

MARINE CORPS

DRUG AND ALCOHOL ABUSE PREVENTION AND TREATMENT PROGRAMS

FOREWARD

1. PURPOSE

This publication, NAVMC 2931, Substance Abuse Program, is to be utilized by commanders and substance abuse program personnel to meet the drug and alcohol prevention and treatment requirements of MCO P1700.24B.

2. SCOPE

NAVMC 2931 does not amend nor change existing directives, orders or policy of this or higher authority, if conflicts arise, published directives and/or orders take precedence.

3. SUPERSESSION

None

4. ADDITIONAL COPIES

For additional copies refer to MCO P5600.31.

5. CERTIFICATION

Reviewed and approved this date.

DISTRIBUTION: PCN 10010362100

Copy to:

INTRODUCTION

"Alcohol abuse and the distribution, possession or use of illegal drugs is contrary to the effective performance of Marines and to the Marine Corps' Mission, and will not be tolerated in the Marine Corps." MCO P1700.24B

The Marine Corps objective is to improve the capability of commanders and their Marines to prevent drug/alcohol abuse related problems that detract from unit performance and readiness. Every attempt will be made to prevent drug/alcohol abuse through proactive and reactive measures. The most effective and long-term program is one that promotes an attitude of overall responsibility on the part of the individual Marine.

This NAVMC sets forth procedures for drug and alcohol prevention and treatment programs. Essential steps in achieving the objectives of this program are to:

- Change the attitudes of Marines toward alcohol use.

- Ensure every Marine understands the important role they have in the defense of our Nation, and the adverse impact excessive drinking/illegal drug use has on themselves, fellow Marines, our Corps, and their families.

This effort requires a total leadership commitment of all officers, staff noncommissioned officers, and noncommissioned officers. Leaders must set the example and ensure that all Marines are aware of the Marine Corps commitment to prevent drug and alcohol abuse. In short, Marine Corps leaders must reinforce the policy that drug or alcohol abuse is not tolerated and that Marines who abuse these substances will be held accountable for their actions.

TABLE OF CONTENTS

	<u>Page</u>
INTRODUCTION.....	iii
CHAPTER I DRUG AND ALCOHOL ABUSE PREVENTION PROGRAM.....	1-1
II SUBSTANCE ABUSE TREATMENT PROGRAM.....	2-1
III ADMINISTRATIVE FORMS AND APPLICATIONS.....	3-1

CHAPTER ONE

	<u>Page</u>
DRUG AND ALCOHOL ABUSE PREVENTION.....	1-2

DRUG AND ALCOHOL ABUSE PREVENTION

1. Drug and alcohol prevention education alone is not the answer to preventing abuse. However, if properly conducted, prevention education can provide potential/present abusers with information to clarify personal values, improve problem solving and decision making skills, and understand alternative lifestyle choices. Tools such as these will help the individual Marine make a more informed decision concerning drug/alcohol abuse.

2. MCO P1700.24B requires Officers and SNCOs to receive annual supervisor training in drug and alcohol abuse prevention. Civilian employees in supervisory positions of Marines receive supervisor training upon assumption of supervisory duties and every 2 years thereafter. The learning objectives below shall be used to meet this requirement.

a. To state the Marine Corps' policy on drug/alcohol abuse and dependence as contained in this Manual.

b. To describe the difference between responsible drinking and alcohol abuse.

c. To describe the importance of recreation activities as alternatives to drug/alcohol abuse.

d. To describe the early warning signs and progressive nature of drug and alcohol abuse.

e. To describe the supervisor's role in setting a positive example, preventing alcohol abuse, the identification and referral of abusers, and the alcohol abuse/dependency recovery process.

f. To describe Marine Corps policy on illegal drug use and urinalysis testing as reflected in this manual.

3. In addition to the Officer and SNCO annual training objectives (a) through (f), Noncommissioned Officers are required to receive drug and alcohol abuse prevention training through a CMC (MR) approved course provided by the Installation Substance Abuse Counseling Center (SACC). NCOs will provide this prevention training to their subordinates annually. This NCO training course is a one-time requirement. However, it does not preclude NCOs from participating in additional unit prevention training. The course learning objectives are:

a. To describe the impact drug and alcohol abuse has on mission readiness.

b. To describe the role of the small unit leader in preventing drug and alcohol abuse.

c. To describe how alcohol is absorbed, processed, and eliminated from the body.

d. To define Blood Alcohol Level (BAL).

e. To identify factors that influence BAL.

f. To explain alcohol effects at various BALs.

CHAPTER TWO

	<u>Page</u>
SUBSTANCE ABUSE TREATMENT PROGRAM.....	2-2
PATIENT PLACEMENT CRITERIA GRID.....	2-4
EARLY INTERVENTION.....	2-5
OUTPATIENT PROGRAM.....	2-6
INTENSIVE OUTPATIENT PROGRAM.....	2-7

SUBSTANCE ABUSE TREATMENT PROGRAM

1. Per SECNAVINST 5300.28C and MCO P1700.24B, the Marine Corps is required to identify, counsel, or rehabilitate Marines identified as drug/alcohol abusers or drug/alcohol dependent.

2. MCO P1700.24B requires Substance Abuse Intervention and Treatment to be conducted at base, station, or depot Substance Abuse Counseling Centers by qualified personnel (e.g., substance abuse counselors, physicians, psychologists, et al., with requisite skills and training). This order additionally requires that treatment be provided, under the supervision of a Licensed Independent Practitioner (LIP) (physician or clinical psychologist).

3. Under no circumstances will a substance abuse treatment program established under the auspices of this Manual be degrading or punitive in nature. SACC outpatient services will be designed to address the individual's needs and to achieve permanent changes in drug/alcohol use behaviors. Inpatient services will be provided at military hospitals.

