

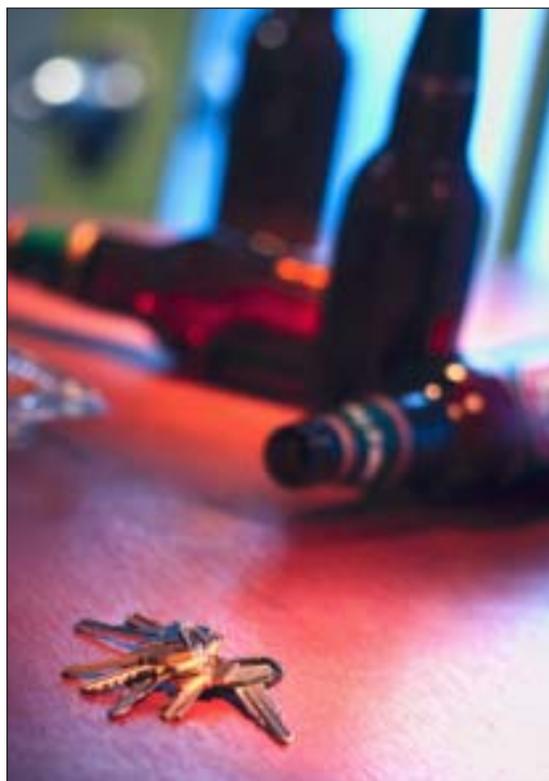
TRAINING NOTES



The Army Substance Abuse Program: A FORCE MULTIPLIER?

LIEUTENANT COLONEL DAVID L. THOMAS II

The Army Substance Abuse Program (ASAP) is a force multiplier of the highest order. Why, you might ask? Well, as we do maintenance on our equipment, we also need to do maintenance on our people – who are the Army’s most valuable resource and the most important battlefield operating system (BOS). ASAP is a comprehensive program that combines prevention education, urinalysis testing, risk reduction, and civilian employee counseling services. These programs are designed to strengthen the overall fitness and effectiveness of a unit and the Army and to enhance the combat readiness of its personnel. If you can’t bring physically fit and ready Soldiers to the battlefield, you have already lost the battle. The Army Substance Abuse Program can greatly assist leaders in this effort.



intervention by trained counselors at the depression screening sites. In addition, the ASAP provides a wide range of alcohol and substance abuse prevention training as well as suicide prevention training and counseling. The ASAP can also provide drug and alcohol abuse prevention classes to military school children as well as provide information on local chapters of Alcohol Anonymous and other organizations such as Narcotics Anonymous, etc.

According to the Centers for Application of Prevention Technology, alcohol, tobacco and other drugs, especially in youth (such as young Soldiers), exact a high toll in local communities. Such substance use and abuse are linked to increased mortality and morbidity through substance-related violence, accidents, and crime. Substance abuse prevention programs not only improve the health of communities, they also save \$4-5 in costs for drug abuse treatment and counseling

for every dollar invested.

What is ASAP?

The ASAP is a multifaceted organization that you can find on any Army installation. Army Regulation 600-85 governs the program. The ASAP is not just a program that deals with alcohol and substance abuse. ASAP is responsible for the Risk Reduction Program, which tracks statistics such as the number of domestic violence incidents, alcohol-related incidents, drug-related offenses, crimes against property and persons, traffic violations, and sexually transmitted disease statistics, to name just a few.

The ASAP also provides information, training, and screening for depression. Recently, the ASAP at Fort Benning conducted screenings in conjunction with National Depression Screening Day. Several hundred individuals were screened, and it was amazing the serious problems that were revealed by some of the participants. There were several people who required immediate

Prevention Is Key

You conduct preventive maintenance checks and services (PMCS) on your vehicles and equipment, but it will do little good if you don’t perform similar assessments on your Soldiers. In combat, a broken-down vehicle and a Soldier experiencing alcohol withdrawal can both be deadly. Sometimes, too much focus is placed on our vehicles and equipment and not on our people. We take oil samples to see if there is excessive engine wear or other problems and take corrective actions before the engine breaks down, so why don’t we do that with our Soldiers? Why do we wait until the individual gets a DUI or comes up positive on a drug test before we refer him for professional assistance?

