



DEPARTMENT OF THE NAVY

NAVAL ACADEMY PREPARATORY SCHOOL
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NEWPORT, RI 02841-1519

NAPSINST 5350.8A
N1
24 Jun 15

NAVAL ACADEMY PREPARATORY SCHOOL INSTRUCTION 5350.8A

From: Commanding Officer, Naval Academy Preparatory School

Subj: BATTALION ALCOHOL SCREENING USING HAND-HELD ALCOHOL
DETECTION DEVICE (ADD)

Ref: (a) NAPSINST 5350.4

Encl: (1) NADAP Non-evidentiary ADD Operating Guide
(2) Monthly ADD Report
(3) ADD Screening Log
(4) ADD Refusal Form

1. Purpose. To educate Midshipman Candidates (M/C) through formal training in regards to the prevention of alcohol abuse and encouragement of responsible alcohol consumption amongst the Battalion. To establish procedures and responsibilities concerning the administration, operation and training associated with the use of the hand-held Alcohol Detection Device (ADD).

2. Cancellation. NAPSINST 5350.8.

3. Scope. This instruction applies to all Midshipman Candidates and any member in a disenrolled status.

4. Background. Alcohol abuse is incompatible with good order and discipline and is detrimental to morale. Irresponsible drinking, underage drinking, and drinking while in a duty status are the most prevalent forms of alcohol abuse. Alcohol abuse runs counter to the mission of the Naval Academy Preparatory School (NAPS) and undermines one's credibility to lead. The purpose of this program is to encourage responsible drinking within the Battalion by fostering a culture of education, options, and when appropriate, accountability.

5. Policy.

a. The ADD program will primarily be used to educate M/Cs throughout the Battalion on the responsible use of alcohol. Furthermore, the program provided will not be used solely for administrative conduct action, provided that members are behaving in a responsible manner, and have not violated any conduct offenses.

b. Policy enforcement may include investigation into the following possible conduct violations:

(1) Underage Drinking. Consumption of alcoholic beverages by any M/C under the age of 21.

(2) Driving Under the Influence (DUI) of Alcohol. Any M/C reported for suspicion of DUI will be screened immediately upon returning to NAPS.

(3) Drinking in the Barracks. Consumption of alcohol while in Ripley Hall or while in a duty status.

c. A minimum of two tests a month will be completed

d. ADD testing is mandatory for all M/Cs that are present in Ripley Hall or required to sign in on the TAPS muster sheet. This includes all M/Cs who are on weekend liberty or on movement order status and are remaining within Ripley Hall for the night.

e. M/C's on the random urinalysis list are also subject to ADD testing.

6. Fitness for Duty.

a. Fit for Duty. A Midshipman Candidate is fit for regular duties if their BAC is less than 0.04. A Midshipman Candidate is fit for duty driver if their BAC is less than 0.02. A positive result equal to or above these thresholds will result in a Midshipman Candidate deemed "not fit for duty." A Midshipman is not fit for duty again until they attain a BAC of less than 0.02 for duty drivers and 0.04 for regular watchstanders.

b. Not Fit for Duty. A Midshipman Candidate who is not fit for duty cannot assume the watch; the off-going watch will not be relieved. When they are deemed fit for duty, the Midshipman Candidate can then conduct a relief of the off-going watch and commence their watch standing responsibilities. A midshipman is not fit for duty again until they attain a BAC of less than 0.02 for duty drivers and less than 0.04 for regular watchstanders.

(1) After the initial positive result that was equal to or above 0.04 BAC for regular watchstanders (and 0.02 for duty drivers), the Midshipman Candidate will be tested 20 minutes after the initial test and subsequently every hour by the CDO until they are fit for duty.

(2) Any watchstander unable to assume their watch due to being not fit for duty will receive counseling chit by the CDO. The purpose of the counseling is to provide documentation of the incident to the Midshipman Candidate's chain of command, so they can intervene and provide assistance if a pattern is noted. If a pattern is noted, the Company Staff has the discretion to take necessary conduct action or submit the Midshipman Candidate as a command referral to the Drug Alcohol Program Advisor.

7. Responsibilities.

a. The Battalion Officer is responsible for the overall implementation of the breathalyzer program and ensures a minimum of two tests are completed monthly during the academic year.

b. ADD Coordinator (ADDC)

(1) The ADDC is responsible for the administration of the alcohol-testing program and maintenance of the ADD chain of custody logbook and calibration. A Company Officer will be assigned the collateral duty of Battalion ADDC and will ensure all military staff members are trained in use of the ADD.

(2) Ensure the Battalion performs random ADD testing a minimum of one predetermined evening a month during the academic year in accordance with (IAW) enclosure 1.

