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APVG-CG

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MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: 25th Infantry Division Policy Letter # 16 - Army Substance Abuse Program (ASAP) Deterrence and the Limited Use Policy

1. References.

a. AR 600-85, Army Substance Abuse Program, 28 November 2016.

b. AR 600-63, Army Health Promotion, 14 April 2015.

c. U.S. Army Pacific (USARPAC) Policy Memorandum 15-08, Army Substance Abuse Program, 01 April 2015.

d. Army Directive (AD) 2016-15, Change in the Army's Random Deterrence Drug Testing Program, 22 April 2016.

e. U.S. Army Medical Command (USAMEDCOM) OPORD 16-33, Realignment of Army Substance Abuse Program Clinical Care to MEDCOM, 26 July 2016.

f. U.S. Army Installation Management Command (USAIMCOM) OPORD 16-106, Realignment of the Army Substance Abuse Program Clinical Treatment and Rehabilitation Care to U.S. Army MEDCOM Behavioral Health System of Care (BHSOC), 12 August 2016.

2. Purpose.

a. To provide guidance and establish policy on the Army Substance Abuse Program (ASAP) as a command program with emphasis on readiness and personal responsibility within 25ID.

b. To provide a greater understanding of the Army's Limited Use Policy which provides requirements and resources to all personnel assigned to 25ID and is a part of the commander's overall substance abuse policy.

3. Background. The Army Substance Abuse Program (ASAP) is a commander's program that promotes unit readiness by reducing substance abuse through educating, training, deterring and identifying substance abusers. The preventative and education functions of ASAP are critical to early identification of substance abusers. The misuse

and abuse of alcohol and illegal substances is detrimental to mission readiness and Soldier, Family member and Civilian employee well-being. Commanders, First Sergeants, Unit Prevention Leaders (UPL) and Civilian supervisors must be personally supportive and knowledgeable of the ASAP mission to ensure unit readiness and individual health.

4. Discussion.

a. Leaders have a responsibility to support the Army's policy of de-glamorization of alcohol. This includes ensuring that the consumption of alcohol is safe and voluntary and within appropriate levels at organized social events, such as hails and farewells, dining-ins, or unit dinners. Leaders must address the problem of underage drinking, as well as excessive intake of alcohol by any personnel at informal events such as promotion parties. At all levels, leaders must set the example through their personal behavior and directly encourage the responsible use of alcohol.

b. Impaired Soldier and Civilian employee performance or misconduct should serve as early identification of potential substance abuse issues. Early referral of individuals who demonstrate alcohol or other drug abuse issues is the key to rehabilitation. Soldiers identified by incidents or command concerns must be referred to Substance Use Disorder Clinical Care (SUDCC) within 5 days of a documented incident. (SUDCC, formerly known as ASAP Clinic / ASAP Counseling Center, is realigned under MEDCOM's Behavioral Health, effective 01 October 2016. Functions of deterrence / drug testing and prevention / training will remain a HQDA G-1 ASAP mission with the Garrison.)

c. The purpose of the Limited Use Policy is to facilitate the identification of Soldiers who abuse alcohol and other drugs by encouraging self-referral and to facilitate the rehabilitation of those abusers who demonstrate potential for rehabilitation and retention. It is not intended to protect a member who is attempting to avoid disciplinary or adverse administrative actions.

d. The Limited Use Policy prevents the government from using certain information in actions under the UCMJ or for characterization of service in administrative proceedings. This information is known as "protected evidence" and is defined as, and limited to:

(1) A Soldier's self-referral to SUDCC. This includes drug or alcohol test results when a Soldier self-refers to SUDCC for voluntary rehabilitation prior to receiving an order to submit for a lawful drug or alcohol test. Voluntary submission includes Soldiers communicating to a member of their chain of command that they desire to be entered

into a rehabilitation program. Example: The unit commander orders a urinalysis for all members of a unit. Before receiving an order, or having knowledge of the pending test, a Soldier approaches the platoon sergeant, admits having used illegal drugs over the weekend, and indicates a desire to receive help. The results of the subsequent urinalysis would be protected by the limited use policy.

(2) Information collected during emergency medical care of a Soldier for an actual or possible overdose. The Army considers an overdose, or possible overdose, to be a variation of volunteering for help and therefore treats a Soldier who overdoses as a self-referral.

e. The Limited Use Policy does not offer protection in all self-referral situations. The government may introduce evidence from a self-referral against a Soldier in these cases:

(1) When a Soldier self-refers after receiving notification to participate in a drug test such as random inspection or probable cause test.

(2) When there is a positive drug test after a rehabilitation test on a Soldier who is enrolled in SUDCC for alcohol abuse.

(3) When there are positive results for drugs from a drug test conducted during regular unit urinalysis after a Soldier is enrolled in SUDCC and an Army FTDTL expert determines the positive result was due to use of drugs after enrollment in SUDCC.

