



DEPARTMENT OF THE ARMY
HEADQUARTERS, EIGHTH ARMY
UNIT 15236
APO AP 96271-5236

EACG (600)

20 September 2024

MEMORANDUM FOR All Eighth Army Assigned Soldiers and Civilians

SUBJECT: Eighth Army Command Policy Letter #13, Army Substance Abuse Program (ASAP) Policy

1. References:

- a. Army Regulation (AR) 600-20, Army Command Policy, 24 July 2020.
- b. AR 600-85, The Army Substance Abuse Program, 29 July 2020.
- c. AR 600-63, Army Health Promotion, 14 April 2015.
- d. USARPAC Army Substance Abuse Program Policy Memorandum 22-001.
- e. Department of Defense (DOD) Instruction 1010.04, Problematic Substance Use by DoD Personnel, 20 February 2014 (Change 1, 6 May 2020).
- f. Army Directive 2021-21, Use of Prescribed Controlled Medications, 18 May 2021.

2. Purpose. To provide guidance and establish Eighth Army (8A)'s Army Substance Abuse Program (ASAP) policy by emphasizing the significance of supporting the Army's Alcohol and Substance Abuse Program.

3. Background. ASAP is a Commander's program which emphasizes deterrence, prevention education, intervention, and early identification of alcohol and substance abuse problems. Harmful behaviors of misuse and of alcohol and/or illicit substances degrade mission readiness and individual well-being. Leaders at all levels, military and civilian, must set the example of responsible behavior and proactively engage in the identification and support of those needing treatment. Likewise, leaders must leverage administrative or disciplinary actions in the event that prevention, intervention, and treatment fail.

4. Responsibilities. All leaders have a responsibility to support the Army's policy of deglamorizing alcohol and other drug misuse/abuse. This includes, but is not limited to, ensuring the consumption of alcohol is safe, voluntary, and within appropriate levels. Leaders will address underage drinking, excessive alcohol intake, drinking and driving, and other identified alcohol issues. Leaders are responsible for creating an environment free from the stigma of seeking help for alcohol and other drug related issues. IAW AR

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600-85, Commanders will initiate a separation of service for illegal drug use or two serious incidents of alcohol-related misconduct within a 12-month period.

5. Prevention. Garrison ASAP staff provides alcohol and substance abuse prevention training to Soldiers, Family Members, DoD Civilians, and Retirees through various face-to-face and virtual engagements.

a. Commanders will incorporate alcohol and drug abuse prevention annual training into the overall training plan for the unit and determine its duration, location, and method of conduct. Training should be conducted face-to-face, or virtually for displaced units, by unit leaders and/or subject matter experts. Additional support for adolescent Family Members is provided through Adolescent Support and Counseling Services (ASACS) housed in the Department of Defense Education Activity (DoDEA) schools.

b. Soldiers must be briefed on ASAP within 30 days of arrival to the Unit. Civilian employees will receive a substance abuse newcomer briefing, by the Garrison ASAP staff, within 60 days of entering on duty.

c. Leaders at all echelons will deglamorize alcohol and support responsible drinking behaviors. Materials supporting responsible drinking are found at Army Resilience Directorate, <https://www.armyresilience.army.mil/>.

6. Intervention. Impaired job performance or misconduct infractions may be early signs of potential alcohol or drug abuse. Individuals exhibiting signs of alcohol or drug abuse will be referred to the Department of Behavioral Health for an evaluation and possible rehabilitation.

a. The ASAP Limited Use Policy facilitates early identification and care of Soldiers with substance use disorders and maximizes successful substance abuse treatment. For limitations and implementation, reference AR 600-85, para 10-13.

b. Commanders will refer Soldiers to behavioral health services for a substance use disorder evaluation using a signed DA Form 8003 within 5 duty days of notification of a Soldier's positive UA result for illicit drug use and/or if the Soldier was involved in an alcohol-related incident. Commanders will provide an escort for command referred Soldiers. Commanders will also ensure monthly rehabilitation drug and/or alcohol testing is administered for all SUDCC enrolled Soldiers. Command referred Soldiers will attend the AR 600-85 mandatory 2-day Alcohol and Drug Abuse Prevention Training (ADAPT) which is titled Prime for Life (PFL) and provided by the garrison ASAP staff. ADAPT attendance will be tracked in the Army's Drug and Alcohol Management Information System (DAMIS).

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c. Voluntary Alcohol-Related Behavioral Health Care. Voluntary alcohol related behavioral health care encourages Soldiers to seek early intervention thus, improving readiness by decreasing unnecessary enrollment and deployment limitations. This category applies to Soldiers who do not meet the criteria for mandatory enrolled treatment.

d. Commanders will conduct monthly random urinalysis testing 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. Commanders will not use unit sweep testing to meet this requirement.

e. Battalion and Unit Prevention Leaders (BPL/UPL) will be appointed on orders in accordance with regulatory requirements and local policies. BPL/UPL duties include but are not limited to, drug testing coordination, unit prevention education, and alcohol and drug related trend analysis/reporting.

7. Treatment. Army policy encourages voluntary entry into substance use disorder treatment. There are two types of Army supported treatment, mandatory enrolled substance abuse treatment and voluntary alcohol-related treatment.

a. Civilians, Family Members, and Retirees may utilize the ASAP Employee Assistance Program (EAP) for substance abuse and/or work-related issues. Civilian supervisors may refer their employees to the EAP. Treatment for Soldiers is provided by the Substance Use Disorder Clinical Care (SUDCC).

b. For Command Referral for treatment refer to 6b.

8. This policy will be posted on unit bulletin boards. All Brigade/Battalion/Company Commanders will ensure all Soldiers, Families, and DoD Civilians are informed of this policy.

9. The proponent for this policy is Eighth Army Ready and Resilient Program Manager at DSN (315) 755-0741.



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Lieutenant General, USA
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