFERED

1. The Depot SACC will provide treatment services based on the standards of the American Society of Addiction Medicine (ASAM). This model will place greater emphasis on outpatient care and individualized treatment. This continuum of care model represents a significant shift in the philosophy of the Marine Corps alcohol abuse treatment programs. Patients are evaluated on seven dimensions adopted from ASAM criteria in addition to being diagnosed using standards set forth in the Diagnostic and Statistical Manual for Mental Disorders(DSM IV), to determine initial placement and course of treatment. The length of treatment is variable. There is fluid movement between levels of intervention based on a patient's needs as assessed by the interdisciplinary treatment team (IDT) using the patient placement dimensions.

2. Treatment Plan

a. A treatment plan will be developed through a collaborative effort between the Marine and the counselor/case manager. Treatment plans will contain clinical problems and agreed upon goals and objectives that will be addressed during treatment. Drug/alcohol dependency/abuse is a diagnosis and should not be confused with or listed as one of the Marine's problems on the treatment plan.

b. The treatment plan will be reviewed at least weekly and revised as necessary to reflect any changes in treatment status. If goals are accomplished by target dates, the plan will continue as designed. If a Marine is encountering difficulties, the treatment plan will be reassessed and the treatment approach modified, if warranted.

c. The treatment plan will be used to recommend treatment placement to an Interdisciplinary Team (IDT) and the Licensed Independent Practitioner (LIP).

3. Early Intervention. This service will provide drug and alcohol abuse education to explore related risk factors, and assist individuals in recognizing the harmful consequences of inappropriate drug/alcohol use. Service will be delivered in a classroom setting or in one-on-one sessions for a minimum of three hours. Individuals may be referred for an assessment if new problems appear.

4. Outpatient Services (OP). This service will provide drug and alcohol education and counseling in regularly scheduled sessions of fewer than nine contact hours per week. The appearance of new problems may require referral to other treatment settings or agencies. Length of stay will vary according to the severity of the individuals illness and response to treatment.

5. Intensive Outpatient Service (IOP). This service is designed for Marines who require a more intensive treatment program while still meeting the patient placement criteria for outpatient care. Such service provides essential drug and alcohol education and treatment components while allowing patients to apply their newly acquired skills within real world environments. Length of stay will vary according to the severity of the individuals illness and response to treatment, normally nine or more, but less than, 20 contact hours per week. The appearance of new problems may require referral to other treatment settings or agencies.

6. Active cases will be reviewed weekly at the Interdisciplinary Team meeting consisting of the Depot SACC Director, the Licensed Independent Practitioner (LIP), and staff counselors. There will be a thorough review of the patient's progress in treatment and determinations of changes in treatment as needed, will be applied.

7. Continuum of Care. Following completion of residential treatment or intensive outpatient treatment, continuing care is an integral part of treatment and provides close observation and positive feedback to the

individual. It is tailored to meet the needs of each individual. While in this program, individuals may be required to attend formalized group counseling sessions, educational training and self help group meetings. The continuum of care may last up to 365 days. The remaining time will be spent in individual and or/group counseling facilitated by a substance abuse counselor (MOS 8538).

3205. FAMILY TREATMENT SERVICES

1. If the Marine is married and desires family assistance, it is available. The purpose is to provide substance abuse education and assistance to family members and inform them of the resources available within the San Diego area. Family counseling services are available through referral to a variety of organizations.

2. The SACC will assign a substance abuse counselor to be a member of the Family Advocacy Case Review Committee (FACRC). If there is substance abuse suspected or noted, the Marine/family member should be screened at SACC and the results/recommendations presented at the FACRC case review.

3. Sections available to the SACC for referrals.

   a. Family Services/Advocacy. 524-5728.

   b. Legal. 524-4110/524-4111.

   c. Chaplain. 524-8820.

   d. Mental Health Unit (MHU). 524-4051.

   e. Civilian Treatment Centers. Consult local directory.

3206. SPECIAL POPULATION PROCEDURES

1. Due to the outpatient nature of the Depot SACC's program, officers, enlisted and female members may participate together. If an issue arises during counseling that requires additional consideration, it will be dealt with per the situation and an alternate course of action may be determined.

2. Clients who have a variety of needs, such as a co-existing disorder (emotional, psychological or medical) for which they are receiving treatment, will be evaluated with the assistance of the Licensed Independent Practitioner (LIP) to ensure appropriate medical treatment.

3207. RECORD KEEPING PROCEDURES

1. The Depot SACC will open and maintain a case file on every individual screened and recommended for preventive education and/or a treatment program.

2. All forms, letters, and certificates pertaining to the individual's substance abuse will become a permanent part of the case file. This case file will be maintained in accordance with the Navy Clinical Package.

3. All information that pertains to the individual noted above will be maintained in the progress note. The progress note will also contain detailed information pertaining to:

a. Treatment plan progress/changes.

b. Whether or not the individual is attending self-help groups.

c. Use of medications (antabuse or psycho tropic).

d. Urinalysis results (if indicated).

e. Individual/group sessions attended and courses of instruction received. This includes progress notes.

4. If the individual is pending Permanent Change of Station Orders or separation, participation in the program will be required up until the time the individual has been transferred from the Depot.

a. After the individual has checked out, the case file will be forwarded to the next command's SACC. A separate cover letter marked "For Commanding Officer's Eyes Only" to the new CO and treatment plan recommendations that should be carried forward will be included.

b. The case file will contain the following information:

(1) Synopsis of treatment provided.

(2) Treatment plan recommendations that should be carried forward.

5. Record Disposition. As directed in this Manual, program case files will be disposed of in the same manner as unit case files.

3208. INDIVIDUAL CASE REVIEW

1. Active case files will be reviewed weekly by an interdisciplinary team (IDT) consisting of the SACC Director, a Licensed Independent Practitioner (LIP) and the clinical staff. The purpose of this weekly review is to monitor patient's progress in treatment and to make determinations of changes in treatment placement including possible discharge.

2. This process will be entered in the individual's case file.

3. The client's CO will be immediately notified of the recommended change, along with justification.

3209. CRITERIA FOR DISCHARGE FROM THE SACC TREATMENT PROGRAM

1. An individual will be released from a SACC treatment program after:

a. Meeting the goals and objectives of the treatment plan.

b. Completing any additional requirements as determined during the course of treatment.

c. When it is determined by the individual or the IDT that the maximum benefits of treatment have been attained.

2. An individual may be extended or dropped from the SACC program for any of the following reasons:

a. Entry into residential treatment.

b. Positive urinalysis results during treatment.

c. Failure to participate/cooperate.

