

U.S. Department of
Homeland Security

United States
Coast Guard



Military Drug and Alcohol Policy

**COMDTINST M1000.10A
June 2018**

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U.S. Department of
Homeland Security

United States
Coast Guard



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United States Coast Guard

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COMMANDANT INSTRUCTION M1000.10A

Subj: MILITARY DRUG AND ALCOHOL POLICY

- Ref:
- (a) Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6320.5 (series)
 - (b) Military Separations, COMDTINST M1000.4 (series)
 - (c) Coast Guard Medical Manual, COMDTINST M6000.1 (series)
 - (d) Discipline and Conduct, COMDTINST M1600.2 (series)
 - (e) Reserve Policy Manual, COMDTINST M1001.28 (series)
 - (f) Safety and Environmental Health Manual, COMDTINST M5100.47 (series)
 - (g) Urinalysis Tactics, Techniques, and Procedures (TTP), CGTTP 1-16.5
 - (h) Military Personnel Data Records (PDR) System, COMDTINST M1080.10 (series)
 - (i) Command Drug and Alcohol Representative (CDAR) Tactics, Techniques, and Procedures (TTP), CGTTP 1-16.8
 - (j) United States Coast Guard Regulations 1992, COMDTINST M5000.3 (series)
 - (k) Military Justice Manual, COMDTINST M5810.1 (series)

1. PURPOSE. This Manual establishes Coast Guard policy concerning administration of military drug and alcohol policies. It also establishes performance and discipline standards for drug and alcohol incidents and provides standards by which these incidents will be properly adjudicated.
2. ACTION. All Coast Guard unit commanders, commanding officers, officers-in-charge, deputy/assistant commandants, and chiefs of headquarters staff elements must comply with the provisions of this Manual. Internet release is authorized.

DISTRIBUTION – SDL No. 168

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NON-STANDARD DISTRIBUTION:

3. DIRECTIVES AFFECTED. Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10, is hereby cancelled.
4. BACKGROUND. This Manual updates Coast Guard Drug and Alcohol policy. It incorporates changes to policy initially established in 2014 ALCOASTs, specifically, COMDT COGARD WASHINGTON DC, 041842Z APR 14, ALCOAST 146/14 and COMDT COGARD WASHINGTON DC, 181835Z SEP 14, ALCOAST 390/14.
5. DISCLAIMER. This guidance is not a substitute for applicable legal requirements, nor is it itself a rule. It is intended to provide guidance for Coast Guard personnel and is not intended to nor does it impose legally-binding requirements on any party outside the Coast Guard.
6. MAJOR CHANGES. This Manual has been revised from its previous version, reducing the volume by almost half by limiting its focus to Service policy and by consolidating and clarifying repetitive or conflicting content. A thorough review of the entire Manual is strongly recommended. Major changes include:
 - a. Where appropriate, Coast Guard tactics, techniques, and procedures (TTP) have been removed from this policy and promulgated in appropriate TTP publications.
 - b. Minimum Drinking Age. To regulate alcohol consumption, protect the health, safety, and readiness of Service members, and maintain good order and discipline, the minimum drinking age is 21 years of age for all Coast Guard military members on active duty, wherever located. This has been established as a Punitive General Order. Some limited exceptions to the minimum drinking age apply to members on authorized leave and Coast Guard Reserve component members when not on active duty.
 - c. Documentation. Medical diagnosis documentation and treatment plans are now entered into a member's Medical Record and administrative remarks entries will be entered into the member's Personnel Data Record (PDR).
 - d. Expands "Zero Tolerance" scope to include illicit drug use, including designer drugs, misuse of over-the-counter products, and other substance misuse.
 - e. Establishes "Self-Referral" and "Command Referral" as approaches to alcohol screening, in addition to "Incident Referral".
 - f. The term "alcohol-related situation" has been removed and abolished, inasmuch as it had no association with alcohol use, but relates to general misconduct.
 - g. Eliminates first-level Flag officer second-chance program retention authority for alcohol incidents.
 - h. Recognizes gambling as a "use disorder" that will be treated the same as alcohol or drugs from a medicinal standpoint. Gambling disorder is known to co-occur with anxiety, depression, and the substance use disorders described herein.

7. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS.
- a. The development of this Manual and the general policies contained within it have been thoroughly reviewed by the originating office in conjunction with the Office of Environmental Management, Commandant (CG-47). This Manual is categorically excluded under current Department of Homeland Security (DHS) categorical exclusion (CATEX) A3 from further environmental analysis in accordance with "Implementation of the National Environmental Policy Act (NEPA), DHS Instruction Manual 023-01-001-01 (series).
 - b. This Manual will not have any of the following: significant cumulative impacts on the human environment; substantial controversy or substantial change to existing environmental conditions; or inconsistencies with any Federal, State, or local laws or administrative determinations relating to the environment. All future specific actions resulting from the general policy in this Manual must be individually evaluated for compliance with the NEPA, DHS, and Coast Guard NEPA policy, and compliance with all other applicable environmental mandates.
8. DISTRIBUTION. No paper distribution will be made of this Manual. An electronic version will be located on the following Commandant (CG-612) web sites.
Internet: www.dcms.uscg.mil/directives/, and
CGPortal: <https://cg.portal.uscg.mil/library/directives/SitePages/Home.aspx>.
9. RECORDS MANAGEMENT CONSIDERATIONS. This Manual has been evaluated for potential records management impacts. The development of this Manual has been thoroughly reviewed during the directives clearance process, and it has been determined there are no further records scheduling requirements, in accordance with Federal Records Act, 44 U.S.C. 3101 et seq., National Archives and Records Administration (NARA) requirements, and the Information and Life Cycle Management Manual, COMDTINST M5212.12 (series). This policy does not have any significant or substantial change to existing records management requirements.
10. FORMS/REPORTS. The forms referenced in this Manual are available in USCG Electronic Forms on the Standard Workstation or on the Internet at <https://dcms.uscg.afpims.mil/Our-Organization/Assistant-Commandant-for-C4IT-CG-6/The-Office-of-Information-Management-CG-61/>; and
CG Portal at <https://cgportal2.uscg.mil/library/forms/SitePages/Home.aspx>.
11. REQUEST FOR CHANGES. Recommendations for changes or improvements should be submitted via the chain of command to the Office of Military Personnel, Policy and Standards Division, Commandant (CG-1331), at HQS-PolicyandStandards@uscg.mil.

M. W. SIBLEY /s/
Rear Admiral, U.S. Coast Guard
Acting Director of Reserve and Military Personnel

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Chapter 1 **OVERVIEW**

- A. **Objective.** This Manual discusses the most common forms of use disorders in the military. Drugs (prescription and illicit), alcohol, and gambling are the most common substance use disorders in the Coast Guard. This policy directs the initiation of drug and alcohol screening and treatment, as mandated by law (10 U.S.C. § 1090, Identifying and Treating Drug and Alcohol Dependence). The intent is to identify Coast Guard members who are misusing drugs or alcohol and to refer them for screening or treatment, as appropriate, in accordance with Reference (a), Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6320.5 (series). Note: Gambling, as a “use disorder,” will be treated the same as alcohol or drugs from a medicinal standpoint. Gambling disorder is known to co-occur with anxiety, depression, and the substance use disorders described herein. Administratively, a gambling disorder referral is the same as an alcohol or drug referral.
- B. **Authority.** The authority for this Manual comes from Title 10 and Title 14, United States Code (U.S.C.). Specific laws will be cited in subsequent Chapters, as appropriate.
- C. **Applicability.** This Manual applies to Coast Guard active duty military members, including reservists while on orders.
- D. **Other Policies and Procedures.**
1. Reference (b), Military Separations, COMDTINST M1000.4 (series), sets policies and standards to separate members who violate the policies and standards in this Manual.
 2. Reference (c), Coast Guard Medical Manual, COMDTINST M6000.1 (series), and Reference (a), Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6320.5 (series), establish policies and standards for treating members who have a substance abuse disorder.
 3. Reference (d), Discipline and Conduct, COMDTINST M1600.2 (series), and the Uniform Code of Military Justice (UCMJ), contain policies and standards for members who violate these policies.
 4. Reference (e), Reserve Policy Manual, COMDTINST M1001.28 (series), addresses separation of Reserve members for cause, where not addressed in this policy.
 5. Reference (f), Safety and Environmental Health Manual, COMDTINST M5100.47 (series), addresses urine sample collections from individuals involved in reportable mishaps.
 6. Reference (g), Urinalysis Tactics, Techniques, and Procedures (TTP), CGTTP 1-16.5, provides TTP for conducting urinalysis testing.

