
# Navy Substance Prevention and Deterrence 2026

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## Guide 2

## Drug and Alcohol Program Advisor (DAPA)

## Preface

This guide establishes the authoritative procedures for the management, execution, and oversight of the Navy Substance Prevention and Deterrence program, in strict accordance with the OPNAVINST 5350.4 series. It serves as the foundational resource for all personnel engaged in the daily administration of this program.

Contained herein are the requisite step-by-step procedures and critical legal requirements that shall govern all program operations. Adherence to this guidance is mandatory to ensure the efficiency, quality, and integrity of the Substance Prevention and Deterrence program.

Any deviation from the policies stipulated in the OPNAVINST 5350.4 series or this associated Operational Guide is prohibited without the express prior written consent of OPNAV N173. Recommendations for modifications to this guide shall be submitted directly to OPNAV N173 for review and consideration.

# Guide 2 - Drug and Alcohol Program Advisor (DAPA)

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# Guide 2 - Drug and Alcohol Program Advisor (DAPA)

The processes and procedures described in this operating guide supplement the requirements of the OPNAVINST 5350.4E and must be followed as specified.

1. Role of the DAPA. DAPA is the command's primary advisor for alcohol and drug matters and reports directly to the CO. COs must maintain close liaison with their DAPAs.

2. Qualifications.

a. The primary command DAPA should be an E-7 or above, an officer, a civilian employee (GS-7 or above).

b. Assistant DAPAs should be E-5 or above, an officer, a civilian employee (GS-7 or above).

c. DAPAs must be designated in writing with notification provided to the command's immediate superior in command (ISIC) Alcohol and Drug Control Officer (ADCO) upon appointment.

3. Getting Started. In order to accomplish the specific actions and responsibilities assigned to the DAPA, one must:

a. Access to and be able to use the Alcohol and Drug Management Information Tracking System (ADMITS) and the Internet Forensic Toxicology Drug Testing Laboratory (iFTDTL) portal.

(1) ADMITS - An OPNAV (N173C) maintained, web-based system which serves as the central repository to collect and maintain data related to alcohol and drug misuse incidents, screening, treatment, and training for the United States Navy (USN) and United States Marine Corps (USMC). ADMITS monitors incidents of drug and alcohol misuse in the USN/USMC by recording the following for commands:

(a) Alcohol and Drug Incidents

(b) Command/Self Referrals

(c) Education/Training

(d) Screening/Treatment

(2) iFTDTL - A DoD maintained, web-based system that reports urinalysis results and acts as the gateway to the authorized drug testing programs.

See Support Systems OPGUIDE (6) for registration and operating procedures.

b. Introduce yourself as DAPA to command.

c. Conduct an audit of your command IAW applicable checklist.

d. Meet with the Commanding Officer to discuss results of audit and way ahead.

e. Familiarize yourself with the various points of contact that provide expertise in support of your command's programs. The following table is a valuable resource.

# Guide 2 - Drug and Alcohol Program Advisor (DAPA)

| Drug and Alcohol Prevention Program POCs | | | |
|---|---|---|---|
| Area | Subject(s) | Email | Phone |
| Alcohol/Drug | Policy Guidance<br>- Incident Definition<br>- Screening and Treatment Procedures<br>- ADSEP Waivers | N173Admin@us.navy.mil | Alcohol<br>901-874-2262<br>Drug<br>901-874-4247 |
| Command Letters of Recommendation Medical Review Process (MRP) | Recommendations for adjudication. | usn.mid-south.chnavpersmiltn.mbx.mill-n17-ddr@us.navy.mil<br><br>(Email can only receive unencrypted messages; for encryption email through DoD SAFE) | (901) 874-4868<br>(901) 874-4586<br>(901) 874-4398<br>(901) 874-4440<br>(901) 874-6871 |
| ADMITS Help Desk | Policy Guidance<br>- Account Registration | MILL-N17-ADMITS@us.navy.mil | 901-874-4214 |
| iFTDTL Help Desk | Policy Guidance<br>- Account Registration | Mill-Webportal@us.navy.mil | 901-874-2458 |
| Drug Laboratories | Lab Positive Technical Review Scientific support for legal proceedings | Great Lakes<br>usn.great-lakes.navdruglabgrlil.list.ndslgl-tech-help@health.mil | 847-688-2045 |
| | | Jacksonville<br>usn.ndsljax@health.mil | 904-542-7755 |
| | | Tripler<br>usarmy.tripler.medcom-ftdtl.list.ftdtl-t-portal@health.mil | 808-474-5176 |

| Website Resources | |
|---|---|
| Subject | Website Link |
| NAVPERS 5350/3 DAPA ADMIN Screening Form | Send email to N173Admin@us.navy.mil |
| OPNAV N173 Substance Prevention and Deterrence | https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Drug-Alcohol-Deterrence/ |
| OPNAVINST 5350.4E Operating Guides (OPGuides) | https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Drug-Alcohol-Deterrence/Policies-OpGuides/ |
| OPGuide 1 – ADCO | |
| OPGuide 2 – DAPA | |
| OPGuide 3 – UPC | |
| OPGuide 4 – Medical Review Process | |
| OPGuide 5 – Alcohol Detection Device | |
| OPGuide 6 – Required Programs | |
| OPGuide 7 – Resources/Forms | |

f. Helpful References: DAPAs should be familiar with all instructions that are applicable to their role. The following table provides the most common references used in Navy's drug and alcohol misuse prevention efforts.