(4) When a Soldier is apprehended by law enforcement prior to receiving emergency medical care.

f. The Limited Use Policy does not prevent a counselor from revealing, to the commander or appropriate authority, knowledge of certain illegal acts which may compromise or have an adverse impact on mission, national security, or the health and welfare of others. This includes information that the client currently possesses illegal drugs or that the client committed an offense while under the influence of alcohol or drugs, other than the prior illegal possession incident to the prior use.

g. Soldiers may self-refer if they have concerns for their personal behavior and have not had a disqualifying substance abuse incident under the Limited Use policy. Other prevention / rehabilitation tools available include:

(1) Prevention training is available to officers, NCOs, and enlisted personnel through the ASAP Prevention Coordinator (PC) and unit UPLs. AR 600-85, para. 9-12

and AR 350-1 require four (4) hours of substance abuse prevention training per Soldier, per year. Unit Prevention Leaders will conduct this training in four modules, with ASAP staff providing at least one of the 4 hours of training. All four modules must be completed to get credit for the 4 hours required annual training. The number of Soldiers trained every quarter by Commander, Unit Prevention Leader, or a guest speaker are reported to the Prevention Coordinator at the Installation ASAP office no later than 5 working days after the training. This documentation must include a sign-in roster, the topic and length of training.

(2) Commanders at every level will ensure random urinalyses testing at the rate of ten (10) percent of assigned end-strength each month. The primary method for selection should be the Inspection Random (IR) drug testing code. Soldiers not selected for random urinalysis during the first three quarters of each fiscal year will be selected for testing during the fourth quarter using the Inspection Other (IO) test basis code. Commanders should not use unit sweep testing to meet this requirement. In support of Army Directive 2016-15, Change in the Army's Random Deterrence Drug Testing Program, published 22 April 2016, units are restricted to two (2) unit sweep premise testing per fiscal year.

(3) SUDCC provides licensed professional substance abuse therapists, referred to as Substance Use Disorder (SUD) providers, whose primary duties are to triage, assess, consult with client / command to establish treatment plans and counsel substance abusers. The partnership of Command / Client / Counselor (C3) is essential to the successful rehabilitation of Soldiers. Equally important to C3 is command attention to rehabilitation drug testing or alcohol testing weekly of all enrolled SUDCC clients. This testing verifies the abstinence of the client, deters use, and expedites effective treatment. Lack of abstinence during the course of treatment is cause for a rehabilitation team meeting (RTM) to consider program failure and justification for separation action by command. Soldiers under the influence of substances must be taken to the Military Police (MP) Station or the Emergency Room (ER). All potential clients must be sober before being escorted to SUDCC.

(4) UPLs certified by ASAP will support unit prevention education, coordinate drug testing and advise commanders in assessing misuse / abuse of drugs or alcohol in the unit. Personal observations by UPLs will be used on a continuing basis to prevent and deter substance abuse. Frequent health and welfare inspections, command emphasis on zero tolerance and education of harmful effects are helpful tools to deter use of illicit substances. When notified of positive urinalysis test results by ASAP, commanders will provide escort of abusers to the SUDCC with a signed DA Form 8003 (ASAP Enrollment) within five days of notification.

h. Civilian employees may be referred by supervisors or may self-refer to the Employee Assistance Program (EAP) in ASAP. Family members and retired military may also seek substance abuse, work related issues or personal issue services through EAP.

(1) Prevention training is available for Civilian employees, their supervisors, and other interested groups through the ASAP Prevention Coordinator (PC). For Civilian employees, ASAP prevention, education, and training will be provided in conjunction with, but not limited to, existing civilian personnel orientations and training programs. Under AR 600-85, para. 9-13, a minimum of two (2) hours per Civilian employee per year of alcohol and other drug awareness training is required.

(2) ASAP is encouraged to develop, support and/or sponsor anti-drug and alcohol abuse programs for community K-12 schools that are on, or formally associated with, the military installation. ASAP prevention education and training at community schools will be addressed in the annual prevention plan.

(3) Additionally, ASAP prevention education and training of Family members will be addressed in the annual prevention plan. Attendance by Family members, retirees, and off duty contract personnel and their families will be on a voluntary basis. Training will highlight the local laws, extent of abuse, availability of counseling, rehabilitation services, and alternatives to alcohol and other drug abuse.

4. All levels of military and Civilian leadership must serve as models of responsible behavior and assist in identification and appropriate referral of those directly involved in alcohol or other drug use. When prevention, identification, education, and rehabilitation / treatment fail, administrative or disciplinary action must be utilized.

5. I direct each Officer and Noncommissioned Officer to inform subordinates of this policy and to supplement normal training and safety briefings with information regarding the ramifications of this policy.

6. This policy will be permanently posted on unit bulletin boards.

7. Expiration Date. This memorandum remains in effect until superseded or rescinded in writing.

8. Proponent. The point of contact of this policy letter is LTC Joe A. Ratliff, 25ID G-1, at (808) 655-1803 or joe.a.ratliff.mil@mail.mil and Ms. Pamela Jinnohara, ASAP Program Manager at (808) 655-4470 or pamela.s.jinnohara.civ@mail.mil.

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