



DEPARTMENT OF THE NAVY  
COMMANDANT OF MIDSHIPMEN  
UNITED STATES NAVAL ACADEMY  
101 BUCHANAN ROAD  
ANNAPOLIS, MARYLAND 21402-5100

COMDTMIDNINST 5350.1B

20 SEP 2006

COMDTMIDN INSTRUCTION 5350.1B

Subj: MIDSHIPMEN ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL

- Ref:
- (a) OPNAVINST 5350.4 series (Drug and Alcohol Abuse Prevention and Control)
  - (b) COMDTMIDNINST 1600.2 (Midshipmen Military Performance System)
  - (c) SECNAVINST 5300.28 series (Military Alcohol and Drug Abuse Prevention and Control)
  - (d) COMDTMIDNINST 1610.2 series (Administrative Conduct System)
  - (e) USNAINST 1610.3 series (Honor Concept of the Brigade of Midshipmen)
  - (f) Uniform Code of Military Justice (UCMJ)
  - (g) USNAINST 1734.1 series (Midshipmen Development Center)
  - (h) Brigade Urinalysis Standard Operating Procedure
  - (i) Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)
  - (j) American Society of Addiction Medicine Patient Placement Criteria, 2<sup>nd</sup> Edition, Revised (PPC-2R)
  - (k) COMDTMIDNNOTE 5350 (Brigade Alcohol Screening Using Breathalyzers)
  - (l) COMDTMIDNINST 5100.1 (Shipmate Brigade Designated Driver Initiative)
  - (m) COMDTMIDNINST 1601.10D (Bancroft Hall Watch Organization)

- Encl:
- (1) Blood Alcohol Concentration (BAC) Chart
  - (2) Personal Limitations Worksheet
  - (3) ADEO Screening Form
  - (4) Permit to Report Alcohol Letter
  - (5) Alcohol & Drug Statement of Understanding
  - (6) Responsible Use of Alcohol Checklist
  - (7) Sample ADEO Aftercare Plan Letter
  - (8) Sample Alcohol or Drug Treatment Waiver
  - (9) Acronyms and Definitions

1. Purpose. To promulgate policy regarding the prevention of alcohol and drug abuse among Midshipmen, to define clear and unambiguous standards for the responsible use of alcohol and for intervention in cases of diagnosed alcohol or drug abuse or dependence by Midshipmen.

2. Cancellation. COMDTMIDNINST 5350.1A

3. Background. Alcohol and drug abuse are incompatible with good order and discipline and are detrimental to morale. Current Navy policies as presented in references (a) and (c) stipulate a "zero tolerance" for drug abuse. Navy members determined to be using drugs in violation of the Uniform Code of Military Justice, or in violation of federal, state or local law, shall be disciplined as appropriate and processed for administrative separation. For those of legal age, the Navy's policy on alcohol is "responsible use." Midshipmen who choose to use alcohol must do so lawfully and in a responsible manner. Midshipmen will be held accountable for failure to use alcohol responsibly. The Navy policy on alcohol abuse emphasizes both an aggressive preventive component and a flexible and responsive remedial component.

a. Prevention. The goals of the Navy's prevention policy are to enhance Fleet readiness by reducing alcohol abuse, alcohol dependence, and alcohol-related incidents, provide a safe and productive working environment and ensure a satisfactory quality of life for members, shipmates, and their families.

b. Treatment. Current treatment policy emphasizes rapid screening and intervention when an alcohol problem is suspected in order to prevent further abuse, a wide range of treatment options tailored to the needs and circumstances of the individual and the least restrictive level of intervention appropriate for the severity of the diagnosis.

#### 4. Policy

a. Drug use. Drug use in violation of the Uniform Code of Military Justice (UCMJ) or in violation of federal, state or local law will not be tolerated at the Naval Academy and will result in appropriate disciplinary action and processing for separation.

b. Alcohol use. Irresponsible use of alcohol is inconsistent with the mission of the Naval Academy and will not be tolerated. The Naval Academy supports an aggressive alcohol abuse prevention program that encourages Midshipmen to take personal ownership for their actions, assume responsibility for the welfare of their peers and subordinates and avoid the destructive use of alcohol. This program also encourages Midshipmen to seek assistance when either they, or their peers, use alcohol in an irresponsible manner, prior to the commission of a conduct offense involving alcohol. Every effort will be made to make available to Midshipmen services directed at

teaching the importance of using alcohol responsibly, and provide screening, treatment, and aftercare for those Midshipmen with a diagnosable need.

(1) Responsible Use. While abstinence is encouraged, for those who choose to drink, responsible use includes drinking in moderation to ensure one's Blood Alcohol Content (BAC) never exceeds .08. Also, we've adopted the memory aid of "0-0-1-3" as a guideline for the safe and responsible use of alcohol. "0-0-1-3" stands for: "0" alcoholic drinks for those under 21, "0" drinks, if driving, to preclude driving under the influence of alcohol, a maximum of "1" standard alcoholic drink per hour, and a maximum of "3" standard alcoholic drinks per occasion.

(2) Risky Consumption of Alcohol. Drinking about 4-5 alcoholic drinks for males, 3-4 for females, rapidly or in a short sitting resulting in a BAC above .08 and extending to .15, per enclosure (1), is considered risky consumption of alcohol. The risky consumption of alcohol is irresponsible behavior and will flag a Midshipman for intervention from their Chain of Command. A Midshipman may be subject to conduct action, per reference (d) upon second, and subsequent occurrences of risky consumption of alcohol.

(3) Abusive Consumption of Alcohol. Drinking about 5-8 drinks, resulting in a BAC above .15 and extending to .20, per enclosure (1), is considered abusive consumption of alcohol. Abusive drinking will not be tolerated, and Midshipmen who abusively consume alcohol will be subject to major conduct action per reference (d).

(4) Extreme Alcohol Consumption. Drinking over 8 drinks resulting in a BAC over .20, per enclosure (1), is considered extreme consumption of alcohol. This behavior is wholly intolerable. Midshipmen who engage in extreme consumption of alcohol will be subject to major conduct action, per reference (d) which may result in separation from the U. S. Naval Academy.

(5) Underage Drinking. Consumption of alcoholic beverages by any Midshipman under the age of 21 is a violation of federal and state laws. Underage drinking will not be tolerated and Midshipmen who engage in underage drinking will be subject to conduct action per reference (d).

(6) Driving Under the Influence (DUI) of Alcohol. While driving after consumption of any amount of alcohol is neither responsible nor advisable behavior, operating a vehicle above the legal impairment level\* is intolerable and will be dealt with

severely per reference (d). Members who have a DUI charge may be subject to separation from the U. S. Naval Academy.

\*state/installation dependent; .08 BAC for most states and .05 for many military installations.

5. Enforcement. Policy enforcement will include, but is not limited to, the following methods:

a. USNA Administrative Conduct system. The USNA conduct system serves to deter Midshipmen from engaging in the inappropriate consumption of alcohol. The USNA conduct instruction, reference (d), details all Midshipman alcohol offenses. Furthermore, this instruction categorizes each of these alcohol offenses and delineates the appropriate punishments.

b. Breathalyzers. Breathalyzer testing of Midshipmen shall be conducted on a random basis, as directed by the Breathalyzer Program Coordinator (BPC) and in accordance with reference (k). Additionally, the company officer or his designated representative is authorized to administer a breathalyzer to any Midshipman who appears visibly intoxicated per reference (m).

c. Urinalysis Testing. Urinalysis testing is conducted to deter Midshipmen from using illicit drugs, as well as to identify those that do. All urinalysis testing is conducted based on Navy policy, per references (a) and (c). Reference (h) details specific requirements for urinalysis testing for the Brigade of Midshipmen.

d. Inspection of Bags and Cars. Random inspections of personal bags and vehicles shall be conducted per reference (c). Gate sentries may conduct inspections of cars and bags upon entry to within the Naval Academy complex to ensure the safety and welfare of Midshipmen.

e. Health and Welfare Inspections. As directed by the Deputy Commandant, Company Officers and/or Senior Enlisted Leaders shall periodically administer Health and Welfare inspections within their companies. Inspections will be conducted per all applicable rules and regulations.

f. Shore Patrol. The Shore Patrol system will provide Midshipmen First and Second Class, in a duty status, to patrol the downtown area of Annapolis per reference (m). This patrol will ensure proper liberty behavior of Midshipmen who choose to enjoy the town of Annapolis. The Shore Patrol will have the

authority to direct Midshipmen to report back to Bancroft Hall if found in violation of the rules and regulations governing the proper liberty conduct of Midshipmen.

g. Sporting Event Task Force. Each home sporting event, and designated away events, for the Brigade of Midshipmen held at Navy Marine Corps Stadium shall have a task force of senior Midshipmen, in a duty status, present to enforce standards of conduct and behavior per established procedures as set forth by the Senior Watch Officer.

6. Education. The following educational resources will be provided for the U.S. Naval Academy Staff, Faculty and the Brigade of Midshipmen.

a. ADEO Website ([www.usna.edu/ADEO/](http://www.usna.edu/ADEO/))

b. Quarterly Naval Academy ADEO education and training shall be provided to include annual reform and intercessional training, periodic brigade-wide speakers, Alcohol Awareness Week and pre-Spring Break training. Training accomplishment shall be recorded by the Company ADEOs. Training reports shall be provided to the Naval Academy ADEO via the Company Commanders, Battalion and Brigade ADEOs.

c. AlcoholEDU computer-based training shall be required for all Midshipmen Third Class and all upper class Midshipmen prior to their 21<sup>st</sup> birthdays. This 2.5 hour training consists of responsible alcohol use training, physiological and psychological effects of alcohol abuse, BAC calculation and social scenario-based training.

d. Responsible Use Dinner Training consisting of the positive and negative aspects of alcohol use, as well as a personal BAC computation will be made available for all Midshipmen during their 21<sup>st</sup> birthday month.

e. Each summer, Midshipmen Second Class shall receive the Navy's Alcohol and Drug Abuse Management for Supervisors (ADAMS) course. Midshipmen who do not complete the ADAMS course during summer training will be scheduled and required to attend the course following the reform of the Brigade.

f. Company Officers shall complete alcohol training within their respective companies at the beginning of each academic year. The training is not limited to, but shall include:

(1) The definitions of responsible, risky, abusive and extreme drinking.

(2) A discussion of the Naval Academy's alcohol policy and the "0-0-1-3" guideline.

(3) Training on personal BAC calculation. At the conclusion of the training, each Midshipman shall complete and sign a Personal Limitations Worksheet, enclosure (2).

7. Shipmate "Safe Drive" Program. The Shipmate "Safe Drive" Program is an "arrive alive" program managed, per reference (m), during weekend liberty and special Naval Academy events. The program is designed to give Midshipmen a viable, no questions asked, transportation alternative from anywhere in the local liberty area to Bancroft Hall after they have consumed alcohol.