| Drug and Alcohol Prevention Program Helpful References | |
|---|---|
| NUMBER | TOPIC |
| OPNAVINST 5350.4E | Navy Alcohol and Drug Misuse Prevention and Control |
| SECNAVINST 5300.28F | Military Substance Abuse Prevention and Control |
| OPNAVINST 1700.16C | Alcoholic Beverage Control |
| MILPERSMAN 1910-146 and 1910-152 and 1910-153 | Substance Misuse Separations |

g. Other Resources

(a) Substance Abuse Rehabilitation Programs (SARP)

(b) MyNavyPortal (MNP) under General Skills Training, in Training, Education, Qualifications for DAPA use.

4. Actions and Responsibilities.

a. Within 90 days of assuming duty, DAPAs and assistant DAPAs are required to successfully complete the command DAPA course, unless they have completed the course within the previous 3 years. DAPA course can be scheduled by contacting NETC.

b. Monitor situational reports (SITREPs) and ADMITS for command compliance with reporting requirements.

(1) All SITREPs where drugs or alcohol were a contributing factor in the cause of the incident are also documented via Drug and Alcohol Report (DAR).

Note: Just because a SITREP has alcohol mentioned does not mean that the SITREP requires a DAR. See the definition of an alcohol incident or contact N173 for guidance.

(2) Ensure DARs are entered and approved in ADMITS within 14 days of the incident date or the date of determination that a positive test result is indeed an incident of drug misuse (30 days for reserve Units). Note: A common misunderstanding is that the command needs to wait for screening and/or treatment results to submit the DAR. Commands should submit a DAR as soon as the facts are known about the event. ADMITS will receive screening and treatment data directly from the SARP facility. There are no updates or final dispositions via DARS.

(a) Log into ADMITS and run "DAR Status Report" for your Command(s).

(b) Report identifies each DAR by member's name, DoDID number or SSN, incident date, and UIC.

c. Monitor ADMITS to ensure command(s) comply with screening and treatment requirements as per chapters 3 and 4 of OPNAV 5350.4E.

(1) Log into ADMITS and run "DAR Status Report" for your command(s).

(2) Report identifies each DAR by member's name, DoDID number or SSN, incident date, and UIC.

(3) Screening and/or treatment accomplishment will be indicated by screening and/or treatment date entries in the report.

d. Assess training needs and coordinate education resources.

(1) Survey command to determine the need for prevention courses.

(2) Liaison with NETC and OPNAV N173 regarding training support and collaborative support to the command.

e. Maintain OPNAVINST 5350.4, OPGuides, and all applicable drug/alcohol instructions and directives (e.g. TYCOM, ISIC, region, etc.).

f. Brief newly reporting personnel at check-in or command indoctrination on command policy and drug control.

g. Promote and support active involvement of command leadership in command alcohol misuse prevention and urinalysis programs.

h. Work with the command to develop, update, and maintain a clear command policy on responsible use of alcohol and zero tolerance for drug misuse in the command instruction or the command's standard organization and regulations manual. Policy must conform to guidance provided by OPNAVINST 5350.4E.

5. DAPA Records Verification for Newly Reporting Members. DAPAs are responsible for the verification of the ADMITS records of newly reported personnel for the purpose of ensuring compliance with guidance provided by OPNAVINST 5350.4E. Members returning from extended assignments should be reviewed to ensure incidents do not go unaddressed.

a. Review for the following:

(1) Training required

(2) Incidents/referrals

(3) Screening

(4) Treatment

(5) Recommended aftercare requiring command endorsement or modification

b. Review the status of any drug positive found for newly reported personnel.

c. Ensure members screened for intervention have completed the intervention process.

6. Alcohol and Drug Incidents.

a. Alcohol Incident. An alcohol incident is an offense punishable under the Uniform Code of Military Justice (UCMJ) or civilian authority committed by a member where, in the judgment of the member's commanding officer (CO), the consumption of alcohol was a contributing factor. When an alcohol incident occurs:

(1) Submit DAR in ADMITS within 14 days (30 days for reserve units).

(2) Screen the member using the DAPA ADMIN Screening Form, NAVPERS 5350/3.

(3) Submit completed NAVPERS 5350/3 to SARP. When completing the DAPA screening package, ensure that detailed information is provided to assist SARP in recommending an appropriate level of intervention.

b. Drug Incident. Any incident in which the use of a controlled substance or illegal drug, or the improper use of a legal drug or intoxicating substance (other than alcohol) is a contributing factor. Mere possession or trafficking of a controlled substance, illegal drug, legal drug intended for improper use, or drug paraphernalia is classified as a drug incident. Additionally, testing positive for a controlled substance, illegal drug, or a legal drug not prescribed, may be adjudicated as a drug incident. When a drug misuse incident occurs:

(1) Submit DAR within 14 days of final determination of a drug misuse incident (30 days for reserve units). Final determination may be delayed while adjudication is ongoing. (For DAR procedures see the ADMITS section of the Support Systems OPGuide.)