4. To meet the requirements of SECNAVINST 5300.28C and MCO P1700.24B, SACCs will provide drug and alcohol services to include screening, early intervention, comprehensive biopsychosocial assessments, and individualized treatment (except for drug dependence) using a continuum of care model and the Patient Placement Criteria (admission and discharge) below.

a. Placement will be based on the seven continuum of care assessment dimensions, not the drug and alcohol diagnosis. A Marine will be assessed using the placement criteria contained below. The assessment information will be used by the Case Manager and the Interdisciplinary Team to recommend the Marine's placement to the Licensed Independent Practitioner. This will always be the least intensive portal of entry that will accomplish the treatment objectives while providing safety and security for the patient. A Marine may enter the continuum of care at any portal.

b. The seven dimensions are:

(1) Acute Intoxication/Potential for Withdrawal. Is there a risk of withdrawal symptoms or seizures, based on the patient's previous history, amount, frequency, and recency of discontinuation or significant reduction of alcohol or other drug use? Are there current signs of withdrawal?

(2) Biomedical Complications. Are there current physical illnesses, other than withdrawal, that need to be addressed or that may complicate treatment?

(3) Emotional/Behavioral Complications. Are there current psychiatric illnesses or psychological, behavioral or emotional problems that need to be addressed? Do any emotional/behavioral problems appear to be an expected part of additional illness or do they appear to be autonomous? Even if connected to the addiction, are they severe enough to warrant specific mental health treatment?

(4) Program Acceptance/Resistance. Is the patient actively objecting to treatment? Does the patient feel coerced into treatment? How ready is the patient to change? If willing to accept treatment, how strongly does the patient disagree with others' perception that he or she has an addiction problem? Does the patient appear to be compliant or does he or she appear to be internally distressed in a self-motivated way?

(5) Relapse Potential. Is the patient in immediate danger of continued severe distress and drinking/drug-taking behavior? Does the patient have any recognition of, understanding of, or skills with which to cope with his or her addiction problems in order to prevent relapse or continued use? What severity of problems and further distress will potentially continue or reappear if the patient is not successfully engaged in treatment at this time? How aware is the patient of relapse triggers, ways to cope with cravings to use, and skills to control impulses to use?

(6) Recovery Environment. Are there any family members, significant others, living situations, or school/working situations that pose a threat to treatment engagement and success? Does the patient have supportive friendships, financial resources, or educational/vocational resources that can increase the likelihood of successful treatment? Are there legal, vocational, social service agency, or criminal justice mandates that may enhance the patient's motivation for engagement in treatment?

(7) Operational Commitment. Does the command operational tempo allow for participation in the recommended treatment program? If not, has the command taken action to schedule the Marine for outpatient services. For drug/alcohol dependent Marines, has action been taken for admission into a residential/inpatient program?

PATIENT PLACEMENT CRITERIA GRID

DIMENSIONS	EARLY INTERVENTION	OUTPATIENT	INTENSIVE OUTPATIENT	RESIDENTIAL	MEDICALLY MANAGED
WITHDRAWAL	No significant risk	No significant risk	No significant risk	No significant risk	Significant withdrawal risk
BIOMEDICAL	If biomedical problems, non-interfering	If biomedical problems, non-interfering	If biomedical problems, non-interfering	If biomedical problems, non-interfering	Requires 24 hrs medical/nursing care
EMOTIONAL/ BEHAVIORAL	If emotional/ behavior problems, non-interfering	If emotional/ behavior problems, requires minimal structure and support	If emotional/ behavior problems, requires minimal structure and support	Alcohol Dependent emotional/ behavioral problems interfere, require Milieu setting	Serve problems, require 24 hrs psychiatric care
PROGRAM/ TREATMENT ACCEPTANCE	Willing to participate	Motivated and/or willing to cooperate	Acknowledges problem. Requires monitoring/ motivation	Acknowledges problem. requires Milieu setting.	N/A
RELAPSE POTENTIAL	Able to achieve program goals in an educational setting.	Able to maintain abstinence and achieve treatment goals with minimal support and structure.	Able to maintain abstinence and achieve treatment goals with close monitoring and support.	High likelihood of use without close monitoring in a Milieu setting.	N/A
RECOVERY ENVIRONMENT	Supportive environment and/or skills to cope.	Supportive environment and/or skills to cope.	Coping skills and/or recovery environment requires additional support.	Unable to cope with recovery environment, needs Milieu setting.	N/A
OPERATIONAL COMMITMENTS	N/A	Command willing to commit to treatment requirements.	Command willing to commit to treatment requirements.	Schedule does not allow participation in another treatment program at this time.	N/A

EARLY INTERVENTION

DIMENSIONS	ADMISSION CRITERIA	DISCHARGE CRITERIA	KEY OBJECTIVES
WITHDRAWAL	1. W.A.S. <10	1. W.A.S. >10, evaluate for detoxification.	1. Monitor withdrawal signs and symptoms through W.A.S.
BIOMEDICAL	1. If problems, non-interfering	1. Change in biomedical condition interferes with program.	1. Monitor for change in biomedical condition.
EMOTIONAL BEHAVIORAL	1. Able to comprehend and participate in program. 2. No risk of harm to self and/or others. 3. If problems, non-interfering.	1. Completion of program requirements. 2. Risk of harm to self and/or others, refer to MHU. 3. Demonstrates inability to maintain recovery program without more intensive intervention. 4. Consistently fails to meet program objectives, no further progress likely.	1. Monitor for change in emotion/behavioral problems. 2. Statements and behaviors reflect understanding of responsible use. 3. Monitor for risk of harm to self and/or others.
SERVICE ACCEPTANCE/ RESISTANCE	1. Willing to participate.	1. Acknowledgment of negative consequences of use. 2. No longer willing to participate, despite program efforts, and is recommended for further assessment.	1. Statements/behaviors reflect acknowledgment of personal responsibility. 2. Client's self-assessment demonstrates acknowledgment of personal responsibility.
CONTINUED PROBLEM POTENTIAL	1. Needs to acquire the specific skills needed to change current pattern of use.	1. Development of alternative coping skills to prevent further alcohol related incidents.	1. Client creates relapse prevention plan using course curriculum.
LIVING ENVIRONMENT	1. Supportive environment and/or skills to cope.	1. Development of alternative coping skills to prevent further alcohol related incidents. 2. Development of alternative sources of support.	1. Client identifies environmental stressors and triggers. 2. Client identifies strategies to cope with environmental stressors and triggers.

