



UNITED STATES MARINE CORPS
MARINE CORPS BASE
QUANTICO, VIRGINIA 22134-5001

MCBO 5300.1
c 012/p
3 Jul 89

MARINE CORPS BASE ORDER 5300.1

From: Commanding General
To: Distribution List

Subj: SUBSTANCE ABUSE PROGRAM

Ref: (a) MCO P5300.12
(b) MCCDCO 12735.1
(c) MCO P1610.7C
(d) MCCDCO 5560.2A

Encl: (1) Administrative Procedures for Referral and Treatment
(2) Urinalysis Testing Program
(3) Marine Corps Combat Development Command Substance Abuse Inspection Checklist
(4) Reports and Case File Management

Reports Required. I. Drug and Alcohol Abuse Report (DAAR)
(Report Control Symbol EXEMPT), encl. (4),
par. 1a
II. Combined Monthly Drug and Alcohol Abuse
Identification/Rehabilitation Statistical
Report (Report Control Symbol MCCDC
5300-01), encl. (4), par. 1b.
III. Report on Drug or Alcohol Abuse Awareness
Education or Rehabilitation Programs
(Report Control symbol DD 5300-05/DD
5355-06), encl. (4), par. 1c.

1. Purpose. To publish the policies, procedures, and standards for the Marine Corps Combat Development Command (MCCDC) Substance Abuse Program and to establish responsibility for execution of the program per the policies, procedures, and standards contained in references (a) and (b).

2. Cancellation. MCCDCO 5300.1.

3. Background. Reference (a) is a single source document designed to effectively conduct the Marine Corps Substance Abuse Program down to the battalion/squadron level. This Order will deal primarily with the division of responsibility for implementing the program and establishing procedures specific to this Command.

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4. Information

a. Policy. The Marine Corps' policy on substance abuse is explicitly detailed in reference (a) and will be adhered to by this Command.

b. Program Organization. Reference (a) establishes three levels of responsibility for the conduct of the program. Detailed administrative procedures for assessment and treatment are the same for all types of substance abuse and are contained in enclosure (1). Aboard MCCDC the division of responsibility shall be as follows:

(1) Level I. Commanding officers of battalion/squadron size units are responsible for the Level I preventive education program and the conduct of the unit urinalysis program as described in reference (a).

(2) Level II. The Commanding General, MCCDC, will provide the Level II treatment program through the Command Substance Abuse Counseling Center (CSACC).

(3) Level III. Responsibility for the Level III program is provided by the Navy Military Personnel Command at various treatment centers around the world.

c. Program Guidance. The key elements of the program are outlined below:

(1) Education/Prevention. Efforts in this area will center on educating our personnel on the effects and consequences of substance abuse. This education should be provided before incidents occur rather than as a reaction to incidents. The CSACC will be available to assist unit commanders in this area of their Level I programs.

(2) Identification. Cooperation on the part of all commanders, supervisors, law enforcement agencies and medical facilities is essential to the early identification of substance abusers.

(3) Intervention. Swift intervention is the key to successfully referring personnel to treatment which may result in the retention of a quality individual.

(4) Treatment/Rehabilitation. Treatment is available to all Department of Defense (DOD) personnel, active duty military, retirees, and their dependents. Only professionally trained personnel are authorized to conduct treatment services.

(5) Urinalysis Testing. Chapter 3 of reference (a) and enclosure (2) contain detailed information and procedures on urinalysis testing. Enclosure (2) should be thoroughly reviewed

in detail by all personnel involved in the urinalysis testing program. Enclosure (2) contains a step-by-step procedure for conducting urinalysis testing, including labeling of samples and completion of urine sample custody documents. These procedures shall be strictly followed at all times. In cases not covered by enclosure (2) or reference (a) the CSACC should be contacted prior to any action being taken.

(6) Civilian Employees. Reference (b) provides guidance on the Employee Assistance Program, however, supervisors should contact the Labor and Employee Relations Section of the Civilian Personnel Office whenever civilian employees evidence possible problems with alcohol or other substance abuse.

(7) Discipline. References (a) and (c) provide detailed guidance on disciplinary and administrative actions to be taken when substance abuse incidents occur.

5. Action

a. Direction, Manpower - Division

(1) Provide overall management of the Command Substance Abuse Program.

(2) Comply with reporting requirements of reference (a).

(3) Assign an officer as the Command Substance Abuse Control Officer (CSACO) for MCCDC.

(4) Ensure CSACC is adequately staffed to properly conduct its mission.

b. Direction, Morale, Welfare and Recreation Division

(1) Develop sport/recreational services to be conducted in coordination with unit commanders to be utilized as a means of reducing stress and combating boredom.

(2) Ensure all activities: deglamorize alcohol sale and use, support responsible consumption of alcohol, and ensure suitable non-alcoholic beverages are available at all social functions. Additional guidance is provided in paragraph 1101 of reference (a).

c. Provost - Marshal

(1) Develop and support aggressive deterrent programs in cooperation with local authorities to combat substance abuse aboard the Command and in the surrounding communities.

(2) Schedule gate security inspections of vehicles to deter drunk driving and the trafficking of illegal substances.

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(3) Support commanding officers with drug detector dog teams and road checkpoints when requested or directed by higher authority.

(4) Collect urine samples, in accordance with Chapter 3 of reference (a), and enclosure (2) from all personnel apprehended when probable cause exists to take a sample or when directed by competent authority. Deliver all samples collected to the CSACC the next working day where they will be tested locally by the Urinalysis Testing Section. Provide names and units of individuals providing these samples to the CSACC at the time of submissions.

(5) Provide copies of all substance abuse related blotter reports and completed incident complaint reports to the CSACO daily.

(6) Strictly enforce the regulations contained in reference (d), which pertains to driving while intoxicated aboard this Command.

d. Command Substance Abuse Control Officer

(1) Implement the Substance Abuse Program detailed in reference (a) and this Order.

(2) Perform duties as the officer in charge (OIC) of the Navy Alcohol Drug Safety Action Program (NADSAP).

(3) Provide assistance to commanding officers in developing and maintaining their education programs.

(4) Assist commanding officers and civilian personnel in the training of their Substance Abuse Control Officers (SACO); developing and maintaining effective education/prevention programs; following the proper procedures for referring individuals to the CSACC; and the collection, storage and shipment of urine samples.

(5) On a random (and as directed) basis, inspect and instruct at least one subordinate activity per month to ensure proper administration of the urinalysis program. The results of the inspection will be reported to the Commanding General (C 012).

(6) Inspect all subordinate activities' substance abuse programs at least annually to ensure proper administrative management is conducted in accordance with reference (a) and this Order. Inspection results will be forwarded to the Commanding General (C 051). Enclosure (3) contains sample checklists for these inspections.

(7) Develop and maintain in accordance with reference (a), a Level II facility standing operating procedure (SOP).

e. Commanding Officers

(1) Ensure compliance with the Level I program in accordance with paragraphs 1205.1d, 1205.3 and 2205.2a of reference (a). Submit a copy of the unit's Level I SOP to the Commanding General (C 012) initially upon receipt of this Order and whenever any changes are promulgated.

(2) Per reference (a), paragraphs 1205.3c and 2202.2e, assign, in writing, an officer as the SACO, and unit voluntary drug exemption representatives. Provide a copy of each appointment letter to the Commanding General (C 012).

(3) Train SACO's in accordance with paragraph 1205.3c of reference (a). Requests for attendance at training programs within/outside MCCDC shall be directed to the Commanding General (C 012). Funding for training at other installations is the responsibility of the requesting unit.

(4) Schedule "substance abuse" as a regular discussion item at staff meetings and conduct preventive education as required by paragraphs 1102 and 2105 of reference (a). Enclosure (1) describes local resources and courses available to meet this requirement. Document substance abuse training in training schedules and maintain records of individuals attending.

(5) Organize and conduct unit deterrent programs to include requesting drug detecting dog teams, checkpoints on roads entering a unit's area and frequent inspections of living and working areas.

(6) In strict compliance with the policy and procedures set forth in chapter 3 of reference (a), aggressively conduct the urinalysis testing program; ensure a minimum of 20 percent of permanent personnel are tested monthly via random sampling and/or unit sweeps. All permanent personnel will be tested within five working days upon checking-in. Check-in urinalysis testing will count toward the minimum 20 percent. Enclosure (4) is provided as a step-by-step guide to preclude error in the conduct of sample collection and shall be strictly adhered to.

(7) Conduct "Special Urinalysis Testing" per paragraph 3003.4 of reference (a). Notify the CSACO, the working day prior to the day monthly random urinalysis testing and/or unit urinalysis sweeps are performed.

(8) Implement the Voluntary Drug Exemption Program in accordance with paragraph 2202 of reference (a). Inform the Commanding General (C 012) immediately upon knowledge of a voluntary disclosure. Prior to granting a request for drug exemption, the CSACO will ensure, through confirmation with the

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Commandant of the Marine Corps (CMC) (MHD), that the individual requesting the exemption has had no prior exemptions. A copy of the grant of exemption will be delivered to the Commanding General (C 012) within five days. Appoint only the most reliable noncommissioned officers as drug exemption representatives.

(9) Develop and conduct the Urinalysis Surveillance Program (USP) per paragraph 3008 of reference (a).

(10) Identify, counsel and refer to the CSACC all personnel who have more than one alcohol related incident or who evidence a substance abuse problem.

(11) Per paragraph 1204.2 of reference (a), ensure proper Officer Qualification Record/Service Record Book (OQR/SRB) entries are made after the first and subsequent alcohol related incidents and required fitness reports are submitted on personnel involved in second and subsequent alcohol incidents.

(12) Submit in writing to the Commanding General (C 012) justification for not assigning Marines to Level I or Level II treatment as required by paragraph 1205.4e of reference (a).

(13) In strict compliance with the policy and procedures set forth in chapter 4 of reference (a) and this Order, submit required reports to the Commanding General (C 012). Enclosure (4) lists the guidelines and submission requirements.

(14) Refer dependents seeking help with substance abuse problems to the CSACC.

(15) Ensure personnel diagnosed as dependent are issued temporary additional duty (TAD) orders and have all items required for admission to Level III treatment.

(16) When attaching or joining recruit graduates for either initial-skills training or as permanent personnel, comply with paragraph 3009.3 of reference (a). These are considered accessions and therefore all samples from these personnel will be sent to the Naval Drug Screening Laboratory, Great Lakes, Illinois. All other personnel joined to attend professional military education shall be categorized as permanent personnel for substance abuse purposes.

f. Commanding Officers, The Basic School and Officer Candidates School. Conduct urinalysis accession testing per paragraph 3009 of reference (a). Send all urinalysis accession samples to the Naval Drug Screening Laboratory, Great Lakes, Illinois.

g. Commanding Officer ~~L-Naval--Medical--Clinic~~

(1) Assign a medical officer to participate in the Level II outpatient review process at CSACC in accordance with paragraphs 1205.4d(6)(g) and 2205.2d(6)(f) of reference (a).

(2) Complete all Medical Evacuation (MEDEVAC) forms per DoD Regulation 4515.13R and as required by 10th Aeromedical Staging Flight (ASF), Andrews Air Force Base, Maryland.

(3) Coordinate with the CSACC for all MEDEVAC departure flights with the Armed Services Medical Regulating Office (ASMRO) and the ASF at Andrews Air Force Base, Maryland.

6. Records Disposition. Case files shall be retained per paragraph 1205.3d of reference (a). Destruction of these files shall be by shredding or burning.



C. N. PASTINO
Acting Deputy Commander for Support

DISTRIBUTION: A

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ADMINISTRATIVE PROCEDURES FOR REFERRAL AND TREATMENT

1. Referral to the Command Substance Abuse Counseling Center (CSACC)

a. Clients are referred to the CSACC by their commanding officers via a completed Drug/Alcohol Interview Request (MCCDC Form 5353/1), providing adequate background information on the person to be evaluated, usually within two working days of the incident (Appendix A). Statements from the clients immediate supervisor and/or supervisor most familiar with the incident are required to properly conduct an evaluation. Commanding officers shall indicate whether or not the client has potential for further service on this drug/alcohol request. Drug/alcohol request forms are available through Blank Forms.

b. The MCCDC Form 5353/1 is forwarded to the CSACC where it is date stamped, initialed and logged, by the administrative clerk. The Director of Counseling Services screens the 5353/1, reviews the case file and assigns the case to a counselor. A completed appointment letter scheduling the client for the next available appointment is placed in the unit's correspondence box at the CSACC and the unit SACO is notified of the time and date of the scheduled appointment via telephone. Clients determined by the commanding officer to need emergency assessment will be given priority. Appendix B is a sample appointment letter.

c. Units will be notified of missed appointments via telephone followed with a report chit and another appointment letter. Appendix C is a sample report chit.

2. Screening and Evaluation

a. All screening and evaluation appointments are scheduled for a minimum of two hours. Counselors not assigned primary counselor duties to group treatment may be scheduled for three appointments per day, otherwise only two appointments per day may be scheduled.

b. Clients shall report with their SRB/OQR and health record to their scheduled appointment. Photocopied excerpts from the record book or health record may be accepted in unusual circumstances, i.e., Staff Judge Advocate (SJA) will not release the record book or the health record is at another facility. These items are necessary to conduct an evaluation. Clients failing to bring their SRB/OQR and health record will be rescheduled for another appointment.

c. The client will be provided a nine point evaluation questionnaire (Appendix D) to complete upon reporting. The client's records will be reviewed by the assigned counselor

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during this time. The counselor will examine all documentation available and conduct a thorough verbal examination of the client prior to reaching a tentative diagnosis. The client will be informed of the tentative diagnosis prior to departure from the CSACC unless it is determined to be counter-therapeutic.

d. Upon completion of the screening/evaluation the counselor will draft a letter of findings and forward it to the Director of Counseling Services, within 24 hours, for review. The letter of findings (Appendix E) will be forwarded to the client's commanding officer, within three working days of the screening. A copy will be filed in the client's case file.

e. Clients letter of findings will usually make one of the following recommendations:

- (1) Not recommended for treatment at this time.
- (2) Recommended for Level I education (NADSAP).
- (3) Recommended for Level II treatment.
- (4) Recommended for Level III treatment.

A recommendation for Level II or Level III treatment requires an assessment by a medical officer for final determination.

f. Clients tentatively diagnosed as substance abusers or substance dependent require final diagnosis by a medical officer. A Standard Form (SF) 513, Medical Consultation Sheet will be completed and forwarded to the Naval Medical Clinic, by the CSACC. Appendix F is a sample consultation sheet. The CSACC will schedule the medical appointment for the client; notify the unit SACO of the date and time by telephone and forward the medical appointment letter to the client's commanding officer within five working days of the tentative CSACC diagnosis. Clients failing to make scheduled appointments shall be reported, in writing, for unauthorized absence and be rescheduled by the CSACC for another appointment.

g. Special Populations. These services are for clients who have special or unique circumstances, evidenced at the CSACC such as medical emergencies:

(1) Those treated and admitted for hospitalization via the active duty sick call during duty hours and admittance to the nearest military hospital after duty hours.

(2) Suicidal Tendency - service members who express suicidal thoughts will be referred to the Mental Health Clinic or Bethesda Naval Hospital on a SF 513 immediately. A driver and escort will be provided by the client's unit.

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(3) Detoxification - service members in need of detoxification or evidencing symptoms of withdrawal will be immediately referred to the active duty sick call during duty hours or nearest hospital after hours, on a SF 513. A driver and escort will be provided by the client's unit, whenever possible.

(4) Sponsor's dependents diagnosed as substance abusers may be assigned to a Level II outpatient treatment group on a space-available basis at the CSACC.

3. Treatment and Education

a. Level I Unit Programs: are the responsibility of unit commanders and are conducted at each battalion/squadron level organization. The minimum requirements for the Level I unit programs are specified in paragraph 1205.2 of MCO P5300.12.

b. Navy Alcohol Drug Safety Action Program (NADSAP)

(1) The NADSAP exceeds all requirements for a Level I unit program for both prevention and education and shall be used to the greatest extent possible for prevention. Personnel assessed as a result of an alcohol related incident who are determined to need education but not a Level II abuse program and who have not previously attended a NADSAP course shall be assigned to attend the next available NADSAP class.

(2) Assignment to NADSAP will be made in writing by the client's unit. Assignments may be made as a result of the CSACC recommendation, unit Level I requirement, or voluntary request. Upon receipt of the assignment letter the CSACC shall enroll the client in the next available class, establish a NADSAP file, ensure the required forms are completed by the client, properly filed and confirm class assignment with the unit SACO. Unit commanders will be notified, in writing, of absences from NADSAP.

c. Level II Treatment

(1) Clients diagnosed as Level II substance abusers by a medical officer, as documented on the SF 513, will be directed to attend the CSACC Level II outpatient treatment program. See Appendix G for Level II outpatient treatment program curriculum. A disposition letter will be sent by the CSACC to the client's commanding officer requesting the client be assigned to the next available Level II outpatient group.

(2) Upon receipt of a letter of assignment, issued by the unit, assigning the client to treatment, the CSACC will confirm, by telephone, the receipt of the assignment letter and class attendance information. Commanding officers may refuse to assign clients to Level II treatment, however, detailed written

justification explaining their rationale shall be submitted to the Commanding General (C 012) prior to the class convening. Copies of this letter shall be maintained in the client's case file.

d. Level III Inpatient Treatment

(1) Clients tentatively diagnosed as substance abuse dependent by the counselor will be assigned to pretreatment for Level III patients at the CSACC as an intervention measure pending medical evaluation.

(2) Upon receipt of the SF 513, completed by the medical officer confirming dependency, the CSACC will request a bed site for the client from the appropriate agency. The CSACC will forward a disposition letter containing bed site information to the client's commanding officer requesting issuance of TAD orders to the client for the Level III treatment. The CSACC will coordinate with Patient Affairs, Naval Medical Clinic (NMCL), for MEDEVAC procedures and scheduling of an antabuse screening via SF 513 for MEDEVAC.

(3) The client will be provided, by the CSACC, information in writing concerning personal conduct and uniform requirements of the treatment facility they will be attending. Appendix H is a sample for the Naval Hospital, Bethesda, MD.

