



DEPARTMENT OF THE ARMY
HEADQUARTERS, JOINT READINESS TRAINING CENTER AND FORT POLK
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MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Joint Readiness Training Center (JRTC) and Fort Polk Policy 28 - Army Substance Abuse Program and Limited Use

1. References.

- a. Army Regulation 600-85, The Army Substance Abuse Program.
- b. Army Regulation 600-63, Army Health Promotion.
- c. Army Pamphlet 600-24, Health Promotion, Risk Reduction, and Suicide Prevention.
- d. Army Pamphlet 600-85, Army Substance Abuse Program Civilian Services.
- e. DoD Instruction 1010.4, Problematic Substance Use by DoD Personnel.
- f. Manual for Courts-Martial (2024 edition).

2. Purpose. This policy memorandum supports DoD drug abuse prevention efforts 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. Applicability. This policy is applicable to all military and government employees living, working, and/or otherwise present on JRTC and Fort Polk.

4. Background. Army Substance Abuse Program.

a. Army Substance Abuse Program (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.

b. 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.

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c. Leaders must leverage administrative or disciplinary actions when prevention, education, and treatment fail.

5. Policy.

a. Leaders have a responsibility to support the Army's policy of alcohol de-glamorization. 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.

b. 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.

c. Prevention Training. ASAP staff provide alcohol and substance abuse training to Soldiers, Family members, Department of the Army 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.

d. 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 as needed.

e. Drug Testing. 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 cannot use unit sweep testing (100% testing), testing code 'Inspection Unit' to meet this requirement.

f. All Soldiers who test positive for illicit substances, illegitimate use of prescription medication, or have an alcohol-related incident will attend the two-day Prime for Life course. The ASAP office 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).

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

h. 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). Referral of individuals who demonstrate alcohol or drug abuse is key to intervention and rehabilitation.

i. 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.

j. Treatment for Soldiers is provided by the Substance Use Disorder Clinical Care (SUDCC), located at BJACH Behavioral Health Department (6th floor). 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 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) Commander's will follow recommendations presented to them by the SUDCC provider that completed the evaluation of the Soldier IAW AR 600-85 including Rehab (RO) test. This will be done through Command notification by SUDCC with the returned DA 8003 form to Command. Command will have the Unit UPL administer the substance abuse testing and ensure it is coding as RO testing. It will then be submitted to ASAP for processing.

(3) 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.

k. 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

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in actions under the UCMJ or on the issue of characterization of service administrative proceedings. For limitations and implementation, reference in AR 600-85, paragraphs 10-11 through 10-13 and consult your Legal team.

6. 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.
7. The point of contact for this policy is the Army Drug Control Officer/ASAP Manager, Directorate of Human Resources, at (337) 531-1281.
8. This policy will remain in effect until superseded or rescinded.



JASON A. CURL
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Commanding

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