(3) Ensure the Battalion performs a minimum of one breathalyzer test monthly in conjunction with a random urinalysis.

(4) Possesses and maintains accountability of assigned breathalyzers.

(5) Is responsible for calibration of all breathalyzers and will take appropriate actions to correct all errors or other malfunctions occurring with the breathalyzer units.

(6) Coordinate training for all Command Duty Officers (CDO) on the administration of the ADD test.

(7) Assigns the CDO responsible for testing a primary ADD unit to be utilized during the assigned testing along with a secondary ADD in case of malfunction of the primary unit. The ADDC will also ensure sufficient mouthpieces are made available during each testing period.

(8) Submit monthly reports to the Battalion Officer using enclosure (2).

b. Command Duty Officer

(1) The CDO is the primary ADD test administrator for the Battalion during any required testing period.

(2) Will conduct the ADD test IAW enclosure (1).

(3) Will document all testing results and or refusals using enclosures (3) and (4) and submit them to ADDPC upon completion of tests.

c. Command Drug and Alcohol Programs Advisor (DAPA)

(1) The NAPS DAPA will be familiar with the guideline set forth in this instruction and will provide education and training on responsible use of alcohol IAW with reference (a).

(2) Will review the monthly reports from the ADDC and ensure that required screenings are complete IAW with reference (a).

(3) Provide feedback to the Battalion Officer, ADDC, and Command Senior Chief on effects of the program and areas for improvement.

d. Command Urinalysis Program Coordinator will coordinate with the ADDC to facilitate the completion of required breathalyzer tests held in conjunction with urinalysis.

7. Administration

a. The ADDC will train all personnel authorized to administer. ADDC who shall maintain a record of training conducted.

b. The CDO will be the primary ADD test administrator for scheduled testing but any other trained staff member may assist.

c. All testing will be done IAW enclosure (1) and results documented on enclosure (3) and submitted to the Battalion ADDC upon completion.

d. All refusals to test will be documented on enclosure (4). The expectation is that ALL will participate.



M. D. DOHERTY

24 Jun 15



Navy Alcohol and Drug Abuse Prevention Program

Non-evidentiary Alcohol Detection Device (ADD) Operating Guide

Reference: OPNAVINST 5350.8, Use of Hand-Held Alcohol Detection
Devices (ADDs)

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24 Jun 15

Table of Contents

Alcohol Detection Devices

1. Overview
2. Alcohol Detection Device (ADD) Administration
3. Test Procedures
4. Ordering/Purchasing Devices
5. Device Calibration
6. Documenting Results

Tab A - Alcohol Impairment Charts

References

- a. OPNAVINST 5350.8, 22 January 2013, USE OF HAND-HELD ALCOHOL DETECTION DEVICES (ADD)
- b. OPNAVINST 5350.4 (SERIES), NAVY DRUG AND ALCOHOL ABUSE PREVENTION

24 Jun 15

Use of Alcohol Detection Devices

1. Overview. The use of ADDs is intended to promote safety and provide education and awareness that complements other unit efforts to promote responsible use of alcohol and deter alcohol abuse. The ADD is a tool that can assist with identifying Service Members who may require support before an incident occurs due to the irresponsible use of alcohol. These devices will enhance command awareness of the crew's culture of alcohol use; educate Service Members on the effects of their alcohol use decisions and self-impairment, and support unit safety. Results of ADD testing are not to be used as a basis for disciplinary measures.

a. ADDs provide immediate personal feedback to Service Members on the effects of their alcohol use. It is important to understand that several factors affect individual metabolism rates of alcohol, which vary between 0.01 to 0.025 BAC (blood alcohol concentration) per hour, are unique to the individual and include gender, age, weight, fitness, tolerance, medications, and when/how much food was consumed. One drink immediately raises BAC between 0.02 and 0.04 depending on these physiological factors.

b. ADDs can also dispel myths and inform those who have set arbitrary "limits" regarding their drinking patterns that are not based on facts.

For 0.04 BAC example, if a 180-pound male consumes 9-10 alcoholic drinks from 2000 to midnight (approximate BAC at midnight 0.12), he may have a BAC of 0.04 at 0600 the next morning. For a 140-pound female, she would only have to consume 6-7 alcoholic drinks between 2000 and midnight to get the same 0.04 result at 0600.

For 0.02 BAC example, if a 180-pound male consumes 6-8 alcoholic drinks from 2000 to midnight, his BAC at 0600 would be 0.02. A 140-pound female who consumes 3-5 alcoholic drinks in the same time period would have a 0.02 BAC at 0600.

Note: One drink is equal to 1.25 oz. of 80-proof liquor (a "shot") or a 12 oz. beer, or 4 oz. of wine.

c. Alcohol Impairment Charts are provided at TAB A for additional information regarding the effects of alcohol.