E. **Gambling Disorder.** The Coast Guard recognizes Gambling Disorder as defined in Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Non-Substance-related Disorder. As such, the Coast Guard will identify and provide appropriate treatment and counseling to military members afflicted by this disorder to help mitigate and/or prevent individual readiness issues.

1. COs/OICs that suspect a member may have a gambling problem should refer that member for a medical evaluation of a potentially addictive disorder.
2. COs/OICs may also advance overall financial readiness by providing personal financial management (PFM) training to command members through the Employee Assistance Program, CG SUPRT. COs/OICs should encourage members and their families to use CG SUPRT counseling and PFM resources to both proactively address individual and familial concerns and establish healthy financial management practices.

Chapter 2 **ROLES AND RESPONSIBILITIES**

A. **Objective.** This Chapter describes general responsibilities for Coast Guard units and military members. Subsequent chapters detail additional specific responsibilities.

B. **Responsibilities.**

1. Commandant (CG-133) develops policy, provides oversight, and establishes, in concert with the Coast Guard Personnel Service Center (CG PSC), procedures to administer the Military Drug and Alcohol Policy. Commandant (CG-133) retains waiver authority for policies and standards in this Manual, unless explicitly designated in other Coast Guard policy.
2. Commandant (CG-111) develops policy and, in concert with the Health, Safety, and Work Life Service Center (HSWL SC), establishes procedures to administer the Command Alcohol and Drug Representative (CDAR) Program and Substance Abuse Prevention and Treatment (SAP) Program. The SAP Program establishes guidelines and strategies for prevention, screening and referral, and treatment of substance abuse disorders.
3. Commandant (CG-1111) administers substance abuse training and education to Coast Guard members under the SAP Program, as directed in Reference (a), Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6320.5 (series).
4. Commander, Coast Guard Personnel Service Center (CG PSC):
 - a. Publishes procedures, administers, and ensures effective Coast Guard Urinalysis Program execution in accordance with Chapter 6 of this Manual;
 - b. Provides advice to command cadre at field commands, as needed;
 - c. Processes requests for retention or separations and administers Administrative Discharge Boards (ADB) in accordance with Reference (b), Military Separations, COMDTINST M1000.4 (series); and
 - d. Maintains electronically imaged personnel data records (EI-PDR) in accordance with Reference (h), Military Personnel Data Records (PDR) System, COMDTINST M1080.10 (series).
5. Commander, Coast Guard Force Readiness Command (FORCECOM) assists Commander (CG PSC) and Commandant (CG-111) in educating all military members to ensure appropriate understanding of drug and alcohol policies and procedures.

6. Commanding Officers (COs) and Officers-in-Charge (OICs) must identify and eliminate substance abuse, strictly enforce policy contained in this Manual, and provide additional direction based on specific or operational requirements where necessary. COs/OICs will also:
 - a. Create a command environment that supports, encourages, and models the use of low-risk guidelines for alcohol consumption; is intolerant to alcohol misuse and underage drinking; and encourages help-seeking behavior;
 - b. Designate and delegate Command Drug and Alcohol Representative (CDAR) and Urinalysis Coordinator (UC) responsibilities to appropriate command staff members; and,
 - c. Administer a Random Urinalysis Program consistent with the requirements outlined in Chapter 6 of this Manual.
7. CDARs serve as a vital link to represent the command and the Coast Guard to administer training to prevent substance abuse and assist with required administrative responsibilities associated with alcohol and drug incidents. Reference (a), Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6320.5 (series), details CDAR responsibilities and Reference (i), Command Drug and Alcohol Representative (CDAR) Tactics, Techniques, and Procedures (TTP), CGTTP 1-16.8, provides TTP for unit-level CDAR responsibilities.
8. Coast Guard military members must become familiar and comply with the policies contained in this Manual.

Chapter 3 **DRIVING UNDER THE INFLUENCE (DUI)**

- A. **Objective.** This Chapter states policies and standards to address Driving Under the Influence (DUI). The Coast Guard has a legal, civil, and institutional responsibility that requires a firm stance on impaired driving. As a result, an alcohol or other intoxicants DUI must have well-defined consequences and serious career implications, which can result in separation.
- B. **Driving Under the Influence (DUI).** DUI refers to the drunken or impaired operation of, or physical control of, a motor vehicle, aircraft, or vessel. Reference (f), Safety and Environmental Health Manual, COMDTINST M5100.47 (series), provides safety considerations related to impaired driving, including DUI, and details the alcoholic beverages open container prohibition in both government and privately owned vehicles.
1. Driving Under the Influence (DUI) of Alcohol. DUI of Alcohol is sometimes known as Driving While Intoxicated (DWI). Across the United States, a recorded Blood Alcohol Content (BAC) test of .08% or higher alcohol is proof of DUI without any other evidence. It is possible to receive a DUI for vehicle operation while under the .08% BAC legal limit.
 2. Driving Under the Influence (DUI) of Intoxicants. DUI of intoxicants include illegal narcotics and prohibited substances sufficient to impair judgment and the full exercise of mental or physical faculties. This includes prescription medications that impair mental or physical faculties. The controlled substance that caused the intoxication is immaterial.
- C. **Driving Privileges.** The policy in this Article applies to all drivers who have Coast Guard installation driving privileges, including, but not limited to, military members, dependents, and military retirees.
1. Driving Privileges Restriction. COs/OICs have the authority to restrict driving privileges when a person has been lawfully apprehended by civil or military authorities for DUI, refused a BAC test, or has been subject to disciplinary actions by civil or military authorities for DUI.
 - a. Duration. Commands have the authority to restrict a member's driving privileges aboard Coast Guard installations for a period not to exceed one (1) year for a first offense and two (2) years for an offense where the facts of the case warrant (e.g., previous DUI incidents or violating a driving privileges restriction).
 - b. Extent of Restriction. A restriction may involve total suspension of driving privileges.

2. **Notification.** Commands must notify the member of driving privilege restrictions in writing and the member must acknowledge those restrictions in writing. For documentation purposes, Administrative Remarks, Form CG-3307, will be used. A copy of the CG-3307 must be placed in the PDR and a copy must be mailed to Commander (CG PSC-PSD-MR) to be placed in the member's EI-PDR.
3. **Applicability.** Driving privilege restrictions apply only to the offender. Family members and others who are non-offenders are still permitted to operate vehicles on the installation.
4. **Notify Local Armed Forces Facilities.** If a command imposes restrictions, the command must furnish the individual's name, the suspension period, and a description of vehicles owned to all other local area Armed Forces facilities. In addition, when a Coast Guard member is transferred to a new duty station, the CO/OIC must notify the receiving CO/OIC of the restriction. The receiving CO/OIC must continue any remaining portion of the restriction and so notify other Armed Forces facilities in the new local area.
5. **Exceptions to Restriction.** If restricted driving privileges are granted to address mission performance, unusual personal or family hardship, or safety concerns, the CO/OIC must clearly specify the terms in writing that the individual must acknowledge. This does not authorize a person to drive on an installation if that person's driver's license is suspended or revoked by a local, state, Federal, or host country civil court or administrative agency.
6. **Defensive Driving Training.** Reference (f), Safety and Environmental Health Manual, COMDTINST M5100.47 (series), requires personnel convicted of a serious moving violation, including DUI, to complete a Driver Improvement Course.
7. **Appeals.** Members with restricted driving privileges can appeal the restriction in writing, via the chain of command, to the first Flag-level officer in that chain of command.

D. Administrative Discharge Proceedings (ADP). Commands must initiate administrative discharge proceedings for military members involved with a DUI as outlined in Reference (b), Military Separations, COMDTINST M1000.4 (series).

E. Administrative and Disciplinary Actions.

1. **CO/OIC Responsibility.** COs/OICs are responsible for conducting adequate inquiries into alleged DUI incidents and for taking remedial action, if necessary, in accordance with this Manual.

