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MARINE CORPS ORDER 5300.17A

From: Commandant of the Marine Corps  
To: Distribution List

Subj: MARINE CORPS SUBSTANCE ABUSE PROGRAM

Ref: (a) DoD Instruction 1010.04, "Problematic Substance Use by DoD Personnel," February 20, 2014  
(b) SECNAVINST 5300.28E  
(c) DoD Instruction 1010.01, "Military Personnel Drug Abuse Testing Program (MPDATP)," September 13, 2012  
(d) DoD Instruction 1010.16, "Technical Procedures for the Military Personnel Drug Abuse Testing Program (MPDATP)," October 10, 2012  
(e) American Psychiatric Association, "Diagnostic and Statistical Manual of Mental Disorders (DSM) 5th Edition," 2013  
(f) MOU btwn BUMED/MF/HS of 5 Nov 13  
(g) SECNAVINST 1754.7A  
(h) MCO 1754.11  
(i) MCO 1752.5B  
(j) SECNAVINST 5211.5E  
(k) MCO 1700.22G  
(l) 10 U.S.C. Ch. 47, Uniform Code of Military Justice  
(m) SECNAV M-5210.2  
(n) 5 U.S.C. 552a  
(o) SECNAVINST 5211.5E

Encl: (1) Marine Corps Substance Abuse Program Policy

1. Situation. To provide policy and procedural guidance for the Marine Corps Substance Abuse Program (SAP) per references (a) through (d), in order to execute a comprehensive, standardized, and effective SAP throughout the Marine Corps.

2. Cancellation. MCO 5300.17

3. Mission. Unit and installation commanders are tasked with implementing a comprehensive SAP in accordance with the guidance and procedures contained in this Order. Key SAP elements are prevention, deterrence, identification, early intervention, counseling services, and aftercare.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.

(a) Force preservation and readiness is maximized through prevention, deterrence, identification, and early intervention of substance misuse and substance use disorders (SUDs).

(b) Commanders institute policies that support low risk and no risk alcohol consumption and reinforce the message that alcohol consumption is not essential to or indicative of Marine Corps pride.

(c) SAP prevention and counseling services are provided to Active Duty Marines, Reserve Component Marines serving on Active Duty, and Sailors attached to Marine Corps units (hereafter referred to as Marines).

(d) Marines receive evidence-based and/or evidence-informed substance misuse prevention education and SUD counseling services from qualified personnel at the installation Substance Abuse Counseling Centers (SACCs). Licensed Independent Providers (LIPs) diagnose SUD utilizing the criteria contained in reference (e). Marines diagnosed as having complex-moderate or severe SUD are referred to a Military Treatment Facility (MTF) for SUD treatment in accordance with reference (f).

(e) Marines seek assistance for substance-related problems without stigma or reprisal.

(f) Substance misuse deterrence and identification at the unit level includes drug testing via urinalysis and alcohol screening via breathalyzer.

## (2) Concept of Operations

(a) Marine leaders set positive examples; discouraging high risk drinking and the improper use of prescription and over the counter drugs. Marine leaders encourage participation in productive off-duty activities that do not encourage the misuse of alcohol.

(b) Unit SAP functions are performed primarily by commanders, command leadership, and Substance Abuse Control Officers (SACOs). Installation SAP activities are performed by substance abuse counselors and prevention personnel located at installation SACCs. APPENDIX A to the enclosure provides a visual summary.

(c) Substance misuse deterrence measures include both urinalysis testing and the Alcohol Screening Program (ASP).

(d) Substance misuse prevention training and education is described in the enclosure to this Order.

(e) SACC Drug Demand Reduction Coordinators (DDRCs) provide command SACOs and UPCs intensive, manualized Headquarters Marine Corps, Marine and Family Programs (DC M&RA, MF) approved training that prepares SACOs, Urinalysis Program Coordinators (UPCs), and observers for their duties.

(f) Installation DDRCs, medical officers (MOs), and unit commanders collaborate to ensure the integrity of the Drug Demand Reduction program. The unit commander ensures the urinalysis program is conducted in accordance with references (c) and (d) and APPENDIX B of the enclosure to this Order. The installation DDRC informs the MO of all positive prescription drug test results and the MO conducts a review to determine if

these positive results were "legitimate" or "non-legitimate" use. The DDRC apprises the unit commander of the MO's determination and records the MO's determination in the Internet Forensic Toxicology Drug Testing Laboratory Portal (IFTDTL).

(g) Installation SACCs provide individualized, evidence-informed SUD assessment, counseling, and care coordination services, as described in the enclosure to this Order, through SACC Counselors who meet credentialing requirements established by DC M&RA, MF per reference (g).

(h) SACC Counselors assess all Marines referred for SACC services for gambling disorder and provide gambling disorder counseling services, as appropriate.

(i) SACC Counselors keep commanders apprised of a Marine's progress throughout counseling services. Marines are deemed unable to benefit from counseling as evidenced by an escalating complexity of symptoms, an inability to achieve identified Individualized Service Plan (ISP) goals, or a refusal to participate in counseling services. Reference (b) provides guidance for commanders regarding discipline/administrative separation of personnel for substance misuse.

(j) The DC, M&RA MF approved electronic case management system is utilized in accordance with SAP procedural requirements to document SACC services and to coordinate care among MCCS behavioral health providers.

(k) Marines not located on an installation are referred to their nearest MTF for SUD assessment.

(l) Reserve Component Marines not in Active Duty status who require SUD assessment are referred to the Psychological Health Outreach Program for assistance.

(m) This Order shall be used in conjunction with references (a) through (l) to ensure compliance with policies and procedures established by the Commandant of the Marine Corps and higher headquarters.

(n) Acronyms and key terms applicable to this Order are explained in APPENDIX C to the enclosure.

b. Subordinate Element Missions:

(1) Deputy Commandant for Manpower and Reserve Affairs (DC M&RA) shall:

(a) Develop and issue policy guidance for the establishment, management, and evaluation of the SAP.

(b) Coordinate with Commanding General, Marine Corps Installation Command and Commanding General, Training and Education Command regarding policy changes to this Order.

(c) Collaborate with the Navy Bureau of Medicine and Surgery to implement reference (f).

(d) Designate a DC, M&RA MF SAP Program Manager to provide oversight, guidance, and technical assistance.

(e) Identify fiscal and personnel resources necessary to coordinate and effectively execute SAP throughout the Marine Corps. Prepare annual budget and manpower requirements and submit justification via the chain-of-command.

(f) Collect and provide data as needed for program oversight or as required by higher headquarters.

(g) Coordinate efforts and resources among all MCCA activities and, as appropriate, with applicable federal and civilian community resources to promote optimal delivery of services.

(h) Conduct research and evaluation and provide evidence-based and/or evidence-informed models for use by installation SACCs.

(i) Provide an electronic case management system that facilitates SAP collaboration with other behavioral health providers.

(j) Assess the SAP to ensure the applicable requirements of quality assurance, inspections, managers' internal control program, credentialing, and certification are met.

(k) Review this Order annually to ensure that it is necessary, current, and consistent with statutory authority.

(2) Commanding Generals, Marine Corps Installations Command shall:

(a) Ensure implementation of this Order to support Marine and Family Programs.

(b) Ensure implementation of this Order to support Operating Forces, tenant commands, and activities.

(3) Commanding General, Training and Education Command (TECOM) shall:

(a) Provide substance misuse prevention training to officer candidates and recruits during initial training via the Marine Awareness and Prevention Integrated Training (MAPIT) provided at <http://thegearlocker.org>.

(b) Collaborate with DC, M&RA MF prevention subject matter experts to develop substance misuse prevention education as part of the course curriculum.

(4) Installation Commanders shall:

(a) Implement and maintain a comprehensive SAP that includes substance misuse prevention, deterrence, identification, and counseling services to meet the needs of tenant commands in accordance with this Order.

(b) Ensure SACCs are sufficiently funded, staffed, and equipped for effective and efficient operation.

(c) Direct the installation SACC to assess the needs of the military community and the surrounding communities where many Marines and family members reside, publicize available services, and provide regular outreach and education to commands, ensuring ease of referrals for services.

(d) Ensure SACC staff provide SUD prevention education, SUD assessment, counseling, transfer/discharge planning, care coordination, and aftercare in accordance with this Order, DC M&RA, MF SAP guidance, and SAP procedural requirements provided at <http://thegearlocker.org>.