3. A notification letter explaining the reason for the individual being extended or dropped will be forwarded to the CO for action or concurrence.

3210. POST TREATMENT. Once an individual has completed all requirements of a treatment program, their prognosis and summary of participation while in treatment will be forwarded in a narrative form to the individual's CO. If warranted, a care plan will be forwarded to the individual's CO for action.

3211. CONTINUING CARE PROCEDURES

1. The Marine's CO will determine if the suggested continuing care plan is appropriate and direct the individual to follow the aftercare plan.

2. Progress reports on individuals who have completed residential programs will be sent further evaluation. These forms will be completed by the individuals and their OIC. All reports will be returned to the Depot SACC via the CO.

CHAPTER 3

TREATMENT PROGRAMS

SECTION 3: RESIDENTIAL TREATMENT

3300. PURPOSE. This section is intended to provide a brief overview of the residential substance abuse treatment facilities in the San Diego area.

1. Substance Abuse Rehabilitation Department (SARD), Bldg 265, Naval Station, Point Loma, San Diego, CA. Provides treatment services for active duty military personnel, and to a limited degree, military retirees. The treatment program utilizes a multi-discipline approach to assist persons to recover from alcohol and drug dependency. Family counseling is conducted by a licensed professional. Referral to the center is made through the Depot SACC.

2. Navy Alcohol Rehabilitation and Education Department (NARED), Naval Hospital, Camp Pendleton, CA. Provides residential treatment for active duty, retirees, and of Navy personnel. NARED has family counseling available through a professional licensed therapist. Referral to NARED is made through the Depot SACC.

CHAPTER 3

TREATMENT PROGRAMS

SECTION 4: SCREENING, EVALUATION AND REFERRAL PROCEDURES

3400. PURPOSE. This section is to provide clarification of the screening and referral procedures contained in reference (a).

3401. GENERAL. Marine Corps policy on substance abuse requires that any Marine, identified as having a substance abuse-related incident be referred to the appropriate level of treatment.

3402. PROCEDURES. The procedures listed below will be followed once an individual has been identified as having a substance abuse-related incident and recommended for evaluation/treatment.

1. The unit level SACO will screen the individual and review the OQR/SRB, health record, work evaluation and any other documentation relating to substance abuse involvement. After the unit level SACO has completed the evaluation, the results will be entered in a unit level case file per the guidance contained in reference (a) and this Manual.

2. Marines will be referred to the Depot SACC for screening/evaluation using the Substance Abuse SACC Referral Form (Appendix B)within two working days following a substance abuse related incident.

3. An appointment for screening and/or intake assessment will be scheduled within three working days after receipt of a request from the CO.

4. The counselor will provide the individual a Privacy Act Statement, which will be attached to the screening/assessment package. Once the privacy Act Statement is completed, the individual will complete the screening/assessment package.

5. The counselor will review the individual's SRB/OQR and health record. This is to determine if there are any previously reported drug or alcohol-related incidents. If there are entries, a copy will be obtained and documented in the client case file.

a. Initial Screening. Marines referred to the SACC will be screened to determine if early intervention or an assessment is warranted. If the need for an assessment is ruled out, the individual will be placed in an Early Intervention Program. Generally, the screening process should take no more than 30 minutes to complete.

b. Assessment. A Marine requiring an assessment will be assigned a case manager. The case manager, through a collaborative effort with the Marine, will conduct a comprehensive biopsychosocial assessment of the individual's treatment needs. The case manager and the Marine will use the assessment results to develop an Individualized Treatment Plan (ITP).

c. Medical Evaluation. If it appears that the Marine meets the criteria for diagnosis of a substance abuse condition, the Marine will be scheduled for a medical evaluation. The individual will report to the Depot SACC with SRB/OQR 30 minutes prior to reporting to Branch Medical and pick up his case file. The individual will take the case file to Branch Medical and surrender it to the Medical Officer (MO). The Marine will be screened by a medical officer to diagnose substance abuse or dependence. If a psychiatric evaluation is desired, a Psychiatric Evaluation Form (SF 513) will also be completed.

6. Once the MO has made a diagnosis, the MO Evaluation/Recommendation portion of MCRD SF 513 will be completed. This evaluation will apprise the individual's commander of the requirement to be met, if any, for drug or alcohol treatment. Also, the MO will direct the client to report back to Depot SACC for final disposition.

7. If the CO concurs with the recommendation of SACC and the MO, the CO must concur via an endorsement. If the CO does not concur with the MO or SACC counselor, his decision and supportive rationale will be documented in the individual case file.

8. Should residential treatment be recommended, the unit will arrange for "No Cost" TAD Orders to the treatment facility. The individual will acknowledge receipt of the orders directing participation in a treatment program by signing and dating the receiving endorsement.

9. During the course of the interview, if the client reveals that he or she is suicidal, the counselor will advise the Marine's unit. The Marine will be escorted back to the work section. The counselor will personally notify the CO or XO that the Marine is to be escorted to the Branch Medical Clinic for a psychiatric evaluation.

CHAPTER 4

ADMINISTRATIVE CONSIDERATIONS

	PARAGRAPH	PAGE
GENERAL	4000	4-3
INFORMATION	4001	4-3

FIGURE

4-1	SUBSTANCE ABUSE ADMINISTRATIVE REFERENCE MATRIX	4-4

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CHAPTER 4

ADMINISTRATIVE CONSIDERATIONS

4000. GENERAL. This Manual provides an overview of the Depot Substance Abuse Program, but does not cover all the administrative requirements associated with the program. Commanders will refer to the references for explicit guidance, prior to taking any administrative or disciplinary actions.

4001. INFORMATION. Some of the administrative actions dealing with alcohol abuse are parallel to those dealing with the use of illegal drugs; others are quite different. Figure 4-1 is a reference matrix for locating alcohol and drug abuse administrative actions to consider.

TOPIC/SUBJECT	
1. Disciplinary Measures	MCO P5800.16A/w ch1
2. OQR/SRB Entries	MCO P1070.12K
3. Retention/Reenlistment	MCO P1700,24B, Sec.5008, par 2
4. Performance Evaluations	MCO P1610.7E w/ch 1-2
5. Promotion	MCO P1400.32C
6. Security Clearance	MCO P5530.14
7. Evidentiary Use of Compulsory Urinalysis Results	MCO P1700.24B, Sec.3011 Par 4n, Appendix E & NAVMC 2931
8. Family Members	MCO P1700.24B,par 2007; Sec 5004, par 4;
9. Voluntary Self Referral for Drug Abuse	MCO P1700.24B, par 3011

Figure 4-1.--Substance Abuse Administrative Reference Matrix.

