

Directions to Long Hall

Traveling from Dixie Road, turn on to Ingersoll Street,

Turn Right into parking lot across from the CRS2 Building.

Once entering parking lot, continue right past Little Caesars Pizza and turn right on to Lincoln Avenue.

Building 975 is located in the three story building on the Right Hand Side

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Fort Benning Army Substance Abuse Program



Biochemical Testing

The objectives of the Fort Benning's Biochemical Testing Program are to:

1. Deter soldiers, including those members on initial entry on AD after enlistment or appointment, from abusing drugs (including illegal drugs, other illicit substances, and prescribed medication).
2. Facilitate early identification of alcohol and/or other drug abuse.
3. Enable commanders to assess the security, military fitness, good order and discipline of their units, and to use information obtained to take appropriate action (e.g., UCM), administrative, or other actions, including referral to the ASAP clinic for screening, evaluation, and possible treatment).
4. Monitor rehabilitation of those who require testing as part of their rehabilitation plan.
5. Determine the presence of a controlled substance in the urine or alcohol in the blood or breath during inspections.
6. Collect data on the prevalence of alcohol and/or other drug abuse within the Fort Benning community and the Army.

The forensic toxicology laboratory tests for seven categories of drugs, as authorized by the Department of Defense. Every urine sample is tested for THC, Cocaine, Amphetamines, and Heroin. Tests for the other four drugs are done on a random rotational basis; these drugs include Opiates, Oxycodone, Oxymorphone, and PCP. Tests for Steroids are a probable cause test only.

Questions can be directed to the Drug Testing Coordinator (DTC) at 545-2123/5880.

Drug Test Technician

Fort Benning Policies: Army Substance Abuse Program Memo Establishes the Commanding General's guidance and directives to all commanders on Ft. Benning in regards to the Army Substance Abuse Program for Alcohol and Drug Prevention Education, urinalysis testing and referral of Soldiers that conduct high risk behaviors.

Unit Prevention Leader (UPL) resources:

Drug Testing Program Lite Instructions, Alpha Roster Format, & Software	Certificates Of Correction:
Urinalysis Chain of Custody Procedures for Military Personnel	Blank Certificate of Correction
Smart Testing	Wrong UIC
Urinalysis Testing Codes	Wrong Collection Date
Unit Substance Abuse Program Standard Operating Procedures (Modifiable)	Wrong BAC
Commander's Briefing	Incorrect SSN
UPL's Briefing	Broken Seal
Observer's Briefing	Barcode Blackout
Request for Urinalysis	
UPL Course Student Notebook	

Army Center for Substance Abuse Programs (ACSAP)

AR 600-85 dtd: ~~2 Dec 09~~
DA PAM 600-85

28 Dec 2012



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Fort Benning Army Substance Abuse Program



Mission & Overview

The Army Substance Abuse Program, or ASAP, is a comprehensive program, which combines prevention education, suicide prevention, urinalysis testing, risk reduction, and civilian employees counseling services. These programs are designed to strengthen the overall fitness and effectiveness of the Fort Benning Military Community (FBMC) and to enhance the combat readiness of its personnel and units. The main purpose is to eliminate alcohol and/or other drugs abuse. The prevention education function will provide current substance abuse prevention information for all members of the FBMC. The civilian employees Counseling Services will concentrate on assisting supervisors with short term counseling to employees with personal, job related and relationship problems and the urinalysis function is a program to deter and identify drug use/abuse.

ASAP Division is assigned to the U.S. Army Garrison Directorate Human Resources, Fort Benning, Georgia.

MISSION

The Army 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.

OBJECTIVE

- Increase individual fitness and overall unit readiness.
- 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.
- Implement alcohol and other drug risk reduction and prevention strategies that respond to potential problems before they jeopardize readiness, productivity, and careers.
- Restore to duty those substance-impaired Soldiers who have the potential for continued military Service.
- 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.
- Ensure all personnel assigned to ASAP staff are appropriately trained and experienced to accomplish their missions.
- Achieve maximum productivity and reduce absenteeism and attrition among civilian corps members by reducing the effects of the abuse of alcohol and other drugs.
- Improve readiness by extending services to the Soldiers, civilian corps members, and Family members.

ASAP Common Levels of Service

250A

9a - Provide Military Bio-chemical Testing Services

Description

This program is funded with OSD Fenced Funding (VCND). This program allows for the operation of a forensically secure Installation Biochemical Testing Collection Point. The program identifies and deters drug use and enhances individual readiness, and delivers Unit Prevention Leader (UPL) certification and recertification training, in accordance with applicable policy and regulations.

