***United States Army Alaska Regulation 600-2**

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY ALASKA
AND UNITED STATES ARMY GARRISON, ALASKA
Fort Richardson, Alaska 99505-5000

United States Army, Alaska Regulation 600-2 **15 June 1994**

Personnel-General

Alcohol and Drug Abuse Prevention and Control Program

Summary. This regulation prescribes policies and procedures needed to implement, operate, and evaluate the Army Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) within the United States Army Alaska, (USARAK) and United States Army Garrison, Alaska (USAG-AK).

Applicability. This regulation is applicable to all personnel, military and civilian who are assigned or attached for duty at Fort Wainwright, Fort Richardson or Fort Greely, Alaska.

Impact on the New Manning System. This regulation does not contain information that affects the New Manning System.

Supplementation. Supplementation of this regulation is prohibited without prior approval from the Director of Personnel and Community Activities (DPCA) Alcohol and Drug Abuse Division, Attention: APVR-PA-CA.

Interim changes. Interim changes to this regulation are not official unless they are authenticated by the Director of Information Management. Users will destroy interim changes on their expiration date unless sooner superseded or rescinded.

Suggested improvements. The proponent agency of this regulation is the DPCA Alcohol and Drug Abuse Division. Users are invited to send comments and suggested improvements on Department of the Army (DA) Form 2028 (Recommended Changes to Publications and Blank Forms) directly to APVR-PA-CA.

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***This regulation supersedes 6th Infantry Division (Light) Regulation 600-2, dated 15 December 1993**.

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I. Portable Alcohol Breath Measuring Device I-1

1. Purpose

This regulation outlines the policies, procedures, program functions, supervisory and other individual responsibilities for the USARAK and USAG-AK ADAPCP.

2. References

a. Required publications.

(1) Army Regulation (AR) 600-85 (Alcohol and Drug Abuse Prevention and Control Program (ADAPCP)). Cited in paragraphs 4h(1), B-2, C-2, D-1(b), D-3, D-5a(2), D-5b(3), D-6b(4), D-7a, D-1-1, D-1-5, D-2-4, D-3-4b, D-3-6(g), E-2, E-7(d), E-7f(2), and G-2.

(2) United States Army Drug and Alcohol Operations Agency (USADAOA) Standing Operating Procedures. Cited in paragraph D-1(a).

(3) USADAOA Urinalysis Collection Handbook. Cited in paragraph D-1(c).

(4) United States Army Pacific Command (USARPAC) Regulation 600-9 (Urinalysis Testing). Cited in paragraphs D-2-1, D-2-4, and D-3-1.

b. Related references.

(1) USARAK Regulation 10-1 (US Army Garrison, Alaska and Assigned Installation Staff Elements).

(2) AR 601-280 (Total Army Retention Program).

(3) AR 635-100 (Officer Personnel).

(4) AR 635-200 (Enlisted Personnel).

(5) USARPAC Regulation 600-6 (Alcohol Beverages).

c. Prescribed forms.

(1) USARAK Form 58 (Urinalysis Ledger). Cited in paragraph D-5b(1) and D-5c(5).

d. Referenced forms.

(1) DA Form 2028 (Recommended Changes to Publications and Blank Forms). Cited in the suggested improvement statement.

(2) DA Form 8003 (Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) Enrollment). Cited in paragraph E-3a(1d).

(3) Defense Department (DD) Form 2624 (Specimen Custody Document—Drug Testing). Cited in paragraphs D-5b(1), D-5c(5), D-6a, D-12, D-13b, and D-3-4(a).

(4) USARAK Form 58 (Urinalysis Ledger). Cited in paragraph D-5b(1) and D-5c(5).

3. Explanation of abbreviations

The abbreviations used in this regulation are explained in the glossary.

4. Responsibilities

a. The Directorate of Personnel and Community Activities exercises staff supervision of the ADAPCP.

b. The Alcohol and Drug Control Officer (ADCO) will—

(1) Coordinate command, staff, and clinical aspects of the ADAPCP.

(2) Exercise supervision and operational control of all ADAPCP personnel, facilities, and funds.

(3) Develop, coordinate, and recommend local ADAPCP policies and procedures for implementation. Provide periodic evaluation to the commander.

(4) Serve on the Alcohol and Drug Intervention Council (ADIC).

(5) Continually monitor the operation of the ADAPCP.

(6) Formally evaluate all aspects of the ADAPCP at least annually.

c. The Clinical Director (CD) will—

(1) Administer the clinical rehabilitative aspects of the ADAPCP.

(2) Supervise the alcohol and drug abuse counselors assigned to the ADAPCP and ensure that the highest ethical standards are maintained.

(3) Ensure ethical operation of clinical services and quality improvement programming.

d. ADAPCP Rehabilitation Counselors will—

(1) Conduct the initial ADAPCP evaluation of individuals and provide results to commanders and physicians. They will also request medical evaluations as appropriate.

(2) Conduct rehabilitation team meetings attended by the unit commander or his/her designee, the referred soldier, and the assigned ADAPCP counselor.

(3) Conduct individual and group counseling sessions for scheduled clients in all phases of rehabilitation and consult with commanders regarding client progress in rehabilitation.

e. The Education Coordinator (EDCO) will—

(1) Develop, administer, and supervise a comprehensive, target-group oriented, preventive education and training program on alcohol, drug abuse, and related areas.

(2) Periodically provide the ADCO with an evaluation of prevention and education efforts to include: Unit Alcohol and Drug Coordinator (UADC) training, family outreach programming, and Employee Assistance Program (EAP) supervisory training.

f. The Civilian Program Coordinator will—

(1) Provide alcohol and drug education and training programs for supervisors and other civilian employees.

(2) Coordinate to develop procedures to provide civilian counseling services and support to all civilian employees.

(3) Coordinate drug testing of critical civilian employees in testing designated positions.

g. The Inspector General will monitor command implementation of the ADAPCP.

h. Major unit commanders. The ADAPCP is a command program. Major unit commanders are responsible for implementation of the ADAPCP by all subordinate commanders and will—

(1) Ensure that subordinate commanders comply with requirements outlined herein and in AR 600-85.

(2) Attend, or send their designee to, ADIC (app A).

i. Battalion commanders will—

(1) Implement and monitor the battalion level drug and alcohol program (app B).

(2) Ensure that battalion and unit commanders appoint, train, and use a UADC (apps C and D).

(3) Receive the ADAPCP commanders in-briefing after assuming command.

j. Unit commanders will—

(1) Appoint a UADC and an alternate, in writing, and assign duties as prescribed in appendixes B, C, and D.

(2) Ensure that soldiers selected as a UADCs are drug-free by means of a urine test and further test UADCs on a routine basis to ensure they remain drug free.

(3) Attend the Company Commander's Course (which contains an ADAPCP block of instruction) within 60 days of assuming command or receive an individual ADAPCP in-briefing from ADAPCP or representative.

(4) Monitor and ensure attendance of unit personnel at rehabilitation appointments, urinalysis testing, and education classes.

(5) Conduct unannounced drug testing of at least 10 percent monthly and one, 100 percent annually. Commanders may augment this testing through the use of drug detection dogs.

(6) Direct that a minimum of 10 percent random selection urinalysis testing be conducted monthly. The maximum percentage will be determined by the commander monthly, in coordination with the post ADCO or installation biochemical test coordinator (IBTC).

(7) Attend, or send their designee to, rehabilitation team meetings to determine, with the clinical staff, the appropriate level of rehabilitation.

k. Appendixes E through I contain additional information on ADAPCP.

FOR THE COMMANDER:

OFFICIAL:

DAVID S. HUTCHINSON
COL, GS
CofS

//Original Signed//
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DOIM

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Appendix A
Alcohol and Drug Intervention Council

A-1. General objectives of the alcohol and drug intervention council

The ADIC functions in an advisory capacity to the commander to—

a. Advise the commander on alcohol and other drug-related matters.

b. Assist the ADCO in meeting local ADAPCP objectives.

c. Assess the abuse of alcohol and other drugs in the military and adjunct civilian community and to recommend corrective actions.

d. Coordinate the alcohol and drug abuse prevention and control efforts with appropriate military and civilian agencies in the areas of public information, education, law enforcement, administration of justice, rehabilitation, and treatment.

e. Provide guidance and information to major subordinate commanders for cooperative solutions to interdependent problems of drug and alcohol abuse.

f. Provide guidance to commanders for implementation of comprehensive programs at all echelons.

A-2. Composition

a. The ADIC will be composed of the following commanders or their designated representatives:

(1) Post Commander (chairperson).

(2) Director of Personnel and Community Activities (DPCA).

(3) ADCO.

(4) Provost Marshal.

(5) Staff Chaplain.

(6) Staff Judge Advocate.

7) Medical Department Activity Commander.

(8) Major unit commanders.

(9) Public Affairs Officer.

(10) Civilian Personnel Officer.

(11) Army Community Services Officer.

(12) Post Command Sergeant Major.

(13) Community Operations Division Chief.

(14) Major subordinate commanders.

(15) Union representative.

(16) Criminal Investigation Division.

b. Commanders of tenant units/activities, or individuals designated by them will be invited to attend meetings of the council.

c. Key personnel from the civilian community may be invited to attend.

A-3. Meetings

The post ADIC will meet periodically, but at least once each quarter.

A-4. Responsibilities

a. The ADIC as an advisory council to the commander will—

(1) Provide a focal point for all alcohol and drug abuse related actions and exchange of ideas.

(2) Assess military community needs based upon data analysis and make policy recommendations.

b. The Post ADCO will—

(1) Coordinate with the chairperson to arrange for periodic meetings, to include dates, times, places, notification of members, agenda, and other administrative details of such meetings. Notification will be sent out to each council member 21 days in advance of scheduled meetings.

(2) Provide a recorder for the periodic meetings.

(3) Provide, to the chairperson, a record of proceedings for approval by the Post Commander (or designated representative) and assure appropriate distribution of such minutes. A copy of the minutes will be forwarded to the Installation ADCO and to the major command.

c. Major subordinate commanders will review use of ADAPCP services by their units, present significant developments noted and recommend changes in policies, procedures, directives. and training to improve the program.

Appendix B
Battalion and Unit Level Alcohol and Drug Coordinators

B-1. More Information

AR 600-85 is a source of additional information on the appointment of a UADC.

B-2. General

The following criteria is to be used to appoint an individual as a UADC.

a. The individual selected should have an interest in the job and had no previous alcohol- or drug-related incidents within the last 3 years, verified by a Criminal Investigation Division background check. The final decision on selection of UADCs belongs to the unit commander.

b. The individual selected must be an officer or noncommissioned officer in the pay grade of E5 or above, be appointed on orders, and complete the UADC 40-hour certification training program provided by the ADAPCP before assuming duties.