## 8. Responsibility

### a. Commandant of Midshipmen

(1) Foster an environment that offers tangible and relevant alternatives to drinking and encourages responsible behavior among those who choose to drink by providing active prevention and educational programs for Midshipmen.

(2) Facilitate the early identification and remediation of Midshipmen with alcohol problems through policies and practices.

(3) Ensure Midshipmen diagnosed with alcohol abuse or dependence are offered appropriate treatment. Failure to accept or successfully complete treatment will result in administrative separation processing per reference (b).

(4) Appoint a staff member, separate from the DAPA/ADEO per reference (a), to serve as Brigade Urinalysis Program Officer.

### b. Brigade Medical Officer/Senior Medical Officer

(1) During the candidate application process, assist in the evaluation of Midshipmen candidates with potential problems relating to substance abuse.

(2) Assist in the early identification and management of Midshipmen with problems relating to substance abuse.

(3) Assist the Commandant's staff members in the treatment and disposition of cases involving Midshipmen with problems relating to diagnosed alcohol abuse or dependence.

(4) When Midshipmen satisfactorily complete alcohol treatment, assist in their evaluation for waivers for commissioning and special duty programs.

c. Director; Midshipmen Development Center (MDC)

(1) Provide assessment, counseling, consultation, and referral services as needed.

(2) Refer to ADEO all Midshipmen who present alcohol or drug related issues that may require a diagnosis or a need for treatment services. The ADEO will then refer to SARP all cases after completing the administrative process.

d. Deputy for Character Programs; Officer Development Division

(1) Oversee the ADEO and all functions of the ADEO program.

(2) Provide support for all administrative/policy changes and intervention issues.

(3) Assist ADEO and SARP in education and prevention efforts.

e. Naval Academy Alcohol and Drug Education Officer (ADEO). The ADEO falls under the cognizance of the Deputy for Character within the Officer Development Division. The ADEO is responsible for providing a structured and comprehensive alcohol and drug abuse prevention program and overseeing both the formal and informal alcohol and drug abuse prevention curriculum. Specific assigned duties include the following:

(1) Serve as the officer representative for the "Right Spirit" campaign at the Naval Academy.

(2) Maintain a comprehensive abuse prevention education program that uses both formal and informal means to disseminate information.

(3) Submit monthly alcohol program status reports to the Commandant, Deputy Commandant, Officer Development, Battalion Officers and Company Officers.

(4) Oversee the local Navy Drug and Alcohol Advisory Council (NDAAC) to include scheduling, inviting members and acting as scribe for the council's chairperson.

(5) Develop a program to deglamorize alcohol use, and emphasize responsibility and moderation at all times while providing specific guidance to the Brigade regarding the responsible use of alcohol through the Naval Academy's alcohol policy.

(6) Act as a liaison between a Midshipman's chain of command and the SARP staff. This includes ensuring completeness and proper routing of chain of command screening forms, as well as, coordinating treatment programs with input from the Midshipman's respective chain of command, determining appropriate aftercare programs for individual Midshipmen and informing their chain of command of SARP screening and treatment results.

(7) Submit waivers for commissioning on all Midshipmen that are known to have successfully completed treatment, treatment aftercare and are otherwise qualified, before or during their time as a Midshipman at the Naval Academy.

(8) Provide Company Officers, Company Senior Enlisted Leaders, Midshipmen ADEOs and staff with resources, training, supervision and other assistance required to carry out their duties.

(9) Serve as advisor to the Commandant on issues related to the management of alcohol use and the prevention of drug and alcohol abuse within the Brigade of Midshipmen.

(10) Oversee the midshipman ADEO chain of command.

(11) Plan, organize and oversee the Alcohol Working Group, to include quarterly meetings.

(12) Support the random alcohol testing program per reference (g).

f. Brigade Midshipman Alcohol and Drug Education Officer. As a part of the Brigade Commander's staff, work in support of the Naval Academy's ADEO to facilitate the Alcohol and Drug prevention and education program. Also, serve as the liaison between the Naval Academy ADEO and the Midshipmen ADEO staff to include Battalion ADEOs and Company ADEOs.

(1) Support the Naval Academy alcohol policy and the "Right Spirit" campaign throughout the Brigade of Midshipmen.

(2) Attend required training from the Naval Academy's ADEO, SARP counselors and the Midshipmen Development Center's staff pursuant to the effective performance of their duties. This includes DAPA training from the Naval Academy ADEO.

g. Midshipman Battalion Alcohol and Drug Education Officer. The Battalion ADEOs are assigned the responsibility to work in conjunction with the Naval Academy's ADEO and supervise alcohol abuse education and prevention within their battalions. They are supervised directly by the Brigade ADEO and the Naval Academy ADEO.

(1) Support the Naval Academy's Alcohol Policy and the "Right Spirit" campaign throughout the Brigade of Midshipmen.

(2) Seek training from the Naval Academy's ADEO, SARP counselors and the Midshipmen Development Center's staff pursuant to the effective performance of their duties. This includes DAPA training from the Naval Academy ADEO.

(3) Actively engage the Company ADEOs to ensure task completion and proper handling of alcohol abuse education, training and treatment processing.

(4) Ensure the Naval Academy ADEO receives all screening paperwork that originates from companies within their battalions in a timely fashion, usually three business days.

(5) Actively assist the Naval Academy's ADEO in tracking Midshipmen assigned to their battalion and their education, training, screening, treatment and aftercare.

h. Midshipman Company Alcohol and Drug Education Officer. The Company ADEOs are primarily assigned the responsibility for alcohol education and prevention within their companies. The Midshipman Second Class Company Character Representative will be assigned as the Company ADEO and will be directly supervised by the Company Officer and Senior Enlisted Leader.

(1) Support the Naval Academy's Alcohol Policy and the "Right Spirit" campaign throughout their companies.

(2) Seek training from the Naval Academy's ADEO, SARP counselors and the Midshipmen Development Center's staff pursuant to the effective performance of their duties. This includes DAPA training from the Naval Academy ADEO.

(3) Ensure Naval Academy's ADEO receives all screening paperwork that originates from within their companies in a timely fashion within three business days.

(4) Actively assist the Academy's ADEO in tracking Midshipmen assigned to their company and their education, training, screening, treatment and aftercare.

i. Battalion Officers. Directly responsible to the Commandant of Midshipmen for the treatment and progress of the Midshipmen assigned to their battalions with diagnosed alcohol abuse or dependency.

(1) Ensure that Company Officers and Senior Enlisted Leaders within their battalion promote and appropriately support the Naval Academy's Alcohol Policy and the "Right Spirit" campaign.

(2) Oversee Company Officers and Senior Enlisted Leaders to monitor the progress of the Midshipmen training and treatment within their battalion.

(3) Provide input and recommendation on the ADEO screening form for all Midshipmen in his/her battalion in preparation for a SARP screening and assessment.

j. Company Officers

(1) Utilize the efforts and resources of the Naval Academy ADEO and the Alcohol and Drug Abuse Prevention Program in their respective company to ensure adequate alcohol abuse prevention training is administered and to promote a responsible attitude toward the use of alcohol focusing on early identification and treatment of any alcohol abuse or dependency.

(2) Appoint Midshipmen Company ADEOs to support the Naval Academy Alcohol Policy and alcohol and drug prevention education efforts both for the Brigade as well as for their respective company. Assist the USNA ADEO in the supervision of their designated Company ADEO.

(3) Enforce the standards in the Naval Academy's Alcohol Policy and hold Midshipmen in the company strictly accountable for their behavior with respect to their responsible use of alcohol.

(4) Initiate the SARP intervention and treatment system for all Midshipmen involved in alcohol related incidents or believed to have a problem with drugs or alcohol, or those who self-refer themselves for alcohol treatment.

(5) Thoroughly complete and forward SARP screening forms to the Naval Academy ADEO. Also, coordinate with the Naval Academy ADEO for appropriate SARP counselor screening times, treatment schedules and aftercare programs for Midshipmen from his/her company.

(6) Track Midshipman progress and treatment/meeting attendance per the specific aftercare requirements.

(7) Administer command level intervention and training in coordination with a return to full duty determination from the SARP counselors. Coordinate with the Naval Academy AEDO for appropriate educational and training tools for one-on-one training and intervention with midshipmen involved in an alcohol related incident.

(8) Serve as Alcohol Testing Facilitators per reference (k).

k. Company Commander. Work directly with the Company Officer and Company ADEO to formulate an education and prevention plan and fully support it.

(1) Ensure the Company ADEO is kept apprised of any Midshipman involved in an alcohol related incident.

(2) Enforce the standards in the Naval Academy's Alcohol Policy and hold Midshipmen in the company strictly accountable for their behavior with respect to their responsible use of alcohol.

(3) Provide input and recommendation on the ADEO screening form for all Midshipmen in his/her company in preparation for a SARP screening and assessment.

l. Platoon Commander. Enforce the standards in the Naval Academy's Alcohol Policy and hold Midshipmen in the platoon strictly accountable for their behavior with respect to their use of alcohol.

(1) Provide input and recommendation on the ADEO screening form for all midshipmen in his/her platoon in preparation for a SARP screening and assessment.

m. Squad Leader. Enforce the standards in the Naval Academy's Alcohol Policy and hold Midshipmen in the squad strictly accountable for their behavior with respect to their use of alcohol.

(1) Provide input and recommendation on the ADEO screening form for all Midshipmen in his/her squad in preparation for a SARP screening and assessment.

n. Director, Mental Health Facilities, US Naval Academy. The director, or their designated representative (licensed and qualified mental health specialist), shall review and confirm diagnosis and treatment recommendations made by the Substance Abuse Rehabilitation Program (SARP) counselor.

o. Substance Abuse Rehabilitation Program (SARP) Counselor

(1) Provide prevention, consultation, education and training services and resources for the Brigade of Midshipmen.

(2) Perform formal screening and assessment of Midshipmen who are referred by the command, or themselves, due to possible alcohol related problems and ensure diagnosis information is made available to the Midshipman's company officer via the Naval Academy ADEO.

(3) Make appropriate entries in the outpatient medical record to document the services provided.

(4) Assist the Naval Academy ADEO in arranging the logistics for the proper level of intervention or treatment.

(5) Oversee the Continuing Care services for all Midshipmen returning from successful completion of substance abuse or dependence treatment. Review the Aftercare Plan provided to the Midshipman by the treatment facility and recommend in writing to the Commandant any needed alterations based upon the individual needs of the Midshipman. Upon completion of Continuing Care, provide the USNA ADEO and respective Company Officer with a letter stating successful completion.

p. Brigade Urinalysis Program Officer. The Brigade Urinalysis Program Officer will serve to oversee the Brigade Urinalysis Program. Specific assigned duties include the following:

(1) Assure that all Company Officers and Senior Enlisted Advisors are properly trained and designated as Urinalysis Program Coordinators (UPC).

