

MASTER DIRECTIVES

UNITED STATES MARINE CORPS

MARINE AIRCRAFT GROUP 12
FIRST MARINE AIRCRAFT WING, MARFORPAC
UNIT 37150
FPO AP 96603-7150



IN REPLY REFER TO:
GruO P5370.1C
SACO
04 OCT 2000

GROUP ORDER P5370.1C

From: Commanding Officer
To: Distribution List

Subj: STANDING OPERATING PROCEDURES FOR SUBSTANCE ABUSE CONTROL
(SHORT TITLE: SOP FOR SUBSTANCE ABUSE CONTROL)

Ref: (a) MCO P5300.12A
(b) MCO 1700.22D
(c) Urinalysis Program Coordinator (UPC) Handbook
(Jan 2000)
(d) MCASO 1746.1V

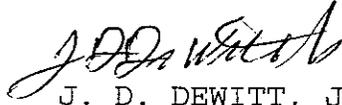
Encl: (1) Locator Sheet

1. Purpose. To establish standing operating procedures within Marine Aircraft Group 12 for the administration and management of the Marine Corps Substance Abuse Program.
2. Cancellation. GruO 5370.1B
3. Background. This SOP serves as an amplification of the reference and sets forth the minimum procedures to be followed within MAG-12 and subordinate units. All units will be guided by the provisions of reference (a) except as modified by this SOP.
4. Action. Commanding Officers and heads of primary and special staff sections will ensure compliance with the procedures set forth in this order.
5. Summary of Revision. This SOP has been subject to major changes and should be reviewed in its entirety.
6. Recommendation. All recommendations concerning contents of this SOP are invited. Such recommendations are to be forwarded to the Commanding Officer, Marine Aircraft Group 12 (Attn: SACO) via the chain of command.

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04 OCT 2000

7. Certification. Reviewed and approved this date.


J. D. DEWITT, JR.

DISTRIBUTION: C

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04 OCT 2000

LOCATOR SHEET

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Location:

(Indicate location(s) of copy(ies) of this Manual)

Enclosure (1)

SOP FOR SUBSTANCE ABUSE CONTROL

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SOP FOR SUBSTANCE ABUSE CONTROL

CHAPTER 1

PROGRAM MANAGEMENT

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SOP FOR SUBSTANCE ABUSE CONTROL

CHAPTER 1

PROGRAM MANAGEMENT

1000. BASIC POLICY. Substance abuse is contrary to the effective performance of Marines and to the Marine Corps mission and will not be tolerated in the Marine Corps.

1001. AUTHORITY. The Commanding Officer of MAG-12 is responsible for establishing and maintaining the MAG-12 Substance Abuse Program.

1002. APPLICABILITY

1. This Order establishes policies for the security of classified material. This Order, in conjunction with the reference, will enable the user to implement and maintain an effective substance abuse control system.

2. The policies and procedures in this Order and its references represent the minimum requirements for all elements of MAG-12. Commanding Officers who feel that more stringent requirements are needed to meet their unique situation will publish their own classified material related directives.

3. Requests for guidance or interpretation of this Order are encouraged. Requests will be addressed by letter or telephone directly to the MAG-12 Commanding Officer or the MAG-12 Substance Abuse Control Officer (SACO).

4. This Headquarters will publish, as circumstances dictate, letter memorandums that interpret official policy. These memorandums will be based on questions raised within MAG-12 elements and directives issued by higher headquarters.

1003. RESPONSIBILITY

1. Commanding Officers are responsible for compliance with this Order within their squadrons/detachments. Only the Commanding Officer or a Medical Officer can direct a Urinalysis test for the unit/section/individual.

