



DEPARTMENT OF THE ARMY
HEADQUARTERS, EIGHTH ARMY
UNIT #15236
APO AP 96205-5236

EACG

01 APR. 2016.

MEMORANDUM FOR All Eighth Army Assigned Soldiers and Civilians

SUBJECT: Eighth Army Command Policy Letter #4 – Army Substance Abuse Program (ASAP) Deterrence “Limited Use Policy”

1. References:

- a. Army Regulation (AR) 350-1, Army Training and Leader Development, 19 August 2014.
- b. Army Regulation 600-63, Army Health Promotion, 14 April 2015.
- c. Army Regulation 600-85, Army Substance Abuse Program, 28 December 2012, (Administrative Revision Issued Date: 11 March 2014).
- d. Army Regulation 635-200, Active Duty Enlisted Administrative Separations, 6 June 2005, (Rapid Action Revision (RAR) 003 Issued Date: 6 September 2011).
- e. USARPAC Army Substance Abuse Program (ASAP) Policy 15-08, 01 April 2015.

2. Purpose.

a. To provide guidance and establish policy to define the Army Substance Abuse Program (ASAP) as a command program with emphasis on readiness and personal responsibility within Eighth Army (8A). We will accomplish this as a team by fostering a caring command climate, promoting care through knowing your Soldiers and Army Civilians, and empathetically showing regard for their unique role in the 8A family.

b. To provide guidance and establish policy for “Limited Use” that provide requirements and resources to all personnel assigned to 8A and is part of the Commanders’ overall substance abuse policy.

3. Background. The abuse of alcohol, underage drinking, the use of illicit drugs, and the misuse of prescription and/or over-the-counter drugs are inconsistent with the standards of performance and high state of readiness required of all 8A military personnel.

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4. Discussion.

a. Leaders have a responsibility to support the Army’s policy of deglamorization of alcohol. This includes ensuring that the consumption of alcohol is safe and voluntary, as well as, within safe and appropriate levels at organized social events, such as hails and farewells, dining-ins, or unit dinners. Leaders must address the problem of underage drinking, as well as excessive intake of alcohol by any personnel at informal events such as promotion parties. At all levels, leaders must set the example through their personal behavior and directly encourage the responsible use of alcohol. Because of 8A’s readiness requirements, Soldiers must not exceed a .05 blood alcohol content within four hours of any unit alert or emergency deployment readiness exercise (EDRE).

b. In order to deter the use of illicit drugs, commanders will conduct random drug testing of United States and Korean Augmentation to the United States Army (KATUSA) Soldiers of at least 4-5 percent of assigned personnel weekly.

c. Refer Soldiers who are suspected of using illicit drugs, abusing alcohol, or involved in a criminal act that had some alcohol level of the subject to ASAP for screening. These Soldiers are subject to disciplinary action under the Uniformed Code of Military Justice, and may be processed for administrative separation, as appropriate. Refer KATUSA Soldiers found in violation of this policy to the Republic of Korea (ROK) Army Support Group for appropriate disciplinary or administrative action.

d. Rehabilitation counseling sessions conducted under the auspices of ASAP are considered a Soldier’s place of duty. Commanders will make every effort to ensure their Soldiers attend these sessions. Authority to cancel or reschedule a counseling session resides solely with the Commander.

e. The Limited Use policy is established to encourage Soldiers to identify their own drug or alcohol problems without fear of negative consequences for coming forward. The Limited Use Policy provides a way for Soldiers to demonstrate the potential for rehabilitation, as an alternative to discharge.

f. The Limited Use Policy prevents the Commander or Staff Judge Advocate (SJA) from using certain information in a Court Martial, for Uniform Code of Military Justice (UCMJ) action, or for characterization of service in a discharge. This information is known as “protected evidence” and is defined but not limited to:

- (1) Drug test result when a Soldier self-refers to the ASAP.

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(2) Information collected during emergency medical care of a Soldier for an overdose. The Army considers an overdose, or possible overdose to be a variation of volunteering for help and therefore treats a Soldier who overdose as a self-referral.

g. The Limited Use Policy does not quantify all self-referral situations as protected evidence. The commander may use drug test results against a Soldier in these cases:

(1) If a Soldier self-refers after receiving notification to participate in a drug test such as random inspection or probable cause test.

(2) A positive drug test after a rehabilitation test on a Soldier who is enrolled in ASAP for Alcohol abuse.

(3) Information regarding continued substance abuse after a Soldier self-refers.

(4) Positive results for drugs from a drug test conducted during regular Unit urinalysis after a Soldier is enrolled in ASAP.

(5) If a Soldier is apprehended by law enforcement prior to receiving emergency medical care.

h. All Soldiers are required to receive four hours of alcohol and illicit drug use prevention education, i.e., Strong Choices, in accordance with AR 600-85 (para 9-12) and AR 350-1 annually. Unit Prevention Leaders will conduct this training in four modules. All four modules must be completed to get credit for the 4 hours required annual training. The number of Soldiers trained every quarter by Commander, Unit Prevention Leader, or a guest speaker are reported to the Prevention Coordinator at the respective installation ASAP office no later than 5 working days after the training. This documentation must include a sign-in roster, the topic and length of training.

i. Major subordinate commands will develop policy and implement programs that encourage Soldiers and civilians to get treatment at the earliest opportunity ahead of adverse administrative actions. I challenge commanders to communicate a caring attitude for their people to seek treatment for recovery rather than lose a capable member of the team and provide our Soldiers the best possible services to minimize risks of substance abuse. AR 600-85, Chapter 2, outlines the minimum standards of performance for ASAP at every level of command. Higher headquarters will inspect the Command's program for effectiveness in accordance with AR 600-85, Chapter 4.

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5. The ASAP mission is to strengthen the overall fitness and effectiveness of the Army workforce and to enhance the combat readiness of Soldiers. This policy does not prevent the commander from administratively discharging a Soldier; but, mandates that the Soldier received Honorable Discharge if the Soldier properly self-refers to ASAP directly or through Command channels. Commanders and other leaders must ensure that Soldiers are provided the help they need and that regulatory requirements regarding the referral, training, and rehabilitation of Soldiers are enforced.

6. The policy shall take effect immediately. I direct each Officer and Noncommissioned Officer (NCO) to inform subordinates of this policy and to supplement normal training and safety briefings with information regarding the ramification of this policy.

7. This Policy Memorandum will be posted on all unit bulletin boards.

8. Proponent. The proponent for this policy is Eighth Army G1 at commercial 011-82-2-7914-6072 or DSN 315-724-6072.



THOMAS S. VANDAL
Lieutenant General, USA
Commanding