2. Medical Screening. COs/OICs must immediately refer military members for medical screening, to occur as quickly as is practicable, for the below listed situations. A Coast Guard Medical Officer, who has completed the Addiction Orientation for Health Care Provider (AOHCP) course, is preferred to conduct such medical screenings.
 - a. Convicted in civilian or military courts.
 - b. When action is taken against a military member equivalent to a guilty finding (i.e., adjudication withheld; deferred prosecution; entry into a pretrial intervention program; any similar disposition of charges that may include fines, probation, or community service).
 - c. When a military member is awarded non-judicial punishment.
 - d. When a military member receives a civil revocation/suspension of driving privileges for DUI or other alcohol incident offense.
 - e. When the CO/OIC makes a written finding (a negative Administrative Remarks, Form CG-3307, entry) setting forth the facts of the matter, and that based on a preponderance of the evidence, the military member was drunk or impaired while operating a vehicle, aircraft, or vessel in violation of Federal, State, or local law.
3. Reports and Documentation. The following reports and documentation are required when Coast Guard military members are involved with a DUI:
 - a. Report of Civil Arrest. All military members are required to report to their command all incidents of civil arrest and subsequent civil action in accordance with Reference (d), Discipline and Conduct, COMDTINST M1600.2 (series).
 - b. Performance Evaluations – Enlisted Members. An unscheduled Enlisted Evaluation Report (EER) is required to reflect a civil conviction, a military conviction, or action taken equivalent to a guilty finding (i.e., adjudication withheld; deferred prosecution; entry into a pretrial intervention program; any similar disposition of charges that may include fines, probation, or community service), or the award of non-judicial punishment for DUI occurrences. Alcohol incidents must also be documented in the member's PDR. See Enlistments, Evaluations, and Advancements, COMDTINST M1000.2 (series).

- c. Performance Evaluations – Officers. Officer Evaluation Reports (OERs) must reflect a civil conviction, a military conviction, or action taken equivalent to a guilty finding (i.e., adjudication withheld; deferred prosecution; entry into a pretrial intervention program; any similar disposition of charges that may include fines, probation, or community service), or the award of non-judicial punishment for DUI occurrences. Alcohol incidents involving officers will be documented by Administrative Remarks, Form CG-3307, with a copy to Commander (CG PSC-OPM-1) for ADPL officers or Commander (CG PSC-RPM-1) for IDPL officers.
- F. **Substance Abuse Education (Prime for Life or myPRIME).** All military members receiving an alcohol incident will be enrolled in the Prime for Life (or myPRIME) Program per Reference (a), Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6320.5 (series).

Chapter 4 **ALCOHOL USE DISORDERS**

- A. **Objective.** This Chapter states policies and standards to address alcohol misuse. DUI is handled separately in Chapter 3 of this Manual.
- B. **Alcohol Use Disorder (AUD).** The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) identifies 11 criteria that can be used to determine AUD presence or severity. A medical professional must perform an analysis and diagnosis for potential AUD upon commission of an alcohol incident or referral. Find the direction and criteria for AUD treatment and diagnosis in Reference (a), Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6320.5 (series).
- C. **CO/OIC Responsibility.**
1. All officers and senior enlisted members must promote the “low-risk drinking guidelines” and responsible attitudes toward the use of alcoholic beverages, both on and off Coast Guard units. Reference (a), Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6320.5 (series), provides guidance on how to encourage, teach, and support these low-risk guidelines (i.e., 0,1,2,3 model). Reference (j), United States Coast Guard Regulations 1992, COMDTINST M5000.3 (series), regulates the introduction, possession, sale, or use of alcoholic beverages on board Coast Guard units, vessels, aircraft, and government vehicles.
 2. COs/OICs may establish more stringent standards based upon unit and mission requirements consistent with specific unit or platform conditions, operational status, host nation statutes, and guidance from superiors.
 3. Commands must provide specific guidance to military members regarding mission requirements and restrictions pertaining to alcohol consumption based upon the unit’s status and operations in accordance with the below relevant guidelines.
 - a. Aviation Personnel. Find specific direction for aviation personnel in Coast Guard Air Operations Manual, COMDTINST M3710.1 (series).
 - b. Boat Crew and Watchstanders. Find specific direction for boat crew and watchstanders in U.S. Coast Guard Boat Operations and Training (BOAT) Manual, Volume I, COMDTINST M16114.32 (series).
 - c. Cutter in BRAVO or High Readiness Status. Find specific direction for those serving on cutters in a Bravo status in Shipboard Regulations Manual, COMDTINST M5000.7 (series).

4. COs and OICs. Always on duty, except in an approved leave status, COs/OICs have a special responsibility for the response and care of their unit. In addition to setting the example and adhering to the above guidelines, COs/OICs should exercise due diligence if consuming alcohol with the expectation they may be required to respond to the needs of their unit.

D. Alcohol Incident (AI).

1. Except as set forth in Paragraph 4.D.3. below, any behavior, in which the CO/OIC determines by a preponderance of evidence after considering the relevant facts (i.e., police reports, eyewitness statements, and member's statement if provided) that alcohol was a significant or causative factor that resulted in the member's loss of ability to perform assigned duties or is a violation of the UCMJ, Federal, State, or local laws. The military member need not be found guilty at court-martial, in civilian court, or be awarded non-judicial punishment for a behavior to be considered an alcohol incident.
2. Except as set forth in Paragraph 4.D.3. below, the military member must actually consume alcohol for an alcohol incident to have occurred. Simply being present where alcohol is consumed does not constitute an AI.
3. Any military member who provides alcohol to an underage military member must be awarded an AI, regardless of whether the alcohol is actually consumed by any member.
4. The following events must all be considered an Alcohol Incident:
 - a. Underage Drinking. Any of the following events represent an underage drinking event and thus an AI.
 - (1) Active Duty Not on Approved Leave and Reservists on Duty. The Coast Guard minimum drinking age is 21 for all military members, wherever located; this is established as a Lawful General Order. Failing to comply with this order is punishable under Article 92 and other appropriate Articles of the UCMJ.
 - (2) Active Duty on Leave and Reservists Not on Duty. While on authorized leave, Coast Guard members must comply with the minimum legal drinking age for the jurisdiction in which they are present or the policy contained in Enclosure (9) of Coast Guard Morale, Well-Being, and Recreation Manual, COMDTINST M1710.13 (series). In the absence of any local law, the minimum drinking age is 21 for all military members.
 - b. Impairment While on Duty. All military members must be free from the residual effects of alcohol consumption and required to be free from all alcohol effects when reporting for duty, commencing duties, and/or expiration of liberty. Research shows impairment can occur in BAC as low as 0.02% but is significant at BAC of 0.04%.

- E. **Alcohol Screening.** A Coast Guard Medical Officer performs an evaluation to determine the nature and extent of alcohol abuse. This evaluation must be performed by a physician, physician assistant, or nurse practitioner who has attended Addiction Orientation for Health Care Providers (AOHCP) training or has equivalent training regarding substance abuse and chemical dependency. A clinical psychologist, DoD or civilian-equivalent Counseling and Assistance Center (CAAC) counselor with the above training may also perform this evaluation. However, a CDAR opinion does not satisfy the screening or evaluation requirement contained in this Manual.
- F. **Referrals to Alcohol Treatment.** Command referrals, self-referrals, and incident referrals must be made in accordance with Reference (a), Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6320.5 (series).
- G. **Response to Alcohol Incident.** The first time a military member is involved in an AI, except those described in Paragraph 4.H.1. of this Manual, the CO/OIC must ensure counseling is conducted. In order to verify that the current AI is the first one, commands must review a member's PDR prior to counseling. To document an alcohol incident, Administrative Remarks, Form CG-3307, must be used for both officers and enlisted members in accordance with Administrative Remarks, Form CG-3307, COMDTINST 1000.14 (series). Because the CO/OIC holds the authority to determine whether the alcohol incident occurred, the CO/OIC must sign the Administrative Remarks, Form 3307.
1. **Coast Guard Policy.** The command must counsel the military member on Coast Guard alcohol use policy (e.g., low-risk drinking guidelines, platform operational standards, etc.) contained in this Manual.
 2. **Impact of Future Alcohol Incidents.** Officers, chief warrant officers, and enlisted members must be advised that an additional alcohol incident will result in being processed for separation.
 3. **Underage Consumption.** If the incident involves underage consumption, the Administrative Remarks, Form CG-3307, must also state the incident circumstances and whether the consumption affected the member's ability to perform assigned duties or brought discredit upon the Uniformed Services. See Article 4.D.3. of this Manual.
- H. **Separation Conditions for Alcohol Incident.** Commands must initiate administrative separation procedures for the following members:
1. **Members E-2 and Below with More Than Two Years of Coast Guard Service.** Following one alcohol incident, enlisted members who have not advanced beyond pay grade E-2 and have more than two years of Coast Guard service must be processed for separation by reason of unsuitability due to an alcohol incident in accordance with Reference (b), Military Separations, COMDTINST M1000.4 (series).