OUTPATIENT PROGRAM

DIMENSION	ADMISSION CRITERIA	DISCHARGE CRITERIA	KEY OBJECTIVES
WITHDRAWAL	1. W.A.S. <10	1. W.A.S. >10, evaluate for detoxification.	1. Monitor withdrawal signs and symptoms through W.A.S.
BIOMEDICAL	1. If biomedical problems, non-interfering.	1. Change in biomedical condition interferes with treatment.	1. Monitor for change in biomedical condition.
EMOTIONAL/ BEHAVIORAL	1. Able to comprehend and participate in the program. 2. No risk of harm to self and others. 3. Able to cope with emotional/behavioral stressors but requires monitoring.	1. Emotional/behavioral stressors have diminished in acuteness, no longer requires monitoring. 2. Risk of harm to self and/or others, refer to MHU. 3. Completion of individual treatment goals. 4. Demonstrates inability to cope with stressors without more intensive care.	1. Monitor for changes in emotional/behavioral problems. 2. Monitor for risk of harm to self and/or others. 3. Utilize self/peer/counselor assessments to evaluate ability to cope with emotional/behavioral problems.
TREATMENT ACCEPTANCE	1. Motivated and willing to participate.	1. Client recognizes extent of alcohol problems. 2. Client understands consequences of continuing pattern of abuse. 3. Client fails to recognize extent of problems. No further progress likely.	1. Client's self-assessment demonstrates recognition of alcohol problem and impact on functioning. 2. Client's statements/behaviors indicate recognition of problem. 3. Assess specific motivation underlying treatment acceptance. 4. Completion of continuing care plan reflects commitment to ongoing recovery program.
RELAPSE POTENTIAL	1. Able to maintain abstinence with minimal support.	1. Client experiencing exacerbation of alcohol seeking behaviors or cravings necessitating more intensive care. 2. Applying essential knowledge and skills to sustain healthy relationship with alcohol.	1. Statements/behaviors reflect absence of alcohol cravings. 2. Assignments reflect recognition and application of coping skills. 3. Individual/group processing stressors indicate ability to apply alternative strategies.
RECOVERY ENVIRONMENT	1. Sufficient skills to cope with recovery environment.	1. Sufficient support for recovery to allow transfer to less intensive care. 2. Client unable to cope with recovery environment without more intensive care.	1. Consult with command/family to create more supportive environment. 2. Counselor and client identify stressors and begin problem solving. 3. Client demonstrates awareness and commitment to alternative support systems.

INTENSIVE OUTPATIENT PROGRAM

DIMENSION	ADMISSION CRITERIA	DISCHARGE CRITERIA	KEY OBJECTIVES
WITHDRAWAL	1. W.A.S. <10.	1. W.A.S. >10, evaluate for detoxification.	1. Monitor withdrawal signs and symptoms through W.A.S.
BIOMEDICAL	1. If biomedical, non-interfering.	1. Change in biomedical condition interferes with treatment.	1. Monitor for change in biomedical condition.
EMOTIONAL/ BEHAVIORAL	1. Able to comprehend and participate. 2. No risk to self or others. 3. Emotional/behavioral conditions are stable, being concurrently addressed, or have been assessed as non-interfering.	1. Emotional/behavioral stressors have diminished in acuteness, close monitoring no longer required. 2. Risk of harm refer to MHU. 3. Demonstrates inability to cope with stressors without clinically directed interventions. 4. No further progress likely.	1. Monitor for changes in emotional/behavioral problems. 2. Monitor for risk of harm to self and/or others. 3. Utilize self/peer/counselor assessments to evaluate ability to cope with emotional/behavioral problems.
TREATMENT ACCEPTANCE	1. Amenable and willing to participate. 2. Client requires motivational strategies to sustain personal responsibility in developing a recovery program.	1. Client understands extent of problems with alcohol and the consequences of continued patterns of use. 2. Client accepts need for continued assistance in recovery. 3. Fails to recognize severity of problem, no further progress likely.	1. Client will begin to evidence awareness as to the extent of the problem and begin to develop self motivation to continue recovery efforts. 2. Client will complete a plan for recovery that reflects reliance on a primary recovery program.
RELAPSE POTENTIAL	1. Able to maintain abstinence with close monitoring and support.	1. Client is applying knowledge and skills to sustain abstinence/recovery. 2. Client recognizes and understands the relapse process and has developed knowledge and skills to interrupt and manage these processes. 3. Client is experiencing an exacerbation of alcohol seeking behaviors and cravings necessitating more intensive care.	1. Client's statements/behaviors reflect absence of alcohol cravings. 2. Assignments indicate a recognition and application of coping skills for dealing with cravings and relapse. 3. Client demonstrates ability to cope with internal/external stressors by applying alternative strategies.
RECOVERY ENVIRONMENT	1. Sufficient skills to cope with recovery environment with structure and support.	1. Sufficient support for recovery exists. 2. Insufficient support and/or skills to cope, require a more intensive level of treatment.	1. Consultation with command/family indicate a supportive environment. 2. Counselor and client have identified coping strategies to apply toward environmental stressors. 3. Client has begun reintegration into various systems.

