

WHEN A UNIT MEMBER NEEDS HELP

Individuals can be identified and referred to ASAP in a number of ways:

COMMAND IDENTIFICATION/REFERRAL:

When a commander observes or suspects an individual's job performance, social conduct, interpersonal relations, physical fitness or health appears to be affected by abuse of alcohol or drugs, he/she should act immediately and refer the individual to ASAP. A service member may be identified through urinalysis or an alcohol breath test that results in a Blood Alcohol Concentration (BAC) or .05g per 100mL or more, while on duty.

MEDICAL IDENTIFICATION: A physician or health care provider may identify apparent drug or alcohol abuse and refer the individual.

VOLUNTARY OR SELF-IDENTIFICATION:

When an individual notices that substance abuse is impairing his/her job performance, social conduct, interpersonal relations, or health, he/she has the personal obligation to ask for help.

INVESTIGATION/APPREHENSION IDENTIFICATION: An individual may be referred by military or civilian law-enforcement officials. If an offense takes place involving illegal possession, use, sale or trafficking of drugs or drug paraphernalia, it should be reported immediately to the Provost Marshal.

The Referral Process:

If the commander suspects a Service Member (SM) of substance abuse, the commander should consult with the supporting legal advisor and, if appropriate, advise the individual of his/her rights utilizing a DA Form 3881, Rights Warning/Waiver Certificate. Depending on the situation, a commander may also conduct either a Probable Cause or Fitness for Duty Urinalysis. If the SM waives his/her rights, the commander may question the SM about the suspected substance

abuse. If substance abuse is confirmed, the SM must be referred to the ASAP program within 5 days of notification utilizing DA Form 8003. If there is less than probable cause, the commander may still refer the SM for professional evaluation by ASAP clinical personnel. A Soldier involved in two serious alcohol incidents within 1 year will require a GO to waiver for retention. A Soldier with a positive drug test will require a dependency evaluation and a second positive test will require a GO to waiver for retention.

CLINICAL SERVICES

The ASAP Rehabilitation Program is accredited by the Joint Commission which accredits health-care organizations. The care in this program is the finest available. To improve the chance of a successful treatment, the commander and SM must dedicate time and effort to the process.

The treatment plan may include:
ALCOHOL AND DRUG ABUSE PREVENTION TRAINING (ADAPT): 12 hours of training.
WEEKLY SESSIONS: of individual or group outpatient meetings.
SELF-HELP GROUP ATTENDANCE: like AA or NA.
OTHER TESTS: Lab & Drug test.

REFERRAL TO INTENSIVE LEVEL OF CARE

The Commander's Role in Rehabilitation:

Once a SM is enrolled in treatment, a commander's participation is critical to success rehabilitation. Command responsibilities include:
EVALUATION AND FEEDBACK of the SM's performance to the counselor and to the SM on his/her progress and participation.
REHABILITATION TEAM MEETINGS with the ASAP counseling staff to determine the success or failure of the SM's rehabilitation.



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A Reference Guide for Commanders



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**Opening Hours:
Monday– Friday
0730-1630
(closed 1200-1300)**

ABOUT ASAP

The Army Substance Abuse Program (ASAP) is a comprehensive substance abuse program mandated by Public Law 92-129 and AR 600-85 that combines deterrence, prevention, education, treatment and rehabilitation in order to strengthen the overall fitness and combat readiness of your organization by eliminating alcohol and/or other drug problems.

ASAP can help your organization:

- Reduce absenteeism
- Prevent accidents
- Increase productivity
- Insure safety

The ASAP program is proactive and can introduce your unit to prevention strategies to avoid and minimize potential problems before they jeopardize readiness, productivity and safety.

ASAP serves USAG Stuttgart Community:

ASAP is a command-sponsored program designed to support all DoD service members, civilian employees, family members, and retirees. Other military services may also use the ASAP, but will be required to comply with AR 600-85.

COMMAND RESPONSIBILITIES

The Commander is responsible for promoting personal responsibility and educating subordinates about:

EARLY SIGNS and symptoms of abuse and alcoholism

VARIOUS INTERVENTIONS that are available
THE IMPACT OF SUBSTANCE ABUSE on the individual, family and military readiness.

AR 600-85:

AR 600-85 mandates the following:

4 HOURS OF ANNUAL TRAINING: for unit members and 2 hours for civilians

- **UNIT RISK INVENTORY** (anonymous) is required once per FY

- **REINTEGRATION SURVEY** must be conducted 90-180 days after redeployment.

NEW PERSONNEL should be made aware of the unit ASAP SOP, policies and services available as soon as possible.

The Commander's Plan for Success:

STEP ONE: ORGANIZE YOUR TEAM - Commanders should first organize a team to conduct ASAP activities.

STEP TWO: APPOINT A UPL—The Unit Prevention Leader (UPL) is appointed, on orders to work with the Commander on the unit's substance abuse prevention program. The UPL should be an E-5 or above. An alternate should also be appointed. A UPL Certification Training program is available through ASAP.

UPLs and Commanders should work closely with the ASAP Prevention Coordinator to develop prevention and intervention strategies to reduce high-risk behaviors and strengthen factors that enhance unit readiness and overall quality of life for unit members.

STEP THREE: DEVELOP A PLAN—Together with your UPL, you should develop a strong drug testing, prevention and education program (AR 600-85). With these measures, a commander can maintain a workplace free of alcohol and drugs.

THE ROLE OF THE UPL

The UPL plays a critical role in the success of your unit ASAP program. UPLs conduct unit ASAP training and advise/assist unit leaders on all ASAP matters.

Other UPL responsibilities include:

DESIGN/IMPLEMENTATION/EVALUATION of the unit's ASAP prevention plan.

ADMINISTRATION of drug testing program to the unit

BRIEFING THE COMMANDER on the unit's testing status and substance abuse trends.

URINALYSIS

AR 600-85 directs battalion commanders to test a minimum of 4-5% of the current unit strength per week.

Smart Testing:

Unpredictability of urinalysis testing serves as a deterrent. Smart testing is a commander's tool used to keep the testing days and times unpredictable. It includes testing on weekends and holidays, close of business testing and back-to-back testing. Random selection provides every SM the chance of being selected to test.

After A Positive Test Result:

Depending on which drug is detected, commander action may vary. If the positive urinalysis is a result of a drug with possible medical usage (Amphetamines, Barbiturates, Opiates), then the Service Member (SM) must be initially referred to the Medical Review Officer (MRO), who determines whether abuse of the drug was involved. The commander may temporarily limit the SM's access to classified material or remove the soldier from certain duties. If the drug does not have a legitimate medical usage, the commander will consult with law enforcement to determine if they wish to conduct an investigation.

The commander will also flag the SM and consult with the trial counsel that supports the unit. If law enforcement decides not to investigate, the commander must conduct his/her own preliminary inquiry into the alleged offense. Regardless of the action taken, if abuse of any drug is involved, the SM must be referred to the ASAP program within 5 days of notification utilizing DA Form 8003.