DEPARTMENT OF THE ARMY
HEADQUARTERS, UNIT NAME
FORT BENNING, GEORGIA 31905

REPLY TO ATTENTION OF:

Office Symbol (600-85) **XX XXX 2003**

MEMORANDUM FOR All Assigned Unit Personnel

SUBJECT: Unit Substance Abuse Program Standing Operating Procedures

Purpose: This is the substance abuse program Standing Operating Procedure (SOP) for **UNIT NAME**. Drug and alcohol abuse are incompatible with military service, and every effort should be made to eliminate the abuse of alcohol and other drugs within this command through education, prevention efforts, and drug detection (unit urinalysis). This SOP and the references listed below will be used when conducting all urinalysis collections, drug and alcohol training, and prevention programs.

Applicability: All assigned and attached company personnel.

References:

A. AR 600-85, Army Substance Abuse (ASAP), dated 24 March 2006.

B. Standing Operating Procedure, Army Center for Substance Abuse Programs (ACSAP), SOP for Installation/Community/Area Support Group Collection, Handling and Shipping of Urine Specimens, dated 15 November 2001.

C. Commanders Guide and Unit Prevention Leader (UPL) Urinalysis Collection Handbook, ACSAP, dated 1 June 2005

D. Unit Prevention Leader (UPL) Urinalysis Collection Handbook, dated September 2005.

E. Fort Benning, Installation Bio-Chemical Collection Point SOP, dated 4 Feb 08.

Drug Use/Abuse:

A. Using an illegal drug, a controlled drug without a prescription, or using the prescription of someone else, is drug abuse and is against the law. Using your own prescription in a manner inconsistent with the prescription is drug abuse. AR 600-85 prohibits the use of Hemp, Hemp Seed Oil, and associated products.
B. Abusers will be subject to punishment under the provisions of the UCMJ and will also be subject to administrative action IAW existing regulations.

C. Urinalysis testing is an accurate identifier of offenders and serves as an effective deterrent against experimentation. To eliminate drug use and abuse in this command, the Commander will administer a 100% urinalysis not less than once every six months. In addition, not less than 15% of the company will be randomly selected for a urinalysis every month.

Responsibilities:

A. **The Commander will**:

1. Have overall responsibility for the urinalysis-testing program, including the selection and training of personnel.

2. Appoint an NCO (E-5 or above or officer) as Primary Unit Prevention Leader (UPL) and at least one alternate UPL by an appointment order and a completed local background check.

3. Ensure that the policies and procedures contained in the references cited above are followed by the UPLs.

4. Determine who will test and ensure that each soldier identified and present for duty provides an adequate specimen.

5. Select observers (NCO (E-5 or above) or officer) of the same sex as personnel being observed for all urinalysis collections (see observer minimum requirements in Commanders Guide and UPL Handbook).

6. Select an NCO/Officer to be in charge of the holding area during collection procedures.

7. Order the unit, or the part of the unit that has been randomly selected, to take the urinalysis test by reading the Unit Commanders briefing prior to the collection of urinalysis specimens.

8. Report positive drug results for all drugs that have no legitimate medical use as specified by USAMEDCOM to the CID. Currently those drugs are: marijuana, cocaine, LSD, PCP, MDMA (ecstasy), MDEA, MDA, and heroin. The report of positives should be accomplished within 48 hours following notification from the Fort Benning, Army Substance Abuse Prevention (ASAP) Installation Biochemical Test Coordinator (IBTC). Ensure that the soldiers report to CID for the interviews as scheduled.

9. Schedule Medical Review Officer (MRO) appointments for soldiers who tested positive for drugs which have a possible legitimate medical use. Currently those drugs are: codeine, morphine, amphetamines, methamphetamines, steroids (from a special test request) and any barbiturate. Appointments should be scheduled for the earliest possible date following notification from the Fort Benning, Army Substance Abuse Prevention (ASAP), Installation Biochemical Test Coordinator (IBTC). If the MRO review indicates non-legal use, report the positive result to CID within 48 hours of the MRO notification.