CHAPTER THREE
ADMINISTRATIVE FORMS

	Page
DRUG/ALCOHOL ABUSE TREATMENT ASSIGNMENT LETTER.....	3-2
SUBSTANCE ABUSE CLINICAL PACKAGE.....	3-4
CONSENT TO OBTAIN INFORMATION.....	3-5
COUNSELOR'S ASSESSMENT NOTE.....	3-6
COUNSELOR'S ASSESSMENT AND RECOMMENDATION.....	3-10
DISPOSITION OF REFERRED PROBLEM.....	3-12
FAMILY AND CULTURAL HISTORY.....	3-13
EDUCATION AND WORK HISTORY.....	3-15
MILITARY HISTORY.....	3-16
SOCIALIZATION, SELF CONCEPT AND COMMUNICATION HISTORY.....	3-17
FINANCIAL HISTORY.....	3-18
SPIRITUAL AND RELIGION HISTORY.....	3-19
LEGAL HISTORY.....	3-20
EMOTIONAL AND BEHAVIORAL HISTORY.....	3-21
INDIVIDUAL TREATMENT PLAN.....	3-23
INFORMATION RELEASE AUTHORIZATION.....	3-25
SIGNIFICANT OTHER ASSESSMENT FORM DRUG/ALCOHOL.....	3-26
FOLLOW-UP EVALUATION.....	3-29
PRIVACY ACT STATEMENT.....	3-33
CONFIDENTIALITY OF ALCOHOL/DRUG ABUSE PATIENT RECORDS STATEMENT.....	3-35
ALCOHOL ABUSE PREVENTION SPECIALIST.....	3-36
ALCOHOL ABUSE PREVENTION SPECIALIST SCREENING FORM.....	3-37
INSTRUCTIONS FOR THE INTERVIEWER.....	3-39
SUBSTANCE ABUSE COUNSELOR APPLICATION.....	3-44
COMMAND SCREENING TOOL FOR NDACS CANDIDATES.....	3-46
NDACS INTERVIEW INSTRUMENT.....	3-48
URINALYSIS COLLECTION MATERIAL.....	3-53

ADMINISTRATIVE FORMS AND APPLICATIONS

LETTERHEAD

5300
SACO
Date

From: Commanding Officer
To: Rank/Name/SSN/MOS of Member being assigned
Subj: ASSIGNMENT TO DRUG/ALCOHOL ABUSE TREATMENT
Ref: (a) MCO P1700.24_
(b) MCO P1900.16_

1. In accordance with reference (a), you are assigned to Outpatient/Intensive Outpatient/Residential Treatment, where you will receive treatment for alcohol/drug abuse. You will report to the Substance Abuse Counseling Center, Bldg _____ at _____ on _____.
(Time) (Date)

2. The following is expected of the participants in the treatment program:

- a. All sessions will be attended.
- b. Completion of individual rehabilitation plan.
- c. Active participation in the class sessions.
- d. No consumption of alcohol or any other drug during treatment.
- e. Attendance at Twelve Step groups (if assigned).
- f. Completion of homework assignments.
- g. Follow additional rules/guidelines of the SACC.

Figure 5-1.--Format of a Letter of Assignment to Outpatient Services.

Subj: ASSIGNMENT TO DRUG/ALCOHOL ABUSE TREATMENT

3. In accordance with paragraph 6209 of reference (b), a Marine referred to a program of rehabilitation for personal alcohol abuse may be separated for failure through the inability or refusal to participate in, cooperate in, or successfully complete such a program.

CO's Signature

SACO
Date

FIRST ENDORSEMENT

From: Rank/Name/SSN/MOS of Member being assigned
To: Commanding Officer

1. I understand and acknowledge receipt of this assignment letter and the consequences of refusing treatment or not successfully completing the program.

Signature of Member Being Assigned

Copy to:
SACC
Unit case file

Figure 5-1.--Format of a Letter of Assignment to Outpatient Services.

SUBSTANCE ABUSE CLINICAL PACKAGE

AUDIO/VIDEO ACKNOWLEDGMENT FORM

On certain occasions, interviews and treatment sessions may be audio/video taped, and/or observed. The purpose of these procedures is to provide for high quality professional services and for use in training Navy/Marine Corps Drug and Alcohol Counselors.

I, _____, acknowledge the production of audio/video tape recordings, closed circuit television viewing, or other forms of observation at (provide location) _____ for the above purposes. I understand that all information so obtained will be handled in confidence to the extent allowed by law. Per the Privacy Act Statement for Marine Corps Drug and Alcohol Counseling Records, I understand this information will not be released to unauthorized agencies or individuals without my express, written consent.

Client Name: _____ Client SSN: _____

Client Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

NOTE: It is permissible to state "no identified areas of concern" in individual sections

- Family and Cultural

- Education and Work

- Military

- Socialization, Self-Concept and Communications

- Recreational and Leisure

- Financial

- Spirituality and Religion

- Legal

- Emotional and Behavioral

- Current Needs and Concerns

- Current Suicidal Ideation

_____ Refer to the following 12 step program meetings
(AA/NA/Other_____). Recommend _____ meeting(s)
per week for _____ week(s)/month(s).

_____ Refer to Fleet Mental Health for psychiatric evaluation.

Specify reason:

_____ Other: Specify referral source and reason:

**Amenability to
service
recommendations:**

**Potential for further productive
with recommended program:**

___ Good
___ Fair
___ Poor

___ Good
___ Fair
___ Poor

Client Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Client Name: _____ Client SSN: _____

13. Are you currently having thoughts of hurting someone else?
Yes___ No___

If yes, explain: _____

14. Have you ever contemplated, threatened, or attempted
suicide or self-injury? Yes___ No___

If yes, explain: _____

15. Have you ever received a psychiatric diagnosis of any kind?
Yes___ No___

If yes, explain: _____

Client Signature: _____ Date: _____

Client Name: _____ Client SSN: _____

In the following items, the term chemical use includes any use of alcohol or mood-altering drugs.