B-3. Responsibilities

The UADC is the commander's principal staff member for the unit level ADAPCP prevention program. The following responsibilities and requirements apply:

a. Coordination of preventive alcohol and drug education and training provided to the unit. Utilize the ADAPCP EDCO as necessary.

b. Coordination of and monitoring of the attendance of unit members required to attend the ADAPCP Alcohol and Drug Abuse Prevention Training.

c. Coordination of and monitoring of appointment attendance of unit members enrolled in rehabilitation counseling whose appointment day and time were established at the rehabilitation team meeting.

d. Ensuring urinalysis collection follows the procedures contained in appendix D.

e. Maintaining complete familiarity with the items outlined in the Command Inspection Program Checklist (app H). Regulations and guidelines concerning the ADAPCP will be maintained appropriately for efficient use by the UADC, supervisors, and unit commanders.

Appendix C
Education and Training

C-1. Education and training responsibilities

Commanders at all levels are responsible for implementing ADAPCP preventive education and training and evaluating its impact within their organization. The ADAPCP EDCO is responsible for assisting commanders with the implementation of the program. The Civilian Program Coordinator is responsible for implementing the education and training of civilian supervisors and other civilian employees.

C-2. More Information

AR 600-85 is a source of additional information that requires commanders to ensure that information on the alcohol and drug abuse and prevention aspects of the ADAPCP are provided to all soldiers, civilian employees, and their family members.

C-3. General

The factors leading to alcohol and other drug abuse are complex and result from interaction among the individual's attitudes, values, motivation, knowledge, and environment. Preventive education assumes the student will personally decide about the issue of drug abuse after presentation of factual information and develop decision making skills. The goals of preventive education and training are:

a. Facilitation of general knowledge, understanding, skills, and motivation required for making a responsible decision regarding alcohol and other drug use and the encouragement of self-identification and the identification and referral of family members, friends, and associates.

b. Fostering understanding, appreciation, and use of ADAPCP rehabilitation opportunities and discouraging the use of controlled substances.

c. Promoting the community's acceptance of rehabilitated abusers.

C-4. Education and training

The following preventive education and training is available to assist commanders, UADCs, other members of the installation and the community. The classes may be tailored to the needs of the requesting group. The training is preventive rather than remedial in nature. UADCs are required to provide one substance abuse or related subject matter class per quarter to their unit. UADCs will provide the EDCO with topics presented and/or brief outline along with signed attendance roster and critiques. The EDCO is available for assistance.

a. Class areas to be covered or emphasized:

(1) Identification of drug users/alcohol abusers and the legal consequences.

(2) Alcohol and alcoholism.

(3) Drinking and driving.

(4) Drugs of abuse, patterns of abuse, and alternatives.

(5) Cocaine and marijuana.

(6) The ADAPCP/rehabilitation.

(7) Life skills training.

(8) Specialized areas, as required.

b. The UADC certification course. The UADC is a point of contact between battalion and company commanders and the ADAPCP. UADCs coordinate and monitor their units' involvement with ADAPCP and perform in an advisory capacity to the commander on alcohol and drug abuse matters. This course outlines all aspects of the ADAPCP, to include urine specimen collection and emphasizes the need for preventive measures and education. The UADC certification course is a 40-hour block of instruction.

c. Command consultation. Command consultation is conducted by the ADCO and/or EDCO for battalion and company commanders. Unit alcohol and drug abuse problems are clarified and remedial measures suggested to the commander.

d. Employee assistance program. A supervisor's training program will be provided to all supervisors who rate civilian employees. It will cover Department of Defense, Army, and Office of Personnel Management policy on alcohol and drug problems within the civilian work place.

Appendix D
Urinalysis

D-1. Testing procedures and purposes

This appendix provides procedures for the collection, handling, and shipment of urine specimens by the IBTC at Fort Richardson, Fort Wainwright, and Fort Greely, Alaska and establishes a command-wide procedure for biochemical testing. Biochemical testing for controlled substances is a tool for commander's to use for the purposes listed below. In addition, biochemical testing is a tool for the physician to use for the purposes listed in a, b, and e below. Test may be taken to—

a. Determine a soldier's fitness for duty and the need for counseling, rehabilitation, or other medical treatment.

b. Determine the presence of controlled substance in a soldier's urine during participation in the ADAPCP.

c. Gather evidence to be used in actions under the Uniform Code of Military Justice.

d. Gather evidence to be used in administrative actions.

e. Determine the presence of controlled substances in a soldier's urine for a valid medical purpose.

D-2. More Information

The publications listed below are a source of more information regarding urinalysis.

a. The USADAOA Standing Operating Procedures.

b. AR 600-85.

c. USADAOA Urinalysis Collection Handbook.

D-3. General

The Department of Defense Biochemical Testing Program was established in 1971 by the Secretary of Defense and is promulgated by the procedures outlined in AR 600-85, appendix E.

D-4. Policy

Included below are the collection methods utilized at installations in the USARAK.

a. Command directed unit inspection. A commander may direct that a urinalysis test be conducted on parts of a unit, (i.e. squad, platoon, section, and/or entire unit).

b. Command directed individual inspection. Commanders will not direct individual soldiers to submit to a urinalysis test without probable cause. Probable cause exists when the commander has a reasonable suspicion to believe, considering all the information provided to him/her, that a soldier has illegally used a controlled substance. A commander should consult with an attorney in the Criminal Law section of the Office of the Staff Judge Advocate for assistance in determining whether probable cause exists in each case.

c. Rehabilitation program. Soldiers admitted into the community counseling services will be tested as part of the rehabilitation process. Testing frequency to be decided by the CD.

d. ADAPCP staff. Members of the ADAPCP rehabilitation staff will be tested as directed by the ADCO.

D-5. Responsibilities

a. Unit commanders will—

(1) Appoint, in writing, one primary and at least one alternate soldier, ranked sergeant (E5) or above to serve as the UADC, and one primary and at least one alternate (male and/or female), ranked E5 or above, to serve as observer during urinalysis. Copies of appointment orders will be furnished to the ADCO or IBTC. The UADC and observer should possess sufficient skills, integrity, and maturity to carry out the highly sensitive duties required, as well as have a minimum retainability of at least 1 year to stabilize the position and to be available as a witness in any action that may result from urinalysis testing. It is the Commander's responsibility to ensure that a Criminal Investigation Division background check is conducted on each UADC.

(2) Direct that a urine test be conducted and identify individual soldiers, parts of a unit (i.e., squad, platoon, or section) and/or entire unit for testing. (See AR 600-85, para 10-3a.)

(3) Direct that a minimum of 10 percent unannounced random selection urinalysis test be conducted monthly. The maximum percentage will be determined by the company commander in coordination with the Post ADCO or IBTC and at least one, 100 percent unit test will be conducted during the fiscal year.

(4) Ensure that all personnel present for duty, assigned or attached, during a 100 percent urinalysis are tested. The only valid excuses for soldiers not being tested are temporary duty, leave, or going on sick leave (before being notified to report for urinalysis testing).

(5) On the morning of the test, it is recommended that the commander secure two common latrine areas for limited access. Soldiers are directed to report to a designated holding area until they are able to provide a specimen. The commander, first sergeant, or their representative should remain at the unit inspection site until all testing is completed.

(6) Ensure that all offenses involving the illegal possession, use, positive urinalysis, sale, and trafficking of drugs or drug paraphernalia are reported to the Criminal Investigation Division. Positive urinalysis results for opiates, lysergic acid diethlaminde, phencyclidine, barbiturates, and amphetamines must be reviewed by the medical review officer (MRO) for abuse determination and confirmed positive before notifying the Criminal Investigation Division.

(7) Report confirmed positive urinalysis test results to the Criminal Investigation Division.

b. UADC will—

(1) Coordinate with the IBTC to obtain the necessary amount of specimen bottles, DD Forms 2624 (Specimen Custody Document - Drug Testing), USARAK Forms 58 (Urinalysis Ledger), gum labels, tamper resistant tape, and to make arrangements for the turn-in of specimens after completion of urinalysis testing.

(2) Prepare specimen labels. The UADC may partially prepare labels before the test, using a black ink ball-point pen, typewriter, or computer. Soldiers' social security numbers and all initials must be omitted until the actual testing. The label must be dated with the day of the actual test (YYMMDD).

(3) Brief the observers (E5 or above and same sex) on the correct procedures to be followed and have observers sign the observer verification statement that indicates that they understand their responsibilities. This is in compliance with AR 600-85, paragraph E-6. Only one observer statement need to be on file with the UADC.

(4) Obtain military identification cards from service members and prepare a gum label in accordance with example provided at figure D-1. The UADC directs the soldier to verify the information on the gum label. After doing so, the soldier is to initial the label below the service area code. The observer will also

initial the gum label below the soldier's initials after verifying the information. The UADC will affix the label to the lower portion of the body of the specimen bottle in the presence of the soldier and observer. The UADC will hand the donor the bottle (including the wide mouth bottle for females) in the presence of the observer.

(5) Be offered quarterly updated training sessions by ADAPCP staff.

c. Observer.

(1) The observer will direct that the individual remove his/her battle dress uniform jacket, wash and dry his/her hands. Soldiers are required to provide the sample so that the observer has direct observation of individual urinating in the bottle. The observer directs the donor to fill the specimen bottle to the level that equals 30 milliliters or more. The observer directly observes the donor opening and urinating in the bottle and putting the cap back on the bottle. Direct urine flow from the body to the bottle must be viewed by the observer. Upon surrender of the bottle to the observer, the observer will make sure that the bottle cap is tightly secured.

(2) Female soldiers will urinate in the wide mouth bottle provided. The specimen is then transferred by the soldier to the labeled bottle under direct observation by the observer. The observer is to ensure that the chain of custody is not broken in any way. The used wide mouth bottle will be destroyed by the UADC.

(3) If the donor cannot provide 30 milliliters or more of urine the observer will inform the UADC. The UADC will void the specimen by writing "VOID" on the label and the bottle contents will be poured out. The soldier will be given his/her identification card and instructed to return to the holding area until he/she can provide another specimen. When the donor returns to the UADC to give another specimen he/she will be given a new bottle with all new information on the label.

(4) Ensure that if at any time during the specimen collection the cap or bottle falls into the urinal or commode, a new bottle will be issued following the correct procedures.

(5) After observing the soldier being tested, the observer returns the urine specimen bottle, in the presence of the donor, to the UADC. The specimen bottle is sealed by the UADC using tamper resistant tape. The UADC will ensure that the tape on the lid extends far enough over both sides of the lid and onto the sides of the specimen bottle to seal the bottle, but does not cover any information on the label. The UADC will direct the soldier to sign USARAK Form 58 (Urinalysis Ledger) (see fig D-2) verifying that information on the DD Form 2624 and specimen bottle are correct.

