DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT BELVOIR
9820 FLAGLER ROAD, SUITE 213
FORT BELVOIR, VIRGINIA 22060-5928

REPLY TO ATTENTION OF

IMNE-BEL-HR 4 November 2010

MEMORANDUM FOR US Army Fort Belvoir Garrison Personnel

SUBJECT: Fort Belvoir Policy Memorandum #8, Army Substance Abuse Program

1. REFERENCES.

a. AR 600-85, The Army Substance Abuse Program (ASAP), 2 February 2009, Rapid Action Revision (RAR) 2 December 2009.

b. DA Pam 600-85, Army Substance Abuse Program Civilian Services, 15 October 2001.

c. Washington Headquarters Services, Administrative Instruction No. 17, Civilian Employee Alcohol and Drug Abuse Prevention, Testing, and Control Program, 6 November 2007.

2. APPLICABILITY. This policy applies to Soldiers, Family members, Department of the Army (DA) civilian employees, military retirees and their Family members, and other persons doing business or affiliated with USAG Fort Belvoir.

3. PURPOSE. To prevent alcohol and illicit drug use and drug misuse, wherever possible; to identify Soldiers, DA civilians, and other eligible members who require assistance, and to provide assistance when needed.

4. POLICY. The abuse of alcohol or illegal drugs is incompatible with military and federal service. Alcohol and drug abuse is a leadership issue. Commanders, leaders and managers must be proactive to ensure they prevent substance abuse and encourage healthy choices for Soldiers, DA civilian, and other eligible members.

5. PROCEDURES.

a. Commanders will conduct an active and unpredictable biochemical-testing program. Testing will be unannounced and should occur at a rate of 4% of unit strength weekly in accordance with (IAW) AR 600-85; the minimum testing requirement is 100% annually.

b. Commanders should conduct "smart" testing, (i.e., back to back testing), to increase the detection and deterrence value of the unit's drug testing program. When possible, weekend testing is also encouraged to deter weekend usage.

c. After a unit has completed a collection, the Unit Prevention Leader (UPL) will deliver the specimens to the Drug Testing Collection Point (DTCP). If unable to transport to the DTCP immediately, the specimens, DD Forms 2624, and unit ledgers will be placed into temporary storage at the unit as described in AR 600-85, paragraph E–11.

d. Commanders are encouraged to coordinate with the Directorate of Emergency Services to conduct alcohol breath tests during urine test collections. Soldiers with blood alcohol level .05 and over, for duty/driving on-base should be directed to provide a legally sufficient breath or blood alcohol test at the hospital or Military Police (MP) station and referred to the ASAP for an alcohol abuse assessment.

e. Commanders will coordinate with the ASAP office to determine the frequency of urinalysis rehabilitation testing of all Soldiers enrolled in the ASAP treatment program at the time of the initial Rehabilitation Team Meeting (RTM). Commanders are encouraged to test Soldiers at least once within the first 30 days of enrollment.

f. Commanders will ensure that their Unit Prevention Leader(s) will conduct at least one hour per quarter of substance abuse prevention training to meet the annual requirement of four hours of substance prevention training for every Soldier IAW AR 600-85 paragraph 2-19.

g. Soldiers will receive ASAP training at least four hours annually that addresses alcohol abuse prevention, alternatives to alcohol and other drug abuse, and where to seek help, if needed. Newly arrived Soldiers will be briefed by their Commander or 1SG about the unit's alcohol and drug abuse prevention policies and initiatives, such as off-limits areas, designated driver program, and alternatives to using alcohol and other drugs. A record will be kept either by the Commander or designated representative.

h. The ASAP offers intensive training targeted to prevention of alcohol abuse for younger Soldiers. The training is intended for groups of 20 or more Soldiers and addresses values clarification, stress and anger management, decision making, effective communication, and alcohol/drug abuse issues. Training can be tailored to the needs of individual units, in one or several sessions.

i. When a commander suspects a Soldier may be abusing alcohol or illegal drugs, he or she will refer the Soldier to the ASAP for a clinical assessment IAW AR 600-85. The commander will refer all potential alcohol abusers identified by self referral, alcohol testing, DUI/DWI, investigation, apprehension, underage drinking or other incident involving the use of alcohol to the ASAP using a DA Form 8003 (Army Substance Abuse Program (ASAP) Enrollment) for screening and potential enrollment within five working days of the incident or investigation. All potential alcohol abusers identified by

self-referral, alcohol testing, DUI/DWI, investigation apprehension, or other incident involving the use of alcohol will be required to attend the Army Drug and Alcohol Prevention Training (ADAPT). Referral and rehabilitation is not a punitive measure and should be offered independently of any punishment for alcohol or drug-related misconduct.

(1) Army civilians in testing designated positions (TDPs), as defined in AR 600-85, will be tested in accordance with Department of Health and Human Services (DHHS) Mandatory Guidelines for Federal Workplace Drug Testing Programs, Federal Register/ Volume 69, Number 71, April 13, 2004

(2) . Additional information on these guidelines can be found at the following website: http://dwp.samhsa.gov/DrugTesting/Level_1_Pages/Mandatory%20Guideliness.aspx.

(3) All civilian applicants for TDP positions will be drug-urinalysis-tested as part of the application process and must possess a negative urinalysis test result prior to a firm offer being made.

6. PROPONENT. The proponent for this policy is Fort Belvoir Directorate of Human Resources. The point of contact is the Alcohol and Drug Control Officer at (703) 805-5454 or DSN 655-5454.

JOHN J. STRYCULA
Colonel, USA
Commanding