



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
**UNITED STATES MILITARY ACADEMY**  
West Point, New York 10996

MACC-S-3

30 November 2007

**USCC POLICY MEMORANDUM NUMBER 10-07**

SUBJECT: USCC Army Substance Abuse Program (ASAP)

1. **REFERENCES:**

- a. Army Regulation 600-85, Army Substance Abuse Program
- b. Army Regulation 600-8-2, Suspension of Favorable Personnel Actions
- c. Army Regulation 40-501, Standards of Medical Fitness
- d. Army Regulation 380-67, Personnel Security Program
- e. Regulations, United States Military Academy
- f. USCC Regulation 600-1, Regulations for the United States Corps of Cadets
- g. Department of the Army Unit Alcohol and Drug Coordinator Military Biochemical Collection Standard Operating Procedure, effective 1 April 2005

2. **PURPOSE:** This memorandum prescribes policies and procedures needed to implement and operate the Army Substance Abuse Program (ASAP) for the United States Corps of Cadets.

3. **APPLICABILITY:** This policy memorandum applies to all members of the United States Corps of Cadets.

4. **BACKGROUND:** Alcohol and drug abuse are totally unacceptable within cadet life and military service. Cadets or Soldiers diagnosed as illegal drug abusers or those trafficking, distributing, or selling drugs may be subject to separation and action under the Uniform Code of Military Justice (UCMJ). Those cadets or Soldiers identified as alcohol dependent may be separated from the United States Military Academy rather than rehabilitated as a member of the United States Corps of Cadets. Those cadets or Soldiers involved in serious alcohol related incidents such as Driving While Intoxicated (DWI) may be referred for disciplinary action under the provisions of the Uniform Code of Military Justice, Regulations USMA, or USCC Regulation 600-1.

5. **POLICY:** Biochemical testing will be conducted throughout the academic year and summer training period as directed by the Commandant of Cadets. The objectives of the Biochemical Testing Program are the early detection of drug abusers and the deterrence of drug abuse. The testing schedule is designed to select units (cadets) and individuals (active duty) at random to ensure that the United States Corps of Cadets conducts urinalysis testing on 100% of its assigned strength. As an example, if there are 192 active duty service members assigned to the Corps of Cadets, then USCC will conduct 192 random urinalysis

tests prior to the end of the fiscal year (September). Testing will be conducted IAW AR 600-85, Appendix E to USCC Command guidance and the Department of the Army Commander and Unit Prevention Leader (UPL) Military Biochemical Collection Standard Operating Procedure, effective 1 April 2005.

## 6. RESPONSIBILITIES:

### a. **Brigade Tactical Department (BTD) Individual Companies.**

(1) Tactical Officers implement the ASAP within their company and execute the USCC Biochemical Testing Program and maintain a cadet officer and a cadet sergeant to assist in the urinalysis testing. Tactical Noncommissioned Officers (NCOs) act as the company's UPL. Tactical NCOs are responsible for completing all paperwork associated with their company's urinalysis. Tactical Officers, in coordination with the Education Coordinator at the Alcohol and Drug Control Office (ADCO), will provide education and training to all members of their companies on the ASAP policy and on effective measures to alleviate problems associated with alcohol and drug abuse. Once a cadet is referred to or enrolled in any facet of the ASAP, Tactical Officers will serve as the integrator in their education and/or rehabilitation plan. As the legal commanders of their companies, Tactical Officers serve as key members of the cadet's Rehabilitation Team and maintain close coordination with the ADCO to ensure the cadet makes and keeps appointments and is progressing satisfactorily. Progress reports from the ADCO Counselor and results of rehabilitation team meetings should be incorporated into routine counseling sessions as part of the Tactical Officer's "whole person review" of the cadet. However, the fact that a cadet is enrolled in ASAP will NOT be used as adverse data in assigning performance grades. If applicable, only the alcohol or drug related act of misconduct and/or failure on the part of the cadet to participate in the ASAP will be evaluated under the appropriate leadership dimension and incorporated into the cadet's performance grade. Tactical Officers also will expeditiously refer cadets to the ASAP using DA Form 8003 for any one of the following:

- (a) Implicated in any incident or accident where alcohol or illegal drugs were involved.
- (b) A "positive" biochemical urinalysis or blood test result.
- (c) Medical identification and/or evidence of alcohol or illegal drug use or abuse.
- (d) The Tactical Officer has reason to believe the cadet may be abusing alcohol or drugs.

