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APVG-CG

29 January 2021

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: United States Army Hawaii (USARHAW) Policy Letter # 13 - Army Substance Abuse Program and Limited Use

1. References.

- a. Army Regulation (AR) 600-85 (Army Substance Abuse Program).
- b. AR 600-63 (Army Health Promotion).
- c. U.S. Army Pacific Policy Memorandum 17-09, Army Substance Abuse Program, 23 Jun 17.

2. Purpose. To provide guidance and establish the USARHAW Army Substance Abuse Program (ASAP) policy to support readiness and personal responsibility, and to highlight the importance of the Limited Use Policy as an element of the Command's overall substance abuse policy.

3. Background. ASAP is the Commander's program that promotes unit and personal readiness by emphasizing deterrence, prevention, education, and early identification of alcohol and substance abuse problems. The misuse and abuse of alcohol and illicit substances is detrimental to mission readiness and individual well-being. Therefore, Leaders at all levels, military and civilian, must serve as models of responsible behavior and assist in the identification and appropriate referral of those needing treatment. Health and welfare inspections, command emphasis on zero tolerance, and education on harmful effects are helpful deterrence tools. Likewise, Leaders must leverage administrative or disciplinary actions when prevention, education, and treatment fail.

4. Discussion.

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

b. Prevention Training. ASAP staff provide alcohol and substance abuse training to Soldiers, Family members, civilians, and Retirees through various face-to-face engagements and approved venues (e.g, Microsoft Teams). Training highlights local laws, extent of abuse, availability of counseling, rehabilitation services, and alternatives to alcohol and other drug abuse. Commanders will incorporate alcohol and drug abuse prevention annual training into the overall training plan for the unit and determine its duration, location, and means for conduct. Training will be conducted face-to-face by unit leaders and/or subject matter experts, as available and needed. Additional support for adolescent Family members is provided through Adolescent Support and Counseling Services through local schools.

c. Commanders will conduct random urinalysis testing using test code 'Inspection Random', monthly at a minimum rate of 10 percent of assigned end-strength each month. 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 test code 'Inspection Other'. Commanders should not use unit sweep testing, testing code 'Inspection Unit' to meet this requirement.

(1) All Soldiers who test positive for illicit substances, illegitimate use of prescription medication, or have an alcohol-related incident will attend Prime for Life. ASAP will communicate this requirement to Commanders; notification will include an enrollment date for Prime of Life. Attendance will be tracked in the Drug and Alcohol Management Information System (DAMIS).

(2) Alcohol-related incidents are defined as: those with alcohol as the primary offense (e.g., OVUII/DUI, public intoxication, alcohol related reckless driving, underage possession and/or consumption, drunk and disorderly, etc.) that are reportable or that result in disciplinary actions.

(3) Command Teams at all echelons have the discretion to enroll Soldiers suspected of alcohol abuse into Prime for Life and/or Substance Use Disorder Clinical Care (SUDCC).

d. Battalion and Unit Prevention Leaders (BPL/UPL) will be appointed in accordance with (IAW) the requirements outlined in reference A and certified by ASAP staff. B/UPLs will implement the unit ASAP program IAW reference A and ensure it includes drug testing, prevention education, and trend analysis.

e. Treatment. Impaired performance or misconduct can be early signs of potential alcohol or substance abuse. Referral of individuals who demonstrate alcohol or drug abuse is key to intervention and rehabilitation.

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Civilians, Family members, and Retirees can utilize the Employee Assistance Program (EAP) for substance abuse and/or work related issues; Civilian supervisors may also make referrals to the EAP. Treatment for Soldiers is provided by the Substance Use Disorder Clinical Care (SUDCC), formerly ASAP Clinic/ASAP Counseling Center. Enrollment in SUDCC occurs through:

(1) Command Referral: Commanders will, within 5 duty days of a documented drug or alcohol incident or notification of a positive drug or alcohol test result, refer the identified Soldier to SUDCC using a signed DA Form 8003 – Command Referral for a Substance Use Disorder (SUD) Evaluation. Commanders will provide an escort for Command referred Soldiers. Moreover, Commanders will also ensure monthly rehabilitation drug and/or alcohol testing for all SUDCC enrolled Soldiers.

(2) Voluntary Alcohol-Related Behavioral Health Care: Soldiers meeting specific criteria may receive treatment without being enrolled in mandatory substance abuse treatment. This encourages Soldiers to seek help earlier and will improve readiness by decreasing unnecessary enrollment and deployment limitations.

f. The Limited Use Policy supports early identification and care of Soldiers with substance use disorders as well as rehabilitation and retention. Likewise, the Limited Use Policy prohibits the use of protected evidence by the government against a Soldier in actions under the UCMJ or on the issue of characterization of service in administrative proceedings. For limitations and implementation, reference AR 600-85, paragraphs 10-11 through 10-13 and consult your Legal team.

g. The Alcohol Drug Control Officer will brief Leaders about the status of their programs and highlight issues (for example, drug abuse trends, testing rates, etc.).

5. This policy will be posted on unit bulletin boards. All BDE/BN/CO commands, will ensure all Soldiers, Families, and DA Civilians are informed of this policy.

6. This policy letter remains in effect until superseded or rescinded in writing.

7. The point of contact of this policy letter is the USARHAW Ready and Resilient Program Specialist at 808-787-1464 or usarmy.hawaii.r2@mail.mil.



JAMES B. JARRARD
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Commanding