



Deputy Chief Management Officer  
of the Department of Defense

# ADMINISTRATIVE INSTRUCTION

**NUMBER 17**

November 23, 2015

Incorporating Change 1, April 13, 2017

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HRD, WHS

**SUBJECT:** Civilian Employee Alcohol and Drug Abuse Prevention, Testing, and Control Program

**References:** See Enclosure 1

1. PURPOSE. This administrative instruction (AI):

a. Reissues AI 17 (Reference (a)) in accordance with the authority in DoD Directive 5110.04 (Reference (b)) and DoD Instruction 5025.01 (Reference (c)), and consistent with References (d) through (o).

b. Implements DoD policy and assigns responsibilities for the prevention of substance or drug misuse among civilian employees.

2. APPLICABILITY. This AI applies to:

a. OSD, Defense Agencies, and the DoD Field Activities that are serviced by Washington Headquarters Services (WHS) (referred to collectively in this AI as the “WHS-serviced Components”).

b. Employees of WHS-serviced Components located outside the Washington metropolitan area who receive counseling, rehabilitation services, and drug testing through their servicing civilian personnel office or under other applicable servicing agreements.

3. POLICY. The following policy, applicable to the WHS-serviced Components, is established to implement the DoD policy in DoD Instruction 1010.09 (Reference (d)).

a. While on duty, DoD employees will be free of the effects of alcohol and drugs. Such abuse is incompatible with maintaining high standards of performance, accomplishing the OSD mission, and readiness.

b. A drug-free workplace will be provided for employees with due regard to the rights of the U.S. Government, the employee, and the general public. A positive work atmosphere will be maintained where substance or drug misuse is not tolerated.

c. DoD employees will not wrongfully use illegal drugs, whether on duty or off duty, in accordance with Reference (d), Executive Order 12564 (Reference (e)), and Page 28054 of Volume 80, Federal Register (Reference (f)). In addition, DoD employees will not wrongfully possess or distribute illegal drugs, whether on duty or off duty, in accordance with References (d), (e), and (f), and other federal laws, rules and regulations. DoD employees will not use alcohol other than in accordance with applicable federal, State, and local laws, rules, and regulations.

d. Management, in addition to any appropriate personnel action, will provide counseling and referral for treatment or rehabilitation for substance or drug misuse. Individuals who refuse to participate in counseling or refuse to enter or fail to successfully complete a treatment or rehabilitation program will be subject to the full range of disciplinary or adverse actions, including removal, as appropriate, in accordance with applicable policies and regulations.

e. Management will, in addition to any appropriate personnel action, provide counseling and referral for treatment and rehabilitation to drug abusers in accordance with appropriate laws, regulations, and instructions. Individuals who are offered treatment, but refuse or fail to successfully complete a treatment or rehabilitation program, will be subject to the full range of disciplinary or adverse actions, including removal, in accordance with applicable policies and regulations.

f. Management and employees will be trained on DoD policies on substance or drug misuse or dependency and effective measures to alleviate problems associated with misuse or dependency.

g. Management will grant individuals sick leave for treatment or rehabilitation, as in any other illness or health problem.

h. An employee's job security or promotional opportunities will not be jeopardized by his or her request for assistance, except as limited by Reference (d), relating to sensitive positions.

i. Management will enlist the active support of labor organizations as key elements to the success of the alcohol and drug abuse program.

j. Management will preserve the confidential nature of medical records of employees undergoing counseling and treatment in accordance with applicable laws and regulations.

4. RESPONSIBILITIES. See Enclosure 2.
  
5. PROCEDURES. See Enclosures 3 through 5.
  
6. RELEASABILITY. **Cleared for public release.** This AI is available on the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.
  
7. SUMMARY OF CHANGE 1. The changes to this issuance are administrative and update references and clarify the records maintenance language for accuracy.
  
8. EFFECTIVE DATE. This AI is effective November 23, 2015.



Patricia M. Young  
Director

Enclosures

1. References
2. Responsibilities
3. Alcohol and Drug Abuse Program
4. Confidentiality of Client Records
5. Records Maintenance