(2) Explain the Limited Use Policy of AR 600-85, paragraph 6-3 through 6-6, to those cadets who are referred to the ASAP or those who self-refer. The Tactical Officer will interview the cadet, inform the cadet of his/her rights against self-incrimination, and allow the cadet an opportunity to respond with evidence on his/her own behalf.

(3) Comply with the provisions of paragraph 14, below. Tactical Officers will closely coordinate with the ADCO counselor and include a synopsis of the counselor's evaluation and prognosis on DA Form 5248R, Report of Unfavorable Information for Security Determination.

(4) In cases of cadets driving while intoxicated (DWI) or driving while abilities impaired (DWAI), including, but not limited to, situations involving injury to others or significant property damage, Tactical Officers will immediately report the offense to their Regimental Tactical Officer and the Discipline Officer, USCC. Disciplinary action appropriate to the situation (i.e., UCMJ, Regs USMA and USCC Reg 600-1) will be handled in an expeditious manner. The Tactical Officer will also ensure that a Commandant's Administrative Reprimand is issued to the cadet involved and the cadet acknowledges

receipt of the letter.

(5) Coordinate with law enforcement agencies, as necessary, to obtain information about alcohol related incidents; he/she may also, after consultation with their Regimental Tactical Officer or the Chain of Command, request an investigation into instances of other drug use or abuse.

b. **Brigade Tactical Department (BTD).** The BTD will be responsible for the random urinalysis testing of all active duty service members assigned to their organization. Designated BTD UPLs will import and maintain the personnel roster of all service members assigned to their urinalysis pool in their Drug Testing Program (DTP) and will ensure that they test 100% of the assigned strength of that pool prior to the end of each fiscal year (September). Assigned BTD UPLs will update this pool on a continuous basis with the USCC S-1. The BTD Executive Officer will prepare the Urinalysis Testing Schedule and Methodology for the Commandant or his designated representative's approval. Once approved, the designated UPLs will maintain security of the schedule and notify the individuals who have been selected to provide a specimen. This notification will not occur more than 6 hours prior to the report time/start of testing. The BTD UPLs will coordinate with the ADCO and maintain statistics on the Urinalysis Testing Program for the individuals within their assigned pool and report all statistics/results to the USCC S-3.

c. **Center for the Professional Military Ethic (CPME).** CPME will be responsible for the random urinalysis testing of all active duty service members assigned to select organizations within the USCC. Designated CPME UPLs will import and maintain the personnel roster of all service members assigned to their urinalysis pool in their DTP and will ensure that they test 100% of the assigned strength of that pool prior to the end of each fiscal year (September). Assigned CPME UPLs will update this pool on a continuous basis with the USCC S-1. Selected UPLs will prepare the Urinalysis Testing Schedule and Methodology for the Commandant or his designated representative's approval. Once approved, the designated UPLs will maintain security of the schedule and notify the Central Guard Room to initiate telephonic notification for the individuals who have been selected to provide a specimen. This notification will not occur more than 6 hours prior to the report time/start of testing. The CPME UPLs will coordinate with the ADCO and maintain statistics on the Urinalysis Testing Program for the individuals within their assigned pool and report all statistics/results to the USCC S-3. The following organizations within USCC fall under the CPME Biochemical and urinalysis testing responsibility/pool:

- (1) S-3
- (2) S-4
- (3) Leader Development Branch (LDB)
- (4) Center for Personal Development (CPD)
- (5) USCC Secretary of the General Staff (SGS)
- (6) Directorate of Cadet Activities (DCA)
- (7) The Simon Center for the Professional Military Ethic (SCPME)
- (8) Information Systems Division (ISD)
- (9) Chaplains Office
- (10) Special Assistant to the Commandant for Systems and Planning (SACSP)

d. **Department of Military Instruction (DMI).** DMI will be responsible for the random urinalysis testing of all active duty service members assigned to select organizations within the USCC. Designated DMI UPLs will import and maintain the personnel roster of all service members assigned to their urinalysis pool in their DTP and will ensure that they test 100% of the assigned strength of that pool prior to the end of each fiscal year (September). Assigned DMI UPLs will update this pool on a continuous basis with the USCC S-1. Selected UPLs will prepare the Urinalysis Testing Schedule and Methodology for the Commandant or his designated representative's approval. Once approved, designated UPLs will maintain security of the schedule and notify the individuals who have been selected to provide a specimen. This notification will not occur more than 6 hours prior to the report time/start of testing. The UPLs will coordinate with the ADCO and maintain statistics on the Urinalysis Testing Program for the individuals within their assigned pool and report all statistics/results to the USCC S-3.