10. Refer **all soldiers with positive** (illegal) test results to the ASAP Counseling Center, located in Building 324, Fort Benning GA. 31905, (545-8362) with in 72 hours of notification using a DA FORM 8003, Military Client Referral and Screening Record, which is available on Form Flow. Positives for potentially legal drugs will not referred unless the Medical Review Officer determines NO legal use.

11. Ensure each month, as a minimum, 15-20% of the unit's soldiers provide a urine specimen under testing code IR or IU when using the Army Drug Testing Program (ADTP), which will achieve 45% to 60% of assigned strength tested each quarter. In addition, such testing will ensure that all soldiers provide at least two specimens annually. Requirements are outlined in the Fort Benning SOP for Military Urinalysis Drug Testing Program, page 2, section (9), paragraphs 1 and 2.

12. Ensure all soldiers receive at least 4 hours of alcohol and other drug awareness training per year. All sign-in rosters will be faxed to ASAP at 545-4071 or hand delivered.

13. Ensure all newly assigned soldiers are briefed on ASAP policies and services.

14. Establish a working relationship with the non-clinical ASAP staff, to include the UPL, to support prevention efforts within the unit and on the installation.

15. Establish a working relationship with the clinical ASAP staff to monitor the progress and assist in the rehabilitation efforts of soldiers enrolled in ASAP.

16. Initiate separation proceedings or prefer court-martial charges against ALL soldiers who test positive for illegal drugs. Such action is mandatory by regulation.

B. **Primary and/or Alternate UPLs will**:

1. Successfully complete the Army Center for Substance Abuse Programs (ACSAP) UPL Certification Training Program. UPLs must maintain certification annually. This certification program will be given once a month at the ASAP, Building 241 Baltzell Ave. (primary and alternate)

2. Conduct unannounced unit urinalysis, as directed by the Commander, or the designated representative IAW AR 600-85, 1 OCT 2001, Appendix E.

3. Advise the commander which soldiers were selected but not tested, soldiers who refused to provide a specimen, and any possible adulterated samples.

4. Ensure that the Commander's selection procedure for IR testing is truly random and unpredictable. The primary method of selecting soldiers for testing will be the Drug Testing Program (DTP). UPL will ensure that all forms that are generated by the DTP are correct and complete prior to leaving the ASAP.

5. Report to the ASAP, Building 241 Baltzell Ave. twice a month to:

a. Pick up the unit's distribution.

b. Speak with the Installation Biochemical Test Coordinator (IBTC) about any updates in the urinalysis program, schedule future urinalysis, and/or pick up supplies.

c. Speak with the Prevention Coordinator (PC) and/or Alcohol and Drug Control Officer (ADCO) about future prevention efforts, marketing campaigns or training that can be utilized at the unit and/or supported by the commander. The UPL will document all Substance Abuse Education and advise the commander quarterly of education statistics for the unit.

6. Maintain an Alcohol and Drug Abuse bulletin board that contains information received from the ASAP on current drug trends, marketing, or prevention materials.

7. Maintain the unit's urinalysis functional files IAW with the MARKS regulation. At a minimum, UPLs will ensure that Observer training memos/certifications and unit ledgers are maintained so as to be accessible for all administrative and criminal proceedings.

8. Train and supervise urinalysis observers IAW Commanders Guide and Unit Prevention Leader (UPL) Urinalysis Collection Handbook, ACSAP, dated 1 June 2002.

9. Ensure that the unit's soldiers who are enrolled in ASAP Track II or III are tested IAW the rehabilitation team's recommendations (code RO) at least once a week for the first month of enrollment and once each month thereafter until released from the program. The substitution of RO for IR or CO testing, or vice versa, is not permitted.

C. Observers will follow the procedures provided in the above references.

Urinalysis Testing:

A. Authority to Order or Cancel a Urinalysis. As the Commander, I am the only person authorized to order or cancel a urinalysis. In my absence, I may delegate this authority to the 1SG or Executive Officer in writing.