Glossary

ENCLOSURE 1

REFERENCES

- (a) Administrative Instruction 17, "Civilian Employee Alcohol and Drug Abuse Prevention, Testing, and Control Program," November 6, 2007 (hereby cancelled)
- (b) DoD Directive 5110.04, "Washington Headquarters Services (WHS)," March 27, 2013
- (c) DoD Instruction 5025.01, "DoD Issuances Program," August 1, 2016, as amended
- (d) DoD Instruction 1010.09, "DoD Civilian Employee Drug-Free Workplace Program," June 22, 2012
- (e) Executive Order 12564, "Drug-Free Federal Workplace," September 15, 1986
- (f) Page 28054 of Volume 80, Federal Register, May 15, 2015
- (g) Title 29, Code of Federal Regulations
- (h) Part 731.202 of Title 5, Code of Federal Regulations
- (i) Part 2 of Title 42, Code of Federal Regulations
- (j) Administrative Instruction 81, "OSD/Joint Staff (JS) Privacy Program," November 20, 2009
- (k) Administrative Instruction 15, "OSD Records and Information Management Program," May 3, 2013
- (l) American Psychiatric Association Manual, "Diagnostic and Statistical Manual of Mental Disorders," current edition
- (m) Executive Order 13526, "Classified National Security Information," December 29, 2009
- (n) Section 802(6) of Title 21, United States Code
- (o) DoD Instruction 1010.04, "Problematic Substance Use by DoD Personnel," February 20, 2014

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, WHS. Under the authority, direction, and control of the Deputy Chief Management Officer of the Department of Defense, through the Director of Administration, Office of the Deputy Chief Management Officer, the Director, WHS:

a. Administers the program for employees of WHS-serviced Components covered by Reference (b).

b. In accordance with Reference (d), enters into a memorandum of understanding with the Department of the Army or other Federal Government entities to provide:

- (1) Professionally trained personnel to perform specimen collection.
- (2) Professionally trained personnel to process specimens for laboratory testing.
- (3) Testing of specimens at a DoD-certified forensic toxicology drug-testing laboratory.
- (4) Chain of custody procedures on all specimens.
- (5) Services of a medical review officer.
- (6) Confidentiality of all testing results.

c. Ensures WHS policy and procedures on drug abuse prevention, testing, and control, as required by Reference (e) and Title 29, Code of Federal Regulations (Reference (g)), will be made available to all employees covered under this AI.

2. DIRECTOR, HUMAN RESOURCES DIRECTORATE. Under the authority, direction, and control of the Director, WHS, the Director, Human Resources Directorate:

a. Coordinates applicable aspects of the program with supervisors, civilian medical authorities, and the Pentagon Employee Referral Service.

b. Coordinates training programs with the Pentagon Employee Referral Service for:

- (1) Supervisors to help them identify and address substance or drug misuse by employees.
- (2) Employees on the control and prevention of alcohol and drug abuse and dependency.

(3) All personnel to ensure that educational material on alcohol and drug abuse and dependency is available to them.

c. In accordance with Reference (f), compiles sufficient statistical data to provide the basis for evaluating and reporting program results and effectiveness to the Department of Health and Human Services.

d. Provides advice and assistance to supervisors on proposed adverse or disciplinary actions when substance or drug misuse may be involved.

e. Designates a drug program coordinator to administer the drug testing program in accordance with Reference (d).

3. WHS-SERVICED COMPONENT HEADS. The WHS-Serviced Component heads ensure that all personnel within their organization are aware of this AI and the Presidential initiatives on a drug-free workplace.

ENCLOSURE 3

ALCOHOL AND DRUG ABUSE PROGRAM

1. PROCEDURES

a. The alcohol and drug abuse program supplements existing procedures for dealing with employees who:

(1) Management has reason to believe may be under the influence of alcohol or other intoxicants during work hours. If an employee is not able to perform assigned duties or is exhibiting conduct unbecoming to a federal employee, the employee must be removed from the work environment. Management has the option to:

(a) Escort the employee to the Civilian Employees' Health Service;

(b) Contact a family member for transportation; or

(c) Escort the employee out of the building to obtain public transportation (e.g., taxi service). If the employee refuses to leave, management should contact the Pentagon Force Protection Agency for employees within the National Capital Region. For employees outside the National Capital Region, management should contact the appropriate authority for assistance. Under no condition should the employee drive a vehicle. The supervisor should contact WHS, Human Resources Directorate, Labor Management and Employee Relations (LMER) for further assistance.

(2) Voluntarily admit their drug use before notification of a random drug test. On such admission, the supervisor will contact the drug program coordinator in LMER for guidance on further actions and in the creation of a "safe harbor" for employees who meet the conditions prescribed in paragraphs 1a(2)(a) through (c) of this enclosure.

(a) The employee voluntarily identifies himself or herself as a user of illegal drugs before being identified by other means.

(b) The employee obtains counseling or rehabilitation through an employee assistance program (EAP).

(c) The employee thereafter refrains from using illegal drugs.