8. During the past year, how often did the client typically use alcohol or mood-altering chemicals?

- | | |
|-------------------------------|-------------------------|
| ____(a) daily | ____(e) monthly or less |
| ____(b) several times a week | ____(f) none |
| ____(c) once a week | ____(g) not sure |
| ____(d) several times a month | |

9. During the past year, how many capsules, tablets, drinks (beer, etc.), joints, "hits," etc., or mood-altering chemicals did the client typically take each day of use?

- | | |
|---------------------|----------------------|
| ____(a) less than 1 | ____(e) 8-10 |
| ____(b) 1-2 | ____(f) more than 10 |
| ____(c) 3-4 | ____(g) none |
| ____(d) 5-7 | ____(h) not sure |

B. Consequence

During the past year, which of the following problems has the client experienced from alcohol or mood-altering chemical use, or from the effects of obesity? (Be sure to answer each item.)

	Yes	No	Don't Know
1. Social problems? (for example, arguments or difficulties with family or friends)	____	____	____
2. Occupational problems? (for example, poor job performance, missed work or fired)	____	____	____
3. School performance? (for example, poor school performance, missed school, or suspended)	____	____	____
4. Legal problems? (for example, traffic arrests, accidents, or other police problems)	____	____	____
5. Use at inappropriate times? (for example, morning use)	____	____	____
6. Inability to reduce, control, or stop use?	____	____	____

- | | Yes | No | Don't
Know |
|--|-----|-----|---------------|
| 7. Two or more blackouts? (inability to remember events occurring during intoxication) | ___ | ___ | ___ |
| 8. Two or more overdoses? (severe intoxication resulting in loss of consciousness or hallucinations) | ___ | ___ | ___ |
| 9. Withdrawal symptoms when use is stopped or reduced? (convulsions, hallucinations, anxiety, depression, shakes) | ___ | ___ | ___ |
| 10. Tolerance? (more alcohol or drug needed to achieve desired effect, or lessened effect from regular amount) | ___ | ___ | ___ |
| 11. In the past year, has the client experienced any severe emotional trauma; i.e., death of a family member or close friend, lost his/her job, quit school, etc.? | ___ | ___ | ___ |
| 12. In the past year, have you consulted a psychiatrist or psychologist regarding treatment for the client? | ___ | ___ | ___ |

Are there any additional problems/comments:

Client Name: _____ Date: _____

Counselor Signature: _____ Date: _____

Significant
Other's Signature: _____ Date: _____

b. Transferred to another command. Please provide the forwarding command's address and return this form to the above listed treatment facility.

3. Has the member successfully completed aftercare?

- Yes.
- No. Still in aftercare status.
- No. Failed to complete aftercare.
- Never had an aftercare program assigned.

Please explain: _____

SACO/S: Have the member's supervisor complete the remainder of this form. When the supervisor returns this form to you, ensure it is complete and all questions are answered. Return this form to the treatment facility listed on page one when you are finished with the form. Be sure all questions have been answered before returning this form to the treatment facility.

Supervisor: Answer all questions on this form, to the best of your ability, for the member listed on page one. Any questions you are unable to answer will be completed by your Command SACO/S. Be candid - the information you provide will be used for statistical purposes only. It will in no way affect the member.

4. Is the member recommended for retention and/or reenlistment?

- Yes.
- Unsure.
- No - a poor past record.
- No - poor present performance.
- No - has no desire to remain in service.

5. Is the member attempting to compete for advancement?

- Yes, has been recommended.
- No, recommended but not interested in advancing.
- No, not recommended for advancement.

6. The following apply to the member? (check any that may apply)

- Arrested for misdemeanor
- Arrested for felony
- Convicted of misdemeanor
- Convicted of felony
- Arrested for DWI/DUI
- Involved in alcohol incident(s) (other than DWI/DUI)
- Involved in illicit drug related incident(s)
- Attending 12 Step/Support Group meetings
- Experienced financial problems
- Experienced marital problems
- Experienced improving work performance
- Experienced declining work performance
- Experienced significant positive behavior changes
- Experienced significant negative behavior changes

7. Has the individual been the subject of any adverse military administrative action? Yes___ No___

If yes, please describe: _____

8. Has the member received any punitive action or have any pending (e.g. NJP)? Yes___ No___

If yes, please describe: _____

9. Does member perform all duties of his/her rating or billet?
Yes___ No___

Please explain: _____

Use this scale for items 10-14:

- 5 = Strongly agree
- 4 = Agree
- 3 = Neither agree or disagree
- 2 = Disagree
- 1 = Strongly disagree
- 0 = Not observed

10. Quality - what member does is done right:

11. Output - member produces at the level required/expected:

12. Timeliness - assignments are done promptly and on time:

13. Promptness - member is ready and on- duty when work begins:

14. Teamwork - member works effectively with other members:

5	4	3	2	1	0

Any additional comments: _____

SACO/S
Name: _____
SACO/S Signature: _____ Date: _____
SUPERVISOR'S Name: _____

SUPERVISOR'S Signature: _____ Date: _____

PRIVACY ACT STATEMENT FOR MARINE CORPS DRUG AND ALCOHOL COUNSELING RECORDS
PART A - GENERAL

The Marine Corps uses a variety of forms in administering matters related to the individual Marine. Forms are necessary for enlistment and reenlistment, evaluating performance, applying for training and assignments, granting leave, disciplinary action, administering pay, and other purposes. In some instances, these forms involve the collection of personal information from the individual Marine. Information such as home address and telephone number, names and other information on dependents, preference for duty, address on leave, and the individual's Social Security Number are illustrative of the information asked for on forms.

The Privacy Act of 1974 requires that you be informed of the authority, purposes, uses, and effects of not providing information when it is requested from you. In order to eliminate the need for issuing an individual statement each time information is requested from you about matters such as those described, this statement serves as a one-time Privacy Act Statement which is intended to satisfy the requirements of the Privacy Act when forms related to your drug and alcohol counseling records are used.