2. All MAG-12 personnel are responsible for compliance with this Order.

1004. SUBSTANCE ABUSE CONTROL OFFICER. The SACO is responsible for providing technical assistance to the commanding officer in regards to the Substance Abuse Program. The SACO should be assigned in writing by the commanding officer and will be guided by the reference of this order. The duties of the SACO are but are not limited to the following:

1. Provide assistance to all Marines and Sailors within the unit regarding substance abuse.
2. Act as liaison between the Commanding Officer and the Substance Abuse Counseling Center (SACC).
3. Receive the appropriate training within 90 days of appointment as the unit SACO in order to effectively function as the unit's substance abuse expert.
4. Give basic alcohol education and prevention programs at the unit level.
5. Identify suspected alcohol abusers and refer them to the appropriate level of education.
6. Act as a monitor for Marines in aftercare programs and provide an accurate assessment of their progress to the unit Commanding Officer.
7. Maintain an administrative case file on each Marine identified by the command as an alcohol abuser, to include a chronological history of incidents, evaluations, referrals, treatment, progress, and supporting documentation.
8. Prepare the appropriate reports as outlined in reference (a), chapter 3.
9. Develop and maintain the Unit level substance abuse training program.
10. Transfer the case file to the receiving command when the Marine/Sailor is ordered PCS within the aftercare period.

11. Provide all arriving personnel a brief regarding the substance abuse requirements/policies in MCAS Iwakuni.

1005. ASSISTANT SUBSTANCE ABUSE CONTROL OFFICER. The Assistant SACO will be appointed in writing and will be guided by the reference of this Order. The duties of the Assistant SACO are to manage the day-to-day operations when the SACO is not available.

1006. URINALYSIS COORDINATOR. The Urinalysis Coordinator will be appointed in writing and will be guided by the references of this Order. The duties of the Urinalysis Coordinator are (but not limited to) as follows:

1. Notify the Commanding Officer when a test should be given as well as the status of ongoing tests.
2. Ensure all materials and personnel are ready for collection at all times.
3. Receive urine specimen bottles and prepare labels for each bottle.
4. Ensure all paperwork/records are kept for all urinalysis tests per reference (a).
5. Decide if Administrative Assistants are needed.
6. Ensure all Marines present proof of identity.
7. Ensure the individual giving the sample verifies all urine samples taken.
8. Ensure after all specimens are given, properly forward samples to the appropriate facility for testing.
9. Ensure all Urinalysis Ledgers are properly kept.

1007. ADMINISTRATIVE ASSISTANTS. The Administrative Assistant will be appointed in writing and will be guided by the reference of this Order. The duties of the Administrative Assistant are (but not limited to) as follows:

1. Be familiar with the collection process and have the main task of ensuring security and accountability around the collection table.
2. Ensure that the information being filled in on the Urinalysis Ledger is done correctly and completely.
3. Do not issue bottles or collect specimens.

1008. URINALYSIS OBSERVERS. The Urinalysis Observer will be appointed in writing and will be guided by the reference of this Order. The Urinalysis Observer must be the same sex as the Marine being tested. The duties of the Urinalysis Observer are (but not limited to) as follows:

1. Ensure the Marine/Sailor providing the specimen shall remain under the direct and continuous observation of the observer while urinating into the specimen bottle, placing the lid on the bottle, and delivering the bottle to the coordinator.
2. Never lose sight of the specimen bottle once the member takes possession.
3. Never take possession of the bottle.
4. Male observers will stand at a 90-degree angle from the individual giving the sample.
5. Female observers will stand in front of the open stall door and directly observe the individual giving the sample.
6. Female observers must observe members transferring urine from wide-mouth containers into standard urine sample bottle.
7. Ensure a minimum 50-ml sample is provided.

1009. INSPECTIONS. All permanent squadrons under MAG-12 will receive an annual Functional Area Inspection (FAI) for the SACO and the Urinalysis Coordinator by 1st MAW.

SOP FOR SUBSTANCE ABUSE CONTROL

CHAPTER 2

THE PROACTIVE PHASE

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SOP FOR SUBSTANCE ABUSE CONTROL

CHAPTER 2

THE PROACTIVE PHASE

2000. BASIC POLICY. The proactive phase addresses the program areas of prevention, education, and deterrence of substance abuse. The most effective, inexpensive, and long term proactive program is one that promotes an attitude of overall responsibility on the part of the individual Marine and reinforces that attitude in all aspects of the individual Marine's lifestyle.