e. **Department of Physical Education (DPE).** DPE will be responsible for the random urinalysis testing of all active duty service members assigned to select organizations within the USCC. Designated DPE UPLs will import and maintain the personnel roster of all service members assigned to their urinalysis pool in their DTP and will ensure that they test 100% of the assigned strength of that pool prior to the end of each fiscal year (September). Assigned DPE UPLs will update this pool on a continuous basis with the USCC S-1. Selected UPLs will prepare the Urinalysis Testing Schedule and Methodology for the Commandant or his designated representative's approval. Once approved, designated UPLs will maintain security of the schedule and notify the individuals who have been selected to provide a specimen. This notification will not occur more than 6 hours prior to the report time/start of testing. The UPLs will coordinate with the ADCO and maintain statistics on the Urinalysis Testing Program for the individuals within their assigned pool and report all statistics/results to the USCC S-3.

f. **The Special Assistant to the Commandant for Respect** is the USCC Alcohol and Drug Control Officer and will:

(1) Act as the liaison between the ADAPC and the command on matters of alcohol and drug information and education, except for rehabilitation team consultations and information between ADCO and the Tactical Officer/Chain of Command.

(2) Prepare the Urinalysis Testing Schedule and Methodology for the Commandant's approval. Once approved, he/ she will maintain security of the schedule and notify RTOs of the units to be tested during the next week. He/she will coordinate with the ADCO and maintain statistics on the Urinalysis Testing Program.

(3) Serve as the Officer in Charge of the Alcohol and Drug Dependency Intervention Council (ADDIC) and publish memoranda and information regarding the purpose, goals and organization of the cadet ADDIC.

(4) Provide administrative support (educational coordination and scheduling) to USMA ADCO.

(5) Track all individuals assigned to the Corps of Cadets who previously and/or are currently enrolled in outpatient or inpatient ASAP.

g. **USCC S3**

(1) Maintain data on the numbers of alcohol related incidents.

(2) Ensure that units are conducting their monthly Urinalysis and updating their numbers accordingly on the S3 UPL data base.

h. **Center for Personal Development (CPD).** The CPD remains available to Tactical Officers and the Chain of Command for consultation information services concerning alcohol and drug issues and can provide assistance on referrals to the ADCO.

(1) The CPD will notify the Tactical Officer of those cadet or Soldier cases which are alcohol and/or drug related. The Tactical Officer or the Chain of Command will determine whether referral to the ASAP is appropriate.

(2) If, in the course of the evaluation/education/treatment of any psychological cases, the CPD determines that alcohol and/or drug issues are involved, they will consult with the Tactical Officer or the Chain of Command and the ADCO to coordinate evaluation and treatment.

(3) If, in the course of evaluation/education/treatment of any alcohol and/or drug case, the ADCO determines that other psychological issues are involved, he/ she will consult with the Tactical Officer or the Chain of Command and the CPD to coordinate evaluation and treatment.

i. The ASAP remains available to Tactical Officers and the Chain of Command for consultation information services concerning alcohol and drug issues and can provide assistance on referrals.

## 7. **EVALUATION:**

a. IAW AR 600-85, the ADCO will schedule an initial screening interview with the cadet or Soldier within four working days of the individuals referral or self-referral. For cadets, unless otherwise approved by the RTO, all appointments will be scheduled for times that do not interfere with the cadet's schedules. Appointment times for active duty service members will be at the discretion of the Chain of Command and the individual. Screening appointments may require up to two sessions of approximately two hours each.

b. All cadets or Soldiers who are command referred or who self-refer to the ASAP will undergo an initial screening interview to enable the rehabilitation team to determine which rehabilitation approach, if any, is needed by the individual and desired by USCC.

(1) The ADCO counselor will inform the cadet or Soldier of the applicability of the limited use policy to the disclosure of information. Additionally, the ADCO counselor will ensure the individual understands information, including treatment records, relating to the individual's alcohol and/or drug abuse and that participation in the ADCO is not completely confidential or privileged, and may be disclosed to DOD personnel who have an official need to know with appropriate and legal releases.

(2) If warranted, the counselor will refer the individual to a medical officer for medical evaluation to determine drug dependency (either physical or psychological). Medical evaluation is mandatory for those cadets or Soldiers who have abused illegal drugs, with the exception of cannabinoids, or when, in the opinion of the counselor, may be alcohol or cannabinoid dependent.

(3) After the initial screening, the counselor will recommend to the Tactical Officer or the Soldier's Chain of Command the appropriate disposition of the individual's case during the first meeting

of the rehabilitation team. The rehabilitation team will be comprised of the cadet or the Soldier, the cadet's Tactical Officer or the Soldier's immediate supervisor, and the ASAP counselor. Other appropriate members of the team may be the ADCO clinical director, a physician, chaplain, social worker, psychologist, family member, and/or CPD personnel. The Tactical Officer or supervisor will be directly involved in the decision of whether rehabilitation is required or warranted.