2. Second Alcohol Incident.

- a. Active Duty Officers. Active duty officers, including Reserve officers on active duty, must be processed for separation following a second alcohol incident, in accordance with Reference (b), Military Separations, COMDTINST M1000.4 (series).
- b. Reserve Officers and Enlisted Not on Active Duty. Commander (CG PSC-RPM) must separate all Reserve officers and enlisted members following a second alcohol incident in accordance with Reference (e), Reserve Policy Manual, COMDTINST M1001.28 (series).
- c. Regular Enlisted. Enlisted members involved in a second alcohol incident must be processed for separation in accordance with Reference (b), Military Separations, COMDTINST M1000.4 (series).

I. **Recommendation for Retention.** COs/OICs can recommend retention for both officer and enlisted members. However, retention following a second alcohol incident is a rare exception, based strictly on the facts surrounding the incident. Consideration will be given if the first AI involved underage consumption and did not affect the member's ability to perform assigned duties or did not involve a violation of the UCMJ, Federal, State, or local laws.

1. COs/OICs have the authority to recommend retention of enlisted members in cases in which the CO/OIC believes mitigating circumstances or an exceptional situation warrants consideration.
 - a. If considered warranted, a CO/OIC must submit a retention and treatment recommendation letter (including medical screening results, treatment plan, and recommendation concerning treatment), to Commander (CG PSC-EPM) via the chain of command. Commander (CG PSC-EPM) will consult with Commander (CG PSC-PSD) and direct the appropriate action regarding retention.
 - b. The CO/OIC must submit the command recommendation for retention as a cover letter to the required discharge request. See Reference (b), Military Separations, COMDTINST M1000.4 (series).
 - c. If Commander (CG PSC-EPM) approves retention, the CO/OIC must ensure the following occurs.
 - (1) Counsel the member on Coast Guard alcohol misuse policy contained in this Chapter; this counseling must be recorded and acknowledged by an Administrative Remarks, Form CG-3307, entry in the member's PDR.

- (2) Advise the member that another alcohol incident, at any future time, must result in discharge, with no entitlement to an Administrative Discharge Board. The member must sign an Administrative Remarks, Form CG-3307, that states, “To be retained in the Coast Guard, you waive your rights to any future Administrative Discharge Board for unsuitability and/or misconduct, where alcohol or drugs is a causative factor. You must adhere to your treatment plan. Any future misconduct involving alcohol or drugs will result in you being processed for separation with no entitlement to an Administrative Discharge Board.” This Administrative Remarks, Form CG-3307, must also be issued to a military member who is retained after a DUI.
2. Enlisted Members Entitled to an Administrative Discharge Board (ADB). For those entitled to an ADB, the CO/OIC must forward the discharge request, including everything short of convening a Board to Commander (CG PSC-EPM). If Commander (CG PSC-EPM) determines that the command’s discharge request is complete, Commander (CG PSC-EPM) will return the package to the command with approval to proceed. The command will convene an ADB, unless the member declines. If the member is retained, the CO/OIC must ensure the following occurs.
 - a. Counsel the member on Coast Guard alcohol misuse policy contained in this Chapter; document the counseling in accordance with Paragraph 4.G. of this Manual.
 - b. Advise the military member that another alcohol incident, at any future time, must result in discharge. See the Enlisted Personnel Administrative Boards Manual, PSCINST M1910.1 (series).
3. Officer Separation Process. By law and policy, as outlined in Reference (b), Military Separations, COMDTINST M1000.4 (series), the officer separation process affords COs the opportunity to provide recommendations via the endorsement process when an officer is processed for separation.

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Chapter 5 **DRUG INCIDENTS**

A. **Objective.** Detect and separate military members who misuse or abuse, traffic in, or unlawfully possess illicit, controlled, and certain non-controlled, substances. The following are Coast Guard substance abuse policy enforcement tenants.

1. Enforce the prohibition of illicit and controlled substances, and substances prohibited by lawful order. Controlled substances are scheduled in 21 U.S.C. § 812 and are referenced by the Uniform Code of Military Justice (UCMJ), 10 U.S.C. § 912a, Article 112a.
2. Prohibit substance abuse and limit use of substances to the lawful use of alcohol or medical provider-prescribed medication. This encompasses, but is not limited to, the inhalation, injection, consumption, or introduction to the body of any mood altering substance or compound, including:
 - a. Controlled or synthetic substance analogues, for example, designer drugs invented or yet to have been composed, such as, products containing synthetic cannabinoids, Synthetic Marijuana, Spice, Fentanyl, etc., that are not otherwise controlled substances;
 - b. Inhalants;
 - c. Propellants;
 - d. Solvents;
 - e. Household chemicals;
 - f. Substances used for huffing and prescription or over-the-counter medications in excess of prescribed dosage; and
 - g. Any naturally occurring intoxicating substances, such as, Salvia divinorum or products containing Salvia divinorum.

3. Prescription Drugs.

- a. Authorized Use. Use of medication within the terms of a medical provider's prescription, including period of use, reasons for use, and frequency of use. Authorized use also includes other verified medical use explanations for a substance that caused a positive urinalysis result, such as medication administered during an emergency room visit. For medications prescribed without a specified end date, there shall be a presumption that use of the medication was authorized if taken within six months of the prescription issue date. If taken after six months, the CO/OIC must presume such use was unauthorized and investigate whether a drug incident occurred. Authorized use results in a "no drug incident" finding as per Paragraph 5.E.4. of this Manual.
- b. Unauthorized Use. No current prescription (within six months) or verified medical use explanation for a drug(s) that would account for the positive urinalysis result. Unauthorized use results in a drug incident finding.
- c. No Drug Finding Documentation. Because a prescribed or medically administered medication may produce positive drug test results, a servicing HSWL Clinic medical officer must conduct a review for amphetamines, opiates, steroids, synthetic opiates, and benzodiazepines; or when the military member's CO/OIC requests a review. When an authorized use determination is made, the CO/OIC will prepare a "No Drug Finding" memo. This memo must include the following: a summary of the medical officer's evaluation results; the drug prescribed (or administered); the date prescribed (or administered); and the date the medical officer completed the evaluation.
- d. Federal Regulations. The Coast Guard drug abuse policy is not subordinate to any foreign, state, or local ordinance that may permit the use, possession, distribution, or prescription of a controlled substance. As members of a Federal law enforcement agency, Coast Guard members must comply with Federal regulations when there is conflict with ordinances promulgated by a state or foreign authority.

B. Substance Use Disorder-Severe (or Drug Dependence). Drug Dependence is interchangeable with Substance Use Disorder-Severe. A chronic disease characterized by repetitive, compulsive drug use, which interferes with the user's health, safety, job performance, family life, or other required social adaptation. This disease process may involve the increasing need for drugs. A drug-dependent individual may experience withdrawal symptoms when they stop taking drugs. Substance Use Disorder-Severe also applies to a medical diagnosis made by a physician, physician assistant, or clinical psychologist. Find the criteria to establish a Substance Use Disorder-Severe diagnosis in the Diagnostic Manual of Mental Disorders 5th Edition (DSM-5). Medical diagnosis is primarily used to determine the appropriate level of treatment.

- C. **Drug Incident.** Any of the following conduct constitutes a drug incident as determined by the CO/OIC:
1. Intentional use of drugs for non-medical purposes;
 2. Wrongful possession of drugs;
 3. Trafficking of drugs--distributing, importing, exporting, or introducing to a military facility;
 4. The intentional use of other substances, such as inhalants, glue, cleaning agents, or over-the-counter (OTC), or prescription medications to obtain a "high," contrary to their intended use; or
 5. A civil or military conviction for wrongful use, possession, or trafficking of drugs, unless rebutted by other evidence (note the member need not be found guilty at court-martial, in civilian court, or be awarded non-judicial punishment for the conduct to be considered a drug incident).
 6. However, if the conduct occurs without the member's knowledge, awareness, or reasonable suspicion or is medically authorized, it does not constitute a drug incident.

