

Substance Abuse Policies 11-6.01-K

COMPREHEND the current policies and responsibilities regarding the following direct supervision, as presented in the E-PME Study Guide.

- Coast Guard drug and alcohol policies
- Addiction Prevention Specialist
- Collateral Duty Addictions Representative
- How to recognize suspected alcohol abuse
- Alcohol incidents
- Alcohol situations
- Coast Guard required drug and alcohol training
- Alcohol Abuse Prevention Programs

Current Alcohol and Substance Abuse Policies

The Coast Guard's drug and addiction policies and procedures in place to deal with addiction among its members are discussed in this section.



Coast Guard Drug and Alcohol Policies

It is Coast Guard policy that drug and alcohol abuse will not be tolerated as it undermines morale, mission performance, safety, and health. The possession, use, or distribution of illegal drugs constitutes a serious breach of discipline. Awareness and education, coupled with positive leadership at all levels, are the basic tools to eliminate drug and alcohol abuse in the Coast Guard.

***Coast Guard Drug
and Alcohol
Policies (continued)***

The Coast Guard Substance Abuse Prevention Program has three goals/objectives:

1. Reduce the incidence of substance and alcohol abuse by Coast Guard members
2. Detect and separate those members who abuse, traffic in, or unlawfully possess drugs
3. Facilitate the rehabilitation of active duty members for further useful service in the Coast Guard

Drug and alcohol abuse is discussed in more detail in Requirement 11-3.02-K.

***Addiction
Prevention
Specialist***

Addiction Prevention Specialists (APSs) are Maintenance and Logistics Commands (MLC) personnel assigned to detached duty at major headquarters commands. APSs serve as full-time addiction prevention facilitators. Their primary duties include:

- Conducting and assisting other command CDARs (including Reserve units) in developing and conducting general alcohol awareness and Substance Abuse Free Environment (SAFE) awareness training programs
- When stationed at Training Center Cape May, Reserve Training Center Yorktown, or the USCG Academy, provide recruits, officer candidates, direct commission officers, and cadets with abuse policies, surveys or screen tests, and prevention-based educational programs

NOTE: The APS is NOT to be assigned CDAR duties.

- **Abuse Policies.** Recruits, officer candidates, direct commission officers, and cadets are given an initial orientation on Coast Guard abuse policies and the effects of substance abuse within the Coast Guard.
- **Surveys and Screening Tests.** Recruits, officer candidates, direct commission officers, and cadets are given an initial survey or screen test to assist in identifying personnel who are at risk for substance abuse.

***Addiction
Prevention
Specialist
(continued)***

- **Prevention-based Educational Program.** A prevention-based educational program to reduce the risk of future alcohol or other substance misuse for personnel identified as high risk for substance abuse is provided to:
 - ▶ Recruits
 - ▶ Officer candidates
 - ▶ Direct commission officers
 - ▶ Cadets
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***Collateral Duty
Addiction
representative***

Commanding officers and officers in charge provide support for the Coast Guard's Substance Abuse Prevention Program by appointing and training a Collateral Duty Addiction Representative (CDAR).

CDARs with assistance from the Substance Abuse Prevention Teams (SAPTs) at MLC/PAC and MLC/LANT are tasked with administering the program.

CDARs are responsible for the following tasks:

- Provide assistance to command regarding drug or alcohol abuse prevention information
 - Establish unit prevention plans
 - Hold scheduled annual awareness training for supervisors and all hands
 - Prepare local instructions
 - Provide initial meeting with members identified as having possible alcohol abuse problems or receive an alcohol/drug incident; arrange necessary referrals, including diagnostic screening
 - Coordinate implementation of the mandatory precare/aftercare program with the commanding officer and ensure submission of the follow-up documentation
 - Obtain treatment and education for personnel as appropriate (ensure listed on unit check-in/out sheet)
 - Keep commanding officers or officer in charge informed of the expected date of return, prognosis, and personal needs (pay, orders, etc.) of members undergoing treatment
 - Assist and provide support for personnel returning to duty from treatment
 - Advise the MLC Substance Abuse Program Representative (SAPR) of all members in this program being transferred to another unit
 - Coordinate the transfer of case files with the SAPR
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***Recognizing
Alcohol Abuse***

Part of your duty to the Coast Guard and to your shipmates is to prevent or reduce the level of alcohol abuse and identify those personnel in need of assistance due to alcoholism.