2001. COMMAND EDUCATION PROGRAM

1. The purpose of the substance abuse education program is to provide objective and factual information to Marines that will bring about a modification and/or strengthening of individual attitudes to conform with expected behavior. An effective program may cause individuals in need of treatment to request screening and treatment voluntarily to meet known standards.
2. Commanding Officers will evaluate individuals requesting voluntary substance abuse assistance to determine if the self-referral constitutes a drug-related incident.
3. All Marines will receive annually 12 hours of substance abuse education. All supervisory personnel (SSgt and above) are required an additional 6 hours annually.
4. The annual training will include, but is not limited to the following training objectives:
 - a. To state the Marine Corps policy on alcohol abuse, alcohol dependency, illegal drug use, and chemical abuse.
 - b. To describe the difference between alcohol abuse and alcohol dependency.
 - c. To describe the physical and psychological effects of alcohol on the human body.
 - d. To describe the progressive nature of the disease of alcohol dependency and to identify the early warning signs of possible alcoholic behavior.

e. To describe in detail the Marine Corps policy on the use, possession and/or distribution of illegal drugs.

f. To identify the major classifications and types of controlled substances and physical/psychological effects on the user...

5. Officers and staff noncommissioned officers (SNCO) training will include the objectives in paragraph 2001.4 and the supervisory objectives of substance abuse below:

a. To define the various stages of the addictive process.

b. To describe in detail the primary purpose and procedures of urinalysis testing as set forth in chapter 5 of this SOP.

c. To state five methods of identifying those personnel who use illegal drugs.

d. To describe in detail the legal and administrative consequences of use, possession, and/or distribution of illegal drugs for officers and enlisted personnel, as contained in this Manual.

e. To describe the various levels of treatment in the Illegal Drug Use Program together with criteria for admission into each level.

f. To describe the essential elements of a continuing care recovery program and the important role played by the supervisor in this process.

g. Commands will incorporate anabolic steroid awareness into their training programs on substance abuse. Training will stress that anabolic steroids are controlled substances that are only available by prescription. Anabolic steroids available through other sources are illegal and pose a health hazard to users.

h. To demonstrate the techniques of confrontation for subordinates who exhibit signs of alcohol abuse/alcohol dependency or illegal drug use/dependency and to identify the proper authorities for diagnosis and treatment/rehabilitation when warranted.

i. To explore at the supervisory level the early identification of personnel with problems that may lead to alcohol or illegal drug use.

j. To describe the role of a supervisor in supporting the substance abuse recovery process, particularly in the continuing care phase; i.e., Alcoholics Anonymous, Alanon, and Alateen.

k. To demonstrate the appropriate attitude of supervisors toward those returning to full duty following completion of substance abuse treatment.

2002. ALCOHOL ABUSE PREVENTION. The consumption of alcohol is not essential to the development of unit cohesion and Marine Corps pride. Unit cohesiveness should be developed through team work and play in more appropriate activities. Activities that encourage Marines to drink alcoholic beverages should be avoided. Parties or social functions where alcohol is the only beverage available are prohibited. The following are policies that support responsible consumption of alcohol:

1. Activities which emphasize reduced alcoholic beverages prices are discouraged.
2. Suitable nonalcoholic beverages are readily available at all social functions.
3. Food is available whenever alcoholic beverages are served.
4. Drinking contests and other games, which encourage irresponsible drinking, are not allowed.
5. Alcoholic beverages are not offered as a prize.
6. Alcohol is not included in the "pro-rated" cost of command-sponsored functions.
7. Alcoholic beverages are not sold/served to Marines who fail to meet minimum age requirements for purchase/consumption of alcohol.

2003. DRUG ABUSE PREVENTION. Education on illegal drug use will be part of the training for Marines providing information to clarify personal values, health effects of substance abuse, improvement of problem solving and decision making skills, and understanding alternative lifestyle choices from drug abuse:

1. Preventive drug education and training will be part of the unit Primary Military Education (PME) program.

2. The subject of illegal drug use will be scheduled for discussion as often as required to meet the needs of the unit.
3. Supervisors are to receive preventive substance abuse education at least annually.