(4) A copy of the client's record book will be forwarded to the treatment facility by the CSACC prior to the client's arrival.

e. Aftercare. Clients completing either a Level II or Level III treatment program will be placed in an aftercare status for a maximum of 12 months. Clients are in a full duty status and are expected to fully comply with all parts of their individual aftercare plan. Permanent change of station or long periods of deployment should be avoided, if possible, during aftercare. MCO P5300.12, paragraph 1205.5g, provides detailed guidance.

(1) Level II Aftercare. Prior to commencement from Level II, clients will receive an aftercare treatment briefing to inform them of the procedures they will be required to adhere to while in aftercare status.

(a) During the last Level II outpatient treatment session clients will receive a two hour group session on post treatment consisting of but not limited to the following:

1 Aftercare group: What it is, and why do I need it?

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2 Return to unit and peers: How to handle it after treatment.

(b) Prior to commencement, a letter of commencement will be forwarded, by the CSACC, inviting the client's commanding officer to attend. See Appendix I.

(c) The Director, upon final progress review, will ensure that an aftercare plan is provided to the client, forward a copy to the commanding officer, and ensure a copy is placed in the patient's case file. See Appendix J.

(d) Clients will be enrolled in the aftercare group following commencement from treatment and attend the aftercare group twice a month for a total of four sessions.

(e) Clients should attend Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Adult Children of Alcoholics (ACOA), or other appropriate support groups while in aftercare as delineated in their aftercare plan. Support group attendance is voluntary unless directed by a counselor, doctor or psychiatrist.

(f) Aftercare group techniques will emphasize individual "growth," establishing support systems, and step-by-step recovery for long term changes in lifestyle.

(g) Upon completion of Level II aftercare sessions at the CSACC, a client will be transferred back to his/her unit SACO for monitoring of the remainder of the client's aftercare plan.

(2) Level III Aftercare

(a) All clients returning from Level III inpatient treatment shall contact the CSACC within two weeks for an aftercare screening appointment. The CSACC will schedule the appointment as early as possible and forward an appointment letter to the unit commander. Appendix K is a sample Level III Narrative Summary and discharge instructions.

(b) Level III aftercare is divided into 3 progressive groups each 16 weeks in duration. Appendix J is the current aftercare outline. Groups shall meet as follows:

1 Group One - once a week.

2 Group Two - twice a month.

3 Group Three - once a month.

(c) Clients shall be scheduled to begin participating in the appropriate group during the aftercare screening appointment.

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(d) Clients should attend Alcoholic Anonymous (AA), Narcotics Anonymous (NA), Adult Children of Alcoholics (ACOA), or other appropriate support groups while in aftercare as delineated in their aftercare plan.

(e) Aftercare group techniques will emphasize individual "growth, establishing support systems, and step-by-step recovery for long term changes in lifestyle.

(3) Special Cases, Those service members who have completed a formal treatment program and suffer a relapse are to be referred to the CSACC for further evaluation. Options of Aftercare Level II, Aftercare Level III or CMC disposition request for a second treatment are available depending on potential for further service and concurrence of the individual's commanding officer.

f. Family Group Treatment Program. Family treatment programs at the CSACC are provided to deal with the effects of substance abuse and dependency on the family.

(1) Spouse Group

(a) The "Spouse" group is for the spouse of the substance abuser/dependent. It is designed to assist the spouse to cope and adjust with the dysfunctional behavior displayed in the family as a result of the abuse and dependency; to understand the concept of abuse and dependency as a medical model and to change the spouse's behavioral patterns as they progress through the various phases of their treatment.

(b) The group meets for a minimum of nine sessions, once a week during hours convenient to the group members, with not less than three patients and not more than eight.

(c) Each spouse will be evaluated after eight sessions to determine the need for further treatment, either continuing in the spouse group or referral to other facilities.

(2) Additional support groups or counseling may be available including individual family counseling depending upon the client population needs and assets available.

(3) Other sources for support and counseling are offered by the surrounding counties and will be used when appropriate as determined by the Director, Counseling Services.

4. Client Case Review and Discharge Procedures

a. Clients assigned to a treatment group are expected to actively participate in the treatment process and adhere to their

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patient contract. To ascertain if a client is progressing and meeting the minimum standards, the case review process below will be followed.

(1) The progress of each client in Level II will be reviewed weekly during outpatient treatment to determine progress, appropriateness of diagnosis, prognosis for successful completion and recommendations for referral. Results of these reviews will be placed in the client's case file.

(2) Case reviews of clients in aftercare status will be conducted monthly while attending the CSACC aftercare. Final case review will take place at the conclusion of the aftercare period. A written recommendation from the client's commanding officer regarding the clients performance and progress will be requested to aid the review process. The final review will determine if the client has successfully completed treatment and if the case should be placed in the inactive file or if further treatment is needed.

b. Reviews will be conducted by a review board, consisting of the OIC, CSACC, director, primary counselor and a medical officer assigned by the Commanding Officer, NMCL. The results of each review will be recorded in the case file.

c. When a recommendation for removal from treatment is given, a case review will be conducted. If the decision of the review board is to remove the patient, then the client will be notified, in writing, with written justification as to its decision. The client's commanding officer will also be notified, in writing, immediately as to the decision and disposition of the client.

d. Criteria for Discharge from Treatment. Any of the following actions, on the part of the client, could result in discharge/failure from Level II program of treatment, and cause review of aftercare prognosis.

(1) Any further abuse of a mood altering substance while in treatment.

(2) Noncompliance with treatment.

(3) Violations of the Uniform Code of Military Justice (UCMJ).

(4) Failure to comply with aftercare prescription.

(5) Failure to meet required appointments with treatment personnel.

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- (6) Failure to meet program schedule.
- (7) Failure to meet required medical appointments.
- (8) Fraternization with staff members or fellow clients.
- (9) Unacceptable (verbal or nonverbal) abuse of staff
members or fellow clients.

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DRUG/ALCOHOL INTERVIEW REQUEST

FOR OFFICIAL USE ONLY

MCCDC 5353/1 (4-85) FFP 25920(D)

TO: SUBSTANCE ABUSE COUNSELING CENTER**FROM: Commanding Officer, Headquarters and Service Battalion**

IT IS REQUESTED THAT A EVALUATION BE MADE ON THE BELOW NAMED:

NAME (LAST, FIRST, MIDDLE)		RANK	SSN NO.	SERVICE	AGE	WORK PHONE	HOME PHONE
DOE, JOHN J.		PFC	000 00 0000	USMC	20	xxx-xxxx	xxx-xxxx
EAS	TOTAL SERVICE	GCT	DURING PRESENT ENLISTMENT		MARITAL STATUS		
900228			<input type="checkbox"/> DEMOTED <input type="checkbox"/> PROMOTED		Single		
SEX	RELIGION	EDUCATION	DATE AND PLACE OF BIRTH		CIVILIAN OCCUPATION		
M		HS	11/28/69 New York				
MOS AND JOB TITLE:				THE PROBLEM INVOLVES ABUSE OF:			
				<input type="checkbox"/> DRUGS <input type="checkbox"/> ALCOHOC <input type="checkbox"/> BOTH			

☐ HAVE ☐ NOT TALKED WITH HIM ABOUT HIS DIFFICULTIESHE ☐ HAS ☐ HAS NOT BEEN INFORMED OF THE PURPOSE OF THIS VISIT (BY: _____)☐ AM ☐ AM NOT CONTEMPLATING DISCIPLINARY (STATE SPECIFIC ACTION)

1. THE COMMANDING OFFICER IS REQUESTED TO FORMULATE A BRIEF STATEMENT ABOUT WHY HE IS SENDING THE SUBJECT PERSON FOR INTERVIEW. ADDRESS SPECIFIC PROBLEM AREAS TO INCLUDE DRUG/ALCOHOL RELATED INCIDENTS, DISCIPLINARY ACTION, PERFORMANCE OF DUTY, FAMILY FINANCIAL, MENTAL AND PHYSICAL, STATE ACTIONS TAKEN TO CORRECT THE PROBLEM AND THE SUBJECTS RESPONSE TO THOSE ACTIONS.

- a. Details of incident which prompted referral.
- b. List of prior incidents, if any.
- c. Last pro/con marks.
- d. Recommended pro/con marks.
- e. Is individual pending discharge or is a discharge being contemplated.
- f. Statement on individual's potential for further service.
- g. Has the individual ever been interviewed or counseled about this or similiar problems before.
- h. Pertinent page 11 and 12 entries.
- i. Additional comments.
- j. Statement enclosures.

(FORWARD ON DATE OF INTERVIEW WITH **OQR/SRB** AND HEALTH RECORD)

NAME, RANK AND TITLE (TYPED)	SIGNATURE	DATE	UNIT PHONE NO.
I. M. MARINE, SGT SACO, HQSVCBN		17 Jan 89	xxx-xxx

COPY TO: (1) **BN** SUBSTANCE ABUSE
CONTROL OFFICER

FOR OFFICIAL USE ONLY

Appendix A to
ENCLOSURE (1)

MCBO 5300.1
3 Jul 89

UNITED STATES MARINE CORPS
Command Substance Abuse Counseling Center
Marine Corps Combat Development Command
Quantico, Virginia 22134-5001

5300
c 012-2
Date

S A M P L E

From: Officer in Charge
To: Commanding Officer, Organizational Unit, Marine Corps
Combat Development Command
Subj: REFERRAL TO THE COMMAND SUBSTANCE ABUSE COUNSELING CENTER
CASE OF PFC JOHN DOE 000 00 0000/USMC

Ref: (a) MCO P5300.12
(b) Phonecon btwn Counselor, CSACC and Sgt I. M. Marine,
HqSvcBn at 1330 on 12 January 1989

1. Per references (a) and (b), SNM is scheduled for an evaluation at this office at 1000 on 19 January 1989.
2. The SNM is to report to the Admin Chief, CSACC, located in bldg. 3035, as requested above.
3. Service record book and health records are required and the evaluation cannot be completed without these records. It is requested SNM hand carry them for this appointment.

copy to:
SACO

Appendix B to
ENCLOSURE (1)

MCBO 5300.1
3 Jul 89

UNITED STATES MARINE CORPS
command Substance Abuse Counseling Center
Marine Corps Combat Development Command
Quantico, Virginia 22134-5001

5300
c 012-2
Date

S A M P L E

From: Officer in Charge
To: Commanding Officer, Organizational Unit,
Marine Corps Combat Development Command

Subj: MISSED APPOINTMENT, CASE OF PFC JOHN DOE 000 00 0000/USMC

1. PFC Doe was scheduled for an appointment with the Command Substance Abuse Counseling Center at 0800 on 17 January 1989, for which he failed to report.

2. This incident constitutes grounds for disciplinary action by your command as a violation of Article 86 of the UCMJ; in that PFC Doe failed to report to his appointed place of duty at the appointed time,

3. For further information or assistance, please contact the NCOIC, CSACC at extension 3502/03.

copy to:
SACO

Appendix C to
ENCLOSURE (1)

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3 Jul 89

COMMAND SUBSTANCE ABUSE COUNSELING CENTER
BUILDING 3035, ROOM 12
QUANTICO, VIRGINIA 22134

INTERVIEWED BY: _____

COUNSELOR: _____

Appendix D to
ENCLOSURE (1)

PRIVACY ACT

I. Requiring Document: MCO P5300.12

II* Title of Requirement: Substance Abuse Case File

III. Authority: Title 5 U.S. Code Section 301

IV. Principal Purposes: Information is solicited to assist the Command Substance Abuse Counseling Center staff in developing a record of evaluation(s) and treatment provided. The social security number is necessary for personnel records identification.

V. Routine Uses: The information provided will be used to develop an accurate assessment of your present condition and to plan appropriate treatment when necessary.

VI. Voluntary disclosure and effect on individual not providing information: Disclosure of requested information is voluntary, however, failure to provide accurate and thorough information will detract from the quality of counseling and may result in a misdiagnosis and/or inappropriate treatment.

VII. Confidentiality: With the exception of past or present criminal activities, other than alcohol/drug abuse, and/or an incident which places the Command or any of its members in jeopardy, all information you provide will be held in confidence. It will not be used for disciplinary action or as a basis for discharge. The information will not be disclosed to anyone but your commanding officer and substance abuse program staff without your written consent. The information may not be introduced against a member in a court-martial except as authorized by a court order issued under the standards set forth in 21 U.S.C. 1175 or 42 U.S.C. 290.ddd. It may be used for rebuttal or impeachment purposes where evidence of substance abuse has been introduced by the accused.

VIII. Program Acknowledgement: I have read and understand the above privacy act statement. Furthermore, I understand that the privacy act statement will apply to all requests for personal information made by the Counseling Center staff for the purposes of evaluation and treatment.

IX.

PRINT FULL NAME

PAYROLL SIGNATURE

DATE

Appendix D to
ENCLOSURE (1)

INTAKE

I. IDENTIFICATION:

A. NAME: _____ RANK: _____ SSN : _____
B. AGE: _____ DATE OF BIRTH: _____ RELIGION: _____
C. MOS: _____ TITLE: _____ EAS: _____
D. TIME IN SERVICE: _____ YEARS, _____ MONTHS
E. COLOR EYES: _____ HAIR: _____ HEIGHT: _____ WEIGHT: _____
F. UNIT/ORG/SHIP/STA: _____
G. COMMANDING OFFICER: _____ PHONE: _____
H. HOME ADDRESS: _____ PHONE: _____

II. PRESENTING PROBLEMS:

A. WHY ARE YOU HERE FOR THIS INTERVIEW? _____

B. WHO DETERMINED THAT YOU HAVE OR MAY HAVE A PROBLEM AND
WHY? _____
C. IS THIS PROBLEM ANY DIFFERENT NOW THAN IT WAS TWO
MONTHS AGO? EXPLAIN: _____

D. ARE YOU HERE VOLUNTARILY OR WERE YOU ORDERED TO COME
HERE? _____
E. HOW SERIOUS DO YOU THINK THIS PROBLEM IS? _____

F. WHAT WOULD YOU LIKE TO DO ABOUT THIS PROBLEM? _____

G. SHOULD TREATMENT BE REQUIRED, IS THERE ANYTHING WHICH
WOULD INTERFERE WITH ITS COMPLETION? _____

Appendix D to
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III. PERSONAL HISTORY:

A. WHAT IS YOUR MARITAL STATUS? _____ MARRIED, _____ SINGLE,
_____ DIVORCED, _____ WIDOWED, _____ SEPARATED.

1. HOW LONG HAVE YOU BEEN MARRIED? _____

2. WHAT WAS YOUR AGE WHEN YOU MARRIED? _____

3. ARE YOU HAPPY WITH YOUR MARRIAGE? EXPLAIN: _____

4. HAVE YOU BEEN PREVIOUSLY MARRIED? WHEN: _____

5. HAS YOUR SPOUSE BEEN PREVIOUSLY MARRIED: _____

6. SPOUSE'S NAME _____ AGE _____

DESCRIBE YOUR SPOUSE'S PERSONALITY: _____

7. HOW MANY CHILDREN DO YOU HAVE BY YOUR PRESENT
MARRIAGE:

BOYS: _____ AGES: _____ GIRLS: _____ AGES: _____

8. IF YOU ARE NOT MARRIED, DO YOU HAVE A STEADY
BOY/GIRL FRIEND? _____

9. DO YOU HAVE ANY PLANS TO GET MARRIED? _____ WHEN? _____

B. WHAT IS THE STATUS OF YOUR PARENTS? _____ STILL MARRIED,
_____ DIVORCED, _____ SEPARATED, _____ DECEASED (MOTHER/FATHER)

1. HOW DID YOUR PARENTS GET ALONG WITH EACH OTHER? _____

2. FATHER'S AGE: _____ MOTHER'S AGE: _____

3. HOW MANY BROTHERS AND SISTERS DO YOU HAVE:
BROTHERS: _____ AGES: _____ SISTERS: _____ AGES: _____

4. HOW WAS YOUR RELATIONSHIP WITH YOUR BROTHERS AND
SISTERS? _____

5. DESCRIBE YOUR RELATIONSHIP WITH YOUR FATHER: _____

6. DESCRIBE YOUR RELATIONSHIP WITH YOUR MOTHER: _____

C. WERE YOU RAISED BY ANYONE OTHER THAN YOUR PARENTS? WHO
AND FOR HOW LONG: _____

1. WHAT TYPE OF AREA WERE YOU RAISED IN? (CITY, RURAL,
ETC.) _____

2. HOW MANY TIMES DID YOUR FAMILY MOVE WHILE YOU WERE
AT HOME? _____ WHAT WERE THE REASONS? _____

3. WHAT WAS THE ECONOMIC CONDITION OF YOUR FAMILY?

D. WHAT IS YOUR FATHER'S ATTITUDE TOWARD ALCOHOL/DRUG
USAGE? _____

1. YOUR MOTHER'S ATTITUDE: _____

2. IS THERE ANYONE IN YOUR FAMILY WHO YOU WOULD DE-
SCRIBE AS BEING ALCOHOLIC OR DRUG DEPENDENT? _____

E. SCHOOLING:

1. WHAT WAS THE HIGHEST GRADE IN SCHOOL THAT YOU
COMPLETED? _____

2. WHAT WAS THE REASON FOR TERMINATION OF YOUR
SCHOOLING? _____

3. WHAT WERE YOUR FAVORITE SUBJECTS IN SCHOOL? _____

4. WHAT WAS YOUR LEAST FAVORITE SUBJECT IN SCHOOL? _____

5. IN GENERAL, WHAT WAS YOUR GRADE AVERAGE IN SCHOOL?

Appendix D to
ENCLOSURE (1)