B. Testing Policy/ Test Basis

1. Unit Inspections. Inspection of groups of soldiers is the principal way to ensure the fitness of this company. The commander may direct soldiers selected at random to submit to a urinalysis or direct a test of the entire unit. Soldiers selected and tested as part of a 100% or a monthly 15% - 20% random testing will have a test basis of IU or IR respectively. Soldiers selected but unavailable for testing because of leave, school, TDY etc. will be tested on the first available test after their return to duty; these soldiers will tested under the same test basis as they were selected under initially (IU or IR).

2. Individual Tests. Since urinalysis is a search and seizure under the Military Rules of Evidence, I may direct that an individual soldier submit to a urinalysis only under the following circumstances.

a. Probable Cause. If a member of a soldier's chain of command suspects, or has proof, that a soldier is abusing drugs, he may request that I order a urinalysis specimen from that soldier. After consultation with SJA (trial counsel) and consideration of the particular facts of the case, I will make the decision to approve/disapprove the request for urinalysis (Test basis: PO). Probable cause only exists if it is likely that the soldier has engaged in illegal drug use and that his body fluids (urine) contain evidence of such a crime. Individuals requesting a probable cause search must pay particular attention to the appearance of the soldier and his physical actions. I will draft a memorandum for record outlining the consultation in the case and the facts that led to the conclusion of probable cause anytime I order such a test. This MFR should be forwarded with the 2624 to ASAP and a copy maintained in the unit UPL files with the ledger.

b. Competence/Fitness for Duty also referred to as Command Directed. This test will be ordered on a soldier when I do not have probable cause, but I believe that there is something causing the soldier to have bizarre or unusual behavior and feel that he/she could be safety hazard to themselves or others. This test falls under the Limited Use Policy and cannot be used for characterization of service or in courts martial (Test basis: CO). UPLs should ensure that they do not use test code CO simply because I, the commander, direct the test. CO should only be used if the test is a fitness for duty test.

c. Rehabilitation Tests (Coded: RO).

1 Soldiers who are enrolled at the rehabilitation will be "RO" tested once a week for the first 30 days of enrollment and as recommended by the rehabilitation team thereafter.

2 Once monthly, a UPL will contact the Counseling Center to obtain the name(s) of the soldier(s) enrolled in the program.

3 Rehabilitation urinalysis cannot be substituted for specimens coded "IR", “IU”, "CO", or “PO”, or vice versa.

4 During notification, before testing, and during testing, the UPL will take proper precautions to protect each soldier's right to privacy and the confidentiality of their rehabilitation enrollment.

d. Inspection Other. As the commander, I can set policies that dictate when someone will be tested as part of the overall unit inspection program. Personnel who fall into one of the categories below will be tested regardless of rank or position (Test Basis: IO).

1 Newly Assigned Soldiers. As part of the unit in-processing procedure, all newly assigned soldiers will be required to provide a urinalysis specimen. The specimen will be obtained within the first month of their assignment to the unit (Test basis: IO);

2 Soldiers that return from AWOL. All soldiers who return to the unit from an AWOL status will be required to provide a specimen within three duty days of their return (Coded: IO). If possible, the soldier will be tested on the return day;

3 Soldiers who take extended leave (over 3 weeks); AND

4 Re-tests of rejected previously collected specimens and suspected adulterated ones.

e. Consent Tests. Individuals not falling into one of the categories outlined above may be tested individually if they voluntarily consent after being informed that they need not submit a sample. Such consent should normally be obtained in writing and should be witnessed.

3. If any of the following conditions exist, the results of an inspection urinalysis may not be admissible as evidence of guilt in disciplinary proceedings pursuant to M.R.E. 313, Manual for Courts-Martial (2002) due to the Limited Use policy contained in AR 600-85 (see Enclosure 1 to this SOP):

a. The urinalysis is ordered immediately following a report of a specific offense in the unit/organization and was not previously scheduled.

b. Specific individuals are ordered to take the test. (i.e. not random)

c. Specific individuals are subjected to substantially different testing procedures than other soldiers.

