



FORT CARSON

ARMY SUBSTANCE ABUSE PROGRAM

Commander's Quick Reference Guide to the ASAP

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What is the ASAP?

The Army Substance Abuse Program (ASAP) is a commander's readiness and retention program. This program is provided to the commanders to educate and train Soldiers on alcohol and drugs, provide education to develop awareness of the consequences of the use of these substances and the potential impact on not only the individual Soldiers but the team, the unit and the Army as well. The goal of the ASAP is to deter substance abuse through aggressive urinalysis testing (Smart Testing), tracking of high risk behaviors and prevention education. The ASAP has several clinical treatment options to provide substance abuse treatment and rehabilitation to Soldiers in an effort to return the Soldier to full duty.

The two overarching tenets of the ASAP are Prevention and Treatment. Prevention encompasses five areas: Education & Training, Deterrence, Identification/Detection, Referral and Risk Reduction. The Treatment is covered by the clinical component of the ASAP. The treatment team works in two areas: Screening and Rehabilitation. The one aspect of Soldier treatment which involves the ASAP as a whole is the targeted intervention. This is an educational/motivational program which focuses on the adverse affects and consequences of alcohol and other drug abuse. Prime for Life is the program which the Army uses to support this common treatment and prevention principle.

**The Fort Carson ASAP is located at:
1638 Elwell Street, Building 6236
Fort Carson, CO 80913**

More information on current ASAP events, trainings, flyers and videos are available at our facebook page:
www.facebook.com/FtCarsonASAP



ASAP Points of Contact

There are two major sections in the ASAP which support each other. These are the treatment section and the prevention section. All of the personnel who work in the Fort Carson ASAP work in building 6236. The ASAP office is one team working together to ensure the readiness of the Soldiers on Fort Carson. Each section is broken down as follows:

Alcohol and Drug Control Officer (ADCO) 526-2501

Prevention

Prevention Coordinators (PC): 526-9191/5108

Drug Testing Coordinator (DTC): 526-8407

Employee Assistance Program Coordinator (EAPC): 526-2196

Risk Reduction Coordinator (RRC): 526-0994/2366/2422

Suicide Prevention Program Manager (SPPM): 526-0401

Prevention Branch Chief: 526-0899

Treatment

Front Desk/Appointments: 526-2862/8245

Clinical Director (CD): 526-2743

Supervisory Counselors: 526-2255/0397/1334

Employee Assistance Program
(Civilian Assistance Services)
(719) 526-2196



Services to Civilians



The EAP is a free no-cost professional service that provides assistance with adult living problems, counseling, resource identification, referral, and follow-up services to DA civilian employees, active duty-spouse, retirees and their eligible family members.

Workplace Consultations



The EAP assists employees, supervisors, and managers with issues related to productivity, morale, motivation, communication, conflict, and mediation.

Community Interventions



The EAP provides consultation services, prevention education and training, worksite interventions and assists with such issues as grief and loss, the drug free workplace, workplace violence, and suicide within the workplace and in the installation community.

Impaired Health Care Personnel



The EAP is the point-of-contact for Evans Army Community Hospital's Impaired Health-Care Personnel Program and assists with screening, referral to treatment, follow up, and return to duty.

Education & Training



The EAP provides a variety of prevention education opportunities on topics of interest to civilians and their families. New employee briefs and Mandatory training requirements are provided yearly.

Continuing Education Opportunities



The EAP also provides continuing education and training to health care providers. The program offers CME, CNE, and NADAAC, for addiction professionals, CEU's.

For Confidential Inquiry

Employee Assistance Program, 1638 Elwell Street, BLDG 6236 Fort Carson, CO 80913

Website: <http://www.carson.army.mil/dhr/DHR/ASAP/EAP.html>

Prevention Coordinators (719) 526-9191/5108

The Prevention Coordinators (PC) are the POCs for all alcohol and other drug education and training for military and civilian personnel and their families. The PCs are also responsible for anti Drug and Alcohol campaigns conducted on the installation.

