

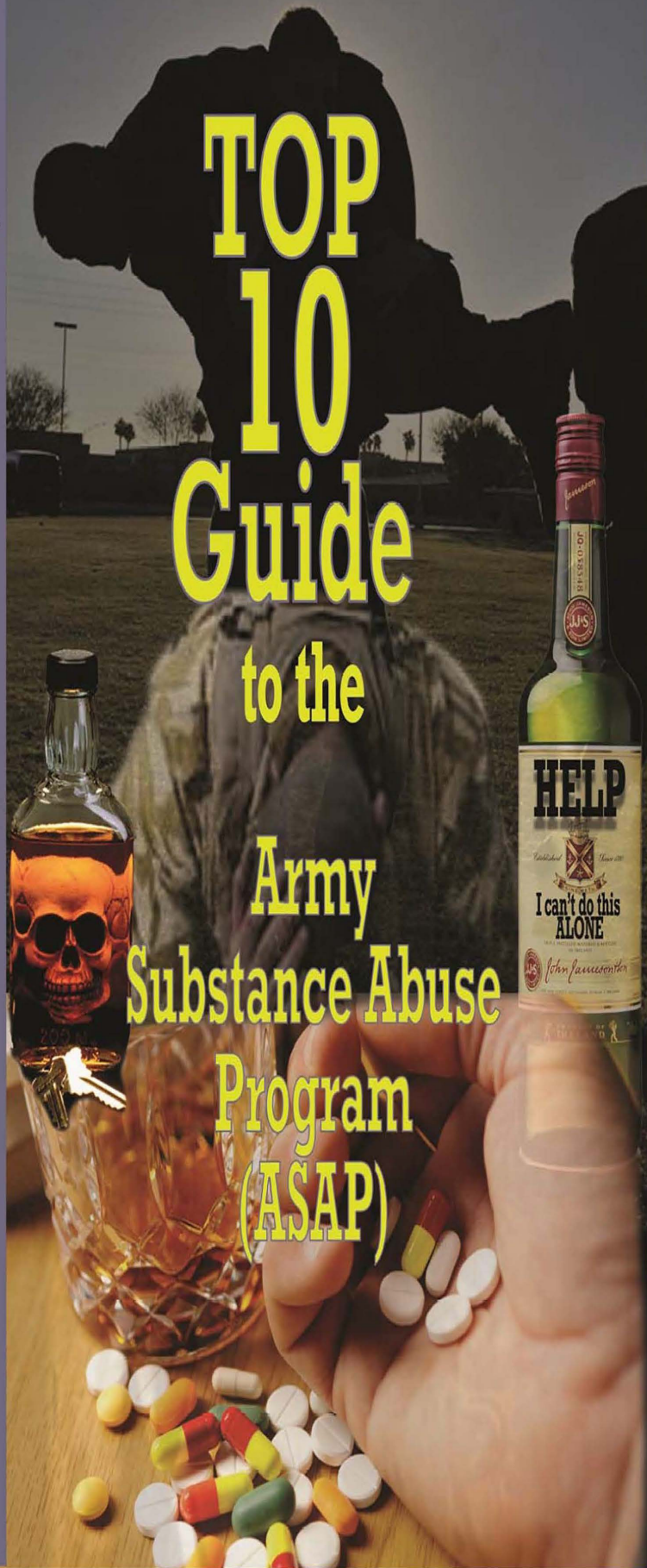


# A Commander's

# TOP 10 Guide

to the

Army  
Substance Abuse  
Program  
(ASAP)



**T**he Army Substance Abuse Program (ASAP) is a commander's retention and readiness program under the direction of the G1 designed to:

- Educate and train Soldiers about drugs and alcohol, and the potential impact/consequences of use and/or abuse to:
    - the Army and unit readiness,
    - their health and career,
    - their relationships with subordinates, family and friends.
  - Deter substance abuse through an aggressive urinalysis program. Identify Soldiers with problematic substance use as early as possible.
  - Return to full duty those Soldiers identified as having problematic substance use, who demonstrate the ability to be substance free and have the potential for continued military service.
- The ASAP consists of two major components: the clinical (SUDCC) and the non-clinical ASAP (also known as the Garrison or Command ASAP).

The Command ASAP works under the garrison commander and is responsible for drug and alcohol prevention and training programs, urinalysis specimen collection, shipping and handling, risk reduction and all other non-clinical functions within the ASAP. The proponent for the Command ASAP is the Army Resilience Directorate of the G1.