D-6. Receipt of specimens

The collected sealed specimens are to be arranged in the box with the lowest specimen number from left to right in the front row and continuing in the second and third row (fig D-3).

a. When corrections are required on the DD Form 2624 and/or the specimen bottle, the methods of correction acceptable are:

(1) Draw a single line through the error, write the correction in, and initial and date (month/day/year). Under no circumstances shall "correction fluid" be used to make corrections (fig D-4).

(2) USARAK Form Letter (FL) 372 (Certificate of Correction (Urinalysis Form)). (fig D-5).

(3) Method (1) above can be used by the unit before bringing urinalysis samples to the IBTC. Once given to the IBTC, if any errors are discovered during quality control inspection, corrections need to be completed using method (2) above.

(4) Specimens collected must be turned into the IBTC within 1 duty day. Specimens temporarily stored at a unit must be stored using the following criteria. The temporary storage location must be in a secured area accessible only to authorized personnel. Any transfer of specimens into or out of a temporary storage area is a change in custody and must be recorded on the DD Form 2624. The placement of specimens into temporary storage is accomplished by having the person possessing custody of the specimens complete his or her printed name and signature in the "Released by" block and place the specific location of the temporary storage in the "Received By" block (i.e., temporary storage: Room 4, Building 1113). The "Purpose of Change/Remarks" block should indicate storage pending processing or another applicable reason for the removal of the specimens from temporary storage. This should be accomplished by indicating in the "Released By" block the identical location of temporary storage that exists in the prior "Received By" column. Complete the typed name and signature of the person removing the specimens from storage in the "Received By" column; and place "for continued processing" or another applicable reason for removing the specimens from storage in the "Purpose of Change/Remarks" column (fig D-6).

b. The IBTC will—

(1) Check all specimen containers and DD Forms 2624 for completeness and accuracy of information. If no discrepancies are noted, the IBTC will direct the UADC to sign and print his/her name in the "Released By" block of the DD Form 2624, releasing custody of the specimen(s) to the IBTC. If any errors or discrepancies are discovered, the IBTC will have the UADC make the corrections using the procedures in paragraph D-6a(2). If, at that time, it is discovered that procedures that are uncorrectable were violated, the specimens will not be accepted and the commander will be notified that he/she may retest the soldiers if he/she wishes to.

(2) Upon ensuring that all procedures were followed correctly and the administrative data is correct, seal each container of specimens. In the presence of the UADC, the IBTC secures the unsealed envelope, with the DD Form 2624 enclosed, to the outside (top) of the container containing the specimens listed on that particular DD Form 2624. Specimens are mailed by the IBTC to Tripler Army Medical Center Forensic Toxicology Drug Testing Lab.

(3) When shipping urine specimens to the Forensic Toxicology Drug Testing Laboratory, use these entries:

(a) The top line of the "Received By" block of the DD Form 2624 should be signed with "Postal Service". The bottom line of the "Received By" block should be printed with "Postal Service" (fig D-7).

(b) The "Purpose of Change/Remarks" block should state "Box of urine specimens mailed to Tripler Drug Testing Lab".

(4) Secure specimen containers, ensuring they are not opened or tampered with in any way and package them as required for shipment. All boxes will be placed in leak-proof bags, ensuring that each DD Form 2624 remains inside the bags, affixed in its envelope to the specimen container. IBTC will ship containers to the proper drug testing laboratory via first-class mail, at the earliest date, and when possible not later than 3 days after sample collection per AR 600-85, paragraph E-13a.

D-7. Installation Biochemical Testing Center hours of operation

a. All units that wish to turn in samples are required to call in advance for turn-in times. The collection times of urine samples are normally Monday through Friday, 0830-1400. After 1400, units will follow the procedures outlined in AR 600-85, paragraph D-6a(4) regarding the disposition of the samples for overnight storage. The same criteria will apply for samples obtained on weekends and holidays.

b. This schedule should provide units with sufficient time to collect and transport samples to the laboratory. It also gives the laboratory sufficient time to meet postal deadlines.

D-8. Rehabilitation

The Post ADCO will develop a local standard operating procedure for rehabilitation testing.

D-9. Command directed (probable cause)

Upon arrival at the ADAPCP, the UADC informs the IBTC that he/she has "X" number of command-directed specimen(s). The IBTC will sign and collect the specimens and prepare them for shipment.

D-10. Command directed unit

The brigade/battalion or company commander/first sergeant will contact the IBTC for scheduling a random urinalysis.

D-11. Mailing specimens

For all unit specimens, command-directed and normal randoms, it is the ADAPCP's responsibility to ensure that specimens be packaged and shipped, as a minimum, first class mail. The IBTC or his/her designated representative will check all DD Forms 2624 before sealing the shipping container. Once the IBTC completes the check of the container, the IBTC will ensure that the original copy of the DD Form 2624 is affixed to the top of the specimen container. All specimen containers will be enclosed within a plastic bag containing an absorbency package before insertion of specimens in the shipping box to protect against leakage during shipment.

D-12. Disposal of urine specimens and files

a. Urine is disposed of in latrines by UADC or IBTC personnel. Bottles are emptied, placed in a plastic bag, tied, and taken to the Troop Medical Clinic for disposal. All parts of the latrine facilities will be sanitized with 10 percent bleach and 90 percent water solution. Ten percent bleach solution must be changed frequently due to the loss of effectiveness as a disinfectant.

b. The DD Forms 2624 positive results and retests are maintained on file for 5 years and negative results for 1 year active and 1 year inactive and then destroyed.

D-13. Sanitation procedures

a. All locations where urine is handled will be disinfected daily with a spray disinfectant or a 10 percent bleach solution with water.

b. Desks and break areas will be cleaned when necessary but at least twice weekly.

c. Any spilled urine will be cleaned up and the area disinfected immediately upon incident with a 10 percent bleach solution mixed with water.

d. After processing is completed, work areas should be cleaned and disinfected with a 10 percent bleach solution mixed with water.

e. Latex gloves will be worn at all times to protect the individual from infectious diseases. Latex gloves will also be worn when cleaning collection sites or at any time when specimens are being processed.

f. All individuals handling urine will wash their hands after handling, regardless if they were wearing gloves, as an added measure of protection.

D-14. Laboratory opening procedures

a. The individual who opens the laboratory is responsible for making the initial security inspection of the area and refrigerators to ensure that nothing has been disturbed or destroyed during the hours that the laboratory was not occupied by authorized personnel.

b. If any evidence of tampering or break-in exists, do not touch anything else in the laboratory. Go out of the door and lock it. Go to the nearest telephone and call the military police and Criminal Investigation Division offices.

c. If there is no evidence of break-in, the individual may continue with any procedures that are necessary to be completed from the previous days' work that he/she was working on.

D-15. Laboratory closing procedures

The last individual in the biochemical testing laboratory is responsible for the following checks:

a. Ensure that all electrical appliances are turned off.

b. Ensure that the files are locked and that the door to file room is locked.

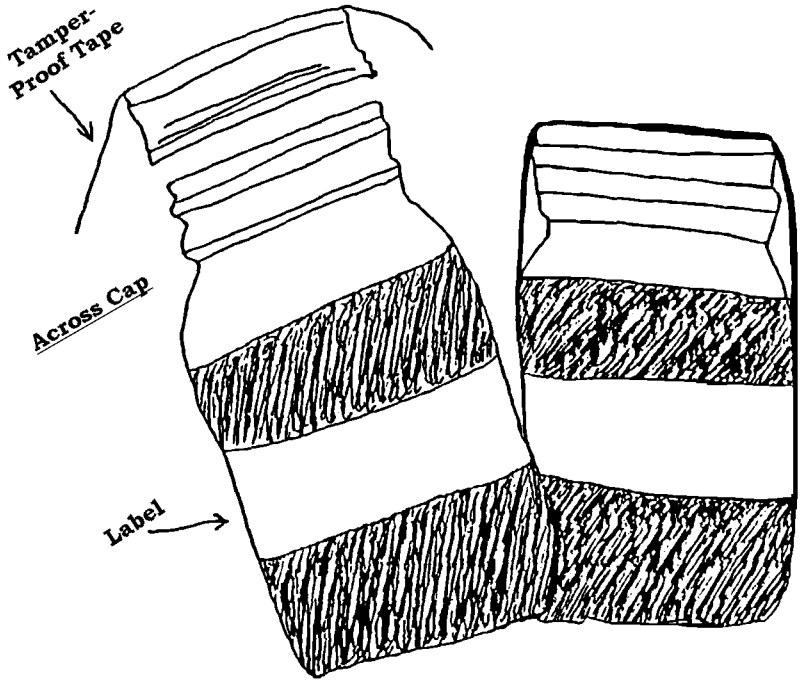
c. Ensure that all interior lights are turned off.

d. Ensure that both locks to the biochemical testing laboratory are locked prior to leaving the area.