(2) Assure that all other designated UPCs are properly trained and designated.

(3) Maintain the Department of the Navy's required quota for random and unit-sweep urinalyses per reference (a).

(4) Provide to the Deputy Commandant of Midshipmen a schedule for all random and unit-sweep urinalyses.

(5) Assure that confirmation messages are received for all urinalysis tests conducted.

(6) Maintain records of all Urinalysis results for a period of 5 years.

(7) Procure and box together all Urinalysis supplies and pass out to Companies.

q. Brigade Urinalysis Program Assistant. The Brigade Urinalysis Program Assistant will assist the Brigade Urinalysis Officer in his or her duties. The Brigade Urinalysis Program Assistants' primary duty is to use the Navy's program for Urinalysis paperwork, Navy Drug Screening Program (NDSP) 5.2.3, to prepare barcode documents, stickers, and other related paperwork for Unit Sweep and Random Sweep Urinalysis.

r. All Midshipmen. All Midshipmen are responsible for adhering to the Naval Academy Alcohol Policy and for their personal decisions relating to drug and alcohol use and are fully accountable for any substandard performance or illegal acts resulting from such use. Midshipmen arrested for an alcohol-related offense under civil authority, shall promptly notify their COC. Failure to do so may constitute an offense punishable under Article 92, UCMJ. Additional responsibilities include:

(1) Reporting known or suspected incidents of drug abuse or trafficking to their COC, security agency (e.g., base police), or local NAVCRIMINSERV office. Members having non-privileged information of an offense committed by a person in the Naval

Service, including a drug offense, are required by U.S. Navy Regulations to report such an offense. Failure to do so may constitute an offense punishable under Article 92, UCMJ.

(2) Encouraging members suspected of having an existing or potential alcohol use problem to seek assistance.

(3) Notifying the COC immediately when drug or alcohol abuse exists or is suspected.

s. Alcohol Working Group (AWG). The AWG provides oversight for all efforts to prevent alcohol and drug abuse by Midshipmen. The members of this team provide a forum for policy review, monitor the use of alcohol and drugs in the Brigade, develop and oversee the implementation of education and prevention programs, and advise the Commandant on matters related to alcohol and drugs. This working group shall develop and recommend to the Commandant options for alternative liberty activities that provide viable, interesting and enjoyable alternatives to the use of alcohol.

(1) The AWG should meet quarterly, but may meet more frequently as needed. Meeting minutes will be compiled by the Brigade ADEO or the ADEO and forwarded to the AWG members within 10 working days of each meeting.

(2) The Deputy Commandant serves as Chairman of the AWG. Membership will include but are not limited to the following:

- (a) Deputy Commandant
- (b) Deputy for Character Programs
- (c) ADEO
- (d) Senior Medical Officer/Brigade Medical Officer
- (e) Midshipmen Development Center representative
- (f) SARP representative
- (g) Battalion Officer representative
- (h) Company Officer representative
- (i) Commandant's Legal Advisor

- (j) Commandant's Conduct Officer
- (k) Commandant's Training Officer
- (l) SAVI
- (m) Chaplain
- (n) USNA Security representative
- (o) Faculty representative
- (p) Brigade Master Chief/Senior Enlisted representative' (s)
- (q) Brigade ADEO
- (r) Brigade SAVI
- (s) Midshipman representative(s)

9. Prevention Programs. Aggressive education and prevention programs aimed at decreasing the incidence of alcohol misuse will be coordinated by the ADEO. These programs shall include the following components:

a. Midshipman Candidate Early Intervention Programs

(1) Permit to Report. In the "Permit to Report" packet, sent to candidates who have accepted an offer of appointment before their arrival at the Naval Academy, the candidates are advised of the Navy's alcohol and drug policies via enclosure (4) and are informed that they will be subjected to alcohol and drug screening upon their arrival at the Naval Academy. Also included in the packet are the National Agency Check questionnaire, which solicits past history related to alcohol and drug problems, and the Navy's Statement of Understanding form.

(2) Statement of Understanding. Reference (c) requires that every new inductee into the Navy receive a brief on the Navy's alcohol and drug policies and sign the Drug and Alcohol Abuse Statement of Understanding, enclosure (5) to ensure that they are aware of the Navy's alcohol and drug policies and will comply with them. All Midshipman candidates must review, sign, and return this form with their permit to report package. They receive the associated brief during Plebe Summer.

(3) New Accession Alcohol Testing. Reference (c) requires that all Midshipman candidates be tested with an alcohol

breathalyzer on Induction Day. Any candidate with a Blood Alcohol Content of 0.05 or greater will be sent to the Senior Medical Officer for evaluation.

(4) New Accession Drug Testing. Reference (c) requires that all Midshipmen receive urine drug testing within the first 72 hours of their induction. Reference (c) also requires that candidates with a positive drug screen be barred from entry into the military in any capacity, and any candidate testing positive for any illicit drug(s) be out processed immediately.

(5) Candidates with Alcohol or Drug Diagnoses. Candidates who have received a diagnosis of alcohol abuse prior to admission may be admitted to the Naval Academy only with the explicit approval of the Superintendent. Candidates who have received a diagnosis of alcohol or drug dependence may not be admitted as stipulated in reference (a).

(6) Candidates with Prior Alcohol Problems. Admissions will provide the names of candidates with known prior alcohol problems to the Deputy Commandant. This information will be used in the evaluation and disposition of such Midshipmen in the event they encounter future problems with alcohol use while at the Naval Academy.

10. Intervention and Treatment. Treatment for alcohol abuse and dependency is available, when needed, to all Midshipmen through the Substance Abuse Rehabilitation Program (SARP) per reference (a). Intervention at the earliest possible time and lowest level is one of the leading philosophies of this instruction. It is intended, primarily, that the individual realize a lack of responsible alcohol use within themselves and either change their actions or self-refer, utilizing reference (a), for possible treatment. However, when an individual is misusing alcohol it is the responsibility of their peers or immediate chain of command to intervene and stop the further abuse of alcohol. This intervention may be in the form of on-the-spot counseling, removal from the situation, or involvement of the chain of command or Naval Academy duty personnel. Reference (a) describes three methods by which a Navy member can be referred for potential alcohol treatment needs; incident, command, and self-referrals. All referrals shall be forwarded to the ADEO with enclosure (1), an ADEO Screening Form, completed by the Company Officer and Senior Enlisted Advisor, when appropriate. The ADEO is responsible for assuring that all referred Midshipmen are forwarded to the SARP for screenings.

a. Incident-referrals (Post-incident referral)

(1) An alcohol incident is an offense, punishable under the UCMJ, Administrative Conduct system, or civilian laws, committed by a Midshipman, to which, in the judgment of the Commandant of Midshipmen or Superintendent, the Midshipman's consumption of alcohol was a contributing factor. Alcohol abuse/dependent screening is mandatory for members who are involved in an alcohol incident regardless of rank or status. Company Officers are responsible for obtaining DAPA (ADEO) and medical (SARP) screenings for all members who incur alcohol incidents. The following are examples of events after which Midshipmen shall be screened:

- (a) DUI/DWI
- (b) Drunkenness or drunk and disorderly conduct
- (c) Alcohol offenses as defined by reference (d)
- (d) Alcohol-related civilian arrest
- (e) Alcohol-related spouse/family member abuse
- (f) Alcohol-related courtesy turnover by shore patrol, base or local police
- (g) Incompetence for duty due to alcohol intoxication or impairment.

(2) The above list is for illustrative purposes and is not all-inclusive. Chain of Command should consult with the ADEO, Legal Officer, SARP, or COMNAVPERSCOM (PERS-602) for additional guidance and clarification as required.

b. Command-referrals. When the Commandant, Deputy Commandant, Battalion Officer, Company Officer, or Company Senior Enlisted Leader determines a Midshipman should be evaluated for a potential alcohol problem the Midshipman shall be forwarded to the ADEO as a command referral. A command-referral is necessary whenever there is evidence of a pattern of recurrent irresponsible use of alcohol, especially if a Midshipman appears to be losing control and/or suffers repeated adverse consequences. Examples of events for which Midshipmen should be command referred generally include any isolated incidents of alcohol-related misconduct or other alcohol related problems, such as:

- (1) Severe drunkenness
- (2) Alcohol-related physical illness

(3) Any concerns about unhealthy or irresponsible alcohol use (e.g., alcohol consumption that adversely affects academic or military performance).

c. Peer and Self-referrals

(1) A Midshipman who desires treatment or counseling for alcohol problems may initiate the process by disclosing the nature and extent of his or her problem to qualified self-referral representatives, as defined below. The Midshipman shall not face disciplinary action for activities disclosed during the self-referral process, provided there is no credible evidence of the Midshipman's involvement in an alcohol-related incident other than evidence provided by the Midshipman during the self-referral process. Evidence discovered by Academy authorities prior to or after the self-referral may be the basis for processing under references (d), (e), and (f), provided the evidence is obtained independently from the self-referral. A self-referral for evaluation of alcohol use by a Midshipman is strongly preferred as a reflection of a Midshipman's personal responsibility. Furthermore, Midshipmen are urged to seek help as soon as there is concern about their use of alcohol since earlier intervention is simpler and less likely to have negative consequences. If the evaluation results in no diagnosis of alcohol abuse or alcohol dependence, reference (g) stipulates there will be no record of the evaluation in the Midshipman's permanent outpatient health record. However, any evaluation resulting in a diagnosis of alcohol abuse or alcohol dependence will be documented in the Midshipman's permanent medical record, and treatment will be mandated.

(2) Self-Referral for Drugs

(a) A Midshipman who desires treatment or counseling for drug abuse may initiate the process by disclosing the nature and extent of their problem to qualified self-referral representatives, as defined below. All Midshipmen who self-refer for drug abuse and conform to all requirements for self-referral per reference (a) shall be screened for drug dependency. All midshipmen who abuse drugs, including those who self-refer, will be processed for administrative separation.

1. A Midshipman who screens as drug dependent shall be considered a valid self-referral and shall be exempt from disciplinary action solely on the basis of the self-referral. Notwithstanding a valid self-referral for drug abuse, appropriate administrative or disciplinary action under

references (d), (e), and (f) may be taken for drug abuse occurring either before or after the self-referral, based upon evidence obtained independently from the valid self-referral.

2. A Midshipman who screens as "not drug dependent" shall not be considered a valid self-referral and will not be exempt from appropriate administrative or disciplinary action under references (d), (e), and (f) on the basis of the self-referral.