24 Jun 15

2. ADD Administration. The commanding officer (CO) designates personnel assigned to conduct testing subject to any further Echelon 2 Commander's guidance issued to supplement reference (a). Drug and Alcohol Program Advisors (DAPA), Substance Abuse Counselors, Independent Duty Corpsmen (IDC), and legal personnel are not recommended for this this collateral responsibility. All administrators shall operate each device per suggested manufacturer's instructions.

3. Test Procedures. The decision to inspect and how to organize random testing is at the discretion of the CO and subject to guidance contained in reference (a). Generally, an unpredictable testing pattern will produce a more accurate indicator of the command's alcohol use culture. Written standard operating procedures (SOP) for each command to codify unit procedures may be required by higher authority. A sample SOP is available on the NADAP Web site at www.nadap.navy.mil.

a. Commands shall randomly select Service Members to provide a breath sample. Random ADD inspections are authorized for those Service Members who are on duty and during normal working hours. It is not the intent or purpose of ADDs to test those in an authorized leave or liberty status. Sampling examples include, but are not limited to:

- (1) Duty section or divisional sweeps
- (2) Service Members reporting to work after a designated time (late arrival)
- (3) Random sampling of Service Members in a duty status or during their assigned work day similar to the urinalysis program
- (4) Special unit evolutions or training periods
- (5) During reserve drill periods

b. The chart below provides additional guidance for use of alcohol detection devices and results:

Random Inspections	YES
Oncoming duty members (sweep or random)	YES

24 Jun 15

Randomly selected Service Members	YES
Members placed in a liberty risk status	NO
In conjunction with random urinalysis	YES
Command referral to competence for duty exam	YES
Self-referral	YES
Mishap or safety inspection	NO
New check-in	YES
Service Members not scheduled for duty	NO
Unauthorized absence	NO
Service Members assigned extra military instruction	NO
Probable cause search when considered along with other evidence of intoxication	YES

c. To ensure optimal accuracy of the devices, perform preventive maintenance and calibration checks as specified in the user's manual supplied with the device. When testing, commands should:

(1) Test Service Members at least 20 minutes after eating or drinking. Alcohol, including alcohol-based mouthwash, gum, breath sprays and similar products remaining in the mouth, or even excess saliva, may interfere with testing.

(2) Require Service Members to take a deep breath and then blow steadily and consistently, but not too hard, until the ADD signals them to stop, usually four to five seconds.

(3) Prevent smoke, saliva, or other contaminants from entering into the mouthpiece.

(4) Attach a new mouthpiece after each individual use.

(5) Avoid testing in high wind or spaces with restricted ventilation.

24 Jun 15

(6) Wait for the unit to warm-up before initial testing and clear/reset device after each use in accordance with ADD instructions provided with each unit. This will significantly reduce the risk of a false sample on the subsequent reading. Poor ventilation may lengthen the time required for device warm up between tests.

(7) Calibrate devices as required by the manufacturer in the associated user's manual.

(8) Wait a few moments for the device to indicate the alcohol concentration and display it on the screen.

(9) Before conducting subsequent tests (or retest for those with a positive result), wait for the screen backlight to turn off, then tap the power button to reset the unit.

(10) A "Flow" or "flo" warning display on the readout screen indicates the breath sample was not strong enough or more likely, not long enough.

(11) A "bat" warning display on the readout screen indicates that battery power is low and battery replacement is required.

d. Blood Alcohol Concentration (BAC). An ADD reading of less than 0.02 percent BAC shall be considered a negative result.

e. Retests. In cases where the ADD reading is 0.02 percent BAC or greater, the Service Member should be retested after a 20 minute waiting period to allow the effect of mouthwash, breath mints, gum, and breath sprays that may produce a detectable indicator of alcohol, to clear.

f. Action upon a detectable result.

(1) A Service Member whose ADD indicated reading is 0.04 percent BAC or greater shall be presumed to be not ready to safely perform duties, and shall be relieved of duty and retained onboard the command in a safe and secure environment until the ADD indicated reading is not detectable (less than 0.02 percent BAC). The intent is to ensure that the Service Member is safe until alcohol-free. Additional non-punitive actions focused on safety, training, counseling and education may be implemented at the discretion of the CO. Referral to the drug and alcohol program advisor (DAPA) is appropriate. Command referral to a DAPA is not an alcohol-related incident (ARI).

24 Jun 15

(2) A Service Member who has previously completed alcohol rehabilitation treatment and has an ADD indicated reading of 0.02 percent BAC or greater shall, at a minimum, be referred to the DAPA.