2004. DETERRENT MEASURES. There are several deterrent measures in place to ensure that MAG-12 Marines and Sailors are in a constant state of readiness. Several of these deterrents are (but not limited to) as follows:

1. Marines and Sailors are considered in a duty status during typhoons. The consumption of alcoholic beverages is prohibited during Typhoon Condition One, One Caution, One Emergency, and One Recovery.
2. Sales of alcoholic beverage are to be limited to six 12 ounces beers or wine coolers per day for E-3 and below. NCOs are limited to the purchase of twelve 12 ounces beers or wine coolers per day. The purchase of hard liquor and wine is prohibited for E-5 and below.
3. The limits to possession of malt beverages (beer) and wine coolers in all MAG-12 units as stated in reference (d) are as follows:
 - a. E-3 and Below. Each individual over the age of 21 may possess in their assigned quarters and POVs combined, no more than six, 12-ounce containers or a total of 72 ounces of beer or wine coolers combined. Distilled spirits and wine are not allowed in the E-3 and below BEQ.
 - b. E-4 and E-5. Each individual over the age of 21 may possess in their assigned quarters and POVs combined, no more than twelve, 12-ounce containers or a total of 144 ounces of beer or wine coolers combined. Distilled spirits and wine are not allowed in the E-4 and E-5 BEQ.
 - c. E-6 and above. There are no restrictions for officers and SNCOs who reside in the barracks.
4. All units/sections within MAG-12 that desire to have alcoholic beverages at a command function must submit a Special Function Request in accordance with reference (d).

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CHAPTER 3

THE REACTIVE PHASE

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CHAPTER 3

THE REACTIVE PHASE

3000. BASIC POLICY. The Marine Corps makes no distinction between the use and abuse of illegal or controlled drugs, the unlawful use of any drug constitutes abuse. Every Marine remains personally responsible for their conduct and performance regardless of the influence or dependence on drugs or alcohol. It is imperative that all Marines and Sailors realize that the repeated abuse of illegal drugs over time can result in a physiological and/or psychological dependency.

3001. IDENTIFICATION METHODS

1. Early identification of substance abuse is the most effective method of preventing a problem before it irreparably damages the Marine's career. Thinking that early identification of an alcohol problem could be career ending is detrimental to the good order of the Marine Corps and the safety of the Marine.
2. The methods available to the Commanding Officer in detecting substance abuse include, but are not limited to:
 - a. Health and comfort inspections of billet and work areas.
 - b. Random vehicle checks.
 - c. The review of the duty logs, PMO blotters, and Minor Incident Reports (MIRs).
 - d. The review of medical records for alcohol-related injuries and incidents of alcohol abuse.

3002. SUBSTANCE ABUSE-RELATED EVENTS.

1. Marines with a problem can be brought to the command's attention through situations that are called "events", such as:
 - a. A recurrent event resulting in failure to fulfill a role at work, school, or home.

b. Recurring involvement in situations that create a physical hazard to themselves and others (operating motor vehicles or machinery unsafely).

c. Recurring legal problems (indebtedness).

d. Recurring social or interpersonal problems.

e. Excessive drinking on off-duty hours.

2. Substance Abuse related events will result in referral of the individual to the local SACC. The SACC evaluation will be used for counseling and assistance of the individual to resolve the reasons causing the event.

3003. SUBSTANCE ABUSE-RELATED INCIDENTS

1. A substance abuse-related event that results in a violation of the UCMJ will be considered a "substance abuse-related incident".

2. An "Alcohol-related incident" occurs when, in the Commanding Officers' opinion, the ingestion of alcohol was a contributing factor to an event that resulted in a violation of the UCMJ.

3. A "Drug-related incident" of either "drug use" or "wrongful use" of a substance occurs when, in the Commanding Officers' opinion, the evidence establishes that the individual used, abused, possessed, manufactured, or trafficked a controlled substance, substance (e.g., fungi), chemicals (e.g., inhalants), and/or a prescribed or over-the-counter drug or pharmaceutical compound.

3004. ADMINISTRATIVE MEASURES

1. Any alcohol-related incident will be subject to prompt and appropriate administrative as the Commanding Officer sees fit.