6. HOW WAS YOUR RELATIONSHIP WITH YOUR TEACHERS? _____

7. WERE THERE ANY DISCIPLINARY ACTIONS IN SCHOOL? _____

EXPLAIN: _____

8. WHAT WAS IT LIKE FOR YOU IN SCHOOL? _____

9. WHAT WERE YOUR ACCOMPLISHMENTS IN SCHOOL SUCH AS
AWARDS, HONORS, OFFICES HELD, ETC? _____

F. EMPLOYMENT:

1. WERE YOU EMPLOYED BEFORE ENTERING THE SERVICE?
(LIST EMPLOYMENT AND REASON FOR TERMINATION): _____

2. HOW WAS YOUR RELATIONSHIP WITH YOUR COWORKERS? _____

3. HOW WAS YOUR RELATIONSHIP WITH YOUR EMPLOYER? _____

4. WHAT KIND OF WORK DO YOU INTEND TO DO IN THE
FUTURE? _____

G. SOCIAL:

1. DESCRIBE YOUR SOCIAL LIFE PRIOR TO ENTERING THE
SERVICE: _____

2. WHAT IS YOUR SOCIAL LIFE NOW? _____

3. DESCRIBE YOUR FRIENDS AND WHAT THOSE FRIENDSHIPS
ARE BASED UPON: _____

4. HOW OFTEN DID YOU DATE PRIOR TO ENTERING THE SERVICE: _____
5. HOW OFTEN DO YOU DATE NOW? _____
6. AT WHAT AGE DID YOU START DATING? _____
7. WHAT ACTIVITIES ARE YOU AND YOUR FRIENDS INVOLVED WITH? _____
8. DO YOU HAVE A CIVILIAN POLICE RECORD? (DATE AND REASON FOR EACH ARREST): _____

9. HAVE YOU BEEN CONFINED OR PLACED ON PROBATION? _____
EXPLAIN: _____
10. WERE YOU EVER GIVEN THE OPTION OF ENLISTING OR GOING TO JAIL? _____

H. MILITARY:

1. WHAT WAS YOUR REASON(S) FOR ENLISTING? _____

2. WHAT WERE YOUR EXPECTATIONS OF SERVICE LIFE? _____

3. WHAT IS YOUR PRIMARY GOAL IN SERVICE LIFE? _____

4. WHAT IS YOUR PRIMARY MOS AND TITLE? _____
5. ARE YOU WORKING IN YOUR PRIMARY MOS? (IF NOT, EXPLAIN) _____
6. DO YOU ENJOY YOUR PRESENT JOB? (IF NOT, EXPLAIN) _____

7. AT WHAT AGE DID YOU ENTER THE SERVICE? _____

8. HOW DO YOU RATE YOUR PERFORMANCE OF DUTY FOR THE
PAST YEAR? _____

9. LIST DISCIPLINARY ACTIONS SINCE ENTERING THE
SERVICE:

DATE	OFFENSE	PUNISHMENT	NJP OR TYPE CM
:	:	:	:
:	:	:	:
:	:	:	:
:	:	:	:
:	:	:	:
:	:	:	:

10. ARE You PENDING ANY LEGAL ACTION AT THIS TIME? _____
EXPLAIN: _____

11. SINCE ENTERING THE SERVICE HAVE YOU BEEN ARRESTED
OR CONVICTED BY CIVILIAN AUTHORITY? (EXPLAIN): _____

12. ARE YOU PENDING CIVILIAN LEGAL ACTION AT THIS TIME?

13. HAVE YOU LOST YOUR RELIABILITY RATING OR SECURITY
CLEARANCE SINCE ENTERING THE SERVICE? (EXPLAIN): _____

14. DO You AVOID YOUR SUPERVISORS? (EXPLAIN): _____

15. DESCRIBE YOUR WORKING RELATIONSHIP WITH YOUR
COWORKERS: _____

16. HOW MANY OFFENSES, CIVILIAN OR MILITARY, HAVE BEEN
RELATED TO YOUR USE OF DRUGS, ALCOHOL OR BOTH?

(EXPLAIN): _____

17. DO YOU PLAN TO MAKE THE SERVICE A CAREER? _____

I. FINANCIAL:

1. APPROXIMATE AMOUNT OF INDEBTEDNESS TO COMMERCIAL
SOURCES: \$ _____
2. APPROXIMATE AMOUNT OF PERSONAL LOANS (INDEBTEDNESS)
\$ _____
3. HAVE YOU HAD ANY LETTERS OF INDEBTEDNESS? _____
EXPLAIN: _____

4. HOW WOULD YOU DESCRIBE YOUR FINANCIAL SITUATION AT
THIS TIME? _____
5. DO YOU USUALLY RUN OUT OF MONEY BEFORE PAYDAY? _____
6. DO YOU HAVE A CHECKING ACCOUNT? _____ SAVINGS? _____
7. DO YOU DESIRE ANY FINANCIAL COUNSELING? _____
8. BRIEFLY DESCRIBE YOUR FINANCIAL PROBLEMS: _____

J. MEDICAL HISTORY:

1. HAVE YOU HAD ANY SERIOUS TRAUMATIC INJURIES OR
ILLNESSES? (LIST): _____

2. WHAT OTHER ILLNESSES OR INJURIES HAVE YOU BEEN
TREATED FOR IN THE PAST YEAR? _____

3. HAVE YOU BEEN HOSPITALIZED SINCE ENTERING THE
SERVICE? (HOW LONG AND FOR WHAT): _____

4. DO YOU HAVE ANY MEDICAL PROBLEMS AT THIS TIME? _____

5. DO YOU HAVE ANY PHYSICAL DEFECTS OR DEFORMITIES?
(EXPLAIN): _____

Appendix D to
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6. HAVE YOU EVER BEEN TREATED FOR A PSYCHOLOGICAL/
BEHAVIORAL DISORDER? EXPLAIN: _____

7. HAVE YOU EVER HAD JAUNDICE? _____
8. HAVE YOU EVER HAD HEPATITIS? _____
9. HAVE THE WHITES OF YOUR EYES EVER BEEN YELLOW? _____
10. HAS YOUR URINE EVER BEEN VERY DARK IN COLOR? _____
11. HAVE YOU EVER BEEN TREATED FOR INTERNAL BLEEDING?
12. HAVE THE PALMS OF YOUR HANDS EVER TURNED DARK RED?

13. HAVE YOU EVER BEEN TOLD THAT YOU HAVE ANY TYPE OF
LIVER DISEASE? _____
14. HAVE YOU EVER EXPERIENCED ANY OF THE FOLLOWING:
- HAND TREMORS , SEVERE SHAKES , LOSS OF
APPETITE_____, UPSET STOMACH, NAUSEA, VOMITING,_____
RAPID, **STRONG** HEARTBEAT , HALLUCINATIONS,_____
SEIZURES, FITS_____, CONVULSIONS_____, DIZZINESS.
FAINTING- , MEMORY LOSS_____, RAPID WEIGHT GAIN ,
RAPID WEIGHT LOSS_____, DRUG OVERDOSE ,
FLASHBACKS .

IV. DRUG/ALCOHOL HISTORY:

- A. HAVE YOU EVER BEEN TREATED FOR ALCOHOLISM OR DRUG ABUSE
BEFORE? _____ WHEN AND WHERE? _____
- B. AT WHAT AGE DID YOU START DRINKING? _____
AT WHAT AGE DID YOU START HEAVY DRINKING? _____
AT WHAT AGE DID YOU START USING DRUGS? _____
WHAT WAS THE FIRST DRUG THAT YOU USED? _____
- C. WHAT IS YOUR DRINK/DRUG OF CHOICE? _____
- D. GIVE A DESCRIPTION OF YOUR DRINKING HABITS AND DRUG USAGE
IN THE PAST 6 MONTHS: _____

1. EXPLAIN THE FEELING YOU GET FROM DRINKING AND/OR USING
DRUGS: _____

2. HOW MANY TIMES HAVE YOU BEEN INTOXICATED IN THE PAST YEAR? _____
3. HOW MANY DRINKS DOES IT TAKE TO MAKE YOU FEEL GOOD? _____
4. HOW MANY TIMES PER WEEK DO YOU DRINK OR USE DRUGS? _____
5. AMOUNT OF CONSUMPTION: _____ WHAT? _____
6. WHEN WAS YOUR LAST DRINK? _____
7. WHEN DID YOU LAST TAKE DRUGS? _____
8. DO YOU USE ALCOHOL/DRUGS DAILY WHEN SITUATIONS PERMIT? _____
9. WHAT IS THE LONGEST PERIOD YOU HAVE GONE WITHOUT DRUGS OR ALCOHOL? _____
10. HAVE YOU EVER ATTEMPTED TO STOP OR DECREASE YOUR DRUG OR ALCOHOL CONSUMPTION? EXPLAIN: _____

11. EXPLAIN WHAT YOU WOULD LIKE TO DO ABOUT YOUR DRINKING AND/OR DRUG USE, IF ANYTHING: _____

12. WHAT REASONS DO YOU HAVE FOR WANTING TO USE DRUGS OR ALCOHOL? _____
13. WHAT REASONS DO YOU HAVE FOR NOT WANTING TO USE ALCOHOL OR DRUGS? _____

CONTINUED ON NEXT PAGE

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E. LIST THE DRUGS (INCLUDING PRESCRIPTION DRUGS) YOU HAVE
USED:

DRUG	HOW USED	HOW OFTEN	DATE START	DATE STOP
AMPHETAMINES				
AMYL NITRATE				
BARBITURATES				
BENZEDRINE				
COCAINE				
CODEINE				
GLUE				
HASHISH				
HEROIN				
MARIJUANA				
MESCALINE				
MORPHINE				
OPIUM				
PEYOTE				
PSILOCYBIN				
THC				
LSD				
ALCOHOL				
PRESCRIBED MEDS				
OTHERS				

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HAVE YOU EVER HAD:

____ LOSS OF SELF-RESPECT
____ BLACKOUTS (HAVE PATIENT DEFINE, CORRECT IF NECESSARY)
____ DRINKS ALONE (INCLUDES DRINKING AMONG STRANGERS OR BEING
____ THE ONLY ONE DRINKING WHILE OTHERS ARE AROUND)
____ LOSS OF CONTROL (CAN'T STOP WITH 1 or 2)
____ DRINKS IN THE MORNING
____ WAKES UP AND DRINKS IN MIDDLE OF SLEEP
____ LOSS OF FRIENDS DUE TO DRINKING
____ DAILY DRINKER IF SITUATION PERMITS
____ MAINTENANCE DRINKING (NOT TO GET DRUNK OR HIGH - JUST TO
____ MAKE IT THROUGH THE DAY)
____ BEHAVIOR CHANGE WHEN DRINKING
____ AVERAGE DAILY CONSUMPTION
____ WHAT _____ HOW MUCH _____
____ DRINKS AT SPECIFIC TIME OF DAY
____ BINGES - EPISODIC DRINKER
____ EFFORTS TO CONTROL DRINKING (I.E., GOING ON THE WAGON)
____ INJURED ANYONE WHILE DRINKING

FINANCIAL:

____ LOSS OF MONEY DUE TO DRINKING
____ COMMERCIAL LOANS _____ PERSONAL LOANS _____
____ TOTAL AMOUNT OF DEBTS

WORK:

____ LATE DUE TO DRINKING	____ WORKING WITH HANGOVER
____ LEAVE EARLY TO DRINK	____ DETERIORATION OF PERFORMANCE
____ UA	____ DETERIORATION OF RELATIONSHIP WITH COWORKERS
____ DRINKING ON THE JOB	____ AVOIDING SUPERVISORS
____ OFFICE HOURS	____ SHORE PATROL RPTS # _____
____ NUMBER DRINKING RELATED	____ SCM, SPCM, GCM

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COMMUNITY:

_____ DWI'S
_____ AUTO ACCIDENTS INVOLVING DRINKING
_____ DRUNK IN PUBLIC
_____ DISTURBING THE PEACE
_____ RECKLESS DRIVING
_____ ARRESTS # _____ ALCOHOL RELATED # _____
_____ DRUNK AS A MINOR
_____ OPEN CONTAINER
_____ CONTRIBUTING TO THE DELINQUENCY OF A MINOR
_____ JUVENILE DETENTION HOME
_____ FOSTER HOME _____ HOW MANY? _____

PHYSICAL AND MENTAL

_____ ULCERS	_____ INSOMNIA
_____ THROWING UP BLOOD	_____ ANXIETY
_____ FREQUENT BACK PAIN	_____ PARANOIA
_____ HEMORROIDS	_____ HALLUCINATIONS (VISUAL OR AUDIO)
_____ INJURY WHILE DRINKING	_____ GETS INFECTIONS EASILY
_____ DRY HEAVES	_____ TAKES LONGER FOR INJURY TO HEAL
_____ NAUSEA, VOMITING	_____ DEPRESSION
_____ SEVERE SHAKES	_____ LOSS OF APPETITE
_____ HAND TREMORS	_____ NIGHTMARES
_____ JAUNDICE	_____ CONSTIPATION
_____ HEPATITIS	_____ DIARRHEA
_____ CONVULSIONS, SEIZURES	_____ SWELLING OF EXTREMITIES (EDEMA)

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F. ANSWER THE FOLLOWING QUESTIONS BY PLACING AN "X" IN
EITHER YES OR NO.

1. DO YOU FEEL THAT YOU ARE A NORMAL DRINKER? YES _ NO _
2. HAVE YOU QUIT DRINKING FOR A PERIOD OF TIME,
"GONE ON THE WAGON", TO PROVE THAT YOU COULD
TAKE OR LEAVE ALCOHOL? YES _ NO _
3. HAVE YOU EVER AWAKENED THE MORNING AFTER DRINKING
THE NIGHT BEFORE AND FOUND THAT YOU COULD NOT
REMEMBER A PART OF THE EVENING BEFORE? YES _ NO _
4. DOES YOUR PERSONALITY CHANGE WHEN YOU HAVE BEEN
DRINKING? YES _ NO _
5. DO YOU SOMETIMES DRINK MORE THAN YOU INTEND TO? YES _ NO _
6. HAS ANYONE EVER COMPLAINED ABOUT YOUR DRINKING? YES _ NO _
7. DO YOU HAVE DIFFICULTY STOPPING WITHOUT A STRUGGLE
AFTER ONE OR TWO DRINKS? YES _ NO _
8. DO YOU EVER FEEL BAD ABOUT YOUR DRINKING? YES _ NO _
9. DO YOUR FRIENDS OR RELATIVES THINK YOU ARE NOT A
NORMAL DRINKER? YES _ NO _
10. DO YOU EVER TRY TO LIMIT YOUR DRINKING TO CERTAIN
TIMES OF THE DAY? YES _ NO _
11. HAVE YOU EVER ATTENDED A MEETING OF ALCOHOLICS
ANONYMOUS? YES _ NO _
12. HAVE YOU GOTTEN INTO 'FIGHTS WHEN DRINKING? YES _ NO _
13. HAS DRINKING EVER CREATED PROBLEMS WITH YOU AND
YOUR SPOUSE/RELATIVES/FAMILY? YES NO
14. HAS YOUR SPOUSE (OR OTHER FAMILY MEMBER) EVER GONE
TO ANYONE FOR HELP ABOUT YOUR DRINKING? YES _ NO _
15. HAVE YOU EVER LOST FRIENDS OR GIRLFRIENDS/BOYFRIENDS
BECAUSE OF YOUR DRINKING? YES _ NO _
16. HAVE YOU EVER GOTTEN INTO TROUBLE AT WORK BECAUSE
OF DRINKING? YES _ NO _
17. HAVE YOU EVER LOST A JOB BECAUSE OF DRINKING? YES _ NO _

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18. HAVE YOU EVER NEGLECTED YOUR OBLIGATION, YOUR FAMILY, OR
WORK FOR TWO OR MORE DAYS IN A ROW BECAUSE YOU
WERE DRINKING? YES _ NO _
19. DO YOU EVER DRINK BEFORE NOON? YES _ NO _
20. HAVE YOU EVER BEEN ADVISED BY A DOCTOR TO QUIT
DRINKING? YES _ NO _
21. HAVE YOU EVER BEEN TOLD YOU HAVE LIVER TROUBLE? YES _ NO _
22. HAVE You EVER HAD DELIRIUM TREMENS (DT'S), SEVERE
SHAKING, HEARD VOICES, OR SEEN THINGS THAT WEREN'T
THERE AFTER HEAVY DRINKING? YES _ NO _
23. HAVE YOU EVER GONE TO ANYONE FOR HELP ABOUT
DRINKING? YES I NO 1 _
24. HAVE YOU EVER BEEN IN A HOSPITAL BECAUSE OF
DRINKING? YES _ NO _
25. HAVE YOU EVER BEEN A PATIENT IN A PSYCHIATRIC HOSPITAL
OR ON A PSYCHIATRIC WARD OF A GENERAL HOSPITAL WHERE
DRINKING WAS PART OF THE PROBLEM? YES _ NO _
26. HAVE YOU EVER BEEN SEEN AT A PSYCHIATRIC OR MENTAL
HEALTH CLINIC, OR GONE TO A DOCTOR, SOCIAL WORKER, OR
CLERGYMEN FOR HELP WITH AN EMOTIONAL PROBLEM IN WHICH
DRINKING HAD PLAYED A PART? YES _ NO _
27. HAVE YOU EVER BEEN ARRESTED, EVEN FOR A FEW HOURS,
BECAUSE OF 'DRUNK BEHAVIOR? YES _ NO _
28. HAVE YOU EVER BEEN ARRESTED FOR DRUNK DRIVING OR
DRIVING UNDER THE INFLUENCE?
29. I SOMETIMES LIE ABOUT HOW MUCH I DRINK. YES _ NO _
30. I OFTEN DRINK TO CALM MY NERVES OR TO FEEL
BETTER. YES _ NO _
31. SOMETIMES, I SNEAK DRINKS WHEN I DON'T WANT ANYONE
TO KNOW THAT I'M DRINKING. YES NO
32. SOMETIMES I DRINK JUST TO RELAX. YES _ NO _
33. SOMETIMES I HIDE BOTTLES OF LIQUOR/BEER/WINE WHEN
I DON'T WANT ANYONE TO KNOW I HAVE IT. YES _ NO _
34. SOMETIMES I FEEL LIKE I REALLY NEED A DRINK. YES _ NO _