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CHAPTER 5

QUALITY CONTROL, REPORTS AND INSPECTIONS

	PARAGRAPH	PAGE
PURPOSE	5000	5-3
QUALITY CONTROL	5001	5-3
REPORTS REQUIRED.	5002	5-3
INSPECTIONS	5003	5-4

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CHAPTER 5

QUALITY CONTROL, REPORTS AND INSPECTIONS

5000. PURPOSE. This Chapter provides highlights of the means available to ensure that a quality substance abuse program is maintained.

5001. QUALITY CONTROL. The quality control of this program will be guided by the current edition of MCO 7540.2C, which establishes an "internal review function" as an integral part of management control functions required on a quarterly basis. The following steps will be taken to enhance the overall program:

1. The Licensed Independent Practitioner (LIP) will monitor the procedures of the Depot SACC for compliance with Navy treatment standards.

2. All cases will be reviewed with the Licensed Independent Practitioner (LIP) and or Medical Officer.

3. The SACC Director will review files with the counselor on a weekly basis.

4. The Urinalysis procedures will be reviewed by the Staff Judge Advocate (SJA) quarterly, and a written report submitted to the CG via the AC/S, MCCS.

5. CID will inspect the security of urine samples quarterly, and a written report submitted to the CG via the AC/S, MCCS.

6. The AC/S, SJA will provide advice on legal matters dealing with substance abuse.

5002. REPORTS REQUIRED

1. A monthly substance abuse report will be forwarded to SACC noting urinalysis samples and results, and the number of Marines who were either provided substance abuse services or had a substance related incident. CO's are responsible for providing this information to SACC.

2. The Depot SACC will prepare and assist in the submission of the following reports as noted:

a. Drug and Alcohol Abuse Reporting System (DAARS) Form. This form documents all alcohol and drug related incidents, self-referrals, and return to duty or separation of Marine Corps personnel. SACOs are responsible for completing this form for Marine Corps personnel within their respective commands.

b. Internal Management Control Program. An Internal Control Evaluation report is to be submitted annually to AC/S, Comptroller section to provide reasonable assurance that all functions are accounted for in an efficient manner.

c. A quarterly drug and alcohol report will be submitted to AC/S, MCCS by noting urinalysis samples and results, and the number of Marines who were either provided substance abuse services or had a substance related incident.

3. A quarterly substance abuse report will be prepared by the Depot SACC, and forwarded without a separate cover letter to the CG. The Substance Abuse Reports are due on the seventh day following the reporting period. The Depot SACC will be responsible for the raw data in this report, except for that of the Western Recruiting Region. The CO's of 8th, 9th and 12th MCD's will provide the Depot SACC with the information necessary to complete the CG's Quarterly Substance Abuse Report prior to the fifth day following the reporting period.

4. All reports concerning substance abuse will be forwarded via the AC/S, MCCS.

5003. INSPECTIONS. To determine the command's degree of compliance with all orders, regulations and policies relating to substance abuse, inspections will be conducted per the current edition of DepO 5041.22M. Inspections dealing with substance abuse will be requested through the Depot Inspector and coordinated by the Depot SACO. There are four types of inspections:

1. Performance Evaluation Staff Visit (PESV). The PESV will be conducted on a quarterly basis to determine the overall readiness of the command's substance abuse program.

2. Commanding General's Inspection. Conducted annually.

3. Inspector General of the Marine Corps (IGMC). The IGMC normally inspects this command every two years.

4. Special Inspections. Conducted by the Depot Inspector's Office on a systematic, unscheduled basis.

APPENDIX A

OUTLINE OF COURSES

Marine Alcohol Awareness Course (MAAC) - This course is an 8-hour education program designed to provide alcohol awareness with self assessment indicators to allow the participants to gain a better understanding of alcohol abuse. Since it is preventive in nature there is no requirement for an incident to have occurred to attend. The course may also be used to provide information to those who have had an incident but do not have a substance abuse problem. The course is taught monthly at SACC or as needed and can be requested by a unit to be conducted on site.

Unit Substance Abuse Program Management Course - This course is taught quarterly at MCRD and serves as the basic qualification course for unit Level SACO. The course consists of basic drug and alcohol information, suicide prevention, family dynamics, psychopharmocology and the urinalysis program. An attorney from the Depot SJA office offers information on the proper administration of the urinalysis program. All SACO's should attend this course within 90 days of appointment. It is a forty hour course.

Urinalysis Observer/Coordinator Training - This information is generally covered in depth during the SACO Training Course. This training can be conducted on an as needed basis by contacting the SACC. It is conducted at the urinalysis section of the SACC.

Battalion Alcohol Skills Intervention Course (BASIC) - After being trained by the SACC personnel NCO's will provide this prevention training to their subordinates annually. The course objectives consist of describing the impact of drug and alcohol abuse on mission readiness, the role of the small unit leader in prevention, how alcohol is absorbed, processed and eliminated from the body, define Blood Alcohol Level (BAL), identify factors that influence it and explain alcohol's effects at various BAL's.

Drug Free Workplace Class - Two hour class for civilian employees and supervisors to include:
Substance Abuse Policy, Procedure and Program;
Types and Effects of Drugs;
Symptoms of Drug use and Effects in need of assistance;
How to Identify Employees in need of assistance;
Role and Operation of EAP;
Return of Employee to Workplace and Follow-up

