



DEPARTMENT OF THE NAVY
NAVAL TRAINING CENTER
2701 SHERIDAN ROAD
GREAT LAKES, ILLINOIS 60088-5001

NTCGLAKESINST 5355.1

DAPA

AUG 06 1996

NTC GREAT LAKES (COMPLEX²) INSTRUCTION 5355.1

From: Commander, Naval Training Center, Great Lakes

Subj: ALCOHOL AND OTHER DRUG ABUSE PREVENTION CONTROL PROGRAM

Ref: (a) OPNAVINST 5350.4B
(b) CNET 5350.3
(c) NTCGLAKESINST 12792.2A
(d) NTCGLAKESINST 1700.1B

Encl: (1) Example Administrative Remarks NAVPERS 1070/613 (Rev. 10-81) Page 13 Entry/Privacy Act and Confidentiality Statement/ Acknowledgement Form
(2) Example of Appointment Letter for DAPA
(3) DAPA Admin Screening Form
(4) Example Letters for Entry/Regimen/Completion and Exit Statement
(5) Voluntary Self Referral For Rehabilitation Form
(6) Sample Commanding Officer Quarterly Aftercare Review Documentation Form
(7) Example OPNAV 5350/7 (6-92) Drug and Alcohol Abuse Report (DAAR)

1. Purpose. To provide information and procedures for administering an Alcohol and Other Drug Abuse Prevention and Control Program at Naval Training Center (NTC) Great Lakes and commands who receive Naval Training Center Drug and Alcohol Program Advisor (DAPA) Screening Support for military members. Information and procedures for civilians are covered in reference (c).

2. Cancellation. NTCGLAKESINST 5350.8/NTCGLAKESINST 5350.7C. This instruction has been substantially revised and should be reviewed in its entirety.

3. Information. Reference (a) is the basic directive governing the Navy's Alcohol and Other Drug Abuse Prevention and Control Program. Reference (b) sets forth the Chief of Naval Education and Training policy and reporting requirements concerning subject program. The control of alcohol and other drug abuse requires surveillance, detection and control measures, as well as coordinated programs of education, rehabilitation and counseling. Reference (d) is regulations concerning alcoholic beverages including consumption and purchase.

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4. Policy.

a. "Zero Tolerance" concerning alcohol abuse and illegal drug use by members of this command will be strictly enforced. The Navy's rules and regulations concerning the abuse of alcohol and other drugs will be strictly enforced. Members identified as substance abusers will be disciplined and/or referred for education and/or treatment as appropriate in accordance with references (a) and (b).

b. DUI offenses. Members found guilty of driving under the influence (DUI) on or off base shall:

(1) Be prohibited from operating a motor vehicle on base for a minimum of one year.

(2) Complete a 36-hour Navy Alcohol/Drug Safety Action Program (PREVENT) or equivalent alcohol education program as a prerequisite to reinstatement of base driving privileges. If consecutive days of absence from duty result from this course, the member will have to take leave.

(3) Receive comment in their performance evaluation.

(4) Receive a page 13 warning entry (sample enclosure 1).

(5) Be evaluated by CAAC.

(6) Be considered for additional actions: evaluation by a Medical Officer, attend a Rehabilitation Program (Level I, II or III with formal entry and exit letters), see sample enclosure (4), Nonjudicial Punishment (NJP), and/or Administrative Separation.

c. Voluntary Self-Referral For Drug and Alcohol Abuse Rehabilitation. Voluntary self-referral for counseling, treatment, or rehabilitation is a one time procedure that enables those who feel they may be drug or alcohol dependent, and want help, to obtain help without risk of disciplinary action (see sample enclosure (5)). Immediately after initial disclosure, the physician or clinical psychologist, or qualified self-referral representative to whom the disclosure is made, shall notify the member's commanding officer by letter. Members identified through self-referral shall be eligible for treatment on the same basis as members whose drug or alcohol use is disclosed by other means. For purposes of this instruction, voluntary self-referral for drug or alcohol abuse constitutes an incident of drug or alcohol abuse. Self-referral does not preclude administrative discharge processing or the provisions OPNAVINST 5510.1H with regard to security clearance. Qualified self-referral representatives are limited to the following personnel:

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- (1) Drug and Alcohol Program Advisor;
- (2) Navy Drug and Alcohol Counselor Intern;
- (3) Navy Drug and Alcohol Counselor; and
- (4) Counseling and Assistance Center Director.

d. Aftercare. Personnel who successfully complete the formal Level II or III program shall remain in an aftercare status for the duration of their naval career (active and inactive duty). For the first year of recovery, the member will be in a formal command-sponsored aftercare program during which a committee composed of the member, the DAPA and the commanding officer or representative shall evaluate the member's progress quarterly (see sample enclosure 6).