2. Charges of intoxicated driving in violation of legal blood-alcohol content (BAC) will be treated as an alcohol-related incident until adjudication. All events of alcohol abuse will be the subject of formal command counseling with the Marine involved.

3. Entries in the OQR/SRB after the formal counseling session are required for a first alcohol-related incident and subsequent incidents. CMC-directed (DC) fitness reports for alcohol-related incidents are required. The report will include the reported BAC level in both the OQR/SRB and the DC fitness report if applicable. Figure 1-2 in reference (a) as well as MCO P1610.7, paragraph 3009, has examples of OQR/SRB entries and Fitness Report procedures.

3005. TREATMENT FAILURES

1. Outpatient (OP) Failures. An individual medically diagnosed as an alcohol abuser where no dependency exists, who is determined to have potential for further service will be ordered to an Outpatient treatment program. If the individual:
 - a. Refuses to participate in the Outpatient treatment and continuing care programs and/or,
 - b. Fails to successfully complete the Outpatient treatment program after enrollment, and/or,
 - c. Fails to follow the continued care program and returns to alcohol abuse established by the SACC evaluation and a second medical officer diagnosis, the individual will be processed for separation per MCO P1900.16E, paragraph 6209.
2. Intensive Outpatient (IOP) Failures. An individual medically diagnosed as alcohol dependent, who is determined to have potential for further service, will be ordered to an IOP treatment program. If the individual:
 - a. Refuses to participate in the Intensive Outpatient treatment and continuing care programs and/or,
 - b. Fails to successfully complete the Intensive Outpatient treatment program after enrollment, and/or,
 - c. Fails to follow the continued care program and returns to alcohol abuse established by the SACC evaluation and a second medical officer diagnosis, the individual will be processed for separation per MCO P1900.16E, paragraph 6209.

3006. AIRCREWS AND AIR CONTROL/AIR TRAFFIC CONTROL PERSONNEL. Both alcohol dependence and abuse are considered disqualifying for aviation duties and requires a waiver to return to duty. Procedures for requesting a waiver are located in reference (a), paragraph 1214.

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CHAPTER 4

PROGRAMS

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CHAPTER 4

PROGRAMS

4000. GENERAL. There are three Levels of the Marine Corps Substance Abuse Training Program. The SACO is the unit coordinator and liaison for the use of these programs.

4001. UNIT LEVEL TRAINING. Conducted at the group and squadron level. Unit level training programs are only designed to deal with isolated incidents of minor alcohol and/or drug abuse. The Commanding Officer is responsible for the conduct of Unit Level programs and will be assisted by the unit SACO and other unit personnel.

1. The thrust of the Marine Corps policy towards the abuse of alcohol and drugs is to make individuals responsible for their actions. Unit Level programs will consist of basic alcohol abuse measures, command counseling, deterrent measures, and a screening process.
2. Unit Level programs are designed to deal with incidents such as certain first alcohol-related incidents where the BAC was less than .05. In all substance abuse incidents, the SACO will refer the individual to the SACC for evaluation.
3. At a minimum, the Unit Level program will include both a prevention alcohol abuse education component and a reactive alcohol abuse education component which consists of the objectives found in Chapter 2 of this Order.

4002. OUTPATIENT TREATMENT PROGRAM (OP)

1. The Outpatient Program (OP) level of treatment will be conducted at the MCAS Iwakuni Substance Abuse Control Center (SACC). This level of training is aimed at individuals who have a substance use disorder and meet the placement criteria for such treatment. The goal of OP is to reduce problematic use of alcohol through an education counseling approach that focuses on increasing the member's awareness of his/her relationship with alcohol, motivation of positive attitude and behavioral changes in the relationship, and refers to other resources for assistance when indicated. This program requires no more than nine contact hours per week.

The overall length of this program is based upon the individual's needs and progress in the treatment. The OP program design is found in reference (a), paragraph 1302.