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35. DRINKING SOMETIMES HELPS ME TO GO TO SLEEP. YES NO
36. WHEN I DRINK IT HELPS ME TO FORGET ABOUT MY PROBLEMS. YES _ NO _
37. I CAN DRINK MORE THAN MOST OF MY FRIENDS. YES _ NO _
38. I HAVE UNEXPLAINED OUTBURSTS OF ANGER WHEN I AM DRINKING. YES _ NO _
39. I HAVE BEEN TROUBLED BY JEALOUSIES OR RESENTMENTS THAT NEVER USED TO BOTHER ME. YES _ NO _
40. ALCOHOL DOESN'T GIVE ME A GOOD FEELING (BUZZ) LIKE IT USED TO. YES _ NO _
41. OTHER MEMBERS OF MY FAMILY HAVE HAD A DRINKING PROBLEM OR HAVE BEEN ALCOHOLIC. YES _ NO _
42. SOMETIMES I GET VERY DEPRESSED WHEN I'M DRINKING. YES _ NO _
43. THE THOUGHT OF COMMITTING SUICIDE HAS CROSSED MY MIND BEFORE. YES _ NO _
44. I SPEND MOST OF MY PAYCHECK ON DRINKING. YES NO
45. WHEN I AM DRINKING I DON'T CARE ABOUT EATING ANYTHING. YES _ NO _
46. I HAVE BEEN CONTINUALLY DRUNK FOR MORE THAN 24 HOURS AT A TIME. YES NO
47. I CAN DRINK MORE THAN I USED TO BEFORE I GET DRUNK. YES _ NO _
48. I DON'T LIKE IT WHEN SOMEONE COMPLAINS ABOUT MY DRINKING. YES _ NO _
49. I DON'T LIKE TO GO TO PARTIES OR OTHER SOCIAL FUNCTIONS WHERE ALCOHOLIC BEVERAGES ARE NOT BEING SERVED. YES NO
50. I LIKE TO MIX MY OWN DRINKS SO THEY ARE THE RIGHT STRENGTH. YES _ NO _
51. I LIKE TO HAVE A DRINK BEFORE GOING TO A PARTY JUST TO LOOSEN ME UP. YES NO
52. I THINK THAT I HAVE LOST CONTROL OF MY DRINKING. YES _ NO _
53. SOMETIMES I LIKE TO GULP MY DRINKS. YES NO

CONTINUE ON NEXT PAGE

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54. I PREFER TO DRINK ALONE. YES _ NO _

55. SOMETIMES I LIKE TO HAVE A DRINK IN THE MORNING. YES _ NO _

G. PSYCHOLOGICAL TESTING (PART I)

ANSWER THE FOLLOWING SENTENCES, TRUE OR FALSE (CIRCLE T OR F)

- | | | |
|---|---|---|
| 1. I EAT AS MUCH AS I USED TO. | T | F |
| 2. I USUALLY ACT IN A MATURE MANNER. | T | F |
| 3. I GENERALLY FEEL I AM USEFUL AND NEEDED. | T | F |
| 4. I USUALLY STILL ENJOY THE THINGS I USED TO DO. | T | F |
| 5. I HAVE ENOUGH SELF-CONFIDENCE. | T | F |
| 6. I SOMETIMES GET TIRED FOR NO REASON. | T | F |
| 7. SOMETIMES, I FEEL SAD AND BLUE. | T | F |
| 8. I OFTEN HAVE TROUBLE SLEEPING THROUGH THE NIGHT. | T | F |
| 9. OTHER PEOPLE WOULD BE BETTER OFF IF I WERE DEAD. | T | F |
| 10. THE USMC/USN IS RESPONSIBLE FOR MOST OF MY PROBLEMS. | T | F |
| 11. I FEEL NERVOUS OR WORRIED MOST OF THE TIME. | T | F |
| 12. SOMETIMES, I WISH I WERE DEAD. | T | F |
| 13. SOMETIMES, I FEEL LIKE INJURING MYSELF OR SOMEONE ELSE. | T | F |
| 14. I HAVE HAD VERY STRANGE OR PECULIAR THOUGHTS OR EXPERIENCES. | T | F |
| 15. I HAVE SEEN THINGS AROUND ME THAT OTHERS DO NOT ACTUALLY SEE. | T | F |
| 16. I SOMETIMES HEAR STRANGE THINGS WHEN I AM ALONE. | T | F |
| 17. I SOMETIMES HEAR VOICES OR SOUNDS WITHOUT KNOWING WHERE THEY COME FROM. | T | F |
| 18. I AM AFRAID OF LOSING MY MIND. | T | F |
| 19. I BELIEVE MY SINS ARE UNPARDONABLE. | T | F |

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- | | | | |
|-----|--|---|---|
| 20. | I BELIEVE I AM BEING PLOTTED AGAINST. | T | F |
| 21. | SOMEONE HAS CONTROL OVER MY MIND. | T | F |
| 22. | I HAVE HAD UNUSUAL SEXUAL EXPERIENCES. | T | F |
| 23. | I HAVE TERRIBLE HEADACHES. | T | F |
| 24. | I THINK SOMETHING IS WRONG WITH MY MIND. | T | F |

PSYCHOLOGICAL TESTING (PART II)

THE FOLLOWING IS A LIST OF UNFINISHED SENTENCES. YOUR TASK IS TO COMPLETE EACH SENTENCE WITH THE FIRST THING THAT COMES TO YOUR MIND.

1. I ALWAYS WANTED TO _____
2. TO ME THE FUTURE LOOKS _____
3. THE SUPERVISOR OVER ME _____
4. I KNOW IT IS SILLY BUT I AM AFRAID OF _____
5. COMPARED TO MOST FAMILIES, MINE IS _____
6. I BELIEVE THAT I HAVE THE ABILITY TO _____
7. I COULD BE PERFECTLY HAPPY IF _____
8. I DON'T LIKE PEOPLE WHO _____
9. I LOOK FORWARD TO _____
10. I THINK MOST GIRLS ARE _____
I THINK MOST BOYS ARE _____
11. MY FAMILY TREATS ME LIKE _____
12. THOSE I WORK WITH ARE _____
13. MOST POLICE OFFICERS ARE _____
14. MY GREATEST WEAKNESS IS _____
15. MY SECRET AMBITION IN LIFE IS _____
16. SEXUAL RELATIONS ARE _____
17. IF I HAD IT TO DO OVER AGAIN, I'D _____

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18. MY SEX LIFE IS _____

19. THE HAPPIEST TIME IN MY LIFE WAS _____

20. SUICIDE _____

(STOP HERE)

V. MENTAL STATUS:

A. APPEARANCE AND BEHAVIOR _____

B. MOOD AND AFFECT _____

C. STREAM OF THOUGHT _____

D. CONTENT OF THOUGHT _____

E. SENSORIUM _____

F. INSIGHT/JUDGEMENT _____

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VI. FORMULATION:

A. TYPE AND SOURCE OF PROBLEMS _____

B. DEFENSE MECHANISMS EXHIBITED _____

C. CLIENT'S GENERAL ATTITUDE _____

D. MOTIVATION FOR TREATMENT _____

... . TENTATIVE DIAGNOSIS/COUNSELOR'S IMPRESSION _____

VIII. PROBLEM AREAS (LIST) _____

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IX.	RECOMMENDATIONS/TREATMENT	PLAN

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UNITED STATES MARINE CORPS
Command Substance Abuse Counseling Center
Marine Corps Combat Development Command
Quantico, Virginia 22134-5001

5300
c 012-2
Date

S A M P L E

From: Officer in Charge
To: Commanding Officer, **Organizational** Unit, Marine Corps
combat Development Command
Subj: LETTER OF FINDINGS ON PFC JOHN DOE 000 00 0000/USMC
Ref: (a) MCO P5300.12
(b) Commanding Officer, HQSVCBn ltr 5353 of 10 January
1989

1. Per reference (a), and as requested by reference (b), a clinical evaluation was conducted and documented on the assessment evaluation. Based on the interview and all information provided, SNM is a good candidate for Level I education.

2. Screening results and recommended treatment action:

- a. Impression: Alcohol Abuser.
- b. Prognosis: Further service.
- c. Treatment Recommendation: Level I Education
NADSAP.
- d. Command Action

(1) Ensure a copy of this letter is filed on the right hand side of the individual's SACO case file.

(2) Ensure the individual reports to CSACC for enrollment in the NADSAP Program.

Counselor/Evaluator

Director of Counseling

Director

Appendix E to
ENCLOSURE (1)

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S A M P L E

MEDICAL RECORD		CONSULTATION SHEET	
REQUEST			
TO: COMMANDING OFFICER, HQSVCBN		FROM: (Requesting physician or activity) DIRECTOR, CSACC	DATE OF REQUEST 18 JAN 89
REASON FOR REQUEST (Complaints and findings) Command referred to CSACC after receiving a DUI, .08 BAC, and being late for work after drinking episodes. Pt has attempted to abstain previously because of uncontrolled drinking. He admits to a Medical Record entry that stated he fainted in formation because of drinking too much the night before. He admits to personality changes, fighting, guilt, and remorse, complaints about his drinking by his mother, woken up in the night and drank, drinking to relax and forget problems, unreasonable anger, depression, daily drinking if possible (12-18 beers),			
PROVISIONAL DIAGNOSIS			
DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> 72 HOURS <input type="checkbox"/> EMERGENCY

CONSULTATION REPORT

tolerance, drinks alone, lost control of his drinking, and blackouts.

IMPRESSION: Alcohol Dependent DSM III 303.90

PLAN: 1. Medical Officer dependency evaluation
2. Level III In Patient Treatment
3. Pretreatment Group on Tuesday at 1300

R. J. DATSON

(Continued on reverse side)

SIGNATURE AND TITLE			DATE
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

DOE, JOHN
PFC
0 0 0 0 0 0 0 0
HQSVCBN

CONSULTATION SHEET
STANDARD FORM 513 (Rev. 9-77)
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-45.505
513-108

Appendix F to
ENCLOSURE (1)

Level II Outpatient Treatment Program Curriculum

1. Purpose. The CSACC Level II Treatment Program is designed to explore various aspects of substance abuse in individual, family and societal levels. Attention will be given to several sociological, physiological, and psychological viewpoints concerning the causality of substance abuse. Clients will have the opportunity to learn the etiology of alcohol and selected drugs, and to learn various alternatives to life problems that lead to substance abuse.

2. Objectives

a. To increase clients awareness of substance abuse as both a physiological and psychological destructive process.

b. To give the clients a means of identifying current and historical issues that lead to their personal substance abuse.

c. To give the clients alternatives to substance abuse.

d. To provide clients with resources to help them solve life problems.

3. Source Materials

a. Books

(1) Alcoholics Anonymous (Big)

(2) Twelve Steps/Twelve Traditions

b. Films

(1) How to Sabotage Your Treatment

(2) Chalk Talk (Parts I and II)

(3) Physiological Effects of Alcohol and Selected Drugs

(4) Soft is the Heart of a Child

(5) My Father's Son

(6) I'll Quit Tomorrow (Parts I and II)

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c. Charts

(1) Jellinek Chart

(2) Johari Window

d. command Resources

(1) Chaplain

(2) Provost Marshal's Office Representative

(3) Brig Representative

4. Client Competency Expected by Counselor(s)

a. An ability to express ideas and feelings in written and oral form.

b. A willingness to participate in group exercises which may involve some risk of personal exposure to other clients.

c. A change in behavior and attitude.

5. Level II Outpatient Treatment Daily Group Schedule

Alcohol/Drug Abusers

Level II Treatment Group

13 (1/2 days (0800-1200)) Treatment Days

Day Friday

Report to CSACC at 0800 (Welcome Aboard Film)

Level II Admission Package

Read and sign group contract

Journal assignments

Assign group leader

Reading assignments

Discuss autobiography (written requirement)

Assignment - Read AA 12&12, Step 1 Tradition 1, Chap 1, Big Book

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ENCLOSURE (1)

Day Monday

Name game introduction of group members

Oral autobiography of group members

Group members give history of incident(s) leading to Level II treatment

Chalk Talk, Parts 1&2 (Film)

Read AA 12&12, Step 2 Tradition 2, Chap 2, Big Book

Day 3 Tuesday

Group exercise Cost to Benefit of Using Alcohol/Drugs

Feelings didactic

Johari Window didactic

Group process discussed, rules of communication

AA meeting as a group

Read AA 12&12, Step 3 Tradition 3, Chap 3, Big Book

Day 4 Wednesday

Psychological effects of alcohol and selected drugs (THC, Cocaine and PCP)

Blood alcohol content (written exercise)

PMO presentation "DWI Process"

Group process

Read AA 12&12, Step 4 Tradition 4, Chap 4, Big Book

Day 5 Thursday

Group Process at Correctional Facility with prisoners

AA meeting as a group

Read AA 12&12, Step 5 Tradition 5, Chap 5, Big Book

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Day 6 Friday

Written and oral feedback exercise

Group process

How to Sabotage Your Treatment (Film)

Read AA 12&12, Step 6 Tradition 6, Chap 6, Big Book

Day 7 Monday

Physiological effects of alcohol and selected Drugs
(inhalants, stimulants, hallucinogens, narcotics) (Films)

Theories of causality of alcohol addiction

Group process

Read AA 12&12, Step 7 Tradition 7, Chap 7, Big Book

Day 8 Tuesday

AA steps and traditions

Spirituality in life problems

Chaplain on board for discussion group

AA meeting as a group

Read AA 12&12, Step 8 Tradition 8, Chap 8, Big Book

Day 9 Wednesday

Jellinek chart divided into stages of alcoholism

I'll Quit Tomorrow Parts 1, 2 & 3 (Film)

Group process

Read AA 12&12, Step 9 Tradition 9, Chap 9, Big Book

Day 10 Thursday

(Didactic) on Dysfunctional Family

Soft is the Heart of a Child (Film)

My Father's Son (Film)

Appendix G to
ENCLOSURE (1)

Day 10 (Continued)

Group process

AA meeting as a group

Read AA 12&12, Step 10 Tradition 10, Chap 10, Big Book

Day 11 Friday

Written and oral feedback exercise

Group role inventory

Group process

Read AA 12&12, Step 11&12 Tradition 11&12, Chap 11, Big Book

Day 12 Monday

Family sculpting exercise

Group process

Aftercare program explained

Day 13 Tuesday

Termination and closure

Commencement

6. Aftercare

a. Level II aftercare meets on alternating Tuesdays for a period of two months. The schedule will be published on a quarterly basis.

b. The Aftercare Group will provide the client with a continuing support network for this period.

c. The Aftercare Group sessions will be approximately two hours in duration.

d. The Aftercare Group sessions enable the client to discuss issues affecting his or her change in life-style with peers as well as a counselor.

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e. At the conclusion of the formal Level II Aftercare Group sessions at the CSACC, the individual client's counselor will provide the client's command **SACO** with an aftercare plan in which the **SACO** is to monitor the clients aftercare process for a period of approximately one year.

Appendix G to
ENCLOSURE (1)

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TRI-SERVICE ALCOHOLISM RECOVERY DEPARTMENT (TRISARD)
NAVAL HOSPITAL, BETHESDA, MARYLAND 20814
(202) 295-2360 AUTOVON 295-2360

"PRE-ADMISSION PACKAGE"

Patients arriving for admission at TRISARD should report with the following REQUIRED ITEMS when they arrive at the Naval Hospital, Bethesda.

1. Temporary Additional Duty/Temporary Duty (TAD/TDY) orders
2. Medical, Dental, and Service Records
3. Pay Record (Bring only if you do not have Direct Deposit and you are stationed outside the Washington, D.C. area)
4. Laundry Bag
5. Shower shoes, toilet articles (non-alcoholic content-) READ LABELS.
6. 3-4 sets of civilian clothes (for AA meetings, Field Trips, etc.)
7. Sufficient under clothing (5-7 sets)
8. Physical training clothing (athletic shoes, swimming trunks, sweatsuit/jogging suit, shorts, etc.)
9. Stationery
10. AA Big Book/12 Steps and 12 Traditions (You may purchase these here for approximately \$10.00)

Patients should carry no more than \$10.00 cash at any time.

BRING TRAVELER'S CHECKS OR CHECKBOOK

STORAGE SPACE IS LIMITED: Bring only those items listed in this "Pre-Admission Package." Contraband will be dealt with as per hospital policy.

1. NO marijuana, narcotic substance or any other drugs.
2. NO weapons.
3. NO alcoholic beverages, or any items containing alcohol, i.e., mouthwash, aftershave lotion, perfume, cough syrup, etc.
4. NO electric/battery operated appliances or equipment (radios, cameras, walkmans, TV's, etc.).
5. NO over-the-counter medications, creams or ointments (including all non-prescription medication such as Con-tat, Tylenol, vitamins, etc.)
6. NO equipment which is not required in the treatment program; i.e., computers, weights, puzzles, crafts, etc.

Prescription medications brought to TRISARD will be kept at the nursing station, be sent home via a third party, or be kept in the hospital pharmacy for safekeeping until completion of the program.

Appendix H to
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The following uniforms are prescribed for patients at this command. Bring at least three sets of uniforms. They are worn DAILY.

U.S. ARMY (Male and Female) Year Round
Class "A" or "B" Uniforms only.
Fatigues and Ward Whites are NOT AUTHORIZED

U.S. AIR FORCE (Male and Female) Year Round
Class "A" or "B" Uniforms Only (Ties Worn between 1 Nov and
1 Mar)
Fatigues and Ward Whites are NOT AUTHORIZED

U.S. COAST GUARD
Service Dress Blue Bravo
Summer Blue Long

U.S. MARINE CORPS
Service A or B (1st Monday in Nov to 1st Monday in
Apr)
Service A or C (Apr through Oct)
"Not Authorized are Utilities, Field Jackets, or Flight Line
uniforms".

U.S. NAVY (Male and Female - Officers and CPO's)
Service Dress Blues (1st Monday in Oct to 1st Monday in May)
Summer Service White (May thru Sep)
Winter Working Blues or Khakis are NOT AUTHORIZED

U.S. NAVY (MALE and FEMALE - Enlisted)
Winter Working Blues with Tie and Ribbons (Oct thru Apr)
Service Dress Blues (Jumper) (Oct thru Apr)
Summer Service Whites (May thru Sep)
NOT AUTHORIZED are Dungarees, and Organizational Clothing
i.e., Foul Weather Jackets, Flight Jackets, etc.

GENERAL INFORMATION

SERVICES AVAILABLE AT THE NAVAL HOSPITAL, BETHESDA, MARYLAND

1. U.S. Postal Service (Post Office)
2. Navy Federal Credit Union
3. Navy Exchange (will cash checks for active duty military, retired military, and dependents with valid military I.D. Card).
4. Laundry service and dry cleaning service are available through the Navy Exchange System.