The Substance Use Disorder Clinical Care (SUDCC) handles the treatment and rehabilitation of Soldiers that are identified as having problematic substance use. USA Medical Command has oversight responsibility for the SUDCC.

## **Command ASAP**

**ASAP Manager** The Army Substance Abuse Program Manager is in charge of all non-clinical ASAP functions and is your primary POC for ASAP issues.

**PC** The Prevention Coordinator is responsible for prevention and training programs on your installation to include unit level training.

**DTC** The Drug Testing Coordinator is the installation subject matter expert for drug testing procedures.

**EAPC** The Employee Assistance Program Coordinator is the primary POC for civilian employees in need of assistance.

**RRPC** The Risk Reduction Program Coordinator is the primary POC for the Risk Reduction Program statistics and the Unit Risk Inventory (URI) and Reintegration Unit Risk Inventory (R-URI) surveys.

## **Substance Use Disorder Clinical Care (SUDCC)**

**IDPH** The Installation Director of Psychological Health is in charge of the SUDCC and is your POC for counseling and rehabilitation services.

**Counselors** The counselors screen Soldiers with potential substance abuse problems and provide treatment and counseling.

## **Other Personnel**

**Commander** You, as a commander, have a key role in the Army's substance abuse program.

**UPL** The Unit Prevention Leader is your primary POC at the unit for ASAP issues.

**MRO** The Medical Review Office reviews drug positive results that could be due to authorized prescription medication.

**SJA** The Staff Judge Advocate is your legal advisor for drug and alcohol cases.

**MP/CID** The Military Police and the Criminal Investigation Division provide blotter reports and investigate drug cases.

**BACM** The Base Area Code Manager is assigned in certain deployed areas and are a commanders primary POC for drug testing and training issues while deployed. In deployed areas without a BAC/BACM, commanders need to get support from the home installation ASAP.

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## What are my responsibilities as a commander with the ASAP?

Implement and maintain, even while deployed, a unit substance abuse program:

- Appoint on orders at least two officers and/or noncommissioned officers (E-5 or above) to be trained and certified as Unit Prevention Leaders (UPLs).
  - Ensure that the Unit substance Abuse Program SOP and other policies are up to date and signed by you.
  - Ensure UPLs are trained and certified before deployment.
  - Conduct random unpredictable unit urinalysis at a minimum rate of 10% of unit monthly or as directed by the Army or DOD policy.
  - Maintain contact with both the clinical and command ASAP staff to ensure you are kept abreast of:
    - New training and educational materials, Risk Reduction data, drug and alcohol trends, availability and statistics within your community or area of deployment.
    - The status of your Soldiers enrolled in treatment.
    - Changes in regulations or policies, programs and campaigns within the military community.
- Implement the Alcohol and Drug Abuse Prevention Program and work with the Risk Reduction Coordinator and the Installation Prevention Team (IPT) to design and provide prevention and intervention on identified high risk unit behaviors.
- Ensure that needed training and briefings are provided.
  - All Soldiers are required by AR 600-85 to receive alcohol and other drug awareness training at the discretion of the commander.
  - All newly assigned Soldiers are to be briefed on local and command ASAP policies and services.
- Immediately report all offenses involving illegal possession, use, sale, or trafficking in drugs or drug paraphernalia to the Provost Marshal (PM) for investigation or referral to the USACIDC. Coordinate with DTC/ASAP Manager to ensure all positive test results of illicit use are reported. Positive tests that require MRO review, as directed by USAMEDCOM, will not be reported until receipt of verified illegal use by the MRO.
- Assess programs and provide feedback to the RRPC and IPT for program improvements.
- Conduct Reintegration Unit Risk Inventory (R-URI) 90-180 days after returning from a deployment.

**T**he unit's primary and alternate Unit Prevention Leaders (UPL) are required by AR 600-85 to be trained and certified through the Army's 24 hour UPL Certification Training Program (UPL CTP). Certified UPLs are required to re-certify every 18 months by attending a refresher course and passing the certification exam.

All prospective UPLs should have a drug and alcohol background check conducted on them by the local ASAP prior to attending the UPL certification course.

Additionally, UPLs should receive a copy of the UPL CTP packet which includes the UPL Handbook and all the training resources for the course. Contact your DTC or PC to schedule your potential UPL to take the UPL certification course.