LABELS

NUMERIC DATE	SERVICE AREA CODE
UADC'S INITIALS	SOLDIER'S INITIALS
SOLDIER'S SOCIAL SECURITY NUMBER	OBSERVER'S INITIALS

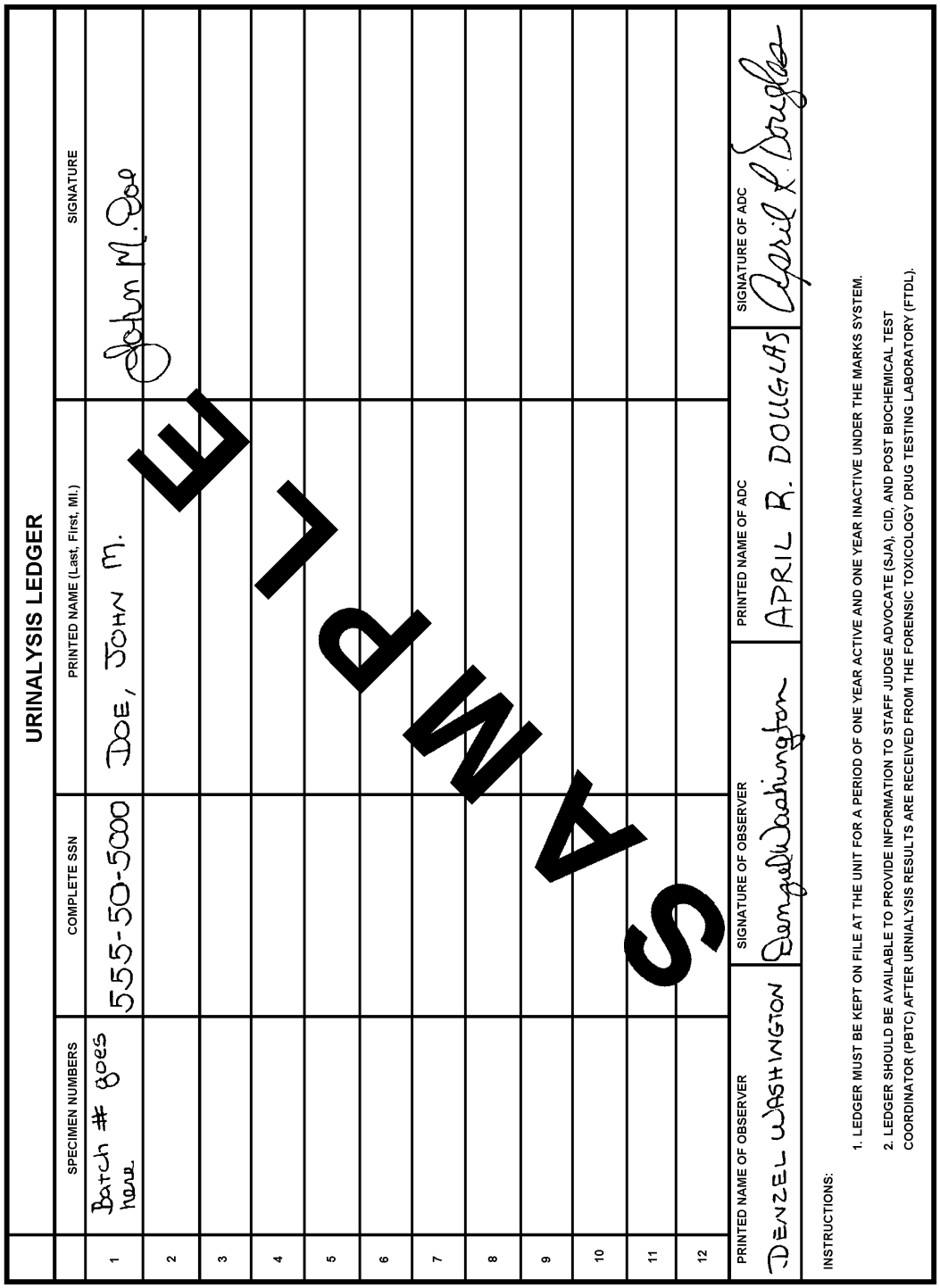
19940131	P103
ARD	MM
123-45-6789	CMR



SPECIMEN BOTTLES MUST AT LEAST 1/4 FULL (30 MILLILITERS)

UADC'S WILL ASSURE THIS BEFORE SUBMITTING SPECIMENS

Figure D-1. How to prepare the gum label



URINALYSIS LEDGER

	SPECIMEN NUMBERS	COMPLETE SSN	PRINTED NAME (Last, First, MI.)	SIGNATURE
1	Batch # goes here	555-50-5000	DOE, JOHN M.	John M. Doe
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

SAMPLE

PRINTED NAME OF OBSERVER	SIGNATURE OF OBSERVER	PRINTED NAME OF ADC	SIGNATURE OF ADC
DENZEL WASHINGTON	Denzel Washington	APRIL R. DOUGLAS	April R. Douglas

INSTRUCTIONS:

1. LEDGER MUST BE KEPT ON FILE AT THE UNIT FOR A PERIOD OF ONE YEAR ACTIVE AND ONE YEAR INACTIVE UNDER THE MARKS SYSTEM.
2. LEDGER SHOULD BE AVAILABLE TO PROVIDE INFORMATION TO STAFF JUDGE ADVOCATE (SJA), CID, AND POST BIOCHEMICAL TEST COORDINATOR (PBTC) AFTER URINALYSIS RESULTS ARE RECEIVED FROM THE FORENSIC TOXICOLOGY DRUG TESTING LABORATORY (FTDL).

USARAK Form 58
1 Apr 94

Figure D-2. Example of United States Army Alaska Form 58

ARRANGEMENT OF SPECIMENS IN BOX

9	10	11	12
5	6	7	8
1	2	3	4

FRONT OF BOX

Figure D-3. Arrangement of specimens in boxes

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT
HEADQUARTERS, USARAK
ATTN: APVR-RPA-CA
600 RICHARDSON DRIVE # 6600
FORT RICHARDSON, ALASKA 99505-6600

2. ADDITIONAL SERVICE INFORMATION *(Second Echelon)*

3. BASE/AREA CODE: P 1 0 3

4. UNIT IDENTIFICATION CODE: W 4 U J A A

5. DOCUMENT/ BATCH NUMBER: 0 0 0 1

6. DATE SPECIMEN COLLECTED (YYYY) (MM) (DD): 1 9 9 6 0 3 0 3

A. LABORATORY CONDUCTING DRUG TESTING

B. BATCH NUMBER

C. REPORT OF RESULT *(DTG/Serial No.)*

D. DRUGS TESTED

7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFORMATION	11. PRESCREEN THC	11. PRESCREEN COC	E. DISC CODE	F. ACCESSION NUMBER	G. RESULT
(1)	555 - 11 - 2222	US	A					
(2)	574 - 12 - 4567	US	B					
(3)	222 - 21 - 1113	US	B					
~~(4)~~	~~777 - 73 - 1100~~ VOID HRD 960303	~~US~~						
(5)	342 - 78 - 9367	US	A					
(6)	- -							
(7)	- -							
(8)	- -							
(9)	-							
(10)	- -							
(11)	- -							
(12)	- -							

H. CERTIFICATION. I certify that I am a laboratory certifying official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and that they are correctly annotated.

(1) SIGNATURE

(2) DATE SIGNED

(3) CERTIFYING OFFICER *(Printed Name and Title)*

SAMPLE

DD Form 2624, FEB 93

Replaces OPNAV 5350/2 (FEB 82), DA Form 5180 (AUG 86), and AF Form 1890 (APR 86), which are obsolete.

Figure D-4. Example of method of correction or by certificate of correction on Defense Department Form 2624 (front)

APVR-RPA-CA (600-85a)

MEMORANDUM FOR Tripler Army Medical Center, Forensic Toxicology
Drug Testing Lab, ATTN: HSHK-DP-D, Tripler
AMC, Hawaii 96859-5000

SUBJECT: Certificate of Correction (Urinalysis Form)

THIS MEMORANDUM IS TO CERTIFY THE FOLLOWING CORRECTIONS MADE AS INDICATED BELOW FOR URINE SPECIMEN(S) ENCLOSED WITH THIS SHIPMENT FOR TESTING.

REFERENCE: BOTTLE ( ) DD FORM 2624 ( ) OTHER ( )

READS AS: Date on bottles is wrong. Bottles are dated 19960302 should be 19960303

CORRECTED TO READ: Certificate of correction attached with each DD Form 2624

SIGNATURE: April R. Douglas

DATE: 3 March 1996

TITLE: IBTC

CERTIFIED BY: Carolen SM Roman

DATE: 3 March 1996

TITLE: Secretary/Asst IBTC

USARAK FL 372
1 Feb 94

Figure D-5. Example of United States Army Alaska Form Letter 372

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.
(1) 960303	SIGNATURE Lorenzo Llama NAME Lorenzo Llama	SIGNATURE Denzel Washington NAME Denzel Washington	ADC received urine specimens from observer.
(2) 960303	SIGNATURE Denzel Washington NAME Denzel Washington	SIGNATURE TEMPORARY STORAGE NAME BLDG# 1113 RM# 5	Storage pending processing.
(3) 960304	SIGNATURE TEMPORARY STORAGE NAME BLDG# 1113 RM# 5	SIGNATURE Denzel Washington NAME Denzel Washington	Removed from storage for continued processing.
(4) 960304	SIGNATURE Denzel Washington NAME Denzel Washington	SIGNATURE April R. Douglas NAME April R. Douglas	IBTC received urine specimen from ADC.
(5) 960304	SIGNATURE April R. Douglas NAME April R. Douglas	SIGNATURE Postal Service NAME	Box of urine specimens mailed to Triple Drug Testing Lab
(6)	SIGNATURE NAME	SIGNATURE NAME	
(7)	SIGNATURE NAME	SIGNATURE NAME	
(8)	SIGNATURE NAME	SIGNATURE NAME	
(9)	SIGNATURE NAME	SIGNATURE NAME	
(10)	SIGNATURE NAME	SIGNATURE NAME	

DD Form 2624, FEB 93 (Back)

SAMPLE

INSTRUCTIONS

	BLOCK	USA	UNS/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
3	BASE/ AREA CODE	Service Code Area	Leave blank. For future use.	Four-character Base Identification Code (Ex., F123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN).
4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting uring sample.		Do not use.
5	DOCUMENT/BATCH NUMBER	Do not use.	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex. 501). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by sibmitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premise to conduct the collection.		
10	TEST INFORMATION	Military: **A - E1 - E4;** **B - E5 to O10;** Civilian only: **C - TDP Aviation;** **D - TDP Guard/Police;** **E - TDP PRP, F - TD;** ADAPCP Staff: G - other TDP; N - other nonmilitary	Leave blank	Entry required only if additional testing is requested: F - Full Panel; S - Steroids; O - Other drugs. Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used

12. CHAIN OF CUSTODY (LINE (1))

a. DATE - Date of collection/shipment.
b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of samples.
c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank.
d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody required line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).

13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES

Figure D-6. Example from observer to Alcohol and Drug Control Officer to temporary/overnight storage at unit to Installation Biochemical Testing Coordinator to lab on Defense Department Form 2624 (back)

FROM OBSERVER TO ADC TO IBTC TO LAB ON SAME DAY FOR SHIPMENT TO TRIPLER

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.
(1) 960303	SIGNATURE Robert Redford NAME Robert Redford	SIGNATURE Mel Gibson NAME Mel Gibson	ADC received urine specimens from observer.
(2) 960303	SIGNATURE Mel Gibson NAME Mel Gibson	SIGNATURE Caroleen M Romang NAME Caroleen M. Romang	IBTC received uring specimens from ADC.
(3) 960303	SIGNATURE Caroleen M Romang NAME Caroleen M. Romang	SIGNATURE Postal Service NAME Postal Service	Box of urine specimens mailed to Tripler Drug Testing Lab.
(4)	SIGNATURE NAME	SIGNATURE NAME	
(5)	SIGNATURE NAME	SIGNATURE NAME	
(6)	SIGNATURE NAME	SIGNATURE NAME	
(7)	SIGNATURE NAME	SIGNATURE NAME	
(8)	SIGNATURE NAME	SIGNATURE NAME	
(9)	SIGNATURE NAME	SIGNATURE NAME	
(10)	SIGNATURE NAME	SIGNATURE NAME	

DD Form 2624, FEB 93 (Back)

INSTRUCTIONS

BLOCK		USA	UNS/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
3	BASE/ AREA CODE	Service Code Area	Leave blank. For future use.	Four-character Base Identification Code (Ex., F123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN).
4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting uring sample.		Do not use.
5	DO[illegible]NT/BATC[illegible] NUMBER	Do not use.	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex. 501). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
6	[illegible]TE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by sibmitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premise to conduct the collection.		
10	TEST INFORMATION	Military: A - E1 - E4; B - E5 to O10; Civilian only: C - TDP Aviation; D - TDP Guard/Police; E - TDP PRP, F - TD; ADAPCP Staff: G - other TDP; N - other nonmilitary	Leave blank	Entry required only if additional testing is requested: F - Full Panel; S - Steroids; O - Other drugs. Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used

12. CHAIN OF CUSTODY (LINE (1))

a. DATE - Date of collection/shipment.
b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of samples.
c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank.
d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody required line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).