According to Yvonne Wilbanks, Alcohol and Drug Control Officer at the Fort Benning ASAP, “There are no short cuts — knowing your Soldiers is the foundation to preventing substance abuse.” Why do we as leaders let it get to that point before we act or are forced to act? We should be taking “samples” of our Soldiers and identifying problems before they negatively impact on the Soldier and the readiness of the unit. Wilbanks goes on to add “great leaders go beyond what is normally expected to provide their Soldiers the knowledge they need to make better choices.”

A Costly Problem

When a Soldier gets a DUI or shows up positive for illegal drugs on a urinalysis, there are a lot of things that must be done. The Soldier is command referred for counseling using a DA Form 8003, completes the intake program and has to attend Rehabilitation Team Meetings (RTMs), has to complete a defensive driving course, has to go to doctor’s appointments, etc. If you were to imagine what the cost in terms of time that takes for just one Soldier, you would find it to be very expensive. Not to mention the fact of how much money has already been spent to bring the Soldier into the military and train him. If a Soldier is hurt because he is drunk or on drugs and winds up requiring medical treatment, it impacts the Army twice — first because of the cost of medical care and second because of lost man hours.

From Army estimates it costs approximately \$50,000 to train a Soldier, (depending on MOS and/or schools) from the time they enter a recruiting station until they arrive at their first duty station. If a Soldier is lost due to alcohol or drug abuse, it costs the Army approximately \$50,000, right? Wrong. It actually costs the Army about \$100,000 because another Soldier has to be brought in to fill the vacated position. That’s a lot of money, but even that is not the most critical problem. The most critical problem the Army has right now is time. We don’t have the time to replace the lost Soldier with another because it takes anywhere from six to nine months to train a Soldier coming into the Army before he gets to his first duty station. Can we afford that cost? How much does six to nine months

cost the Army or the unit preparing to go to combat? Does any leader preparing his/her unit for combat operations in Iraq or Afghanistan think they can afford to wait another six to nine months for another replacement?

One mistake or lapse in judgment by a Soldier can be very expensive for the military, especially if the individual is seriously hurt or dies. Many do not think in monetary terms when it comes to Soldiers being hurt or killed because of alcohol or illegal (and prescription) substance abuse, but it is there. Imagine trying to run a business with employees (Soldiers) who show up drunk or stoned or who don’t show up at all or call in sick. There is a cost associated with this bad behavior.

One survey found that nine percent of heavy drinkers and 10 percent of drug users had missed work because of a hangover; six percent had gone to work high or drunk in the past year; and 11 percent of heavy drinkers and 18 percent of drug users had skipped work in the past month. Think it doesn’t impact Soldiers in the Army? Think again. The Army is a representative portion of the U.S. population. We have people from all walks of life, different socioeconomic backgrounds, and different cultures. Why would our problems in the Army be any less than American society as a whole? It isn’t. The Army loses productivity, has Soldiers who go on sick call more often, and has those who injure themselves or others because of alcohol and substance abuse.

According to the National Institute on Alcohol and Alcoholism (NIAAA), a nationwide survey shows that more than 40 percent of persons who started drinking before age 15 were diagnosed as alcohol dependent at some point in their lives. Rates of lifetime dependence declined to approximately 10 percent among those who began drinking at age 20 or older. This annual rate of decline was similar for both genders. Although in the past women generally started drinking at later ages than men, more recent survey data shows that this difference has nearly disappeared. Think this is only a civilian population problem? Think that the Soldiers that we get into the Army now did not start drinking at age 15? Think that many of them have

According to the DAMIS Drug Detail Report, in the first quarter of FY 04:

204,164 Active Duty Soldiers were tested for drug abuse – the breakdown of illegal substance use is below:

- ➔ 1199 tested positive for THC (active ingredient in marijuana)
- ➔ 520 tested positive for cocaine
- ➔ 224 tested positive for amphetamines
- ➔ 196 tested positive for D-methamphetamines
- ➔ 230 tested positive for codeine (cough syrup, Tylenol #3)
- ➔ 46 tested positive for morphine (narcotic)
- ➔ 21 tested positive for butal (barbituate)
- ➔ 2 tested positive for PCP (Phencyclidine)
- ➔ 3 tested positive for MDA (Methylenedioxyamphetamine)
- ➔ 6 tested positive for Phenobarbital (barbiturate)
- ➔ 79 tested positive for MDMA (methylenedioxy-methamphetamine – Ecstasy)

no alcohol or drug-related problems when they join the Army? There are just as many problems, if not more, due to the current operations in Iraq and Afghanistan. Some Soldiers drink extensively when they get back from a deployment. Spouses and family members sometimes drink because they are lonely or depressed when their loved ones are deployed for six to nine months. Yes, it is an Army problem, but not one generally talked about or addressed until the problem becomes serious.