(e) Coordinate installation SAP services with MTF staff, Military and Family Life Consultants, Chaplains, Operational Stress Control and Readiness Teams, Health Promotion Coordinators, Embedded Preventive Behavioral Health Capability (EPBHC), and other relevant entities across the continuum of care.

(f) Ensure that all SACC staff review and comply with the SAP procedural requirements prepared by DC M&RA, MF and provided at <http://thegearlocker.org>. Submit recommendations for changes to the procedural requirements to DC M&RA, MF via the appropriate chain of command.

(g) Develop local Standard Operating Procedures (SOPs) for addressing SAP needs. SOPs shall be in accordance with this Order and the aforementioned SAP procedural requirements. At a minimum, SOPs shall address:

1. Prevention education and planning.
2. Medical Review Process.
3. Referrals.
4. Assessments.
5. Individualized Service Plans.
6. Care coordination.
7. Aftercare.
8. Clinical supervision.
9. Confidentiality.
10. SAP metrics.
11. Critical incident response.
12. Program evaluation.

(h) Ensure SACC staff work within a DC M&RA, MF approved Position Description (PD) and are credentialed by the DC M&RA, MF, Credentialing Review Board (CRB) as a condition of employment. SACC staff provide services appropriate to their licensure, experience, and approved DC M&RA, MF CRB tier level consistent with professional standards and evidence-based and/or evidence-informed practices.

(i) Ensure installation and facility specific personal safety protocols are in place to protect staff and clients, to include safety measures for any staff members providing authorized after-hours services. Ensure staff members review these safety procedures annually.

(j) Provide DC M&RA, MF data and information requested as necessary to support DC M&RA, MF quality assurance and quality improvement processes, data surveillance activities, and research and program evaluation activities.

(k) Ensure SACC personnel report suspected or alleged incidents of suspected child abuse, domestic abuse, and sexual assault in accordance with references (h) and (i).

(l) Designate a LIP to provide direct clinical supervision to the installation SACC Counselors, in most cases this will be the installation SACC Clinical Supervisor.

(m) Ensure that SACC case records are securely maintained per guidelines provided in reference (j).

(n) Ensure that all SACC Counselors use the DC M&RA, MF approved electronic case management system in accordance with DC M&RA, MF Procedural Requirements located at <http://thegearlocker.org>.

(o) Ensure all SACC staff complete DC M&RA, MF approved SAP related training provided at <http://thegearlocker.org>.

(p) Ensure SACC staff communicate with commanding officers regarding the status of Marines receiving SUD services.

(q) Ensure SACC personnel provide DC M&RA, MF approved training to unit SACOs, UPCs, and Alcohol Screening Program Coordinators (ASPCs).

(r) Ensure SACC personnel provide DC M&RA, MF approved aftercare requirements training to unit SACOs who are involved in aftercare coordination.

(s) Ensure applicable requirements of quality assurance, inspections, managers' internal control program, credentialing, and certification are met.

(t) Employ a SACC Director, a Tier III counselor, to oversee installation SACC operations and assist commanders in their SAP responsibilities.

(u) Ensure that installation SACC DDRCs coordinate the Medical Review Process.

(v) Ensure that all SACC personnel comply with this Order.

(5) Unit Commanders shall:

(a) Implement and maintain a comprehensive SAP that includes substance misuse prevention and deterrence in accordance with this Order. This includes developing and publishing policies and procedures to ensure that the unit's SAP meets the needs of the command.

(b) Ensure SAP training requirements are accomplished annually.

(c) Refer to the alcoholic beverage control information contained in reference (k) when planning and conducting command functions.

(d) Refer Marines to the SACC, utilizing NAVMC 11685 to document the referral, for SUD assessment within 48 hours when any of the following criteria are met:

1. The Marine is identified, through urinalysis testing, as having misused drugs.

2. The Marine is identified through the ASP as having a blood alcohol content of ".04" percent or greater. Marines should arrive at the SACC for assessment only after their blood alcohol content has returned to ".00".

3. The Marine is involved in an incident wherein alcohol use may be a contributing factor. For the purpose of referral, the incident need not meet the threshold of an Alcohol Related Incident as defined in APPENDIX C of the enclosure to this Order. Commanders should err on the side of referral when the role of alcohol in an incident is unclear.

4. The Marine is found to possess a controlled substance or drug paraphernalia.

5. The Marine discloses substance misuse.

6. The commander deems it appropriate to send a Marine to the SACC for SUD assessment.

(e) Utilize NAVMC 11686, Supervisor's Input, to provide command information about the Marine prior to the Marine's first appointment at the SACC. This form becomes part of a Marine's comprehensive assessment.

(f) Maintain awareness of the status of Marines who are referred to the SACC for SUD assessment and counseling (to include aftercare).

(g) Appoint, in writing, an Officer or Staff Non-Commissioned Officer (SNCO) as a SACO. The SACO oversees the urinalysis and ASP testing programs, coordinates aftercare with the SACC, and is responsible for receiving and handling Protected Health Information. The appointed Marine should be a senior uniformed leader who has access to the commander, is cognizant of the substance misuse needs and trends in the unit, and has demonstrated maturity and trustworthiness.

(h) Appoint, in writing, a UPC to assist the SACO with urinalysis testing. Commands may appoint more than one UPC, depending on their testing needs.

(i) Appoint, in writing, an Officer or SNCO as the ASPC. The ASP program is detailed in APPENDIX D to this Order. The ASPC and UPC may be the same individual.

(j) Forward copies of all aforementioned appointment letters to the installation SACC. Required training will not be provided until the SACC receives copies of these appointment letters.

(k) Ensure that the SACO completes SACO training provided by the supporting installation SACC within 45 days of appointment.

(l) Ensure the UPCs complete UPC training provided by installation SACC prior to conducting urinalysis testing.

(m) Ensure that Smart Testing measures are utilized by implementing the following:

1. Unpredictable testing schedules (e.g., not immediately following receipt of testing materials, not on same day of month, not always coincident with liberty briefs, etc.).

2. Multiple test days during the week and month.

3. Time limits for testing events.

(n) Ensure Marines who are checking in on PCS orders or returning from leave in excess of five days are tested within 72 hours.

(o) Ensure SACOs, UPCs, and Observers are included in the monthly urinalysis test.

(p) Ensure that the completion of a urinalysis test is entered in the Marine Corps Total Force System (MCTFS) for each Marine who completes a urinalysis test.

(q) Support ASP by accomplishing the following:

1. Ensure monthly breathalyzer testing results are submitted to the SACC within seven days after the end of each month.

2. Refer Marines with a positive test result of ".04" percent or greater to the MTF for a fit for duty determination prior to referring the Marine to the SACC.

(6) Unit Substance Abuse Control Officers shall:

(a) Ensure annual unit substance misuse prevention education delivered via the most recent version of Unit Marine Awareness Prevention Integrated Training (UMAPIT) is coordinated and recorded in MCTFS.

(b) Coordinate or provide required Supervisory Level SAP training for officers and SNCOs. Ensure that the completion of Supervisory Level SAP training is recorded in MCTFS for each Marine who completes this training.

(c) Ensure UPCs, observers, and ASPCs are trained prior to conducting urinalysis testing.

(d) Oversee the unit urinalysis testing program by accomplishing the following:

1. Ensure that at least 10 percent of the command's personnel are tested monthly, using the random premise code, IR.

2. Ensure urinalysis testing is conducted in accordance with DoD established procedures in references (c) and (d), to include the collection of samples, the preparation of testing documentation, and the shipment of samples to the drug testing laboratory.



3. Submit the results of all urinalysis and alcohol screening tests to the unit commander.

(e) Oversee the unit ASP program. Conduct monthly random breathalyzer testing in conjunction with monthly random urinalysis testing. (Marines identified for random monthly urinalysis testing also participate in the alcohol screenings.)

(f) Assist with aftercare as requested by SACC personnel.

(g) Maintain files as detailed in the SACO guidance located at <http://thegearlocker.org>.