5. Action.

a. Commander NTC, commanding officers, officers in charge: shall:

(1) Appoint, in writing, (see sample enclosure (2) of reference (a)) an E6 or above as the Command DAPA who will administer the command's Alcohol and Other Drug Abuse Program.

(2) Limit availability of alcohol at command-sponsored social activities and stress responsible use. An adequate supply of nonalcoholic beverages will be available to all as an alternative to alcohol.

(3) Navy personnel who have demonstrated exceptional potential for continued useful service and are identified as substance abusers in accordance with references (a) and (b) will attend rehabilitation/education.

(4) Ensure all personnel receive training on the adverse effects of alcohol and other drugs.

(5) Report alcohol and Other Drug Abuse Program incidents as required by enclosure (12) of reference (a). Reports will be submitted in accordance with references (a) and (b) with the exception of the DRUG AND ALCOHOL ABUSE SEMIANNUAL REPORT (DAASAR) which is no longer required.

b. The Command DAPA shall:

(1) Attend CNET DAPA Course (A-501-0060) within 90 days of appointment.

(2) Maintain all administrative functions

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- (3) Prescreen clients for further action and referrals
- (4) Make referrals to CAAC, medical, Level II, III treatment and other helping networks.
- (5) Monitor aftercare of patients/clients returning from treatment.
- (6) Perform duties as outlined in references (a) and (b).
- (7) Conduct quarterly alcohol and other drug abuse education and training for command personnel.
- (8) Ensure all drug/alcohol abuse files, incidents and documented disclosures of clients are secured in a locked file cabinet or drawer to minimize unauthorized access to sensitive information.
- (9) Submit completed enclosure (3), DAPA Admin Screening Form, with the client's medical and service record. If a drug incident has also resulted, then a photocopy of the Drug and Alcohol Advisor Reports (DAAR) shall also be submitted upon client's arrival to CAAC for initial screening and assessment. Partial DAAR's will be accepted providing the original is in process. A completed DAAR will be sent to CAAC, as well as other document requirements, per reference (a).
- (10) Submit DAAR's (see sample enclosure 7) using OPNAV 5350/7 (6-92) in a timely manner for each client to CNET per reference (b).
- (11) Ensure the completion of all administrative reports.

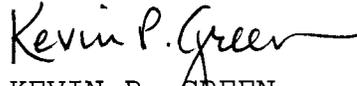
c. Naval Training Center DAPA Coordinator shall:

- (1) Coordinate Navy DAPA Training for the installation. Coordinate with component and tenant commands quotas for the mobile training team courses taught at NTC.
- (2) Maintain liaison with component/tenant command DAPA's.
- (3) Coordinate exchange of information among, and provide oversight, to component/tenant command DAPA's.
- (4) Maintain an up-to-date listing of component and tenant command DAPA's (when specifically designated in writing).
- (5) Promptly report to Commander, Naval Training Center

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via the Chief of Staff, any significant trends in alcohol or drug statistics or concerns regarding program execution.

(6) Serve as the NTC (Simplex) Command DAPA.


KEVIN P. GREEN

Distribution:
NTCGLAKESINST 5216.5M
Lists I, II (Case A), III-A, C, IX

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 10-81)
S/N 0106-LF-010-6991

NAVAL TRAINING CENTER, GREAT LAKES, IL 60088-5000

Date: _____ 1. You are being retained in the Naval Service, however, you are advised that any further deficiencies in your performance and/or conduct will terminate the reasonable period of time for rehabilitation this counseling/warning entry affords, and may result in disciplinary action and/or processing for administrative separation. All deficiencies previously cited and/or misconduct during your current enlistment, both subsequent violation(s) of the UCMJ or conduct resulting in civilian conviction could result in an administrative separation under other than honorable conditions.