13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES

SAMPLE

Figure D-7. Example from observer to Alcohol and Drug Control Officer to Installation Biochemical Testing Coordinator to lab on same day for shipment to Tripler on Defense Department Form 2624 (back)

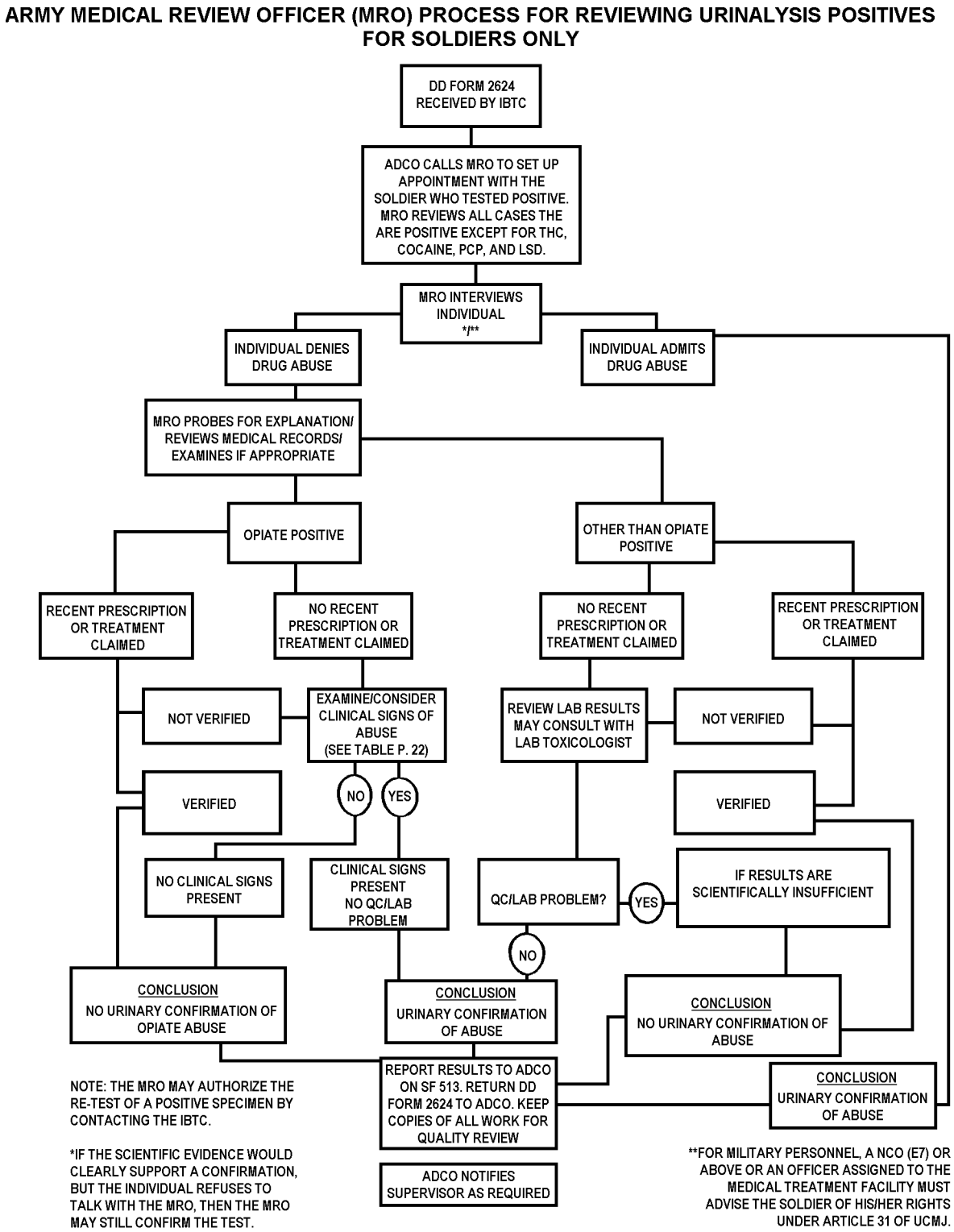


Figure D-8. Example of the Army Medical Review Officer process for reviewing urinalysis positives for soldiers only

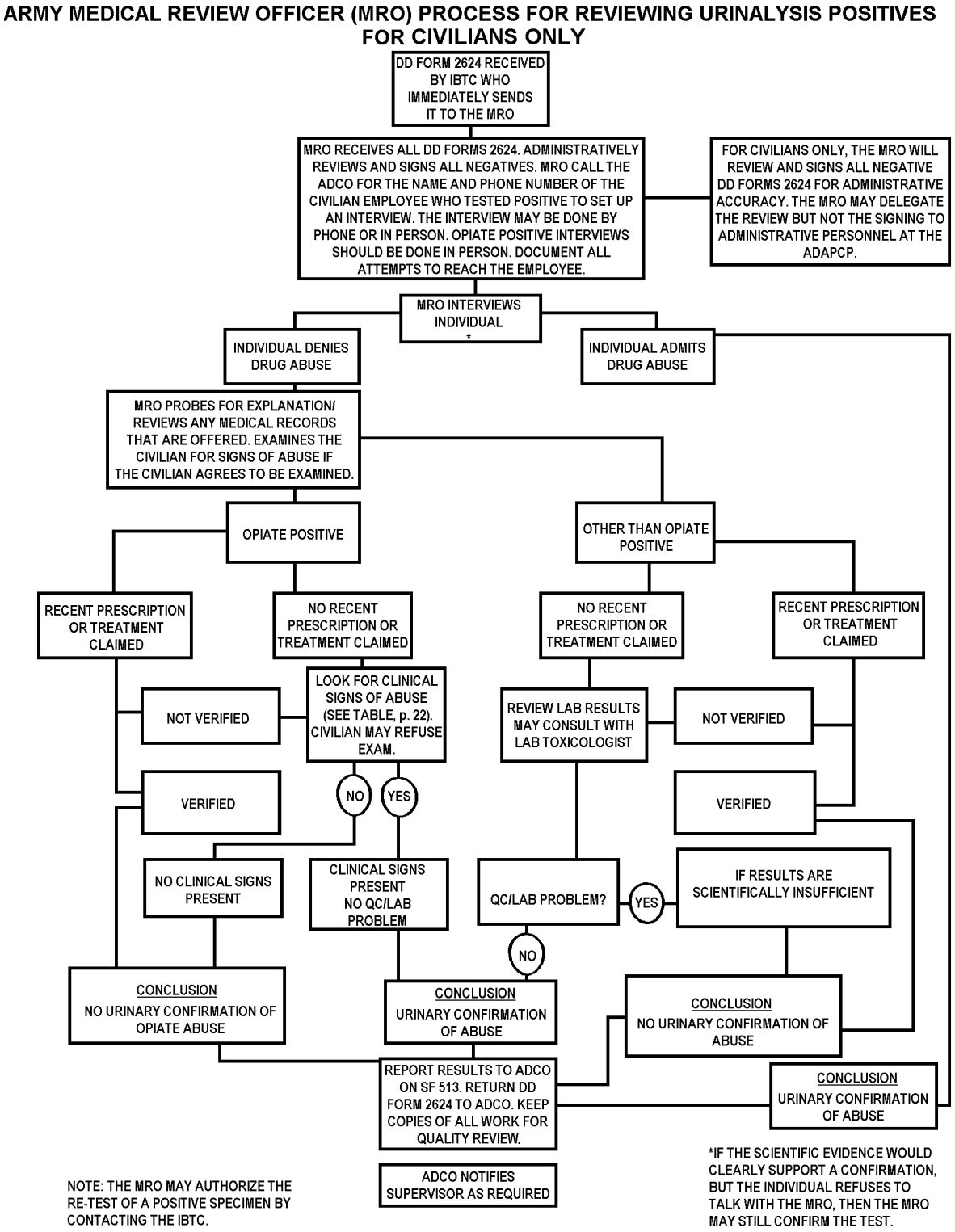


Figure D-9. Example of the Army Medical Review Officer process for screening urinalysis results for civilians only

Enclosure D-1
Observer's statement

D-1-1. More information

AR 600-85 is a source of additional information regarding the ADAPCP.

D-1-2. General

All personnel assigned to this duty are required to obey the provisions of this statement. Violation of the provisions of this statement provides basis for punishment under the Uniform Code of Military Justice or other appropriate administrative or judicial actions. Observers will sign and date the observer's statement. The statement will be kept on file by the UADC in the unit for a period of 2 years.

D-1-3. Procedures

Observers must—

a. Be in the rank of sergeant (E5) or equivalent civilian grade (General Schedule 04), or higher.

b. Be of the same gender as the person to be observed.

c. Possess sufficient maturity and integrity to preserve the dignity of the person being observed.

d. Not be currently enrolled within the ADAPCP or currently be under investigation for any alcohol or drug-related offenses.

D-1-4. Responsibilities

As outlined in AR 600-85, an observer must follow protocol during urinalysis collections procedures.

a. Once assigned to a specific person, observe him/her receive the bottle from the UADC and verifying their own social security number on the bottle label.

b. The observer maintains visual contact with the donor and the specimen bottle and proceeds with them to the latrine.

c. Once at the latrine, instruct the soldier to remove any additional jackets/coats, to wash and dry his/her hands. The observer must maintain visual contact with the specimen bottle at all times.

d. Maintain direct observation of the urination process, from the source into the specimen bottle, to preclude any adulteration or tampering. Soldiers using the wide mouth specimen bottle will be observed as they pour the specimen into the labeled bottle, replace the cap, and tighten in the presence of the observer. The soldier then surrenders his/her specimen to the observer.

e. Escort the soldier to the processing station where the UADC will place tamper resistant tape on the bottle and retain custody of the urine sample in the presence of the soldier.

f. Observers will wear latex gloves for their own protection when handling specimens bottles and will wash their hands after completion of the unit tests.