(b) Any Midshipman who has been notified of the requirement to submit, or who has actually submitted, a urine sample for analysis under any testing premise is ineligible to participate in the self-referral program until the results of the urinalysis have been received by Academy authorities and all disciplinary and administrative actions have been resolved.

(3) Qualified Self-Referral Representatives. Midshipman ADEO Staff that receive possible self-referrals should immediately direct the individual to one of the listed representatives. Midshipmen may self-refer only to the following personnel, who are designated as qualified self-referral representatives:

- (a) Commandant of Midshipmen
- (b) Deputy Commandant
- (c) USNA ADEO
- (d) Midshipmen Development Center
- (e) Battalion Officers
- (f) Company officers
- (g) Company Senior Enlisted Advisors
- (h) SARP personnel
- (i) Chaplains assigned to the Naval Academy

(j) Department of Defense and Department of the Navy medical personnel, including Naval Medical Clinic personnel.

## 8. Screening and Diagnosis

- a. All Midshipman incident-referrals, command-referrals, and

self-referrals shall be screened by the USNA SARP counselors. Furthermore, all positive urinalyses for drug use shall be screened by USNA SARP personnel. Screening and intervention will be rapid.

b. The ADEO will serve as the command liaison for all midshipman alcohol or drug referrals. Upon receipt of the completed ADEO screening form, enclosure (3), the ADEO, with proper COC input, will arrange a SARP screening. If a Midshipman self-refers to someone other than the Company Officer or Senior Enlisted Leader, the ADEO will complete the ADEO screening form and forward the Midshipman to the SARP for screening. In emergent cases where the SARP is unavailable, the ADEO will refer cases to the MDC for screening and diagnosis. Once a determination has been made, the ADEO will inform the chain of command and work in coordination with them to monitor the progress of the Midshipman.

c. SARP Annapolis has primary responsibility for the screening of all alcohol and drug related midshipman referrals. Given the information revealed in the screening, the SARP will make a determination as to any medical diagnosis, according to reference (i) criteria, as follows:

- (1) No diagnosis
- (2) Abuse (Alcohol or drug)
- (3) Dependence (Alcohol or drug), with or without physiological dependence

d. SARP Annapolis will also make a determination as to any type of treatment or intervention that may be necessary, according to reference (j), as follows:

- (1) Return to full duty; No further action required
- (2) Alcohol and Drug IMPACT (Level .5)
- (3) Outpatient treatment (Level 1)
- (4) Intensive Outpatient treatment (Level 2)
- (5) Inpatient treatment (Level 3)
- (6) Medically Managed Care (Level 4)

e. Regardless of diagnosis, patients are only placed into the appropriate level of treatment commensurate with their clinical needs, per reference (a). If there is a recommended diagnosis or treatment, the Midshipman's case will be reviewed by a Licensed Independent Practitioner (LIP) for verification.

f. Once the SARP confirms diagnostic and treatment information via a LIP, a letter will be sent to the Commandant of Midshipmen via the ADEO.

g. The ADEO is responsible to keep the Deputy Commandant informed of all recommendations for Midshipmen to attend treatment. The ADEO also shall work in coordination with the COC to process and track all Midshipmen requiring clinical intervention.

9. Clinical Intervention. The ADEO, along with the Midshipman's chain of command, is responsible for assuring that all diagnosed Midshipmen are sent to the appropriate level of treatment. If a diagnosis of alcohol abuse or dependence is made, treatment is required if the Midshipman is to be retained at the Academy. If the Midshipman is either separated or resigns from the Naval Academy, that Midshipman will be offered treatment. Reference (a) allows a wide range of treatment options depending on the individual's needs and circumstances. Consistent with the Continuum of Care model of alcohol treatment, every Midshipman, who is evaluated for alcohol problems, will be provided the most rapid and appropriate level of intervention possible. Whenever possible and clinically appropriate, interventions will be used that will interfere minimally with the Midshipmen's academic, professional, and athletic responsibilities. Consistent with reference (a), every effort should be made to adjudicate any proceedings pending under references (d), (e), and (f) before Midshipmen are referred for formal alcohol treatment so that the pending legal proceedings do not cloud the Midshipmen's motivation and response to treatment. However, this does not preclude offering treatment to Midshipmen who are awaiting final disposition in a case if this is deemed to be in the best interests of the Midshipmen or the Naval Academy.

a. Alcohol and Drug-IMPACT (Level .5). An intensive early intervention and education program generally reserved for individuals who incur an alcohol related incident and are in need of intervention, but do not meet criteria for Outpatient (Level 1) treatment. Topics addressed include, but are not limited to: DWI laws and consequences, BAC education, civilian and Navy alcohol/drug policies and procedures, decision-making skills, stress management, personal values, and assertiveness training.

IMPACT is usually a 20-hour course in a classroom setting. At USNA the course is done individually, averaging 4 or more sessions, to better meet the clinical and scheduling needs of Midshipmen.

b. Outpatient (Level 1) Treatment. Midshipmen who meet reference (j) criteria for this level of treatment in most cases are not recommended for an abstinence-based outcome. Midshipmen will be evaluated for the most appropriate content, duration, and location of a treatment program given their pattern of use, attitudes, motivation, and schedule demands. Formal treatment programs may be postponed to the end of the semester, but interim interventions may be assigned to encourage the Midshipmen to develop more responsible attitudes toward alcohol.

c. Intensive Outpatient (Level 2) Treatment. Midshipmen who meet reference (j) criteria for an abstinence-based outcome, frequently carrying an alcohol dependence or chronic alcohol abuse diagnosis, should be treated as rapidly as possible. This level of treatment is as comprehensive as Level 3, usually with slightly less structure/accountability. Interim interventions in lieu of treatment are highly discouraged for personnel assigned to this level of intervention or higher.

d. Inpatient/Residential (Level 3) Treatment. Midshipmen meeting reference (j) criteria for this level of treatment require comprehensive, full-time care (monitoring) to achieve treatment goals in this wholly abstinence based program. This level of care occurs closest at SARP Norfolk with lodging and strict accountability maintained by the SARP facility. Day to day activities for patients tend to be very similar to Level 2 services.

e. Medically Managed Care (Level 4). Used for Midshipmen requiring immediate detoxification and/or mental health services prior to formalized treatment start. This is a temporary level of care and a patient will be reassessed and transferred to the appropriate care facility as soon as conditions are medically stable.

10. Pre-Treatment. As soon as an individual is recommended for a level of treatment (Level 1-3), pre-treatment appointments with the SARP shall commence if the commencement date of the prescribed treatment is more than 30 days. Pre-treatment meetings with the SARP should happen at least monthly and may be individual or in a group setting.

11. Aftercare Program. Midshipmen who satisfactorily complete Level 1 through Level 3 treatment are automatically enrolled in a structured aftercare program. Aftercare is the responsibility of the chain of command, with assistance from the ADEO, and shall last for 12 months following the successful completion of treatment. This program is derived from the recommendations of the treatment facility and is comprised of the COC monitoring of a Midshipman's status and the clinical Continuing Care program. Typical aftercare may consist of periodic COC/ADEO meetings to review AA attendance (if applicable), address administrative problems, and answer questions for the Midshipman.

12. Continuing Care. The clinical aspect of the aftercare program, Continuing Care is considered the most important piece of any treatment continuum, and can be crucial to the success of anyone returning from a formalized treatment program. Continuing Care reinforces learned skills from treatment, eases the transition back to the command, and continually assesses progress, which assists the ADEO and COC with administrative decisions. During this period, the Midshipmen are in a probationary status, are carefully monitored for inappropriate use of alcohol, and attend regular sessions with the SARP. As directed by reference (a), the COC is responsible, through the ADEO, for implementing and actively monitoring the Continuing Care and Aftercare programs. The SARP is responsible for modifying Continuing Care services to meet the needs or circumstances of the individuals, to include when program completion is warranted. Further ARIs by any Midshipman who has received previous treatment for alcohol abuse or dependence may result in processing for separation. This is documented at the completion of treatment and signed by the Midshipman to show knowledge of this fact. Enclosure (7) is a sample of the document that is specified to each individual's needs and a copy is maintained by the ADEO and COC after signing.

a. Alcohol Abuse. Continuing Care for alcohol abuse is typically six months. The duration may be clinically modified by the SARP, based on progress and prognosis, on a case-by-case basis.

b. Alcohol Dependence. Continuing Care for alcohol dependence is typically six months to one year in length. Midshipmen who have been diagnosed as alcohol dependent must refrain from all alcohol use. Commissioning may need to be delayed to allow for an appropriate duration of continued care for some First-Class Midshipmen.

13. Disposition

a. Management of Alcohol and Drug Problems. Midshipmen involved in incidents relating to alcohol or drug abuse are subject to processing per references (d), (e), and (f). All incidents involving alcohol or illicit drugs will be regarded as Midshipmen conduct problems as prescribed by reference (d).

b. Satisfactory Completion of Treatment. Upon satisfactory completion of alcohol treatment, Midshipmen generally will be conditionally retained pending satisfactory completion of their formal aftercare program. Midshipmen permitted to enter treatment prior to processing per references (b), (d), (e), and (f), however, may be processed after completion of treatment and remain subject to separation.

c. Treatment Failures. The Navy is committed to providing quality care for all members in need of alcohol abuse/dependency treatment. Per reference (a), however, USNA shall process for administrative separation all Midshipmen considered to be treatment failures unless a written waiver is obtained from COMNAVPERSCOM, per reference (a).

(1) The following are examples of treatment failures:

(a) Any Midshipman who incurs a serious alcohol incident any time in his/her career after a period of treatment that was precipitated by a prior incident.

(b) Any Midshipman who has incurred an alcohol incident or has self-referred, and has been screened by medical and found to be in need of treatment, and who commences but subsequently fails to complete treatment or incurs a second alcohol incident. (Conduct which amounts to a refusal, failure to complete, or non-amenability must be determined by the medical officer (MO)/licensed independent practitioner (LIP). Conduct which amounts to a second incident shall be determined by the Commandant of Midshipmen or the Superintendent).

(c) Any Midshipman who fails to participate in, follow, or successfully complete the medically prescribed and command-approved aftercare plan. (This determination must be made by the Commandant of Midshipmen or the Superintendent in consultation with the ADEO and the MTF/ATF.)

(d) Any Midshipman who returns to alcohol abuse at any time during his/her career following treatment, and is determined to be a treatment failure by an appropriate LIP or MO.

(2) A Midshipman who incurs a relapse (return to drinking) without incident, after which he/she self-refers, is not necessarily considered a treatment failure, and shall be referred to a MTF/ATF for appropriate determination.