Prevention Coordinators:

1. Offer Unit Drug and Alcohol training which can be specialized to a particular unit or a particular problem (DUIs, marijuana use, etc).
2. Staff information tables at safety day events or health fairs.
3. Offer training to Family Readiness Groups
4. Present Alcohol and Drug Abuse Prevention Training (ADAPT) to Soldiers referred.
5. Work with the Drug Testing Collection personnel to train Unit Prevention Leaders.
6. Provide units with training material, posters, pamphlets, etc

Suicide Prevention Program (719) 526-0401

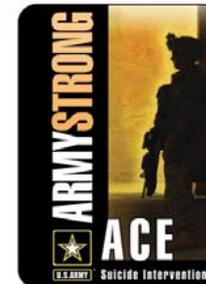
The Ft. Carson Suicide Prevention Program is designed to provide resources for suicide intervention skills, prevention and follow-up in an effort to reduce the occurrence of suicidal behaviors across the installation for Service Members, DA Civilians and Family Members.

Anyone in immediate crisis should call 911 or one of the hotlines listed here:

National Hopeline Network:
1-800-SUICIDE (1-800-784-2433)

Suicide Prevention Partnership of the Pikes Peak Region: (719) 596-LIFE (5433)

Suicide Prevention Lifeline: 1-800-TALK (8255)
Veterans press “1”



Risk Reduction Program (719) 526-9283/2366/2422

Objectives of the RRP

Increase unit readiness by providing systematic prevention, intervention methods and materials to commanders to eliminate or mitigate individual high-risk behaviors. Risk Reduction accomplishes this through:

- Data collection, analyses and reporting to Commanders
- Conducting anonymous Unit Risk Inventory (URI) and Redeployment-URI surveys

URI: Commanders will administer the Unit Risk Inventory (URI) to all deploying Soldiers at least 30 days before an operational deployment. Incoming commanders should consider this a necessary action during their change of command.

R-URI: Commanders will administer the R-URI to redeploying Soldiers between 90 and 180 days of their return from deployment.

What it IS...

Tool to maximize responsiveness to leaders

Tool to maximize resources available

Tool to minimize tragic high-risk behaviors

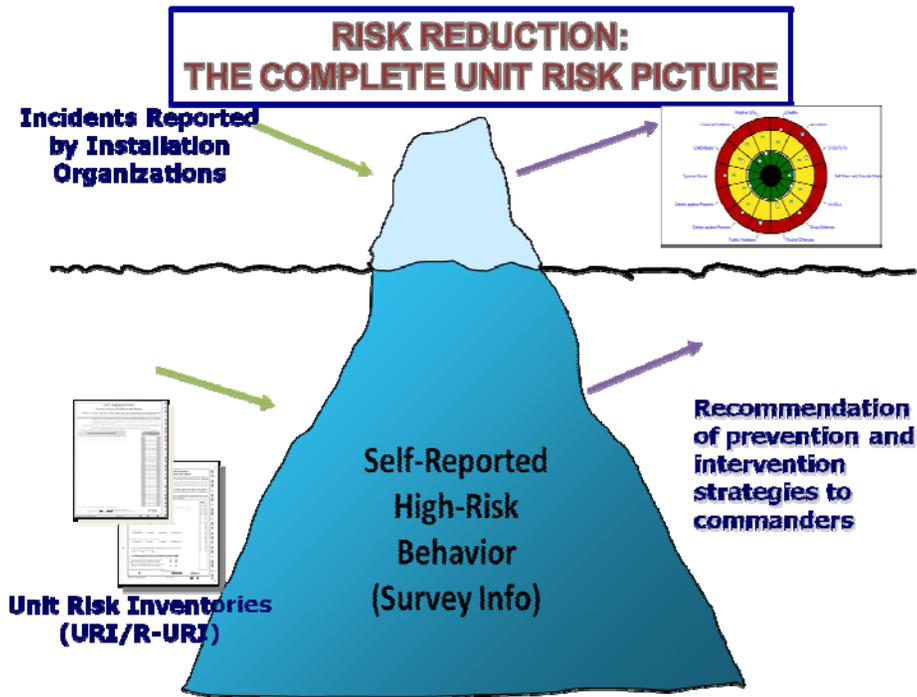
Tool to improve outcomes: Health, Safety & Deployability

What it is NOT...