(2) Screen the member using the DAPA ADMIN Screening Form, NAVPERS 5350/3.

(3) Submit completed NAVPERS 5350/3 to SARP. When completing the DAPA screening package, ensure that detailed information is provided to assist SARP in recommending an appropriate level of intervention.

7. Command and Self-Referral.

a. Command Referral (no incident). COs may refer members for screening in situations where no offense has been committed, regardless of whether or not the member has personally disclosed his or her problem. The command referral process is initiated by the member's chain of command and may be based on any credible factor such as hearsay, personal observation, or noticeable change in job performance.

(1) Submit DAR.

(2) DAPA screens member using NAVPERS 5350/3.

(3) Submit the completed NAVPERS 5350/3 to SARP.

b. Self-Referral (no incident). The self-referral process is designed to provide a member with the opportunity to receive screening and appropriate treatment for personal alcohol or drug misuse, without fear of disciplinary action.

(1) Any members who desire counseling or treatment may initiate the process by disclosing the nature and extent of their problem to a designated/authorized individual as per Chapter 3 of OPNAVINST 5350.4E.

(2) Submit DAR.

(3) DAPA screens member using NAVPERS 5350/3.

(4) Submit the completed NAVPERS 5350/3 to SARP.

8. Screening/Treatment and Continuum of Care.

a. Screening is a means of early intervention when drug or alcohol problems are present or suspected. It is the clinical and administrative function for determining the need for treatment and the appropriate portal of entry into the continuum of care. The licensed independent practitioner

(LIP), with the recommendation of a certified SARP counselor will determine the level of treatment.

(1) SARP screening is mandatory for all DAR entries.

(2) If a member is screened by a Non-Navy SARP, contact mill_N17_admits@navy.mil.

b. Treatment is a process of restoring to effective function by means of a structured therapeutic program. The level and length of treatment depends on the severity of the alcohol or drug problem.

(1) If a member reports for treatment with any blood alcohol content/concentration (BAC), the member is subject to reassessment and reenrollment to a more appropriate level of treatment. This alone may not warrant discontinuation of services or disciplinary action.

(2) Members that are in need of treatment and not able to enter treatment for an extended length of time should meet regularly with the command DAPA.

(3) Treatment will be completed at an authorized Department of Defense (DoD) approved medical treatment facility (MTF).

c. Continuum of Care is generally divided into five levels of intensity:

(1) Level 0.5: Early Intervention and Education Program

(2) Level 1: Outpatient Treatment Services

(3) Level 2: Intensive Outpatient or Partial Hospitalization

(4) Level 3: Residential Treatment

(5) Level 4: Medically Managed Intensive Inpatient Treatment

d. Aftercare is a post-treatment regimen of care prepared by the SARP when a member successfully completes a treatment program. Aftercare plans are prepared in consultation with the member's parent command and may include recommendations for clinically monitored outpatient counseling (continuing care), attendance at self-help groups, and referrals for additional medical/social services. Commands are responsible for approving, actively monitoring and supporting aftercare plans. The command must create an individualized aftercare plan with provisions and conclusion based on the recommendation from SARP. The member is required to acknowledge the plan. The aftercare plan is monitored by the command DAPA.

e. Continuing Care. Members recommended for continuing care must report to local SARP facilities for clinically monitored outpatient counseling. This counseling recommendation should be outlined in the members' aftercare plan. Continuing care goals:

(1) Support of recovery process and relapse process prevention.

(2) Provide a forum that is abstinence based.

(3) Program length is based on individual needs and progress.

(4) Continuing care and aftercare are not the same.

f. Treatment Refusal. ADSEP processing is mandatory for members refusing treatment that is recommended as a result of a command or incident referral. A member refusing treatment must sign a release from responsibility for refusing treatment available in Resources OPGuide.

9. Administrative Separation Waiver. Commands shall process for ADSEP all members meeting any mandatory adsep processing requirements within OPNAVINST 5350.4 (series), unless a written waiver is approved by NAVPERSCOM via OPNAV N173 and the appropriate Echelon Commander. At their discretion, the CO may submit a request to NAVPERSCOM (PERS-8) for a waiver for members attached to the command. A sample letter requesting the ADSEP waiver is contained in the Resources OPGuide.

a. There are no administrative separation waivers for drug misuse incidents.

b. Include treatment recommendation, pending treatment date, treatment facility, and location if available and relevant.

c. State reason for requesting waiver.

d. If an incident include date of incident and date(s) of previous alcohol incident(s) or treatment.

e. If you have further questions about waiver requests, call 901-874-2262 or FAX 901-874-4228

10. Recommended Best Practices.

a. Attend OPNAV N173 webinars whenever available.

b. Conduct periodic DAPA calls within your command.

c. Conduct quarterly meetings with the CO and members with active treatment recommendations/aftercare plans to review the member's progress.

d. Familiarize yourself with the OPNAV N173 website.