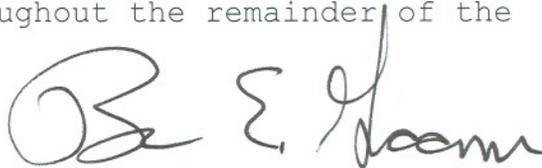
(3) Any Midshipman who self-refers and is diagnosed to be in need of treatment and subsequently refuses treatment may be subject to disciplinary and/or adverse administrative action. If in the judgment of the Commandant of Midshipmen or Superintendent, the purported self-referral is determined to be a fraudulent attempt to avoid assignment to unwanted duty or transfer, or to take unjust advantage of acquired education or other incentive, the Commandant of Midshipmen should administer appropriate disciplinary action and may return the Midshipman to duty or process for administrative separation.

(4) Midshipmen who meet any of the above definitions for treatment failure shall be processed for separation per reference (b).

d. Waivers for Special Duty Programs. Midshipmen with a history of alcohol abuse or alcohol dependence must obtain a waiver in order to qualify for service in special duty programs, including Aviation. Upon successful completion of treatment, the ADEO will forward waiver requests to the Senior Medical Officer, who will coordinate formal waiver request submissions to the Chief of Naval Personnel. As an exception to the general rule permitting the moderate consumption of alcohol, commissioning in any aviation warfare specialty requires continued abstinence after the completion of abuse or dependence treatment. All Midshipmen are informed of this exception prior to screening, but all Midshipmen seeking a commission in an aviation community shall be reminded that continued abstinence is required during and at the completion of their aftercare program.

e. Requirements Prior to Administrative Separation. Reference (a) mandates that members who are diagnosed as alcohol dependent or as alcohol abusive be offered appropriate treatment prior to separation. Reference (a) further stipulates that members who obtain a positive urinalysis for illicit drugs must be referred for a substance abuse screening. If any Midshipman is found to be abusive or dependent on drugs, they also must be offered treatment prior to separation. This alcohol or drug treatment is not required if Midshipmen have already received treatment through the military for alcohol or drugs, and it may be declined in writing by the Midshipmen. This refusal will be documented in their medical records via enclosure (6).

14. Documentation. Any alcohol evaluation or intervention performed by MDC or SARP will comply with established limits of confidentiality as discussed in reference (g). The SARP will not document in the midshipman's permanent medical record unless there is a medical diagnosis of alcohol abuse or dependence. When a medical diagnosis of alcohol abuse or alcohol dependence is made by any military health care provider (e.g., MDC, SARP, Naval Medical Clinic Annapolis Mental Health Department personnel, or SARP Bethesda) a copy of the evaluation will be placed in the midshipman's permanent medical record and the case will be referred to the ADEO for disposition and processing in accordance with this instruction. When treatment is completed, the treatment facility will provide documentation to the COC and the ADEO will forward a request for commissioning waiver, if applicable. At the end of the continued care program, SARP will provide documentation and recommendations to the COC for use in the continued monitoring throughout the remainder of the aftercare program.

A handwritten signature in black ink, appearing to read "Bruce E. Grooms". The signature is stylized and cursive.

BRUCE E. GROOMS

Distribution:  
C-1 (Electronically)  
Naval Medical Clinic

## Males

### Number of Drinks

Body Weight	1	2	3	4	5	6	7	8	9	10
100 #	.043	.087	.130	.174	.217	.261	.304	.348	.391	.435
125 #	.034	.069	.103	.139	.173	.209	.242	.278	.312	.346
150 #	.029	.058	.087	.116	.145	.174	.203	.232	.261	.290
175 #	.025	.050	.075	.100	.125	.150	.175	.200	.225	.250
200 #	.022	.043	.065	.087	.108	.130	.152	.174	.195	.217
225 #	.019	.039	.058	.078	.097	.117	.136	.156	.175	.195
250 #	.017	.035	.052	.070	.087	.105	.122	.139	.156	.173

## Females

### Number of Drinks

Body Weight	1	2	3	4	5	6	7	8	9	10
80 #	.053	.106	.156	.212	.265	.318	.371	.424	.477	.529
100 #	.050	.101	.152	.203	.253	.304	.355	.406	.456	.507
125 #	.040	.080	.120	.162	.202	.244	.282	.324	.364	.404
150 #	.034	.068	.101	.135	.169	.203	.237	.271	.304	.338
175 #	.029	.058	.087	.117	.146	.175	.204	.233	.262	.292
200 #	.026	.050	.076	.101	.126	.152	.177	.203	.227	.253
225 #	.022	.045	.068	.091	.113	.136	.159	.182	.204	.227

## Time Factor Table

Hours since first drink	1	2	3	4	5	6
Subtract from BAC	.015	.030	.045	.060	.075	.090

# Personal Limitations Worksheet

I, \_\_\_\_\_, have received semi-annual training on the responsible use of alcohol and Naval Academy Alcohol Policy. I am a M/F and weigh approximately \_\_\_\_\_ lbs. According to the blood alcohol concentration chart, if I consume \_\_\_\_\_ standard alcoholic drinks in a three hour time frame, it would result in an approximate BAC of .08.

I fully understand the Naval Academy's policy on alcohol and principles of "0-0-1-3" guideline.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
MIDN USN

# How To Calculate Your Estimated Blood Alcohol Content / BAC

You can also view the "[BAC Comparison Over Time](#)" Chart.

Showing estimated percent of alcohol in the blood by number of drinks in relation to body weight. This percent can be estimated by:

1. Count your drinks (1 drink equals 1 ounce of 100-proof liquor, one five ounce glass of table wine or one 12-ounce bottle of regular beer).
2. Use the chart below and under number of "drinks" and opposite "body weight" find the percent of blood alcohol listed.
3. Subtract from this number the percent of alcohol "burned up" during the time elapsed since your first drink. This figure is .015% per hour. (Example: 180 lb. man - 6 drinks in 3 hours / .13% minus (.015x3) = .085 %

ALCOHOL IMPAIRMENT CHART									
MALES									
APPROXIMATE BLOOD ALCOHOL PERCENTAGE									
DRINKS*	BODY WEIGHT IN POUNDS								EFFECT ON PERSON
	100	120	140	160	180	200	220	240	
0	.00	.00	.00	.00	.00	.00	.00	.00	ONLY SAFE DRIVING LIMIT
1	.04	.03	.03	.02	.02	.02	.02	.02	IMPAIRMENT BEGINS.
2	.08	.06	.05	.05	.04	.04	.03	.03	
3	.11	.09	.08	.07	.06	.06	.05	.05	DRIVING SKILLS SIGNIFICANTLY AFFECTED.
4	.15	.12	.11	.09	.08	.08	.07	.06	
5	.19	.16	.13	.12	.11	.09	.09	.08	** CRIMINAL PENALTIES IN MOST STATES
6	.23	.19	.16	.14	.13	.11	.10	.09	LEGALLY INTOXICATED.
7	.26	.22	.19	.16	.15	.13	.12	.11	
8	.30	.25	.21	.19	.17	.15	.14	.13	CRIMINAL PENALTIES IN ALL STATES
9	.34	.28	.24	.21	.19	.17	.15	.14	
10	.38	.31	.27	.23	.21	.19	.17	.16	

Subtract .01% for each 40 minutes of drinking.  
 \* One drink is equal to 1 1/4 oz. of 80-proof liquor, 12 oz. of beer, or 4 oz. of table wine.

\*\* 45 states have a .08 BAC per se law  
 AK, AL, AR, AZ, CA, CT, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, ND, NE, NH, NM, NC, NV, NY, OH, OK, OR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI and WY. [and D.C.] (Updated 11/20/03)

ALCOHOL IMPAIRMENT CHART										
FEMALES										
APPROXIMATE BLOOD ALCOHOL PERCENTAGE										
DRINKS*	BODY WEIGHT IN POUNDS								EFFECT ON PERSON	
	90	100	120	140	160	180	200	220	240	
0	.00	.00	.00	.00	.00	.00	.00	.00	.00	ONLY SAFE DRIVING LIMIT
1	.05	.05	.04	.03	.03	.03	.02	.02	.02	IMPAIRMENT BEGINS.
2	.10	.09	.08	.07	.06	.05	.05	.04	.04	
3	.15	.14	.11	.11	.09	.08	.07	.06	.06	DRIVING SKILLS SIGNIFICANTLY AFFECTED.
4	.20	.18	.15	.13	.11	.10	.09	.08	.08	
5	.25	.23	.19	.16	.14	.13	.11	.10	.09	** CRIMINAL PENALTIES IN MOST STATES
6	.30	.27	.23	.19	.17	.15	.14	.12	.11	LEGALLY INTOXICATED.
7	.35	.32	.27	.23	.20	.18	.16	.14	.13	
8	.40	.36	.30	.26	.23	.20	.18	.17	.15	CRIMINAL PENALTIES IN ALL STATES
9	.45	.41	.34	.29	.26	.23	.20	.19	.17	
10	.51	.45	.38	.32	.28	.25	.23	.21	.19	

Subtract .01% for each 40 minutes of drinking.  
 \* One drink is equal to 1 1/4 oz. of 80-proof liquor, 12 oz. of beer, or 4 oz. of table wine.

\*\* 45 states have a .08 BAC per se law  
 AK, AL, AR, AZ, CA, CT, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, ND, NE, NH, NM, NC, NV, NY, OH, OK, OR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI and WY. [and D.C.] (Updated 11/20/03)

## ADEO Screening Form

**General Information: Name (Last, First, MI):** \_\_\_\_\_  
SSN: \_\_\_\_\_ Alpha Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
CQPR: \_\_\_\_\_ Company: \_\_\_\_\_ Assigned or Collateral Duties: \_\_\_\_\_  
Performance Grades: 4/C: \_\_\_ / \_\_\_ 3/C: \_\_\_ / \_\_\_ 2/C: \_\_\_ / \_\_\_ 1/C: \_\_\_ / \_\_\_.  
Conduct Grades: 4/C: \_\_\_ / \_\_\_ 3/C: \_\_\_ / \_\_\_ 2/C: \_\_\_ / \_\_\_ 1/C: \_\_\_ / \_\_\_.  
Free Periods: M: \_\_\_\_\_ T: \_\_\_\_\_ W: \_\_\_\_\_ R: \_\_\_\_\_ F: \_\_\_\_\_

**Date/Description of Incident and Current Disposition (include BAC, if any) OR  
Reason for Self or Command Referral (describe the reason for concern):**

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**Conduct History with emphasis of any alcohol association (Prior incidents with date of each offense)**

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**Company Midshipman supervisor (Sqd Leader/Platoon CDR or next up in Chain of Command):**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Your opinions/perceptions of midshipman's alcohol use (specific information helpful but not necessary):

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**Company ADEO:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Your opinions/perceptions of midshipman's alcohol use (specific information helpful but not necessary):

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**Senior Enlisted Representative Information:**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Phone: \_\_\_\_\_

**Comments regarding Midshipman's performance and additional concerns/comments of the midshipman's alcohol use:**

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**Company Officer Information:**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Phone: \_\_\_\_\_

**Comments regarding Midshipman's performance or additional concerns/comments of the midshipman's alcohol use:**

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# Personal Limitations Worksheet

I, \_\_\_\_\_, have received annual training on the responsible use of alcohol and Naval Academy Alcohol Policy. I am a M/F and weigh approximately \_\_\_\_\_ lbs. According to the blood alcohol concentration chart, if I consume \_\_\_\_\_ standard alcoholic drinks in a three hour time frame, it would result in an approximate BAC of .08.