“One size fits all” approach to solving problems

High Risk Behaviors Currently Monitored at Fort Carson:

Deaths	Crimes Against Persons
Accidents (class C & D)	Crimes Against Property
Self Harm	Crimes Against Society
Suicide Attempts	Domestic Violence
AWOLs	Child Abuse
Drug Offenses	Financial Problems/Risk
Alcohol Offenses	Positive UAs
Traffic Violations	Urinalysis Samples Tested



The Risk Reduction Program (RRP) is a commander's tool designed to identify and reduce Soldiers' high-risk behaviors. The RRP focuses on effective use of installation resources and a coordinated effort between commanders and installation agencies to implement intervention and prevention programs.

The RRP supports the Army's well-being program initiatives by integrating prevention and intervention programs into a framework contributing to performance, readiness, and retention. The RRP also allows commanders to compare their units against others to determine if their units require command and/or other interventions.

Unit Prevention Leaders (UPL)

Each unit is required to have at least a primary and alternate Unit Prevention Leader (UPL) (AR 600-85). The UPL is the commander's SME for all things related to the ASAP. Those selected for this duty must be trained and certified through the Army's 40 hour UPL Certification Training Program (UPL CTP). This course is trained by the Fort Carson ASAP. The following guidelines are outlined as the minimum requirements for selecting a UPL. In addition, all prospective UPLs will have a drug and alcohol background check conducted on them by the local PMO and the ASAP prior to attending the UPL certification course.

- Be an E-5 or above (Must be E-5(P) or above to be a Battalion Prevention Leader (BPL)).
- Have one-year retention in the command.
- Not have any problems with the use of illegal drugs or alcohol abuse.
- Not pending UCMJ or administrative action. Not be enrolled at the ASAP Clinic during the previous 3 years.
- Demonstrate a willingness to be held to a higher standard than expected of other soldiers in the unit.
- Exercise a willingness to be a role model in the responsible use of alcohol.
- Practice and abide by the confidentiality policy of the Army's biochemical testing program.

UPLs are required to recertify every 18 months by attending a short (less than one day) class and passing the certification exam. All UPLs who deploy must attend the deployment certification training briefing PRIOR to deployment.



Drug Testing Collection Point

(719) 526-8407

Our responsibilities are to train Commander's selected NCO's to become Unit Prevention Leaders (UPL) so that they can effectively conduct substance abuse prevention activities in their Units. Each Unit is required to have a Certified Primary and an Alternate Unit Prevention Leader (UPL). Certification is good for 18 months and it's a requirement to maintain their certification in order to collect samples.

The Collection Point is also responsible for the collection and performance of quality assurance of each specimen that arrives at our office, Quality Assurance is performed to maintain the integrity of each specimen collected, make sure the proper Testing Code was used for a particular test, and that Chain of Custody is maintained at all times in accordance with AR 600-85.

The Forensic Toxicology Drug Testing Laboratory (FTDTL) tests every specimen it receives for the following substances: THC (active ingredient in Marijuana), Cocaine, Amphetamines, and Heroin. The testing facility also tests for: PCP, Oxycodone/Oxymorphone, and Opiates such as Codeine and Morphine. Spice is tested for on a rotational basis.

If a Commander wants to test a specimen for other illegal substances such as Steroids and/or Mushrooms, the Commander must have Probable Cause. These types of tests require specific handling and documentation. Legal and ASAP must be contacted for further guidance.



Testing for Spice

Spice is tested for on a rotational basis. If a Commander suspects Spice usage, a memo can be sent requesting that all drugs be tested for. In an effort to help Commanders correctly build a case to test a Soldier who is suspected of using Spice the following procedures must be followed:

1. The Chain of Command must have probable cause that a Soldier is using Spice. Examples of probable cause are possession of the substance or paraphernalia.
2. The Chain of Command should contact the MPI for an investigation.
3. If the substance is found in the possession of the Soldier, the Chain of Command will contact CID for further investigation.
4. The Chain of Command and the unit UPL will bring the suspected Soldier to the CID office for processing and a urine sample will be taken at that time.
5. The Chain of Command must fill out the AFMES Form 1323 and the special test request memorandum with the CID case number in both documents.
6. The urine specimen will then be turned into the Ft. Carson Collection Point with all the regular paperwork and the specimen will be sent for testing. The sample cannot be tested at the testing facility without an open CID case.

The CID agent and the Chain of Command will continue to work together to build the needed probable cause case.

Upon the return of the test results, if there is no chemical trace of Spice found in the urine, the case will be sent back to the MPI for further processing of a drug paraphernalia case. This is an expensive test and there must be probable cause to open an investigation on a Soldier. This is not a test that can or will be approved for unit sweeps. Commanders are encouraged to test Soldiers that they suspect of using Spice as long as there is a probable cause for the suspicion.