2. You are required to take the following corrective action(s): Be placed on command monitored level I,II,III program for one year which consists of visiting the Command DAPA once a week and contacting Family Service Center (FSC) to arrange anger management and stress management classes.

3. Assistance is available through your local CAAC Center and your Command DAPA.

4. This counseling/warning entry is made to afford you an opportunity to undertake the required corrective action(s). Any failure to adhere to the guidelines cited above, which will be reflected in you future performance and/or conduct, will make you eligible for administrative separation action.

Commanding Officer

I acknowledge the above

Witnessed By

NAME (Last, First, Middle)

SSN

BRANCH AND CLASS

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PRIVACY ACT AND CONFIDENTIALITY STATEMENT

PRIVACY ACT

Under authority of 5 USC S301, information is solicited strictly for the purpose of assisting the member to complete aftercare requirements. Disclosure of the information is voluntary, but nondisclosure may detract from the quality of aftercare assistance rendered.

CONFIDENTIALITY

Under authority of 21 USC 1175, communications to or from any person outside of the armed forces regarding identity, diagnosis, prognosis, treatment, or aftercare progress of any patient (a patient is defined as any person interviewed, examined, diagnosed, treated or rehabilitated in connection with any alcohol or other drug abuse or chronic obesity) which are maintained in connection with the performance of meeting aftercare requirements are confidential and may not be disclosed without prior written consent of the individual concerned.

The commanding officer of a member in an aftercare status has access to all confidential information disclosed by that member. This authority can only be delegated to the executive officer. Records of a member transferring to another command before completion of aftercare will be forwarded to his/her next command.

Within the armed forces or with the Veterans Administration, disclosure is limited to information necessary on a need-to-know basis for the express purpose of seeking or obtaining aftercare assistance for the individual.

I UNDERSTAND AND ACKNOWLEDGE

DATE

AFTERCARE MEMBER'S SIGNATURE

DATE

SIGNATURE OF WITNESS

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(COMMAND LETTERHEAD)

From: (Your Command)

To: (Individual Assigned)

Subj: APPOINTMENT AS COMMAND DRUG AND ALCOHOL PROGRAM ADVISOR

Ref: (a) OPNAVINST 5350.4B

(b) CNET 5350.3

1. In accordance with references (a) and (b), you are appointed Drug and Alcohol Program Advisor for this command.

2. You will conduct on board administrative screening, assist in conducting command education, and assist in monitoring aftercare when required.

3. As such, you will also serve as the command self-referral agent.

(CO's Signature)

Copy to:

NTC DAPA

NTC PREVENT

NTC CAAC

SERVICE RECORD

Encl (2)

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MEMORANDUM

From: _____
Rank/Rate, First MI Last Name, SSN, USN/USNR
To: Commanding Officer
Subj: Level I,II,III Treatment
REF: (a) CNTC ltr 5350 Ser CAAC/002999 dtd 27 JUN 98

1. I have received and acknowledge reference (a).
I understand the meaning and effect, and will abide by the order
until the order is cancelled by you or higher authority.

Date

Signature of Individual

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DAPA ADMIN SCREENING FORM

SVM Name: _____ SSN: _____

ADMINISTRATIVE SCREENING CHECKLIST

ACTION	DATE	COMMENTS
Member identified as drug/ alcohol abuser		
Collect svc/med record; send pages 9 & 10 to supervisor		
Supervisor eval received		
Member interviewed		
CAAC appointment made (if required)		
Advise SVM of his/her CAAC appointment and reason for referral		
Advise SVM must be in clean uniform of the day and present this Administrative Screening, service record, medical record, etc., to CAAC		
Advise SVM where to report after CAAC completes screen		
CAAC evaluation received		
Medical Officer appointment made (if required)		
Medical eval received		

DAPA: DETACH PAGES 9 AND 10; COMPLETE DAPA PORTION; HAND CARRY/INTERNAL MAIL (IN SEALED ENVELOPE) TO SERVICEMEMBER'S SUPERVISOR.