I fully understand the Naval Academy's policy on alcohol and principles of the "0-0-1-3" guideline.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
MIDN USN

# How To Calculate Your Estimated Blood Alcohol Content / BAC

Showing estimated percent of alcohol in the blood by number of drinks in relation to body weight. This percent can be estimated by:

1. Count your drinks (1 drink *equals* 1 ounce of 100-proof liquor, one five ounce glass of table wine or one 12-ounce bottle of regular beer).
2. Use the chart below and under number of "drinks" and opposite "body weight" find the percent of blood alcohol listed.
3. Subtract from this number the percent of alcohol "burned up" during the time elapsed since your first drink. This figure is .015% per hour. (Example: 180 lb. - 8 drinks in 4 hours / .167% minus (.015x4) = .107 %

<b>Hours since first drink</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Subtract from BAC</b>	.015	.030	.045	.060	.075	.090

## Males

### Number of Drinks

Ideal Body Weight	1	2	3	4	5	6	7	8	9	10
<b>100 #</b>	.043	.087	.130	.174	.217	.261	.304	.348	.391	.435
<b>125 #</b>	.034	.069	.103	.139	.173	.209	.242	.278	.312	.346
<b>150 #</b>	.029	.058	.087	.116	.145	.174	.203	.232	.261	.290
<b>175 #</b>	.025	.050	.075	.100	.125	.150	.175	.200	.225	.250
<b>200 #</b>	.022	.043	.065	.087	.108	.130	.152	.174	.195	.217
<b>225 #</b>	.019	.039	.058	.078	.097	.117	.136	.156	.175	.195
<b>250 #</b>	.017	.035	.052	.070	.087	.105	.122	.139	.156	.173

## Females

### Number of Drinks

Ideal Body Weight	1	2	3	4	5	6	7	8	9	10
<b>80 #</b>	.053	.106	.156	.212	.265	.318	.371	.424	.477	.529
<b>100 #</b>	.050	.101	.152	.203	.253	.304	.355	.406	.456	.507
<b>125 #</b>	.040	.080	.120	.162	.202	.244	.282	.324	.364	.404
<b>150 #</b>	.034	.068	.101	.135	.169	.203	.237	.271	.304	.338
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<b>200 #</b>	.026	.050	.076	.101	.126	.152	.177	.203	.227	.253
<b>225 #</b>	.022	.045	.068	.091	.113	.136	.159	.182	.204	.227

## ADEO Screening Form

**General Information: Name (Last, First, MI):** \_\_\_\_\_  
SSN: \_\_\_\_\_ Alpha Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
CQPR: \_\_\_\_\_ Company: \_\_\_\_\_ Assigned or Collateral Duties: \_\_\_\_\_  
Performance Grades: 4/C: \_\_\_ / \_\_\_ 3/C: \_\_\_ / \_\_\_ 2/C: \_\_\_ / \_\_\_ 1/C: \_\_\_ / \_\_\_.  
Conduct Grades: 4/C: \_\_\_ / \_\_\_ 3/C: \_\_\_ / \_\_\_ 2/C: \_\_\_ / \_\_\_ 1/C: \_\_\_ / \_\_\_.  
Free Periods: M: \_\_\_\_\_ T: \_\_\_\_\_ W: \_\_\_\_\_ R: \_\_\_\_\_ F: \_\_\_\_\_

**Date/Description of Incident and Current Disposition (include BAC, if any) OR  
Reason for Self or Command Referral (describe the reason for concern):**

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**Conduct History with emphasis of any alcohol association (Prior incidents with date of each offense)**

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**Company Midshipman supervisor (next up in Chain of Command):**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your opinions/perceptions of midshipman's alcohol use (specific information helpful but not necessary):

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**Company ADEO:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your opinions/perceptions of midshipman's alcohol use (specific information helpful but not necessary):

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**Senior Enlisted Representative Information:**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Phone: \_\_\_\_\_

**Comments regarding Midshipman's performance and additional concerns/comments of the midshipman's alcohol use:**

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**Company Officer Information:**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Phone: \_\_\_\_\_

**Comments regarding Midshipman's performance or additional concerns/comments of the midshipman's alcohol use:**

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**Battalion Officer Approval:**

Name/rank: \_\_\_\_\_

Signature of approval: \_\_\_\_\_

Dear Midshipmen of the Class of 20\_\_ and Parents:

I am writing this letter to provide information regarding the Navy and the Naval Academy's policies regarding alcohol and drug abuse. For most, this information merely reinforces standards that have already been taught in the home. However, I also recognize that our midshipmen—and soon to be inducted midshipmen—are not immune from societal influences.

The Navy's policy regarding drug abuse is one of "zero tolerance." Drug abuse is defined as the wrongful use or possession of a controlled substance and includes the use or possession of substances such as marijuana, LSD, cocaine, amphetamines or "ecstasy." The Navy's policy also prohibits unauthorized use of prescription medication and steroids. Midshipmen who abuse drugs will be mandatory processed for discharge from the Naval Academy. Consistent with Navy practice, the Naval Academy routinely conducts random urinalysis testing to detect illegal drug use. Each member of the Class of 20\_\_ will be tested upon reporting to the Naval Academy for induction.

The Navy's policy regarding alcohol is one of "responsible use." Through formal training, peer education and special events, the Naval Academy strives to deglamorize the use of alcohol. The responsible use of alcohol, however, is permitted within the bounds of applicable law and Naval Academy policy. The legal drinking age at the Naval Academy and in the surrounding area is twenty-one. Additionally, per Naval Academy policy, midshipmen are not permitted to consume alcohol during their first year of training at the Naval Academy, regardless of their age. Alcohol abuse, including underage drinking, may lead to discharge from the Naval Academy. Recognizing the importance of parents in helping children make responsible decisions regarding the use of alcohol, the Naval Academy will report all cases of underage alcohol abuse to parents.

I encourage parents to continue to take an active role in the lives of their children who are appointed as midshipmen. The Naval Academy has very high standards of personal conduct and although we dedicate significant resources to discourage alcohol and drug abuse, we recognize that we cannot replace the positive influence of dedicated parents. We all share a common goal of developing these fine young men and women. Your continued guidance is paramount.

Sincerely,

BRUCE E. GROOMS  
Captain, U.S. Navy  
Commandant of Midshipmen

# DRUG AND ALCOHOL ABUSE

## STATEMENT OF UNDERSTANDING

### Privacy Act Statement

The Navy is responsible for preventing drug and alcohol abuse by its members and for disciplining those who promote or engage in alcohol abuse. Navy personnel are subject to drug and alcohol testing methods, including urinalysis, to enforce this policy. Authority to obtain your social security number, which will be used for identification and filing, is provided by 5 U.S.C. 301 and Executive Order No. 9397 (NOTAL). Disclosure of your social security number is voluntary. Failure to disclose this information, however, will result in denial of your application.

I, \_\_\_\_\_ understand that:  
*(Full name - first, middle, last)*

INITIALS

1. Service in the United States Navy or Naval Reserve places me in a position of special trust and responsibility.

2. Drug abuse by members of the United States Navy is against the law; and drug and alcohol abuse, in general, violates Navy standards of behavior and duty performance and will not be tolerated.

3. The illegal or improper use of alcohol, marijuana, and other controlled substances endangers my health and the safety of other Navy men and women.

4. If I illegally or improperly use or possess alcohol or drugs, including marijuana, appropriate disciplinary and/or administrative action may be taken against me. In the case of drugs, this action may include trial by court-martial or administrative separation from the Navy. Administrative separation for drug abuse or separation in lieu of trial by court-martial could result in an Other Than Honorable Discharge. Conviction by court-martial of a drug related offense may lead to punitive separation. This can result in denial of education benefits, home loan assistance, and other benefits administered by the Department of Veteran of Affairs (DoVA). Additionally, a person receiving such a separation or discharge can expect to encounter substantial prejudice in civilian life in situations where the character of separation or discharge from the armed forces may have a bearing.

5. I understand the U.S. Navy's "Zero Tolerance" policy toward drug and alcohol abuse and that I will be screened by urinalysis testing for the presence of marijuana or other illegal drugs within 30 days of reporting for training. I further understand that a single detection of drug abuse after entry will result in disenrollment from an officer program and processing for separation from the Navy.

### CERTIFICATION

*I have read and fully understand all the information contained on this form.*

Typed/Printed Name *(last, first, middle)*

Grade/Rank *(If applicable)*

SSN

**MIDN 4/C**

Signature

Date

Responsible Use of Alcohol Checklist

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Event: \_\_\_\_\_

Event Date: \_\_\_\_\_

**SAMPLE**

Representative: \_\_\_\_\_

1. Training regarding proper alcohol use and etiquette is required for all who attend this function. **Describe the training that will be given in preparation for this event.** Please be sure that the training is in line with the planned event (i.e.: tailgates vs. dining ins/outs).

2. **Describe the plan for identifying and labeling those people who are of legal drinking age.** The ADEO has the prescribed wristbands that are to be worn as identifiers.

3. It is important to have an appropriate amount of alcoholic beverages. With respect to Naval Academy sanctioned events, 2 alcoholic beverages (12 oz beers or equivalent) per person (of legal drinking age) is deemed appropriate. Kegs or hard liquor are not to be used for any events. Ample non-alcoholic beverages should be present. **State that your organization understands these these regulations by mentioning each one individually.**

4. An alcohol free designated duty section is required at all events where alcohol is available. **Designate who will comprise this duty sections and discuss the goals and functions of the duty section with respect to the planned event.**

5. The Right Spirit should be ever present at all events where alcohol is available. **Describe how The Right Spirit will be present at your event.** The USNA ADEO, LT Rhodes (Rm 4109A, Ext 3-7707), has several options available depending on the event.

Company Commander: \_\_\_\_\_

Company Officer: \_\_\_\_\_

Battalion Officer: \_\_\_\_\_

USNA ADEO: \_\_\_\_\_

LT John H. Rhodes

\*In order to have alcoholic beverages served at any Naval Academy sanctioned event, this checklist must be completed and signed by the ADEO, LT Rhodes. This form should be attached to a chit for routing purposes. Battalion Officers have the ultimate approval for this chit for Company functions, and the Deputy Commandant will have ultimate approval for all ECA's. Please allow one week.