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ENCLOSURE (1)

5. NOTE: There are no facilities to cash paychecks unless you are a member of the Navy Federal Credit Union.

MAIL SERVICES

The Naval Hospital Post Office is located in Building #2 of the main hospital, and provides full service to hospital patients. Mail is delivered Monday thru Friday (no delivery on holidays or weekends) by mail room staff members to Ward 5C. No mail will be kept on the ward overnight. Your address while at TRISARD is:

Name, Grade, SSN
TRISARD, Ward 5C
Naval Hospital
Bethesda, Maryland 20814-5011

LOCATION

1. The TRISARD ward is located in Building 10, Ward 5-Center. Patients should report in here at 0800 on the scheduled date of admission.
2. The TRTSARD Administrative/Therapy areas are located in Building 7, 4th Floor.

FAMILY PROGRAM AT TRISARD, NAVAL HOSPITAL BETHESDA, MARYLAND

It is the TRISARD philosophy that family members and other significant people are affected by the identified patient's alcohol consumption. For this reason, candidates for TRISARD rehabilitation are expected to arrange for the participation in the TRISARD Family Program of family members or significant other people.

The program includes education about the effects of alcohol on the identified patient and his or her family/significant others. Also discussed is the special effects of alcoholism on children. Coping skills in dealing with the alcohol dependent patient are taught with the emphasis on the recovering person after return to his or her home environment. Common questions will be addressed, such as "Should I keep alcohol in the house?" "Is it all right to use alcohol in front of the recovering person?"; and "What if he or she begins using alcohol again?" The program includes couples counseling, group counseling, films, seminars, and attendance at AA and Al-Anon meetings.

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This program lasts four and a half (4 ½) days, beginning Monday and ending Friday noon. (Monday-Thursday 0800-1630, Friday, 0800-1200).

Low cost housing is available in the surrounding civilian community. Local municipal transportation is available.

Child care should be arranged at the patient's duty station, since only four hours of day care per day are available at Naval Hospital, Bethesda.

Meal passes will be provided to the family members to eat in the Hospital cafeteria. Prices are currently \$1.80 for breakfast, and \$3.60 for both lunch and dinner.

Transportation to Naval Hospital, Bethesda for military dependents or service members is arranged at the patient's duty station. The MEDEVAC system may be utilized. Commercial transportation at government expense is NOT AUTHORIZED.

The TRISARD point of contact for further questions/arrangements for the Family Program is (Air Force) MAJOR HANSEN or MS. COPELAND at AUTOVON 295-2360 or Commercial (202) 296-2360.

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UNITED STATES MARINE CORPS
Command Substance Abuse Counseling Center
Marine Corps Combat Development Command
Quantico, Virginia 22134-5001

5300
c 012-2
Date

S A M P L E

From: Officer in Charge
To: Commanding Officer, Organizational Unit, Marine Corps
Combat Development Command

Subj: COMMENCEMENT FROM LEVEL II TREATMENT CASE OF
PFC JOHN DOE 000 00 0000/USMC

1. PFC John Doe was ordered to Level II Treatment on 1 September 1988. His commencement is on 3 March 1989 at 1000 at the Command Substance Abuse Counseling Center (CSACC), Building 3035.
2. You or your direct representative are invited to the commencement ceremony at the CSACC. Your continued support of your Marine and his efforts are essential as he commences and returns to your command.
3. Point of contact for questions or further information is the NCOIC, CSACC at extensions 3502/03.

Appendix I to
ENCLOSURE (1)

SAMPLE LEVEL II AFTERCARE PLAN

Discharge Diagnosis: () Alcohol Abuse
 () Drug Abuse
 () Alcohol Dependent
 () Drug Dependent

Prognosis: Good

Aftercare: In accordance with MCO P5300.12, chapter 3, the recommended aftercare plan is as follows:

The client will be in aftercare status not less than one year or until discharge.

(1) Attendance at open Alcoholics/Narcotics **Anonymous/ACOA** meetings is desirable as a continuing support system.

(2) Attend twice a month Aftercare Group at the CSACC, Tuesday 1300-1500, for a period of eight weeks.

(3) Meet weekly with the unit **SACO** for a period of one year following Level II treatment to monitor progress and supervise the aftercare plan.

(4) The unit **SACO** will document any and all alcohol incidents and recommend the appropriate administrative action to the commanding officer, in accordance with MCO P5300.12 and MCO P1900.17C.

NOTE: Commanding officers and unit **SACO's** are encouraged to contact the CSACC counselor or program director at 640-3502 regarding the client's aftercare program.

Disposition: Fit for full duty.

Primary Counselor:

Director:

TRI-SERVICE ALCOHOLISM RECOVERY DEPARTMENT
NAVAL HOSPITAL, BETHESDA, MARYLAND 20814
NARRATIVE SUMMARY (SF-502)

PATIENT'S NAME/GRADE: DOE, JOHN PFC
ADMISSION DATE: 15 NOV 88
DISCHARGE DATE: 28 DEC 88
SSN: 000 00 0000
JACKET #:
DATE OF DICTATION: 20 DEC 88
DATE TRANSCRIBED: 22 DEC 88

DISCHARGE DIAGNOSIS: Alcohol dependence, in remission (DSM IIIR 303.93).

HISTORY OF PRESENT ILLNESS: This is the first Level III treatment program for this 30-year-old separated white male, E6 active duty Marine Corps, who was command-referred for treatment after he received a DWI in August of 1988 with a BAC of 0.21.

ALCOHOL HISTORY: The patient began the use of alcohol at the age of 17, was using it regularly by age 27, and presented with three years of continuous drinking. He denied any family members with alcohol or drug problems. He denied previous alcohol or drug educational treatment programs of any type. His drinking history includes episodes of efforts of control, loss of control, and blackouts. Evidence of social impairment include the aforementioned DWI only. He reports and evidence of tolerance to alcohol including the ability to consume a fifth of spirits in 24 hours. No other blood alcohol levels were obtained on this patient. He denied any withdrawal symptoms whatsoever. In all, he met six of nine DSM IIIR criteria for alcohol dependence.

The patient reported experimental use of marijuana prior to service entry, but denied other illicit drug usage.

The patient reported a history of fleeting thoughts of suicide without a plan in August of 1988, however, denied thoughts of suicide at time of admission to TRISARD.

PAST MEDICAL HISTORY: Is significant for a six-pack-year history of tobacco usage. His family history is positive for myocardial infraction. The patient has had an appendectomy.

PHYSICAL EXAMINATION: At time of admission was entirely within normal limits with the exception that the patient's blood pressure was 138/90. Specifically there was no evidence of the sequela of chronic alcohol abuse.

DOE, JOHN PFC USMC ACT 000 00 0000

Appendix K to
ENCLOSURE (1)

PSYCHIATRIC SCREENING: At time of admission revealed no evidence of psychosis, organicity, or major affective disorder. The patient denied current homicidal or suicidal ideation. There are felt to **be** no psychiatric contraindications to inpatient treatment.

LABORATORY DATA: Admission laboratories included a complete blood count, hepatic panel, cholesterol, triglycerides, urinalysis, drug and alcohol urinalysis, and RPR. All these were negative, normal, or nonreactive with the exception that the patient had macrocytic indices on his complete blood count, commonly seen in alcoholic and nutritionally deprived patients.

HOSPITAL COURSE: The patient was admitted to ward 5 center where he received individual, group, and ward milieu therapy in addition to attending daily meetings of Alcoholics Anonymous. His counselor was HM2 I. M. **Navy**, a certified alcohol counselor. **Antabuse** maintenance was initiated as part of this patient's treatment. Following a 10-day evaluation a multidisciplinary **team** confirmed the diagnosis of alcohol dependence. (DSM IIIR 303.91).

The following problem areas were described in the patient's case plan:

1. Alcoholism, for which the patient received the **basic** TRISARD program and an aftercare plan was developed for use subsequent to discharge.
2. Lifestyle management, for which the patient was referred to occupational therapy and the results of this intervention were incorporated into his aftercare plan.
3. History of suicidal ideation, for which the patient received an initial psychiatric evaluation and was monitored throughout his hospital stay for return of suicidal thoughts or change in risk factors. Neither of these occurred and this problem was closed at **time** of discharge, and was not mentioned in the interview.

Although there are frequently significant family **issues** associated with alcoholism, no member of this patient's family was able to attend the TRISARD one-week family program.

Because of the patient's initial elevated blood pressure he was monitored during the first part of his hospital stay for hypertension. Blood pressure rapidly normalized and daily monitoring was discontinued.

DOE, JOHN PFC USMC ACT 000 00 0000

Appendix K to
ENCLOSURE (1)

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DISPOSITION: The patient's progress in the program was described as good. He is discharged to full duty after successfully completing six weeks of inpatient treatment.

Problems in need of follow-up after discharge:

1. Alcoholism, which should be followed up at the patient's parent command.

DISCHARGE MEDICATIONS:

1. **Antabuse** (disulfiram), which should be given in a dose of 250 mg by mouth daily for at least three months. Of special note is that patients receiving **Antabuse** should have a complete blood count, hepatic panel, obtained one month after discharge and every six months thereafter while on Antabuse. They should be followed by a medical officer monthly.

DISCHARGE INSTRUCTIONS:

1. This patient should permanently abstain from the use of alcohol and all other forms of mood-altering drugs.

2. He should attend at least four AA meetings per week, participate in a supervised monitored aftercare plan for the next year.

3. He should follow-up with all problems as described above.

L. GOODWIN
LTC MS USA
HEAD OF INPATIENT PROGRAM
(301) 295-2360

J. MOTHERSHEAD
CDR MC USN
WARD MEDICAL OFFICER

APPROVER:

D. M. GRODIN
CAPT MC USN
HEAD, TRISARD

DOE, JOHN PFC USMC ACT 000 00 0000

Appendix K to
ENCLOSURE (1)

Level III Aftercare Program Curriculum

1. Aftercare Goal. To enable the aftercare client to remain sober and drug free.
2. Class Objectives
 - a. Have the aftercare client recognize the symptoms of relapse.
 - b. Provide the aftercare client with a network of support.
 - c. Provide the safe environment for the aftercare client to work on current issues.
3. Source Materials
 - a. EPT Aftercare Program
 - b. CENAP Aftercare Program
4. Aftercare Program (Group) Schedule. Aftercare will be broken into two 1 hour segments for each of the groups as follows:
 - a. The first hour will be classroom instruction.
 - b. The second hour will be group process.
 - c. The CSACC has aftercare programs broken-down to significant periods after inpatient treatment. Each period (1 to 4 months, 5 to 8 months, and 9 to 12 months) conforms to the following schedule of group instruction and counseling:

Level III Aftercare 1-4 Months

Week One - Return of Denial

- a. Concern about Well-Being
- b. Denial of the Concern
- c. Group Process

Week Two - Avoidance and Defensive Behavior

- a. Believing I'll Never Drink Again
- b. Worrying About Others Instead of Self
- c. Defensiveness
- d. Compulsive Behavior

Appendix L to
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Week Two (Continued)

- e. Impulsive Behavior
- f. Tendencies Toward Loneliness
- g. Group Process

Week Three - Crisis Building

- a. Tunnel Vision
- b. Minor Depression
- c. Loss of Constructive Planning
- d. Plans Begin to Fail
- e. Group Process

Week Four - Immobilization

- a. Daydreaming and Wishful Thinking
- b. Feelings that Nothing Can Be Solved
- c. Immature Wish to be Happy
- d. Group Process

Week Five - Confusion and Overreaction

- a. Periods of Confusion
- b. Irritation with Friends
- c. Easily Angered
- d. Group Process

Week Six - Depression

- a. Irregular Eating Habits
- b. Lack of Desire to take Action
- c. Irregular Sleeping Habits
- d. Loss of Daily Structure
- e. Periods of Deep Depression
- f. Group Process

Week Seven - Behavioral Loss of Control

- a. Irregular Attendance at AA and Treatment Meetings
- b. Development of an "I Don't Care" Attitude
- c. Open Rejection of Help
- d. Dissatisfaction with Life
- e. Feelings of Powerlessness and Helplessness
- f. Group Process

Week Eight - Recognition of Loss of Control

- a. Self-Pity
- b. Thoughts of Social Drinking
- c. Conscious Lying
- d. Complete Loss of Self-Confidence
- e. Group Process

Week Nine - Option Reduction

- a. Unreasonable Resentment
- b. Discontinues All Treatment and AA
- c. Overwhelming Loneliness, Frustration, Anger and Tension
- d. Group Process

Week Ten - Acute Relapse Episode

- a. Loss of Behavioral Control
- b. Acute Relapse Episode
- c. Emotional Collapse
- d. Physical Exhaustion
- e. Stress Related Illnesses
- f. Psychiatric Illness
- g. Suicide
- h. Accident Prone
- i. Disruption of Social Structure
- j. Group Process

Week Eleven - Patient Assessment Form

- a. Fill Out Form and Process
- b. Group Process

Week Twelve - Goal Setting

- a. Daily Goal Setting
- b. Group Process

Level III Aftercare 5 - 8 Months

1. The Level III Aftercare 5-8 months will meet on alternating Tuesdays. The schedule will be published on a quarterly basis.
2. The Level III Aftercare 5-8 months will meet as a 2 hour group counseling session to discuss general and individual issues affecting a sober and drug free life style.
3. Individual counseling will be available for those individuals requesting it after the formal group ends.

Appendix L to
ENCLOSURE (1)

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Level III Aftercare 9 - 12 Months

1. The Level III Aftercare 9-12 month will meet every third Thursday of the month.
2. The Level III Aftercare 9-12 month will meet as a 2 hour group counseling session to discuss general and individual issues affecting a sober and drug free life-style.
3. Individual counseling will be available for those individuals requesting it after the formal group ends.

Appendix- L to
ENCLOSURE (1)

URINALYSIS TESTING PROGRAM

1. Policy. Drug abuse reduces readiness and is not tolerated in the United States Marine Corps. Every legal means is to be used to provide the drug free environment rightfully expected for every Marine. As a major means of drug abuse detection and deterrence, the Marine Corps Urinalysis Program has contributed significantly towards control of illegal drug use. To continue this program in the "War Against Drugs," an aggressive but fair compulsory urinalysis program is to be followed by every unit of MCCDC.

2. Objective. A Urinalysis Program will be established by all MCCDC units for the systematic screening of all Service personnel for the presence of drugs, as prescribed by SECNAVINST 5300.28. Results of urinalysis testing will be used to deter and detect drug abuse through administrative/disciplinary measures, counseling, and, when appropriate treatment/rehabilitation.

3. Background

a. The urinalysis program uses biochemical testing of urine samples to provide:

(1) Deterrence for Marines disposed to use illegal drugs.

(2) Early identification of Marines involved with the use of illegal drugs.

(3) Confirmation of drug presence necessary for administrative and/or disciplinary action.

b. Urinalysis is a means to identify the presence of drugs in the individual at the time the urine sample was taken. Confirmation of presence of drugs or drug metabolites is not proof that an individual is an illegal drug user. A subsequent command evaluation is necessary to determine if there is a legal reason for presence of the drug residue (in accordance with MCO P5300.12, paragraph 3007).

c. In order to maintain a high level of program reliability and fairness to all personnel, DoD has established stringent requirements for the urinalysis program. Urine samples must be collected within full view of a designated observer: strict chain-of-custody requirements are established for the urine bottle to protect the individual: the urine sample must be tested by two different methods and drug presence confirmed by a DoD certified laboratory, and legality/illegality of drug presence

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must be determined through specific command evaluation. These safeguards ensure protection of rights, as well as affording continued program reliability. Quality control reviews of DoD certified laboratories ensure standards are maintained. Therefore, MCCDC commanders will establish internal control reviews, utilizing the urinalysis inspection checklist, to ensure that their units are in strict compliance with MCO P5300.12, Chapter 3 and this enclosure.

4. Screening Requirements

a. Commanders will conduct an aggressive periodic program of urinalysis screening, adapted as necessary to meet unit and local situations. This program will combine various types of urinalysis, to include command directed, random, and special testing. It is recommended that commanders conduct unit sweeps at least twice a year. Random samples of 20 percent of the unit's permanent personnel should be collected per month between quarterly unit sweeps. A urinalysis will be conducted on all Marines and sailors checking-in to a command within five days. Marines and sailors checking-out of a unit will be tested within 60 days prior to permanent change of station (PCS). Any other screening requirements should be in accordance with MCO P5300.12, paragraph 3003.

b. Command-directed screening is directed by the commander whenever any member of the command is suspected of illegally using drugs or whenever drug use is suspected within a unit. Although only the commander may direct this type of testing, the test will normally be conducted whenever a Marine is apprehended for illegal drug use or connected with any incident in which drug use may be a contributing factor, such as: assault, larceny, indebtedness, or unauthorized absence. The Urinary Surveillance Program is command directed. MCO P5300.1.2, paragraph 3004 sets forth administrative and disciplinary action that may be taken based on the results of urinalysis screening.

c. Random urinalysis will be conducted on all Marines, regardless of grade or position, on a routine basis as frequently as testing facilities and organizational mission permit. Testing should be done often enough to act as a deterrent, but not so frequently that it adversely affects morale or creates an administrative burden. A system should be used to ensure that all Marines are tested at least annually in a truly random fashion. Random testing may take several forms, to include unit sweeps (simultaneous testing of all members of a command), partial unit testing by last digit of the social security number or work section, etc. An effective urinalysis program should include announced and unannounced testing.

d. Special Urinalysis is that testing required for local command SACO/SANCO and any other individuals involved in the collection/testing/shipment of urine samples, and for Marines returning to duty after successfully completing a drug treatment at a Naval Drug Rehabilitation Center.

(1) Those personnel involved in the collection/testing/shipment of urine samples will be required to be tested at least twice per month. Testing dates will be randomly selected.

(2) Those personnel returning from drug treatment facilities will be tested at least twice per month for six months after returning to duty by their unit SACO. Testing dates will be randomly selected by the unit SACO.

5. Portable and Semiautomatic Urinalysis Equipment. The CSACC will maintain operational control of Portakits. MCO P5300.12, paragraph 3005, imposes stringent control over urinalysis field testing equipment, requests internal and external quality control measures, and requires training and certification for operators. The CSACC will implement the following controls:

a. Operator Certification and Training. Only certified personnel may operate Portakits. The Commanding General must certify, in writing, in a document to be maintained by the CSACO, that their Portakit operators meet the following minimum criteria.

(1) Operators must have received initial training from the manufacturer's representative.

(2) Operators must test 20 or more samples per quarter to maintain proficiency.

b. Quality Assurance

(1) Each operator shall:

(a) Comply with manufacturer's operating procedures.