#### **8. SPECIAL PROCESSING OF RESIGNATION/SEPARATION ACTIONS FOR CADETS OR SOLDIERS WITH POTENTIAL SUBSTANCE ABUSE PROBLEMS:**

a. For cadets, if a potential substance abuse problem becomes known or suspected during the processing of a resignation or in the course of an action which could result in separation (i.e., the cadet is conduct deficient, has violated the Cadet Honor Code, or has committed an offense under paragraphs 8.04 through 8.12 of AR 210-26, Regs USMA), the Tactical Officer will immediately make an appointment for the cadet at ADCO for an initial screening.

b. If the treating ADCO Counselor suspects that the cadet or Soldier is alcohol dependent, or if the individual has abused illegal drugs, the cadet or Soldier will be referred to the ADCO Clinical Consultant for a medical evaluation. If appropriate, upon completion of the medical evaluation, a rehabilitation team meeting will be convened by the ADCO to discuss the results of the medical screening and treatment recommendations. The information will be included in the cadet's packet or Soldier's counseling packet, for use by the Chain of Command, Commandant, Superintendent, and HQDA when determining the appropriate disposition of the cadet's or Soldier's case.

**9. ALCOHOL EDUCATION AND REHABILITATION:** Those cadets or Soldiers determined to require alcohol and drug education by the rehabilitation team will be referred to the ADCO, if not enrolled in an ASAP rehabilitation track, and receive a one-time alcohol and drug education class, which outlines the adverse effects and consequences of alcohol and drug abuse.

a. Education Track. The Alcohol and Drug Abuse Prevention Training (ADAPT) is a non-enrollment and consists of alcohol and other drug awareness education. It is normally completed within forty days of weekly class attendance.

b. Rehabilitation. The Army's rehabilitation program is no longer called tracks. The division of treatments is now called:

(1) ADAPT is an educational training program and is not an enrollment in the ASAP.

(2) Outpatient treatment, which is an enrollment in the ASAP and includes individual and group therapy and may include awareness education. Enrollment in outpatient treatment will be for a minimum of 30 days and a maximum of 360 days.

(3) Inpatient treatment, which is an enrollment in the ASAP and may include hospital detoxification and treatment. Inpatient treatment provides an intensive residential rehabilitation program of four to eight weeks and a mandatory non-residential follow-up period, resulting in a one-year treatment program.

c. Enrollment in these tracks is based upon the degree of severity of involvement in alcohol abuse. The rehabilitation team, chaired by the ADCO clinician, relies upon progress reports from the cadet/Soldier, ADCO counselor, clinical director, and other appropriate team members to assess program dispositions and successes.

d. In cases where Inpatient Treatment is contemplated, the Commandant/Chain of Command will be consulted for a recommendation concerning such treatment. The Commandant/Chain of Command will recommend cadets/Soldiers for treatment in residential medical programs (this needs to be coordinated with the Community Counseling Center Director and the Deputy Commandant). For cadets, the Commandant may grant a waiver to this policy if the needs of the Army would be clearly served, the cadet's whole person performance to date is exceptionally outstanding, and the potential for commissioned service is evaluated as superior. In addition, the cadet should normally have 360 days remaining (from the date of admittance to the inpatient treatment facility to the regular commissioning date) for the mandatory non-resident rehabilitation.

e. The Tactical Officer/Chain of Command based on the advice of the ASAP counselor will determine successful completion of and release from an ASAP. The counselor will complete DA Form 4466 and forward it to the Tactical Officer/Chain of Command for decision. The Tactical Officer/Chain of Command will, if appropriate, summarize the cadet's/Soldier's satisfactory completion of the program and forward a DA Form 5248-R (Report of Unfavorable Information for Security Determination) through the RTO and the Cadet Personnel Officer, to the USMA Security Officer.

#### **10. REHABILITATION FAILURES:**

a. A cadet/Soldier must remain abstinent from all forms of alcohol while enrolled in the ASAP. ADAPT is not an enrollment. If a cadet/Soldier uses or abuses alcohol during rehabilitation or while he/she is actively enrolled in the ASAP, he/she will be determined to be a rehabilitation failure by the Tactical Officer/Chain of Command.

b. If a cadet/Soldier is unable or refuses to participate in, cooperate in, or successfully complete the rehabilitative plan or program, he/she may be determined a rehabilitation failure by the Tactical Officer/Chain of Command.

c. Rehabilitation failure results in termination of the rehabilitation plan and removal from the rehabilitation program. Rehabilitation failure is reportable derogatory security information and will be forwarded to USCC, S1 for further forwarding to the USMA Security Officer.