D. **Drug Incident Investigations.**

1. **Summary.** The Coast Guard does not tolerate the intentional use of illegal drugs, illicit chemical analogues, or prescription drug misuse. This includes ingestion of hemp oil or products made with hemp seed oil; however, does not include food items regulated and approved by the Federal Drug Administration (FDA) that contain hemp ingredients. Coast Guard members are expected to comply with the law and not use illegal drugs; additionally, as law enforcement agency members, to maintain a life-style that neither condones substance abuse by others nor exposes the Service member to accidental intake of illegal drugs. Impairment puts members, crews, and missions at risk and is not a behavior consistent with the Coast Guard culture and Core Values.
2. **Initiating an Investigation.** Upon receiving a positive, confirmed urinalysis result or other evidence of misuse, trafficking, or unlawful controlled substance possession within a command, COs/OICs must promptly notify and consult with the regional Coast Guard Investigative Service (CGIS) office regarding the specific incident circumstances. In the vast majority of incidents, COs/OICs will be able to resolve the matter without further CGIS involvement beyond initial consultation. However, in some cases, additional CGIS investigative efforts may be needed to protect broader government criminal enforcement interests. This includes, but is not limited to, identifying and dismantling controlled substance distribution networks, potential misuse of Coast Guard authorities to obtain controlled substances, or government property theft, including seized contraband.

- a. Managing information is critical for investigation integrity. If CGIS initiates a criminal investigation, CGIS must be the first to advise the member of such investigation and/or provide the command with specific instructions on communicating with the member. Additionally, COs/OICs must consult with CGIS regarding any adverse administrative action to be taken against the member to ensure that such action does not negatively affect the ongoing CGIS investigation.
 - b. The absence of a positive, confirmed urinalysis or blood test result, which could include refusal to consent, does not preclude taking action based on other evidence. Situations that should be carefully evaluated to determine if drugs are an underlying contributing factor include civil arrest; habitual association with persons who abuse or traffic in drugs; possession of drug paraphernalia; sudden decreases in job performance; loss of military bearing; repeated absenteeism or lateness for work; unexplained public or domestic disturbances; and accidents or unexplained circumstances requiring medical care.
3. Supporting Documentation and Expert Witness.
- a. Supporting Documentation Requests. When necessary, the CO/OIC may obtain any of the supporting documents or processes listed below, for legal or administrative action, at no cost. Written requests must be made to the laboratory servicing the Coast Guard (e.g., Tripler Laboratory) in memo format and must include the member's DOD ID number and laboratory accession number.
 - (1) Nanogram amount for a positive specimen (1 page: generally returned by facsimile).
 - (2) Commander's packet (about 10 pages: generally returned by facsimile).
 - (3) Litigation packet (about 55 pages: returned by Federal Express).
 - (4) Retest a specimen (in-house or private lab).
 - (5) Retention of positive specimen beyond 1 year.
 - (6) Analysis of adulterated specimen.
 - b. Expert Witness Request. On request, the laboratory servicing the Coast Guard must provide an expert witness, in person or through telephonic means, at court-martial proceedings and administrative discharge boards. The command is responsible for the expert's travel expenses.
4. Legal Rights. Before a military member is questioned in relation to a drug incident, the member is entitled to be advised of his or her rights under Article 31, UCMJ. This applies whether or not disciplinary action under the UCMJ is contemplated.

E. Determining a Drug Incident.

1. Evidence Collection. In determining whether a drug incident occurred, a CO/OIC must consider all the available evidence, including: positive confirmed urinalysis/blood test results; any prescription documentation; medical and dental records; service record (PDR); and, chain of command recommendations. Evidence relating to the military member's performance of duty, conduct, and attitude should be considered only to measure the credibility of a member's statement(s). If the possible drug incident evidence includes a positive urinalysis result, the command must also verify that the urinalysis was conducted in accordance with policy, including properly followed collection and chain of custody procedures. The CO/OIC may delay final determination to pursue any of the following options.
 - a. Urinalysis Collection. Ask the member to consent to a urinalysis test as outlined in Paragraph 6.E.2. of this Manual.
 - b. Evaluation Testing. Direct the member to participate in a urinalysis evaluation program for a maximum of six months as outlined in Article 6.E.5. of this Manual.
 - c. Reexamine Documentation. Request the laboratory reexamine the original documentation for error.
 - d. Retest Sample. Request the laboratory retest the original specimen. Retesting requires additional urinalysis confirmation documentation and reduces the urine quantity available for future directed retesting (i.e., in the case of court-martial). This should not be a routine course of action.
2. Preponderance of Evidence Standard. Findings of a drug incident must be determined by the CO/OIC using the preponderance of evidence standard. That is, when all evidence is fairly considered, including its reliability and credibility, it is more likely than not the military member intentionally ingested drugs. A preponderance of the evidence refers to its quality and persuasiveness, not the number of witnesses or documentation. A member's drug use admission or a positive confirmed test result, standing alone, may be sufficient to establish intentional use and thus suffice to meet this burden of proof.
3. Drug Incident Finding. If after the investigation is complete, as described in Paragraph 5.C. of this Manual, the CO/OIC determines that a drug incident occurred, the following actions must be taken.

- a. Administrative Action. The command must process the military member for separation by reason of misconduct per Reference (b), Military Separations, COMDTINST M1000.4 (series), as appropriate. Cases requiring Administrative Discharge Boards because of the character of discharge contemplated or because the member has served eight or more total years, must also be processed per Military Separations, COMDTINST M1000.4 (series), as appropriate.
 - b. Disciplinary Action. Military members who commit drug offenses are subject to disciplinary action under the UCMJ in addition to any required administrative discharge action.
 - c. Medical Treatment Eligibility. Military members who are identified as drug-dependent or diagnosed with a “drug use disorder-severe,” must be offered treatment prior to discharge. Reference (a), Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6320.5 (series), outlines substance abuse medical referrals, screenings, and action policy. If it is determined that treatment is needed and accepted, the member must be discharged from the Service upon completion. Members who are diagnosed as drug/chemical dependent but refuse treatment are required to sign an Administrative Remarks, Form CG-3307, entry acknowledging that they may waive the right to benefits for chemical dependency treatment under the Department of Veterans Affairs.
4. “No Drug Incident” Finding. In the event the CO/OIC concludes a urinalysis result was attributed to a particular military member due to an administrative error, faulty chain of custody, evidence of tampering, or that drug use was not wrongful (e.g., prescribed medication, unknowing ingestion), the CO/OIC must make a finding of no drug incident and close the investigation. In addition, the following actions must be taken.
- a. Screening and/or Counseling. The command must determine (via substance abuse screening and evaluation) whether psychiatric, medical, or chemical dependency treatment (e.g., cases of abuse, prescription or over-the-counter medication overuse) is warranted. At a minimum, the CO/OIC must review with the member the drug abuse training previously provided. The CO/OIC also must discuss the Commandant's policy on drug abuse, the physical and psychological dangers of drug misuse, and the sources of self-help available to maintain a lifestyle free of involvement with and exposure to drugs. If retraining is considered necessary in these areas, the command must arrange for the member to participate in Prime for Life or myPRIME training.

- b. Letter Report. COs/OICs must notify Commander (CG PSC-PSD-FS) by letter of all cases involving positive urinalysis test results in which they make a no drug incident finding. The letter must indicate the drug(s) identified in the specimen and the reason for the no drug incident determination. However, the letter must not identify member(s) by name, DOD ID number, or any other means since the information will be used for statistical purposes only.
5. Withdrawing a Discharge Recommendation. If, subsequent to making a determination that a drug incident occurred, a CO/OIC is made aware of new information and determines that, in fact, no drug incident occurred, he or she retains the authority to withdraw a discharge recommendation until such date on which that discharge is effected.

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Chapter 6 **URINALYSIS**

A. **Objectives.**

1. Establish reliable means to inspect Coast Guard military members, detect drug abuse, and separate drug abusers in order to maintain unit readiness for full mission capability.
2. Serve as a preventative deterrent against drug abuse for Coast Guard military members.
3. Provide data to measure drug abuse incidence among Coast Guard military members. Urinalysis is a means to deter and detect drug abuse and, as such, units must conduct random urinalysis tests throughout the fiscal year on a consistent basis. Commands must be cognizant that testing at the end of September may count for the next fiscal year.

B. **Urinalysis.** The procedure employed to obtain urine samples under controlled conditions, maintaining a chain of custody on each sample, and scientifically analyzing the samples to detect the presence of drugs.