Components

Includes the following: Collection, shipment and quality assurance of urine specimens; alcohol testing; monitoring rehabilitation drug testing; Medical Review Officer (MRO) coordination; legal testimony when results are litigated through Uniform Code of Military Justice (UCMJ) procedures; inspect unit drug testing collections/procedures; staff training/certification oversight; delivery of 40 hour didactic and practical application training course for UPL certification and annual recertification requirement; unit UPL inspections; conduct personal background checks.

250B

9b - Provide Civilian Bio-chemical Testing

Description

This program is funded with OSD Fenced Funding. This program allows for the operation of a forensically secure Installation Biochemical Testing Collection Point. The program identifies and deters drug use and enhances individual readiness, in accordance with drug-free workplace and applicable regulations.

Components

Includes the following: Maintaining and managing Testing Designated Position (TDP) database; TDP random selection; coordinating testing requirements with supervisors and Civilian Personnel Advisory Center (CPAC); collection, shipment and quality assurance of urine specimens; alcohol testing; Medical Review Officer (MRO) coordination; pre-employment, follow-up, post accident and reasonable suspicion testing; TDP training for supervisors and employees; staff training/certification oversight; conduct personal background checks.

250C **9c - Provide Substance Abuse Prevention and Education Services for Military Personnel**

Description

This program plans, manages, directs and evaluates substance abuse education and training activities. This program promotes marketing, networking and consulting strategies for military personnel in accordance with applicable regulations.

Components

Prevention Coordination for Military Population. 10 Services delivered and ranked in terms of priority with 1 being most important to 10 being least important: 1. Provide training and any other services to assist organizations in ensuring all military are provided prevention education training (that is, a minimum of four hours annually for military personnel. PCs will track all training conducted by unit or directorate as appropriate. 2. Design, develop, and administer target group-oriented alcohol and other drug prevention education and training programs in coordination with the ASAP staff and other installation prevention professionals. 3. Maintain class rosters for all training annotated on the DA Form 3711 and track all substance abuse training on the installation by unit. 4. Conduct pre- and post-deployment substance abuse training. 5. Schedule sufficient training opportunities to provide prevention education to not less than 25% of supported unit population per quarter, to include training conducted by UPLs. 6. Promote ASAP services using marketing, networking, and consulting strategies. 7. Develop, in consultation with ASAP staff members, a substance abuse prevention plan annually. 8. Coordinate with the installation training officer to assist in integrating the preventive education and training efforts into the overall installation training program. 9. Maintain lists of available continuing education and training courses and workshops provided by ACSAP, IMCOM, and appropriate civilian agencies for ASAP garrison staff and coordinate allocations for military and civilian training courses through the IMCOM. 10. Maintain liaison with schools serving military family members, civic organizations, civilian agencies, and military organizations to integrate the efforts of all community preventive education resources.

250 D **9d - Provide the full range of Employee Assistance Program (EAP) Services for Civilian Workforce**

Description

This program, as required by Public Law in support of the Drug Free Workplace program and DA PAM 600-85, plans, manages, implements and evaluates a program designed to assist civilian employees, family members and military retirees with substance abuse and other personal problems affecting their well being and job performance. Additionally, this program also provides prevention/education services, program marketing, campaigns, and public service announcements to this population to prevent problems before they occur.

Components

Includes the following: Assessments and referral; short term counseling; follow up services; crisis intervention; supervisor/management consultation; coordination with Installation and private sector treatment facilities; coordination/consultation with CPAC and labor relations; providing, (in support of the mandatory 2 hours prevention education training for civilians) substance abuse and non-substance abuse related training, i.e. stress management, prevention of workplace violence, new employee orientation etc.; maintaining resource library; marketing and promotion of the Installation EAP.

250 E **9e - Provide Alcohol and Drug Prevention Training (ADAPT) Course**

Description

This program is an educational/ motivational intervention which focuses on the adverse effects and consequences of alcohol and other drug abuse. The ADAPT course is 12 hours of material IAW AR 600-85.

Components

Includes the following: Training for Soldiers, eligible civilians, self and command and ASAP clinical/other medical referrals for substance abuse prevention designed to provide an opportunity to intervene with identified individuals who have exhibited high-risk substance abuse behaviors through education and awareness activities. Consultations with commanders and ASAP clinicians; follow-up surveys on training impact.

250 F **9f - Provide Risk Reduction Program (RRP) for Active Army Units**

Description

This program is fully funded through a HQ IMCOM Central Contract for RRP. This program plans, manages, directs and evaluates the identification of Soldier high risk behaviors and trends, analyzes risk data and recommends and implements intervention strategies to mitigate Soldier risk behaviors and enhance mission readiness.