Urinalysis Testing Codes

AR 600-85 requires that ALL Soldiers be tested at least once per year under the IR (Inspection Random) code. Performing a 100% unit sweep under the IU (Inspection Unit) testing code does NOT count toward the required 100% IR testing requirement.

There are 11 codes which can be used to test Soldiers. The most commonly used are IR, IO, IU and PO. These codes are explained below.

Inspection Random (IR). *Random drug testing is a valid system of selecting a portion of a command for testing without individualized suspicion that an individual is using illicit drugs. Each Soldier has an equal chance of being selected for drug testing each time this type of inspection is conducted.*

Inspection Other (IO). *This is a valid inspection under circumstances specified by a commander's SOP. Some examples include testing Soldiers who were selected but unavailable for testing during a recent random inspection or Soldiers returning from absent without leave (AWOL), certain leaves, passes, or temporary duty.*

Inspection Unit (Unit Sweep) (IU). *This method is used to test an entire unit or command or readily identifiable sub-unit or segment of a command, such as a platoon or staff section. Unit sweeps are an effective tool for the commander, but **should not be conducted routinely. Commanders should not use a unit sweep to target an individual Soldier or small group of Soldiers suspected of using drugs; testing for suspected drug use should be based on PO.***

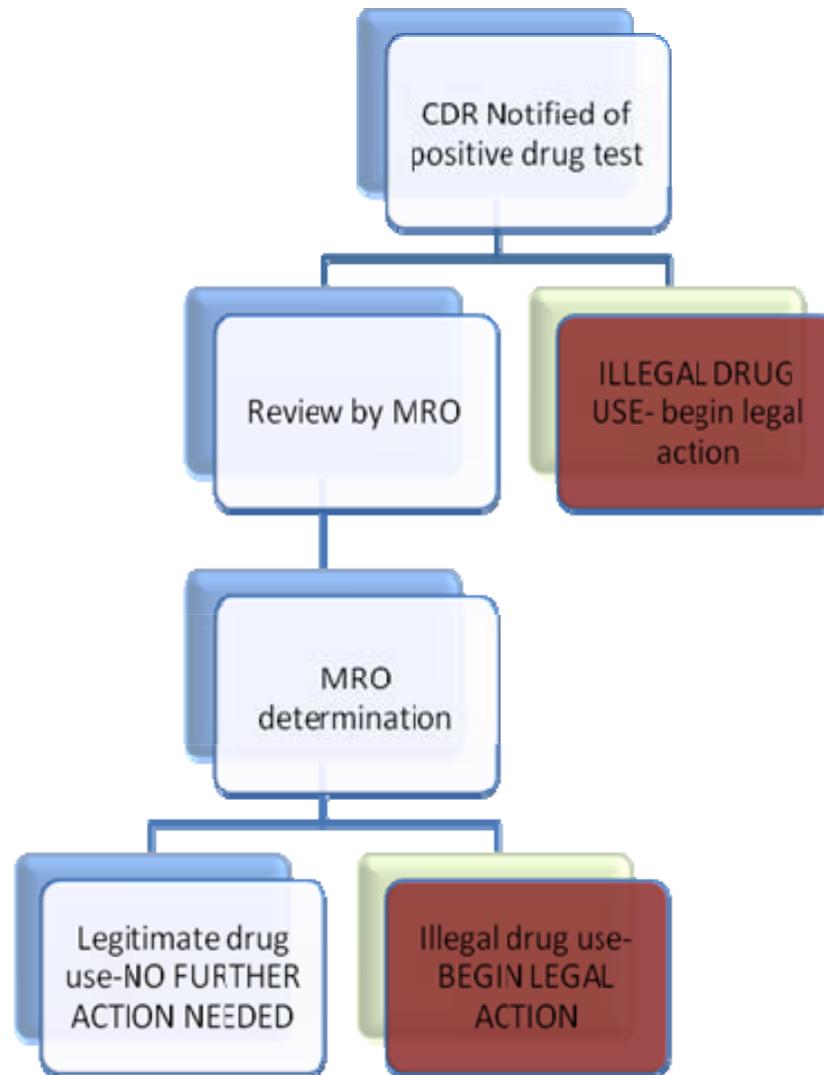
Search or Seizure/Probable Cause (PO). *This may include searches based on PO (in accordance with MRE 312(d) and 315). It is ordered to collect evidence when there is PO to believe a Soldier possesses an illicit drug within their body.*

For an explanation of the remaining codes or for further information, please see AR 600-85 and contact the Ft. Carson ASAP office.