(3) Do not improve their performance, conduct, or attendance after counseling by the supervisor and whom management has reason to believe may be under the influence of alcohol or other intoxicants during work hours. Those employees will be provided with the choice of either accepting assistance through professional diagnosis and counseling for the problem, or accepting the consequences of continued unsatisfactory job performance or conduct.

(4) Are referred to an EAP and who management has reason to believe may be under the influence of alcohol or other intoxicants during work hours. Employees will be allowed up to 1 hour (or more as necessitated by travel time) of excused absence to attend the **initial** counseling session.

b. Disciplinary or adverse action proceedings against an employee who is abusing alcohol or using illegal drugs will be taken in accordance with Reference (d).

c. Candidates for testing-designated positions will be subject to urinalysis testing to determine if they are drug free in accordance with Reference (d).

(1) A candidate occupying a testing-designated position in any WHS-serviced Component (e.g., Military Department, Defense Agency) who is tentatively selected for a position within OSD, is not subject to pre-employment drug testing before appointment provided the servicing personnel office furnishes certification that the individual is currently in a testing-designated position.

(2) A candidate tentatively selected for a testing-designated position who tests positive for illegal drugs will be denied employment, if the use is determined to be wrongful. All candidates with a verified positive drug test will not be considered for employment for a period of 6 months from the date of the test result. The length of time since the last abuse of alcohol or drugs is less important than the steps taken by the applicant to secure treatment of his or her illness through medical care, rehabilitation, or similar actions in accordance with part 731.202 of Title 5, Code of Federal Regulations (Reference (h)).

d. Except as stated in paragraph 1c of this enclosure, applicants for non-sensitive positions who have a history of alcohol abuse may be considered if they are determined good employment risks. An incumbent of a non-sensitive position can be refused or denied employment on the grounds of current illegal drug use.

2. MANAGERS AND SUPERVISORS. Managers and supervisors:

a. Support the alcohol and drug program and must be alert to adverse changes in work patterns and behavior of assigned employees.

b. Contact an Employee Relations Specialist within LMER if such changes in work patterns and behavior affect job performance or conduct.

3. EMPLOYEES. Employees:

a. May seek assistance in counseling by requesting assistance from Pentagon Employee Referral Service.

- b. Must not wrongfully use illegal drugs.
- c. Must not abuse alcohol to the detriment of the mission of DoD.
- d. Must not abuse prescription drugs by using a prescription other than in the employee's name, use not in accordance with doctor's instruction, or use other than for what the prescription was originally intended.

4. EAP. The EAP:

- a. Provides counseling and assistance to employees who self-refer for treatment or whose drug tests have been confirmed positive. Monitors the employees' progress through treatment and rehabilitation.
- b. Provides needed education and training on types and effects of drugs; symptoms of drug use and its impact on performance and conduct; the relationship of the EAP with the drug testing program; and related treatment, rehabilitation, and confidentiality issues.
- c. Ensures that confidentiality of test results and related medical treatment and rehabilitation records is maintained in accordance with Reference (d).

ENCLOSURE 4

CONFIDENTIALITY OF CLIENT RECORDS

1. Records of the identity, diagnosis, prognosis, or treatment of any employee that are maintained in connection with the performance of any drug abuse prevention program or alcohol-related treatment program conducted, regulated, directly or indirectly, may be disclosed only for the purposes and under the circumstances expressly authorized pursuant to Title 42, Code of Federal Regulations (Reference (i)).
2. Alcohol and drug abuse treatment records may only be disclosed without the prior written consent of the patient:
  - a. To medical personnel to the extent necessary to meet a genuine medical emergency.
  - b. To qualified personnel for the purposes of conducting scientific research, management audits, financial audits, or program evaluation. Such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.
  - c. Pursuant to the order of a court of competent jurisdiction or where required by the U. S. Government to defend against any challenge against any adverse personnel action.
3. Except as authorized by a court order, no records under paragraph 1 of this enclosure may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.
4. Confidentiality prohibitions do not apply to the reporting under State law of incidents of suspected child abuse or neglect to the appropriate State or local authorities.