#### 5. Administration and Logistics

a. The currency, accuracy, and completeness of publication and distribution of this Order, and changes thereto, are the responsibility of DC M&RA, MF.

b. Maintenance of this Order is a command responsibility.

c. Submit recommendations for changes to this Order to DC M&RA, MF via the appropriate chain of command.

d. The generation, collection or distribution of personally identifiable information (PII) and management of privacy sensitive information shall be in accordance with reference (j). Any unauthorized review, use, disclosure or distribution is prohibited.

e. Records created as a result of this Order shall be managed according to National Archives and Records Administration approved dispositions per reference (m) to ensure proper maintenance, use, and accessibility and preservation, regardless of format or medium.

f. Privacy Act. Any misuse or unauthorized disclosure of Personally Identifiable Information (PII) may result in both civil and criminal penalties. The DON recognizes that the privacy of an individual is a personal and fundamental right that shall be respected and protected. The DON's need to collect, use, maintain, or disseminate PII about individuals for purposes of discharging its statutory responsibilities will be balanced against the individuals' right to be protected against unwarranted invasion of privacy. All collection, use, maintenance, or dissemination of PII will be in accordance with the Privacy Act of 1974, as amended (reference (n)) and implemented per reference (o).

#### 6. Command and Signal

a. Command. This Order is applicable to Marine Corps active and reserve components.

b. Signal. This Order is effective on the date signed.



M. A. ROCCO  
Deputy Commandant for  
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MARINE CORPS SUBSTANCE ABUSE PROGRAM POLICY

Chapter 1

SUBSTANCE MISUSE PREVENTION

1. Overview. The primary purpose of substance misuse prevention is to enhance mission readiness and the overall health, wellness, and safety of Marines and their family members. Substance misuse prevention promotes low risk and no risk alcohol use, advocates the proper use of prescription and over-the-counter medicines, and seeks to eliminate illicit drug use through outreach, training, and education.

2. Goals

a. Contribute to healthy command climates that discourage the misuse of substances, including high risk alcohol consumption.

b. Promote the recognition that substance misuse has harmful effects and consequences for Marines, families, and the Marine Corps.

c. Encourage early identification of Marines engaged in substance misuse through comprehensive prevention strategies, Smart Testing procedures, and referral to services when appropriate.

d. Ensure SAP prevention services are available to Active Duty and Reserve Component Marines.

3. Program

a. Substance misuse prevention services include outreach, training, and education.

b. Substance misuse outreach activities targeted to Marines and their family members are provided through installation SACCs.

c. Substance misuse prevention training is provided annually to Marines through their unit via the most recent version of UMAPIT.

d. The MAPIT dashboard provides additional DC, M&RA approved substance misuse prevention training that units may use to supplement the annual training requirement.

e. Substance misuse prevention education is provided to Marines through installation SACCs.

f. Installation SACCs may provide evidence-based and/or evidence-informed substance misuse education to family members either through standalone substance misuse courses or in collaboration with other MCCA program courses.

4. Program Guidelines

a. SACOs oversee unit substance misuse deterrence activities. UPCs assist the SACO with the urinalysis testing program. The SACO and the UPC are trained by installation DDRCs. Detailed procedures for the urinalysis testing program can be found in at APPENDIX B to this enclosure. The

Procedures contained in APPENDIX B are further illustrated in the UPC Handbook available through installation DDRCs.

b. ASPCs administer breathalyzer screenings for the ASP and submit results. Detailed guidance for performing program duties can be obtained through the installation Prevention Specialist (PS).

c. Universal Prevention Activities

(1) Marines receive evidence-based and/or evidence-informed prevention training at least annually through the most recent version of UMAPIT. UMAPIT training is the responsibility of the unit. Universal substance misuse prevention training includes at a minimum:

(a) Marine Corps policy on substance misuse and SUDs.

(b) Risks associated with substance misuse.

(c) Alternative and recreational activities that reduce the likelihood of substance misuse.

(d) Early warning signs and progressive nature of substance misuse and SUDs.

(e) Marine Corps policy on urinalysis testing and the ASP.

(f) The impact that substance misuse has on health, domestic abuse, sexual assault, relationship stress, financial difficulties, and career path.

(g) Appropriate low risk alcohol use choices and proper use and management of prescription medications.

(2) Officer Candidate and Recruit Training. TECOM provides substance misuse prevention training via MAPIT entry level training on the MAPIT dashboard to officer candidates and recruits during initial training as Phase 1 of a three phase program of Values Based Training and Leadership. DC M&RA, MF personnel assist TECOM with the development of the substance misuse training and readiness (T&R) standards and Programs of Instruction (POIs). TECOM ensures the T&R requirements are met and approves the POIs. The course of instruction is taught at the level of the audience.

(3) Overseas Substance Misuse Prevention Orientation. All Marines receive a prevention brief within five days of arrival at an overseas location. This brief emphasizes local laws, ordinances, customs related to substance misuse, and both short-term and long-term risks of substance misuse. Each installation SACC is responsible for the delivery of this briefing.

d. Selective Prevention Activities. Selective prevention activities are those designed for Marines who may be misusing substances. The Marine Corps selective education course is the lowest level of intervention. SACOs coordinate this course and it is often requested for groups of Marines at the unit. The selective education course is less than a day in duration and is taught at the unit by certified instructors.

e. Indicated Prevention Activities. Marines who are identified as misusing substances, whether command or self-referred, are referred to the

SACC for SUD assessment. Those who are misusing substances but not diagnosed with SUD participate in early intervention (EI). The indicated EI course takes place over two days at the SACC and is taught by SACC instructors. EI education explores related risk factors and assists the Marine with recognizing the potential consequences of continued misuse.

f. Deterrent measures are necessary to support prevention programs and enhance personal and mission readiness. In addition to SAP unit requirements related to urinalysis testing and ASP, commanders should incorporate the following in their deterrence efforts:

(1) Announced and unannounced health and comfort inspections of billeting areas and workspaces.

(2) Request random vehicle checkpoints to deter driving while intoxicated.

(3) Request use of drug detection dogs during random vehicle checkpoints and health and comfort inspections.

5. Prevention Personnel Roles and Responsibilities. The SACC employs PSs and DDRCs to support command prevention efforts. The following summarizes PS and DDRc duties.

a. PSs shall:

(1) Conduct an annual substance misuse prevention needs assessment. This needs assessment includes identification of the degree and nature of installation and geographical (surrounding area) alcohol and drug issues; identification of populations with high risk factors; and the development of a plan to increase protective factors that addresses high risks to Marines and family members.

(2) Develop an annual installation Substance Misuse Prevention Plan in collaboration with EPBHC Specialists, if available. The annual Substance Misuse Prevention Plan, signed by the installation commander or designee, must be submitted to DC M&RA, MF no later than the first working day of each calendar year. Training for completing annual plans is provided at <http://thegearlocker.org>. The Substance Misuse Prevention Plan contains at a minimum:

(a) Cover page providing installation identifying information, date, and title.

(b) Executive summary (Community Description).

(c) Mission Statement.

(d) Vision Statement.

(e) Program description.

(f) Needs assessment (command and community organization).

(g) Logic model that links installation specific needs (problem statement), risk/protective factors, related data, and strategies to address identified needs).

(h) Implementation plan that includes identified needs, relevant data, goals/objectives, identified risk/protective factors, strategies, specific activities, and timeframe.

(i) Evaluation plan showing specific measures of effectiveness.

(j) Sustainability plan that details the need for the prevention initiatives, why they need to be continued, and what measures are in place to achieve long-term goals.

(3) Submit copies of needs assessment, logic model, implementation plan, evaluation plan, and sustainability plan, for review and approval by installation commander (or designee) prior to submission to DC M&RA, MF.

(4) Submit the annual Substance Misuse Prevention Plan outcomes to respective commanders in memorandum format for utilization in strategic planning.

(5) Establish a substance misuse prevention coalition comprised of personnel who have the ability to positively influence the annual Substance Misuse Prevention Plan and its outcomes. The coalition may include the Provost Marshal's Office (PMO), Embedded Preventive Behavioral Health Specialists, Community Counseling, DDRCs, Single Marine Program representatives, Recreation Specialists, Sexual Assault Prevention and Response (SAPR) personnel, Safety Division, Public Affairs Officers, Semper Fit representatives, other behavioral health service providers, and community organizations invited and/or interested in substance misuse prevention in the military community.

(6) Market and provide evidence-based and/or evidence-informed EI education.

(7) Facilitate client satisfaction and outcomes measures for prevention activities.

(8) Assist with the accreditation of the prevention program.