PART B - INFORMATION TO BE FURNISHED TO INDIVIDUAL

1. AUTHORITY

Title 5, U.S. Code, Section 301, is the basic authority. Use of Social Security Number as a means of personal identification is authorized by Executive Order 9397 of 23 November 1943.

2. PRINCIPAL PURPOSES

The information that is requested from you is intended principally to provide a basis on which to assess your use of alcohol and other drugs and to provide therapeutic assistance to you as required. The information you provide will become part of your drug and alcohol counseling record.

3. ROUTINE USES

Records of the identity, diagnosis, prognosis, or treatment of any client/patient, irrespective of whether or when he or she ceases to be a client/patient, maintained in connection with the performance of any program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided below, be confidential and disclosed only for the purposes and under the circumstances expressly authorized in 42 U.S.C. 290dd-2. This statute takes precedence over the Privacy Act of 1974, in regard to accessibility of such records, except to the individual to whom the record pertains.

The content of any record referred to above may be disclosed in accordance with the prior written consent of the client/patient with respect to whom such record is maintained, but only to such extent, under such circumstances, and for such purposes as may be allowed under 42 C.F.R. §§ 2.31-2.35.

Whether or not the client/patient, with respect to whom any given record referred to above is maintained, gives written consent, the content of such record may be disclosed as follows:

To medical personnel to the extent necessary to meet a bona fide medical emergency;

To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual client/patient in any report of such research, audit, or evaluation, or otherwise disclose client/patient identities in any manner; and

If authorized by an appropriate order of a court of competent jurisdiction.

The above prohibitions do not apply to any interchange of records:

Within the Uniformed Services or within those components of the Department of Veterans Affairs furnishing health care to veterans; or

Between such components and the Uniformed Services.

The above disclosure restrictions do not apply to the reporting under State law of incidents of suspected child abuse and neglect to the appropriate State or local authorities.

The "Blanket Routine Uses" that appear at the Marine Corps' compilation of systems notices do not apply to these types of records.

4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

Providing the requested information is voluntary; however, failure to disclose certain information could result in an incomplete and inaccurate analysis of personal drug or alcohol abuse. Disclosure of your Social Security Number is mandatory.

PACT C - STATEMENT OF UNDERSTANDING BY THE INDIVIDUAL

I have read and understand this statement, I understand that I may have the opportunity to review published systems notices and current Marine Corps directives that pertain to forms that I am asked to complete.

Date Signature of the Individual Social Security No.

ALCOHOL ABUSE PREVENTION SPECIALIST

1. The Installation Alcohol Abuse Prevention Specialist billet is available to Gunnery Sergeants and Master Sergeants only. Requests for assignment as an Alcohol Abuse Prevention Specialist will be sent to the CMC (MMEA) via the chain-of-command, using an AA Form to include the requirements below.

a. Command Screening Form.

b. Interview Form. Candidates must be interviewed by a SACC Director who is also a certified Alcohol and Drug Counselor.

c. One full view photo (promotion type).

d. A one page letter on "Why I Want To Be An Alcohol Abuse Prevention Specialist."

2. Selectees will receive formal training for this MOS through a CMC (MR) approved course. Upon successful completion of training, these individuals will be assigned into authorized billets established by T/O line numbers. Their primary responsibility is to provide preventive education and training to Marines and assist units in satisfying the requirements of this Manual.

COMMAND SCREENING FOR ALCOHOL ABUSE PREVENTION SPECIALIST

THIS INFORMATION SHOULD BE INCLUDED AS AN ENCLOSURE

NAME	GRADE	SSN	MOS
<u>PREREQUISITE</u>	<u>REMARKS</u>		<u>QUALIFIED</u>
			YES NO
VOLUNTEER	Expresses a desire and willingness to perform required duties and tasks.		__ __
INTERVIEW	Interviewed and recommended.		__ __
GYSGT-MSGT	Waivers will not be considered.		__ __
HS GRAD/GED WITH GT 105	Marines must be able to successfully complete college level courses of instruction. Waivers will be considered.		__ __
COMMUNICATION	The ability to communicate effectively is essential. The Marine must be an articulate and logical speaker, able to converse in a clear manner, persuasive and personable, and should feel comfortable among strangers.		__ __
OBLIGATED SERVICE REQUIREMENTS	Marines must have 3 years of obligated service upon completion of the training.		__ __
MEDICAL/ MENTAL	The Marine must be medically/mentally fit for duty. Applicants must have passed a physical examination within the previous year and a psychological evaluation as part of this application process. A recovering alcoholic must have 2 years sobriety and a strong personal recovery program to include AA/NA prior to requesting entry level training into this field.		__ __

INSTRUCTIONS FOR THE INTERVIEWER
INTERVIEW TOOL

It is important that you identify serious problems affecting the applicant - such as recent or pending divorce, unstable sobriety, or any history of substantiated child or spouse abuse.

The enclosed screening form covers important qualifying and background information necessary for the screening. Add to it your experience of this applicant and their response to your asking about the interview.

SACC SCREENING INSTRUMENT FOR ALCOHOL ABUSE PREVENTION
CANDIDATES

Name: _____ SSN: _____ Grade: _____
EAS: _____ AFADBD: _____
GT: _____
Height: _____ Weight: _____ Age: _____
DDRC Name (Print): _____

I. ELIGIBILITY

1. Be E-7 or E-8 (GySgt or MSgt).
2. Stability in personal affairs.
3. At the time of screening, a recovering alcoholic must have 2 years sobriety and a strong personal recovery program to include AA/NA prior to requesting entry-level training into this field.
4. Demonstrated the ability to write/speak with a good command of the English language.
5. GT 105 or above.
6. Must meet height and weight standards.
7. Completed a physical and psychological evaluation.

II. PERSONAL HISTORY

1. Review of Service Record:

a. What is present MOS? _____
Does the applicant work in their MOS? _____
If no, what MOS currently working in? _____

b. List any schools and dates the applicant attended within the drug and alcohol field.

c. List and give dates and locations of any previous duties that the applicant has been assigned within the drug and alcohol field.

d. Describe any record entries which indicate family problems, indebtedness, or any other personal difficulties. Give details and indicate if these issues have been resolved. If resolved, how?