TEST Basis	Explanation and use
IR	Inspection Random: Commander directed partial unit test. Used for normal monthly random testing (i.e. 10 % unit testing).
IU	Inspection Unit: Commander directed unit sweep. Used for 100% unit testing.
IO	Inspection Other: Inspections based on command/unit policy. Used to test individuals based a commanders policy letter or SOP. (i.e. individuals after 30 days leave, newly arrived personnel, re-tests of rejected previously collected specimens).
PO	Probable Cause: Commander directed individual based on probable cause evidence. Commander should verify that probable cause exists with the local SJA prior to ordering this test.
CO	Command Direct: Commander directs an individual test for fitness for duty. The commander has a reasonable suspicion that a soldier is using a controlled substance, but does NOT have probable cause. The Limited Use Policy applies to this test basis.
VO	Soldier Consent: The soldier voluntarily consents to a urinalysis test without command coercion.
RO	Rehabilitation Testing: The commander directs a soldier to test based on the soldiers alcohol/drug abuse treatment plan. Limited Use Policy Applies
AO	Accident/Mishap: The commander directs a soldier(s) to test based on an accident causing damage to personnel or property. Limited Use Policy Applies
MO	Physician/Medical Directed: A physician orders a test based on a medical examination. This test may or may not be covered under the Limited Use Policy.

NOTE 1: Each DD Form 2624 is limited to one (1) test basis code. For example: Do not record CO, IO or IU test basis on the same DD Form 2624.

NOTE 2: Collection procedures outlined in AR 600-85, 1 OCT 2001, Appendix E, will be followed.

C. Selecting the Day of the Test. The Commander, or my designated representative, will select the day for the test. To lessen predictability, every effort will be made to ensure that the date selected does not favor any particular day of the week. Nor should it favor a week of the month, or a month of the quarter (as in 100% testing).

D. Random Selection Methods for Testing, Coded: IR. Following are the primary and alternate methods of randomly selecting personnel who will be tested on the monthly 15-20% test.

1. The UPL will use the **DTP software** as the primary means of selecting personnel to be tested. The DoD Drug Testing Program will select personnel to be tested based upon the percentage or number of personnel requested. The program will then print the DD Forms 2624, unit ledger and bottle labels. The UPL will select personnel using the "number of personnel" selection method. The number of personnel selected will be based on the unit quota, or if no quota is assigned, then 15-20% of the assigned strength.

2. Alternate selection method. When the DTP software is unavailable or the computer system is down, soldiers will be selected for testing by the last digit of their social security number.

a. Selection of the "numbers" should be done as close to the test date as possible. Ideally, this would be the same day as the urinalysis.

b. Ten pieces of paper with the numbers one through nine and zero printed on them will be folded and placed in a container. After the folded pieces of paper are mixed, one or more of the pieces of paper will be withdrawn from the container, one at a time. Normally at least two numbers must be selected. A UPL and either the 1SG or the commander will perform this procedure.

c. The number(s) selected will be matched against the last digit of each soldier's social security number as referenced against the most current company roster. The daily status report will be reviewed to identify the duty status of each selected soldier.

d. Only "present for duty" soldiers will be required to test on the actual urinalysis test day, all other selected personnel will test on the next test day.

e. All of the numbers (one through nine and zero) must be used during subsequent urinalysis testing selection. For example, if the number "two" is drawn for a random urinalysis in June, it must be included in the drawing for July. If "two" is drawn again in July, it would not be proper to select a substitute or alternate number.

E. Failure to Produce a Complete Specimen: At a minimum, a soldier will provide at least 45ml of urine. See UPL responsibilities outlined on page 4 of the Fort Benning SOP for the Military Urinalysis Drug Testing Program. The following procedures will be followed for soldiers who fail to produce a complete specimen on their first or subsequent attempts (this includes providing no urine at all).