DAPA ADMIN SCREENING FORM

The below information will help the Commanding Officer/DAPA determine whether the servicemember has potential for further useful service and whether he/she is eligible for treatment, if appropriate. A copy of this Administrative Screening must be forwarded to CAAC, Medical, NAVALREHCEN/ARD, or Family Service Center, if such referral is made.

DRUG AND ALCOHOL PROGRAM ADVISOR ADMINISTRATIVE SCREENING

Date admin screening completed: _____

Servicemember's Name: _____
(Last) (First) (MI) USN USNR
USMC USAF
USCG

(Rate/Rank) (SSN) (Sex) (Age)

(Division/Work Center) (Telephone #)

(Command, include full address) (UIC)

Referring incident/servicemember identified through

____ Self-referral _____ Urinalysis (date: _____)
____ Shore patrol/MAA/Security Dept.
____ Navy medical _____ Civilian medical
____ Supervisor _____ Other (specify) _____

Substance Involved: _____ Alcohol _____ Other illicit drug (identify)
_____ Marijuana _____ Food
_____ Cocaine

Describe incident/additional comments _____

DAPA's Name: _____ Phone #: _____

DAPA ADMIN SCREENING FORM

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SVM Name: _____ SSN: _____

Date of birth: _____ Active duty service date: _____

Time in service: _____ EAOS: _____

Date reported this command: _____ PRD: _____

Pre-service waiver? If yes, describe: _____

Additional comments: _____

_____ Single _____ Divorced _____ Single parent
_____ Married _____ Separated _____ Number of children

Next of kin listed: _____

Additional comments: _____

Highest grade completed: _____ GED: _____
Date awarded: _____

Dates of High school: began: _____ finished: _____

College: Yes / No _____ degree/date received

Additional comments: _____

PNEC: _____ SNEC: _____ MOS: _____

Most recent advancement/promotion to: _____ date: _____

Most recent reduction in paygrade to: _____ date: _____

Additional comments: _____

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DAPA ADMIN SCREENING FORM

SVM Name: _____ SSN: _____

Date reported this command: _____

Previous duty station: _____ from: _____ to: _____

Prev. duty sta: _____ from: _____ to: _____

Prev. duty sta: _____ from: _____ to: _____

Evidence of TEMDU/TAD for treatment? _____ Yes _____ No

If yes: Facility _____ dates _____

Additional comments: _____

Unauthorized absences? _____ Yes _____ No If yes, dates

_____, circumstances _____

Was UA alcohol or other drug related? If yes, describe: _____

Additional comments: _____

Courts Memoranda _____ None _____ Yes

If yes: _____ date(s)
_____ type(s) of court
_____ UCMJ article(s)
_____ forfeiture/reduction in rate/
_____ restriction

Additional comments: _____

DAPA ADMIN SCREENING FORM

SVM: _____ SSN: _____

Enlisted: Past two evaluations:

Command: _____ Date: _____ Type: _____

Rating Knowledge	Reliability	Military Bearing	Personal Behavior	Overall
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Command: _____ Date: _____ Type: _____

Rating Knowledge	Reliability	Military Bearing	Personal Behavior	Overall
------------------	-------------	------------------	-------------------	---------

Narrative alcohol/other drug related entries? If yes, describe

Additional comments: _____

Record of Naval Reserve Service: ___ No ___ Yes

If yes, years of Reserve time: _____.

Completion: ___ SAT ___ UNSAT

DAPA ADMIN SCREENING FORM

SVM Name: _____ SSN: _____

Misconduct warnings (page 13 entries) ___ No ___ Yes If yes,
give details _____

Attended PREVENT? ___ No ___ Yes More than once? ___ No ___ Yes

If yes, dates: _____ for education;
_____ incident referred.

Additional comments: _____

Security clearance:

- ___ downgraded
- ___ removed
- ___ access denied
- ___ special handling

If any of these, describe circum-
stances: _____

DD 1966 in service record? ___ No ___ Yes If yes, list prior
civilian employment: _____

Preservice arrests/convictions/charges/court actions: _____

Additional comments: _____

DAPA ADMIN SCREENING FORM

SVM Name: _____ SSN: _____

MEDICAL RECORD REVIEW

1. Has servicemember been treated for any injuries/accidents/fights? (Describe/give date(s)) _____

2. Has servicemember ever been tested by medical for a BAC as a result of an accident or fitness for duty exam? If so, list the date(s), the reason(s) and the results: _____

3. Does the medical record show a pattern of:

- _____ Stomach ailments _____ Dizziness/loss of memory
- _____ Frequent minor illnesses or injuries
- _____ Repeated prescriptions written for sedatives, pain killers, diet pills, etc.