(9) Participate in approved substance misuse prevention outreach activities.

(10) Collaborate with other installation behavioral health programs to support and supplement prevention efforts and healthy lifestyle initiatives.

(11) Participate in nationally recognized prevention initiatives such as awareness campaigns, focus months, etc.

(12) Coordinate with EPBHC personnel, where available, to help identify substance misuse trends and develop mitigation strategies.

b. DDRCs shall:

(1) Oversee the installation drug testing.

(2) Coordinate the Medical Review Process.

a. Ensure all positives for prescription drugs undergo a MO review to determine if the Marine has a current prescription or valid medical reason for the drug to be in the individual system.

b. Ensure that the MO makes a "legitimate" or "non-legitimate" use determination in prescription drug positive cases. If necessary, follow-up with the MO within 15 business days of the original IFTDTL results to ensure timely data collection.

c. Upon receipt of the MO's determination, enter that information into IFTDTL within two business days of receipt. Provide a copy of the determination memo to the unit commander.

d. Maintain all MO review memorandum for two years.

(3) Follow-up with MOs and unit commanders as required to meet the timelines established in this Order.

(4) Order and distribute drug testing supplies.

(5) Assist the PS in the development of the Substance Misuse Prevention Plan.

(6) Assist SACOs with unit prevention efforts.

(7) Provide unit SACO training using a DC M&RA, MF approved course within 45 days of SACO appointment.

(8) Maintain a record of active SACOs and Assistant SACOs that includes appointment letters and certificates of SACO course completion.

(9) Prepare, review, and maintain materials for use in the illicit drug use prevention program, such as lesson plans, resource guides, and films.

(10) Participate in national anti-drug campaigns, such as Red Ribbon Week, that encourage Marines and family members to lead healthy, drug-free lifestyles.

(11) Coordinate with EPBHC personnel, where available, to help identify substance misuse trends and develop mitigation strategies.

(12) Disseminate educational materials about illicit drug use to military and civilian personnel and family members.

## Chapter 2

### CLINICAL SERVICES

1. Scope of Care. The Marine Corps SAP provides SUD counseling services to Marines who meet the diagnostic criteria for mild to moderate SUDs as defined in reference (e). Installation SACCs provide Outpatient (OP) and Intensive Outpatient (IOP) levels of care in an outpatient setting. Services are provided in individual, group, and family formats. Clients whose diagnosis is complex-moderate (meeting certain SUD criteria or having a dual diagnosis) or severe are referred to the MTF. SACC Counselors coordinate care for clients who start SUD counseling at a SACC and are stepped up into a higher level of care. This service model is intended to provide a coordinated, seamless, and comprehensive continuum of SUD counseling services.

#### 2. Goals

a. Support Marines to functional social, psychological, familial, and employment health.

b. Mitigate substance misuse-related barriers to mission readiness.

#### 3. Counseling Program Guidelines

a. SACCs provide evidence-based and/or evidence-informed SUD counseling services that adhere to counseling program guidelines provided by DC M&RA, MF and the clinical practice guidelines endorsed by the IOM.

b. SUD counseling services are provided by SACC Counselors credentialed by the DC M&RA, MF CRB.

c. SACC Counselors must maintain professional licensure and certifications, complete 16 hours of continuing education annually to stay current in their field, and apply for credential renewal every two years.

d. Marines, self-referred and command referred, are provided assessment services on the day of initial contact, whenever possible.

e. Marines engaged in SUD counseling services, regardless of level of care, abstain from alcohol use for the duration of service provision.

f. SACC Counselors collaborate with the client to develop an ISP. Each ISP is individualized for the specific client and may include command and family input. As counseling progresses, SACC counselors evaluate progress towards ISP goal achievement and adjust the ISP if necessary. Level of care decisions may be revised based on progress to plan goals and/or Interdisciplinary Team (IDT) reviews.

g. IDTs. SACCs convene IDTs to review case progress. The IDT consists of appropriately trained professionals able to assess, intervene, and treat SUDs (e.g., professional counselors, social workers, marriage and family therapists), and the primary counselor. The SACC Director assembles an IDT, at least weekly, to review the biopsychosocial assessment, ISP, counseling progress and recovery management of a selected number of cases. At a minimum, new and/or complex cases are presented at the IDT. IDTs may also be used to provide group supervision.



h. While counseling is individualized, length of client engagement with services is highly correlated with positive outcomes.

i. Care coordination for co-occurring disorders is integrated into the ISP. SACC Counselors provide the appropriate referrals to the MTF, other MCCS services, Veterans Affairs (VA), and civilian providers as necessary.

j. Counseling services incorporate a gender specific approach.

k. Trauma focused care is embedded in the culture of counseling services. Assessments, ISPs, progress notes and IDT minutes reflect a trauma-sensitive, client centered-approach.

l. If a client indicates that a sexual assault has occurred and chooses to formally report the sexual assault, the SACC Counselor notifies the Sexual Assault Response Coordinator (SARC) per reference (i). The SARC or the Sexual Assault Prevention and Response Victim Advocate explains reporting options and takes the reports, as necessary, per reference (i). SACC Counselors shall not take Restricted or Unrestricted sexual assault reports, nor attempt to explain reporting options.

m. Clients working towards recovery from SUD may slip or relapse during care. This is part of the recovery process and is evaluated with the clinical supervisor and/or IDT to determine if changes to the ISP are indicated.

n. Breathalyzer testing for alcohol use during counseling is routinely conducted.

o. Aftercare is an individualized, distinct phase of care provided by the SACC and is considered part of the continuum of care. Counseling services are not considered complete until aftercare is completed.

#### 4. Process

a. Intake. An administrative step in which program intake paperwork is completed. SACO Referral Information, NAVMC 11685, is part of the Marine's intake information.

b. Client Consent. Prior to the assessment the SACC Counselor reviews the Privacy Act Statement, Limits of Privacy/Confidentiality, and Client Expectations and Responsibilities with the client, making sure the client understands all statements that require client signature.

c. Assessment. SACC counselors perform comprehensive assessments utilizing instruments designed to identify suicidality, anxiety disorders, and post-traumatic stress disorders as well as substance misuse. SACCs accept referrals for assessment from clients who walk-in or self-refer, commands, other MCCS behavioral health providers, MTFs, and civilian providers in the community.

(1) SACC Counselors assess all clients using DC M&RA, MF approved screening and biopsychosocial assessment instruments and diagnostic criteria contained in the most recent version of reference (e).

(2) SACC Counselors form a diagnostic impression based on the assessment results, command information, assessment interview, and any other

collateral information available. SACC Counselors consult with their clinical supervisors and MTF personnel, if appropriate, to confirm the diagnosis.

d. Level of Care Determination. Criteria for placement of clients in a particular level of care is based on the results of the comprehensive assessment, collateral information, IDT review; and meet, at a minimum, the most recent version of American Society of Addiction Medicine (ASAM) patient placement criteria per reference (a). Using multiple sources of information improves the matching of clients with a SUD to the least restrictive environment that is likely to be safe and effective.

(1) Clients not meeting SUD diagnostic criteria as defined in reference (e) may be provided EI services.

(2) Clients who meet the SUD diagnostic criteria for mild or moderate SUD are placed in either OP or IOP, taking the following factors into consideration:

- (a) History of substance use.
- (b) History of SUD counseling/treatment.
- (c) Mental and physical health.
- (d) Ability to cooperate with counseling.
- (e) Ability for self-care.
- (f) Social environment (supportive or high risk).
- (g) Need for structure, support, and supervision to remain safe and abstinent.
- (h) Need for mental health or co-occurring treatment or psychiatric services.
- (i) Preferences for counseling.

(3) Clients who meet the diagnostic criteria for complex-moderate or severe SUD or who are at risk of physical withdrawal are referred to the MTF. A warm hand-off and command notification is required.

e. Outpatient Level of Care (OP)

(1) OP counseling provides rigorous, structured services tailored to the client, but does not exceed nine hours per week. OP counseling services are provided for no fewer than six weeks. OP approaches include the use of DC M&RA, MF approved curricula, evidence-based and/or evidence-informed client and group therapy, family counseling, and education. Groups are conducted in an open group format. The duration of OP counseling depends upon the ISP.

(2) Provides an initial level of counseling for clients with a mild SUD who do not require IOP, residential care or inpatient detoxification.