C. **Urinalysis Tactics, Techniques, and Procedures (TTP).** Commands must use the TTP to conduct urinalysis testing provided in Reference (g), Urinalysis Tactics, Techniques, and Procedures (TTP), CGTTP 1-16.5, which includes best practices and guidance for use by all members performing and participating in this program.

D. **Urinalysis Coordinators (UCs) and Urinalysis Observers (UOs).**

1. Designation. COs/OICs must designate in writing the UCs and UOs in the command administration list. The UC is responsible for the command urinalysis program maintenance and administration, including training UOs and Alternate Coordinators (AC), and shipping uncompromised specimens to Tripler Army Medical Center FTDTL.
2. Alternate Coordinator (AC). Commands must use an AC to assist in urinalysis procedures and each AC must be designated in writing. At least one AC must have access to the urinalysis ledger and specimen collection materials, however, more may be assigned based on unit needs.
3. Testing of UCs and UOs. When conducting urinalysis, under no circumstances will the command UCs and UOs include their own samples in the same batch. When the command requires the coordinators and observers to be tested (e.g., unit sweep), an AC or UC from another command must be used. This requirement may be temporarily deferred if the unit does not have immediate access to another command's AC or UC. Access to the urinalysis ledger and specimen collection materials must be limited to the CO/OIC, executive officer (XO)/executive petty officer (EPO), primary UC, and ACs when such access is necessary.
4. UO Selection. UOs must be of the same gender as the members providing specimens.

- E. Authority for Urinalysis Collection.** Urinalysis may be conducted under the following circumstances. Refer to the Military Rules of Evidence, Part III, of the Manual for Courts-Martial, United States (series).
1. **Administrative Inspections.** Administrative inspections are designed to determine and maintain the unit's security, military fitness, and good order and discipline. Inspections using urinalysis are permitted under Military Rule of Evidence 313. Member consent is not required to collect a specimen under an administrative inspection. The inspection scope may include all unit military personnel or only part of the unit (e.g., duty section, division, building occupants, etc.), provided that part of the unit includes enough members to not be viewed as an inspection targeting a particular individual or small group of individuals. Reservists serving in a duty status (e.g., ADOS-AC, ADOS-RC, IDT, ADT at an active duty unit, etc.) are subject to the same administrative inspections random selection as their active duty counterparts. Selecting individuals for an administrative inspection is not permissible unless they are chosen by a truly random selection system. An administrative inspection must not be a subterfuge to conduct a search with less than probable cause.
 2. **Consent.** Urinalysis may be conducted at any time and for any reason if the member voluntarily consents to the procedure. Obtain such consent in writing. Prior to requesting consent, advise the member that they may decline to provide a specimen, as per Military Rule of Evidence 314(e).
 3. **Probable Cause.** A military member may be ordered to submit a urine specimen if there is probable cause to believe the member has used an illegal drug recently and a urinalysis test will produce evidence of such offense. A search authorization must first be obtained pursuant to Military Rules of Evidence 312, 315, and 316, see Reference (k), Military Justice Manual, COMDTINST M5810.1 (series).
 4. **Valid Medical Purpose.** Qualified medical personnel may direct urinalysis for diagnostic or treatment purposes to preserve a member's health; in accordance with Military Rule of Evidence 312(f). Follow-up tests to confirm a diagnosis or to monitor a condition are included in this category. Urinalysis directed by a CO/OIC does not fall within this subsection.
 5. **Evaluation Testing.** Evaluation testing may be conducted when a member's urine specimen is reported as confirmed positive for the presence of drugs; however, having evaluated all the available information, the CO/OIC remains doubtful about whether the member used drugs wrongfully.
 - a. The CO/OIC may order evaluation testing be conducted for a two- to six-month duration, within which no more than 16 specimens may be taken. For example, two specimens per week for eight weeks; one specimen per week for 16 weeks; or up to

- 16 total specimens over a six-month period collected at irregular intervals. When a CO/OIC orders evaluation testing, the original positive urinalysis result may still be used as a basis for disciplinary action under the UCMJ, administrative separation, and discharge characterization, depending on the reason the original test was ordered, such as, probable cause, administrative inspection, consent, or competence-for-duty test. See Article 6.E.8. of this Manual.
- b. Commands may use evaluation testing results as a basis for administrative separation. Positive test results from evaluation testing may not be used for disciplinary action under the UCMJ, nor may such results be used to characterize a discharge in separation proceedings. However, while undergoing evaluation testing, members remain subject to command-ordered testing conducted on other lawful grounds, such as, administrative inspections. Depending on the basis for such testing, positive results from that testing may be used for any purpose, including disciplinary action under the UCMJ, administrative separation, and discharge characterization in administrative separation proceedings. Commands must document evaluation testing with an Administrative Remarks, Form CG-3307, entry.
6. Urinalysis Conducted in Conjunction with Training. Military members undergoing training are subject to administrative inspections using urinalysis. Therefore, all members are subject to random testing throughout a Coast Guard training command assignment. In addition, training commands must conduct accession testing as follows.
- a. Cadets, Officer Candidates, and Direct Commission Officers. All must be tested within three days after reporting to the Coast Guard Academy.
 - b. Recruits. All must be tested within three days after reporting to Training Center Cape May, NJ.
 - c. Students. School students are subject to random testing at the training command in the same manner as permanent military members. The average student number estimated on board must be used to compute annual testing allocations. Do not compute "C" School students in this total, however, these students remain subject to random testing.
 - d. Duty Under Instruction (DUINS). DUINS students are subject to the same random testing as all military members. Resident school students attending an institution sponsored by another branch of the Armed Forces are subject to the standards required by that institution within the command to which they are attached as well as the sponsoring Coast Guard program manager. All other students are subject to the requirements set forth by the program manager and Servicing Personnel Office (SPO) within the jurisdiction in which the member resides.

7. **Prior Service Members upon Return to Active Duty.** All military members who report to active duty, either active duty or Selected Reserve, who have a break in service greater than six months, must be urinalysis tested within three days of arrival at their first duty station. For those members with a break in service of six months or less, testing upon arrival at their first duty station is at CO/OIC discretion.
8. **Competence-for-Duty Tests.** Competence-for-duty urinalysis tests are used to determine a member's fitness for duty. The CO/OIC must order this test; this authority may be delegated to an XO/EPO or command duty officer. A CO/OIC should order a urinalysis test of a specific member when the member has been involved in a mishap or when there is reasonable drug abuse suspicion (see below) and a urinalysis test has not been conducted on a consensual or probable cause basis. Competence-for-duty urinalysis results may be used to refer a member for administrative discharge action. However, results may not be used against the member in any disciplinary action under the UCMJ, nor may they be used for discharge characterization in separation proceedings. Subject to the Military Rules of Evidence, results may be used for impeachment or rebuttal in court-martial proceedings.
 - a. **After Mishaps.** A mishap, as defined in Reference (f), Safety and Environmental Health Manual, COMDTINST M5100.47 (series), is any unplanned, unexpected, or undesirable event causing injury, occupational illness, death, or material loss or damage. Urine specimens, along with blood and/or breath specimens, must be collected from all members involved in a mishap in accordance with Reference (f). After-mishap testing results may be used in administrative separation proceedings following Commandant (CG-11) and (CG-094) approval, in accordance with Reference (f).
 - b. **Reasonable Suspicion.** Reasonable suspicion is a less demanding standard than probable cause and is defined as something more than a vague suspicion or hunch. Reasonable suspicion requires a minimal level of justification and can arise from information less reliable than that required to show probable cause. Unusual behavior or conduct that a CO/OIC should consider includes but is not limited to: unauthorized absences; safety violations; disobeying direct orders; apprehension or investigation for drug offenses or intoxicated driving; involved in crimes of violence; reckless equipment operation; involved in a serious incident or accident in which unusually careless acts were performed; or other incidents involving serious discipline breaches. While an instance of unusual behavior or conduct alone is not necessarily sufficient to constitute reasonable suspicion, such behavior or conduct must be considered within the totality of the circumstances.

