



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST INFANTRY DIVISION AND FORT RILEY
BUILDING 580, REED AVENUE
FORT RILEY, KANSAS 66442-7000

AFZN-CG

9 October 2024

COMMANDER'S POLICY MEMORANDUM #7

SUBJECT: Alcohol and Drug Abuse, Army Substance Abuse Program

1. References.

- a. Army Regulation 600-85, Army Substance Abuse Program
- b. Department of the Army Pamphlet 600-85, Federal Drug-Free Workplace Procedural Guidance
- c. Army Directive 2021-10, Commander's Risk Reduction Toolkit
- d. Army Regulation 600-8-2, Suspension of Favorable Personnel Actions (Flag)
- e. Fort Riley Installation Military Urinalysis Drug Testing Program and Collections Standard Operating Procedure

2. Purpose. The 1st Infantry Division and Fort Riley are responsible for building and maintaining readiness in our units to be able to fight and win America's wars. Part of that task is maintaining a force free from the effects of substance abuse. The Army is only as good as its members. This Division will work to keep Soldiers and Families healthy and ready to fight by maintaining a culture of engaged leadership who value personal readiness, who do not tolerate illegal drug use, and who support low-risk responsible alcohol consumption.

3. Applicability. This policy applies to all Service Members and DA Civilians (DAC), assigned or attached to the 1st Infantry Division and Fort Riley, to include tenant units, and all other military and civilian personnel on Fort Riley under the command and control of the Senior Commander. Civilians and Family members are also highly encouraged to adhere to this policy. Civilians and Family members who do not comply with this policy may be barred or denied access to the installation.

4. Commanders at every level will conduct a minimum 10% random (collection code: IR) urinalysis of assigned end strength each month as required by Army Regulation (AR) 600-85, para. 4-2c. Every assigned Soldier will provide a urinalysis once per fiscal year. During the fourth quarter, Soldiers not randomly tested during the first three quarters of each fiscal year can be selected for testing under the inspection other (IO) test basis code as required by AR 600-85, para. 4-2c. Battalion commanders are responsible for ensuring all new Soldiers are tested within 30 days of arrival to Fort Riley.

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5. Commanders, no later than 30 days from notification of the misconduct, will initiate administrative separation for all Soldiers who produce an illegitimate drug positive, are involved in a serious incident of alcohol related misconduct, are involved in the illegal trafficking, distribution, possession with intent to distribute or the selling of illegal drugs, and those convicted of DWI or DUI. Commanders must initiate appropriate FLAGS on all Soldiers who engage in substance-related misconduct according to AR 600-8-2, para. 2-2p..

6. Commanders will refer all Soldiers with either confirmed or suspected alcohol or drug incidents to Substance Use Disorder Clinical Care (SUDCC) for an evaluation. Referral must be within five duty days following all drug/alcohol related incidents and will include a Behavioral Health (BH) evaluation for Substance Abuse Disorder (SUD) as required by AR 600-85, 2-15i and 3-8.

7. Commanders will ensure Soldiers enrolled in SUDCC mandatory treatment program submit to rehabilitation (RO) tests.

8. Battalion Commanders will appoint and certify officers or NCOs, E-6 or above, as Primary and Alternate Battalion Prevention Leader (BPL) in accordance with AR 600-85, para. 2-15b. BPLs will be inspected by the Drug Test Collection Point (DTCP) staff biennially. BPLs will inspect company-level programs annually using the approved Fort Riley Inspection Plan and report findings to DTCP.

9. Command Teams at all levels need to register for their Commander's Risk Reduction Toolkit (CRRT) accounts at <https://vantage.army.mil>. Command Teams will access the CRRT platform to evaluate high risk Soldier/Unit trends within their perspective formation and to verify compliance to monthly random drug testing requirements. Account deactivation will occur after 90 days of inactivity in accordance with DoD requirements.

10. Units identified as having drug or alcohol related issues that are two times greater than the Army's rate through the CRRT/Vantage program are referred to as "RED BAND" and will be required to schedule and conduct a minimum of one hour of drug and/or alcohol education/training provided by the ASAP. A minimum of 50% - unit strength required.

11. Commanders will ensure the Unit Risk Inventory (URI) is administered to all Soldiers 30 to 90 days before a rotation/deployment and between 30-180 days after returning from a rotation/deployment as required by AR 600-85, para. 12-6. If a unit is not in the rotation/deployment cycle, the URI is administered annually. The URI will be administered following company change of commands to assess high risk behavior. 75% of the assigned strength (a minimum of 20 for smaller units) needs to be present to complete the survey.

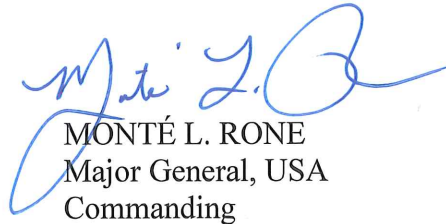
12. The ASAP Program Manager may limit unit testing, to include 100% Unit Sweeps (collection code: IU), in response to inventory and budget constraints.

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13. ASAP will provide brigade commanders with a monthly report of units without primary and alternate BPLs and Unit Prevention Leaders (UPLs). ASAP will also provide company commanders with a Fort Riley form to account for the whereabouts and make-up test plan for all unavailable Soldiers.

14. The point of contact for this memorandum is the ASAP Manager, Fort Riley Army Substance Abuse Program, Directorate of Human Resources, at 785-239-5047.



MONTÉ L. RONE
Major General, USA
Commanding