Positive Urinalysis

The commander is notified of all positive urinalysis test results. If the positive test is the result of a drug that has no legitimate medical use, the commander is notified immediately. If the positive test could be a result of prescription medication, the commander is not notified until the results of the Medical Review Officer's (MRO) review have been received. When the medical review is completed, the commander is notified of the results of the review. If the positive test is due to a legitimate medical prescription then no further action is needed. If the test is not from a legitimate medical prescription or the positive is from any other tested substance, the commander needs to complete the following actions:

1. Notify the USACID office within 5 days. If the USACID does not conduct an investigation the commander will initiate a commander's inquiry.
2. The commander must initiate a flag and consult with the unit trial defense.
3. The commander must advise the Soldier of their rights under UCMJ Article 31 using DA Form 3881. If the Soldier does not waive their rights, the commander cannot question the Soldier further and the inquiry must continue without the Soldier's input. If the Soldier waives their rights, then the commander may question the Soldier (when in doubt contact the SJA).
4. The commander must initiate administrative separation within 30 calendar days of receipt of a positive drug test report or if the case requires MRO review, within 30 calendar days of receipt of the MRO-verified positive drug test report. (The commander may initiate action under the UCMJ and start administrative separation processing simultaneously.)
5. **Refer the Soldier to the Fort Carson ASAP within 5 duty days of receipt of a positive urinalysis result with a DA Form 8003.**



**Confidential Alcohol Treatment and Education Pilot
(CATEP)
(719) 526-2862**

Purpose

To increase Soldier self-referrals to the Clinical Army Substance Abuse Program (ASAP) and promote earlier identification of Soldiers with alcohol problems.

Goals

- Reduce stigma of asking for assistance for alcohol-related concerns through evening services
- Enhance Soldier alcohol-related treatment efforts
- Assess whether additional confidentiality procedures increase Soldier requests for assistance with alcohol use issues

Eligibility

- Alcohol use issues only, no drug referrals
- Soldiers who have *not* had an alcohol-related incident in the past 12 months.

More...

Walk-in or by appointment

Medical Referrals welcome

Call (719) 526-2862 for more information!

Benefits of CATEP Participation

Full evaluations and educational programs

You can be promoted while receiving treatment

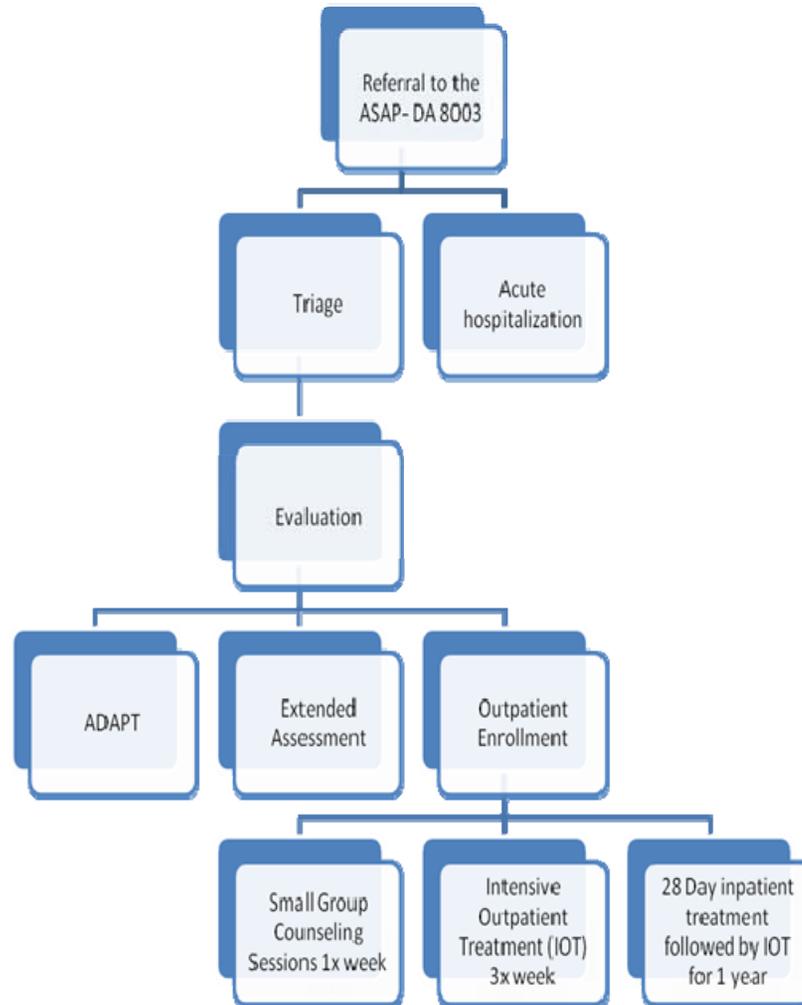
You can re-enlist while receiving treatment