ENCLOSURE 5

RECORDS MAINTENANCE

1. General supervisory documentation of employee job performance and actions taken to motivate correction of job deficiencies will be maintained confidentially in the supervisor's work folder.
2. Official personnel folders will not include information on an employee's alcohol or drug abuse problem or efforts to rehabilitate the employee, except as they apply to specific charges leading to disciplinary actions, including separation.
3. In accordance with Reference (i) and AI 81 (Reference (j)), medical records on alcohol and drug abuse will be disclosed to the individual to whom they pertain, unless a determination is made in consultation with a physician that the disclosure could have an adverse effect on the individual's physical or mental health. In that case, this information may be transmitted to a physician named by the individual concerned.
4. All records generated on an employee's alcohol or drug abuse problem will be maintained consistent with Reference (j), and all other applicable federal laws, rules, and regulations on confidentiality of records.
5. When an employee formally enters into such a program, employee assistance or counseling records on personal problems or substance or drug misuse will not be maintained in the employee medical file. Counseling records are maintained by the EAP; however formal counseling records may be included in the employee medical file only with the consent of the employee.
6. Records to be maintained by the drug program coordinator and destroyed when 3 years old in accordance with AI-15 (Reference (k)) are:
  - a. Lists of employees to be tested.
  - b. Those employees who report or fail to report for testing.
  - c. Those employees with confirmed positive test results released by the medical review officer.
  - d. All other administrative records on the drug testing program.

## GLOSSARY

### PART I. ABBREVIATIONS AND ACRONYMS

AI	administrative instruction
EAP	employee assistance program
LMER	Labor Management and Employee Relations
WHS	Washington Headquarters Services

### PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purposes of this AI.

alcohol abuse. The use of alcohol to an extent that it has an adverse effect on the user's health or behavior, family, community, or DoD, or leads to unacceptable behavior as evidenced by one or more acts of alcohol-related misconduct.

alcohol dependence. Psychological or physiological reliance on alcohol, as such reliance is defined by the American Psychiatric Association Manual (Reference (1)).

applicant. Any individual tentatively selected for a testing-designated position with the OSD.

candidate. An applicant who has been tentatively selected for a testing-designated position.

drug. Any substance, other than food, that a person inhales, injects, consumes, or introduces into their body in any manner, to alter mood or function.

drug dependence. Psychological or physiological reliance on a chemical or pharmacological agent as such reliance is defined by Reference (e). The term does not include the continuing prescribed use of pharmaceuticals as part of the medical management of a chronic disease or medical condition.

drug program coordinator. Under the supervision of the Assistant Director, LMER Division, Human Resources Directorate, is responsible for the implementation, direction, administration, and management of drug program activities for OSD.

employee assistance or counseling record. The record created when an employee formally enters and participates in the agency EAP for substance or drug misuse or personal counseling.

EAP. The counseling program that offers assessment, short-term counseling, and referral services to employees residing in WHS managed facilities for a wide range of drug, alcohol, and mental health problems, and monitors the progress of employees while in treatment.

employee medical folder. A separate file (SF-66D, “Employee Medical Folder,” or equivalent) that contains all medical records designated for long-term retention, which accompanies the employee during his or her federal career, and which is stored separately along with the official personnel folder at the National Personnel Records Center.

employees in sensitive positions. Positions that require security clearance levels of: special sensitive, critical sensitive, or noncritical-sensitive.

Employees in positions designated as sensitive in accordance with Reference (h).

Employees granted access to classified information or who may be granted access to classified information under a determination of trustworthiness in accordance with part 4 of Executive Order 13526 (Reference (m)).

Positions that management determines involve law enforcement, national security, the protection of life and property, public health or safety, or other functions requiring a high degree of trust and confidence.

illegal drugs. A controlled substance included in Schedule I or II, as defined by section 802(6) of Title 21, United States Code (Reference (n)).

medical review officer. The individual responsible for receiving laboratory results generated from Reference (d) who is a licensed physician with knowledge of substance abuse disorders and the appropriate medical training to interpret and evaluate all positive test results together with an individual’s medical history and any other relevant biomedical information.

manager. An official having authority to hire, direct, assign, promote, reward, transfer, furlough, lay off, recall, suspend, discipline, or remove employees; to adjust their grievances; or to effectively recommend such action if the exercise of the authority is not merely routine or clerical in nature, but requires the consistent exercise of independent judgment.

substance or drug misuse. Defined in DoD Instruction 1010.04 (Reference (o)).

testing-designated position. The positions described in Reference (d) that are designated as subject to random drug testing of the incumbent. The positions are characterized by their critical safety or security responsibilities, as they relate to the mission of the WHS-serviced Components. The job functions associated with those positions have a direct and immediate impact on public health and safety, the protection of life and property, law enforcement, or national security. Those positions require the highest degree of trust and confidence.

wrongful. Contrary to federal law. This includes use contrary to the directions of the manufacturer or the prescribing healthcare provider and use of any intoxicating substance not intended for human ingestion. Legislative changes by some states and the District of Columbia do not alter Federal law, existing suitability criteria, or Executive Branch policies regarding

marijuana. An individual's disregard of Federal law pertaining to marijuana remains adjudicatively relevant to suitability determinations and relevant for disciplinary actions.