2. Only a medical officer working in conjunction with the OP counselors will determine the need for medical detoxification. Individuals requiring medical detoxification will not be entered into any OP/IOP until detoxification has been completed.
3. Following completion of the OP and returning to full duty, an individual will remain in a continuing care status for 12 months. This continuing care program is an essential follow-up to the OP and must be successfully completed as an integral part of the rehabilitation process.
4. Individuals diagnosed as substance abuse dependent will be placed in the IOP.

4003. INTENSIVE OUTPATIENT TREATMENT PROGRAM (IOP)

1. The Intensive Outpatient Program (IOP) level of treatment will be conducted at the MCAS Iwakuni Substance Abuse Control Center. This program's goal is to assist the individual's acceptance and adjustment to having a substance use disorder. Introducing life skills surrounding choices and responsibility while keeping in mind the treatment goal of each individual using a bio-psycho-social model delivered in an outpatient setting. IOP requirements call for more than nine hours, but less than 20 contact hours per week. The overall length of this program is based upon the individual's needs and progress in the treatment. The OP program design is found in reference (a), paragraph 1303.
2. The SACC will provide to the Commanding Officer a written treatment summary and prognosis/recommendation addressing whether or not the individual successfully completed the treatment program.
3. Following completion of the IOP and return to full duty, an individual will remain in a continuing care status for 12 months. This continuing care program is an essential follow-up to the IOP and must be successfully completed as an integral part of the rehabilitation process.

4004. INTENSIVE RESIDENTIAL PROGRAM. This program is for individuals who have met the placement criteria requiring a structured 24-hour program. This program utilizes a patient community concept of treatment. The only places where this level of treatment is available for MAG-12 personnel are Point Loma, California and Camp Pendleton, California. For individuals that require this level of treatment, liaison will be made between the Commanding Officer, unit SACO, and the SACC.

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CHAPTER 5

URINALYSIS PROGRAM

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SOP FOR SUBSTANCE ABUSE CONTROL

CHAPTER 5

PROGRAMS

5000. BASIC POLICY. The Urinalysis Program is established for systematic screening of all individuals, regardless of rank, for the presence of drugs. An aggressive, routine urinalysis is the most effective means to detect and deter illegal drug use.

5001. COMMAND CONFIRMATION

1. When Urine samples are taken, they are sent to a DoD-certified laboratory for testing. A sample containing drugs will be called a drug "positive" specimen and MAG-12 will be informed via Naval Message as to the results.

2. When a urine sample is identified as "positive", a command inquiry is necessary to confirm that no legitimate reason exists for the presence of the drug. The Commanding Officer will use all available information including the urine test results, medical and dental records, service record, and chain of command recommendations to make one of the following determinations:

- a. The member uses illegal drugs.
- b. The member does not use illegal drugs. The result is from an administrative error. In such cases this is not a drug abuse-related incident and no administrative action will be taken.
- c. The member's wrongful use of drugs is in doubt. If the Commanding Officer has some doubt as to the member's wrongful use of drugs, he/she has the option to:

- (1) Ask the member to consent to a urinalysis test "conducted with member's consent (VO)".

- (2) Direct the member to participate in a Command Directed urinary surveillance program as outlined in paragraph 1006.

- (3) Request the laboratory to reexamine the original documentation for error and/or retest of the original specimen. This will not be a routine course of action. The retesting procedure is contained in reference (a), paragraph 2105.

3. If the individual can provide proof that he/she did not knowingly abuse a prescription drug, or use illegal drugs of any kind, the Commanding Officer has the authority to declare there was not a legitimate incident of drug abuse with no punitive or administrative action.

5002. URINALYSIS SCREENING REQUIREMENTS. Urinalysis testing for drugs may be conducted under the following circumstances:

1. Search or Seizure

a. Test conducted with member's consent (VO). For individuals suspected of having unlawfully used drugs. Prior to requesting consent, the Commanding Officer must advise the member that he/she may decline to provide the specimen. Consent should be obtained in writing. An Article 31 warning is not required in this case unless other questions are asked.

b. Probable Cause Tests (PO). Ordered by either a military judge or the member's Commanding Officer. Consultation with a judge advocate is highly recommended in such cases.