2. Review of Medical Record:

a. Does the applicant have any injury or physical condition which may hamper the individual from completing the training or the tour?
If yes, explain the circumstances.

b. Review the health record for frequent sick calls, hospitalization, or indications of substance abuse.

3. Academics:

- a. Assess the applicant's written/oral communication skills. (Enclose with the evaluation form a written statement by the individual of why applicant wants to be a counselor.)

- b. Last grade completed ____. Major area _____.

4. Personal Interview:

- a. Appearance: include comments concerning appropriateness of uniform and overall appearance.

- b. Family Relationships:

Married: 1st/2d/3d Single: __ Divorced: __ Separated: __

Number of dependent children ____

Describe family relationships and any major difficulties during the last 2 years to include: any treatment for spouse or other family members for drug/alcohol, substantiated incidents of child or spouse abuse.

- c. Is the applicant recovering from drug/alcohol?

What is the length of sobriety or abstinence?

Where and when did they receive treatment?

SUBSTANCE ABUSE COUNSELOR APPLICATION

1. The Marine Corps Substance Abuse Counselor is an additional MOS open to enlisted Marines, Corporal through Master Sergeant. Formal training for this MOS is provided at the Navy Drug and Alcohol Counselor School (NDACS), Naval Station Point Loma, CA. This course is funded by HQMC.
2. Requests for assignment as a substance abuse counselor will be sent to the CMC (MMEA-85) via the chain-of-command, using an AA Form. Selectees will be issued temporary additional duty orders to NDACS by the CMC (MMEA-85).
3. Upon successful completion of counselor training CMC (MMEA-85) will direct assignment of substance abuse counselors into authorized billets established by T/O line numbers. The joining command will enter the NDACS school code 82C into the unit diary. When a Marine meets the requirements for counselor certification, found in the current edition of NAVMILPERCOMINST 5350.1_, CMC (MMEA-85) will assign the additional MOS 8538.
4. Guidelines for the removal of this MOS are found in NAVMILPERCOMINST 5350.1_.
5. All counselors (MOS 8538 and civilian) regardless of intern or certified status, will maintain a current Individual Development Plan (IDP) while in a counseling billet.
6. Substance Abuse Counselors working in a counseling billet will not be used for urine collection and/or packaging and shipping.
7. This program is not available to the Marine Corps Reserve.
8. Requests for assignment as a substance abuse counselor will include the following enclosures:
 - a. Copy of psychological examination;
 - b. Command NDACS Screening Tool;
 - c. NDACS Interview Instrument;
 - d. One full view photo (promotion type); and
 - e. A one page letter on "Why I Want To Be A Substance Abuse Counselor."

9. Marine and/or civilian counselors who use illegal drugs, misuse prescription drugs, or use alcohol irresponsibly are subject to removal from the counseling program. Procedures for removing Marine counselors are found in NAVMILCOMINST 5350.1_. For civilian counselors, refer to the local Civilian Human Resources Office.

COMMAND SCREENING TOOL FOR NDACS CANDIDATES

THIS TOOL SHOULD BE INCLUDED AS AN ENCLOSURE TO THE REQUEST FOR ASSIGNMENT TO NDACS

NAME	GRADE	SSN	MOS
<u>PREREQUISITE</u>			
<u>QUALIFIED</u>	<u>REMARKS</u>		<u>YES</u> <u>NO</u>
VOLUNTEER	Expresses a desire and willingness to perform required duties and tasks.		___ ___
COUNSELOR INTERVIEW	Interviewed and recommended by the Senior Substance Abuse Counselor.		___ ___
CPL-MSGT	Waivers will not be considered.		___ ___
MINIMUM AGE 21	Although recognized that age is not a prime indicator of maturity, it is considered a fairly reliable measure of experience. Waivers will not be considered.		___ ___
HS GRAD/GED WITH GT 105	Marines must be able to successfully complete college level courses of instruction. Waivers will be considered.		___ ___
COMMUNICATION	The ability to communicate is an essential part of counseling. The Marine must be an articulate and logical speaker. The Marine should be able to converse in a clear manner and should not be hesitant to speak. A counselor should be persuasive and personable, and should feel comfortable among strangers.		___ ___
OBLIGATED SERVICE REQUIREMENTS	Marines must have 4 years of obligated service upon completion of the course or agree in writing to meet these requirements.		___ ___

MEDICAL/
MENTAL

The Marine must be medically/mentally fit for duty. Applicants must have passed a physical examination within the previous year and a psychological evaluation as part of this application process. A recovering alcoholic must have 2 years sobriety and a strong personal recovery program to include AA and/or NA prior to requesting entry level training into this field.

—|—

PREREQUISITE

REMARKS

QUALIFIED
YES | NO

PERSONAL
APPEARANCE/
WEIGHT
STANDARDS/
PHYSICAL
FITNESS

All candidates must be within weight standards, satisfactorily pass the PFT, and maintain an appropriate military appearance. The counselor will represent both the Marine Corps and the command to professional and paraprofessional members of the community to which assigned.

—|—

STABLE FAMILY

Marines involved in divorce proceedings and those with personal problems of a significant nature should not be assigned to the course until the problem is resolved. A stable personal life has proven essential for successful completion of formal training and adjustment to counselor roles. Applicant has not committed a substantiated incident of child or spouse abuse.

—|—

I certify that

Name	Grade	SSN

meets the requirements listed in the current editions of MCO P1200.7, as outlined in this tool, and is recommended for assignment to counselor school.