If so, give details: _____

4. Does the medical record show any previous visits or referrals to (if yes, give date, facility and reason):

- _____ Psychologist/psychiatrist
- _____ Family Advocacy
- _____ Navy Alcohol Rehabilitation Center/Department
- _____ Counseling and Assistance Center

Additional comments: _____

DAPA ADMIN SCREENING FORM

5350
Ser

MEMORANDUM FOR _____
(Supervisor's name/work center/division)

Subj: ADMINISTRATIVE SCREENING ICO _____
(Name, rate/rank,
work center/division)

1. Subject servicemember is being administratively screened. Your input is extremely important in helping the commanding officer make a determination concerning this individual's potential for further useful military service if the suspected problem is corrected. Please be as frank as possible in completing the following.

2. How long have you supervised this servicemember? _____

3. Please place a check mark by the word which best fits servicemember (more than one may be checked):

a. Military performance in the past 12 months:

Superior Adequate Improving
 Excellent Substandard Declining

b. Work performance in the past 12 months:

Superior Adequate Improving
 Excellent Substandard Declining

c. Uniform/military appearance in the past 12 months:

Superior Adequate Improving
 Excellent Substandard Declining

d. Relationships with peers and superiors:

Superior Adequate Improving
 Excellent Substandard Declining

Additional comments about a, b, c, or d above: _____

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COMMAND LETTERHEAD

From: Commanding Officer,

To:

Rank/Rate, First MI Last Name, SSN, USN/USNR

Subj: DRUG AND ALCOHOL ABUSE PROGRAM ENTRY STATEMENT

Encl: (1) Drug and Alcohol Abuse Program Regimen

1. This letter certifies that you have been formally evaluated as a drug or alcohol abuser. I believe, however, that you possess exceptional potential for further useful service. To remain eligible for continued service you must participate in the (Level I, II or III) program regimen specified in enclosure (1). Failure to cooperate in and complete this regimen will constitute grounds for separation processing.

2. You are disqualified from the _____ program. In addition, the following restrictions apply during the period of your disqualification:

3. Permanent disqualification from Nuclear Power programs and Air Traffic Controller assignment is mandatory after a drug abuse incident. You may request lifting of nonpermanent restrictions or disqualifications upon completion of your Drug and Alcohol Abuse Program Regimen and meeting the criteria as established by that program's Program Manager.

Commanding Officer

Copy to:
Service Record (w/o encl)

Encl (4)

COMMAND LETTERHEAD

DRUG AND ALCOHOL ABUSE PROGRAM REGIMEN

(NOTE: Commanding officer check and complete the applicable items).

Rank/Rate, First MI Last Name, SSN, USN/USNR Date

1. This _____ (Level I, II or III) Regimen is in effect for the period _____ to _____.

a. _____ Command counseling sessions per week for _____ week(s)

b. _____ Motivational education sessions per week for _____ week(s)

c. PREVENT (36-hour course)

d. Disulfiram (Antabuse) therapy (prescription drug for alcohol cases; requires screening by medical officer)

e. Participate in a 12 step program meeting _____ times per week for _____ weeks.

f. Surveillance urinalysis _____ times per week for _____ weeks.

g. Other (specify)

h. Nonresidential counseling at _____ (facility) commencing _____ until completion.

i. Residential counseling at _____ (facility) commencing _____ until completion.

2. For members completing a Level II or III program a follow-on Aftercare Treatment Plan will be specified in an enclosure to the Drug and Alcohol Program Exit Statement.

Commanding Officer

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COMMAND LETTERHEAD

(NOTE: A Program Completion Statement is not required for members who complete Level I intervention program.)

From: Commanding Officer, _____
To: _____
Rank/Rate, First MI Last Name, SSN, USN/USNR

Subj: DRUG AND ALCOHOL COMPLETION STATEMENT

Encl: (1) Aftercare Treatment Plan

1. Congratulations, you have completed the formal statement phase of your rehabilitation program and are directed to participate for one year from the date of this letter in the aftercare program provided in enclosure (1).