2. Inspections. These are designed to ensure the military fitness and the good order and discipline of MAG-12. Commanding Officers may use any method of selecting servicemembers or groups of servicemembers for urinalysis inspection including, but not limited to:

a. Random selection (IR). These inspections will be conducted on all members of the unit as mission permits. Testing will be done often enough to act as a deterrent, but not so frequently that it affects morale or creates an administrative burden. Random selection inspections may take on several forms including all members of the unit, enlisted only, officers only, all new personnel, by last digit of the social security number, and by work section. Random sampling of small numbers of personnel on a more frequent basis provides the best results. For effective results testing should never be conducted:

- (1) On a predictable schedule,
- (2) On a specific day of each month,
- (3) Immediately following receipt of collection bottles,

(4) With a policy to delete personnel from a test because they may have been previously tested under random or another premise,

(5) Coincident with specific or periodic formations.

b. Unit sweeps (IU). Urinalysis testing of an entire unit or sub-unit of a command.

3. Fitness for duty

a. Command-directed (CO). Ordered by the Commanding Officer whenever a specific member's behavior gives rise to a reasonable suspicion of drug abuse or whenever drug use is suspected within a unit. Any drug-related incident may be a contributing factor in choosing this testing premise.

b. Physician-directed (MO). A military physician or authorized medical personnel may order urinalysis tests in connection with a competence for duty examination and in connection with any other valid medical examination based on a command referral for suspected drug abuse.

c. Official Safety, Mishap, Accident Testing (AO). A Commanding Officer or investigating officer may order urinalysis tests in connection with any formally convened mishap or safety investigation.

4. Commands are responsible for collecting and transporting urine specimens under the chain of custody procedures outlined in reference (a), Chapter 2. Urine specimens should be shipped to the testing lab through regular mail channels. Registered mail is also an option to ensure that evidence is traceable within the postal system when warranted. When using registered mail, you must refer to reference (a). Actual mailing and wrapping procedures are beyond the scope of this Order and can be found both at the SACC and in the unit SACO Turnover Procedures binder.

5003. ANABOLIC STEROID TESTING

1. Except as prescribed by a physician and recorded in the individual's medical record the use, possession, or trafficking of anabolic steroids is prohibited and considered a violation of Article 112a of the UCMJ.

2. Anabolic Steroid testing is exempt from the monthly periodicity of the random drug urinalysis-testing program. Steroid testing is not conducted by the military DoD-certified drug abuse testing laboratories. The Commanding Officer should consult CMC (MHH) regarding DoD-certified laboratories authorized to conduct testing of urinalysis samples.

3. Commanding Officers may collect specimens under the premises PO and CO only. Individuals found to have used anabolic steroids shall be given a command evaluation and administratively processed for separation and, if appropriate, disciplined.

5004. URINARY SURVEILLANCE PROGRAM

1. The Urinary Surveillance Program (USP) provides a method of reinforcing local command level education/counseling programs for drug abusers. Marines identified as having used an illegal drug shall be placed by their Commanding Officer in the USP.

2. The USP consists of urine testing twice per week for a 4-week period. If drug presence is not found, the individual is disenrolled and no further action is required under the USP. If samples are reported "positive" administrative actions, including separation, may be appropriate. Reference (a), paragraphs 2104.2 and 2104.3 provide further information.

3. It is recommended that the initial USP urine sample collection for drugs such as Cannabinoids be delayed for 30 days.

5005. URINE COLLECTION. Only the Commanding Officer or medical officer may direct that a urine specimen be obtained to test for drug presence and the testing premise must be specified prior to collection.

1. Only an individual assigned in writing as a Urinalysis Coordinator will coordinate the urine collection.

2. The urinalysis coordinator will ensure that all materials and personnel are ready for the collection time. Urinalysis coordinators are accountable for the collection site security and the urine specimens during collection.

3. The urinalysis coordinator will receive the urine specimen bottles. He/She will record all of the following information on gummed label then attach the label to the bottle:

- a. Date of collection (DAY/MONTH/YEAR).
- b. Batch number.
- c. Specimen number.
- d. Individual's social security number.
- e. Testing premise per paragraph 5002 of this Order.
- f. Initials of individual providing specimen.
- g. Coordinator's initials.