- F. Random Testing and Procedural Guidance.** Random testing is a statistical specimen selection method in which all possible specimens have equal selection probability. The purpose is to provide all military members the same participation probability in the drug testing program. DoD Drug Testing Program (DTP) software is authorized and is highly recommended; however, commands may use other methods if they offer the same degree of randomness. Whichever method is selected, it must be used consistently, not shifting from method to method over the year. Download the DoD DTP software from <https://iftdtl.amedd.army.mil/>.
- G. Collecting Urine Specimens.** Reference (g), Urinalysis Tactics, Techniques, and Procedures (TTP), CGTTP 1-16.5, specifies the “Collect Specimen” procedure. Proper urine sample collection is the key to a successful program. Poor collection procedures, such as, urine samples provided without direct observation or a break in the sample chain of custody, undermines the drug testing program credibility, which can result in dismissed court-martial proceedings.
1. The UO must ensure that he/she has full view of the specimen bottle at all times. The member must maintain custody of the specimen bottle from the time the UC issues the bottle until it is filled and capped. If custody is broken, the member/UO must inform the UC and the process must be terminated. The UC must void the specimen and destroy the specimen bottle. The member must begin the process again.
 2. If a member refuses to provide a specimen, the UC must notify the appropriate command authority. The chain of command must direct the member to provide a specimen. If the member continues to refuse, it is a violation of a direct order. Violation of a lawful order is subject to disciplinary action under the UCMJ. Possible actions include court martial proceedings and processing for separation.
 3. Members delivering specimens to coordinators must not be expected to stand in line with urine specimens in public view, that is, in view of people other than the UO and UC. Personal privacy must be maintained to the maximum extent practical.
 4. The UO must not handle the urine specimen bottle unless they are also the UC. However, this approach is not recommended unless the UC maintains positive custody of all specimens while observing (e.g., small unit). The UO must sign the urinalysis ledger, certifying that the urine specimen bottle contains urine provided by the member and was not contaminated or altered in any way.
 5. The UC must initial the urine specimen bottle label in the member's presence and transcribe the information to Specimen Custody Document-Drug Testing, DD Form 2624. UCs may prepare the DD Form 2624 and bottle labels in advance; if so, they must verify that the information on the label and the DD Form 2624 match. On collecting all specimens, the coordinator must sign and date block 11b.

- H. Member Located at Other Than Coast Guard Commands.** Coast Guard members assigned to a DoD command are subject to that Service's urinalysis program. If a Coast Guard member's urine specimen is reported positive, the DoD command must immediately notify the member's cognizant program manager, who will follow procedures outlined in Chapter 5 of this Manual. The Coast Guard is responsible to investigate and determine a drug incident, as well as any administrative or disciplinary action under the procedures outlined in Chapter 5 of this Manual.
- I. Preparing Specimen Custody Document - Drug Testing, DD Form 2624.** The original Specimen Custody Document - Drug Testing, DD Form 2624, is the only document authorized to submit urine specimens to the servicing laboratory. This form must be completed with extreme care and accuracy. It must be submitted as a single sheet, two-sided document; two sheets stapled together are not acceptable and specimens submitted in this manner will not be tested.
1. **Record Keeping.** If one specimen on the sheet tests positive, all paperwork (including the Specimen Custody Document-Drug Testing, DD Form 2624) relating to the POSITIVE specimen is kept for the current year plus three additional years. If all are NEGATIVE, the paperwork is kept for the current year plus one additional year.
 2. **Corrections.** Only the person making an error on a specimen bottle label can make a correction, on either the Specimen Custody Document - Drug Testing, DD Form 2624, or the specimen bottle. If that member cannot make the correction, a correction memorandum shall be submitted as detailed in Reference (g), Urinalysis Tactics, Techniques, and Procedures (TTP), CGTTP 1-16.5.
- J. Coast Guard Urinalysis Ledger, Form CG-1000.** Commands must maintain a urinalysis ledger documenting all urine specimens collected using the Form CG-1000. This ledger must not be sent to the laboratory servicing the Coast Guard; it must be retained at the command for two years from the date of the last entry. Since the Form CG-1000 contains Privacy Act material, the command shall destroy them by burning, shredding, or pulverizing, as appropriate.
- K. Specimen Safe Storage.**
1. **Safe Storage Limitations.** Specimens must not be placed in safe storage unless absolutely necessary. Personnel responsible for mailing/shipping specimens must contact their servicing Post Office (in advance) to establish and verify ability to deliver the specimens outside of normal operating hours.
 2. **Safe Storage Annotation.** If safe storage is required, it must be annotated in Block 11 of Specimen Custody Document-Drug Testing, DD Form 2624. Proper annotation must include building number, room number, and container number, as appropriate.

3. **Safe Storage Restricted Access.** The safe storage area must be a restricted access area that requires an access roster. The access roster must show entries placing the specimens into safe storage and specimen removal.
4. **Safe Storage Handling.** The urinalysis coordinator that places the specimens in safe storage is the person who must remove the specimens from safe storage.

L. Member-Requested Retests. COs/OICs are not required to obtain a retest from the government contract laboratory when a member requests one. A member may obtain a specimen retest by routing a memo through their command and sending the request to the government contract laboratory that performed the initial test. The retest is at no cost if performed at the government contract laboratory.

1. If the member requests the retest at another DoD or SAMSHA certified testing laboratory, the member is required to locate the laboratory and inform the original government contracted laboratory. The member may use the SAMSHA website to choose a certified laboratory.
2. The member is required to arrange prepayment and mailing information; this cost is the member's responsibility. The request must include the social security number, Laboratory Accession Number, and complete laboratory address where the specimen is to be sent. If the original specimen is of sufficient quantity and availability, the government contract laboratory will ship a portion directly to the member-selected lab for testing. The results will be sent directly to the member.
3. Drug metabolites in urine degrade over time and certain shipping conditions accelerate this degradation. Lower levels of drug metabolites should be expected when specimens are retested. Therefore, a negative result from another lab does not necessarily mean that a finding of no drug incident will be made. Results of any retest must include a quantitative level report.

M. Sample Adulteration, Substitution, and Dilution. UOs must ensure that they stand in a position to clearly view a member's urine actually entering the sample bottle and/or pouring a sample from a wide-mouth container into the sample bottle. In doing so, the UO must prevent sample adulteration, substitution, or dilution.

1. **Actions upon Suspicion of Tampering.** If a UO suspects that a member tampered with his/her specimen at the collection site (e.g., the observer saw him/her put something in the specimen), then the UO must report it to the UC, who will then secure the specimen and notify the CO/OIC or appropriate chain of command. The CO/OIC or designee will direct the member to provide another specimen under the "command directed (CO)" premise code. Both specimens will be sent to the screening laboratory for testing.

2. **Drug Screening Laboratory.** The drug screening laboratory usually is able to detect adulterated or substituted samples. The laboratory will notify the command when a sample is suspected to contain adulterants. If such is the case, the command may request that the laboratory send the specimen to another laboratory for further adulterant testing and the results be forwarded to the requesting command.
3. **UCMJ Implications upon Urinalysis Tampering.** If a specimen is found to contain adulterants, both the member and his/her observer can be held accountable under the UCMJ: Article 90: Willfully disobeying a direct order; Article 107: Making a false official statement; and Article 134: False swearing by acknowledging the sample as only urine.

N. **Steroid Testing.** The urinalysis program includes anabolic steroid testing for probable cause and criminal investigation. Random testing and unit sweeps are not authorized and all requests are subject to Commander (CG-PSC-PSD-FS) approval. For each specimen to be steroid tested, a separate Specimen Custody Document-Drug Testing, DD Form 2624, is required. The specimen and DD Form 2624 must be accompanied by a signed memorandum on command letterhead requesting the specific specimen to be tested for anabolic steroids. If other testing is desired, it must also be requested on the same memorandum. The command must coordinate the request with the servicing laboratory beforehand and may be responsible for steroid testing payment.

Chapter 7 GLOSSARY

A. **Definitions.** These apply to terms used in the Military Drug and Alcohol Policy. They do not alter or supersede definitions in statutes, regulations, or directives concerned with personnel administration, medical care, or with the determination of misconduct and criminal or civil convictions for personal acts or omissions.