Before you are able to fully carry out this duty, you need to be able to identify if someone is, or has the potential for, becoming an alcohol abuser/alcoholic. The amount of drinking one does, how often one drinks, and whether one can stop drinking from time to time is not a measure of alcoholism.

Determining when social drinking turns into alcoholism is almost impossible. However, one of the best ways to recognize a person who is an alcohol abuser/alcoholic is by asking yourself some informative questions.

Some examples of informative questions are presented on the following two pages. A YES answer to two or more of the questions could indicate alcohol abuse or alcohol dependence.

Observe work-related behaviors for further signs of alcohol abuse/alcoholism and refer to your CDAR as appropriate.

Informative Questions about Alcohol Abuse/Alcoholism

1. ***Has drinking caused the person to miss work?*** Yes ____ No ____

Notice the person's habits of missing work.

- Does the person miss work regularly because of a hangover or "cold" or "flu"?
- Is the person often late for work?
- Does the person often fail to return from lunch?
- Is the person regularly absent on Monday mornings or Friday afternoons?

If the answer to any of these questions is YES, the person may have a drinking problem.

2. ***Has drinking jeopardized the person's job or duty assignment?*** Yes ____ No ____

This symptom is usually a fairly late and serious sign of alcoholism.

3. ***Has drinking made the person's life unhappy?*** Yes ____ No ____

For most alcoholics, home life becomes unhappy. This happens even before they have problems at work.

4. ***Is the person in financial trouble because of drinking?*** Yes ____ No ____

This is a very important sign of alcohol abuse/alcoholism. Many people, no matter how much they earn, may have a standard of living that's below their income because their money is spent on drinking. If yes, this person is on his/her way to becoming an alcoholic.

5. ***Does drinking make the person careless?*** Yes ____ No ____

In the later stages of alcoholism, drinking becomes the most important thing in alcoholics' lives. They care less for their own or their family's welfare than they do for their drinking.

6. ***Does the person turn to "less desirable" people and a lower social environment when drinking?*** Yes ____ No ____

Alcoholics tend to drink more than their peers. Since they are looked down upon or criticized, they may socialize with people who have lower moral standards than they do.

7. ***Does the person drink because of shyness or to build self-confidence?***

Yes ____ No ____

While people who drink to bolster their courage before meeting with other people may not be alcoholics, it's a danger signal that they may be on their way to becoming alcoholics.

8. *Has drinking decreased the person's ambition?* Yes ____ No ____

Alcohol may change their attitude about their values. Values may become distorted along with their ambitions.

9. *Does the person drink to get away from troubles?* Yes ____ No ____

If a person makes a habit of turning to the bottle to get away from troubles and worries, the person has a high potential for becoming an alcoholic.

10. *Does the person drink alone?* Yes ____ No ____

Drinking alone is not necessarily a sign of being or becoming an alcoholic. Many people who live alone may have a drink or two and never become an alcoholic. However, people who are alcoholics, or are on the way to becoming one, may drink more often alone. They may need more alcohol than others to get the same effect. Therefore, they drink alone before they go out to a bar, for example, so that they will feel the effects more quickly.

11. *Has the person ever had a complete loss of memory because of drinking?*

Yes ____ No ____

This is a **major** sign. Alcoholics may black out after drinking too much. When they wake up, they do not remember anything that happened while they were drunk. How did the dent get in my car? How did I get hurt? Where are my pants? These are some of the questions someone who had a blackout may be unable to answer.

12. *Has a doctor ever treated the person for drinking?* Yes ____ No ____

A doctor may treat someone for stomach trouble or even a liver disorder but never confront the person with the real cause of the health problem, which may be drinking. If one of your people has health problems, have that person see the medical officer. If you suspect the problem may be alcohol-related, tell the medical officer.

13. *Does the person feel remorse after drinking?* Yes ____ No ____

If the person feels guilty after drinking, then drinking is probably causing problems for the person. This could be the time for you to take action to help the person.