4. Urinalysis Ledger. The coordinator will maintain a urinalysis ledger documenting all test specimens collected with their identifying information as indicated below.

- a. Date of collection (DAY/MONTH/YEAR).
- b. Batch number.
- c. Specimen number.
- d. Individual's social security number.
- e. Testing premise.
- f. Printed name and signature of observer.
- g. Printed name and signature of individual providing specimen.
- h. Identification of new batch and specimen numbers if administratively changed for any reason, signature and printed name of individual making change and signature and printed name of witness.

5006. COLLECTION PROCESS

1. Collection will be conducted in an area with close proximity to a head. The coordinator will decide if administrative assistants are required. All supplies, observers, and administrative assistants needed for the collection should be onsite before the process begins.
2. The coordinator will ensure that the individual presents his/her military ID card and will verify the Marine's social security number on the bottle against the proof of identity. The coordinator will retain the ID card until the specimen bottle is returned after collection.
3. The individual providing the specimen shall remain under the direct and continuous observation of the urinalysis observer while urinating into the specimen bottle, placing the lid on the bottle, and delivering the bottle to the coordinator. If a specimen provided by females is collected in wide mouth containers, the individual providing the specimen must do the transferal to the specimen bottle in plain sight of the observer.
4. After the specimen is collected, the observer will sign the urinalysis ledger certifying that the specimen bottle contains urine provided by the individual and there was no opportunity for substitution or adulteration.
5. After the individual has tightened the specimen bottle cap and the observer has verified that the cap is tight, the coordinator will ensure the bottle contains at least 50 ml. The coordinator will initial the label in the individual's presence.
6. The coordinator will ensure the individual validates the urine specimen bottle. He/She will verify the identifying information on the label by placing a signature on the ledger, initial the label and the tamperproof tape on the bottle top with the initials. If the individual refuses to sign, verification of the specimen may be done with the observer's signature and witnessed by the coordinator.
7. Tamper resistant tape is required on all specimens. The individual submitting the urine specimen will place the tape across the top of the urine specimen bottle. The ends will be affixed over the bottle label edges.

8. If an individual claims to be unable to submit a specimen, or submits less than the required amount, it is permissible to require the individual to remain in a controlled area, under observation, and to drink fluid normally consumed in the course of daily activities (e.g. coffee, water, soda) until such time as the Marine is able to provide a specimen, or the balance of an incomplete specimen. If the member cannot provide the balance of the specimen in the same bottle at the end of the collection period, the bottle will be labeled, sealed by the individual and sent to the DoD certified laboratory with the collection. The urinalysis ledger will be annotated in the remarks that the specimen had, "minimum volume". No MAG-12 specimens will be discarded from a collection due to insufficient volume.

9. Should the individual be unable to provide a specimen during the prescribed collection period time, the individual will be scheduled for an interview by medical personnel to investigate the possibility of physiological or psychological problems in complying with the urinalysis program. The interview should be within 48 hours of the collection and documented in the individual's medical record. If failure to provide a specimen is a chronic problem, a medical officer will see the member.

SOP FOR SUBSTANCE ABUSE CONTROL

CHAPTER 6

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CHAPTER 6

REPORTS

6000. GENERAL

1. Required reports and forms were established as a means to form a database on individuals who have completed treatment in the Marine Corps.
2. Submission of this data will give a scope of the drug use and alcohol abuse within the Marine Corps.
3. MAG-12 units are only required to submit two reports: the Drug and Alcohol Abuse Report (DAAR) and the Command Level Information Form (LIF).

6001. DRUG AND ALCOHOL ABUSE REPORT (DAAR). The purpose of the DAAR is to document all alcohol and drug related incidents, alcohol self referrals, and alcohol treatment; create a tracking system that records the incident, screening, treatment, and return to duty or separation of Marine Corps personnel. Complete procedures on how to fill out this report are found in reference (a), Chapter 3.

6002. COMMAND LEVEL INFORMATION FORM (LIF). The purpose of this form is to document preventive education referrals. This report is to be submitted to the SACC. Procedures on how to fill out this report are found in reference (a), Chapter 3.