1. The donor will be sent back to the latrine with the observer and the donor will dump the specimen in the toilet. The donor will then be directed to rinse out the specimen bottle. The label will be removed from the specimen bottle before it is thrown in to the trash, if possible. The soldier will be directed to the Holding Area until able to produce a complete specimen. He/she will be kept under the supervision of an NCO/ Officer who has been stationed in the Holding Area for that purpose.

2. They will be directed to drink a minimum of eight ounces of water every 30 minutes not to exceed 40 ounces.

3. When soldiers feel able to provide a complete specimen, they will return to their original urinalysis station.

4. Soldiers unable to provide a sample with in 4 hours may need to be referred to a physician for evaluation of a medical problem.

F. Questionable Specimens. Following are the actions to be taken if the observer or the UPL suspects a "questionable specimen". A questionable specimen is one that is suspected of being adulterated or substituted.

1. The UPL will immediately contact the Commander or First Sergeant to explain the circumstances that caused the specimen to be questioned. The UPL will request permission from the commander to obtain a second specimen from the soldier as an IO test or PO test.

a. If permission is not granted to collect a second specimen, a brief explanation and the name of the person consulted will be placed in the "Remarks" column of the Urinalysis Ledger.

b. If the commander orders a second specimen, the UPL will do the following:

(1) The number "1" should be placed in the center of the first specimen's bottle label. The number "1" should also be placed in item 7 of the DD Form 2624 next to the donor's service number.

(2) The test basis code of the specimen (item 9 of the DD Form 2624) should remain IR or the code that was originally requested.

(3) In the "Remarks" column of the Ledger, the UPL should briefly explain the circumstances that caused the specimen to be questioned and should include the name of the person who ordered the collection of the second specimen.

(4) The second specimen should be obtained before station closure.

(5) The number “2” should be placed in the center of the specimen’s bottle label. The number “2” should also be placed in item 7 of the DD Form 2624 next to the donor’s service number. The Second specimen should be placed on a separate DD Form 2624.

(6) The test basis code of the specimen should be a code that reflects its probable cause status (PO) or its status as an inspection pursuant to this SOP (IO). Commanders should then draft a separate MFR outlining the facts and circumstances behind the test. Such MFR should be maintained in the UPL file with the ledger. Trial counsel (SJA) prefers that the test be coded IO to prevent ancillary issues at trial.

2. The first specimen, and any additional specimens, will be released to the IBTC under normal chain of custody procedures unless CID has indicated that they wish to send the first sample to USACIL rather than to the FTDTL.

G. Failure to Appear for Testing. The UPL will notify the commander when any soldier fails to appear for testing. Failure to test is disobedience of a lawful order.

H. Correcting errors on the label, DD Form 624, and unit Ledger. When correcting errors on any paperwork, line through the error, initial, date, and enter the correct entry near the incorrect entry. This will be done IAW UPL Certification Handbook, page 60 section c and page H-1, Annex H of the ASAP SOP for Military Urinalysis Drug Testing, Ft. Benning, GA. No other method of correction is authorized except by a memorandum titled “Certificate of Correction.”

Note: When writing on the collection paperwork, remember the following:

- avoid slashing zeros
- avoid European sevens
- avoid European ones
- avoid double circle eights
- avoid closed fours

I. Soldiers that do not have their ID card when testing. If a soldier approaches the UPL desk without an ID card, an alternate method of identification will be used in order to collect the specimen:

1. Identity verified by the Commander or 1SG and SSN taken from the unit alpha roster.

2. Identity verified from picture ID (such as a driver’s license) and then SSN taken from the alpha roster.

3. The use of the ID tag is not considered a valid ID of a soldier.

4. You will annotate that the soldier had no ID card and how the ID was verified on the Unit Ledger and/or in a MFR that is attached to the Unit Ledger.

J. Step-by-step Collection Instructions. Urinalysis collection will be done IAW pages 6 -12 of the ASAP SOP for Military Urinalysis Drug Testing Program.

K. Closure of the Urinalysis Station.

My designated representatives and myself are the only people authorized to close a urinalysis station. The station will be closed when all soldiers that were selected and present for duty have provided a proper sample.