Your prospective UPLs will be required to review and study the training packet either prior to or during the actual resident course; commanders should allow prospective UPLs the appropriate time needed and provide them access to a computer.

### **Annual Training as needed:**

Commanders determine the needed prevention training and activities and coordinates with the ASAP PC for advice and assistance on conducting training. Commanders may use certified UPLs to assist with coordinating and conducting alcohol and other drug awareness training and provide the unit with appropriate substance abuse prevention materials (see last page of this pamphlet). The UPL can use scripted presentations to provide training and additional products and resources are available to the UPL from the ASAP PC.

### **Deployed Unit UPL Certification/ Recertification**

In bridging the skill gap as resulted by changing operational conditions, prospective UPLs that need to certify/recertify while deployed may do so through the Army Resilience Directorate ASAP website at <https://sr2.army.mil>. Deployed commanders should contact the program manager for their AOR or ARD ASAP at [usarmy.knox.hqda-dcs-g-1.mbx.acsap-upl@mail.mil](mailto:usarmy.knox.hqda-dcs-g-1.mbx.acsap-upl@mail.mil) to coordinate access to the on-line certification/recertification resources.



**Definition of Smart testing:**

The process where drug testing is conducted in such a manner that it is not predictable to the testing population. If your unit is conducting random smart testing then every Soldier should believe that he/she can and may be tested on any given day at any given time.

**DOs of Smart Testing:**

- Back-to-back testing.
- Weekend/Holiday testing.
- Pre- and post- deployment testing.
- Testing during field exercises
- Testing at the end of the duty day.
- Testing throughout the month.
- If you select them, then collect them.
- Randomly select Soldiers utilizing the DoD Drug Testing Program (DTP).

**DON'Ts of Smart Testing:**

- Don't ask for volunteers.
- Don't post testing on the training schedule; it defeats the entire purpose of testing, i.e. unpredictability.
- Don't let the Soldiers off the hook who say they can't go, or claim "shy bladders."
- Don't announce testing the day before.
- Don't walk through the unit with your supplies prior to the test.
- Don't stop testing because it is the end of the duty day.

**Why is Smart Testing important?**

The urinalysis program is designed to be a deterrence program. If a Soldier believes that he/she will be tested at some time and that he/she will receive negative consequences for testing positive, then he/she will most likely not risk using drugs. If a Soldier can predict when he/she will be tested then he/she may beat the test by flushing his/her system with water; and the deterrent effect is lost.

- Forensic Toxicology Drug Testing Laboratories (FTDTL):
  - Tripler Army Medical Center, Honolulu, HI
  - Fort Meade, MD
  - Other DOD Drug Testing Laboratories and AFMES
- The FTDTLs test **all** acceptable specimens that they receive for:
  - THC (active ingredient of marijuana)
  - Cocaine
  - Amphetamines (includes metham-phetamine and designer drugs such as Ecstasy)
  - Heroin
- In addition, the laboratory tests the specimens for other drugs as determined by DOD:
  - Opiates (includes codeine, morphine)
  - Oxycodone/Oxymorphone
  - Synthetic Cannabinoids (Spice)
  - Fentanyl
  - Benzodiazepines
  - PCP
  - LSD
- Many of the drugs can be detected at the positive level for up to 72 hours after use, with the exception of LSD which can be detected for only about 24 hours. This is based on a casual user, who ingests a normal street dose of the drug.
- To be reported positive, a specimen must test positive on a screening test and a confirmation test using the industry standard methodology as mandated by DOD; if it tests negative anytime during the testing sequence then the specimen is destroyed and reported as negative.
- Positive specimens are held frozen at the FTDTL for one year after the report date; the commander may request in writing that a specimen be held for an additional year.
- Army laboratories have expert witnesses that can:
  - Answer questions concerning the validity of Soldier defenses.
  - Answer questions about what can and what cannot cause a positive result.
  - Testify in Courts Martial or boards both telephonically or in person.

**NOTE:** Barbiturates (includes phenobarbital, butalbital, and secobarbital) are now only tested under special test procedures.