1. Alcohol Incident (AI).

- a. Except as set forth in Paragraph 7.A.1.c. below, any behavior, in which the CO/OIC determines by a preponderance of evidence after considering the relevant facts (i.e., police reports, eyewitness statements, and member's statement if provided) that alcohol was a significant or causative factor that resulted in the member's loss of ability to perform assigned duties or is a violation of the UCMJ, Federal, State, or local laws. The military member need not be found guilty at court-martial, in civilian court, or be awarded non-judicial punishment for a behavior to be considered an alcohol incident.
- b. Except as set forth in Paragraph 7.A.1.c. below, the military member must actually consume alcohol for an alcohol incident to have occurred. Simply being present where alcohol is consumed does not constitute an AI.
- c. Any military member who provides alcohol to an underage military member must be awarded an AI, regardless of whether the alcohol is actually consumed by any member.
- d. The following events must all be considered an Alcohol Incident:
 - (1) Underage Drinking. Any of the following events represent an underage drinking event and thus an AI.
 - (a) Active Duty Not on Approved Leave and Reservists on Duty. The Coast Guard minimum drinking age is 21 for all military members, wherever located; this is established as a Lawful General Order. Failing to comply with this order is punishable under Article 92 and other appropriate Articles of the UCMJ.
 - (b) Active Duty on Leave and Reservists Not on Duty. While on authorized leave, Coast Guard members must comply with the minimum legal drinking age for the jurisdiction in which they are present or the policy contained in Enclosure (9) of Coast Guard Morale, Well-Being, and Recreation Manual, COMDTINST M1710.13 (series). In the absence of any local law, the minimum drinking age is 21 for all military members.

- (2) **Impairment While on Duty.** All military members must be free from the residual effects of alcohol consumption and required to be free from all alcohol effects when reporting for duty, commencing duties, and/or expiration of liberty. Research shows impairment can occur in BAC as low as 0.02% but is significant at BAC of 0.04%.
2. **Alcohol Screening.** A Coast Guard Medical Officer performs an evaluation to determine the nature and extent of alcohol abuse. This evaluation must be performed by a physician, physician assistant, or nurse practitioner who has attended Addiction Orientation for Health Care Providers (AOHCP) training or has equivalent training regarding substance abuse and chemical dependency. A clinical psychologist, DoD or civilian-equivalent CAAC counselor with the above training may also perform this evaluation. However, a CDAR evaluation does not satisfy the screening requirement contained in this Manual.
 3. **Alcohol Use Disorder (AUD).** The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) identifies 11 criteria that can be used to determine AUD presence or severity. A medical professional must perform an analysis and diagnosis for potential AUD upon commission of an alcohol incident or referral. The direction and criteria for AUD treatment and diagnosis is found in Reference (a), Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6320.5 (series).
 4. **Authorized Use.** Use of medication within the terms of a medical provider's prescription, including period of use, reasons for use, and frequency of use. Authorized use also includes other verified medical use explanations for a substance that caused a positive urinalysis result, such as medication administered during an emergency room visit. For medications prescribed without a specified end date, there shall be a presumption that use of the medication was authorized if taken within six months of the prescription issue date. If taken after six months, the CO/OIC must presume such use was unauthorized and investigate whether a drug incident occurred. Authorized use results in a "no drug incident" finding as per Paragraph 5.E.4. of this Manual.
 5. **Blood Alcohol Content (BAC) Test.** A BAC test measures alcohol present in a volume of blood, it is tested with calibrated instruments by a law enforcement officer or medical officer, as the case may dictate. BAC testing methods include breath, blood, or urine measurements for alcohol content.
 6. **Command Referral.** The preferred method to address potential or suspected abuse is through a medical referral. A command referral is initiated with the intention to ensure the member receives appropriate screening, medicinal care and treatment, if necessary. See Reference (a), Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6320.5 (series).

7. **Driving Under the Influence (DUI).** DUI refers to the drunken or impaired operation of, or physical control of, a motor vehicle, aircraft, or vessel.
8. **Driving Under the Influence (DUI) of Alcohol.** DUI of Alcohol is sometimes known as Driving While Intoxicated (DWI). Across the United States, a recorded Blood Alcohol Content (BAC) test of .08% or higher alcohol is proof of DUI without any other evidence. It is possible to receive a DUI for vehicle operation while under the .08% BAC legal limit.
9. **Driving Under the Influence (DUI) of Intoxicants.** DUI of intoxicants include illegal narcotics and prohibited substances sufficient to impair judgment and the full exercise of mental or physical faculties. This includes prescription medications that impair mental or physical faculties. The controlled substance that caused the intoxication is immaterial.
10. **Drug.** A controlled substance that has potential for misuse, abuse, or dependence as defined by Title 21, Chapter 13 of 21 U.S.C. § 812 and referenced in the UCMJ (10 U.S.C. § 912a), Article 112a.
11. **Drug Abuse.** The use of a drug or substance for other than its intended legal use.
12. **Drug Abuse Paraphernalia.** Equipment, products, and materials of any kind that are used to traffic, supply, inject, ingest, inhale, or otherwise introduce into the human body any drug or substance in order to abuse it.
13. **Drug Dependence.** This term is interchangeable with Substance Use Disorder-Severe. A chronic disease characterized by repetitive, compulsive drug use, which interferes with the user's health, safety, job performance, family life, or other required social adaptation. This disease process may involve the increasing need for drugs. A drug-dependent individual may experience withdrawal symptoms when they stop taking drugs. Drug dependence also applies to a medical diagnosis made by a physician, physician assistant, or clinical psychologist. Find the criteria to establish a Substance Use Disorder-Severe diagnosis in the Diagnostic Manual of Mental Disorders 5th Edition (DSM-5). Medical diagnosis is primarily used to determine the appropriate level of treatment.
14. **Drug Incident.** Any of the following conduct constitutes a drug incident as determined by the CO/OIC:
 - a. Intentional use of drugs for non-medical purposes;
 - b. Wrongful possession of drugs;
 - c. Trafficking of drugs--distributing, importing, exporting, or introducing to a military facility;

- d. The intentional use of other substances, such as inhalants, glue, cleaning agents, or over-the-counter (OTC), or prescription medications to obtain a "high," contrary to their intended use; or
 - e. A civil or military conviction for wrongful use, possession, or trafficking of drugs, unless rebutted by other evidence (note the member need not be found guilty at court-martial, in civilian court, or be awarded NJP for the conduct to be considered a drug incident); however,
 - f. If the conduct occurs without the member's knowledge, awareness, or reasonable suspicion or is medically authorized, it does not constitute a drug incident.
See Chapter 5 of this Manual.
15. **Incident Referral (Drug or Alcohol).** The preferred method to address potential or suspected abuse is through a medical referral. An incident referral is initiated by the command where consumption of substances was considered a contributing factor to an incident. See Reference (a), Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6320.5 (series).
16. **Minimum Drinking Age.** The Coast Guard minimum drinking age is 21 years old. Minor exceptions are covered in Chapter 4 of this Manual.
17. **Random Testing.** A method to statistically select a sample in which all possible samples have equal probability of selection. The Coast Guard Urinalysis Program directs the use of DoD ID numbers for use in the random selection process.
18. **Self-Referral.** The preferred method to address potential or suspected abuse is through a medical referral. A self-referral is initiated by the insightful member to receive appropriate screening and referral treatment if necessary. See Reference (a), Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6320.5 (series).
19. **Substance Use Disorder.** The use of a drug or substance for other than its intended legal use. As defined by the Diagnostic Manual of Mental Disorders 5th Edition (DSM-5), a "substance use disorder describes a problematic pattern of using alcohol or another substance that results in impairment in daily life or noticeable distress." As with most addiction problems, despite any consequences a person suffers due to either alcoholism or drugs, they will generally continue to use their drug of choice. These disorders are categorized on a continuum: mild, moderate, or severe.
20. **Urinalysis.** The procedure employed to obtain urine samples under controlled conditions, maintaining a chain of custody on each sample, and scientifically analyzing the samples to detect the presence of drugs.

B. Acronyms.

1. ADB – Administrative Discharge Board
2. ADP – Administrative Discharge Proceedings
3. AI – Alcohol Incident
4. AC – Alternate Coordinator
5. AUD – Alcohol Use Disorder
6. BAC – Blood Alcohol Content also called Blood Alcohol Concentration
7. CAAC – Counseling and Assistance Center
8. CDAR – Command Drug and Alcohol Representative
9. CGIS – Coast Guard Investigative Service
10. CO/OIC – Commanding Officer/Officer-in-Charge
11. DHS – Department of Homeland Security
12. DoD DTP – Department of Defense Drug Testing Program
13. DSM-5 – Diagnostic Manual of Mental Disorders 5th Edition
14. DUI – Driving Under the Influence
15. EI-PDR – Electronically Imaged Personnel Data Record
16. NJP – Non-Judicial Punishment
17. OTC – Over-the-Counter
18. PDR – Personnel Data Record
19. TTP – Tactics, Techniques, and Procedures
20. UC – Urinalysis Coordinator
21. UCMJ – Uniform Code of Military Justice
22. UO – Urinalysis Observer

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