You can participate and complete treatment without Commander notification

Treatment is available after duty hours

Command Referral to ASAP

The first thing that happens when a Soldier is referred to the ASAP is a triage evaluation. This is a brief process designed to identify Soldiers who are at an increased risk of having disorders that warrant immediate attention, Intervention. All Soldiers referred are fully evaluated within 10 days to determine level of care and develop a treatment plan. Every Soldier evaluated will immediately have a Rehabilitation Treatment Team meeting.



Rehabilitation Team Meetings

The Rehab Team Meeting consists of Commander or 1st Sgt, ASAP counselor and the referred Soldier to ensure that all parties are on board with the treatment plan. A Soldier who has had one minimal incident with alcohol or drugs and the counselor and the command have no concerns that the episode will be repeated will attend ADAPT. Alternatively ASAP counselors may refer the Soldier to attend an extended evaluation period in the assessment group before final determination of level of care is decided.

Soldiers who have a history of incidents (DUI, Domestic Violence, several incidents with a .08 BAC or higher), who have a history of misuse of alcohol or prescription drugs or have a command that is concerned about future issues will be enrolled.

A full enrollment are Soldiers who are identified as needing more in depth treatment. In depth treatment could include individual sessions, group sessions, intensive treatment (6 hours per week) as well as be encouraged to attend self help groups.

The Soldier will attend a minimum of 4 treatment sessions and last from three to six weeks, or longer based on the needs of the Soldier. The last treatment program that a Soldier could be enrolled in is a long term program which could involve in patient care at a 28 day inpatient treatment facility which carries a mandatory year long aftercare program here at the Fort Carson ASAP.

The Limited Use Policy

The Limited Use Policy basically stops the commander and/or JAG from using certain information in a Courts Martial, for UCMJ action, or for a discharge's characterization of service. Commanders are mandated to initiate separation on all identified drug abusers except a Soldier that self-refers to the ASAP either directly or through command channels. The commander may, if he/she chooses, still administratively discharge the Soldier, but the Limited Use Policy mandates that the Soldier will receive an Honorable Discharge.

It should be noted that Soldiers who self-refer are basically forgiven for their previous drug/alcohol abuse, but until they successfully complete their treatment program, they are flagged. This prevents a substance abuser from getting promoted while in treatment.

A Soldier can be singled out to provide a urine drug test or an alcohol test for a number of different reasons:

Probable cause, fitness for duty, or rehabilitation. A probable cause test basically means that the commander has sufficient evidence to believe that the Soldier is impaired on duty by alcohol or has used drugs and that the drugs or alcohol are still in the Soldier's body.

A fitness for duty, also called a competence for duty or Command direct test, is ordered by the commander when he/she believes that the Soldier is currently impaired because the Soldier is behaving in a manner not consistent with the current duty period. The test is ordered for the safety of the Soldier and the Soldiers around him/her. The results of this test are protected evidence and cannot be used against the Soldier. The positive test results will be used to get the Soldier into treatment.

A rehabilitation test is used to monitor whether or not a Soldier is staying clean and/or sober. This test is also protected evidence with one exception: a Soldier that is being treated for alcohol abuse can be tested for drugs and if it is positive then this test is not protected evidence.

(Continued on next page)

The Limited Use Policy (Continued)

When a Soldier is enrolled into treatment he/she will explain their past drug use or alcohol abuse to the counselor. The information about possession of drugs and personnel use cannot be used against the Soldier.