(b) Check all reagents for expiration date and use only current reagents.

(2) The CSACC Portakit operators will conduct a quarterly supervisory review of each certified operator. This review shall be documented in writing and a copy will be sent to the Head, Human Resources Branch (MCCDC). Documentation will be maintained by the OIC, CSACC and include the following elements:

(a) Review of operator's command certification, and the number of samples analyzed in the last three months.

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(b) Review of manufacturer's operating instructions and observation of actual testing procedures to ensure compliance.

(c) Ensure all reagents are stored in a secure, refrigerated area and that reagents and samples are allowed to warm/cool to room temperature before testing.

(d) Review all documentation to ensure chain of custody is properly maintained and documents on positive tests are retained.

6. Command Confirmation. Units will confirm legality as directed by MCO P5300.12, paragraph 3007.

7. Urinary Surveillance Program (USP). The USP will be conducted as directed by MCO P5300.12, paragraph 3008. When an individual is assigned to the USP, he or she shall be assigned in writing, and an SRB entry will be made per MCO P1070.12, paragraph 4000.14.

8. Urinalysis Testing Policy Upon Check-In. It is the policy of the Commanding General that all personnel, regardless of grade will participate in urinalysis testing upon check-in to their permanent unit.

9. Reporting Procedures

a. All laboratory confirmed positives will be reported, by the laboratory, by message to commanders for appropriate action. CSACC will receive an information copy.

b. The CSACC will maintain stringent records on all results, positive and negative, for 24 months. These records are used to back-up judicial proceedings and for reporting purposes.

c. In the event a positive urinalysis result is returned on a Marine who has been transferred, the unit will forward the results to the Marine's new command with a recommendation for action to be taken. A copy of the correspondence shall be forwarded to the Commanding General (C 012).

10. Urine Sample Collection Procedures

a. Only a Unit commander or a medical officer may direct that a urine sample be taken to test for drug presence, and the individual member, unit, or part of a unit, to be tested must be specified. Appendix A is provided as a step-by-step guide for use in conducting urinalysis testing.

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b. The samples collected under the following testing premise identifiers will be screened and tested by the CSACC:

- (1) CT: Consent Testing
- (2) PC: Probable Cause
- (3) CD: Command Directed
- (4) OS: Other Service Directed Testing (ex: Reenl)
- (5) RS: Random Sample
- (6) US: Unit Sweep
- (7) RA: Rehabilitation Program/Aftercare Testing

c. A responsible individual, preferably an officer or staff noncommissioned officer, will be designated by the commanding officer, in writing, and will be assigned to coordinate the urine collection. He/she will be known as the unit coordinator. The coordinator should be provided detailed and specific instruction in urine sample collection procedures. The coordinator will receive sample bottles and prepare each as follows:

- (1) Record only the following on gummed label.
 - (a) Date of collection (DAY/MONTH/YEAR).
 - (b) Batch number (FOUR DIGIT NUMBER ASSIGNED BY CSACC).
 - (c) Sample (SPECIMEN) Number.
 - (d) Individual's Social Security Number (USE ALL DIGITS).
 - (e) Testing Premise.
- (2) Attached gummed label to bottle.

d. The coordinator will fill out the Urine Sample custody Document (OPNAV 5350/2), blocks ONE through FIVE.

e. Appendix B is a completed sample with instructions.

(1) Block 1: Submitting unit message address and reporting unit code (RUC) #. All units except Marine Helicopter Squadron-one (HMX-1), Marine Corps Air Facility (MCAF) and Marine Security Guard Battalion (MSGBN) put:

CG MCCDC QUANTICO VA RUC #

HMX-1: HMX ONE QUANTICO VA RUC #

MCAF: MCAF QUANTICO VA RUC #

MSGBN: MSGBN QUANTICO VA RUC #

- (2) Block 2: Leave Blank.

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(3) Block 3: Date sample(s) obtained. Date urinalysis was taken.

(4) Block 4: Geographical location of unit at time of collection, all units put QUANTICO, VA

(5) Block 5: Locally assigned batch number, units locally assigned batch number. See appendix C for assigned numbers.

(6) The coordinator will fill out Block 8 for each individual using his/her ID card to ensure the social security number is correct.

(7) In Block 9 the coordinator will indicate the appropriate testing premise identifier. There will only be one testing premise per chain of custody.

INSPECTIONS

RS: Random Sample

us: Unit Sweep

OS: Other Service - Directed testing (reenlistments, orders to drill instructor, recruiting, MSG).

SEARCH OR SEIZURE

CT: Consent Testing

PC: Probable Cause

MEDICAL EXAMINATION

ME: Medical Examination

FITNESS FOR DUTY

CD: Command Directed

PD: Physical Directed

SA: Official Safety, Mishap, Accident Testing

RA: Rehabilitation Program/Aftercare Testing (Includes Urinary Surveillance Program)

ADDITIONAL AUTHORIZED MARKINGS

RF: Rehabilitation Facility Staff Testing (Anyone involved in the collection, testing or shipping of urine)

f. The SACO/SANCO will maintain a urinalysis ledger (LOG-BOOK, Self Serve NSN 7530 00 222 3525). In accordance with SECNAVINST 5215.5B, the ledger will be retained for two years. Appendix D is a sample format. The ledger will record all test samples with the following identifying information:

- (1) Date of Sample Collection (Day/Month/Year)
- (2) Batch Number (See Appendix C for unit locally assigned batch numbers)
- (3) Specimen Number

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- (4) Individual's SSN
- (5) Testing Premise Identifier
- (6) Name/Signature of Observer
- (7) Name/Signature of Member Providing Sampling

(This ledger shall be maintained in a secure place when not in use).

g. A designated individual, of the same sex as the Marine being tested, shall observe the complete sample collection process. The coordinator should not act as the observer. The observer shall observe the Marine urinate in the sample bottle, replace the lid on the bottle, (ensuring the bottle label is not covered) and observe the individual deliver the bottle to the coordinator. After the sample is collected, the observer will ensure the lid is tight and will sign the urinalysis ledger certifying that the sample bottle contains urine provided by the Marine.

h. The designated observer must be thoroughly familiar with all requirements of MCO P5300.12, chapter 3. The individual providing the sample shall remain under the direct and continuous observation of the observer while urinating in the sample bottle, placing the lid tightly on the bottle, and delivering the bottle to the coordinator. The observer shall observe only one individual at a time, through the entire collection process, including delivery of the sample to the coordinator. For example, if you wish to allow three persons to provide samples at a time, three observers are required. It is not necessary for the observer to handle the sample bottle, however, no individual shall have possession of their own sample bottle (full or empty), except while under the direct observation of the designated observer or the coordinator. Samples provided by women Marines may be collected in wide-mouth medical specimen containers, such as NSN 6430-00-8370-7472, but must be transferred to the standard container for shipment. This transfer will be done by the Marine providing the sample in the presence of the observer. After the sample is collected, the observer will ensure the lid is tight and will sign the urinalysis ledger certifying that the lid is screwed onto the bottle tightly.

i. The coordinator will ensure the sample bottle is validated by the Marine, who will verify the identifying information by signing the ledger and initialing the label. If the Marine refuses to cooperate, verification may be done (signed/initialed) by the observer and witnessed by the coordinator.

j. The coordinator will receive the sample bottle from the member, ensuring that it contains a minimum volume of 60 milliliters-(approximately three-quarters full). The coordinator will initial the label and transcribe the information contained there-

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on to the Urine Sample -Custody Document OPNAV 5350/2 (figure 6-1). When all samples have been collected and recorded, the coordinator will sign and date block 11(a) of the urine sample custody document(s). All samples will be prepared for shipment in accordance with MCO P5300.12, paragraph 3101.

k. The unit coordinator will do the following to prevent specimen leakage:

(1) Remove bottles and separators from 12 bottle boxes.

(2) Place plastic bag in box (NSN 9Q8105-00-401-2010 recommended).

(3) Replace separators.

(4) Place both used and unused bottles in box.

(5) If cases of 12 box/144 bottle containers are used, they will be lined by a plastic bag (provided by the unit).

(6) Upon completion of steps (a) through (e) above, the boxes/cases containing specimens will be delivered to the U.S. Postal Service for shipment.

(7) All specimens will be prepared and shipped within 48 hours of collection.

1. The coordinator will seal all sides, edges, and flaps of the 12-bottle sample boxes or padded mailers with adhesive paper tape. The coordinator will sign and date across the tape on the top and bottom of each box. If Command Directed (CD) samples are to be field screened at the CSACC, these actions will be done at the CSACC after screening. Block 11(c) of the OPNAV 5350/2 must be completed when custody of the samples is transferred from the coordinator to the CSACC sample custodian.

m. The coordinator will place the original Urine Sample Custody Document (OPNAV 5350/2) in a sealed envelope (retaining one copy) and will affix the envelope to the 12-bottle sample box.

n. If 12-bottle boxes are shipped in a larger box, it must also be lined by a plastic bag and filled with packing to prevent any shifting of the boxes. The coordinator will wrap all packages with mailing paper; the Urine Sample Custody Document will remain affixed to the sample box(es) inside. Boxes or mailers will be shipped to the appropriate Navy drug screening laboratory or civilian contract laboratory. Priority ONE will be entered on the DD Form 1384 (Transportation Control and Movement Document), or in the "Description of Contents" block on the U.S. Government Bill of Lading, if used,

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o. The coordinator will indicate one of the following modes of shipment in block 11(b) of the unit's copy of the OPNAV 5350/2. U.S. Postal Service mail or direct delivery by a service member will be used, when possible.

(1) "U.S. Postal Service." Note: Registered mail will not be used.

(2) "(Marine's grade/name) hand-carried to drug testing laboratory." NOTE: The Marine receiving the sample will sign block 11(c) of the Urine Sample Custody Document upon receiving the samples.

p. In the event that boxes of samples from several unit coordinators are to be collected at a central collection point and prepared for shipment, the actions described in paragraphs 3101.3 through 3101.5 of MCO 5300.12 will be performed by the collection point coordinator after signing the Urine Sample Custody Document in block 11(c) and providing a copy to the unit coordinator.

q. Only OPNAV 5350/2 (NSN 0107-LF-053-5510) will be used for submission of urine samples.

r. Appendix A is an example of a properly completed OPNAV 5350/2.

s. Unscreened samples and the CSACC screened samples will not be shipped together. They will be in separate boxes and will be listed on separate OPNAV 5350/2 forms.

t. Urine samples need not be refrigerated or frozen for shipment, but will be shipped for testing within 48 hours after collection.

u. Urine samples to be tested at the CSACC will be accepted at the CSACC between 0800 - 1100 and 1300 - 1630, Monday through Thursday and Friday 0800-1130. Additionally, the unit must call the Urinalysis NCOIC at the CSACC prior to delivering samples. All urine samples will be shipped from CSACC daily to the designated Naval laboratory in accordance with MCO 5300.12, paragraph 3101.

v. In order to avoid mistakes and errors, it is recommended that an additional individual be assigned to the coordinator to manage personnel that cannot urinate during the test.

w. Any individual whose sample is determined not to be urine will be prosecuted under the appropriate UCMJ.

ENCLOSURE (2)

11. Storage of Urine Samples

a. Storage of urine samples for any length of time is not recommended. Units will make every effort to deliver urine samples to the CSACC on the day of collection.

b. When overnight storage of urine samples is unavoidable, experience has shown that **a** double barrier restricted access facility is required to avoid legal questions of custody during prosecution of individuals identified by positive samples. Two examples of double barrier restricted access are:

(1) A functioning refrigerator/wall locker with a hasp and lock, the keys to which are held only by the **SACO/SANCO**.

(2) The refrigerator kept in a locked room, the keys to which are held only by the SACO/SANCO and accessible only to the commanding officer/officer of the day.

12. Legal Hold

a. Coordinators, observers, and couriers on the chain of custody of samples identified as positive, who are in receipt of PCS or TAD orders, should be placed on legal hold until the case is resolved, or it is determined that their testimony is not needed.

b. Units should consider the future need of testimony with regard to those individuals collecting, observing, testing or transporting urine samples shortly before an anticipated execution of PCS or TAD orders.

STEPS FOR A TROUBLE FREE URINALYSIS

1. Individual will give his/her Identification Card to the coordinator.
2. Coordinator will put individuals Social Security Number (SSN) on label, ledger and custody document. (See enclosures (1) through (3)).
3. Coordinator will have individual **initial** label to verify his/her SSN then place label on bottle.
4. Individual will go with the observer into the head to provide sample. Observer will keep individual in **view at all times**.
5. When observer and individual return, the coordinator will have individual and observer sign the ledger. The individual signs stating that he/she provided the sample. The observer signs the ledger stating that he/she observed the individual providing the sample. (See enclosure (2)).
6. The coordinator will then initial the label stating that everything is complete, correct and placed into the box in the right spot and return the individual's ID card. (See enclosure (4)).

PROPER PROCEDURES FOR CONDUCTING URINALYSIS

LABELS

SSN	_____	INIT	_____
TESTING	PREMISE	COORD	INIT
BATCH	SPECIMEN	DATE	_____

SSN, Testing Premise, Batch, Specimen and Date **can** be filled out before the urinalysis begins.

Init: Is where member providing sample verifies his/her SSN.

Coord Init: Is where coordinator will initial after member has provided sample, signed the ledger & observer has signed the ledger. Observer will keep member in view at all times until sample is initialed by coordinator.

CUSTODY DOCUMENT

Block 1: Submitting unit **message** address:
CG MCCDC QUANTICO VA RUC # _____
NO PERIOD AND NO COMMA

Appendix A to
ENCLOSURE (2)

Custody Document (Continued')

- Block 2: Leave Blank
- Block 3: Date samples obtained the date urinalysis is conducted
- Block 4: Geographic location - all units put Quantico VA
- Block 5: Locally assigned batch number - these will come from unit SACO or ASACO
- Block 6: Date samples are prepared for shipment. Date samples are mailed to Naval Drug Screening Laboratory (NDSL) or carried to CSACC
- Block 7: Specimen Number
- Block 8: SSN of person providing sample
- Block 9: Testing Premise
- Block 10: PTK/DAU Positive - Leave Blank
- Block 11A: Chain of Custody: Name, grade & signature of unit coordinator. The unit coordinator will be assigned in writing.
- Block 11B: Released for shipment by following mode: This will be filled out by releaser and should say regular mail, unless it is delivered to the CSACC then hand carried to the CSACC will go there. Name, grade and signature of releaser with date. This should be filled out by the SACO or ASACO.
- Block 11C: Continuation of Chain of Custody: purpose of change of custody: delivered to SACO or ASACO.
Released by: Name, Grade/Title, Activity & Signature of Coordinator.
Received by: Name, Grade/Title, Activity & Signature of SACO or ASACO with date.
Purpose of change of custody: Delivered to Post Office.
Released by: Name, Grade/Title, Activity & Signature of SACO or ASACO.

URINALYSIS LEDGER

The urinalysis ledger shall have date of urinalysis, batch number, specimen number, individual's SSN, testing premise, name/signature of member providing sample and signature of observer.

Appendix A to
ENCLOSURE (2)

Everything except signature of member providing sample & signature of observer can be completed before the urinalysis begins. Signature of member providing sample and observer should be completed after each sample is collected.

LABELING OF THE BOTTLES

All bottles must have a gum label on them to be tested at the Naval Drug Screening Lab.

EXAMPLE:

SSN: 000 00 0000	BATCH: 1111
DATE: 890119	SAMPLE: 01
TESTING PREMISE: RS	
COORD INIT: KLP	SUBJ INIT: JRF

STEPS FOR FILLING OUT GUM LABEL

1. Coordinator will take individual's Identification Card and from that he will put individual's SSN on label. He will also fill-in Batch, Sample, Date and Testing Premise.
2. Put label on bottle.
3. Have individual verify **SSN** and all information on **bottle**. If all is correct have him initial space provided.
4. After sample is provided and returned to coordinator by individual providing sample, ledger has been completely filled out then the coordinator will initial the label and place sample in **box**.

URINE SAMPLE CUSTODY DOCUMENT

Read Instructions on Reverse Before Completion

1. SUBMITTING UNIT MESSAGE ADDRESS & UIC CG MCCDC QUANTICO VA RUC # 99999				A. DSL CONDUCTING TESTING	
2. SECOND ECHELON COMMANDER MESSAGE ADDRESS				B. RECEIVED FROM SHIPMENT	C. CONDITION OF SHIP CONTAINER <input type="checkbox"/> UNDAMAGED <input type="checkbox"/> DAMAGED (Describe in K)
3. DATE SAMPLE(S) OBTAINED 881122	4. GEOGRAPHIC LOCATION OF UNIT AT TIME OF COLLECTION Quantico Virginia			D. NAME, GRADE/TITLE & SIGNATURE OF RECEIVING OFFICIAL DATE	
5. LOCALLY ASSIGNED BATCH NUMBER 1413	6. DATE PREPARED FOR SHIPMENT 881122			E. DSL BATCH NUMBER	F. ASSIGNED INTRA-LAB CHAIN-OF-CUSTODY DOCUMENT NUMBER
7. SPECIMEN NUMBER	8. SSN OF PERSON PROVIDING SPECIMEN	9. TESTING PREMISE	10. PTX/DAU POSITIVE	K. DSL ACCESSION NUMBER	H. DSL FINDINGS (Results Negative Unless Marked)
I 01	000 00 0000	RS			
02	111 11 1111	RS			
03	222 22 2222	RS			
04	333 33 3333	RS			
05	VOID				
06	X				
07					
08					
09					
10 I					
11 I					
12					
11. CHAIN OF CUSTODY (Continue on reverse if necessary)				I. REPORT OF RESULTS (Date-Time-Group)	
(a) I certify that I received all specimens verified for accuracy both the identification on each sample bottle & this chain-of-custody document, & properly packaged & sealed the specimens for shipment.				J. I certify that the findings noted above are correct and have been accurately reported to the submitting	
NAME, GRADE & SIGNATURE OF UNIT COORDINATOR JOHN J. MARINE SSGT <i>John J. Marine</i>				NAME, GRADE/TITLE & SIGNATURE OF CERTIFYING OFFICIAL DATE	
881122				DATE	
(b) RELEASED FOR SHIPMENT BY THE FOLLOWING MODE: REGULAR MAIL				K. DAMAGE TO SHIPPING CONTAINER	
NAME, GRADE & SIGNATURE OF RELEASER JOE A. MARINE GYSGT <i>Joe A. Marine</i>				Appendix B to ENCLOSURE (2)	
881122				ENCLOSURE (2)	

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URINE SAMPLE CUSTODY DOCUMENT**1 1(c) CONTINUATION OF CHAIN OF CUSTODY**

PURPOSE OF CHANGE OF CUSTODY	RELEASED BY (Name, Grade/Title, Activity & Signature)	RECEIVED BY (Name, Grade/Title, Activity & Signature)	DATE
DELIVERED TO POSTAL	JOE A. MARINE GYSGT <i>Joe A. Marine</i> BNASACO		

General Instructions

- Forward original and one copy with the urine specimens (original in envelope attached to inner sealed box or container and copy in a waterproof mailer inside box or container).
- Submitting unit shall retain one copy
- Testing laboratory shall retain the-completed original for a minimum of one year.
- All unshaded entries are to be completed by the submitting unit. All shaded areas are to be completed by the laboratory.