SUBSTANCE ABUSE SOP

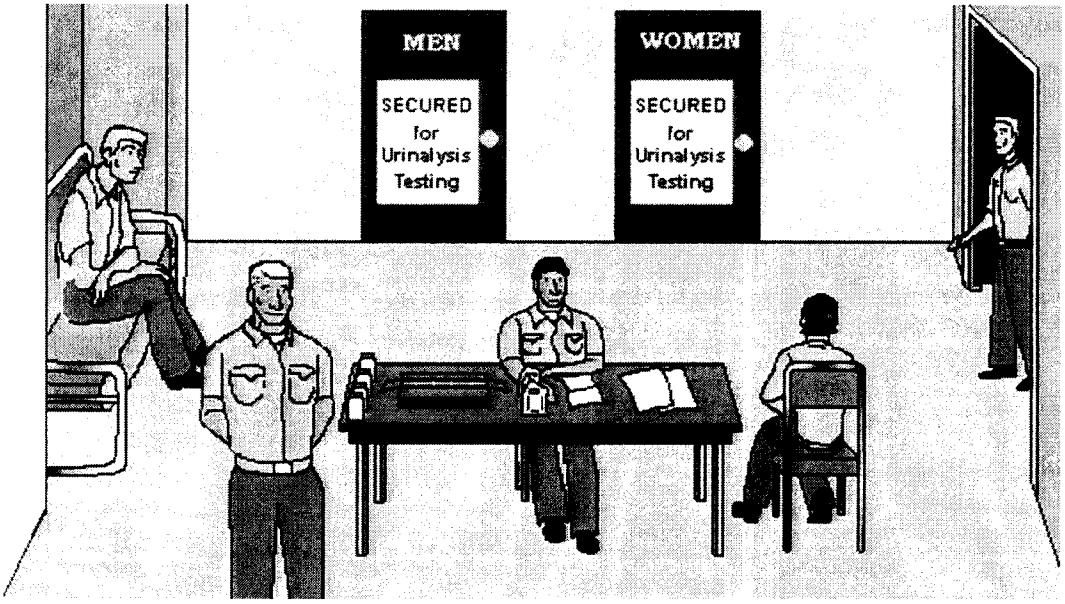
APPENDIX B

DIAGRAMS AND EXAMPLES

1. SUGGESTED URINALYSIS SITE LAYOUT
2. SPECIMEN BOTTLE, READY FOR SHIPMENT
3. SHIPPING BOX, PROPERLY SEALED AND INITIALED
4. SAMPLE CUSTODY DOCUMENT, COMPLETED
5. URINALYSIS LEDGER
6. SOP FOR URINALYSIS SCREENING
7. PROCEDURES FOR CONDUCTING URINALYSIS TESTING

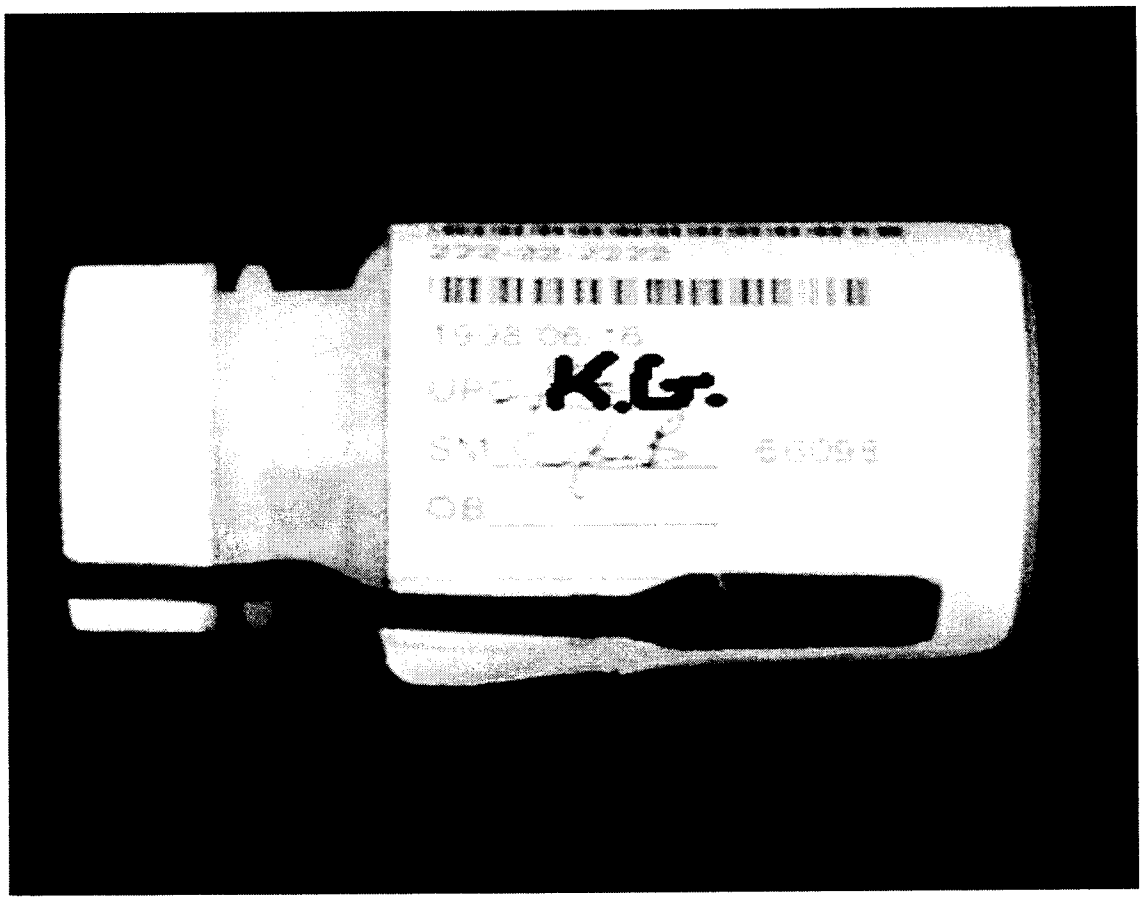
SUGGESTED URINALYSIS SITE LAYOUT

UNCONTROLLED AREA LACK OF SUPERVISION
"CROWDED"



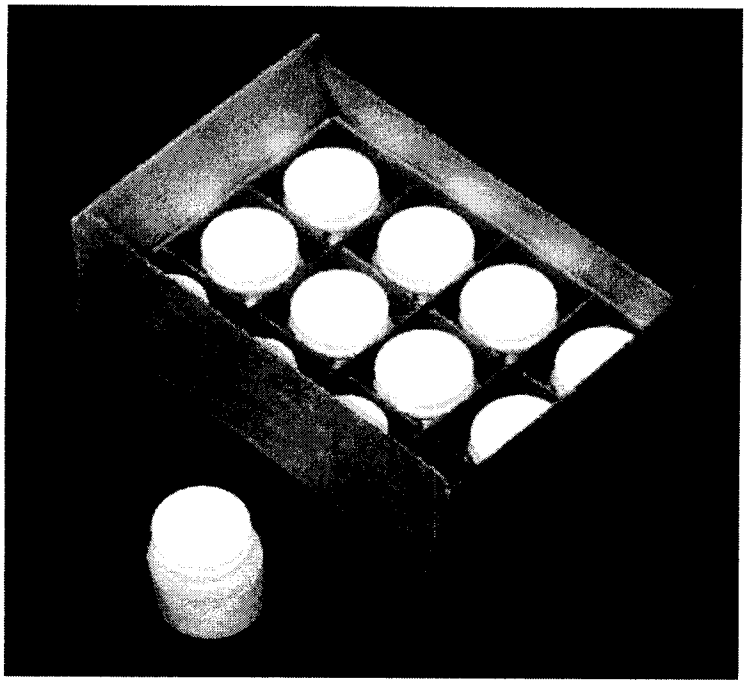
CONTROLLED AREA AND WAITING ROOM
"UNCROWDED