D-1-5. Repercussions

Failure to comply with these steps may result in judicial or nonjudicial action against the observer as determined by the appropriate authority.

D-1-6. Observer affidavit

I have read and understand this document. I will comply with the responsibilities as stated above and report anything out of the ordinary immediately to the UADC.

Observer's Printed Name	Observer's Signature	Date
UADC's Printed Name	UADC's Signature	Date

Enclosure D-2
Testing of Alcohol and Drug Abuse Prevention and Control Program Personnel

D-2-1. More information

USARPAC Regulation 600-9 is a source of additional information regarding the testing of the ADAPCP staff.

D-2-2. Application of procedures

The purpose of this enclosure is to specify procedures to be adhered to by all ADAPCP staff. These procedures apply to all personnel assigned to the community counseling center.

D-2-3. General

Only those community counseling center personnel with direct client contact are subject to mandatory testing. Other staff members may be tested on a voluntary basis. All who are tested are required to obey the provision of this appendix. Violation of the provisions provides a basis for punishment under the Uniform Code of Military Justice or other appropriate administrative or judicial actions.

D-2-4. Testing

Testing of ADAPCP staff civilian and military are outlined in USARPAC Regulation 600-9, paragraph 7b and AR 600-85, paragraph 5-14.

Enclosure D-3
Receipt of Test Results

D-3-1. More information

USARPAC Regulation 600-9 is a source of additional information regarding the testing of ADAPCP.

D-3-2. General

All personnel assigned as additional duty for the UADC, commanders, and first sergeants are required to obey the provisions of appendix D. Violation of the provisions provide basis for punishment under the Uniform Code of Military Justice, or other appropriate administrative or judicial actions.

D-3-3. Test results

a. All test results are returned via electronic mail to include positives. A certified copy of the DD Form 2624 will follow in the mail for all positives. The IBTC, ADCO, or designated representative of the ADAPCP will sign the certified mail.

b. The IBTC will date stamp the date of receipt of all test results. The IBTC will make a copy of each test result and log them in as received by the unit. The IBTC or the designated representative will notify the unit commander and first sergeant of positive results. All positives will be referred to the ADAPCP for a screening interview. Positives for tetrahydrocannabinol and cocaine may be processed according to AR 600-85. All other positives must reviewed by the MRO for confirmation.

D-3-4. Medical Review Officer

The ADAPCP MRO is an important part of the urinalysis reporting process. The MRO is an officer on orders from the Commander, Medical Department Activity, Alaska, with specific training in evaluating positive urinalysis samples (see figs D-8 and D-9). The MRO is responsible for—

a. Reviewing all urinalysis test results found positive for the presence of barbiturate, opiates, methamphetamine, lysergic acid diethylaminde, phencyclidine, or amphetamines.

b. Determining if there exists clear and convincing medical reason for the presence of the drug in the urine.

c. Confirming the positive test for illicit drug use.

D-3-5. Procedures

a. The IBTC notifies the commander or first sergeant of all positive urine results. If the urinalysis test results are positive for opiates, barbiturates, amphetamines, methamphetamines, lysergic acid diethylaminde phencyclidine, or steroids, the IBTC will notify the MRO who will perform the confirmation interview.

b. The commander, first sergeant, or designated UADC will pick up positives urine results from the IBTC. Positive results for tetrahydrocannabinol and/or cocaine will be reported to the Criminal Investigation Division by the commander within 24 hours, other drugs will be reported after the MRO reviews and determines the status.

c. In case of positive urinalysis for tetrahydrocannabinol and/or cocaine, immediate referral will be made to the ADAPCP by the command.

d. Commanders will suspend any administrative action for positive urinalysis results involving drugs other than tetrahydrocannabinol and/or cocaine until confirmed as illicit drug use by the MRO.

e. The IBTC will refer these cases to the MRO for evaluation before a complete assessment is done. In sensitive cases, the MRO exam will be conducted as a priority by the MRO, preferably within 24-hours of notification of the positive urinalysis.

f. The MRO will conduct an evaluation and notify the ADAPCP of the results. The ADAPCP will then notify the command of the medical review results.

g. If they found no medical reason for the presence of the positive, those steps as outline in AR 600-85 for positive urinalysis will apply.

h. If the MRO confirms a medically sound reason for the positive result, no further action will be taken. No patient file will be started or kept by the ADAPCP.

D-3-6. Testing of Unit Alcohol and Drug Coordinator and observers

In cases where the UADC or the observer are selected to participate in a random 10 percent urinalysis, or when the unit is conducting a 100 percent urinalysis, the primary UADC and observer should have their urine tested by the designated alternates. In instances where the primary or alternate UADC or observer is not present for duty, the commander should request that the test be conducted with another unit's UADC. UADC will not perform the dual function of observer and UADC.

Appendix E
Rehabilitation

E-1. Purpose of the rehabilitation program

ADAPCP rehabilitation is a commander's program designed to provide the commander with viable options in dealing with alcohol and drug problems within the unit. It assesses, evaluates, and treats the full scope of addictive problems.

E-2. More Information

AR 600-85 is a source of further information regarding rehabilitation.

E-3. General

Rehabilitation of alcohol and other drug abusers is a command responsibility. Commanders must have a working knowledge of the various program elements within the ADAPCP. The commander's attitude and direct involvement with the rehabilitation process will influence the entire effort; therefore, command support and the support of the first-line supervisor must be positive and clearly visible.

a. Commanders.

(1) Commanders will refer all identified alcohol and drug abuse incident soldiers for an evaluation interview. The following actions should be taken:

(a) Confront the individual and explain the evidence of the alcohol or drug abuse.

(b) Explain the individual's rights under the Uniform Code of Military Justice and the Limited Use Policy.

(c) Refer the individual to the ADAPCP by telephoning the ADAPCP appointment desk and arranging for an evaluation interview appointment.

(d) Complete DA Form 8003 (Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) Enrollment), in duplicate, and send it to the ADAPCP. Emergencies are accepted immediately.

(e) Ensure that soldiers keep ADAPCP appointments.

(2) Following the rehabilitation screening interview, a rehabilitation team meeting is convened composed of the commander, the soldier, and the ADAPCP counselor. The merits of the soldier's situation are discussed, the counselor recommends a course of action and the commander decides whether rehabilitation is to be provided for the soldier.

b. The ADCO will—

(1) Ensure that an evaluation interview is accomplished within 4 working days of referral.

(2) Ensure commanders of nuclear or chemical surety personnel are informed of the Personnel Reliability Program for soldiers seeking ADAPCP assistance.

c. The CD will—

(1) Supervise the alcohol and drug counselors assigned to the ADAPCP Community Counseling Center and administer the quality assurance aspects of the ADAPCP.

(2) Ensure that ADAPCP evaluation interviews and rehabilitation/treatment are carried out in accordance with existing regulations.

E-4. Evaluation interview referral types

a. Biochemical identification.

(1) A biochemical referral to ADAPCP is required for a positive urine test. A medical evaluation by the MRO is required for all positive (excluding tetrahydrocannabinol and cocaine for military personnel).

(2) A biochemical referral is appropriate for soldiers found to have a prohibited level of alcohol in their body as determined by the ADAPCP portable breathalyzer.

b. Investigation-apprehension. Commanders will refer to the ADAPCP all soldiers who are identified in provost marshal blotter incidents that are alcohol or drug related. The ADAPCP evaluation interview does not interfere with or preclude pending legal or administrative actions in any way.

c. Medical identification. Apparent alcohol or other drug abuse may be noted by a physician during routine or emergency treatment. In such instances, the ADAPCP is notified and, in turn, will alert the commander to medically refer the soldier for the required evaluation interview.

d. Command identification. This occurs when a commander observes, suspects, or otherwise becomes aware of a soldier whose job performance, social conduct, interpersonal relations, physical fitness, or health appears to be adversely affected because of abuse of alcohol or drugs (apparent or suspected).

e. Voluntary (self) identification. Individual whose performance, social conduct, interpersonal relations, or health becomes impaired because of the abuse of alcohol or drugs have the obligation to seek treatment and rehabilitation. Command policies will encourage soldiers to volunteer for assistance and avoid actions that would discourage individuals from seeking help.

f. Medical emergencies. If the individual requires emergency medical treatment or detoxification, they should be referred directly to the Troop Medical Clinic during normal duty hours.

E-5. Rehabilitation team meeting

A rehabilitation team meeting is convened by ADAPCP community counseling center staff following the evaluation to determine the appropriate case disposition. The rehabilitation team meeting is composed of the unit commander or designee, the soldier, significant persons in the soldier's life, and the community counseling center counselor. The community counseling center counselor recommends certain courses of intervention or rehabilitation to the commander. These recommendations are based on results from the community counseling center patient care monitoring meeting. A decision is made by the commander to utilize either Alcohol and Drug Abuse Prevention Training, Rehabilitation Track II or III, or elect no services. The patient care monitoring meeting will consider the following:

a. Results of clinical interview.

b. Responses to intake questionnaire.

c. Blood alcohol content of the soldier.

d. Results of urine testing.

e. Prior self and family alcohol/drug history.

f. Requirements of existing regulations.

g. Results of medical examinations

E-6. Alcohol and Drug Abuse Prevention Training

Alcohol and Drug Abuse Prevention Training consists of a 16-hour block of instruction about Army policy, administrative actions, and the deleterious effects of substance abuse and dependency. (This program is required for all soldiers arrested for driving under the influence). Soldiers must be referred by commanders to the ADAPCP for a required evaluation interview prior to attendance in the Alcohol and Drug Abuse Prevention Training class.

E-7. Rehabilitation

a. Enrollment in rehabilitation will not occur for soldiers with positives for drug other than tetra-hydrocannabinol and cocaine until completion of the required ADAPCP medical evaluation by the MRO.

b. Track II. This consists of an intensive, multifaceted rehabilitation plan. The plan is individualized according to the soldier's support system and the severity of the problem. The plan offers treatment options including Alcoholics Anonymous/Narcotics Anonymous meetings, urine test monitoring, weekly group therapy, individual counseling (as needed), Antabuse therapy, education, alternatives to alcohol/drug behavior and, when appropriate, spouse involvement. The duration of Track II is a minimum of 30 days to a maximum of 360 days.

c. Track III. This consists of a 4- to 6-week intensive residential treatment program followed by a 45- to 47-week follow-up outpatient program similar to the rehabilitation plan of Track II. Track III is a mandatory 360 days in duration.

d. ADAPCP confidentiality. The rehabilitation process involves the soldier/client, the commander, the first sergeant, the UADC ADAPCP counselor, and others on a need-to-know basis. There is no reason for anyone other than these individuals to learn of a soldier's participation in the rehabilitation program. Information concerning the rehabilitation client will not normally be disclosed to anyone else without prior written consent of the client. For further guidance and exceptions, refer to AR 600-85.

e. Rehabilitation progress. Monthly, through the course of rehabilitation, the unit commander and the community counseling center counselor evaluate the soldier's progress. Communication between the unit commander and the community counseling center counselor regarding duty performance, sick leave, off-duty conduct and the level of participation in rehabilitation is essential to effective rehabilitation case management.

f. Termination of ADAPCP enrollment.