The Army considers an overdose (OD) or a possible OD as a cry for help and treats a Soldier who ODs as a self referral. Any evidence of drug use, to include possession for personnel use is protected evidence along with any drug tests that the hospital conducts. If a doctor is treating a Soldier for anything else and does testing to confirm drug abuse then it is not protected evidence.

Cases where the Limited Use Policy does NOT apply:

- A positive test that results after an MP arrests a Soldier.
- A positive urine rehabilitation test on a Soldier who is enrolled for alcohol abuse.
- If a Soldier tells his counselor that he couldn't control himself and used again (after self referring), then this is not protected; only use prior to the self referral is protected.
- Soldiers enrolled in treatment are not only subject to rehabilitation testing, but also regular unit testing.
- If a Soldier is enrolled in treatment and his/her name comes up to be tested in the monthly urinalysis, then he/she will provide a specimen. This is not a rehabilitation test and he can be punished as long as it was after the initial elimination period for the drug.

For more information on the limited use policy, contact the Staff Judge Advocate.

References

AR 600-85, Army Substance Abuse Program (ASAP), dated 28 December 2012.

Unit Prevention Leader (UPL) Handbook, Army Center for Substance Abuse Programs (ACSAP), Version 3.

Fort Carson Command Policy CG-03, Subject: Command Alcohol Policy, dated 3 February 2012.

Fort Carson Command Policy CG-05, Subject: Fort Carson Military Urinalysis Drug Testing Policy, dated December 2013.

Fort Carson Command Policy COS-03, Subject: Commander's Policy on Risk Reduction.

Army Substance Abuse Program Military Collection SOP, Fort Carson, 1 May 2013

AR 600-84, Health Promotion, Risk Reduction and Suicide Prevention, dated 7 September 2010

What are a Commander's responsibilities within the ASAP? (AR 600-85, 2-33)

The commanders of companies, detachments, and equivalent units will—

- a. Assist the battalion commander in implementing the battalion drug and alcohol testing program (see chap 4).
- b. Implement ASAP prevention and education initiatives addressed in chapter 9 of this regulation. Ensure that all Soldiers receive a minimum of 4 hours of alcohol and other drug abuse training per year.
- c. Appoint an officer or NCO (E-5 or above) on orders as UPL and alternate UPL, who must be certified through the UPL training addressed in paragraph 9-6.
- d. Document that all newly assigned Soldiers are briefed on ASAP policies and services within 30 days of arrival.
- e. Maintain liaison with ASAP garrison and counseling staffs.
- f. Maintain ASAP elements while deployed, to the maximum extent possible.
- g. Foster a positive command climate that discourages alcohol and drug abuse and is supportive of those who need assistance from the ASAP for problems related to alcohol and other drug abuse. Support substance abuse prevention campaigns and alcohol-free activities in the unit and on the installation.
- h. Consult with the servicing legal office for all drug and alcohol related offenses.
- i. Immediately report all offenses involving illegal possession, sale, or trafficking in drugs or drug paraphernalia to CID. Commanders are no longer required to report positive urinalysis results to local law enforcement; however, this does not alleviate commanders of the requirement to initiate administrative separation in accordance with paragraph 10-6 of this regulation, Flag the Soldier, and refer the Soldier to the ASAP for evaluation and treatment/education by completing DA Form 8003.
- J. Commanders will report to the ADCO the initiation and final disposition for all Soldiers with an illicit positive drug test and Soldiers involved in two serious incidents of alcohol-related misconduct within 12 months. In addition, commanders must complete and submit DA Form 4833.
- k. Ensure that Soldiers promptly provide medical evidence for legitimate use of a prescribed drug to the MRO when requested.
- l. Consult with the servicing legal office for all drug and alcohol related offenses.
- m. Refer any Soldier to the ASAP for evaluation within 5 duty days of notification that the Soldier received a positive urinalysis for illicit drug use or was involved in alcohol-related misconduct. Commanders of geographically remote units should contact the CD of the nearest installation for guidance.
- n. Assist the UPL in the development of a unit substance abuse program SOP and sign it at least annually.
- o. Ensure that the URI is administered to all Soldiers at least 30 days before an operational deployment and the RURI is administered to all Soldiers between 30 and 180 days after returning from an operational deployment (see para 12-6).