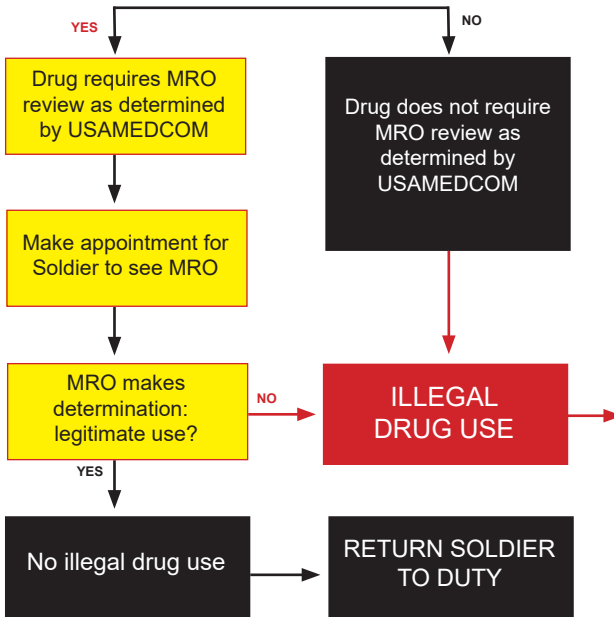
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## What do I do with a positive urinalysis result?

CDR notified of positive drug test

### CDR Actions:

#### Does drug require MRO review?



#### Commander will:

1. Consult with law enforcement
2. Initiate flag
3. If no law enforcement investigation, advise Soldier of UCMJ Article 31 rights
  - a. If Soldier remains silent or requests a lawyer, STOP, conduct commander's inquiry without questioning Soldier. See AR 15-6
  - b. If Soldier waives rights then:
    - Show evidence to Soldier
    - Request contraband
    - Request statement
    - Complete commander's inquiry. See Rules for Courts-Martial (R.C.M.) 303
4. Refer to ADAPT & BH-SUDCC
5. Consider UCMJ or other adverse action. See R.C.M. 306
6. Initiate discharge IAW appropriate regulation

#### Does this Positive require MRO review?

DRUG	MRO Review?
THC, cocaine, 6 MAM (heroin), Synthetic Cannabinoids (Spice/K2), LSD & PCP	NO
Amphetamines	
• Amphetamines & methamphetamines	YES
• MDMA (Ecstasy) & MDA	NO
Opiates	
• Codeine & morphine	YES
• Oxycodone/oxymorphone	YES
• Fentanyl/norfentanyl	YES
Barbituates	YES



**Y**ou should **always** consult with SJA concerning whether or not the Limited Use Policy applies.

### Objectives of the “Limited Use Policy”:

- To facilitate the identification of problematic substance users of alcohol and other drugs by encouraging identification through self-referral.
- To facilitate the treatment and rehabilitation of those problematic substance users who demonstrate the potential for rehabilitation and retention.
- Basically the Limited Use Policy is a substance abuse amnesty box for Soldiers. It allows Soldiers that have not been identified to reveal their past abuse and seek treatment without receiving UCMJ action.

### What does the Limited Use Policy do?

- Prohibits the use by the government of protected evidence (evidence of certain positive drug results such as a fitness for duty test, or certain types of information about illegal drug or alcohol use that occurred before a Soldier self referred) against a Soldier in courts-martial, UCMJ or for an unfavorable characterization of service.

- If a commander identifies a Soldier as a problematic substance user through self-referral, then the commander is not required to initiate separation action.

- A Soldier can still be administratively discharged for a positive drug test that is covered by the Limited Use Policy, but the Soldier will receive an Honorable Discharge.

### For more information on the Limited Use Policy see

- AR 600-85
- UPL Handbook (Commander’s Guide)
- <https://sr2.army.mil>
- Local SJA
- Local ASAP

If you have reason to believe (probable cause verified by SJA) that a Soldier(s) is using a specific drug other than the mandatorily tested drugs on the Drug Demand Reduction Program (DDRP) drug panel then you can take one of the following actions:

### Other Drugs on DDRP Panel:

Request by memorandum that the specimen(s) be tested for a specific drug by name or all drugs on DDRP Panel. State the specimen(s) to be tested by DOD ID and other identifying information from the urinalysis paperwork. **Do not** place the Soldier(s) name on the memorandum or the drug testing laboratory will destroy the specimen IAW their SOP.

**Steroids:** Request by memorandum that a specimen be tested for steroids. Specimens that are requested for steroid testing will **only** be tested for steroids. You must have probable cause (verified by SJA) to request this test. Coordination with your local DTC is also required prior to specimen collection. Steroid tests take from 6 to 8 weeks for a result.