(3) Provides step-up or step-down level of care from less or more intensive counseling and further community integration and support.

(4) Provides counseling to clients with a SUD who have had a period of abstinence and have returned to substance misuse who require further counseling.

(5) Assesses for any co-occurring disorders, refers as necessary, and coordinates care.

(6) Enhances client willingness to change.

f. Intensive Outpatient Level of Care (IOP)

(1) IOP counseling provides rigorous, structured services lasting between nine and twenty hours per week. Service duration depends on the client's ISP; but must last for at least six weeks and may last longer depending on individual client needs. IOP approaches include the use of DC M&RA, MF approved curricula, evidence-based and/or evidence-informed client and group therapy, family counseling, and education. Groups are to be conducted in an open group format. Care coordination services are provided when clients are referred to MTFs or other MCCS programs. IOP is designed for clients needing multidisciplinary services that cannot efficiently or effectively be met in a less intensive setting.

(2) Provides an initial level of counseling for clients with a moderate SUD who may also have sub-clinical co-occurring issues, but who do not require residential care or inpatient detoxification.

(3) Provides step-up or step-down level of care from less or more intensive counseling and further community integration and support.

(4) Provides increased structure, monitoring, and intensity of services to clients who are at risk of not achieving their ISP goals.

(5) Provides intensive counseling to clients with a SUD who have had a period of sobriety and relapsed, but who do not require medical intervention.

g. Care Coordination. Care coordination services are provided to clients who present with a severe SUD, complex-moderate SUD, and co-occurring disorders. Treatment for co-occurring disorders is provided by the MTF. If other sub-clinical co-occurring issues appear during the counseling process, then care is coordinated with other MCCS or civilian service providers as appropriate.

5. Transition. Transition from a Marine Corps SAP level of care occurs when a client has met his/her ISP goals, reached maximal benefit from the current level of care, or transitions to another level of care (steps up or down). After the admission criteria for a given level of care are met, the criteria for continued service or transfer from that level are as follows:

a. Continued Service Criteria. It is appropriate to retain the client at the present level of care if:

(1) The client is accomplishing ISP objectives, but has not yet achieved all of the goals articulated in the ISP; or

(2) The client is not accomplishing ISP objectives, but has the capacity to achieve the goals articulated in the ISP, and/or;

(3) New goals are identified that are appropriately addressed at the present level of care.

b. Transition from primary counseling services to aftercare services. The decision to transition from primary counseling services to aftercare is based on ASAM criteria, holistic needs and strengths of the client, and progress towards counseling goals. Marines who self-referred may discontinue services at their discretion but the command will be notified if services are discontinued prior to ISP completion.

#### 6. Aftercare

a. Aftercare is overseen by the SACC. As the completion of the primary counseling approaches, the SACC counselor and client develop an Aftercare Plan. Aftercare provides individualized, ongoing, regular structure to support the client in maintaining no risk or low risk behaviors.

b. SACC personnel individualize aftercare services to meet the needs of the Marine, with the requirement that aftercare continues for at least six months. Aftercare begins when the Marine completes SACC OP or IOP services. Counselors generally taper off contact with a Marine if he or she is meeting aftercare goals and is engaged in recovery.

c. SACCs must keep unit commanders apprised of a Marine's aftercare schedule and progress towards Aftercare Plan completion.

7. Discharge. For command referred clients, discharge from SACC counseling services occurs after the completion of aftercare services.

8. Special Circumstances. In all of the following special circumstances, a Marine who is diagnosed with a SUD will be offered SUD care prior to Permanent Change of Station (PCS), Administrative Separation, or discharge.

a. Permanent Change of Station. If a command referred Marine transfers/executes PCS to another duty station, SUD care is transitioned to the receiving SACC. If the Marine transfers to a location where there is no SACC, the transition plan includes the use of appropriate non-Marine Corps installation or outside sources. The SACC counselor must document care coordination and planning indicating the client received information on where and how to access follow up services, and whenever possible, that intake appointments were scheduled at the new duty station in anticipation of the client's arrival.

b. Marines Pending Administrative Separation. Marines pending voluntary or involuntary administrative separation may still require or desire SUD counseling services. SACCs work with these clients to develop a plan that connects the client to care in his/her community. The SACC counselor must document care coordination and planning indicating the Marine received information on where and how to access follow-up services and whenever possible, that intake appointments were scheduled at the new destination in anticipation of the client's arrival.

c. Marines Pending Discharge. Marines pending discharge and evaluated as having no potential for further military service are provided appropriate

SUD care and referred to a VA facility or civilian provider. Marines who are being administratively separated for a SUD may be referred to a VA or civilian service provider. The Marine must be informed of this opportunity for counseling and whenever possible, that intake appointments were scheduled at the new destination in anticipation of the client's arrival.

d. Determining Suitability of VA Services. SACC counselors assist Marines in determining if the VA is a viable care option. If the Marine is not eligible for VA services or does not have reasonable access to VA services in their community, then the SACC counselor must recommend alternative SUD care options. The SACC counselor must document care coordination and planning indicating the Marine received information on where and how to access follow-up services, and whenever possible, that intake appointments were scheduled at the new destination in anticipation of the client's arrival.

9. Command, Supervisor, and Family Involvement in Care

a. Command Involvement. When the Marine is command referred, the unit commander, in conjunction with the counseling staff, is involved in the Marine's counseling program and engaged in supporting behavioral change. If the Marine is self-referred and is receiving SUD counseling services, the commander must be notified per reference (a). This notification consists of the minimum amount of information necessary to satisfy the purpose of the disclosure: diagnosis; a description of the planned counseling services; impact on duty or mission; prognosis; any applicable duty limitations; and implications for the safety of others. Command notification is not required if the self-referred Marine is receiving substance misuse education.

b. Family Involvement. Initial assessment includes family data. A plan for family involvement in counseling and recovery support is included in the ISP with prior authorization from the client receiving services. An emphasis on this portion of the program must be made known to clients before entering counseling. Family involvement is encouraged, but lack of participation of family members does not preclude clients from accessing counseling services.

10. Counseling Program Staffing

a. Staffing levels are determined by a risk adjusted staffing model. All staff are hired based on DC M&RA, MF approved PDs and are credentialed by the DC, M&RA MF CRB.

b. LIPs, Tier III counselors, comprise at least half of all clinical counseling staff at the SACC. Each SACC has a designated LIP who acts as the clinical supervisor. While SACCs have more than one LIP, there must be a clearly designated SACC Clinical Supervisor with a corresponding PD.

c. Staff members are supervised by SACC Clinical Supervisors, Tier III counselors, who are licensed and qualified to evaluate clinical performance.

(1) The clinical supervisor is responsible for the clinical care provided by the counselors. Clinical supervisors approve Tier I and Tier II counselors' assessments, ISPs, case activity notes, and any crisis interventions. Clinical supervision is provided by regular observation of direct contact and review and signature of the client's counseling records. All clinical supervision must also be documented in the supervision file.

Clinical supervisors meet with Tier III counselors who are not clinical supervisors on a regular, as-needed basis (at least one time monthly).

(2) Tier III credentialed counselors may make a SUD diagnosis, develop an ISP, and provide ongoing care independently within the scope of authorized SACC SUD counseling services.

(3) Clinical supervisors who provide direct care have regular clinical supervision. Clinical supervision is provided by a qualified and credentialed provider (i.e., SACC Director, Behavioral Health Branch Head, or clinical peer from another SACC, Community Counseling Program or Family Advocacy Program (FAP)).

(4) Each counselor, regardless of Tier, has an Individualized Professional Development Plan (IPDP). The IPDP addresses concrete timelines, the development of core competencies, and other requirements for counselors to achieve licensure status. If the counselor is already licensed, the IPDP should contain a plan for maintaining the license as well as professional development goals.

(5) The SACC Clinical Supervisor conducts quarterly records audits and clinical care reviews utilizing the HQMC, MF Quality Audit Tool. Reference (g) requires records audits and clinical care reviews of ten percent of open cases and five percent of cases closed during the quarter.