SUBMITTING UNIT INSTRUCTIONS**Block Number**

- SUBMITTING UNIT MESSAGE ADDRESS & UIC
Message address and unit identification code (UIC) of unit submitting urine samples
- SECOND ECHELON COMMANDER MESSAGE ADDRESS
Message address of second echelon commander to whom submitting unit reports administratively
- DATE SAMPLE(S) OBTAINED
Timeframe in which sample(s) provided.
- GEOGRAPHIC LOCATION OF UNIT AT TIME OF COLLECTION
Geographic location of unit when sample(s) are obtained (i.e., Jacksonville, FL; Inport Naples, IT; at sea; etc.).
- LOCALLY ASSIGNED BATCH NUMBER
Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.
- DATE PREPARED FOR SHIPMENT
Date shipping container sealed and prepared for transportation to laboratory.
- SPECIMEN NUMBER
Preprinted on form
- SSN OF PERSON PROVIDING SPECIMEN
Full social security number of person from whom sample obtained.
- TESTING PREMISE/AUTHORIZATION
Indicate the testing premise/authorization used to conduct the test.
The following abbreviations are authorized:

INSPECTIONS	SEARCH OR SEIZURE
RS: Random sample	CT: Consent testing
US: Unit sweep	PC: Probable cause
AT: Accessions testing	FITNESS FOR DUTY
OS: Other service-directed testing (specify)	CD: Command-directed
RF: Rehabilitation facility staff testing	PD: Physician-directed
MEDICAL EXAMINATION	SA: Official safety, mishap, accident testing
ME: Medical examination	RA: Rehabilitation program/aftercare testing
OTHER	
OT: Other authorized testing (specify)	
- ADDITIONAL AUTHORIZED MARKINGS
CM: May be used in court-martial proceedings
PR: Member is in a Personnel Reliability Program
NP: Member is in a Nuclear Power Program
- PTK/DAU POSTIVE
If screened positive by EMIT-st portable kit or EMIT-DAU in the field, indicate for which drug(s) screened positive. Leave blank if not screened prior to submission to lab. The following abbreviations are authorized:

AMP = Amphetamine	BAR = Barbiturate	OPI = Opiate
PCP = Phencyclidine	QUA = Methaqualone	COC = Cocaine
THC = Marijuana/Hashish		
- CHAIN OF CUSTODY
 - Certification of Coordinator
 - Specify the mode of accountable transportation utilized to ship specimens to the lab
 - If/when custody of specimens changes other than for shipment (unless hand carried), each change of custody must be documented in this block (if a continuation sheet is necessary, continuation sheet must contain the information of blocks 1, 3 and 5)

LABORATORY INSTRUCTIONS**Block Number**

- DSL CONDUCTING TESTING
Message address of NRMC drug screening lab which will report out the findings.
- RECEIVED FROM SHIPMENT
Identify the accountable mode of transportation utilized in shipping the samples to the lab.
- CONDITION OF SHIPPING CONTAINER
Indicate undamaged/damaged. Describe damage in block K.
- RECEIVING OFFICIAL
Name, grade/title & signature of official receiving the shipment for the lab and date received.
- DSL BATCH NUMBER
If used by the lab, indicate batch number assigned to the samples listed on this form.
- ASSIGNED INTRA-LAB CHAIN OF CUSTODY DOCUMENT NUMBER
If used by the lab, identify the chain of custody document which tracks samples through the lab.
- DSL ACCESSION NUMBER
Sequential number assigned to each sample.
- DSL FINDINGS
Indicate for which drug(s) confirmed positive (leave blank if negative or affix stamp indicating results negative).
- REPORT OF RESULTS
Date-time-group of message informing submitting command of results of lab testing.
- DSL CERTIFYING OFFICIAL
Certification of certifying official and date.
- DAMAGE TO SHIPPING CONTAINER
Describe damage to container, if damaged, marked in C.

COMPLETION OF URINE SAMPLE CUSTODY DOCUMENT (OPNAV 5350/2)

1. BLOCK 1: SUBMITTING UNIT MESSAGE ADDRESS AND RUC #
ALL UNITS EXCEPT HMX-1, MCAF & MSGBN FUT
C G MCCDC BUANTICO VA RUC #

HMX-1: HMX ONE QUANTICO VA RUC#
MCAF: MCAF QUANTICO VA RUC#
MSGBN: MSGBN QUANTICO VA RUC#
2. BLOCK 2: LEAVE BLANK
3. BLOCK 3: DATE SAMPLE(S) OBTAINED. DATE URINALYSIS WAS TAKEN
4. BLOCK 4: GEOGRAPHICAL LOCATSON OF UNIT AT TIME OF COLLECTION
ALL UNITS PUT QUANTICO VA
5. BLOCK 5: LOCALLY ASSIGNED BATCH NUMBER, UNITS LOCALLY ASSIGNED
BATCH NUMEER
6. BLOCK 6: DATE PREPARED FOR SHIPMENT, DATE SAMPLES ARE MAILED
OR TAKEN TO DRUG TESTING FACILITY. NOTE: A GOOD RULE
TO FOLLOW IS THAT THERE SHOULD BE NO MORE THAN 3
DAYS DIFFERENCE IN DATE IN THIS BLOCK AND THE DATE
IN BLOCK NUMBER 3
7. BLOCK 7: SPECIMEN NUMBER 01-12
8. BLOCK 8: SSN OF INDIVIDUAL PROVIDING SAMPLE, IF ONLY ONE SAMPLE
IS PROVIDED VOID NEXT SAMPLE AND DRAW LINE FROM CORNER
TO CORNER IN REMAINING SPACES
9. BLOCK 9: TESTING PREMISE THIS CAN BE FOUND ON THE BACK OF THE
CUSTODY DOCUMENT
10. BLOCK 10: PTK/DAU POSITIVE LEAVE BLANK
11. BLOCK 1 1a: NAME, GRADE, SIGNATURE OF UNIT COORDINATOR AND DATE
12. BLOCK 11b: RELEASED FOR SHIPMENT BY FOLLOWING MODE: REGULAR MAIL
OR HAND CARRIED WHICH EVER PERTAINS AND NAME, GRADE
AND SIGNATURE OF RELEASER AND DATE
13. BLOCK 1 1c: CONTINUATION OF CHAIN OF CUSTODY: PURPOSE OF CHANGE
OF CUSTODY: EXAMPLE: DELIVERED TO POST OFFICE
RELEASED BY: NAME, GRADE/TITLE, ACTIVITY AND SIGNATURE
OF RELEASER. IF SAMPLES ARE MAILED TO DRUG TESTING LAB
LEAVE RECEIVED BY BOX BLANK. OTHERWISE EVERY TIME THE
URINE SAMPLES CHANGE HANDS IT SHOULD BE SIGNED FOR.

LOCALLY ASSIGNED BATCH NUMBERS

1.	PMO	0001 - 0999
2.	CSACC	1000 - 1499
3.	I&I 4th Bn	1500 - 1999
4.	HQSVCBN	2000 - 2999
5.	SCTYBN	3000 - 3999
6.	TBS	4000 - 4999
7.	ocs	5000 - 5999
8.	HMX-1	6000 - 6999
9.	MCAF	7000 - 7999
10.	WTBN	8000 - 8999
11.	MSGBN	9000 - 9999

SUBMITTING UNIT: _____

DATE COLLECTED: _____

BATCH NUMBER: _____

SPECIMEN # TP:	SSN	PRINT NAME	OBSERVER PRINT NAME	M
		(SIGNATURE)	(SIGNATURE)	F
01				M
				F
02				M
03				M
				F
04				M
				F
05				M
				F
06				M
				F
07				M
				F
08				M
				F
09				M
				F
10				M
				F
11				M
				F
12				M
				F

NOTE: COORDINATOR WILL VERIFY AIL SAMPLES AND ENSURE COMPLIANCE WITH MCO P5300.12.

M/F REPRESENTS MALE OR FEMALE (CIRCLE APPROPRIATE ONE)

TP REPRESENTS TESTING PREMISE

COORDINATOR'S SIGNATURE _____
(NAME/RANK)

REMARKS:

Appendix D to
ENCLOSURE (2)

MARINE CORPS COMBAT DEVELOPMENT COMMAND
SUBSTANCE ABUSE INSPECTION CHECKLIST

Administrative General

YES NO

1. Does the unit SACO have the following directives and publications:

a. MCO P5300.12

b. MCCDCO 5300.1A

2. Does the unit SACO have access to the following directives and publications:

a. MCO P1900.16C

b. MCO P1070.12

c. MCBul 1500 (Current Copy) Formal Substance Abuse Education Courses

3. Has unit scheduled the Command Substance Abuse Counseling Center to conduct a commanders brief?

4. Does the unit have an order on their Substance Abuse Program?

5. Is the Level II Treatment Program and procedures addressed in the Unit's Substance Abuse Order?

6. Is the Level III Treatment Program and procedures addressed in the Unit's Substance Abuse Order?

7. Does the unit conduct Level I training per MCO P5300.12 and MCCDCO 5300.1A?

8. Are MEDEVAC procedures addressed in the unit's Substance Abuse Order?

9. Is the Aftercare Program addressed in the unit's Substance Abuse Order?

10. Is the Urinalysis Program addressed in the unit's Substance Abuse Order?

11. Is the unit's Voluntary Drug Exemption Program mentioned in their order?

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Administrative General

YES

NO

12. Is the unit familiar with MCO P5300.12, para 1300.4 regarding VA MEDEVAC and VA Rights?

13. Is unit complying with MCO P5300.12, and MCCDCO 5300.1A regarding Level II treatment requirements and policy?

14. Does the unit assign Marines to Level II Outpatient Treatment Programs as required by MCO P5300.12?

15. Is the unit complying with OQR/SRB entries for first time incidents and CMC directed fitness reports for second and subsequent incidents of alcohol abuse? (MCO P5300.12, para 1204.1a ch 3)

Number of SRB's sampled: _____

Alcohol Abuse Program

1. Is Substance Abuse education scheduled in the unit's annual, quarterly, and monthly training schedule? (MCO P5300.12, para 1103.4)

2. Are officers, staff noncommissioned officers (SNCO's) and noncommissioned officers (NCO's) receiving annual documented supervisory training in substance abuse? (MCO P5300.12, para 1103.2, MCCDCO 5300.1A para 5(h)4)

3. Are Substance Abuse classes scheduled for discussion on a regular basis at staff and commander's meetings, and troop information classes? (MCO P5300.12, para 1102.2)

Is information documented?

4. Is the unit SACO/SANCO maintaining appointment logbook for scheduled appointments at CSACC?

5. Is the unit SACO/SANCO ensuring client(s) make scheduled appointments at CSACC?

6. Is the unit complying with MCO P5300.12, para 1205.1e? "Marines diagnosed as alcoholic will not be available for deployment, and or PCS orders until completion of Level III Treatment." (MCO P5300.12, para 1205.5(g)).

ENCLOSURE (3)

Illegal Drug Use Program

YES

NO

1. Is the unit's voluntary Drug Exemption Representative appointed in writing?
(MCO P5300.12, para 2202.2(e))
2. Has the unit assigned an appropriate number of peer level Drug Exemption Representatives? (MCO P5300.12, para 2202.2(e))
3. Do the SACO and the Drug Exemption Representatives understand the Drug Exemption Program? (MCO P5300.12, para 2202 and MCCDCO 5300.1A)
4. Are the unit's Drug Exemption Representatives publicized? (MCO P5300.9A, para 2202.2e)
5. Is the unit using the proper Grant of Exemption form? (MCO P5300.12, pg 2-12).
6. Has the unit notified the OIC, CSACC on all exemption requests prior to granting the exemption? (MCCDCO 5300.1A)
7. Are personnel who have been granted exemption placed on Urinary Surveillance Program (USP)? (MCO P5300.12, para 3008)
8. Are personnel who have been granted exemption being referred to CSACC for formal counseling?
9. Are personnel after a confirmed DoD certified lab positive result being referred to CSACC for drug dependency evaluation as required? (MCO P5300.12, para 2204.1)
10. Are required SRB/OQR entries being made for all confirmed incidents of drug use/possession? (MCO P5300.12, para 2204.6a)
11. Are unit personnel aware of the Exemption Program and who their Drug Exemption Representative is? (MCO P5300.12, para 2202)

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Number of persons screened by rank:

	Adequate Knowledge	Not Adequate
Officers	_____	_____
SNCO's	_____	_____
Sgt's	_____	_____
Cpl's	_____	_____
LCpl's	_____	_____
PFC's	_____	_____
Pvt's	_____	_____

Substance Abuse Control Officer
Operations and Management

YES

NO

1. Was a Substance Abuse Control Officer (SACO) and Substance Abuse Noncommissioned Officer (SANCO) appointed in writing? (MCO P5300.12, par 1205.3)

(SACO)
(SANCO)

Were copies provided to CSACC:

Date of Appointment: SACO _____

SANCO _____

2. Has the SACO and SANCO been provided time and administrative assistance to adequately perform their duties? (MCO P5300.12, para 1205.3)

3. Do the case files establish that individuals referred to Level I Unit Education Program did attend and complete the program? (MCO P5300.12, para 1205.3 and para 2205.2)

Number assigned to Level I: _____

4. Are individuals who received DWI being referred to CSACC for enrollment in NADSAP?

5. How many personnel were assigned to Level II treatment during the last 12 months? _____

Number of no shows: _____

What follow-up action is taken on no shows?

6. Has the unit provided a copy of its Substance Abuse Order for the Unit Level I Program to CSACC?

ENCLOSURE (3)

3 Jul 89

Substance Abuse Control Officer
Operations and Management

YES

NO

7. Did SACO/SANCO receive required training within 3 months of appointment as required?

8. Have the SACO and SANCO received formal training required for the billet? (MCO 5300.12, para 1205.3)

SACO

SANCO

9. List Substance Abuse course attendance for all members of the unit as appropriate for the last 12 months

Number attended course in last 12 months

Course

No#

Date of Course

NADSAP, Quantico, VA

SAIC, MCCDC, Quantico, VA

10. Do the case files establish that those identified as drug or alcohol abusers are being seen and evaluated by the SACO, and referred to Level II evaluation/treatment as required? (MCO P5300.12, para 1205.3, and 2205.2)

11. Do these case files establish that individuals involved in Formal Aftercare Programs (12 Months) are being actively monitored throughout the assigned program? (MCO P5300.12, para 1205.3)

12. Is the Referral Letter complete in accordance with MCCDCO 5300.1A?

13. Is the unit maintaining case files in accordance with MCO P5300.12, para 1205.3?

14. Do case files contain a privacy act statement which is signed and dated by the individual? (black pen) ; (MCO P5300.12, para 1205.3d, figure 1-1, and 2205.2a)

15. Does SACO have copy of each Marine's Aftercare Plan (Narrative Summary) in case file:

16. Are the case files marked "Confidential Personal information?" (MCO P5300.12, para 1205.2d(f))

ENCLOSURE (3)

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Substance Abuse Control Officer
Operations and Management

YES

NO

17. Are individual case files kept in a secured place? (MCO P5300.12, para 1205.3d(5)).

18. Are case files being retained over one year upon completion of treatment or upon the individuals separation from the USMC. (MCO P5300.12, para 1205.3d(5) and 2205.2a)

19. When individuals are transferred from the unit (PCS) are the case files being delivered to the CSACC with a copy of the individual's orders for further transfer?

20. Are Marines (Level III completion) seeing the SACO weekly, biweekly, monthly or as directed by aftercare plan. (from Narrative Summary in case file and Health Record) (MCO P5300.12, para 1205.1f, close observation)

21. Are Marines attending aftercare group at CSACC in accordance with their aftercare plan? (MCO P5300.12, para 1205.e)

Number of Marines assigned to Aftercare: _____

22. Is the unit complying with MCO P5300.12, para 1205.513 and 5d, regarding alcohol relapse and request for subsequent treatment,

Referral, Evaluation and Subsequent Procedures

1. Does client(s) possess Service Record Book, Health Record with referral letter for scheduled appointment at CSACC:

Number of Marines not possessing required items for appointment: _____

2. Is the unit following-up on appointment absentees with rescheduling or appropriate actions?

3. Is the unit complying with MCO P5300.12, para 2205.1e regarding drug treatment referrals?

ENCLOSURE (3)

Substance Abuse Control Officer
Operations and Management

YES NO

4. Does the unit process for separation those Marines who are reported as treatment failures either at Alcohol Rehabilitation Center (ARC) or during aftercare? (MCO P5300.12, para 1204.3(e))

5. Are Marines scheduled for an appointment within two weeks from returning from ARC for aftercare screening? (MCO P5300.12, para 1205.5(g))

6. Is the SACO familiar with MCO P5300.12, para 1205 regarding 12 month Aftercare Program?

7. Is the unit complying with MCO P5300.12, para 1205.5g regarding PCS or deployment while assigned to Aftercare?

8. Are personnel being placed in the MEDEVAC system upon diagnosis of Alcohol, Drug Dependence in accordance with MCO P5300.12, para 1300.2?