L. Disinfecting and Sanitation Instructions

1. Disinfectants:

a. Any household liquid or spray disinfectant (e.g., Lysol) can be used. The disinfecting method will depend upon the instructions on the container’s label. The disinfectant must contain a germicide.

b. A mixture of 10% bleach and 90% water, which is prepared the same day of use, is an effective disinfectant. Gloves must be worn when applying the mixture. After application, it should be allowed to air-dry. (Do Not get the mixture on clothing, and immediately wash it off bare skin.)

2. Sanitation:

a. Urine spills must be wiped up and disinfected as described below.

(1) Paper toweling should be placed over the site of the spill.

(2) A “liberal” amount of the disinfectant should be sprayed or poured over the paper toweling and allowed to sit for approximately five minutes.

(3) The used paper toweling should be put in a plastic bag-lined trash container.

b. After closing the urinalysis station, the UPL must disinfect the table and all reusable objects touched during the collection procedure. Following disposal of all used gloves and disinfecting materials in the trash container, the UPL should remove the plastic bag from the trash container, tie the top closed, and put it in a dumpster.

M. Temporary Storage Area. All specimens will be delivered to the IBTC as soon as possible. If specimens must be placed into temporary storage, then the storage requirements listed in the installation SOP will be followed. Specimens will be stored at List temporary storage area here.

Unit Prevention Plan:

A. Training.

1. The Primary UPL, in coordination with the commander and the training NCO, will ensure that a minimum of 4 hours of substance abuse awareness training is scheduled and delivered to all soldiers. The UPL will discuss training subjects with the commander and the ASAP prior to training dates.

2. The UPL will assist the commander in briefing each newly assigned soldier on the Unit Substance Abuse Program. The briefing should include the commander’s policies on testing and prevention efforts. The newly assigned soldier should be afforded the opportunity to read this SOP, and any other SOPs or policy letters related to the ASAP. The UPL will ensure that 4 hours of substance abuse prevention training is conducted yearly for each soldier assigned to the unit.

3. Additional training to select groups may be required as deemed necessary by the commander. This training may be based on unit specific needs or trends in drug and/or alcohol abuse. Examples may include observer training at NCOPDs, information briefings on Club drugs and Raves to all soldiers under age 28, or how to handle a urinalysis positive briefing at OPD.

B. De-glamorization of Alcohol. Unit activities will NOT center around the use of alcohol. Alcohol free activities such as non-alcohol Super bowl parties will be encouraged. If alcohol is authorized at a unit activity, then the following must be provided:

1. Various Non-alcoholic beverages for non-drinkers;

2. Designated drivers to ensure all personnel get home safely; AND

3. Designated senior leadership to monitor the consumption/condition of personnel who are drinking.

C. Prevention efforts.

1. The UPL will maintain a unit substance abuse bulletin board in a common area within the unit. At a minimum the bulletin board will contain:

a. A copy of this SOP

b. Copies of DA, MACOM, installation, and unit policy letters pertaining to the ASAP

c. Social Marketing Posters – provided by the ASAP or downloaded from www.acsap.org.

d. Pamphlets and/or information papers on drugs and alcohol

e. Current prevention campaigns and alcohol/drug free activities

f. Information on limited use and how to self-refer to ASAP. Include POCs and phone numbers.

2. The UPL will ensure that the command is notified of upcoming prevention campaigns. This unit will support the ASAP campaigns with personnel and resources as mission permits.

3. The commander, 1SG, or UPL will include drug and alcohol in safety briefings prior to long weekends.

4. The commander and UPL will stay abreast of drug and alcohol trends within the community and the unit via the non-clinical ASAP and unit drug testing statistics. The commander will take appropriate actions to address potential problems within the command to include potential problems associated with deployment areas.

D. Risk Reduction Program.

1. The commander should receive information quarterly from the battalion commander pertaining to the fourteen high-risk behaviors measured by the Risk Reduction Program.

2. The commander will assist in the development, planning, and delivery of prevention strategies targeting the areas that are at risk within the battalion.