CHAPTER 3

CONFIDENTIALITY AND CLIENT CONSENT

1. Disclosure of Confidential Information

a. Counseling information is confidential. All records, including those housed in the DC M&RA, MF approved electronic case management system, are maintained in accordance with references (j) and (l). Confidentiality is essential to program credibility. Records of the identity, diagnosis, or counseling of any client maintained in connection with the performance of any Marine Corps program or activity relating to substance misuse education, prevention, training, counseling, rehabilitation or research, shall be confidential.

b. All suspected breaches of confidentiality shall be reported to the chain of command.

c. Exceptions to confidentiality include:

(1) Any situation that falls under "duty-to-warn" shall be reported to the appropriate installation point of contact.

(2) Any alleged incidents of suspected child and domestic abuse shall be reported to the appropriate installation FAP.

2. Client Consent. To adhere to confidentiality and professional counseling ethics and standards, counselors are required to obtain additional written consent from each client in the following cases:

a. If a counselor plans to record or have a session observed by a supervisor or other counselors, share the case record with a student intern, or if a third party participates in or observes a counseling session.

b. Per reference (j), if a facility other than an MTF or VA, requests information regarding the client.

c. Written consent from a parent or legal guardian shall be obtained prior to initiation of services if a child, under 18, is to participate in counseling.

d. Prior to a counselor coordinating care with any counselor outside of MCCS Behavioral Health or the MTF, the counselor must obtain consent from the client requiring care coordination.

Chapter 4

QUALITY ASSURANCE AND PROGRAM EVALUATION

1. Quality Assurance

a. Installation Quality Assurance Objectives. Effective quality assurance ensures that Marines are receiving consistent and high-quality services regardless of where they are stationed.

(1) Assess and monitor the quality of services and compliance with Marine Corps standards. Identify opportunities for improvement using a client driven outcomes management system that solicits direct consumer feedback, encourages individualized service delivery, and enables ongoing monitoring of service effectiveness for providers.

(2) Justify resources to meet and maintain standards.

(3) Integrate, track, and trend quality assurance information quarterly to identify patterns or processes, which may need in-depth review.

(4) Identify program weaknesses and improvement opportunities through self-studies, compliance reviews, data analysis, and customer feedback.

(5) Prepare the program for accreditation/certification using national standards.

b. DC M&RA, MF Quality Assurance Process. The Quality Assurance process monitors the quality and consistency of services and verifies compliance with national and Marine Corps standards.

(1) Accreditation/Certification. SACCs are required to undergo accreditation/certification using standards developed by a national accrediting body not less than once every four years.

(2) Record audits and clinical care (record) reviews are conducted in accordance with reference (g) and DC M&RA, MF guidance.

(3) Evaluate and support the SACC to ensure the applicable requirements of quality assurance, inspections, managers' internal control program, and credentialing and certification are met.

(4) Review this Order annually to ensure that it is necessary, current, and consistent with statutory authority.

c. Installation Quality Improvement. Installation SACCs shall develop an internal process improvement plan to maintain continual readiness and to ensure that credentialed counselors provide required and effective services in a timely manner.

2. Program Evaluation

a. DC M&RA, MF may issue written guidance for SACC involvement in DC M&RA, MF evaluation activities. The data extracted from existing systems by DC M&RA, MF may support:

(1) Needs assessments.



- (2) Evaluating SACC processes.
- (3) Evaluating the outcome of SACC activities.
- (4) Evaluating the impact of SACC activities.
- (5) Evaluating the feedback about SACCs from various stakeholder groups.
- (6) DC M&RA, MF planning, policy development and resource allocation.

b. All program assessments and/or evaluations of SAP or any of its components as well as research involving SAP staff or services must be coordinated with DC, M&RA MF prior to collection of data/information and prior to reporting of results.

### 3. Counseling Staff Credentials

a. Requirements. The SACC complies with credentialing requirements of reference (g).

b. SACC Counselors. All personnel who conduct or supervise clinical assessments and/or provide clinical services for the SACC shall meet the following minimum education, licensure, and certification qualifications:

(1) Education requirements: Master's or Doctoral-level human service and/or mental health professional degree from an accredited university or college program as well as an Alcohol and Drug Counselor II (ADC II) certificate or state equivalent.

(2) Tier system requirements:

(a) Tier I: Providers are collecting their supervised hours to be applied toward licensure. Hours must be obtained within a 36 month period.

(b) Tier II: Providers must have at least 2,000 hours of full time, post masters supervised clinical care experience, and have a U.S. State or territory license that meets DoD requirements for Tier II clinical services.

(c) Tier III: Providers shall meet Tier II criteria, and have attained two years full time post licensure clinical experience. Tier III providers are eligible to provide clinical supervision and have the ability to function as the sole provider at a location.

(3) DC M&RA, MF CRB renews credentials every two years. All credentialed providers requesting renewal of credentials must complete 16 hours of continuing education annually and maintain their state license and substance abuse certification in good standing.

(a) SACC Counselors whose state license renewal includes 16 continuing education hours per year are not required to complete any additional continuing education hours.

(b) SACC Counselors licensed in states where fewer than 16 continuing education hours are required annually, must complete additional continuing education hours to equal 16 hours annually.

c. SACC Clinical Supervisor. SACC Clinical Supervisors shall meet the following standards:

(1) Education and Licensure. Compliant with paragraph 3b of this chapter;

(2) Credentialing. Credentialed at the Tier III level in accordance with this Order; and,

(3) Experience. A minimum of four years post-graduate professional experience is preferred. Two of these years must include documented post-licensure clinical experience in SUD treatment. Experience must also include a minimum of two years of post-licensure experience as a clinical supervisor of professional clinical providers.

d. Credentialing. All personnel who conduct clinical assessments, provide clinical services, and/or supervise clinical care must be credentialed in accordance with this Order and references (a) and (g).

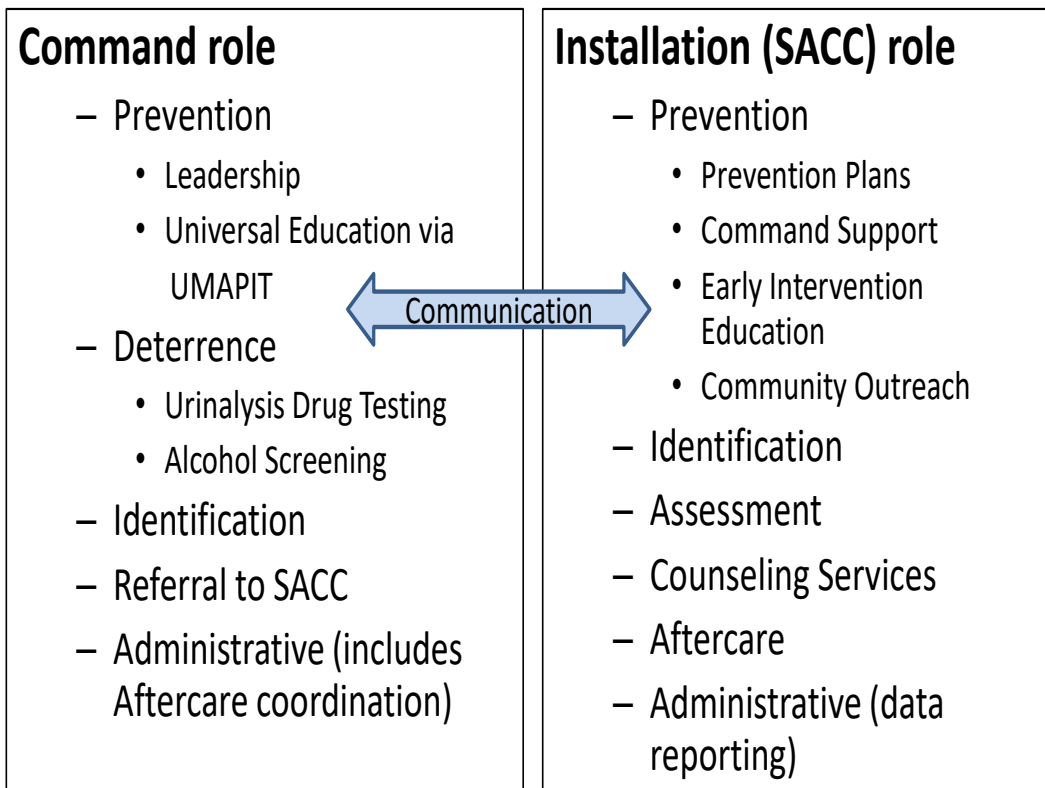
(1) An offer of employment is contingent upon initial credentialing.