(1) Commanders decide, in consultation with the community counseling center counselor, when ADAPCP rehabilitation for the soldier should be terminated. Termination can result in restoration to full duty or processing for separation.

(2) Soldiers who have been provided a rehabilitation opportunity who refuse to change their abusive alcohol/drug behavior should be separated from the Army. It is clinically inappropriate and a violation of the intention and spirit of AR 600-85 to retain soldiers who represent a liability to the Army.

Appendix F
Employee Assistance Program

F-1. Appendix contents

This appendix outlines the USARAK EAP that assists civilian employees whose job performance is adversely affected by medical, behavioral, and emotional problems, including alcohol and/or drug abuse. Problems concerning equal employment, upward mobility, grievances, and like-related problems are not covered by this appendix. It applies to this headquarters and to activities serviced by the Civilian Personnel Office, including civilian employees paid from both appropriated and nonappropriated funds and their immediate family members. This appendix does not create any additional procedural obligations for supervisors in taking personnel actions. It is intended to provide guidance for supervisors, and the failure to follow this appendix shall not provide a defense to an otherwise valid personnel action.

F-2. General

The DA and this division recognize that—

a. Alcohol and/or drug abuse and other medical, behavioral, and emotional problems can affect work performance and are preventable and treatable conditions.

b. Therapeutic/corrective action should be made available to correct employees' personal conduct or habits that interfere with the efficient and safe performance of assigned duties, reduced dependability and productivity or reflect discredit on the work force in general. This intervention should take place as early as possible after a problem is identified.

c. The EAP provides procedures that supplement, but do not replace, existing procedures for dealing with employees whose job performance is not satisfactory.

F-3. Definitions

a. ADAPCP. The ADAPCP is comprised of the following functional areas: prevention, identification, detoxification, treatment, and rehabilitation for individuals diagnosed as dependent upon or abusers of alcohol and/or other drugs.

b. ADCO. The ADCO at each post is the individual responsible for implementing, operating, and monitoring the ADAPCP, including the EAP.

c. Civilian Program Coordinator. The Civilian Program Coordinator is a key member of the ADAPCP staff responsible for the EAP.

d. Rehabilitation programs.

(1) Fort Wainwright, Fort Richardson, or Fort Greely ADAPCP.

(2) Community treatment program. A civilian community resource such as a community mental health center or an alcohol/drug treatment center.

F-4. Objectives

The EAP is consistent with the Office of Personnel Management and DA civilian personnel practices and procedures. The objectives of the EAP include—

a. Increasing employee efficiency, productivity, and effectiveness, and ultimately reducing the use of sick leave.

b. Providing assistance, rehabilitation or referral services to identified alcohol and/or drug abusers among the civilian work force and its family members.

c. Providing information and referral services for employee behavioral and emotional problems affecting job performance.

F-5. General provisions

a. This appendix provides nondisciplinary procedures by which an employee with a job performance-related problem is offered evaluation and assistance by the ADAPCP regarding the underlying basis for the problem. The EAP is intended to provide employees the opportunity to seek assistance to correct their unacceptable conduct or performance, before the need for adverse personnel actions.

b. Employees may be granted annual, sick, or leave without pay, as appropriate, per existing rules and regulations to obtain treatment and rehabilitation.

c. The diagnosis of a physical or mental impairment can be made only by a physician. Civilian employees who are having alcohol and/or other drug, behavioral, or emotional problems will be referred to the civilian program coordinator. Referral to treatment programs will be made only by the civilian program coordinator.

d. Employees at all levels who feel they have a personal problem that may affect their work performance are encouraged to contact the EAP voluntarily. They will receive assistance or information on a confidential, professional, and humane basis.

F-6. Responsibilities

Successful implementation of the EAP requires knowledge, involvement, and consistent, firm action by all military and civilian supervisors of civilian employees. Recognition and documentation of deteriorating job performance is a basic supervisor responsibility.

a. Managers/supervisors will—

(1) Disseminate policies and procedures as stated herein to all civilian employees and military supervisors under their supervision.

(2) Make the EAP available to all civilian employees under their supervision.

b. The Civilian Program Coordinator will-

(1) Assist in developing installation operating procedures to provide EAP services and support to all civilian employees to include coordination with various personnel and management functions (training, performance evaluation, disciplinary and grievance systems, medical, safety and security, equal employment opportunity, employee organizations, women's programs, etc.).

(2) Maintain liaison with Preventive Medicine personnel.

(3) Periodically evaluate community resources used for referral in consultation with the ADAPCP CD.

(4) Develop and provide education/training on various aspects of the EAP for supervisors, union stewards, and employees in coordination with the ADAPCP/EAP education and training program.

(5) Arrange clinical consultation with a physician for civilian employees.

(6) Remain in contact with all civilian employee clients throughout rehabilitation.

(7) Attempt to refer employees with personal problems (financial, marital, family, legal, etc.) to community resources that can provide the necessary assistance. The EAP will provide only initial evaluation/screening and referral services for employees with problems other than alcohol and or drug abuse. Costs incurred through using outside referral sources are the responsibility of the employee.

(8) Maintain contact with the supervisor on employee's program participation and progress, provided employee consents to release of such information.

c. The Civilian Personnel Officer will—

(1) Advise and assist the ADCO and Civilian Program Coordinator in developing and implementing measures to make the EAP more effective.

(2) Assist the ADCO and Civilian Program Coordinator in the development and implementation of a comprehensive EAP educational program for supervisors and employees.

(3) Maintain liaison with appropriate labor organization representatives.

d. Civilian employees will be responsible for recognizing the adverse effect that behavioral and emotional problems, including alcohol and/or other drug use, may have on their job performance. Employees should also recognize their responsibility to seek appropriate assistance to resolve such problems and maintain acceptable performance and conduct.

F-7. Procedures

a. The supervisors will—

(1) Be alert to changes in the work performance and/or the behavior of assigned employees.

(2) Document specific instances in which the employee's work performance, behavior, interpersonal relations, or attendance fails to meet minimum standards, or instances in which the employee's pattern of performance appears to be deteriorating or declining. If in doubt, the supervisor should obtain guidance concerning appropriate forms of documentation from the Civilian Personnel Office (Labor/Management-Employee Relations).

(3) Consult with the Civilian Program Coordinator and Chief, Labor/Management Employee Relations Division in Civilian Personnel Office regarding the employee's questionable behavior that may indicate a behavioral or emotional problem, including alcohol and/or other drug abuse.

(4) Discuss with the employee any questionable behavior, and inform the employee of help available through the EAP, if appropriate. Supervisor should not attempt to diagnose personal or health problems.

(5) Request that the employee seek appropriate counseling assistance through the EAP if appropriate.

(6) If an employee appears to be under the influence of alcohol or other drugs, the following action(s) can be taken:

(a) The supervisor should discuss, with the employee, observable (drowsiness, slurred speech, odor of alcohol, etc.) and/or impaired performance. In such circumstances, the supervisor should encourage the employee to volunteer for assistance and possible referral to an appropriate program, whether the employee acknowledges a problem or not.

(b) In the event an employee refuses referral to the EAP, the supervisor should emphasize that the employee is at all times responsible for his/her job performance and conduct. Supervisors should

document that an offer of assistance has been made and that the employee has refused these services. The supervisor should evaluate the problem based on facts as he/she knows them and take appropriate corrective action after consulting a Labor/Management-Employee Relations specialist at the Civilian Personnel Office.

(7) Advise an employee suspected of having a personal problem that affects his/her job performance or behavior of the availability of the EAP. This will include those employees—

(a) Who are suspected of abusing sick leave.

(b) Who have deteriorating job performance.

(c) Who are charged with being absent without approved leave.

(d) Whose conduct creates an adverse impact in the work section.

b. Program entry and referral procedures follow. An employee may enter the program in the following ways:

(1) Self-initiated referral. In this type of referral, the employee volunteers to seek assistance from the EAP directly or through his/her supervisor.

(2) Supervisor-initiated referral. This type referral is the result of the supervisor recommending that the employee seek assistance through the EAP. However, the supervisor can only recommend that the employee seek assistance; the final decision rests with the employee. (Once the supervisor has recommended an employee seek assistance, the supervisor should notify the Civilian Program Coordinator of this action.)

(3) Referral by a physician. This is a referral as the result of a fitness-for-duty examination or through other medical contact.

F-8. Confidentiality

a. Employee should be made fully aware by the Civilian Personnel Office that the EAP strictly adheres to confidentiality requirements of applicable laws and regulations.

b. Supervisors are reminded that without the written consent of the employee to release of such information to a specific person or agency, the disclosure of identity, diagnosis, prognosis, or treatment of any employee who is enrolled in the civilian ADAPCP or the implication that such a person has been enrolled is prohibited except under certain provisions of Public Law 93-282.

(1) All personnel who are enrolled in the EAP will be asked to sign a consent to release information; however, the enrolled employee has the right to refuse signing this release.

(2) Those who enroll as a result of a supervisor initiated referral normally will be asked to sign a consent to release information to the supervisor. This information will be limited to—

(a) Client progress.

(b) Attendance.

(c) Prognosis for rehabilitation.

(3) Program participants may refuse to sign a consent to release information, but no service will be withheld because of a failure to sign this form. Failure to sign a consent form or revocation of a consent

form, however, may remove any entitlements the employee may have to suspension of an adverse action under AR 600-85.

c. Upon entering the EAP, the employee may choose to enter the ADAPCP treatment program if the problem is alcohol and/or drugs, or may choose to use the services of a community rehabilitation program. Referral will only be made to a civilian community treatment program that has been approved by the Civilian Program Coordinator and the ADAPCP CD.

Appendix G
Family Services

G-1. More information

AR 600-85 is a source of additional information on family services.

G-2. General

ADAPCP family services are afforded to family members of civilian, military, and retired military personnel in the USARAK community. Services provided by the EAP are voluntary.