Note: As of 2020, DoD military specimens are tested for Marijuana (THC), Cocaine, Heroin, Amphetamines (including designer amphetamines) and one or more of drugs on the DDRP Panel such as opiates (which include morphine and codeine), synthetic opioids (Oxycodone/ oxymorphone (commonly known as OxyCotin), Hydrocodone/hydromorphone and Fentanyl/norfentanyl), selected Benzodiazepines, and synthetic cannabinoids (Spice/K2).

**Special Test:** Special tests are tests for other drugs, not on DDRP Panel, such as mushrooms (psilocybin) or prescription drugs. These tests can only be ordered when you have probable cause and you must coordinate with the DTC prior to collection. These tests require different paperwork and are sent to the Armed Forces Medical Examiner System (AFMES) at Dover AFB, DE.

**Alcohol:** If you have sufficient evidence to have probable cause (verified by SJA) that a Soldier is impaired on duty, then you can request a legal breath or blood alcohol test on that Soldier. The ASAP does not accept specimens for alcohol.

- The Soldier must receive a breath alcohol test from the MPs or get a legal blood alcohol test drawn at the local MTF (contact the ASAP Manager for additional information).
- Commanders may use non-evidentiary breath or saliva devices to **RANDOMLY** screen Soldiers for alcohol impairment on duty. If the commander wants to use the results in administrative action or UCMJ, then the test **MUST** be confirmed by an evidentiary breath alcohol test (MPs) or legal blood alcohol test (MTF).

### RRP

As of 1 Oct 02, both FORSCOM and TRADOC have mandated the use of the Risk Reduction Program (RRP). The Risk Reduction Program offers the Unit Risk Inventory and the Reintegration Unit Risk Inventory. These surveys are anonymous questionnaires designed to screen for high-risk behaviors and attitudes that compromise unit readiness. The results of the Unit Risk Inventory and the Reintegration Unit Risk Inventory are used to adjust training and prevention efforts within the unit. The Unit Risk Inventory is also a great tool for incoming leadership teams to assess the climate within their new unit.

**Note:** Both of these surveys are supplied free to units; contact your local ASAP for more information.

### CRRT

The Commander's Risk Reduction Tool Kit (CRRT) provides Army Command Teams visibility of risk history, personal readiness factors, and adverse trends for units and individual soldiers in a near real-time environment. The Army developed the CRRT to improve leaders' visibility and increase readiness across their formations. It provides individual Soldiers' unit history and behavioral trends. The dashboard pulls information from multiple authoritative Army databases to present a more concise report about the Soldiers in, or newly arriving to, a unit. This capability allows commanders to make informed decisions to strengthen unit readiness by engaging with Soldiers at the earliest sign of deviation from standards or behaviors.



**Educate and train.**

**Deter substance abuse.**

**Identify Soldiers with problematic substance use.**

**Return to full duty those Soldiers  
who demonstrate the ability to be free from  
substance misuse.**

**Visit <https://sr2.army.mil> or <https://www.armyresilience.army.mil> for updates to this  
brochure and other ASAP-related materials.**

### **My ASAP Contact Information**

**ASAP  
Manager:** Name \_\_\_\_\_ Phone \_\_\_\_\_  
e-mail \_\_\_\_\_

**PC:** Name \_\_\_\_\_ Phone \_\_\_\_\_  
e-mail \_\_\_\_\_

**DTC:** Name \_\_\_\_\_ Phone \_\_\_\_\_  
e-mail \_\_\_\_\_

**IDPH:** Name \_\_\_\_\_ Phone \_\_\_\_\_  
e-mail \_\_\_\_\_

**Primary UPL:** Name \_\_\_\_\_ Phone \_\_\_\_\_  
e-mail \_\_\_\_\_

**Alternate  
UPL:** Name \_\_\_\_\_ Phone \_\_\_\_\_  
e-mail \_\_\_\_\_

**Resources:**

<https://sr2.army.mil>

**AR 600-85**

**UPL Handbook (Commander's Guide)**

**Developed for Commanders by the  
Army Resilience Directorate, HQDA**

**Send suggestions or comments to:  
Army Resilience Directorate  
ATTN: Deterrence Program, 6th Floor  
2530 Crystal Drive  
Arlington, VA 22202**