(2) Requests for waivers from the aforementioned credentialing requirements will be considered by DC M&RA, MF CRB on a case-by-case basis.

APPENDIX A

SUBSTANCE ABUSE PROGRAM RESPONSIBILITIES

# MC Substance Abuse Program



APPENDIX B

DRUG TESTING GUIDANCE

1. Drug Testing Program

a. Scope. Urinalysis is a valid and reliable deterrent measure and means of inspecting personnel to assess command readiness. Commanders shall utilize the DOD Drug Testing Program (DTP) software to establish an aggressive compulsory illicit drug use testing program, ensuring systematic screening of all Marines annually, regardless of rank, for the presence of drugs. No Marines are excluded from current testing, regardless of proximity of previous testing. Total leadership effort with full participation of all officers, SNCOs, and NCOs is required to effectively counter drug abuse. Only commanders and Medical Officers (MO) may direct that a urine sample be taken to test for drug presence.

b. Testing shall not be conducted:

- (1) On a predictable schedule;
- (2) On a specific day each month;
- (3) Immediately following receipt of urinalysis testing materials;
- (4) Coincident with specific or periodic musters, such as liberty briefs.

c. The above requirement does not preclude participation in special testing:

- (1) Brig staff are tested quarterly.
- (2) Prisoners are tested as directed by their commander.
- (3) Marines assigned as SACOs, UPCs, and observers are tested monthly, except for Recruiting Command SACOs, who are tested quarterly and as directed by the commander.
- (4) Reservists are tested no later than 72 hours after the beginning of scheduled annual training or initial active duty training.
- (5) Commanders direct testing of Marines reporting in from Permanent Change of Station (PCS), Unauthorized Absence (UA), and extended leave periods (exceeding seven days) within 72 hours of arrival/return to the unit.

2. Urinalysis Testing Premise Codes. Urinalysis testing is authorized under the following premise codes:

a. With the Marine's consent (VO). A Marine suspected of unlawfully using drugs may be requested to consent to testing. Prior to requesting consent, the command should advise the Marine he may decline the test. Where practicable, consent should be obtained in writing. Article 31(b) of reference (1) states warnings are not required in such cases provided no other questioning of the Marine takes place. Further guidance concerning

consent searches is contained in Military Rules of Evidence (M.R.E.) 311, 312, and 314 through 316, and described in reference (c).

b. Probable Cause (PO). A urinalysis may be ordered per M.R.E. 312(d) and 315, as described in reference (c), when there is probable cause to believe a Marine committed a drug offense and it will produce evidence of such an offense. Commanders are strongly encouraged to consult with a Judge Advocate regarding each probable cause determination.

c. Periodic Urinalysis Tests

(1) Random selection (IR). Random testing of work sections, groups, or all command members. Testing should be conducted on a routine basis to act as a deterrent.

(2) Unit (IU). Testing, random or otherwise, of an entire unit, sub-unit or identified segment of a command.

(3) Accession (NO). Testing of all personnel seeking initial accession into the Marine Corps or recalled to active duty. All officer candidates and recruits are tested within 72 hours of arrival at the training site, under premise code NO. Officer candidates are randomly tested during training. Officer candidates and recruits who refuse to consent to testing or whose initial urinalysis is confirmed for the presence of illicit drugs, are processed for separation per reference (d). Furthermore, the appointment or enlistment of a person determined drug dependent at the time of such appointment or enlistment shall be voided and he will be released from the control of the Marine Corps per reference (d).

(4) Command-directed (CO). Ordered by the commander whenever a Marine's behavior or conduct evokes a reasonable suspicion of drug use or whenever drug use is suspected within a unit. A command-directed examination may be ordered to determine competency for duty and the need for counseling, rehabilitation, or other medical treatment. The distinction between command-directed, probable cause and voluntary is very important if future disciplinary action is contemplated. Consultation with the command's staff judge advocate is highly encouraged before using this basis.

(5) Physician-Directed (MO). A military physician may order a urinalysis in connection with a competence for duty examination under M.R.E. 312, as described in reference (c), and in connection with any other valid medical examination based on a command referral for suspected drug abuse. Consultation with the command staff judge advocate is also highly encouraged before using this basis. As with a command-directed examination, if misconduct is suspected, this basis could limit a command's ability to later prosecute the Marine at court-martial or separate with an other than honorable characterization of service.

(6) Official Safety, Mishap, Accident (AO). A commander may order a urinalysis in connection with a formally convened mishap or safety investigation for the purpose of accident analysis and the development of counter measures. This basis will not be used if any other basis listed above could apply.

(7) Rehabilitation/Treatment (RO). Testing conducted in conjunction with participation in a substance abuse treatment program for alcohol/drugs (as opposed to a medical detoxification or treatment program). If a

urinalysis taken upon entry to or during treatment is positive, the SACC or treatment facility returns the Marine to the parent command for appropriate action.

(8) Service-directed and Other Service-Directed (OO). Testing directed by the Secretary of the Navy or the CMC. Premise code OO is used for SACC personnel, Marines involved in the collection and shipment of urine samples, security personnel, reenlistments, brig staff, prisoners, reservists, and Marines reporting in from PCS, leave or UA. Testing dates are randomly selected.

## 2. Urinalysis Collection Process

a. The commander designates in writing responsible Marines as UPCs and observers who are thoroughly trained by attending the SACO course, or by the unit SACO. Training must be accomplished before personnel can engage in any aspect of the collection process.

b. The SACO and/or UPC uses the DTP software and ensures all materials and personnel are ready for the collection. The SACO and/or UPC is accountable for collection site security and the chain of custody of urine specimens. Training on utilization of the DTP is obtained through the SACO course. Further assistance can be obtained through the installation DDRC and DC, M&RA MF Substance Abuse Program. To acquire the latest approved version of DTP, visit <https://iftdtl.amedd.army.mil>. In addition, a standard chain of custody form must be used to submit specimens for testing. For Marine Corps urinalysis collection, DD Form 2624, "Specimen Custody Document-Drug Testing" is used to document each batch submitted for testing.

c. The unit UPC maintains a urinalysis ledger documenting all specimens collected with their identifying information as indicated below.

(1) Collection date (TIME/YEAR/MONTH/DAY). Each sample must have the same date per batch number.

(2) Batch number.

(3) Specimen number.

(4) Full EDIPI of the Marine providing the specimen.

(5) Testing premise code.

d. To begin the collection process, in a controlled area, the Marine presents a military identification card, and the UPC confirms the identity of the Marine. The identification card is retained by the UPC upon issuing the bottle and, if practical, should be placed in the empty urine bottle box slot used for shipping specimens until the bottle is returned after collection. The UPC will maintain strict control of the bottle when not in the hands of the donor. The UPC must ensure that bottles are separated in order to prevent confusion of specimens.

e. Specimens must be collected in full view of the observer. UPCs may also serve as observers. Observers shall:

(1) Be the same gender as the Marine providing the specimen.

(2) Witness the complete collection process (Marine urinating into the specimen bottle, placing the lid on the bottle, and delivering it to the UPC). The observer must maintain full observation of the specimen bottle while under his/her cognizance. If the Marine's clothing obstructs the view of the observer, the observer may require clothing to be lowered or removed.

(3) Print his/her name and sign the urinalysis ledger certifying the specimen bottle contains urine provided by the Marine and there was no opportunity for substitution or adulteration.

(4) Ensure specimens provided by females are collected in a medical specimen container and transferred to the standard specimen bottle for processing. This transfer is done by the Marine providing the specimen in full view of the observer.

f. The UPC ensures the specimen bottle contains a minimum volume of 30 milliliters (mls), approximately one-third full.

g. Upon completion of the collection process, the UPC ensures the label for each bottle contains the following:

(1) Collection date (YEAR/MONTH/DAY).

(2) Batch number (locally derived four-digit code assigned to each batch of 12 specimens or portion thereof).

(3) Specimen number (pre-determined two-digit sequential numbers assigned to each specimen in a batch).

(4) Full DoD ID Number (EDIPI) of Marine providing specimen.

(5) Testing premise code.

