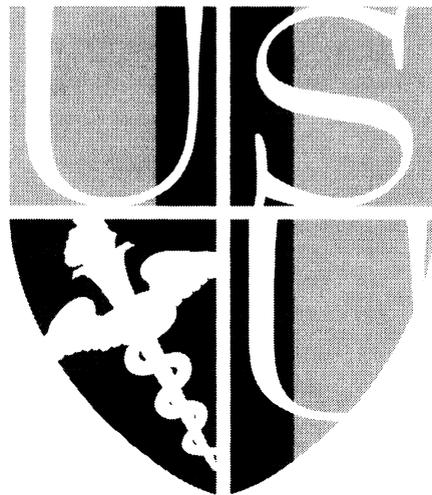


**USUHS  
INSTRUCTION  
1013**





# UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES



## SUBJECT: Drug Abuse Prevention and Control Program For Uniformed Service Members

Instruction 1013

APR 13 1999

(BDE)

### ABSTRACT

This Instruction contains the policies concerning "Zero Tolerance" of the illegal use of drugs by uniformed service personnel assigned to the Uniformed Services University of the Health Sciences (USUHS). It also references each uniformed service's procedures for handling positive results. For the purpose of this Instruction, the term "drug" includes alcohol and the term "drug abuse" includes illegal drug use, and the abusive use of either drugs or alcohol.

**A. Reissuance And Purpose.** This Instruction reissues USUHS Instruction 1013<sup>a</sup>. Per DoD and uniformed services directives, the USUHS "Drug Abuse Prevention and Control Program (DAPCP)" is intended to:

1. Prevent drug abuse;
2. Establish and provide direction for the operation of the USUHS DAPCP and where applicable, implement the standards and directives contained in DoD Directive 1010.1<sup>b</sup>, DoD Directive 1010.4<sup>c</sup>, Army Regulation 600-85<sup>d</sup>, OPNAV Instruction 5350.4B<sup>e</sup>, SECNAV Instruction 5300.28B<sup>f</sup>, AFI 36-2701<sup>g</sup>, AFI 44-120<sup>h</sup>, and USUHS DAPCP Counselor/DAPCP Officer Standard Operating Procedures<sup>i</sup>. It provides responsibilities of the Brigade Commander (BDE); Commandants, School of Medicine (SOM) and the Graduate School of Nursing (GSN); Director, University Health Clinic (UHC); DAPCP Clinical Coordinator; DAPCP Counselor;

Drug Abuse Prevention and Control Program Officer (DAPCPO); Urinalysis Coordinator; and the DAPCP Urinalysis Collection Team (UCT);

3. Preserve the health of uniformed service members of the USUHS by identifying drug abusers and by providing such members appropriate counseling and treatment;
4. Permit the assessment of the effects of drug abuse and abusers, respectively, upon the service member's fitness; and upon the security, good order, and discipline within the USUHS; and to allow appropriate action to be taken based upon such an assessment; and
5. Preserve manpower through:
  - a. prevention,
  - b. education,
  - c. identification,

- d. rehabilitation, and
- f. program evaluation.

**B. References.** See *Enclosure 1*.

**C. Applicability.**

1. This Instruction applies to all uniformed service personnel assigned to the USUHS.

2. The drug abuse prevention policies of this program are applicable continuously, on or off duty, and on or off of government facilities.

**D. Policy.** It is USUHS policy to require its uniformed service members to maintain acceptable standards of behavior, performance, and discipline necessary to complete its mission. The illegal or improper use of drugs by active duty service members can seriously damage health, may jeopardize the member's and others' safety, and can lead to criminal prosecution and discharge under less than honorable conditions. Drug abuse is not compatible with USUHS standards and the requirements of military service. The USUHS will work to prevent drug abuse among uniformed service members through education and counseling. Actions to be followed upon the identification of a drug abuser will depend upon the circumstances underlying identification. Upon voluntary identification, the service member will be provided counseling, medical assistance and treatment, and restoration to duty when feasible and appropriate according to his/her specific service regulations. Upon positive biochemical identification, the individual will be referred to his/her particular service for disciplinary action and/or separation in accordance with service directives.