FOR OFFICIAL USE ONLY  
PERSONALIZED AFTERCARE PLAN

From: Commandant of Midshipmen, United States Naval Academy

To: Midshipman XXX

Subj: PERSONALIZED AFTERCARE PROGRAM PLAN

Ref: (a) Director, Substance Abuse Rehabilitation Program, Annapolis ltr  
5350 Series of DD MMM ICO Midshipman XXX X. XXX  
(b) OPNAVINST 5350.4C

1. You are enrolled in the command Aftercare Program through DDMMYY as a part of your ongoing treatment for alcohol abuse/dependency IAW Reference (a).
2. You will adhere to the following minimum requirements:
  - a. Abstain from all alcohol use for the duration of Continuing Care.
  - b. Participate in follow-up appointments with SARP (Annapolis) for the duration of Continuing Care.
  - c. Participate in any required Aftercare meetings with the ADEO/Chain of Command through DDMMYY.
  - d. Recommend participation in three Alcoholics Anonymous meeting per week for the duration of Aftercare and one per week for the two years following Aftercare *if interested in selecting Aviation*.
  - e. Refrain from returning to an abusive drinking lifestyle while in the military.
3. Your commitment to this plan is vital to your long-term health and recovery. Furthermore, per reference (b), failure to adhere to the guidelines cited above will be considered a "Treatment Failure" and may result in adverse administrative action and possible processing for separation.

BRUCE E. GROOMS

Copy to:  
ADEO

FOR OFFICIAL USE ONLY

Encl (7)

DD MMM YYYY

WAIVER OF RIGHT FOR TREATMENT OF ALCOHOL ABUSE/DEPENDENCE

I \_\_\_\_\_ have been advised that I was diagnosed with Alcohol Abuse/Dependence (DSM-IV 305.00/303.90), on DD MMM YYYY by the Mental Health Department of Naval Medical Clinic, Annapolis. I have also been advised that, as a result of this diagnosis, I am eligible for, and encouraged to complete treatment while on active duty. After considering this, I have decided to waive my right to treatment. I understand that waiving this right relieves the United States Navy from the responsibility of providing this treatment now and in the future. Should I desire to receive treatment for this diagnosis in the future, I will be responsible for any fees incurred.

Signature of Midshipman \_\_\_\_\_ Date \_\_\_\_\_

Signature of Provider/Witness \_\_\_\_\_ Date \_\_\_\_\_

Name:  
Alpha:  
SS#:  
Company:

## ACRONYMS AND DEFINITIONS

The following definitions are for use within the Navy Drug and Alcohol Abuse Prevention and Deglamorization Program and are not intended to modify the definitions found in statutory provisions, regulations, or other directives.

**0-0-1-3.** "0-0-1-3" stands for "0" alcoholic drinks for those under 21, "0" drinks, if driving, to preclude driving under the influence of alcohol, a maximum of "1" standard alcoholic drink per hour, and a maximum of "3" standard alcoholic drinks per occasion.

**AA (Alcoholics Anonymous).** Worldwide self-help organization consisting of a fellowship of recovering alcoholics whose primary purpose is to stay sober and help other alcoholics to achieve sobriety.

**Abuse.** For the purposes of this instruction, the word abuse is used as a general term meaning misuse, excessive use, or wrongful use, and is not intended to contradict or modify the use of the term "abuse" as used in clinical diagnosis.

**ADCO (Alcohol and Drug Control Officer).** An ADCO is a collateral duty position in second and third echelon commands. ADCOs oversee drug and alcohol abuse prevention programs in their claimancy.

**Addiction.** Addiction is characterized physiologically by tolerance (the need for a great amount of the drug to achieve a desired state) and withdrawal (symptoms varying from uncomfortable to serious convulsions, etc.) that are relieved by taking the drug.

**Administrative Screening.** The process by which the ADEO collects basic information and ensures the midshipman understands the USNA screening process prior to a medical screening.

**Aftercare Plan.** A post-treatment regimen of care prepared by the MTF/ATF at the time a midshipman successfully completes a treatment program. Aftercare plans are prepared in consultation with USNA and normally include recommendations for clinically monitored outpatient counseling (continuing care), attendance at self-help groups (AA), and referrals for additional medical/social services. The member's failure to adhere to all provisions of the aftercare plan may result in treatment failure. The aftercare plan is monitored at USNA by the ADEO.

**Alcohol Abuse.** The use of alcohol to an extent that it has an adverse effect on performance, conduct, discipline, or mission effectiveness, and/or the user's health, behavior, family, community, or Department of the Navy, or leads to unacceptable behavior as evidenced by one or more acts of alcohol-related misconduct. Alcohol abuse is also a clinical diagnosis based on specific diagnostic criteria delineated in the DSM, and must be determined by a medical officer (MO) or licensed independent practitioner (Lip). A clinical diagnosis of alcohol abuse generally requires some form of intervention and treatment.

**Alcohol Dependence.** Psychological and/or physiological dependence on the drug alcohol as indicated by evidence of tolerance or symptoms of withdrawal as characterized by the development of withdrawal symptoms 12 hours or so after the reduction of intake following prolonged, heavy, alcohol ingestion. People are said to be dependent on alcohol when abstinence from use impairs their performance or behavior. Alcohol dependence is a clinical diagnosis based on

specific diagnostic criteria delineated in the DSM, and must be determined by a MO or LIP. Untreated, alcohol dependence may lead to death. (See also Alcoholism.)

**ARI (Alcohol-Related Incident).** An offense committed by a midshipman where, in the judgment of the Commandant of Midshipmen or the Superintendent, the consumption of alcohol was a contributing factor and is punishable under the Administrative Conduct manual, the UCMJ, or civilian authority,.

**Alcoholism.** A chronic, progressive individual is addicted to alcohol if alcohol was the primary disease and in which the drinking symptoms grow worse over time (same as alcohol dependence). For U.S. Navy purposes, the term "alcohol dependence" is used.

**Anabolic Steroids.** Any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins, and corticosteroids) that promotes muscle growth, and includes any salt, ester, or isomer of such a drug or substance described or listed in Title 21 U.S.C., section 802, if that salt, ester, or isomer promotes muscle growth.

**ASAM (American Society of Addictions Medicine).** A professional association of physicians and other medical professionals who specialize in alcohol and other drug treatment. The continuum of care model and other treatment innovations were developed under the guidance of ASAM.

**BAC (Blood Alcohol Content or Concentration; also BAL, Blood Alcohol Level).** The percentage of alcohol in the blood system expressed in the ratio of grams of alcohol per 100 milliliters of blood. A dynamic measure resulting from a variety of factors - rate of drinking, strength of drink, body weight, gender, etc. In most states, a .10 BAC is prima facie evidence of driving under the influence. In other states, a .08 BAC is prima facie evidence of intoxication.

**Chain of Custody.** The process by which the integrity of a urinalysis sample is maintained from collection through testing and used at legal proceedings. The chain of custody procedures require strict adherence to the use of custody documents, labels, etc., by authorized personnel.

**Continuing Care.** A phase of treatment designed to provide support for members adjusting to an abstinent lifestyle. Continuing care in most cases will follow a phase of more intense intervention. The normal frequency of continuing care is two hours per week or less.

**Continuum of Care.** The alcohol treatment model used by the U.S. Navy and other military treatment providers. Period of treatment is variable and may occur in a variety of settings. The basic philosophy is to place patients in the least intensive or restrictive treatment environment commensurate with the severity of their needs. Patients can be moved to more or less intensive treatment during the treatment phase as their needs change or problems are identified. The continuum of care is generally divided into five levels of intensity: level 0.5 - Early Intervention (Alcohol IMPACT); level I - Outpatient Treatment (OT); level II - Intensive Outpatient/Partial Hospitalization (IOP); level III - Inpatient Treatment (IP); level IV - Medically Managed Intensive Inpatient Treatment (IIT).

**Controlled Substance.** A drug or other substance found in Schedules I-V of the Controlled Substances Act of 1970 (Title 21 U.S.C., section 812 et al.). Use of controlled substances is restricted or prohibited, depending on the classification of the drug.

**Controlled Substance Analogue (Designer Drug).** A substance, the chemical structure of which is substantially similar to the chemical structure of a controlled substance in Schedule I or II, and which has a stimulant, depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance in Schedule I or II. A controlled substance analogue also is a substance, the chemical structure of which is substantially similar to the chemical structure of a controlled substance in Schedule I or II, and with which a particular person represents or intends to have a stimulant, depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance in Schedule I or II.

**ADEO (Alcohol and Drug Education Officer).** The DAPA equivalent for the Brigade of Midshipmen. Midshipman ADEOs are the DAPA equivalents within each company/battalion and are trained through a version of the fleet DAPA course by facilitators from DAPMA East.

**DAPMA (Drug and Alcohol Program Management Activity).** Two detachments of Commander, Navy Personnel Command (COMNAVPERSCOM) PERS -6. The DAPMAs in Norfolk and San Diego provide alcohol and other drug prevention education, training, and technical assistance to Navy commands via mobile training teams, residential training, and electronic media.

**Deglamorization.** A term used in the alcohol and other drug abuse prevention field. It means to "take the glamour out." Deglamorization is a command requirement and involves not promoting alcohol, providing alternatives, assuring that nonalcoholic alternatives are available at official functions, providing a climate that says "it's okay not to drink," etc. Public information and education that provide information on the significant negative health and behavioral impact of alcohol misuse also are elements of deglamorization.

**Detoxification.** Medical management of the withdrawal from alcohol or other drugs. Withdrawal from alcohol or other drugs can be a life threatening state for those addicted and requires medical management, normally in an in-patient status. Symptoms vary from mild shakes to life-threatening convulsions. Detoxification is not treatment but is the medical stabilization, by drugs, observation, and other means, of individuals going through withdrawal. If required, it precedes treatment.

**Drink.** A drink of alcohol is defined as 1.0 oz. of high-proof liquor, 1.5 oz. of standard liquor, 5 oz. of wine, or 12 oz. of beer. Each contains the same amount of alcohol. This definition is used by researchers, for data collection purposes, and in charts that estimate blood alcohol content (BAC).

**Drug Abuse.** The wrongful use, possession, distribution, or introduction onto a military installation, or other property or facility under military supervision, of a controlled substance, prescription medication, over-the-counter medication, or intoxicating substance (other than alcohol). "Wrongful" means without legal justification or excuse, and includes use contrary to the directions of the manufacturer or prescribing healthcare provider, and use of any intoxicating substance not intended for human ingestion. For purposes of this instruction, drug abuse also includes inhalant abuse (sometimes referred to as "huffing") and steroid usage other than that specifically prescribed by a competent medical authority.