- a. Number of personnel assigned to Level III treatment during last 12 months: _____
- b. Number of personnel who completed Level III treatment during last 12 months: _____
- c. Number of personnel who failed Level III treatment during last 12 months: _____
- d. Number of Marines, by name, pending Level III treatment: _____

Name/Rank

Reason

Urinalysis Program

1. Does unit urinalysis program provide a systematic screening of all personnel of the unit? (MCO 5300.12, para 3003.3)

2. Does the unit perform check-in urinalysis as required? (MCCDCO 5300.1A)

3. Are individuals involved in collection, testing, and shipment of urine samples being tested at least twice a month? (SPECIAL URINALYSIS) (MCO P5300.12, para 6003) (MCCDCO 5300.1A)

ENCLOSURE (3)

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Urinalysis Program

YES

NO

4. Are Marines identified as drug abusers being placed on the Urinary Surveillance Program (USP)? (MCO P5300.12, para 3008.1)

Number placed on USP during last 12 months: _____

5. Are personnel who have been granted exemption placed on Urinary Surveillance Program (USP)? (MCO P5300.12, para 3008)

6. Are Urinalysis Ledgers (Logbook) being kept per MCO P5300.12, para 3100.3?

7. Number of personnel administered urinalysis test during last 12 months: _____

On hand strength: Students

Off _____ N/A _____
Enl _____ N/A _____

Perm. Pers.

Off _____
Enl _____

8. Number of personnel identified with a positive urinalysis during last 12 months: _____
(for inspector: list all positives with results/dispositions, under discrepancies/trends for Section F)

Reports Required

1. Is the unit submitting Drug and Alcohol Abuse Reports (DAAR) per MCO P5300.12, Chap 4?

2. Is the unit submitting the Command Monthly Drug and Alcohol Abuse Identification/Rehabilitation Statistical Report as required by MCCDCO 5300.1A?

3. Is the unit submitting semiannual reports per MCO P5300.12, CH 1, chap 4, para 4000, 4001, figures 4-1 through 4-6 and MCCDCO 5300.1A?

Date last semiannual report submitted: _____

DISCREPANCIES/TRENDS/COMMENTS

(copy, complete and insert as necessary)

ENCLOSURE (3)

MARINE CORPS COMBAT DEVELOPMENT COMMAND
RANDOM/UNIT SWEEP URINALYSIS - INSPECTION CHECKLIST

Unit:

Date:

1. <u>Collection</u>	YES	NO
a. Is a responsible individual assigned in writing as the Coordinator? (MCO P5300.12, para 3100.2)	_____	_____
b. Is the following information recorded on each bottle label? (MCO P5300.12, para 3100.2a)		
(1) Date of collection (Day/Month/Year)	_____	_____
(2) Batch Number	_____	_____
(3) Sample Number	_____	_____
(4) Social Security Number on Label of the sample provided	_____	_____
(5) Testing premise identifier indicated on label (reason for test)	_____	_____
c. Do both the observer and member providing sample sign the urinalysis ledger and does the ledger have all the information as required in 1b above? (MCO P5300.12, para 3100.3, 3100.4 and 3100.5)	_____	_____
d. Is the observer thoroughly familiar with urinalysis procedures and is the observer the same sex as the individual providing the sample? (MCO P5300.12, para 3100.4)	_____	_____
e. Did each member providing a sample check their social security number on the bottle, unit ledger, and OPNAV 5350/2 to make sure it was correct and then initial bottle label and sign the unit ledger. (MCO P5300.12, para 3100.5)	_____	_____
f. Was the individual providing the sample under the direct and continuous observation of the observer while urinating in the sample bottle, placing the lid on the bottle and delivering the bottle to the unit coordinator? (MCO P5300.12, para 3100.4)	_____	_____

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	YES	NO
g. Did the observer ensure that the sample bottle lid was screwed onto the bottle correctly and tightly? (MCO P5300.12, para 3100.4)	_____	_____
h. Are women Marines provided a wide mouth container to collect the sample in and do they transfer the sample to the bottle in direct view of the observer? (MCO P5300.12, para 3100.5)	_____	_____
i. Does the coordinator and observer know the proper procedures in the event a member refuses to verify his/her sample? (MCO P5300.12, para 3100.5)	_____	_____
j. Does the coordinator require at least the minimum volume of urine (3/4 or 60 ml)? (MCO P5300.12, para 3100.6)	_____	_____
k. Did the coordinator initial each bottle as it was collected? (MCO P5300.12, para 3100.6)	_____	_____
l. Did the unit coordinator sign and date block 11(a) of the urine sample custody document(s) when all samples had been collected and recorded? (MCO P5300.12, para 3100.6)	_____	_____
2. <u>Sample Submission</u>		
a. Were all parts of the OPNAV 5350/2 filled out correctly? (MCO P5300.12, para 3101.2, 3101.5 and 3101.8)	_____	_____
b. Did the unit coordinator comply with the procedures set forth in para 3101.1 of MCO P5300.12 to prevent specimen leakage?	_____	_____
c. Did the coordinator enclose one copy of OPNAV 5350/2 Urine Sample Custody Document, in a waterproof mailer and insert it into the 12 bottle sample box? (MCO P5300.12, para 3103.g)	_____	_____
d. Are all packages covered in mailing paper? (MCO P5300.12, para 3103.4)	_____	_____
e. Was the original Urine Sample Custody Document (OPNAV 5350/2) placed in a sealed envelope and affixed to the 12 bottle sample box? (MCO P5300.12, para 3101)	_____	_____

ENCLOSURE (3)

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YESNO

f. Were all sides, edges and flaps of the 12 sample box or padded mailer sealed with adhesive paper tape and did the coordinator sign and date across the tape on the top and bottom of each box?
(MCO P5300.12, para 3101.2)

g. Was regular mail or direct delivery used for submission of the samples to the testing lab? (MCO P5300.12, para 3105)

h. Does the unit coordinator understand the procedures set forth in MCO P5300.12, para 3101.2 in the event that the samples collected are to be delivered to the testing point sample custodian for local testing?

i. Does the unit afford the unit coordinator with proper storage facilities, to prevent tampering, in the event the unit coordinator requires overnight storage of the samples collected?

ENCLOSURE (3)

REPORTS AND CASE FILE MANAGEMENT

1. Reports

a. Drug and Alcohol Abuse Report (DAAR)

(1) Commanding officers will ensure DAAR's are completed and submitted as required by MCO ~5300.12, chapter 4.

(2) DAAR's will be completed on all individuals involved in a confirmed alcohol/drug related incident.

(3) The DAAR will be submitted with the MCCDC local referral form 5353/1 when the individual has been referred to the CSACC for an evaluation. *

(4) The MCCDC local referral form 5353/1 will be utilized to provide the information required by the DAAR in blocks 29 through 35.

b. Combined Monthly Drug and Alcohol Abuse Identification/Rehabilitation Statistical Report

(1) Commanding officers will submit this report monthly in the format provided in Appendix A to the Commanding General (C 012) by the 3rd working day following the end of the 30-day reporting period as required by this Manual.

(2) All monthly reports will be consolidated at the end of each fiscal year (FY) and filed for a period of two years.

c. Report on Drug or Alcohol Abuse Awareness Education or Rehabilitation Programs

(1) Commanding officers will submit this report, as required by MCO P5300.12, paragraph 4001.1, to the Commanding General (C 012) by the 15th day following the end of the 6-month period. This report covers the 6-month period ending 31 March and 30 September.

(2) This report will be submitted in the format provided in Appendix B as follows:

(a) Page 1 of Appendix B reports on drug abuse,

(b) Page 2 of Appendix B reports on alcohol abuse.

(c) Page 3 of Appendix B reports results of urinalysis testing for drug abuse.

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2. Case File Management. Individual case files will be maintained as follows:

a. An individual case file will be established and maintained per MCO P5300.12 paragraph, 1205.3d(5) on each member of the unit who has been counseled or treated for an alcohol/drug related incident.

b. Only the unit SACO will establish and maintain individual case files.

c. Only the unit SACO will make entries in case files.

d. The unit SACO, as required by MCO P5300.12, paragraph 1205.3d(5)(a), will ensure that an effective and useful case file be maintained on each individual by entering into the chronological log, any and all events concerning the individual which pertain to his or her alcohol/drug related incident(s). The chronological log should reflect phone conversations, official correspondence, reports received, etc., and the date/time of each event as it occurred and/or was received by the SACO.

e. All inactive (when formal treatment and aftercare has been completed successfully) individual case files will be maintained for a period of one year.

f. All individual case files will be considered and appropriately marked "Confidential" personal information for commanding officer, SACO and treatment personnel only. These case files will be kept under lock and key with only those personnel approved by the individual's commanding officer to have access.

COMBINED MONTHLY DRUG AND ALCOHOL ABUSE IDENTIFICATION/
REHABILITATION STATISTICAL REPORT
(RCS MCCDC 5300-1)

Reporting Period

unit

1. IDENTIFICATION OF DRUG ABUSERS

A. EXEMPTIONS

<u>Name, Init</u>	<u>Rank</u>	SSN	<u>5353 Sent?</u>	Date Granted <u>Exemption</u>	<u>Drug/s used</u>
1.					
2.					
3.					

B. URINALYSIS

1. Random/Unit Sweeps (Minimum of 10% testing of permanent personnel per month required ~~LAW~~ MCCDCO 5300.1A)

a. Check-in Urinalysis (samples sent to CSAAC) _____

b. Samples collected by order of organizational commander (samples sent to NDSL) _____

c. Samples collected by order of Command Inspector (samples sent to NDSL) _____

d. Total samples collected (total of a through c) _____

2. Test Results

a. Number of sample results received from NDSL or Random/Unit Sweeps (Include Check-in results of CDAAC and Mead Compuchem) _____

b. Number of laboratory positives from 2a received.

(1) Prescribed Medication _____

(2) Confirmed Positives for Illegal Drugs (Specify by name) _____

4-A-1

Appendix A to
ENCLOSURE (4)

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Appendix A to
ENCLOSURE (4)

<u>Name, Init</u>	<u>Rank</u>	SSN	<u>5353 Sent?</u>	<u>Drug/s used</u>	<u>New ID?</u>
-------------------	-------------	-----	-------------------	--------------------	----------------

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

(Continue on back if more space needed)

3. Accession Testing (Included only TBS and OCS Accession Testing of 2nd Lt's and Candidates samples sent to NDSL)

<u>Name, Init</u>	<u>Rank</u>	SSN	<u>5353 Sent?</u>	<u>Drug/s Used</u>
-------------------	-------------	-----	-------------------	--------------------

1. _____
2. _____
3. _____

C. MILITARY LAW ENFORCEMENT

<u>Name, Init</u>	<u>Rank</u>	SSN	<u>5353 Sent?</u>
-------------------	-------------	-----	-------------------

1. _____
2. _____
3. _____

4-A-2

D. CIVIL LAW ENFORCEMENT

<u>Name, Init</u>	<u>Rank</u>	SSN	<u>5353 Sent?</u>	<u>Drug/s used</u>	<u>Date of Incident</u>	<u>Description of Incident</u>
-------------------	-------------	-----	-------------------	--------------------	-------------------------	--------------------------------

1. _____
2. _____
3. _____
4. _____
5. _____

E. SYVA Tests Confirmed by NDSL or Mead Compuchem

<u>Name, Init</u>	<u>Rank</u>	SSN	<u>5353 Sent?</u>	<u>Reason Sample Taken</u>	<u>Date of Confirmation*</u>	<u>Drug</u>
-------------------	-------------	-----	-------------------	----------------------------	------------------------------	-------------

1. _____
2. _____
3. _____
4. _____
5. _____

*NOTE: Date confirmed is DTG on MSG from NDSL or Mead Compuchem

F. UNIT URINALYSIS SURVEILLANCE PROGRAM

1. USP

- a. Number of samples sent to NDSL during month _____
- b. Confirmed positives for Illegal Drugs (individuals) _____

<u>Name, Init</u>	<u>Rank</u>	SSN	<u>5353 Sent?</u>	<u>Drug/s Used</u>	<u>Total Positives while on USP</u>
-------------------	-------------	-----	-------------------	--------------------	-------------------------------------

1. _____
2. _____
3. _____

Appendix A to
ENCLOSURE (4)

MCBO 5300.1
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4-A-4

DRUG ABUSERS IN REHABILITATION (INCLUDE ALL MARINES IDENTIFIED WHO HAVE NOT BEEN RETURNED TO FULL DUTY AS OF 1ST OF MONTH.) (Include Marines awaiting unit education/rehabilitation, put "awaiting rehab." in Comment Section) (Number in Rehab at end of previous month must match beginning of next month)

[illegible]

1 Explain in Comments Section *BOM=BEGINNING OF MONTH *EOM=END OF MONTH *RETURN TO FULL DUTY *NC=NON-COMPLETE

2. IDENTIFICATION OF ALCOHOL ABUSERS

A. MEDICAL

NAME, INIT

RANK

SSN

5353 SENT
YES/NO

COMMENTS

2.

3.

4.

B. COMMAND DIRECTED

NAME, INIT

RANK

SSN

5353 SENT
YES/NO

COMMENTS

1.

2.

3.

4.

5.

C. PERSONAL ADMISSION

NAME, INIT

RANK

SSN

5353 SENT
YES/NO

COMMENTS

1.

2.

3.

4.

5.

4-A-5

Appendix A to
ENCLOSURE (4)

MCEB 5300.1
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D. MILITARY LAW ENFORCEMENT

5353 SENT
YES/NO

NAME, INIT

RANK

SSN

DESCRIPTION OF INCIDENT

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

E. CIVIL LAW ENFORCEMENT

5353 SENT
YES/NO

NAME, INIT

RANK

SSN

DESCRIPTION OF INCIDENT

1.

2.

3.

6.

7.

8.

9.

10.

F. OTHER

<u>NAME, INIT</u>	<u>RANK</u>	SSN	5353 SENT	<u>DESCRIPTION OF INCIDENT</u>
			<u>YES /NO</u>	
c				
4.				

G. COMMENTS

4-A-7

Appendix A to
ENCLOSURE (4)

MCBO 5300.1
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UNIT SACO

3 Jul 89

THE MARINE CORPS SUBSTANCE ABUSE PROGRAM
(RCS DD 5300-05)

REPORT ON DRUG OR ALCOHOL ABUSE AWARENESS
EDUCATION OR REHABILITATION PROGRAMS

1. COMMAND	2. REPORTING PERIOD FY				3. TYPE OF REPORT	
	a. October-March				X	a. Drug Abuse
	b. April-September					b. Alcohol Abuse
4. AWARENESS EDUCATION AND REHABILITATION						
NUMBER OF INDIVIDUALS	AWARENESS EDUCATION		REHABILITATION			
	MALE (a)	FEMALE (b)	RESIDENT		NON RESIDENT	
			MALE (c)	FEMALE (d)	MALE (e)	FEMALE (f)
a. NEW CASES						
PAY GRADES						
(1) E1-E5						
(2) E6-E9						
(3) W1-W4						
(4) O1-O3						
(5) O4 AND ABOVE						
REFERRAL SOURCE.						
(6) CMD/SUPERVISOR						
(7) SELF-REFERRAL						
(8) URINALYSIS						
(9) MEDICAL						
(10) LAW ENFORCEMENT						
(11) OTHER PROGRAM						
b. TOTAL CASES						
RETURNED TO DUTY						
(1) COMPLETED PROGRAM						
(2) COMPLETE DID NOT COMPLETE PROGRAM						
SEPARATED FROM SERVICE						
(3) COMPLETED-PROGRAM						
(4) COMPLETE DID NOT COMPLETE PROGRAM						
5. Indiv Preparing Rpt						
a. Name (Last, First, MI)			b. Telephone Number (Area Code)		c. Date Submitted (YYMMDD)	

Appendix B to
ENCLOSURE (4)

3 Jul 89

THE MARINE CORPS SUBSTANCE ABUSE PROGRAM
(RCS DD 5300-05)

REPORT ON DRUG OR ALCOHOL ABUSE AWARENESS
EDUCATION OR REHABILITATION PROGRAMS

1. COMMAND	2. REPORTING PERIOD FY				3. TYPE OF REPORT	
	a. October-March				a. Drug Abuse	
	b. April-September				X b. Alcohol Abuse	
4. AWARENESS EDUCATION AND REHABILITATION						
NUMBER OF INDIVIDUALS	AWARENESS EDUCATION		REHABILITATION			
			RESIDENT		NON RESIDENT	
	MALE (a)	FEMALE (b)	MALE (c)	FEMALE (d)	MALE (e)	FEMALE (f)
a. NEW CASES						
PAY GRADES						
(1) E1-E5						
(2) E6-E9						
(3) W1-W4						
(4) O1-O3						
(5) O4 AND ABOVE						
REFERRAL SOURCE.						
(6) CMD/SUPERVISOR						
(7) SELF-REFERRAL						
(8) URINALYSIS						
(9) MEDICAL						
(10) LAW ENFORCEMENT						
(11) OTHER PROGRAM						
b. TOTAL CASES						
RETURNED TO DUTY						
(1) COMPLETED PROGRAM						
(2) DID NOT COMPLETE PROGRAM						
SEPARATED FROM SERVICE						
(3) COMPLETED PROGRAM						
(4) DID NOT COMPLETE PROGRAM						
5. Indiv Preparing Rpt						
a. Name (Last, First, MI)	b. Telephone Number (Area Code)		c. Date Submitted (YYMMDD)			

Appendix B to
ENCLOSURE (4)

THE MARINE CORPS SUBSTANCE ABUSE PROGRAM
(RCS DD 5355-06)

1. COMMAND				2. Reporting Period FY				
				a. October-March		I		
				b. April-September				
3. Results of Laboratory Urinalysis Testing								
Type	Occasion for Test							
	Inspection		Probable Cause		Command		Medical	
	POS	SENT	POS	SENT	POS	SENT	POS	SENT
a. Cannabis								
b. Cocaine								
c. Amphetamine								
d. Barbituates								
e. PCP								
f. Opiates								
Other								
g.								
h.								
i.								
j.								
4. Results of Field Testing								
Type	Occasion for Test							
	Inspection		Probable Cause		Command		Medical	
	POS	SENT	POS	SENT	POS	SENT	POS	SENT
a. Cannabis								
b. Cocaine								
c. Amphetamine								
d. Barbituates								
e. PCP								
f. Opiates								
Other								
g.								
h.								
i.								
j.								
5. Individual Preparing Report								
a. Name (Last, First, MI)			b. Telephone Number (Area Code)			c. Date Submitted (YYMMDD)		