**E. Responsibilities.**

1. The President, USUHS shall, upon consideration of the recommendation of the BDE, appoint:

- a. The DAPCP Clinical Coordinator; and
- b. The DAPCP Counselor.

2. The Brigade Commander shall:

a. Establish and maintain an active Drug Testing Program for all uniformed service members assigned to the USUHS. Through periodic testing, it is the goal of this program to test all uniformed service members for illegal drug use at least once a year;

b. Refer a uniformed service member of the USUHS who has tested positive for an unauthorized substance to his/her parent service for appropriate therapy, administrative, and/or disciplinary action;

c. Determine if the member had access to controlled substances at the USUHS. If so, ensure this access is immediately terminated and direct that all controlled substances be inventoried by a disinterested party; and

d. Notify the President, USUHS; the appropriate Dean; the Office of General Counsel (OGC); and any other office he deems necessary.

3. The Commandants, SOM and GSN shall:

a. Ensure medical and nursing students comply with testing; and

b. Inform the BDE when a student is disenrolled, after which the responsibility for the service member shifts to the BDE.

4. The Director, University Health Clinic shall serve as the clinical liaison for all personnel assigned, including:

- a. Supervising the DAPCP Clinical Coordinator in all clinical matters related to the DAPCP; and
- b. Working with the Commandants, SOM and GSN; Assistant Dean, Student Affairs (OSA); and the Assistant Dean, Clinical Sciences in determining a student's suitability for continued enrollment and the monitoring of that student's progress.

5. The Drug Abuse Prevention and Control Program Clinical Coordinator (Medical Review Officer) shall be a uniformed military physician on the staff of the UHC. The coordinator will be supervised by the Director, UHC for all clinical matters related to the overall DAPCP. The DAPCP Clinical Coordinator shall:

- a. Supervise all clinical activities of the DAPCP;
- b. Consult with the DAPCPO and BDE about clinical and medical educational program issues; and
- c. Serve as a liaison between the USUHS and external organizations for clinical matters, including referral, monitoring, treatment, and follow-up.

6. The Drug Abuse Prevention and Control Program Counselor shall:

- a. Develop and coordinate a comprehensive program on drug abuse that emphasizes prevention;
- b. Conduct individual interviews and counseling sessions for uniformed service members when necessary, and provide information about their parent service programs;

c. Recommend through the DAPCP Clinical Coordinator to the BDE the referral of uniformed service members to appropriate agencies for diagnosis, treatment, and rehabilitation;

d. Coordinate DAPCP education programs;

e. Maintain liaison with the UHC, Tri-Service Alcohol Rehabilitation Department (TRISARD), and other agencies to enhance coordination of efforts to prevent drug abuse; and

f. Report to the DAPCPO.

7. The Drug Abuse Prevention and Control Program Officer shall be responsible for the overall administration of the program to:

a. Ensure that each service member is tracked in a central database system listing the dates of urinalyses;

b. Provide periodic program evaluation to the BDE;

c. Ensure DAPCP records are maintained in a secure manner; and

d. Ensure drug testing statistics are collected and maintained for the BDE.

8. The Urinalysis Coordinator shall be assigned as an additional duty to an E-6 or above. The Urinalysis Coordinator shall be responsible for the detailed administration of the drug testing program for uniformed service members. The Urinalysis Coordinator shall:

a. Ensure supplies are on hand for the required testing period;

b. Ensure personnel support tasking requirements are coordinated with the senior enlisted member;

c. Ensure all personnel assigned to the urinalysis collection are properly trained as to their duties and responsibilities;

d. Ensure all staff and faculty service members subject to testing receive individual notices as to when and where to report;

e. Ensure all procedures and required paper work are administered in the prescribed manner;

f. Ensure proper custody of specimens;

g. Coordinate procedures and facilities for scheduling and conducting drug screening tests; and

h. Coordinate and supervise the efforts of the DAPCP UCT.

9. The Drug Abuse Prevention and Control Program Urinalysis Collection Team shall be Non-Commissioned Officers (NCO) in the rank of E-5 through E-7, appointed by the BDE only after completing the Urinalysis training program. They shall:

a. Attain and maintain a complete understanding of the BDE Urinalysis SOP; and

b. Ensure that responsibilities are fully understood prior to participating in the collection process.