2. Your commitment to this program will help assure good performance, conduct and physical well being. These very important factors will enhance your advancement in the Navy. Good Luck!

Commanding Officer
Signature

Copy to:
Service Record (w/o encl)

COMMAND LETTERHEAD

FIRST ENDORSEMENT on

From: Commanding Officer,
To:

Subj: DRUG AND ALCOHOL ABUSE REHABILITATION PROGRAM

1. You are hereby released from the formal drug and alcohol abuse program. You have satisfactorily completed all phases of the regimen specified in enclosure (1) of the entry statement.

2. You are eligible to reapply for the _____
program. In addition, the following restrictions are suspended:

3. You are encouraged to continue participation in those ongoing elements prescribed in your aftercare program.

4. Be advised that personnel who successfully complete the formal Level II or Level III program shall remain in an aftercare status for the duration of their Naval Career. Any alcohol or drug related incident occurring at any future time in a member's career (active or inactive), will normally be viewed as a corresponding rehabilitation failure and may subject the violator to administrative separation.

Commanding Officer

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(COMMAND LETTERHEAD)

From: Commander, Naval Training Center, Great Lakes
(Drug and Alcohol Program Advisor)
To: Commanding Officer, _____ (member's commanding
officer)
Subj: VOLUNTARY SELF-REFERRAL FOR REHABILITATION
Ref: (a) OPNAVINST 5350.4B

1. Per reference (a), you are notified of the Navy Alcohol and Drug Abuse Program (NADAP) self-referral for rehabilitation of the following member:

Name	Rate/Rank	SSN
------	-----------	-----

2. Self-referral was initiated _____ (date) at _____ (time).

3. Per enclosure (7) to reference (a) and, in consultation with local resource personnel, an Alcohol and Drug Abuse Program Entry Statement shall be prepared for the above member by your command, setting forth a specific Drug and Alcohol Abuse Program rehabilitation regimen. It is also a command function to monitor the self-referred individual and facilitate successful regimen completion and return to full duty.

4. (Other comments.)

(Signature of letter originator)

Copy to:
DAPA:
Servicemember:

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DAAR

DRUG AND ALCOHOL ABUSE REPORT

RCS OPNAV 5350-2

1. SOCIAL SECURITY NUMBER OF MEMBER

0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

2. PERMANENT DUTY STATION UIC/RUIC/RUC

0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

3. RANK

E	W	O
1	1	1
2	2	2
3	3	3
4	4	4
5		5
6		6
7		7
8		8
9		9

4. BRANCH OF SERVICE

USN/USNR

USNR-R

USMC

JSMCR

5. TYPE REPORT (Mark only one)

INITIAL REPORT

AMENDMENT

CANCELLATION

6. DATE OF REPORT

MONTH	DAY	YEAR
<input type="radio"/> JAN		
<input type="radio"/> FEB		
<input type="radio"/> MAR	0	0
<input type="radio"/> APR	1	1
<input type="radio"/> MAY	2	2
<input type="radio"/> JUN	3	3
<input type="radio"/> JUL	4	4
<input type="radio"/> AUG	5	5
<input type="radio"/> SEP	6	6
<input type="radio"/> OCT	7	7
<input type="radio"/> NOV	8	8
<input type="radio"/> DEC	9	9

NAME OF COMMAND (INTP-3 SHORT TITLE)

MEMBER'S LAST NAME FIRST NAME MI RATE

7. NATURE OF INCIDENT (Mark all that apply)

ABUSE

POSSESSION

TRAFFICKING

MANUFACTURING

8.1 DATE OF INCIDENT

MONTH	DAY	YEAR
<input type="radio"/> JAN		
<input type="radio"/> FEB		
<input type="radio"/> MAR	0	0
<input type="radio"/> APR	1	1
<input type="radio"/> MAY	2	2
<input type="radio"/> JUN	3	3
<input type="radio"/> JUL	4	4
<input type="radio"/> AUG	5	5
<input type="radio"/> SEP	6	6
<input type="radio"/> OCT	7	7
<input type="radio"/> NOV	8	8
<input type="radio"/> DEC	9	9