(6) Initials of Marine providing specimen.

h. The label is attached to the bottle by the Marine (never put the Marine's rank, name, or signature on the label).

i. The Marine providing the specimen validates the specimen bottle by: verifying the identifying information on the label by printing his/her name and signing the ledger, and initialing the label with the initials of the name used in the ledger. If the Marine refuses to sign, verification of the specimen may be done (signed and initialed) by the observer and witnessed by the UPC and annotated in the comments section of the ledger. The UPC initials the label and prints his/her name and signs the ledger.

j. The Marine places tamper resistant tape across the cap of the specimen bottle. The tape must touch the bottle label on both sides of the bottle. The tape is transparent and will not obliterate any portion of the label. Then the Marine initials the tape on the bottle top. If the tape breaks, put another piece of tape over the broken tape, initialing the new tape. If the bottle leaks, the Marine transfers his/her urine into another unopened specimen bottle, under the direct observation of the observer, repeats the labeling and taping process and annotates the comments section of the ledger.

3. Anabolic Steroid Testing.

a. All steroid samples must be submitted through NDSL Great Lakes, regardless of geographical location. NDSL Great Lakes will then submit the samples to the contract laboratory for testing.

b. Anabolic Steroid Testing must be approved by the DC, M&RA MF Drug Demand Reduction Program Manager prior to submitting for testing. If samples are sent without obtaining prior authorization from DC, M&RA MF the submitting unit will be responsible for all costs associated with the submission.

c. Samples submitted for testing must include a command letter, submitted on letterhead, including a command point of contact, e-mail address and phone number. Specimens for steroid testing may also be submitted for standard drug testing, however, this additional testing must be specifically requested by the submitting unit. Each specimen must be at least 60 mls in order to be tested.



APPENDIX C

ACRONYMS

ASP	Alcohol Screening Program
ASPC	Alcohol Screening Program Coordinator
DSM-5	Diagnostic and Statistical Manual (of Mental Disorders), 5 <sup>th</sup> Edition
DDR	Drug Demand Reduction
EI	Early Intervention
EPBHC	Embedded Preventive Behavioral Health Capability
IDT	Interdisciplinary Team
IPDP	Individualized Professional Development Plan
ISP	Individualized Service Plan
LIP	Licensed Independent Provider
MO	Medical Officer
MPDATP	Military Personnel Drug Abuse Testing Program
MTF	Military Treatment Facility
PS	Prevention Specialist
SACC	Substance Abuse Counseling Center
SACO	Substance Abuse Control Officer
SUDs	Substance Use Disorders
UPC	Urinalysis Program Coordinator

KEY TERMS

Alcohol Related Incident (ARI): An Alcohol-Incident, as defined by reference (b), an offense punishable under reference (1) or civilian authority committed by a member where, in the judgment of the member's commanding officer, the consumption of alcohol was a contributing factor.

Co-occurring issues: Includes any combination of two or more substance use disorders and mental health disorders identified in the current Diagnostic and Statistical Manual of Mental Disorders.

Deterrence: Setting standards or establishing parameters for appropriate/expected behaviors, as well as establishing clear penalties/consequences for violating these standards

Driving under the Influence/Driving While Intoxicated (DUI/DWI): As defined in reference (b), 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 recorded blood alcohol content (BAC) for alcohol ranging from 0.08 to 0.10 is prima facie proof of DUI and DWI without any other evidence. It should be noted that in many states, drivers can be impaired at levels lower than 0.08 and can be convicted on other evidence without a recorded BAC (see "Substantiated Incidents of Impaired Driving," enclosure (3), paragraph 3). 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 and DWI is contained in reference (1), article 111, and its analysis.

Drug misuse: Includes use of any substance, with or without a prescription, with primary goal to alter one's mental state (i.e., alter mood, emotion, or state of consciousness) outside its medically prescribed purpose - includes medications, illicit drugs, or use of commercial products outside of intended purpose (such as inhalants, synthetic cannabinoids, etc.).

Drug Related Incident (DRI): As defined in reference (b) as any incident where 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 in 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.

Evidence-based and/or evidence-informed (prevention): Empirically-evaluated programming that demonstrates effectiveness in changing specified risk and protective factors associated with the targeted behavior among a military population. A strong evidence base requires peer-reviewed replication across demographic populations.

Prevention programs: Activities designed to influence participants to avoid problematic substance use and encourage clients to seek early assistance if needed.

Substance misuse: The use of any substance, including alcohol, in a manner that puts the user at risk of failing in their responsibilities to mission or family, or that is considered unlawful by regulation, policy, or law. This includes substance use that results in negative consequences to the health and/or well-being of the user or others; or meets the criteria for an SUD.

SUD Prevention Initiative Classifications (from IOM Model):

a. Universal: targets whole population that has not been identified on basis of any client risks (broadest approach).

b. Selective: targets clients or population sub-groups whose risks of developing SUD is significantly higher than average.

c. Indicated: targets high-risk clients already identified as having detectable signs/symptoms of SUD but prior to actual diagnosis of disorder.

APPENDIX D

ALCOHOL SCREENING PROGRAM (ASP) GUIDANCE

1. Definition and Scope. The ASP is a unit-level deterrence tool to identify alcohol misuse and direct appropriate intervention before any career or life-altering incidents occur. Marines undergo ASP breathalyzer testing in conjunction with random monthly urinalysis testing. The ASP supports a commander's efforts to ensure Marines arrive to work safely and fit for duty. The ASP may only be used for Marines who are on duty. The ASP testing process is not the same as "unit testing" for the purpose of collecting evidence to use against a Marine. If a Marine is identified while on duty as under the influence of alcohol, it is an opportunity for further intervention. The protocols that follow address the use of breathalyzers as part of the ASP. Should a commander request a Marine be given a breathalyzer test outside of the ASP protocols, the results of that test are NOT reported via Marine Corps Training Information Management System (MCTIMS) and the Gear Locker (SharePoint).

2. Process

a. Unit commanders appoint an Alcohol Screening Program Coordinator (ASPC) and provide a copy of the appointment letter to the appropriate installation SACC.

b. Installation SACCs train ASPCs in the performance of their duties within 7 days of receiving the ASPC appointment letter from the command. SACCs maintain a copy of appointment letters.

c. Installation SACCs coordinate the procurement and distribution of ASP breathalyzer kits and supplies to units with DC M&RA, MF.

d. ASPCs conduct monthly random breathalyzer testing in conjunction with monthly random urinalysis testing utilizing the procedures located at <http://thegearlocker.org>.

e. ASPCs notify the SACO of Marines who test positive.

f. Unit commanders refer Marines with a positive test result of .04 percent or greater to medical for a fit for duty determination.

g. Unit commanders ensure that Marines who have been referred to the MTF for a fit for duty determination are subsequently assessed by the installation SACC. Marines should arrive at the SACC for assessment only after their blood alcohol content has returned to ".00".

h. ASPCs prepare results for the unit commander utilizing the procedures found at <http://thegearlocker.org>.

i. Unit commanders ensure monthly breathalyzer testing results are submitted to DC M&RA, MF within seven days after the end of each month.

j. DC M&RA, MF analyzes monthly alcohol-screening results submitted by the units electronically via the SharePoint site <http://thegearlocker.org>.

k. Installation SACC provides quarterly data to DC M&RA, MF. The quarterly data should be a roll-up of the monthly data with any differences

reconciled. The quarterly data indicate the number of Marines tested (positive/negative) and number of Marines referred for SUD assessment.

l. ASPCs consult with the local SACC for appropriate education and assessment requirements for identified Marines.

m. ASPCs sign for breathalyzers. Ensure that when not in use, breathalyzers are maintained in a secure location.

n. ASPCs perform routine inspection and maintenance. Calibration of the breathalyzers must be performed as specified in the user's manual supplied with each instrument to ensure optimal device performance.

o. ASPCs contact the installation SACC to address concerns with the operation of breathalyzers and the execution of the ASP.

p. DC M&RA, MF maintains program oversight providing technical support.

q. DC M&RA, MF collects, analyzes, and maintains ASP results provided by installation SACCs and by ASPCs in the electronic system on Gear Locker.

3. ASP Results. ASP results are submitted via the Marine Corps Training Information Management System (MCTIMS) and the Gear Locker (SharePoint) site. MCTIMS assists commanders in tracking ASP compliance by unit and individual. Gear Locker submissions assist DC M&RA, MF in tracking ASP compliance throughout the Marine Corps. Detailed procedures for MCTIMS and Gear Locker submissions are found at <http://thegearlocker.org>.

APPENDIX E

CLINICAL SERVICES PROCESS