(3) A Service Member who is under the minimum legal drinking age and has an ADD indicated reading of 0.02 percent BAC or greater shall, at a minimum, be referred to the DAPA.

4. Ordering/Purchasing Devices and Tubing. Consumable and unit replacement ordering information is vendor specific and available on the NADAP website. Questions should be addressed to the local Alcohol and Drug Control officer (ADCO) who will have a small quantity of ADDs and related consumables on hand. If further assistance is required contact:

Non-Evidentiary Alcohol Detection Device Office
E-mail: mill_add@navy.mil
Phone: (901)874-4900, DSN PREFIX: 882
Fax: (901)874-4228, DSN PREFIX: 882

a. Immediately upon receipt of the ADD shipment, complete and mail the receipt acknowledgement form included in the shipping container or email acknowledgement following the guidance included in the letter.

b. Follow manufacturer's operating instructions to prepare the device for initial use.

5. Device Calibration. See product users' manual.

6. Documenting Results. A spreadsheet is provided in the Alcohol and Drug Management Information Tracking System (ADMITS) for the use of commands to track ADD inspections if desired. In addition, sample forms are available on the NADAP Web site at <http://www.nadap.navy.mil>.

TAB A - Alcohol Impairment Charts

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	.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		LEGALLY INTOXICATED. CRIMINAL PENALTIES IN ALL STATES **
6	.23	.19	.16	.14	.13	.11	.10	.09		
7	.26	.22	.19	.16	.15	.13	.12	.11		
8	.30	.25	.21	.19	.17	.15	.14	.13		
9	.34	.28	.24	.21	.19	.17	.15	.14		
10	.38	.31	.27	.23	.21	.19	.17	.16		

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	DRIVING SKILLS SIGNIFICANTLY AFFECTED.
3	.15	.14	.11	.11	.09	.08	.07	.06	.06	
4	.20	.18	.15	.13	.11	.10	.09	.08	.08	LEGALLY INTOXICATED. CRIMINAL PENALTIES IN ALL STATES **
5	.25	.23	.19	.16	.14	.13	.11	.10	.09	
6	.30	.27	.23	.19	.17	.15	.14	.12	.11	
7	.35	.32	.27	.23	.20	.18	.16	.14	.13	
8	.40	.36	.30	.26	.23	.20	.18	.17	.15	
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 1¼ oz. of 80-proof liquor, 12 oz. of beer, or 4 oz. of table wine.

** ALL states have a .08 BAC per se law

24 Jun 15

BAC (% by vol.)	Behavior	Impairment
0.010–0.029	Average individual appears normal	Subtle effects that can be detected with special tests
0.030–0.059	Mild euphoria	Concentration
	Relaxation	
	Joyousness	
	Talkativeness	
	Decreased inhibition	
0.06–0.09	Blunted feelings	Reasoning
	Disinhibition	Depth perception
	Extroversion	Peripheral vision
		Glare recovery
0.10–0.19	Over-expression	Reflexes
	Emotional swings	Reaction time
	Anger or sadness	Gross motor control
	Boisterousness	Staggering
	Decreased libido	Slurred speech
		Temporary erectile dysfunction
0.20–0.29	Stupor	Severe motor impairment
	Loss of understanding	Loss of consciousness
	Impaired sensations	Memory blackout
	Possibility of falling unconscious	
0.30–0.39	Severe central nervous system depression	Bladder function
	Unconsciousness	Breathing
	Death is possible	Dysequilibrium
		Heart rate
0.40–0.50	General lack of behavior	Breathing
	Unconsciousness	Heart rate
		Positional Alcohol Nystagmus
>0.50	High risk of poisoning	
	Possibility of death	

Date

MEMORANDUM

FROM: Battalion Alcohol Detection Device Coordinator
TO: Battalion Officer

SUBJ: BATTALION MONTHLY SCREENING AND TRAINING RESULTS FOR
MONTH 2013

1. Testing results

COMPANY	# TESTED	# NEG	# POS	NOTES

2. Personnel trained:
RANK LNAME, FNAME MI

NAME

NAVAL ACADEMY PREPARATORY SCHOOL ADD REFUSAL FORM

Name: _____

___ 1. You are advised that per NAPSINST 5350.4A, you have been ordered to provide a sample of your breath for testing to determine the presence of alcohol in your system.

___ 2. Having been advised of this above requirement and after having received an order from _____ to provide a sample of your breath, you:

___ a. Are refusing to provide a sample

___ b. After three attempts, you have failed to provide a sample of your breath. Your failure to provide a sufficient sample may be considered the same as a refusal

Name: _____ Date: _____ Time: _____
Signature

Tester: _____
Printed Name/ Signature

Witness: _____
Printed Name/ Signature