Components

Includes the following: Data collection (includes coordination with various installation agencies/elements); data/trend analysis; command consultation and briefings; providing Unit Risk Inventories (URI); Installation Prevention Team (IPT) Training; manage/participate in Installation Risk Reduction council/forum and safety councils; coordination of installation suicide prevention activities; developing prevention plans; coordination/implementation of intervention activities; printing and distributing RRP reports; staff training/certification oversight.

Annual Events

- October - National Depression Screening Day
- October - National Red Ribbon Week
- November- December - Safety Cab
- April - Alcohol Awareness Month
- April - National Alcohol Screening Day
- May - National Suicide Awareness Week

Army Center for Substance Abuse Programs (ACSAP)



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Fort Benning Army Substance Abuse Program



Risk Education Program

Risk Reduction Program (RRP) offers commanders a management tool that tracks, assesses, and acts on twentyone soldier high risk behaviors; Deaths, Accidents, Injuries, Sexually Transmitted Diseases (STD), Suicide Gestures and Attempts, Absent Without Leave (AWOLs), Drug and Alcohol Offenses, Traffic Violations, Crimes Against Persons and Property, Spouse Abuse, Child Abuse, Financial Problems Warning Letters, Eviction Notices, Chapter Eliminations, Courts Martial and Disciplinary Actions. This program places prevention resources on the identified high-risk behaviors and assists in maintaining soldier and unit readiness.

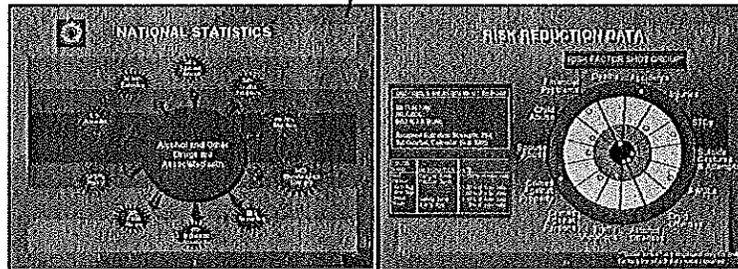
The Soldier Risk Reduction Program coordinates Installation Prevention Team (IPT) meetings to review current risk factors and plan for upcoming prevention strategies based on historical trends. The primary goal of the Installation Prevention Team is to assist commanders in developing prevention strategies to reduce high risk factors, which may have a detrimental impact on soldier and unit readiness. Though the primary unit of focus for the team is the battalion size unit, it is not limited to that. The team can be developing and implementing prevention strategies and programs simultaneously at a number of different levels from the installation to individual units of company or battery size.

RISK REDUCTION BRIEFING

UNIT RISK INVENTORY BRIEFING

Point of contact for RRP is at 545-6049/5718.

5627 / 5137



Army Center for Substance Abuse Programs (ACSAP)



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Frequently Asked Questions

What is the Army Substance Abuse Program (ASAP)?

The Army Substance Abuse Program, or ASAP, is a comprehensive program, which combines deterrence, prevention, and treatment designed to strengthen the overall fitness and effectiveness of the Army and to enhance the combat readiness of its personnel and units by eliminating alcohol and/or other drug abuse. (ASAP mission and objectives are listed in para 1-30, AR 600-85.)

What is the unit commander's role in the ASAP?

Unit commanders must observe their soldiers' behavior and intervene early to identify possible alcohol and/or other drug abusers, refer these soldiers for evaluation by trained medical personnel, recommend enrollment in treatment programs, and when appropriate, process soldiers for separation. (More information on the unit commander's role in ASAP can be found in para 1-31, AR 600-85.)

What is the single greatest key to ASAP success?

Actions taken to prevent, deter, and reduce alcohol and other drug abuse are the single greatest keys to ASAP success. At each post or installation, the ADCO will develop an Installation Prevention Plan, which the unit commander can access for information, programs, and ideas. While there are many forms of prevention strategies available, unit commanders should provide education and training to soldiers on the effects and consequences of alcohol and other drug abuse, along with the treatment services, which are available at the installation. Commanders and First Sergeants must also take steps to deglamorize alcohol and ensure that alcohol is never the focus of any event.

What specifically must a unit commander do?

There are basically three major actions a unit commander must accomplish: First, a organization team must be appointed to conduct the unit's ASAP activities; second, a unit biochemical testing program must be established; and third, prevention and education initiatives must be implemented.

How is a soldier referred to ASAP?