#### **F. Prevention.**

1. Prevention objectives shall:

a. Prevent and eliminate drug abuse by USUHS uniformed service members;

b. Ensure that the adverse consequences of drug abuse within the USUHS are publicized while maintaining confidentiality of records as appropriate;

c. Promote coordinated USUHS activities that stress prevention of drug abuse;

d. Encourage alternatives to the use of alcoholic beverages at social functions; and

e. Emphasize the incompatibility of drug abuse with physical and mental fitness and that abusing drugs is not tolerated within the USUHS.

2. The DAPCPO and the DAPCP counselor shall coordinate the prevention aspects of the program.

**G. Education.** Educational objectives shall:

1. Provide uniformed service members with the information needed to make responsible decisions about the proper use of drugs;

2. De-glamorize the use of alcohol and drugs;

3. Emphasize prevention through DAPCP educational efforts;

4. Inform uniformed service members about the DAPCP's policies, operations, prevention efforts, and availability of services to those who need them; and

5. Provide supervisors with the information needed to identify and prevent drug abuse by uniformed service members in their sections.

#### **H. Identification.**

1. The identification objectives are to:

a. Discover drug abuse early; and

b. Refer the abusing uniformed service member to:

(1) the DAPCP Clinical Coordinator and counselor for appropriate evaluation, treatment and rehabilitation, and counseling, and

(2) the DAPCP for administrative action, as appropriate.

2. Method of Identification:

a. Voluntary (self) Identification.

The uniformed service member who becomes impaired because of drug abuse has a personal obligation to seek treatment and rehabilitation. A uniformed service member with a drug abuse problem may initially request help from any officer or non-commissioned officer in his/her chain of command. The supervisor will refer the member to the DAPCP counselor. The member will be advised on his/her service specific directives concerning self referral;

b. Brigade Commander Identification. This identification occurs when the BDE observes, suspects, or otherwise becomes aware of (e.g., through communication from a member's supervisor) a uniformed service member whose job performance, social conduct, interpersonal relations, physical fitness, or health appears to be adversely affected because of the use of drugs (apparent or suspected). When an abuser or suspected abuser is identified, the abusing member will be interviewed by the BDE or a designated representative. The BDE may order a urinalysis test to determine the member's fitness;

c. Biochemical Identification. When a service member has a positive urinalysis, referral to the BDE is mandatory. The BDE will direct the uniformed service member for medical evaluation to determine whether serious medical illness is indicated because of drug usage. The UHC shall perform a history and physical examination when a uniformed service member is referred by the BDE. The BDE may take further administrative or disciplinary actions consistent with existing DoD policy; or

d. Medical Identification. Nothing in this Instruction is intended to interfere with the lawful authority of the uniformed services to take whatever action may be necessary to preserve the health of a service member. As a consequence, if apparent drug abuse is noted by a UHC physician during routine or emergency medical treatment of a service member, the physician must notify the Director, UHC who will notify the BDE. The BDE may take further administrative or disciplinary actions consistent with existing DoD policy.

**I. Drug Testing.**

1. Objectives are:

- a. Early identification of all drug abuse; and
- b. Deterrence of experimental or casual drug use.

2. Policies:

- a. Drug testing will be conducted with maximum respect and concern for human dignity;
- b. Uniformed service members will be tested in a manner that will ensure:
  - (1) that except for the frequency of testing (see paragraph K of this Instruction), that the testing is accomplished utilizing DoD Directives and BDE SOP procedures,
  - (2) that where appropriate, the results of tests may be used for administrative/disciplinary actions by the uniformed service member's parent service, and
  - (3) that parent service directives shall be followed in referring service members identified as drug abusers for administrative/disciplinary actions; and

c. Public Health Service personnel will be tested utilizing the Navy Standards and Procedures.

**J. Types of Drug Tests.**

1. Inspections under Executive Order 12473<sup>1</sup>. Inspections may be conducted as a unit sweep or randomly on segments of students, faculty, staff, duty sections, or other basis. Supervisors may request the BDE to conduct inspection tests (unit sweeps) of the assigned uniformed service personnel under their supervision. An inspection does not have to encompass an entire classification or duty section. Absent probable cause, the singling out of specific service members is to be avoided; these cases usually fall under command-directed testing provisions. The majority of tests in the DAPCP will be inspection tests.