3. The commander will schedule and have the 53-item Unit Risk Inventory (URI) administered to the unit on an as needed basis. The results of the URI will be used to adjust training and prevention efforts within the unit to reduce high-risk behaviors.

2 Encls
1. Limited Use Sheet
2. DUI Fact Sheet

COMMANDER'S
CPT, XX
Commanding

Limited Use Quick Guide. AR 600-85, Chapter 6 (Enclosure 1)

- Soldiers will receive an "Honorable" discharge regardless of their overall performance of duty, if discharge is based on a proceeding where the Government initially introduces limited use evidence except as authorized in paragraph 6-3d(1) of this regulation. The "Government" includes the following:
  (1) The unit commander or intermediate commanders (in a recommendation for discharge or in documents forwarded with such a recommendation).
  (2) Any member of the board of officers or an administrative separation board adjudicating the case.
  (3) The investigating officer or recorder presenting the case before the board.
  (4) The separation authority.

- Limited use prohibits the use by the government of protected evidence against a soldier in actions under the UCMJ or on the issue of characterization of service in administrative proceedings. Additionally, the policy limits the characterization of discharge to "Honorable" if protective evidence is used. Such evidence includes:
  (1) Results of a <u>command-directed biochemical testing</u> that is inadmissible under the Military Rules of Evidence.
    (a) Competence for duty tests may be directed if, for example a soldier exhibits aberrant, bizarre, or uncharacteristic behavior, but probable cause to believe the soldier has violated the UCMJ through the abuse of alcohol or drugs is absent. Competence for duty test results may be used as a basis for administrative action to include separation, but shall not be used as basis for an action under the UCMJ or be considered in the issue of characterization of service.

  (2) Safety mishap investigation
  (3) Result of a soldier's emergency medical care solely for an actual or possible alcohol or other drug overdose.
    (a) If the medical treatment resulted from an **<u>apprehension by military or civilian law enforcement</u>** authorities, or if the admission for treatment resulted from other than abuse of alcohol or drugs, such as for injuries resulting from a traffic accident, the limited use protection <u>will not be available to the soldier</u>.
  (4) Self referral to the ASAP.
  (5) Admissions as part of their initial entry into the ASAP.
  (6) Biochemical test results, if the soldier voluntarily submits to a DOD or Army treatment program before the soldier has received an order to submit for a lawful biochemical test.
  (7) Biochemical test administered solely as a required part of a DOD or Army rehabilitation

- Limited Use as it relates to those who assist the victim in obtaining emergency treatment from an MTF:
  (1) Soldiers may seek help for their own alcohol or other drug problem from:
    (a) Their unit commander.
    (b) The physician at the MTF.
    (c) Any other agency or individual described in chapter 3 of this regulation.
  (2) If the unit commander suspects a soldier of alcohol or other drug abuse, or possession of drugs incidental to personal use, solely because of a soldier's assistance to an actual or possible alcohol or drug overdose victim, and there is no reason to believe the soldier provided illegal drugs to the victim, the commander should consult with the supporting legal office and thereafter may:
    (a) Inform the soldier of these suspicions.
    (b) Ensure the soldier is aware of the treatment services available and the "Limited Use Policy."
  (3) If the soldier <u>admits to alcohol or other drug abuse</u> and <u>volunteers for help</u>, limited use becomes effective as of the time the soldier asks for help.

- Before taking adverse action against such a soldier, the commander should seek advice from the supporting legal office (trial counsel).

DRUNK OR DRUGGED DRIVING – (Enclosure 2)
ADMINISTRATIVE SANCTIONS.

A. Purpose. Drunk driving (including drugged driving) administrative sanctions operate in concert with the Army's Alcohol and Substance Abuse Program (ASAP) to prevent alcohol and drug abuse, identify abusers, rehabilitate those abusers who warrant retention, and separate those who do not.