14. *Does the person want a drink "the morning after"?* Yes ____ No ____

Many people who drink to excess have had a hangover at one time or another. However, when a person with a hangover turns to alcohol as the "cure," that is a good sign of alcoholism. Alcoholics drink not only because they want to, but because they need to.

15. *Does drinking cause the person to lose sleep?* Yes ____ No ____

Having difficulty sleeping is one of the physical symptoms of heavy alcohol use/abuse.

16. Does the person “hunger” for a drink at a certain time each day?

Yes ____ No ____

Some people like to have a drink at a set time each day, before dinner for example, but they really don't mind if they miss it. But some alcoholics depend on a drink at certain times and become uncomfortable or irritable if not able to drink at a given time.

17. Has the person's efficiency decreased because of drinking? Yes ____ No ____

Alcohol decreases a person's judgment and skill. The person can't think or work as well after a few drinks and won't get much done after a few beers for lunch. Also, long term abuse of alcohol damages brain cells, reducing concentration and motor skills.

Alcohol Situations An alcohol situation is an occurrence where alcohol is involved or present but is not the causative factor for a member's undesirable behavior or performance (e.g., purchasing alcohol for a minor falls under this category).

Members who are involved in alcohol situations not considered as alcohol incidents are to be counseled concerning their abuse of alcohol and informed of the conduct expected of members of the Coast Guard. This counseling must be documented on an Administrative Remarks (CG-3307) form in the member's PDR.

The CG-3307 provides commands with significant background information when considering if disciplinary and/or administrative action should be taken against a member for undesirable behavior or performance influenced by the use of alcohol.

Alcohol Incidents

An alcohol incident involves any behavior that:

- Results in the member's loss of ability to perform assigned duties
- Brings discredit upon the Uniformed Services
- Is a violation of the UCMJ, Federal, state, or local laws where alcohol is determined to be a significant or causative factor

Continual intemperate use of alcohol may result in disciplinary action and/or administrative separation from the Coast Guard.

PDR (Administrative Remarks [CG-3307]) entries for enlisted personnel (memos for officers) are required reflecting:

- All alcohol incidents
- Disposition made
- A warning that any subsequent alcohol incident is grounds for separation

Both the commanding officer and the member concerned sign the entry. Additionally, this entry fulfills the requirement for a probationary period when contemplating discharge action.

- **1st Incident Disposition.** Anytime a member is involved in an alcohol incident, he or she will be screened and appropriate action will be taken. Members abusing alcohol, but not involved in an alcohol incident, should be closely scrutinized by the commanding officer and, at the CO's discretion, be considered for screening.

NOTE: Alcohol MUST be consumed to be considered an alcohol incident.

***Alcohol Incidents
(continued)***

- **2nd Incident Disposition.** The member must be screened and the command ordinarily commences discharge procedures, if a member:
 - ▶ Is involved in a second alcohol incident
 - ▶ Who is a diagnosed alcoholic begins consuming alcohol after receiving alcohol treatment
 - ▶ Violates the aftercare plan

In cases where the commanding officer or officer-in-charge feels that an exceptional situation warrants consideration for a waiver, the member will be screened and a letter request for treatment and retention (including the screening results, CO's recommendation, and treatment plan) will be forwarded via the chain of command to Commandant.

- **3rd Incident Disposition.** Members will be processed for separation who are:
 - ▶ Involved in a third alcohol incident
 - ▶ Diagnosed alcoholics who again consume alcohol the second time after receiving alcohol treatment
 - ▶ Violate their aftercare treatment plan a second time

***CG-required Drug
and Alcohol
Training***

Enlisted recruits, cadets, officer candidates, and direct commissioned officers are given indoctrination briefings on the Coast Guard's drug and alcohol abuse policy. Within seven days of the recruits reporting for training, Drug and Alcohol Representatives address Coast Guard's drug and alcohol abuse policy and the provisions of CG Personnel Manual.

An Administrative Remarks (CG-3307) Personal Data Record (PDR) for enlisted or Coast Guard memo for officers is prepared and signed by all members. This document ascertains that the training has been performed and states the members understand that drug and alcohol abuse is not tolerated in the Coast Guard and is grounds for discharge.