G-3. Responsibilities of Employee Assistance Program

a. Interview, screen, and refer family members to appropriate rehabilitation services.

b. Serve as liaison between the ADCO, the Family Support Division, and the Installation Chaplain.

Appendix H
Command Inspection Program for Alcohol and Drug Abuse Prevention and Control Program

Unit: _____ Date Inspected: _____

Unit POC:_____ Inspector: _____

Phone: _____ Rating: _____

Comments for the Commander:

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Unit: _____ Date Inspected _____

United States Army Alaska Regulation 600-2

Unit POC:_____ Inspector: _____

Phone: _____ Rating _____

Areas to be inspected:	Status
*1. References.	_____
*2. UADC training/management.	_____
*3. Urinalysis Drug Testing Procedures.	_____
*4. Unit ADAPCP Prevention Training/Education.	_____
*5. Chain of custody documentation.	_____

(*Denotes Company and Battalion Checks.)

Comments:

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H-1. References.

Are the following publications on file?	Status
a. AR 600-85, dated 21 October 1988.	_____
b. USARAK Regulation 600-2, ADAPCP, dated 15 June 1994	_____
c. USARPAC Regulation 600-6, Alcohol Beverages, dated 18 December 1991.	_____
d. USARPAC Regulation 600-9, USARPAC Testing Policy, dated 14 May 1991.	_____
e. USADAOA UADC Urinalysis Collection handbook, dated 1 January 1993.	_____
f. USADAOA memo, subject: Implementation Instructions for DD Form 2624, dated 26 October 1993.	_____

Comments:

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H-2. Command/management **Status**

a. Has the UADC completed a Criminal Investigation Division/Provost Marshall Office background check with no history within the last 3 years of alcohol or drug incidents (USARAK Reg 600-2, para B-3a)? _____

b. Do the UADC/commander/first sergeant possess a general knowledge about alcohol and drug abuse training awareness education, Track II individual and group counseling, Track III residential treatment program aspects, and the commander's role in treatment selection (AR 600-85, para 3-7d and para 4-5?.) _____

c. Do the UADC/command/first sergeant understand their roles in the deglamorization of alcohol and anti-drug abuse (AR 600-85, paras 2-3 through 2-6 Deglamorization of alcohol—criteria for sat/unsat)? _____

d. Are the commander and first sergeant using all available preventive tools like urinalysis, detection dogs, breath-analyzers, readiness inspections, and the community counseling center? _____

e. Do the commander and first sergeant attend the rehabilitation team meeting for soldiers in the ADAPCP (AR 600-85, paras 4-1 through 4-4)? Do they understand the philosophy behind the rehabilitation team meeting concept? _____

f. Are all alcohol-/drug-related incidents being referred to the community counseling center for evaluation (AR 600-85, paras 3-2 through 3-4 and 3-6)? _____

g. Does the commander understand the referral procedures for suspected or identified alcohol/drug abusers (AR 600-85, paras 3-7 through 3-9)? _____

h. Does the commander understand what personnel actions are mandatory and optional during rehabilitation (AR 600-85, para 1-17 and paras 4-2, 4-25, and 4-26.)? _____

i. Does the commander understand the confidentiality provisions of the ADAPCP (AR 600-85, paras 6-6 through 6-15)? _____

j. Has the UADC completed the UADC training by the EDCO and IBTC before functioning as an UADC (USARAK Reg 600-2, para B-3b)? _____

k. Do the UADC/commander/first sergeant understand the intent of the limited use policy (Command Policy Letter, dated 26 February 1993)? _____

l. Do the UADC/commander/first sergeant exhibit a willingness to assist the troubled soldier? _____

m. Does the commander understand what action they must take with personnel in sensitive positions, aviation, and the personnel reliability program who abuse alcohol or other drugs (AR 600-85, paras 1--14 through 1--16)? _____

n. Does the commander understand how mandatory urine, alcohol breath, and blood alcohol content testing results can be used (AR 600-85, table 6-1)? _____

o. Does the commander understand that military personnel on duty will not have a blood alcohol content of .05 percent or above? (AR 600-85, para 1-10b)? _____

H-3. Urinalysis Drug Testing Procedures **Status**

a. Is monthly random urinalysis/breathalyzer testing being performed (USARPAC Reg 600-9)? _____

b. Has the urinalysis testing observer signed an observer verification statement (USARAK Reg 600-2, para D-1-3)? _____

c. Did the UADC distribute the bottle to the soldier in the presence of the observer (AR 600-85, para E-5)? _____

d. Did the observer verify the information on the bottle label by initialing the label in the presence of the soldier (AR 600-85, para E-5)? _____

e. Was the observer wearing disposable rubber gloves (USARAK Reg 600-2, para D-1-5f)? _____

f. Did the observer directly observe the soldier urinating in the specimen bottle and place the cap on the bottle (AR 600-85, para E-6)? _____

g. Did the soldier tighten the bottle cap and hand it to the observer (AR 600-85, para E-6)? _____

h. Did the observer ensure that the specimen provided was not contaminated or altered in any way (AR 600-85, para E-6)? _____

i. Did the observer ensure that there was a minimum of 30 milliliters of urine in the bottle (USARAK Reg 600-2, para D-5c(1))? _____

j. After the specimen was provided, did the observer take immediate custody of the bottle from the soldier and retain custody of the bottle until it is turned over to the UADC (AR 600-85, para E-6)? _____

k. Did the observer ensure that the bottle was not reopened while in custody of the soldier or the observer (AR 600-85, para E-6)? _____

l. When the optional wide mouth specimen collection container was used by the female soldier did the observer ensure that the urine was poured into the approved urine specimen bottle and tightly capped by the soldier providing the specimen (AR 600-85, para E-6)? _____

m. Are the wide mouth specimen collection containers destroyed by UADC (USARAK Reg 600-2, para D-5c(2))? _____

n. Did the UADC seal the bottle with tamper resistant tape in the presence of the soldier (USARAK Reg 600-2, para D-5c(5))? _____

o. Did the soldier provide his/her identification card to the UADC (USARAK Reg 600-2, para D-5b(4))? _____

p. Did the soldier maintain visual contact of his/her specimen until it is sealed with tamper resistant tape by the UADC? _____

q. Did the IBTC observer ensure that the UADC and the observer adhered to the proper collection procedures? _____

r. Were the urinalysis collection procedures held in a room away from the soldiers holding area? _____

s. Were soldiers allowed in room one at a time so there would be no confusion of whose bottle was whose? _____

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H-4. Unit ADAPCP Prevention Training/Education **Status**

a. Is the UADC scheduling a 1-hour class at least once per quarter on alcohol and drug abuse prevention (USARAK Reg 600-2, para C-4)?

_____

b. Has the Post EDCO been notified when such classes have been given (notification should include lesson plan, topics presented, and/or brief outline, signed attendance rosters and critiques) (USARAK Reg 600-2, para 4)? _____

c. Are newly assigned personnel being briefed on alternatives to drug/alcohol abuse, laws, community counseling center program, urinalysis, etc. (AR 600-85, para 2-12 f4(a))? _____

d. Has the UADC maintained a unit bulletin board or other adequate method of disseminating ADAPCP information? _____

e. Has the UADC kept the commander informed of the status of the ADAPCP and of the treads in alcohol/drug abuse in the unit? _____

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H-5. Chain of Custody DocumentationStatus

a. Is the UADC certified through the ADAPCP as having completed the 40-hour certification program (USARAK Reg 600-2, para B-3b)?

_____

b. Did the UADC initiate and record the appropriate information on DD Form 2624? _____

c. Are the UADC and unit commander familiar with chain of custody urinalysis procedures? _____

d. Did the soldier verify the information in the ledger by signing his/her payroll signature (AR 600-85, para E-5)? _____

e. Did the soldier verify the information on the bottle label by initialing the label (AR 600-85, para E-5)? _____

f. Did the UADC prepare and sign the chain of custody documents (DD Form 2624) releasing up to twelve bottles for each chain of custody document and authenticate that the action specified above were performed? _____

g. Does the unit have the USARAK Forms 58 (Urinalysis Ledger) and DD Forms 2624 covering the past 12 months? _____

h. Are positive urinalysis results stored on file for 5 years? Are negative results kept for 2 years? _____

i. Are UADC and alternates (E5 and above) on appointment orders (AR 600-85, para 1-20c(3) and USARAK Reg 600-2, para B-3b)? _____

Comments:

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Appendix I
Portable Alcohol Breath Measuring Device

I-1. Policy

Military personnel on duty will not have a blood alcohol level of .05 percent or above. Any violation of this provision provides a basis for disciplinary action under the Uniform Code of Military Justice and a basis for administrative action, including the characterization of discharge. Disciplinary action or administrative action must be consistent with the limited use policy. Nothing in this regulation will be interpreted to mean that impairment does not exist if the blood alcohol level is less than .05 percent. To be in violation of this provision, a soldier must have known or should reasonably have known before becoming impaired that they had duties to perform.

I-2. Responsibilities

a. Unit commander or unit alcohol and drug coordinator will—

(1) Request the alcohol breath measuring device from the IBTC and sign a hand receipt of 4 days duration or less on breath testing.

(2) Understand that the alcohol breath measuring device is a screening and educational device, not an evidential device. Before the alcohol breath measuring device results may be used in any administrative action, they must be confirmed by a legal blood-alcohol test such as administered by the Troop Medical Clinic.

b. IBTC will issue calibrated breathalyzers to requesting commanders or UADCs appointed on orders.

c. The UADC will—

(1) Record the following information in the unit ledger.

(a) Date and time of test.

(b) Operator.

(c) Name and social security number of tested soldier.

(d) Unit.

(e) Breathalyzer number.

(f) Breathalyzer reading/result.

(2) Operate the alcohol breath measuring device according to the manufacturer's instructions.

(3) Alert unit commander or first sergeant of personnel who exceed the Army on-duty standard of .05 percent blood alcohol level.

d. Tested personnel will not smoke, eat, drink, or chew anything 15 minutes before testing.

Glossary

ADAPCP ..... Alcohol and Drug Abuse Prevention and Control Program

ADCO ..... Alcohol and Drug Control Officer

ADIC ..... Alcohol and Drug Intervention Council

CD..... Clinical Director

DA..... Department of the Army

DPCA..... Director/Directorate of Personnel and Community Activities

EAP..... Employee Assistance Program

EDCO ..... Education Coordinator

MRO ..... Medical Review Officer

IBTC..... Installation Biochemical Testing Coordinator

UADC..... Unit Alcohol and Drug Coordinator

USADAOA ..... United States Army Drug and Alcohol Operations Agency

USAG-AK..... United States Army Garrison, Alaska

USARAK ..... United States Army, Alaska

USARPAC ..... United States Army Pacific Command