2. Probable cause search and seizure. The appropriate service commander can order a uniformed service member to undergo a urinalysis test, providing there is probable cause to believe a particular service member has ingested drugs, is intoxicated, or has committed a drug related offense (e.g., transportation, transference, sale, or use of drugs), and that the urine test will disclose evidence of such an offense.

3. Command-directed examination. The BDE can refer a service member for a drug urinalysis test at any time. Supervisors may request the BDE to conduct a drug urinalysis test. A drug urinalysis test may be used to determine:

- a. A member's fitness for duty;
- b. Whether a member requires counseling; or

c. Treatment or rehabilitation for drug abuse or in conjunction with a member's participation in a DoD drug treatment and rehabilitation program.

This category of testing includes all command-directed tests of specific individuals ordered on a suspicion (less than probable cause) basis (e.g., the member's conduct, behavior, or involvement in an accident or other incident that gives rise to a suspicion of possible drug use). Specifically included in this category are urinalysis tests conducted to determine competency for duty and tests ordered for those members who have previously had a positive test. It is noted that test results made under this category of testing may not be used for disciplinary purposes or to characterize a discharge.

4. Medical Purposes. Nothing in this Instruction is intended to affect the long accepted policy that a drug urinalysis test may be ordered by medical personnel for a valid medical diagnostic purpose, including emergencies and periodic physical examination.

**K. Frequency of Drug Testing.** Tests may be conducted as frequently as the President, USUHS or the BDE deem necessary to accomplish the purpose of the DAPCP. Through periodic testing, it is the goal of this program to test all uniformed service members for illegal drug use at least once a year.

**L. Program Evaluation.**

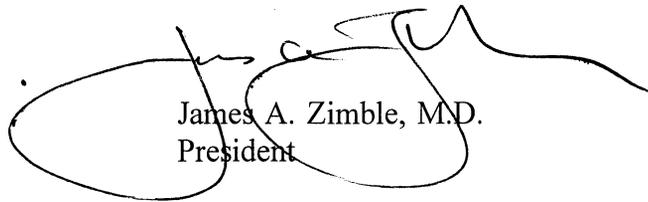
1. The DAPCPO shall:

- a. Conduct an evaluation of the DAPCP annually;

b. Involve the DAPCP Clinical Coordinator and Counselor in the evaluation process; and  
c. Submit findings and recommendations through the BDE to the President, USUHS.

a. Determine if drug abuse is being prevented and controlled among uniformed service members;  
b. Determine DAPCP problem areas and need for assistance; and  
c. Determine compliance with pertinent directives.

2. DAPCP evaluation objectives are to:



James A. Zimble, M.D.  
President

Enclosures:

1. References
2. DAPCP Treatment and Rehabilitation Flow Chart
3. DAPCP Self Referral Flow Chart

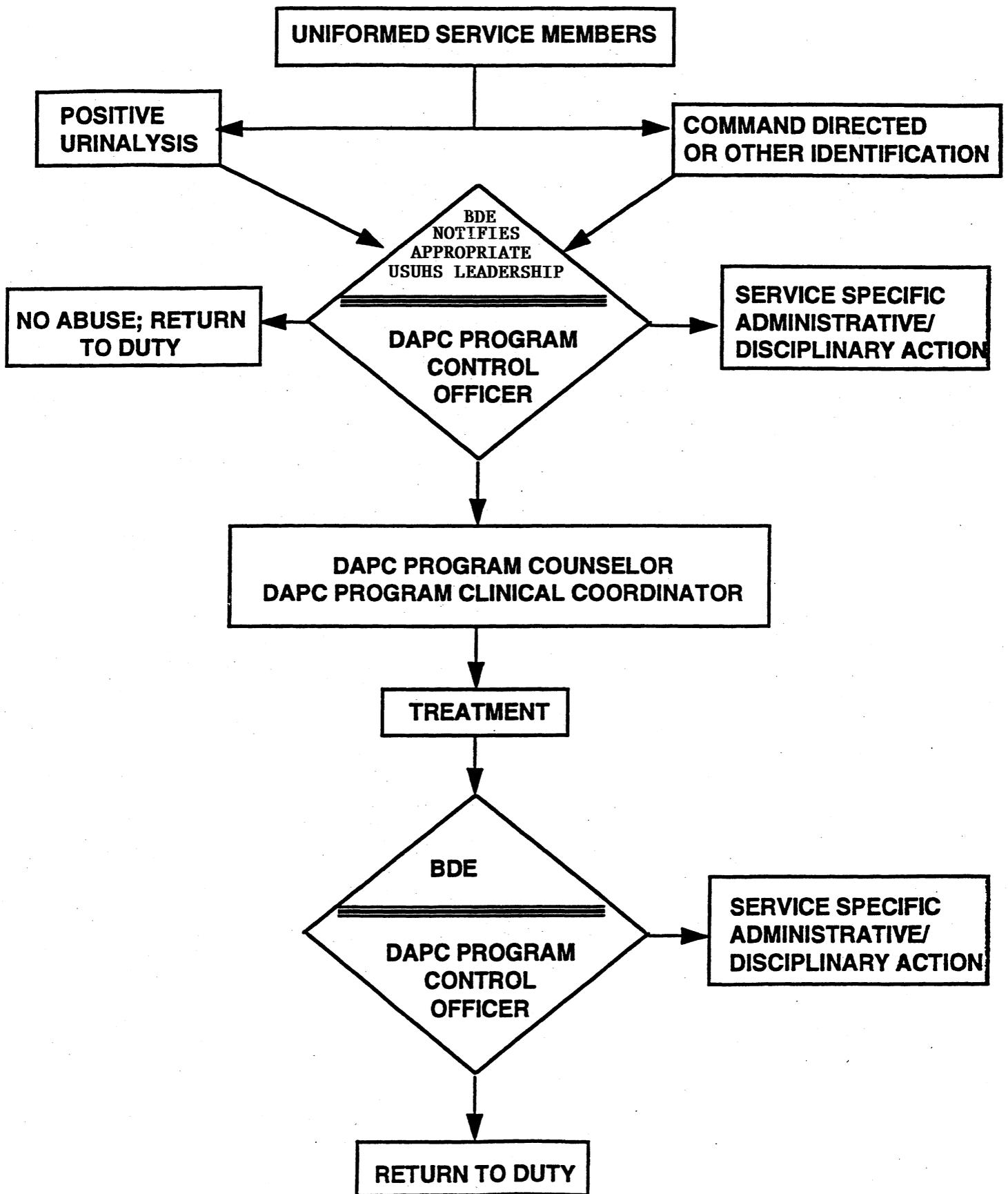


**REFERENCES**

- (a) USUHS Instruction 1013, "Drug Abuse Prevention and Control Program For Uniformed Service Members," dated May 28, 1993 (hereby cancelled)
- (b) DoD Directive 1010.1, "Military Personnel Drug Abuse Testing Program," dated December 9, 1994
- (c) DoD Directive 1010.4, "Drug and Alcohol Abuse by DoD Personnel," dated September 3, 1997
- (d) Army Regulation 600-85, "Alcohol and Drug Abuse Prevention and Control Program," dated October 21, 1988
- (e) OPNAV Instruction 5350.4B, "Alcohol and Drug Abuse Program," dated September 13, 1990
- (f) SECNAV Instruction 5300.28B, "Alcohol and Drug Abuse Prevention and Control," dated July 11, 1990
- (g) Air Force Instruction 36-2701, "Social Actions Programs," dated August 20, 1994
- (h) Air Force Instruction 44-120, "Drug Abuse Testing Program," dated July 14, 1994
- (i) USUHS Drug Abuse Prevention and Control Program Counselor/Drug Abuse Prevention and Control Program Officer Standard Operating Procedures
- (j) Executive Order 12473, Manual for Courts-Martial, United States, 1984



### DAPC PROGRAM TREATMENT AND REHABILITATION FLOW CHART





**DAPC PROGRAM SELF REFERRAL FLOW CHART**

Enclosure 3