9. PRIMARY SUBSTANCE OF ABUSE INVOLVED IN THIS INCIDENT (Mark only one)

ALCOHOL

MARIJUANA

COCAINE

AMPHETAMINES

CODEINE

MORPHINE

HEROIN (6MAM)

BARBITURATES

PCP

HALLUCINOGENS (LSD)

DESIGNER DRUGS

INHALANTS

ANABOLIC STEROIDS

DRUG PARAPHERNALIA

DRUG (OTHER)

10. CURRENT FREQUENCY OF ABUSE

LESS THAN MONTHLY

1-3 TIMES PER MONTH

1-3 TIMES PER WEEK

4-7 TIMES PER WEEK

NOT DETERMINED

ABUSE DENIED

11. THIS DAAR DUE TO DUI/DWI ARREST?

YES

NO

12. DRUGS/ALCOHOL WHERE PRIMARILY ABUSED (Mark only one)

ASHORE-ON DUTY

ASHORE-OFF DUTY

SHIPBOARD

UNKNOWN/OTHER

13. METHOD OF IDENTIFICATION FOR THIS INCIDENT (Mark only one)

SELF REFERRAL/DISCLOSURE

URINALYSIS

RANDOM

UNIT SWEEP

CONSENSUAL

PROBABLE CAUSE

SERVICE DIRECTED

AFTERCARE

SURVEILLANCE

OTHER INSPECTION

FITNESS FOR DUTY

MEDICAL EXAMINATION

LAW ENFORCEMENT

MILITARY POLICE

CIVILIAN POLICE

COMMAND

COMMAND/SUPERVISOR

MEDICAL

14. SCREENED BY (Mark only one)

CAAC

MEDICAL/DENTAL

MENTAL HEALTH

15. AMENABILITY TO COUNSELING/ EDUCATION/ REHABILITATION

AMENABLE AND ELIGIBLE

NOT AMENABLE

NOT ELIGIBLE

16. RECOMMENDED DISPOSITION (Mark only one)

LEVEL I

LEVEL II TREATMENT

LEVEL III TREATMENT

SEPARATE FROM SERVICE VIA VA HOSPITAL

SEPARATE FROM SERVICE NOT VIA VA HOSPITAL

17. DETERMINATION MADE BY

PHYSICIAN

CLINICAL PSYCHOLOGIST

NOT AVAILABLE

18. CONFIRMATION OF DEPENDENCY

DEPENDENT

NOT DEPENDENT

19. AMENABILITY TO COUNSELING/ EDUCATION/ REHABILITATION

AMENABLE AND ELIGIBLE

NOT AMENABLE

NOT ELIGIBLE

20. RECOMMENDED DISPOSITION (Mark only one)

LEVEL I

LEVEL II TREATMENT

LEVEL III TREATMENT

SEPARATE FROM SERVICE VIA VA HOSPITAL

SEPARATE FROM SERVICE NOT VIA VA HOSPITAL

26. PROGRAM STATEMENT ISSUED

YES

NO

IF "YES" ENTER DATE OF LETTER

MONTH	DAY	YEAR
<input type="radio"/> JAN		
<input type="radio"/> FEB		
<input type="radio"/> MAR	0	0
<input type="radio"/> APR	1	1
<input type="radio"/> MAY	2	2
<input type="radio"/> JUN	3	3
<input type="radio"/> JUL	4	4
<input type="radio"/> AUG	5	5
<input type="radio"/> SEP	6	6
<input type="radio"/> OCT	7	7
<input type="radio"/> NOV	8	8
<input type="radio"/> DEC	9	9