Date

Commanding Officer's Signature

INSTRUCTION FOR THE INTERVIEWER
NDACS INTERVIEW INSTRUMENT

This interview serves the important function of selecting candidates for the NDACS. This school is rigorous and involves experiential as well as didactic training. Counselor training involves learning and improving interpersonal skills. The purpose of this interview is to select candidates who show the potential to make use of this experiential and intellectual learning to become counselors.

Experience has shown that students who are experiencing serious personal problems have difficulty in attending to the learning experiences required of them in the NDACS setting. Thus, it is important that you identify serious problems affecting the applicant - problems such as recent or pending divorce, unstable sobriety or any history of substantiated child or spouse abuse.

Because counseling is an interpersonal skill requiring some awareness of process, you may be able to get a feel for how comfortable the applicant is in looking at interpersonal dynamics by asking them how they feel about the interview you have had with them. The "content" of the answer is probably of less significance than the ability to relate to you effectively on an experience you have both just shared. The enclosed screening instrument covers the important qualifying and background information necessary to complete the screening. Add to it your interview experience about the applicant and their response to the interview.

The individuals who show the potential to learn in an intense interpersonal environment are desirable candidates whether or not they already know how to counsel.

SACC SCREENING INSTRUMENT FOR NDACS CANDIDATES

Name: _____ SSN: _____ Grade: _____
EAS: _____ AFADBD: _____
GT: _____
Height: _____ Weight: _____ Age: _____
Counselor Name (Print): _____

I. ELIGIBILITY

1. Be E-4 through E-8 (Cpl-MSgt).
2. Stability in personal affairs.
3. At the time of screening, a recovering alcoholic must have 2 years sobriety and a strong personal recovery program to include AA and/or NA prior to requesting entry level training into this field.
4. Demonstrated the ability to write/speak with a good command of the English language.
5. GT 105 or above.
6. Must meet height and weight standards.
7. Completed a physical and psychological evaluation.
8. Special attention should be paid to any indication of unresolved alcohol-related or psychological problems. Counselors will request a psychological evaluation (may include an MMPI).
9. Complete an autobiography. The autobiography shall be mailed to CMC (MR) under separate cover.

II. PERSONAL HISTORY

1. Review of Service Record:
 - a. What is present MOS? _____
Does the applicant work in their MOS? _____
If no, what MOS currently working in? _____

b. List evaluation marks for the last 24 months.

c. List any schools and dates the applicant attended within the drug and alcohol field.

d. List and give dates and locations of any previous duties that the applicant has been assigned within the drug and alcohol field.

e. Describe any record entries which indicate family problems, indebtedness, or any other personal difficulties. Give details and indicate if these issues have been resolved. If resolved, how?

2. Review of Medical Record:

a. Does the applicant have any injury or physical condition which may hamper the individual from completing the training or the tour as a counselor? If yes, explain the circumstances.

b. Review the health record for frequent sick calls, hospitalization, or indications of substance abuse.

3. Academics:

- a. Assess the applicant's written/oral communication skills. (Enclose with the evaluation form a written statement by the individual of why applicant wants to be a counselor.

- b. Last grade completed _____. Major area _____.

4. Personal Interview:

- a. Appearance: include comments concerning appropriateness of uniform and overall appearance.

- b. Family Relationships:

Married: 1st/2d/3d

Single: __ Divorced: __ Separated: __

Number of dependent children ____

Describe family relationships and any major difficulties during the last 2 years to include: any treatment for spouse or other family members for drug/alcohol, substantiated incidents of child or spouse abuse.

- c. Is the applicant recovering from drug/alcohol?

What is the length of sobriety or abstinence?

Where and when did they receive treatment?

d. Give a list of self-help groups the applicant is currently involved in.

e. Any private therapy? If yes, explain.

f. Any alcohol or drug related incidents? If yes, give full details.

g. What are the applicant's current drinking patterns?

h. Explore the applicant's general attitude in regards to their drinking while working in the counseling field.

5. Motivation: assess the degree and appropriateness of the applicant's desire to be a counselor.

_____/_____
Interviewer's Signature NDAC # Date

_____/_____
Director's Signature Date

Urinalysis Collection Material

Collection Materials. The items below are available through the supply system to ensure the urinalysis shipments comply with domestic and international mail carrier regulations. The only authorized urine specimen bottle is as follows.

a. Shipping Boxes:

<u>Stock Number</u> <u>Number</u>	<u>U/I</u>	<u>Size</u>	<u>Bottle</u>
6640-00-165-5778	10	8"X3.5"X6"	12 bottles
(*) 8115-00-290-5494	25	8"X5"X4.5"	for 9 bottles
(*) 8115-00-290-3365	25	8"X4"X4"	for 6 bottles

(*) containers do not include bottles or separators.

b. Secondary container bags:

<u>Stock Number</u>	<u>Item</u>	<u>Size</u>	<u>Used for</u>
6530-01-307-5431	bag, specimen	5"X6"	single bottle bag
6530-01-307-5430	bag, specimen	4"X6.5"	single bottle bag

c. Mailing pouch:

<u>Stock Number</u>	<u>Item</u>	<u>Size</u>	<u>Used for</u>
6530-01-304-9762	mailing pouch	10.5"X15"	12 bottle box

mailer

d. Absorbent pads for secondary container bags/ mailing pouch:

<u>Stock Number</u>	<u>Item</u>	<u>Size</u>	<u>Used for</u>
6530-01-307-7434	pouch, liquid absorbent	1.25"X1.25"	single bottle
6530-01-307-7433	pouch, liquid absorbent	2.5"X3"	single bottle
6530-01-304-9754	pouch, liquid absorbent	5"X5"	single bottle or mailer

e. The recommended tamper resistant tape to be used is:

Tamper Resistant Tape:

Vendor: TIME MEDICAL LABELING SYSTEM
144 Tower Drive
Burr Ridge, IL 60521
(800) 323-4840
(800) 382-3371 (CA only)

Unit of issue: pad (there are 500 strips per pad)

GSA contract number: GS-02F-48169
Product Number: TRL-2N