



Navy Drug and Alcohol  
Deterrence Program  
2022

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Guide 2

Drug and Alcohol Program Advisor  
(DAPA)

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

1. Role of the DAPA. The primary command DAPA should be an E-7 or above, an officer, a civilian employee (GS-9 or above), or equivalent government contractor. Assistant DAPAs should be E-5 or above, an officer, a civilian employee (GS-9 or above), or equivalent government contractor. 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. COs must maintain close liaison with their DAPAs. DAPA is the command's primary advisor for alcohol and drug matters and reports directly to the CO.

2. Getting Started. In order to accomplish the specific actions and responsibilities assigned to the DAPA, one must have access to and be able to use the Alcohol and Drug Management Information Tracking System (ADMITS), the Internet Forensic Toxicology Drug Testing Laboratory (IFTDTL).

a. Alcohol and Drug Management Information Tracking System (ADMITS). A Web-enabled data system maintained by the Chief of Naval Operations (OPNAV N173C), and is a central repository of alcohol and drug abuse incidents, screening data, treatment and training information. It collects and maintains data on activities and programs related to alcohol and drug abuse, screening, treatment, and training for the United States Navy (USN) and United States Marine Corps (USMC). ADMITS monitors incidents of drug and alcohol abuse and misuse in the USN/USMC by tracking the following:

- (1) Alcohol and Drug Incidents
- (2) Command/Self Referrals
- (3) Education/Training
- (4) Screening/Treatment

See Support Programs OPGUIDE for registration and operating procedures.

b. IFTDTL. A web-based system, operated by DoD, that is the primary means of reporting urinalysis results. See Support Programs OPGUIDE for registration and operating procedures.

c. Introduce yourself as DAPA to command.

d. Conduct an audit of your Command IAW applicable checklist.

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

f. Program POCs. To be effective the DAPA must rely on a variety of experts. The following table is a valuable resource.

Drug and Alcohol Prevention Program POCs			
NAME	Subject	Email	Phone
Alcohol/Drug	Policy Guidance - Incident Definition - Screening and Treatment Procedures - Treatment Failures - ADSEP Waivers	Mill_nadap@navy.mil Mill_N170D_DDR@navy.mil (Secure Mailbox)	901-874-2262 Alcohol 901-874-4403 Alcohol 901-874-3903 Alcohol 901-874-4247 Drug 901-874-4250 Drug 901-874-6871 Drug
NDSP Help Desk	Policy Guidance	Mill_ndsp@navy.mil	901-874-4204
ADMITS Help Desk	Policy Guidance - Account Registration	Mill_N17_admits@navy.mil	901-874-4214
IFTDTL Help Desk	Policy Guidance - Account Registration	Mill_dtadmin@navy.mil	901-874-2458
Synthetic Help Desk	Policy Guidance	Mill_sdtestreq@navy.mil	901-874-4232
Drug Laboratories	Lab Positive Technical Review	San Diego scientificsupport@med.navy.mil	619-532-7141
		Great Lakes NDSLGL-tech-help@med.navy.mil	847-688-2045
		Jacksonville dljax@med.navy.mil	904-542-7755
		Tripler usarmy.tripler.medcom-ftdtl.other.ftdtlweb-portal@mail.mil	808-474-5176
Training Quota Control	NETC	Virginia	757-445-7353 Ext 2001
		San Diego (tscsd.quotas@navy.mil)	
		Great Lakes (TSC_TSCGLQUOTAS@NAVY.MIL)	

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

Drug and Alcohol Prevention Program Helpful References		
NUMBER	NAME	
OPNAVINST 5350.4E	Navy Alcohol and Drug Abuse Prevention and Control	
SECNAVINST 5300.28F	Military Substance Abuse Prevention and Control	
OPNAVINST 1700.16B	Alcoholic Beverage Control	
MILPERSMAN 1910-146 and 1910-152	Separation by Reason of Misconduct – Drug Abuse/Separation by Reason of Alcohol Rehabilitation Failure	

h. Other Resources

(1) Substance Abuse Rehabilitation Programs (SARP)

(2) MyNavyPortal (MNP) under Personal Development, in-Residence Courses, DAPA

(3) OPNAV N173 website at <https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Drug-Alcohol-Deterrence/>.

3. Actions and Responsibilities IAW OPNAVINST 5350.4E

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 reported 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 NAAP Alcohol section for guidance.

(2) DARs are entered and approved in ADMITS within 14 days of the incident date (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 disposition DARS.

(a) Log into ADMITS and run “DAR Status Report” for your Command.

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

c. Monitor ADMITS to ensure commands comply with screening and treatment requirements as per paragraph 5.g. of OPNAV 5350.4E.

(1) Log into ADMITS and run “DAR Status Report” for your command.

(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.

(4) Review, update, and issue alcohol and drug abuse command directives.

(5) Compile alcohol and other drug abuse statistical data for chain of command as required.

(a) Assemble statistical data from NAVCRIMINVSVC on number of incidents and drug abuse within the command.

(b) Collect statistical data from medical treatment facility (MTF) or Substance Abuse Rehabilitation Programs (SARPs).

(c) Compile statistical data available through ADMITS.

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 with regard to training support and collaborative support to the command.