SPECIMEN BOTTLE, READY FOR SHIPMENT

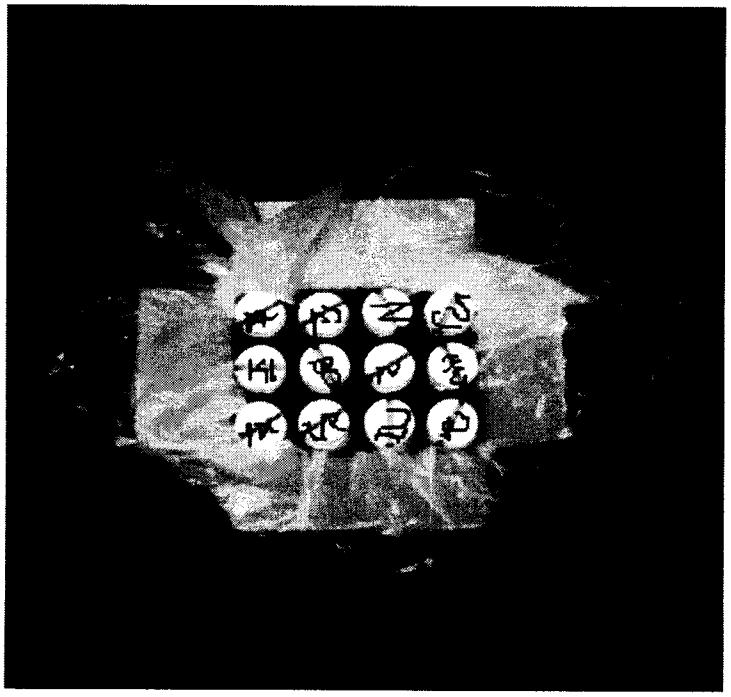


SAMPLE SPECIMEN BOTTLE COMPLETE WITH INITIALS
UPC (URINALYSIS PROGRAM COORDINATOR)
SM (SURNAME MEMBER)

SHIPPING BOTTLE, PROPERLY SEALED AND INITIALED

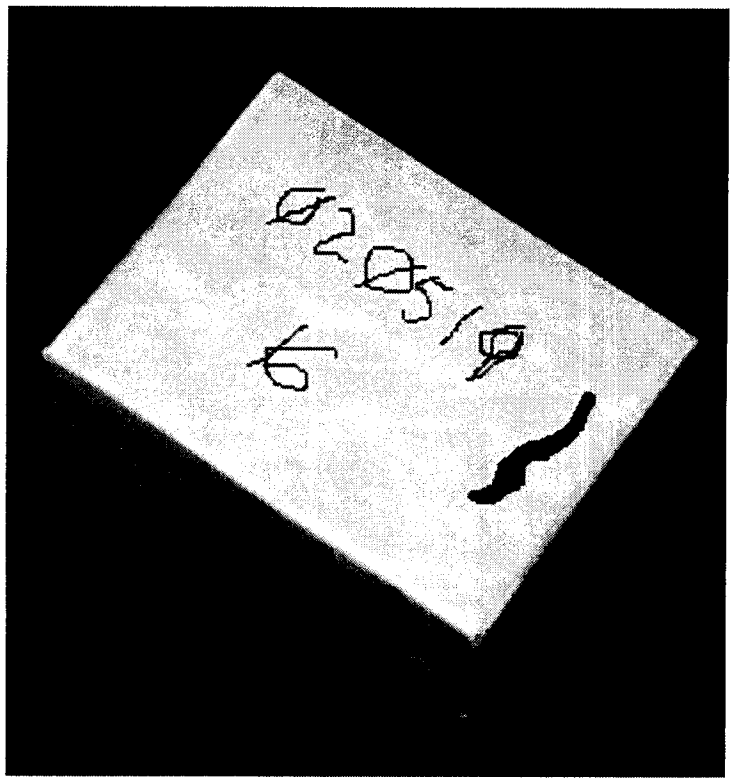


BOX AND SPECIMEN BOTTLES



BOX AND SPECIMEN BOTTLES READY FOR TRANSPORT

BOX OF SPECIMEN SAMPLES SEALED, DATED AND INITIALED READY FOR TRANSPORT



NOTE: OUTLINE THE END OF THE TAPE WITH MARKER PER SOP

URINALYSIS LEDGER

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

A. LABORATORY CONDUCTING DRUG TESTING

1. SUBMITTING UNIT: helant

2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON): CHO WASHINGTON DC

B. BATCH NUMBER

C. REPORT OF RESULT (DTG/Serial No.)

3. BASE/AREA CODE

4. UNIT IDENTIFICATION CODE: 09966

5. DOCUMENT/ BATCH NUMBER: 0005

6. DATE SPECIMEN COLLECTED: YYYY 1998, MM 05, DD 25

D. DRUGS TESTED

[redacted] 02

7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFO	11. PRESCREEN	E. DISC CODE	F. ACCESSION NUMBER	G. RESULT
[redacted] 001	123-23-4545	IR					
[redacted] 002	232-56-5687	IR					

H. CERTIFICATION. I certify that I am a laboratory official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and they are correctly annotated.

(1) SIGNATURE

(2) DATE SIGNED

(3) CERTIFYING OFFICIAL (Printed Name and Title)

DD Form 2624, FEB 1998 Previous Edition may be used

FRONT SIDE DD FORM 2624

Appendix F (page 2)

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE / REMARKS d.
(1) 010926	SIGNATURE T. R. Dunn NAME T. R. DUNN MAC USS MOORE	SIGNATURE M. L. Carr NAME M. L. CARR YNC USS MOORE	Transfer Custody
(2) 010926	SIGNATURE M. L. Carr NAME M. L. CARR YNC USS MOORE	SIGNATURE NAME	Lab Shipment U.S. Mail
(3)	SIGNATURE NAME	SIGNATURE NAME	
(4)	SIGNATURE NAME	SIGNATURE NAME	
(5)	SIGNATURE NAME	SIGNATURE NAME	
(6)	SIGNATURE NAME	SIGNATURE NAME	
(7)	SIGNATURE NAME	SIGNATURE NAME	
(8)	SIGNATURE NAME	SIGNATURE NAME	
(9)	SIGNATURE NAME	SIGNATURE NAME	
(10)	SIGNATURE NAME	SIGNATURE NAME	

INSTRUCTIONS

	BLOCK	USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use.	Message address of second echelon commander to whom submitting unit reports administratively	Optional. May be used to identify the base POC.
3	BASE/ AREA CODE	Service code area	Leave blank. For future use	Four-character Base Identification code (Ex. F123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN).
4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit		Do not use.
5	DOCUMENT/BATCH NUMBER	Do not use.	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex. 501). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premise to conduct the collection		
10	TEST INFORMATION	Military: A = E1 - E4; B = E5 to E10. Civilian only: C = TDP release; D = TDP duty/Police. F = TD. AGENCY Blank: G = other TDP. H = other mandatory	Leave blank.	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab		Not used.