It is not just alcohol that is a problem. According to the Drug Policy Alliance, federal and state governments spent more than \$40 billion fighting the drug war in 2000 – a dramatic increase since 1980, when federal spending was roughly \$1 billion and the state spending just a few times that. Yet, despite the ballooning costs of the drug war, illicit drugs are cheaper and purer than they were two decades ago and continue to be readily available. According to the Substance Abuse and Mental Health Services Administration

(SAMHSA), nearly 57 percent of the population reported that marijuana is fairly or very easy to obtain. In 2000, 47 percent of eighth graders and 88.5 percent of senior high school students said marijuana is easy to obtain. Additionally, approximately 24 percent of eighth graders and nearly 48 percent of seniors reported powdered cocaine is easy to get. Think this does not impact the Army?

What Should Leaders Do?

There are many ways that today's Army leadership can deal with this ever growing readiness problem. Some ways are easy; others take a lot of work.

* The first thing that should be done is to get those that have problems professional help. The Army Substance Abuse Program on your military installation can assist in this endeavor by providing resources, and if necessary, seeking additional resources through their network of Soldier-oriented military and nonmilitary organizations that can and do help Soldiers and their families improve their quality of life.

* The second thing they can do is to identify Soldiers at high risk. Everyone, including the unit leadership, knows who is at risk. They know who the binge drinkers are; they know who the problem drinkers are. They know who the violent drinkers/drug abusers are. Yet, because of the negative perception and career implications that might develop, many turn the other way instead of reaching out or forcing individuals to get the help they need. Some feel it is easier to deal with the problem after it reaches its boiling point instead of seeking to prevent it while it is just simmering. The Army Substance Abuse Program also has a program called ADAPT (Alcohol and Drug Abuse Prevention Training), which is a minimum of 12 hours of instruction that focuses on the adverse effects and consequences of alcohol and other drug abuse. Several categories of personnel may attend an ADAPT class:

✓ Soldiers who are referred, screened, and enrolled in the ASAP treatment program in which education is included as a part of the individualized treatment plan.

✓ Soldiers who have been identified as first time abusers and do not require treatment.

✓ Soldiers referred directly by the unit commander for reasons related to poor performance, safety violations, high-risk behaviors and disciplinary problem.

✓ Soldiers who volunteer for the course, with permission of the unit commander. ADAPT training is permitted and encouraged for civilian personnel and family members, but is limited to a space available basis.

Debbie Manning, Fort Benning ASAP

Everyone, including the unit leadership, knows who is at risk. They know who the binge drinkers are; they know who the problem drinkers are ... Yet, because of the negative perception and career implications that might develop, many turn the other way instead of reaching out or forcing individuals to get the help they need.

coordinator, said that by the second day of ADAPT many participants remark that the class should be mandatory for all Soldiers – before they get in trouble. Participant follow-up, normally six months after a Soldier has attended class, is also an integral part of the ADAPT program. We do a risk assessment before a mission, so why don't we do one on our people? That way, if they are at "high risk," we can get them into programs like ADAPT before a more serious incident occurs where we might lose that Soldier.

* The third thing leaders can do is to provide additional drug and alcohol abuse training, definitely more than four hours a

year. We spend countless hours training Soldiers to use complex weapons systems, yet we only spend four hours a year on drug and alcohol abuse training? This is a very unequal relationship, given the numbers of Soldiers that have drug and/or alcohol problems. We need to go on the offensive against alcohol and drug abuse. We have an internal war brewing in the Army. One that wants Soldiers to be "all they can be," yet the very culture of the military might suggest to Soldiers that drinking is OK. Commanders need to put more substance abuse and domestic violence training in their training plans. It needs to have a higher priority on the Mission Essential Task List because without the Soldiers being free of substance abuse, a unit's readiness takes a big hit. The Fort Benning Substance Abuse Program has more than 100 video tapes and other materials that units can come by and pick up to help them conduct additional training and to provide Soldiers with additional information.