21. RETENTION

PROCESSING FOR SEPARATION

RETAIN UNTIL EAOS

RETAIN

22. REHABILITATION RECOMMENDATION (Mark only one)

LEVEL I NOT INCLUDING NADSAP

LEVEL I INCLUDING NADSAP

LEVEL II TREATMENT

LEVEL III TREATMENT

SEPARATE FROM SERVICE VIA VA HOSPITAL

SEPARATE FROM SERVICE NOT VIA VA HOSPITAL

23. DISCIPLINARY ACTION (MARK MOST SEVERE DISCIPLINARY ACTION TAKEN)

VERBAL WARNING

WRITTEN WARNING

NJP

SCM

SPCM

GCM

NO ACTION TAKEN

24. PRP ASSIGNMENT

REMOVE FROM PRP ASSIGNMENT

RETAIN IN PRP ASSIGNMENT

NOT APPLICABLE

ENCLOSURE

SECURITY CLEARANCE REVOKED OR DOWNGRADED

SECURITY CLEARANCE NOT CHANGED

DIRECTIONS

USE PRP 2 PENCIL ONLY

- MAKE DARK MARKS THAT COMPLETELY FILL THE CIRCLE.
- ERASE CLEANLY ANY ANSWER YOU CHANGE.
- DO NOT MAKE ANY STRAY MARKS ON THIS FORM.
- DO NOT TEAR OR FOLD THIS FORM.

The ONLY correct mark

Incorrect marks

OPNAV 5350/7 (Rev. 6/92)
S/N 0107-LF-011-8900

27. COMPLETE MAILING ADDRESS AND TELEPHONE NUMBER OF COMMAND SUBMITTING THIS REPORT (INCLUDE DAPA'S NAME):

28. PRESENT LOCATION OF MEMBER (I.E., ONBOARD, HOSPITAL, BRIG, HOME OF RECORD, ETC.):

29. MEMBER'S PREVIOUS DISCIPLINARY HISTORY (CIVILIAN/MILITARY):

30. COMMENTS (E.G., PAST/PRESENT MILITARY WORK RECORD, POTENTIAL FOR FUTURE NAVAL SERVICE, ETC.):

31. COMMENTS AS REQUIRED BY SECOND/THIRD ECHELON COMMANDERS:

32. DISTRIBUTION:

ORIGINAL & 1st carbon copy
Bureau of Naval Personnel
ADMITS Processing Office Pers 633
2 Navy Annex
Washington, DC 20370-6330
2nd carbon copy
COMMAND FILE
3rd carbon copy & photocopies
For field service record
and as required by the
chain of command

33. SIGNATURE OF COMMANDING OFFICER

NTCGLAKESINST 5355.1
DAPA

AUG 0 6 1996

15/
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NTC GREAT LAKES (COMPLEX²) INSTRUCTION 5355.1

From: Commander, Naval Training Center, Great Lakes

Subj: ALCOHOL AND OTHER DRUG ABUSE PREVENTION CONTROL PROGRAM

Copy
no)

Ref: (a) OPNAVINST 5350.4B
(b) CNET 5350.3
(c) NTCGLAKESINST 12792.2A
(d) NTCGLAKESINST 1700.1B

Encl: (1) Example Administrative Remarks NAVPERS 1070/613 (Rev. 10-81) Page 13 Entry/Privacy Act and Confidentiality Statement/ Acknowledgement Form
(2) Example of Appointment Letter for DAPA
(3) DAPA Admin Screening Form
(4) Example Letters for Entry/Regimen/Completion and Exit Statement
(5) Voluntary Self Referral For Rehabilitation Form
(6) Sample Commanding Officer Quarterly Aftercare Review Documentation Form
(7) Example OPNAV 5350/7 (6-92) Drug and Alcohol Abuse Report (DAAR)

AP
23

1. Purpose. To provide information and procedures for administering an Alcohol and Other Drug Abuse Prevention and Control Program at Naval Training Center (NTC) Great Lakes and commands who receive Naval Training Center Drug and Alcohol Program Advisor (DAPA) Screening Support for military members. Information and procedures for civilians are covered in reference (c).

2. Cancellation. NTCGLAKESINST 5350.8/NTCGLAKESINST 5350.7C. This instruction has been substantially revised and should be reviewed in its entirety.

3. Information. Reference (a) is the basic directive governing the Navy's Alcohol and Other Drug Abuse Prevention and Control Program. Reference (b) sets forth the Chief of Naval Education and Training policy and reporting requirements concerning subject program. The control of alcohol and other drug abuse requires surveillance, detection and control measures, as well as coordinated programs of education, rehabilitation and counseling. Reference (d) is regulations concerning alcoholic beverages including consumption and purchase.

WSE

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7/10