12. CHAIN OF CUSTODY (LINE (1))

a. DATE - Date of collection/shipment
b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples
c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank
d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab

Note: If/when custody of specimens changes other than for a shipment (unless hand carried to the lab), each change of custody requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d)

13. DAMAGE TO SHIPPING CONTAINER / DISCREPENCIES

F2

BACK SIDE DD FORM 2624 CHAIN OF CUSTODY

Drug Testing Program
Urinalysis Register

Global, UIC 00015
09/28/2001 3:01:21 PM
Probable Cause

Date of Collection T/D/M/Y	Batch and Specif	Tested Member's Printed Name, SSN, Signature	TPI	Observer's Printed Name and Signature	Comments and Disposition
26/09/2001	Bat: 0007 Spec: 001	PO1 Biggerstaff, Michael 987-65-4321 Michael Biggerstaff	PO	MAI Bill Moore Bill Moore	
26/09/2001	Bat: 0007 Spec: 002	PO3 Boss, Ops 274-27-3429	PO	MAI Bill Moore Bill Moore	
26/09/2001	Bat: 0007 Spec: 003	CPO Chipper, Paint 385-39-8459 Paint Chipper	PO	MAI Bill Moore Bill Moore	
26/09/2001	Bat: 0007 Spec: 004	SA Cripple, Duty 398-89-3859 Duty Cripple	PO	MAI Bill Moore Bill Moore	
26/09/2001	Bat: 0007 Spec: 005	PO2 Dragger, Tail 982-98-4298 No Sample provided	PO	— —	Authorized Leave

"URINALYSIS REGISTER" ALSO KNOWN AS "LEDGE"

SUBSTANCE ABUSE SOP

1. The observer will be responsible for maintaining constant visual surveillance of all personnel who are slated for urine sample collection. They will maintain eye contact with the individual's groin area and the bottle to ensure that the sample is in no way contaminated.

2. If the individual drops the bottle in the urinal, the observer will contact the Coordinator at the issuing point to have another sample bottle issued.

3. The observer will ensure that no one leaves the head area without a bottle. If an individual must leave the collection site, the sample bottle must be returned to the Coordinator.

4. The observer will direct participants to fill the bottle no less than three-quarters full.

5. The observer will ensure that the participants utilize the urinals and not the stalls for urination.

6. The observer will ensure that, after the participant completes the test, he/she will sign the ledger adjacent to the participant's name. The observer, at this time, is certifying that the sample bottle contains urine provided by the Marine.

7. If there are any procedural mistakes at the collection site, the observer will report it to the Coordinator. For problems or questions, call the Depot SACO, 542-1912/1836.

I have read and understand the above SOP for Urinalysis Screening.

_____

Signature Date & Time

MCRD 5355/18 (9-88) (Back)

1. Procedures for Conducting Urinalysis Testing

a. CO directs that a urinalysis be conducted.

b. Confer with the Depot SACC for the proper test premise (IR, IU, etc.) prior to testing the target population.

c. Bottle labels and ledgers will be prepared beforehand. Depot SACC facilities will be used for this task. Care must be used in selecting reliable personnel to assist or the security of the test may be compromised. If personnel are apprised of the test in advance, they may have the opportunity to "flush" any drugs from their systems using a variety of means.

d. Units scheduling a urinalysis are responsible for assigning reliable and trustworthy individuals to function as coordinators and observers (e. g. Officer, SNCO, NCO).

(1) Coordinators are primarily responsible for the conduct of the sample gathering. They retain control of the ledgers, bottles, labels and the ID cards of Marines who are providing samples. They must be completely familiar with the requirements of reference (a) and this Manual. Once a coordinator has started the sample collection, **THEY CANNOT BE REPLACED** until the ledger they opened has been completed.

(2) Observers must view the complete sample collection process from receipt of the bottle to its return to the coordinator. They must be completely familiar with the required procedures outlined in reference (a), Appendix (e) for Urinalysis Screening. Any noncompliance is subject to disciplinary and/or administrative action by the CO.

e. The substance abuse collection site must have a locking device for the storage of samples, which must be secured whenever assigned personnel are not present and collected urine samples must be temporarily stored in the room (e.g., when leaving to observe a test).

f. "Urinalysis Testing Site"

(1) Site selection is of prime importance. Control of personnel within the site is facilitated by proper layout (see Appendix B). There will be only one way in and out with limited traffic.

(2) The coordinator will be seated at a desk/table large enough to accommodate the ledger and sample boxes and with sufficient room to write. Those providing samples should not be able to approach the desk/table from the rear. The lavatory will be large enough to allow **DIRECT OBSERVATION** of the sample as it is given.

(3) Upon occupying the site, arrange the positioning of personnel and sampling equipment in a fashion that is efficient. Spacing and organization are extremely important for the Coordinator.

2. Urinalysis Collection Procedures

a. Section tests will be given by an appointed Coordinator with one or more assigned personnel acting as observers. Coordinators and observers will be appointed in writing by the CO.

b. Commanders are tasked to ensure that members of the selected unit/section have provided the required amount of urine prior to departure from the urinalysis collection site.

c. Personnel who fail to provide an adequate sample will be restricted, until such time as they provide a urine sample.

d. For unit sweeps of more than 50 Marines, Commanders will appoint an Officer or SNCO to be in overall control of the unit/section urinalysis collection process. This appointee will be referred to as the "supervisor" and will identify all personnel who do not provide a sufficient quantity of urine or fail to report for the urinalysis.

e. This information will be given to the Coordinator for record-keeping and inquiry into reasons for absence. This information will help ensure that upon SNM's availability, a sample may be procured under the "IO" premise.

f. For unit sweeps, an additional person will be designated to assist the Coordinator in their duties. This person will complete any task assigned by the Coordinator, other than the actual sample collection from the Marines.

g. Only one person will be allowed at a time to approach the Coordinator and present their AFID card to be issued a specimen bottle.

h. The Coordinator will verify that the SSN on the AFID card is the same as the SSN on the specimen bottle label.

i. The Coordinator will place the ID card in the corresponding space in the box from which the specimen bottle was taken.

j. The Marine will receive the specimen bottle and verify the SSN for correctness, prior to providing the sample.