* The fourth thing they can do is to set the example. Senior NCOs mentoring their junior NCOs in the NCO Club over a drink is not the acceptable method anymore. There are a lot more positive



ways to mentor and to set the example. Alcohol abuse is a very serious American society problem which has provided the military a destructive way of life for many of its Soldiers. Having alcohol at unit functions, backyard barbecues, dining-ins, etc., does not help combat this problem and may give many the mistaken impression that consuming alcohol at these and other events is acceptable. Many cover for individuals that have serious alcohol problems so as to not hurt the individual's career, yet they are co-assisters who are helping that Soldier down the path towards destruction.

* The fifth thing they can do is to find alternative sources of entertainment for Soldiers instead of sitting around and drinking. For example, www.skillssoft.com has more than 15,000 hours of computer courses that Soldiers can download and take in their spare time. The courses cover business courses to complex networking training. Make them aware of the money that they could make through promotions or if and when they leave the Army if they have this important source of computer-based training. Soldiers can obtain college credit for these courses, get promotion points, as well as gain essential training and education that civilian employers are looking for when and if the individual leaves the military. Not only does it benefit the Soldier, it also benefits the Army by creating a smarter, more learned Soldier who can manage multiple priorities simultaneously. What leader would not want smarter Soldiers?

* The sixth thing that Army leaders can do is to identify those individuals that have problems and send them for treatment. It used to be a real career ender for someone to get alcohol or drug abuse counseling. Why should it be? Not everyone can withstand the pressures that induce one to use alcohol to anesthetize themselves. Not everyone can successfully deal with the stress of the highly demanding military lifestyle. Many need assistance at some point in their life. Why should we let the problems get so severe that we have to get immediate crisis intervention instead of doing a PMCS on our Soldiers? We need to refer them to the appropriate medical and health professionals before the problems get



to a point where we cannot control them and lose an individual that was a valuable member of the team.

* The last thing Army leadership can do is to enforce penalties for those with DUIs and drug problems. We need to tell Soldiers what the penalties are and enforce them. We should not tolerate second, third, and sometimes even fourth episodes of drug or alcohol abuse before we look to separate a Soldier from the Army. We owe it to the Soldiers who do not abuse alcohol or drugs. We owe the Soldiers who do what they are supposed to do and take their jobs seriously and professionally. We need to show that drug and alcohol abuse will not be tolerated. If we don't, we will have a significant breakdown in morale and professionalism.

The Army now has individuals that have been through drug and alcohol counseling several times and has individuals that have several DUIs or positive drug screens. If we spend millions training them, why are we only encouraging them to do it again because the penalty is not harsh enough? I would rather have 75 percent of my authorized strength with Soldiers who can do their job and don't have an alcohol or drug abuse problem than 100 percent of my authorized strength with 25 percent or more having serious alcohol and/or drug abuse problems. We need to implement and/or enforce high standards if we expect to be successful in our internal war on drug and alcohol abuse.

Army leaders must use all the tools in their toolboxes to fight and win the war on drug and alcohol abuse. How, one might ask? Well, look at the technology that is available today. Soldiers are computer smart. They know how to work complex video and computer games. They are not stupid, just focused in the wrong direction many times. Since Soldiers are more and more computer savvy, the way to get to them is through the computer and its associated applications.

It is highly recommended that commanders use "SMART Testing." This is a process provided by the Army where biochemical testing is conducted in such a manner that it is not predictable to the testing population. SMART Testing includes: back-to-back testing, weekend/holiday sweeps, pre and post deployment testing, testing at the end of the duty day or testing throughout the month. Oskar Schlömer, Installation Biochemical Test Coordinator, at the Fort Benning ASAP indicates that "urinalysis is a drug deterrent." Schlömer, a retired master sergeant with two combat tours, adds "SMART Testing is also a combat multiplier ensuring that Soldiers are able to successfully complete their assigned missions." Using SMART Testing will certainly help curb the use of illegal substances in your unit. If your unit is conducting SMART Testing, then every Soldier should believe that he can and may

be tested on any given day. This certainly puts a crimp in the drug users' ability to try to "avoid" or "outsmart" the urinalysis testing process.

Researchers from the University of Otago in New Zealand in their article "Brief Online Interventions Reach Young Drinkers – Mail and Computer Efforts Most Effective" may have provided military leaders with a novel and creative way to reach young Soldiers. The article discusses the concern about hazardous drinking among young people, and research indicates that brief intervention methods relying on mail or computers are both appealing and effective among this hard-to-reach population.