There are 5 ways for a soldier to be referred to ASAP -

- 1) Self Identification (Voluntary) - The soldier goes to his/her chain-of-command and requests to see a counselor for an alcohol and/or drug abuse issue.
- 2) Commander/Supervisor Identification - A soldier can be referred in this way if his/her commander becomes aware, observes, or suspects that a soldier is a substance abuser.
- 3) Biochemical Identification - A soldier that comes up with a positive results from a urinalysis or a breath/blood alcohol testing method will automatically be referred to the Counseling Center for evaluation.
- 4) Medical Identification - Healthcare providers/physicians may refer a soldier if it is apparent upon examination that the soldier is abusing alcohol and/or other substance. The soldier's unit commander will be immediately notified by the referring medical personnel.
- 5) Investigation and/or apprehension - Soldiers that are identified by military or civilian law enforcement as being involved in an alcohol and/or drug related incident will be referred to ASAP for counseling within 72 hours of the incident by the soldiers' unit commander

What form do I use to refer a soldier to ASAP for evaluation/counseling?

DA Form 8003

Will I get into trouble if I Self Refer to ASAP?

If you are using drugs or abusing alcohol, **YOU ARE ALREADY IN TROUBLE**, you just haven't been caught yet. You could also cause yourself health problems. If you want to avoid potential long-term problems, Self Referral is the way to go.

Why is the commander's participation critical to the success of the rehabilitation process?

- 1) The commander will evaluate and provide periodic feedback to the counselor about the soldier's duty performance during care.
- 2) Review ongoing evaluations of the soldier's progress and participation provided by the ASAP counselor and meet with the soldier to discuss the evaluation.
- 3) Participate in Rehabilitation Team meetings with the ASAP clinical staff. (Chap 4 of AR 600-85 addresses the rehabilitation process.)
- 4) Make the final determination of the success or failure of the soldier's rehabilitation (normally within 3 to 6 months of initial enrollment).

Why does it seem like some individual never get selected to give a urine sample, while others seem to get picked all the time?

All personnel will give a urine sample for testing annually; however, there is no set schedule for this. Personnel are selected at random by the Drug Testing Program once your UPL has input your unit's personnel roster. For example: if your unit has 135 personnel assigned, then you have a 1 in 135 chance of being selected. The software doesn't discriminate on who it picks for the next urinalysis.

Who is eligible for our services?

Services are authorized for all ID Card holders authorized medical services in a military medical facility, and personnel eligible for services under the Federal Civilian Employees Occupational Health Services program.

What drugs are tested for on a urinalysis?

Every urine sample is tested for THC, Cocaine, and Amphetamines. Tests for the other drugs are done on a random rotational basis; these drugs include Opiates, Barbiturates, LSD, and PCP. Tests for Steroids are done as a probable cause test only. If you suspect a soldier is on a specific substance that is not regularly tested for, notify the IBTC or the Urinalysis Lab when your UPL turns in the unit's samples for testing.

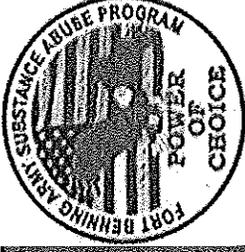
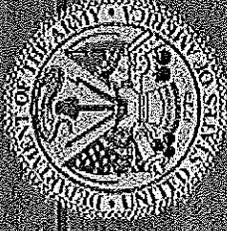
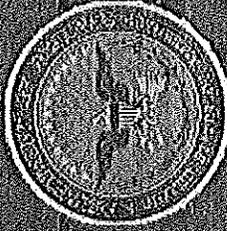
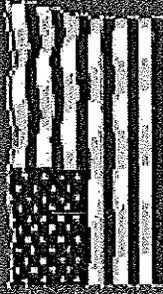
Will over-the-counter drugs give a positive urinalysis result?

No.

ASAP Manager

Please direct any further questions to the ~~Prevention Coordinator~~ at 545-7462

Program Authority



Public Law

92-129

28 Sep 1974

Established drug prevention and control programs in the Armed Forces

DoD Directive 1010.1

9 Dec 1994 - Drug Abuse Testing Program.

DoD Instruction 1010.16

9 Dec 1994 - Technical Procedures for the Military Personnel Drug Abuse Testing Program.

Army Regulation 600-85

15 Oct 2001 *ASAP 2012*

Army Substance Abuse Program (ASAP)*

* Formally known as Alcohol and Drug Abuse Prevention Control Program (ADAPCP)



Questions?

ASAP Telephone Number:

706 - 545- 1138/7027

7462

ASAP Address:

BUILDING 241 BALTZELL AVE.

975 - 9080 LINCOLN Ave



Summary

ASAP Telephone Number:

706 - 545- 1138/7027

7462

ASAP Address:

BUILDING 241 BALTZELL AVE.

475 - 7080 Lincoln Ave