B. Reference.
1. AR 190-5 (paragraph citations in this section are to AR 190-5).
2. AR 600-85.

C. Applicability:

1. AR 190-5 applies to active soldiers, AGR soldiers, and Reserve soldiers apprehended for DUI while in a duty status. Driving privilege suspension/revocation on Army installations applies to all persons, military or not. States need not apply AR 190-5 (traffic regulation) on State installations.

2. AR 600-85, Chapter 9 lays out procedures applicable to soldiers on duty for 30 days or more.

D. Procedures.

1. Withdrawal of installation driving privileges. AR 190-5, para 2-5.

a. **Suspension** is immediate pending resolution of drunk driving charges brought in the following circumstances:

(1) Refusal to take or complete a lawfully requested chemical test to determine contents of blood for alcohol or other drugs.

(2) Operating a motor vehicle with a blood alcohol content (BAC) of 0.08% by volume or higher or in violation of the law of the jurisdiction that is being assimilated on the installation.

(3) Operating a motor vehicle with a BAC of at least 0.05% by volume but less than 0.10% blood alcohol by volume in violation of the law of the jurisdiction in which the vehicle is being operated, if the jurisdiction imposes a suspension solely on the basis of the BAC.

(4) On an arrest report or other official documentation of the circumstances of an apprehension for intoxicated driving.

b. **Limited hearing**. Para 2-6. A person whose driving privileges are suspended has ten days in which to request a hearing. If requested, must be conducted by the installation commander or delegate within ten days. A decision must issue within ten duty days of the hearing. Issues addressed:

(1) Did the law enforcement official have reasonable grounds to believe person was DWI or in actual physical control of motor vehicle while under the influence of alcohol or other drugs?

(2) Was the apprehension or citation lawful?

(3) Was the person lawfully requested to submit to a test for alcohol or other drug content of blood, breath, or urine and was he informed of the consequences of refusal to take or fail to complete such test?

(4) Did the person refuse to submit to the test for alcohol or other drug content of blood, breath, or urine; fail to complete the test; or complete the test and the result was .08% or higher BAC, or showed results indicating the presence of other drugs for an on-post apprehension or in violation of state laws for an off-post apprehension?

(5) Was the testing method used valid and reliable and were the results accurately evaluated?

c. **Revocation** for period of one year. Para 2-5.

(1) Lawfully apprehended for DWI and refused to submit to or to complete a test to measure the alcohol content in the blood, or detect the presence of any other drug.

(2) Conviction, NJP, or military or civilian administrative action resulted in suspension or revocation of a driver's license for DWI.

(3) Compute from date of original suspension, exclusive of periods when full driving privileges restored pending resolution of charges.

d. **Restricted privileges**. Para 2-11.

(1) May be requested at any time.

(2) GCMCA acts on all DWI/DUI requests for restricted privileges.

2. Referral to ASAP. Para 2-9.

a. Mandatory (within 10 days).

b. Enrollment is discretionary.

3. General Officer Written Reprimand. Para 2-7. (See Figure 5, p. 3-31).

a. Mandatory for active duty Army commissioned and warrant officers and NCOs, including corporals. OPTIONAL otherwise.

b. General officer will sign.

c. Based on:

(1) Conviction of intoxicated driving or driving under the influence of alcohol or other drugs, on or off the installation.

(2) Refusal to take or failure to complete a lawfully requested test to measure alcohol or drug content of the blood, breath, or urine, on or off the installation, when there is reasonable belief of driving under the influence of alcohol or drugs.

(3) Driving or being in physical control of a motor vehicle on post when the blood alcohol content is 0.08% or higher, irrespective of other charges, or off post when the blood alcohol content is in violation of state laws, irrespective of other charges.

(4) Driving or being in physical control of a motor vehicle, either on or off the installation, when lawfully requested chemical tests reflect the presence of illegal drugs.

d. Filing is IAW AR 600-37.

(1) Decide to not file.

(2) Unit Personnel File.

(3) OMPF.

4. Consider other administrative actions. Para 2-7c.

a. Administrative reduction.

b. Bar to reenlistment.

c. Administrative discharge.