#### **11. ALCOHOL AND DRUG ABUSE PREVENTION TRAINING (ADAPT) AUTHORIZED ABSENCES:**

a. ADAPT attendance is mandatory when:

(1) A cadet/Soldier has been scheduled by the Alcohol and Drug Abuse Prevention and Control Program to attend ADAPT Program.

(2) A cadet/Soldier has self-referred, been command referred, or otherwise been referred for education by the Community Counseling Center and is scheduled for the ADAPT class.

b. For cadets, the Deputy Commandant (DC) is the authorizing official for any requests generated from within the Corps of Cadets. The office of the RTO will notify the ADCO (x7691) of any authorized absences. If the RTO determines that a cadet will have to miss more than one ASAP class, then the cadet must be referred to the following class. The cadet WILL make up the class that he or she missed in the following ADAPT session for that class. If the cadet is referred to the following class, then he or she will receive a strong counseling from the Tactical Officer and RTO on the seriousness of an (additional) alcohol infraction. NOTE: RTOs are advised NOT to recommend cadet absences unless it is a case of extreme importance. REASON: If the cadet has an alcohol incident before he or she attends the following

ADAPT session, then the RTO will have to respond as to why it was so important that he or she not be rehabilitated.

c. For cadets, trip sections, sporting events, and club activities do not take precedence over ADAPT attendance.

d. First class cadets who are referred to ADAPT, after the last scheduled Spring Semester ADAPT (but prior to the Saturday before graduation) and who are not enrolled in outpatient treatment, will attend a one day ADAPT session prior to graduation. If the First Class cadet has been referred to ADAPT and additional rehabilitation, such as counseling, is necessary then the cadet will graduate at a later date, after he or she has received the additional rehabilitation.

## **12. CONFIDENTIALITY OF CADET ADAPCP INFORMATION:**

The release and/or discussion of information concerning a cadet's or Soldier's substance abuse is governed by the restrictions contained in 5 USC a, 21 USC 1175, 42 USC 4582, Chapter I, title 42, Code of Federal Regulations, Chapter 6, Section III, AR 600-85, AR 40-66, and AR 340-21. Substance abuse information will be made known only to the cadet's or Soldier's rehabilitation team and to DOD personnel who have an official need to know with appropriate and legal releases.

## **13. COMMISSIONING:**

a. The disease of alcoholism is a medical disqualification for commissioning. Any cadet who has been determined, by a competent medical authority, to be alcohol dependent within the meaning of AR 40-501, paragraph 2-35 may not be commissioned unless granted a waiver for the disease. The granting of such a waiver is dependent on the needs of the Army, the reinstatement of at least a SECRET security clearance, rehabilitation success, prognosis for continued success, demonstrated excellence as a cadet, and recognized superior potential for commissioned service.

b. A cadet will not be recommended for commissioning by the Commandant unless he/she has successfully completed rehabilitation, has been disenrolled from the ASAP, has had at least SECRET security clearance access reinstated, and meets other commissioning criteria.

## **14. ADMINISTRATIVE AUTHORIZATIONS FOR CADETS ENROLLED IN THE ASAP:**

a. If cadets are required by their rehabilitation treatment plan to attend Alcoholics Anonymous Meetings, they are authorized to attend meetings on or off post, IAW their specific treatment plan. Only cadets with current driving privileges are authorized to drive their POV to and from meetings.

b. USCC Regulation 600-1, paragraph 1903e will be deleted because the cancellation of all tours on Friday no longer conflicts with ADAPT or counseling sessions. Cadets who attend Friday ADAPT or counseling sessions will no longer receive tour credit of any kind.

## **15. REPORTS OF DEROGATORY INFORMATION AND SECURITY CLEARANCE ACTIONS:**

In compliance with AR 380-67, Tactical Officers or the Chain of Command will, if appropriate, complete DA Form 5248R, Report of Derogatory Information within 24 hours from the decision to enroll a cadet or Soldier in the ADAPCP or after knowledge of any incident or misconduct which involved alcohol or drugs.

16. **EXPIRATION:** This Policy Memorandum replaces USCC Policy Memorandum 10-02, same subject, dated 1 February 2002 and will remain in effect until superseded or rescinded.

FOR THE COMMANDANT:

//Original Signed//  
SAMUEL H. JOHNSON  
COL, FA  
Chief of Staff

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