**Drug Dependence.** Psychological and/or physiological reliance on a chemical or pharmacological agent as defined by the current DSM. It is the physiological alteration to the body or state of adaptation to a drug which, after repeated use, results in the development of tolerance and/or withdrawal symptoms when discontinued, and/or the psychological craving for the mental or emotional effects of a drug that manifests itself in repeated use and leads to a state of impaired capability to perform basic functions. Drugs have varying degrees of risk of addiction with nicotine and crack cocaine having the highest potential for addiction with very little use. The term does not include the continuing prescribed use of pharmaceuticals as part of the medical management of a chronic disease or medical condition.

**Drug Paraphernalia.** All equipment, products, and materials of any kind that are used, intended for use, or designed for use, in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling or otherwise introducing into the human body a controlled substance in violation of title 21 U.S.C., section 801, et seq.

**Drug-Related Incident.** Any incident in which the use of a controlled substance or illegal drug, or the misuse of a legal drug or intoxicating substance (other than alcohol) is a contributing factor. Mere possession or trafficking of a controlled substance, illegal drug, legal drug intended for improper use, or drug paraphernalia may be classified as a drug-related incident. Additionally, testing positive for a controlled substance, illegal drug or a legal drug not prescribed, may be considered a drug-related incident.

**DSM (Diagnostic and Statistical Manual of Mental Disorders).** A manual prepared by the American Psychiatric Association as a guide for clinical practitioners. DSM has many uses. In the alcohol and other drug field, it provides the diagnostic criteria for alcohol abuse, alcohol dependence, drug abuse, and drug dependence. Each updated edition of the DSM is identified by a roman numeral, e.g., DSM-III, DSM-IV, etc. All references to the DSM in this instruction refer to the current edition at time of application.

**DUI/DWI (Driving Under the Influence/Driving While Intoxicated).** DUI/DWI refers to the operation of, or being in the physical control of a motor vehicle or craft while impaired by any substance, legal or illegal. Definitions vary slightly from State to State. In most States a recorded BAC for alcohol ranging from .08 to .10 is prima facie proof of DUI/DWI without any other evidence. It should be noted that in many States, drivers can be impaired at levels lower than .08 and can be convicted on other evidence without a recorded BAC (see Substantiated DUI/DWI). Additionally, operation of, or being in physical control of a motor vehicle or craft with any recorded BAC for alcohol by a person under the age of 21 may be prima facie evidence of DUI in many States. Further guidance concerning DUI/DWI is contained in Article 111, UCMJ and its analysis.

**Heavy Drinker.** For survey or other data collection purposes, a heavy drinker is defined as one who drinks five or more drinks per typical drinking occasion at least once a week.

**Illegal Drug.** The category of substances including controlled substances, controlled substance analogues, and all other prohibited (whether by law or regulation) drugs (e.g., LSD, marijuana, cocaine, heroin, etc., sometimes referred to as illicit drugs).

**IMPACT.** Intensive goal-oriented early intervention designed for individuals who need clinical intervention/education, but do not meet the requirements for treatment. A midshipman previously assigned to attend Alcohol-IMPACT as a result of an alcohol incident who incurs a subsequent incident does not meet the previous treatment requirement for ADSEP processing.

**Impaired.** "Impaired" means any intoxication which is sufficient to diminish the rational and full exercise of the midshipman's mental or physical faculties.

**Inhalant Abuse (Huffing, Puffing, etc.).** The intentional inhalation or breathing of gas, fumes or vapors of a chemical substance or compound with the intent of inducing intoxication, excitement, or stupefaction in the user. Nearly all abused inhalants produce effects similar to anesthetics, which slow down the body's function. Varying upon the level of dosage, the user can experience slight stimulation, feeling of less inhibition, loss of consciousness, or suffer from Sudden Sniffing Death Syndrome (this means the user can die from the 1st, 10th, or 100th time he/she abuses an inhalant).

**Licensed Independent Practitioner (LIP).** The LIP is a licensed psychologist, physician, psychiatrist or other medical professional who has the clinical responsibility for the screening, assessment and treatment of alcohol and other drug clients. A LIP clinically supervises counselors and has the ultimate responsibility for the treatment of clients under his or her supervision.

**Medical Screening.** The actual assessment of an individual's alcohol or other drug problems to determine if a diagnosis of alcohol abuse or dependency is warranted and to determine treatment requirements. ADEOs collect information and impressions for the screening, but the actual diagnosis must be made by a LIP or qualified MO.

**Moderate Drinking.** Moderate drinking has no legal meaning and, with the exception of health guidelines, is not a standard.

**MTF (Medical Treatment Facility).** Any DOD or authorized civilian institution that provides medical, surgical, or psychiatric care and treatment for sick or injured DOD personnel and their dependents. Alcohol and other drug treatment in the Navy is the responsibility of the Chief, Bureau of Medicine and Surgery. Alcohol treatment may be an integral department of an MTF or may exist or operate independently and report to a cognizant MTF.

**NAVDWEB.** The Navy Drug and Alcohol World Wide Web site. NAVDWEB provides training and education materials and programs, drug and alcohol program information, and prevention resources, etc., that may be downloaded or accessed interactively online. NAVDWEB can be accessed by any member or activity possessing INTERNET access capability by logging on to NAVDWEB.SPAWAR.NAVY.MIL.

**Patient Placement Dimension.** Set of criteria used to determine the level of treatment after a diagnosis of alcohol dependence or alcohol abuse. Primarily consists of six factors that are assessed to determine where a patient will be placed in the continuum of care. Factors include: withdrawal potential, biomedical, emotional/behavioral, treatment acceptance, relapse potential, and recovery environment. Operational schedules are a major consideration.

**Prevention Program.** An ongoing process of planned activities to specifically counter the identified threat of drug and alcohol abuse in a geographical

area or command. Prevention programs normally include: threat assessment, policy development and implementation, public information activities, education and training, deglamorization, and evaluation. Effective prevention programs are tailored to the specific area or command, i.e., command-/community-based.

**Referral (Alcohol).** Command- and self-referrals are means of early intervention in the progression of alcohol abuse by which members can obtain help or be directed to avail themselves of help before a problem becomes more advanced and more difficult to resolve without risk of disciplinary action. Command-referral occurs when the CO orders a member to screening for a suspected alcohol problem, while a self-referral occurs when the member him/herself reports to a qualified self-referral representative to request help for a potential alcohol problem. (Self-referral rules for drug abuse differ from alcohol. See Self-Referral (Drug Abuse).)

**Relapse.** Addiction and alcoholism (alcohol dependence) are considered diseases of relapse. A relapse is a return to drinking or drugging, no matter how brief. Sometimes a relapse can be therapeutic if it reinforces to the individual that he or she really does have a problem and strengthens his or her commitment to a recovery program. On the other hand, a relapse could result in a full blown return to drinking with all its attendant problems requiring another intervention and treatment, and may result in treatment failure.

**Right Spirit.** The Right Spirit Campaign is an ongoing SECNAV sponsored Alcohol Abuse Prevention and Alcohol Use Deglamorization campaign to reduce the incidence of alcohol abuse and to deglamorize drinking. The Right Spirit stresses responsibility and accountability at all levels.

**SARP (Substance Abuse Rehabilitation Program).** Any branch, department, or section of an MTF that provides screening, referrals, early intervention, or treatment services for alcohol-induced problems. The range of services provided (i.e., from screening and education to residential inpatient treatment) depends on the staffing and capability of the facility.

**SARP (Substance Abuse Rehabilitation Program) Counselor.** A military member or civilian employee specifically trained and certified to conduct screening, counseling, education and treatment of alcohol and other drug abusers or those dependent on alcohol or other drugs. Limits of practice are strictly defined, and counselors must work under the clinical supervision of a licensed independent practitioner. This position is also known as a NDAC (Navy Drug and Alcohol Counselor).

**Self-Referral (Drug Abuse).** Process by which a midshipman who believes that he or she is dependent (addicted) on drugs may report to a qualified self-referral representative (as listed in paragraph 7c3 of this instruction) and receive a screening at an ATF/MTF for official determination of drug dependency. Midshipmen found to be drug dependent will be exempt from disciplinary action for drug abuse if they accept and participate in treatment offered by the Navy. However, a valid self-referral is still considered an incident of drug abuse, and the midshipman will be processed for administrative separation. The type of discharge will be characterized by his or her overall service record, not just the incident of drug abuse. Midshipmen found not drug dependent, but who have used drugs, will not be exempt from disciplinary action, will be disciplined as appropriate, and will be processed for administrative separation. Midshipmen found not drug dependent, and who have not used drugs, will be disciplined as appropriate

and processed for administrative separation or retained and returned to duty in accordance with the needs of the Navy.

**Serious Offense.** Any offense committed by a midshipman for which a punitive discharge, or confinement for 1 year, would be authorized by the Manual for Courts-Martial for the same or a closely related offense.

**Substantiated DUI/DWI.** A charge of Driving Under the Influence, or Driving While Intoxicated (DUI/DWI) is considered substantiated if there is a conviction by a military or civilian court, a finding of guilt at NJP, or if, in the judgment of the Commandant of Midshipmen or the Superintendent, the available evidence supports the allegation that the midshipman was in operation of a motor vehicle, vessel, or craft while under the influence of, or intoxicated by alcohol and/or other drugs in violation of local statutes, regulations, Administrative Conduct System, and/or the UCMJ. Upon notification or report of a midshipman's arrest for DUI/DWI, the Commandant of Midshipmen must investigate the circumstances, consider all the relevant facts (e.g., police report, eyewitness statements, midshipman's statement, BAC test result, etc.) and make a determination of the validity of the charges.

**Treatment.** The process of restoring to effective function by means of a structured therapeutic program. The level and length of treatment depends on the severity of the alcohol or drug problem. (See "Continuum of Care" definition)

**Treatment (Rehabilitation) Failure.** Treatment is a failure when: (1) A midshipman incurs an alcohol incident any time in his/her career after a period of treatment that was precipitated by a prior incident; or (2) a midshipman has incurred an alcohol incident or self-refers, and is screened by medical and found to be in need of treatment, and commences and subsequently fails to complete treatment, or refuses treatment (non-amenable) ; or (3) a midshipman fails to participate in, fails to follow, or fails to successfully complete a medically prescribed and command-approved aftercare plan; or (4) a midshipman returns to alcohol abuse at any time during his/her career following treatment, and is determined to be a treatment failure by an appropriate LIP or MO.

**UPC (Urinalysis Program Coordinator).** The UPC is responsible for all aspects of the command urinalysis program, from facilitating testing and training observers, to maintaining chain of custody, to labeling and shipping specimens.