k. The Coordinator will provide the Marine a specimen bottle with a label which contains SSN, date, test premise, specimen number and batch number. The label must be affixed to the bottle prior to the Coordinator handing it to the Marine. The specimen Coordinator shall attach the label to the specimen bottle. The Coordinator will enter the name, SSN, and rank on the ledger (if this has not been done in advance). The Marine will verify the information as correct by initialing it.

l. The Marine providing the sample will be escorted to the stall (females) or urinal (males) by the observer. The observer must see the urine leave the body and enter the specimen bottle. The observer must watch the individual replace the specimen bottle lid. The specimen bottle must contain 30ml, or be approximately ½ filled.

m. It is unlawful to adulterate a urine sample. This Manual contains definitions and guidance regarding adulteration of samples.

n. The observer will accompany the Marine back to the Coordinator's table.

o. The Coordinator will assist the Marine in placing a strip of red security tape across the top of the specimen bottle.

p. The ends of the tape must touch both sides of the label.

q. The Marine will initial the bottle two times.

r. Actions By Marine Providing Sample

(1) Initial across the top of the bottle lid, to include the security tape with a black felt marker.

(2) Initial on the label underneath the SSN (see Appendix B) with a black ball-point pen, verifying the SSN is correct.

s. The Coordinator will ensure the Marine's initials do not cover any of the information on the label.

t. After the SSN has been rechecked by the Coordinator, the Marine will initial the bottle and place it in the correct space in the sample box, returning the ID card to the Marine.

u. The Marine will sign the ledger verifying their name and SSN.

v. If the Marine refuses to cooperate, verification may be accomplished (signed/initialed) by the Observer and witnessed by the Coordinator.

w. If a Marine is unable to provide a sufficient sample, they will be kept at the site or designated holding area to drink fluids normally consumed in the course of daily activity until such time as the Marine is able to provide a sample or the balance of an incomplete sample is provided. If during the prescribed testing time the Marine is still unable to provide a sufficient sample, the bottle and its contents will be shipped, with an annotation on the ledger "Insufficient Quantity". All samples must be obtained within four hours, during a section test, and within eight hours for a unit sweep. Those failing to provide a sample within this time are subject to administrative or disciplinary action as deemed appropriate by the CO.

3. Post Collection Procedures

a. After the gathering of samples is completed, the Coordinator ensures that all samples are present. The Coordinator inspects each batch, checking to see that each bottle is sealed and bears the Marine's initials and the Coordinator's initials. The Coordinator then ensures the SSN is legible. The Coordinator will transport the samples from the collection site to the Depot SACC. Only the Urinalysis Program Coordinator will sign as the releaser of the samples.

b. The Unit Coordinator checks the Urine Sample Custody Documents, DD Form 2624 (Appendix B), ensuring the SSN's on the bottles and the custody documents are the same. The Unit Coordinator must ensure that the bottles are in the correct boxes and that each specimen is in the proper space, corresponding to the sequence on the ledger and custody document. When the custody document check is complete, the Unit Coordinator makes copies of all documents which will be placed in the unit files. The Coordinator brings the originals with him/her when the samples are delivered to the Depot SACC. The Depot Urinalysis Coordinator will check the samples and the custody documents for any discrepancies. The Depot Urinalysis Coordinator will sign in the block "Received by" for the samples. Once Depot SACC personnel have signed the custody documents, responsibility for the samples is passed to the Depot SACC.

c. The Depot Urinalysis Coordinator will seal the boxes, ensuring that a copy of the custody document is inside. Using masking or paper packing tape at least 2" wide, the package will be wrapped lengthwise around the entire box, for boxes that open from the top with two separate flaps, or around the box, if it opens from the front. Using a dark marker, the Coordinator will color over the seam where the tape ends, and initial and date across the top of the box, placing 1/2 of the initials/date on the tape and 1/2 on the box (see Appendix B).

4. Sample Submission and Testing. The Depot SACC will forward samples provided by permanent personnel and students to the NDSL, Naval Hospital, Building 10, San Diego, California 92134.

5. Laboratory Positive and Command Confirmation. Upon receipt of a laboratory report confirming drug presence, the command must determine the legality of that drug's presence. The Depot Urinalysis Coordinator's responsibility is to notify the Unit SACO and the CO. If medical personnel confirm that the drug present was due to ingestion of legally prescribed medication, no further action will be taken. If the identified drug present was not prescribed by a medical/dental officer, the Commander must determine the appropriateness of disciplinary, administrative and/or treatment/rehabilitative action. In making these decisions, the Commander must consider "the whole Marine" and not merely the positive laboratory report. Additional guidance is contained in reference (a).

URINALYSIS COORDINATOR CHECKLIST

1. PREPARATION (PDay-1)
   - A. Inventory supplies
     - (1) Bottles
     - (2) Labels
     - (3) Tamper Tape
     - (4) Absorbent Pads
     - (5) Boxes
     - (6) Bags
   - B. Selection
     - (1) Date
     - (2) Time
     - (3) Location
     - (4) Test Premise
   - C. Authorization Letter
     - (1) Signed by CO only (If XO, must be "acting")
     - (2) Assign Observers (Do not notify till PDay!)
       - a. Male Primary
       - b. Female Primary
       - c. Male Alternate
       - d. Female Alternate

2. EXECUTION (PDay)
   - A. Update software database (PHour-1.5)
   - B. Run the software program (PHour-1.0)
     - (1) Pick batch numbers
     - (2) Select personnel to be tested
     - (3) Print documents
       - a. Custody documents (DD-2624)
       - b. Urinalysis register
       - c. Labels
   - C. Notify personnel to be tested
   - D. Notify observers
   - E. Brief observers
     - (1) Read & sign SOP
     - (2) Visual surveillance/eye contact
     - (3) Minimum ¾ full
     - (4) Sign ledger after each specimen
   - F. Secure the head
   - G. Collect Samples (PHour)
     - (1) One at a time
     - (2) Check photo ID
     - (3) Individual inspects bottle and label info
     - (4) Individual and Observer go to head
     - (5) Secure with tamper tape
     - (6) Individual initials
       - a. Bottle top, overlap tamper tape
       - b. Bottle label, next to SM _____
     - (7) Individual signature in register

(8) Urinalysis Coordinator sign bottle
(9) Observer sign register
(10) Store bottle, return ID

3. ADMINISTRATION
   A. Review documents
      (1) Notify CO of UAs
      (2) Void legitimate absences
   B. Update Collected
   C. Pack & Ship
      (1) Absorbent pads
      (2) Original DD-2624 signed & enclosed
      (3) Copies of DD-2624 and all docs retained
   D. Check message traffic (PDay + 7)
   E. Update Positives/Negatives

APPENDIX C

SACC REFERRAL PACKAGE

SACC PRIVACY ACT STATEMENT FOR ACTIVE DUTY CLIENTS

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (5 U.S.C. 552a) which requires Federal agencies to inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested below.