4. DAPA Records Verification for Newly Reporting Members: DAPAs are responsible for the verification of the Navy Standard Integrated Personnel System (NSIPS) Electronic Service Record (ESR), Official Military Personnel File (OMPF), and ADMITS records of newly reported personnel. To gain access to these systems, contact your system administrator. <https://nsips.nmci.navy.mil/> is the link for (NSIPS), (ESR), and (OMPF).

Review the following documents:

a. Training required

b. Incidents/referral (DAR)

Note: Investigate the status of any positive found for newly reported personnel.

c. Screening

d. Treatment

Note: Ensure members screened for intervention have completed the intervention process.

e. DAR (requires screening).

f. Screening with recommendation of treatment, member should be treated as recommended.

g. Monitor aftercare as applicable

## 5. 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 within 14 days (30 days for reserve units). For DAR procedures see Support Programs link.

(2) DAPA interviews the member using NAVPERS 5350/3 (DAPA ADMIN Screening package link in Resources OPGUIDE at <https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Drug-Alcohol-Deterrence/Policies-OpGuides/>).

(3) Ensure NAVPERS 5350/3 is completed and signed by the CO or designated representative. When completing the DAPA screening package, ensure that detailed information is provided. This will assist SARP in recommending appropriate level of intervention.

(4) Submit signed NAVPERS 5350/3 to SARP.

b. Drug Abuse 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 considered a drug incident.

c. When a drug abuse incident occurs:

(1) DAPA interviews the member using NAVPERS 5350/3 (DAPA ADMIN Screening package link in Resources OPGUIDE at <https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Drug-Alcohol-Deterrence/Policies-OpGuides/>).

(2) Ensure NAVPERS 5350/3 is completed and signed by the CO. When completing the DAPA screening package, ensure that detailed information is provided. This will assist SARP in recommending appropriate level of intervention.

(3) Submit signed NAVPERS 5350/3 to SARP.

(4) Submit DAR within 14 days of final determination of a drug abuse incident (30 days for reserve units). Final determination may be delayed while adjudication is ongoing. For DAR procedures see Support Programs OPGUIDE at <https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Drug-Alcohol-Deterrence/Policies-OpGuides/>.

## 6. 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) DAPA interviews member using NAVPERS 5350/3.
- (2) Submit DAR.
- (3) DAPA submits the completed NAVPERS 5350/3, signed by the CO, to SARP.
- (4) Once initiated, the process must be completed.

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 abuse, 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.

(2) Designated/authorized individuals are commanding officer (CO), executive officer (XO), command master chief (CMDCM), DAPA, medical, chaplain, Navy Alcohol and Drug Counselor, and Fleet and Family Support Center.

- (3) Submit DAR.
- (4) Interview member using NAVPERS 5350/3.
- (5) Submit the completed NAVPERS 5350/3 signed by the CO, to SARP.
- (6) Once initiated, the process must be completed.

## 7. 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. Level and length of treatment depends on severity of the alcohol or drug problem. Treatment begins when the Service member enters official classroom setting.

(1) If member reports for treatment with any blood alcohol content/concentration (BAC), the member must be reassessed and enrolled in appropriate level of treatment. This alone does not necessarily constitute a treatment failure.

(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 (IMPACT)

(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**

*\*Members can only be considered for Alcohol Rehabilitation Treatment Failure for Level 2 through Level 4 care.*

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 must approve the member's aftercare plan. Member's failure to adhere to all provisions of the aftercare plan may result in treatment failure. The aftercare plan is monitored by the command DAPA. Where operational commitments dictate, the aftercare plan must be approved by the CO in writing in consultation with SARP.

Example of an Operational Commitment: Aftercare plan recommends three Alcoholics Anonymous (AA) meetings per week, but only one AA meeting per week is held while member is deployed.

Note: Aftercare must be command approved.

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 member's 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.

Myth: Continuing care and aftercare are the SAME.

f. Treatment Refusal. If a member refuses treatment, have member sign a release from responsibility for refusing treatment available in Resources OPGUIDE at <https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Drug-Alcohol-Deterrence/Policies-OpGuides/>. By refusing treatment, the member requires mandatory processing for ADSEP.

8. Administrative Separation Waiver. Commands shall process for ADSEP all members considered to be treatment failures, unless a written waiver is approved by NAVPERSCOM via OPNAV N173B and the appropriate Echelon Commander. At his/her discretion, the CO may submit a request to NAVPERSCOM (PERS-8) for an alcohol treatment rehabilitation failure waiver for members attached to the command. A sample letter requesting the ADSEP waiver is contained in the Resources OPGUIDE at <https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Drug-Alcohol-Deterrence/Policies-OpGuides/>.

Note: There are no separation waivers for drug abuse incidents. A SARP screening is required to determine the need for another period of treatment.

- a. Insert treatment recommendation, pending treatment date, treatment facility, and location if available.
- b. State reason for requesting waiver.
- c. If an incident, include date of incident and date(s) of previous alcohol incident(s) (any alcohol incident, i.e., DUI/DWI, public intoxication, drunk and disorderly conduct) after member has received treatment from a previous incident.

If you have further questions about waiver requests, call 901-874-4251, 901-874-2262 or DSN 882; COMM FAX 901-874-4228 or DSN FAX 882-4228

## 9. Recommended Best Practices

- a. Ensure that you subscribe to the DDD Monthly newsletter which provides updates to policy, news on substance misuse, and prevention tools.

b. Conduct periodic DAPA calls.