

Chapter 1

General

1–1. Purpose

This regulation provides comprehensive alcohol and drug abuse prevention and control policies, procedures, and responsibilities for Soldiers of all components, Army civilian corps members, and other personnel eligible for Army Substance Abuse Program (ASAP) services.

1–2. References

Required and related publications and prescribed and referenced forms are listed in appendix A.

1–3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

1–4. Responsibility

See chapter 2 for responsibilities.

1–5. Program authority

On 28 September 1971, Public Law (PL) 92–129, mandated that the Secretary of Defense develop programs for the identification (ID), treatment, and rehabilitation of alcohol or other drug dependent persons in the Armed Forces. Similarly, PL 91–616 and PL 92–255 authorized the Secretary of Defense to develop programs for Department of Defense (DOD) civilians. In turn, the Secretary of Defense requires each of the Services to develop alcohol and other drug abuse prevention and control programs in accordance with Department of Defense Directive (DODD) 1010.1, DODD 1010.4, and DODD 1010.9. In response to these directives, the Army conducts a comprehensive program to prevent and control the abuse of alcohol and other drugs.

1–6. Army Center Substance Abuse Program mission and objectives

The Army Center for Substance Abuse Programs (ACSAP) mission is to strengthen the overall fitness and effectiveness of the Army's workforce, to conserve manpower, and to enhance the combat readiness of Soldiers. The following are the objectives of the ACSAP:

- a.* Increase individual fitness and overall unit readiness.
- b.* Provide services which are proactive and responsive to the needs of the Army's workforce and emphasize alcohol and other drug abuse deterrence, prevention, education, and rehabilitation.
- c.* Implement alcohol and other drug risk reduction and prevention strategies that respond to potential problems before they jeopardize readiness, productivity, and careers.
- d.* Restore to duty those substance-impaired Soldiers who have the potential for continued military Service.
- e.* Provide effective alcohol and other drug abuse prevention and education at all levels of command, and encourage commanders to provide alcohol and drug-free leisure activities.
- f.* Ensure all personnel assigned to ASAP staff are appropriately trained and experienced to accomplish their missions.
- g.* Achieve maximum productivity and reduce absenteeism and attrition among civilian corps members by reducing the effects of the abuse of alcohol and other drugs.
- h.* Improve readiness by extending services to the Soldiers, civilian corps members, and Family members.

1–7. Army Substance Abuse Program concept and principles

a. The ASAP is a command program that emphasizes readiness and personal responsibility. The ultimate decision regarding separation or retention of abusers is the responsibility of the Soldier's chain of command. The command role in substance abuse prevention, drug and alcohol testing, early ID of problems, rehabilitation, and administrative or judicial actions is essential. Commanders will ensure that all officials and supervisors support the ASAP. Proposals to provide ASAP services that deviate from procedures prescribed by this regulation must be approved by the Director, ASAP. Deviations in clinical issues also require approval of the Commander, U.S. Army Medical Command (USAMEDCOM). In either case, approval must be obtained before establishing alternative plans for services (as required for isolated or remote areas or special organizational structures).

b. The two overarching tenets of the ASAP are Prevention and Treatment.

(1) The capabilities supporting Prevention are Education, Deterrence, Identification/Detection, Referral, and Risk Reduction.

(2) The capabilities supporting Treatment are Screening and the Rehabilitation programs.

(3) The Targeted Intervention capabilities of Army Drug and Alcohol Prevention Training (ADAPT) and Prime for Life span both Prevention and Treatment.

(4) Table 1–1 depicts this alignment and provide definitions for each capability.