1. Authority. 44 U.S.C., sec 3101; 5 U.S.C. secs. 972(5), 6148; 37 U.S.C. sec 802; 38 U.S.C. sec 105; 290 U.S.C. secs. 290 dd-3, 290 ee-31; 42 C.F.R. pt. 2, OPNAVINST 5350.4A

2. Principal Purposes. The information that will be requested from you is intended principally to provide a basis on which to monitor your rehabilitation progress and provide therapeutic assistance to you. The information you provide will become part of your counseling record at this center.

3. Routine Uses. In addition to their being used with the Departments of the Navy and Defense for the purpose indicated above, client files may be used by CO's to commence administrative processing of the client, if necessary, under MCO P5300.12 and MCO P1900.16. Under this instruction, client information will only be considered confidential if it is made to certain specified health care personnel for the express purpose of obtaining treatment. The protected disclosure must be made during drug and alcohol abuse treatment or in the effort to obtain such treatment.

a. Disclosure considered not confidential:

(1) Information disclosed after official questioning in connection with any investigation or any administrative or disciplinary proceeding.

(2) Information which discloses a past crime or illegal act, other than drug or alcohol abuse; or an incident which places the command or any of its members in jeopardy. This information is not confidential and will be immediately transmitted to the commanding officer.

(3) Information which discloses that any crime or illegal act is about to take place. This information should be immediately transmitted to the CO (and potential victim if any).

b. For official use disclosure is limited to information necessary in the light of the need or purpose for the disclosure i.e., for official business on a need to know basis). Personnel in the official performance of their duties, may review appropriate portions of your rehabilitative records in order to determine suitability or eligibility for:

(1) Necessary education, counseling and/or rehabilitation

(2) Retention, separation, or return to full duty

(3) Security clearance actions

(4) As required for administration of Naval matters

c. The information you submit may be provided to Veterans Administration personnel who have the need to know in the event the responsibility for your rehabilitation should be transferred to them.

4. Disclosure of information is voluntary, but failure to do so could result in the inability to SAAC counselors to evaluate your rehabilitation progress properly and could preclude further participation in the rehabilitation programs offered by the U.S. Navy.

_____

Client's Signature Date/Month/Year

_____

Counselor's Signature Date/Month/Year

CLIENT PROFILE

NAME (Last, First, Middle) Sex Age Birth date SSN Religion

Marital Status
[]Active Duty []Retired []Single []Married []Divorced
[]Dependent []Other []Widowed[]Separated

Education Level
[]Some High School []High School Graduate []Some College/Trade Shool
[]College Graduate []Advanced Degree

Client Number Screening Date Facility Code Staff Number Prev. Program of TX
[ ] [ ] [ ] [ ] [ ]
Admits
[]Alcohol []Yes []No []Drug []Yes []No Gambling []Yes []No

Referral Type Referral Contact

[]SACC []FamilyName: _____[] Category
[]SACO []ChaplainAgency: _____
[]Self []CommandPhone: _____[] Previous No.
[]Other []Medical
[]ER/Detox/TX

Military Information

Service: []Marines []Navy []Air Force []PHS []Army []Coast Guard

Rank/Rate MOS EAS Length of Service Broken Service Current Job
Yrs__ Mos__ []Yes []No

Client Address Home(Street)City/State/Zip/Phone

Present Duty Station/City/State/Zip/Autovon

Primary Next of Kin/Emergency Contacts
Name/Street/City State Zip Work#

Relationship/Home Phone

SACC SCREENING REFERRAL

In order for SACC to provide an accurate, objective, and complete recommendation to the client's CO, it is necessary that proper documentation concerning the individual be provided to this center.

From: Name (Unit SACO)Command/Phone/To: SACC

Subj: Screening of (Print Name)Rank/RateSSN

This individual requires SACC screening due to: (Type of Incident)

Age DOB Grade completed GCT ARI EAS Date entered Active Service

Home or Record/Time in Service/Branch/Prior/Branch

Supervisor (Name)Rank/Rate/Command/TAD/Phone

How does this person get along with: Well Fail Poor Comments
Commissioned Officers_____
Staff Non-Commissioned Officers:_____
Non-NCOs:_____
Personnel of same rate/rank:_____
Personnel of junior rate/rank:_____

How does performance compare with others: Above Equal Below Comments
The same rate/rank:_____
Professional:_____
Military:_____
Height/Weight:_____

Discuss documentation in medical and/or service record concerning member's reports to lose weight.

Is the command planning on recommending this person for retention:

[]Yes []No, poor present performance
[]No, poor past record[]No, has no desire to remain in the service

_____

Does this person: Yes No Comments
Have a habit of being late?_____
Accept authority well?_____
Obey military conduct and dress codes?_____
Act impulsively?_____
Appear anxious, hostile or depressed?_____
Appear to use alcohol, drugs excessively?_____
Use alcohol/drugs on duty?_____
Appear to eat excessively?_____
Have any known family/personal problems?_____

_____

How do you rate this person's leadership ability?
[]Positive Leader []Potential leader []Follower []Anti-Marine Corps
Anti-Social
Why?_____
_____
_____

Have any UCMJ punishments been received?

[]No []Yes, GCM []YES, SPCM []Yes, SCM []Yes, Article 15 []Yes, Other

_____

Has the person been reduced in rate?[] Yes How many times? _____
Explain any civilian legal difficulties which you are aware of: __
_____
_____
_____
_____
_____

Arrests and/or convictions: _____
_____
_____
_____

Explain any alcohol or drug-related incidents, including dates and times:
_____
_____
_____

Explain any attitude or behavior changes since reporting on board:

Explain any treatment received including NADSAP, SACC, ARC, ETC. (DATE):

Explain effort individual has made to change behavior:

How long have you been this individual's supervisor?

Supervisor's Signature/Date

_____

Unit SACO
Has SNM been advised of his/her SACC appointment and the reason for the referral to SACC?

_____

Is SNM aware he/she must be in a clean Uniform of the Day and present this form, service record, medical record, and other documentation gathered by the Unit SACO?

_____

Has SNM been told where he/she should report after the SACC completes the screening interview?

_____

Have arrangements been made so that SNM has no obligations (watch, EMI, etc.) during the period of his/her scheduled screening appointment?

_____

Unit SACO's comments:

Unit SACO's Signature: Date:

_____