The computer-based assessment and intervention tool has been designed to reduce dangerous levels of drinking among university students. For the students, a big plus is there is none of the embarrassment of talking face to face with a health professional; everything is confidential and they are offered feedback on their drinking and advice on changes if necessary. This should also be done with young Soldiers. There are a lot of parallels with young Soldiers and young college students when it comes to substance abuse. Just recently several students died while abusing alcohol either by drinking too much or by having an accident that would have been avoided had they not been drinking. This is just not a college student problem, but a societal (and Army) problem as well.

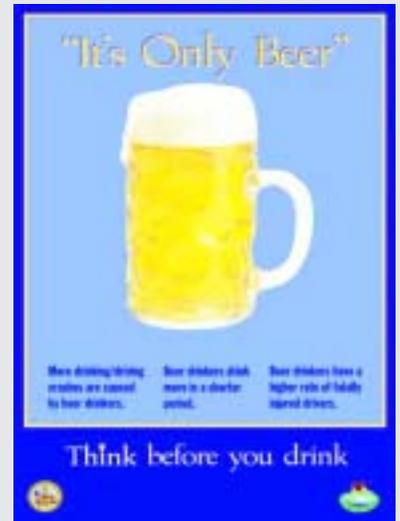
Since all Army personnel must have an Army Knowledge Online (AKO) e-mail account, is it possible that frequent information about substance abuse prevention could be sent system-wide to all Soldiers via this medium of communication? Would it be better received than what is provided to Soldiers via other communication methods? It might be worth a try to see if sending pertinent, time-sensitive messages on substance abuse prevention (such as - don't use illegal substances information), risk reduction (don't exceed the speed limit, get plenty of sleep if driving a long distance, take frequent breaks, don't drink and drive) and other types of fact sheets/messages/information might be better received by the computer-savvy Soldier in the 21st century. We must change with the times and if electronic communications are a communications portal we can use to pass out important information, I say we use it. There also runs a problem with overuse of one particular type of communication, like a lecture or training class. We need to keep the message we want them to get short and sweet and sent only enough times as necessary, to avoid the message being automatically deleted by the Soldier.

Researcher Dr. Kypros Kypri said there is compelling evidence that assessment and feedback or advice given by a health professional – known as brief interventions – can be very effective to reduce alcohol consumption and related harm in adults.

"Up until now, however, there has been little research on how brief interventions work with young people. The challenge for us has been to find an acceptable way of intervening with students (or Soldiers) who might be at risk from hazardous drinking."

What will it take to get a Soldier the help he needs? The first thing that must be done is to inventory your people. Find out who is at risk and get them the help they need. Not only will be helping the Soldier, the Soldier's family, and the Army community, you will be protecting the investment the Army has made in its Soldiers. It is not only necessary, it is the right thing to do.

In addition to visiting your installation's ASAP office, the **Army Center for Substance Abuse Programs (ACSAP)** also offers leaders numerous resources regarding substance abuse on its website. In addition to promotional materials like the poster to the right, the website also lists guides and other references which leaders can download and view at their convenience.



A few of these guides include:

"A Combat Leaders Guide - Risk Management of Alcohol and Drug Abuse" — a pocket-sized guide for leaders (squad leader through commander) deploying in conjunction with the Global War on Terrorism. The guide contains basic information on the Army's drug and alcohol policies, signs and symptoms of substance abuse, command actions and deployment and redeployment checklists.

"Commanders TOP 10 GUIDE to the Army Substance Abuse Program" — a handy pocket or desk reference guide for commanders at all levels. This guide provides commanders with the information that they most readily need to know about the Army Substance Abuse Program.

"ABSOLUTE RESTRAINT... A Leaders Guide to Alcohol Abuse" — a pocket or desk reference for leaders and supervisors at all levels. This guide provide leaders the information that they need to know about alcohol use and abuse.

"The Dangers of Club Drugs – A Guide for Army Personnel" — discusses the dangers of all club drugs and briefly discusses the Rave scene.

The center's website is www.acsap.army.mil

Lieutenant Colonel David L. Thomas II is a Field Artillery officer with more than 25 years active and Reserve service. He served as a battery commander during Desert Shield/Storm and is also an Operation Enduring Freedom veteran after being recalled to active duty in February 2003. He served nine months in Afghanistan as the director of Information Operations, and is currently assigned to Fort Benning as a special projects officer for the Army Substance Abuse Program. LTC Thomas promotes ASAP's services as well as educates Soldiers and Leaders on the serious military readiness impacts of substance abuse. In LTC Thomas' civilian job, he works for the Federal Emergency Management Agency's Regional Office in Atlanta.