Petty officers, officers, officer candidates, cadets, and civilian supervisors receive annual additional education in:

- Identification of signs of drug and alcohol abuse
- Documentation techniques
- Referral procedures

***CG-required Drug
and Alcohol
Training
(continued)***

The topics covered by this training include:

- Awareness of the extent of drug and alcohol abuse and its costs to the Coast Guard, the member, and the member's family
- Physical and physiological effects of popular drugs and alcohol
- Coast Guard policy on drug and alcohol abuse

All unit training plans are to provide annual training for Coast Guard military and civilian personnel in:

- Identification of signs of drug and alcohol abuse
- Coast Guard policy on personnel with drug or alcohol problems
- Alcohol treatment programs available to Coast Guard members
- Drug and alcohol abuse and its effect on members and their families

***Alcohol Abuse
Prevention
Program***

The Coast Guard provides alcohol abuse prevention and rehabilitation programs on three levels:

Level 1: Awareness Education

Level 2: Outpatient/Intensive Outpatient

Level 3: Residential Rehabilitation Programs

*Level 1: Awareness
Education*

Level 1 awareness education consists of both prevention and intervention efforts such as:

- Discipline
 - Inspections
 - Awareness education
 - Leadership by positive role modeling
 - Administrative screening
 - Referral
 - Medical identification and intervention
 - When available, Navy Impact or Coast Guard Basics course
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*Level 2: Outpatient
/Intensive
Outpatient*

Outpatient/Intensive outpatient programs provide therapeutic nonresidential counseling and referral. They are designed for those personnel whose degree of abuse or denial requires attention beyond the capacity of Level 1 programs.

This level may be used for referral of persons to Level 3 and for persons waiting for space at a Level 3 facility, but it is designed to treat diagnosed alcohol abusive members.

Programs at all levels consist of:

- Clinical screening and referral
 - Therapeutic nonresidential counseling
 - Outreach assistance
 - Education
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*Level 3: Residential
Rehabilitation
Programs*

Residential rehabilitation is designed for those members who meet the following qualifications:

- Are formally evaluated and diagnosed as alcohol-dependent by an MD
- Require rehabilitation on a full-time, live-in basis for 4–6 weeks
- Show evidence of potential, in the opinion of their commanding officers, for continued Coast Guard service

Level 3 care is normally provided at an Alcohol Rehabilitation Center (ARC) or Alcohol Rehabilitation Department (ARD). The length of residential rehabilitation is generally four to six weeks and reflects a multidisciplinary therapeutic approach.

Residential alcohol rehabilitation is normally a one-time opportunity per Coast Guard career. However, when the Coast Guard has a large investment in a person's rehabilitation, the commanding officer may recommend that the person receive a second chance.

Aftercare Program

The recommended recovery from the disease of alcoholism following residential treatment normally requires abstinence from alcohol and attendance at group or 12-step meetings (such as Alcoholics Anonymous, Smart Recovery, or Rational Recovery).

Commanding officers may determine that any instance of alcohol use by a member following residential treatment as failure to complete the program or failure at rehabilitation.

Subsequent to successful completion of a Level 2 or 3 alcohol abuse program and the return of persons to their commands, they will remain in an aftercare status for six months to one year depending on diagnosis.

The nature of the aftercare program varies from case to case. However, most programs include participation in formalized aftercare groups and attendance at two group or 12-step meetings; meeting weekly with the unit CDAR and, if medically authorized, Antabuse therapy.

Antabuse Therapy

Antabuse is a nontoxic drug that interferes when the body metabolizes alcohol. When Antabuse users drink alcohol, they experience a flu-like reaction.

- Within minutes, the face gets hot and red, the whole body flushes, the head throbs, and the person may become dizzy or disorganized.
- Then comes intense nausea, vomiting, sweating, and weakness, followed by prostration.
- Some people become faint or experience chest pains similar to a heart attack.

These symptoms can last from half an hour to several hours, and they are not soon forgotten.

When taken under the direction of a doctor, it's a fairly safe drug. However, with Antabuse in the body, alcohol can cause severe, even dangerous, reactions. Since as little as a teaspoon of alcohol can cause symptoms, an Antabuse user finds cheating, even a little bit, almost impossible.

The drug rarely has adverse side effects. While not a treatment for alcoholism, the drug keeps the alcoholic sober while undergoing treatment.
