DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY FIRES CENTER OF EXCELLENCE AND FORT SILL
455 MCNAIR AVENUE, SUITE 100
FORT SILL, OKLAHOMA 73503

ATZR-C

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MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: CG Policy Memorandum #14, Alcohol and Drug Prevention and Limited Use Policy

1. References:

a. Army Regulation (AR) 600-85, Army Substance Abuse Program 4 October 2024

b. AR 600-63, Army Health Promotion 14 April 2015

c. AR 350-1, Army Training and Leader Development 1 June 2025

d. Fort Sill Regulation 600-85, Alcoholic Beverages 7 December 2016

2. Purpose. To provide guidance and establish the Fort Sill Army Substance Abuse Program (ASAP) policy to support readiness and personal responsibility, and to highlight the importance of the Limited Use Policy as an element of the Command's overall substance abuse policy.

3. Background. ASAP is the Commander's program that promotes unit and personal readiness by emphasizing deterrence, prevention, education, and early identification of substance misuse. The misuse and abuse of alcohol and illicit substances is detrimental to mission readiness and individual well-being and can contribute to harmful behaviors. Therefore, Leaders at all levels, military and civilian, must serve as models of responsible behavior emphasizing prevention, and assist in the identification and appropriate referral of those needing treatment. Health and welfare inspections, Leaders' emphasis on zero tolerance, and education on harmful effects are helpful deterrence tools. Likewise, Leaders must leverage administrative or disciplinary actions when prevention, education, and treatment fail.

4. Discussion.

a. Leaders have a responsibility to support the Army's policy of alcohol deglamorization. This includes ensuring that the consumption of alcohol is safe, voluntary, and within appropriate levels (e.g., **no more than two standard drinks per day**) at organized social events, such as hail and farewells, dining-ins, or unit dinners as well as informal events, such as promotion parties. Leaders must also address underage drinking, excessive alcohol intake/binge drinking that causes blood alcohol concentration to raise to .08% or more, and other identified alcohol issues.

b. At all levels, Leaders must exemplify responsible behavior through their actions.

This includes refraining from making statements or self-disclosures that glamorize or normalize binge drinking. Leaders should encourage Soldiers to engage in activities that will benefit their holistic health, optimize their talents, and prepare them for success in both their military careers and their lives beyond service.

c. As a primary prevention strategy, Leaders should employ person-centered engagement to evaluate their Soldiers, identifying indicators of potential substance misuse linked to life stressors and personality traits such as impulsivity and sensation seeking. Leaders are encouraged to utilize the Unit Risk Inventory and other assessment tools to gauge their Soldiers' capacity for making low-risk decisions. Additionally, they should provide prevention training and other opportunities as needed to mitigate high-risk outcomes.

d. Prevention Training. ASAP staff provide Substance training to Soldiers, Family members, Civilians, and Retirees through various face-to-face engagements and approved venues (e.g., Microsoft Teams). Training highlights local laws, extent of abuse, availability of counseling, rehabilitation services, and alternatives to alcohol and other drug abuse. Commanders will incorporate Substance Misuse annual training into the overall training plan. Training can be conducted by a Unit Deterrence Leader (UDL) or other subject matter experts, if ASAP staff are unavailable.

e. Training Documentation. Completed training information should be made available by the units to ASAP for input into Drug and Alcohol Management Information System (DAMIS). Unit Commanders are responsible for ensuring annual Substance Misuse training is entered into DTMS under DA-CMT15 Personnel Readiness within the Mandatory Training section.

f. Commanders will conduct random urinalysis testing using test code 'Inspection Random', monthly at a minimum rate of 10 percent of assigned end-strength each month. Commanders should not use unit sweep testing, testing code 'Inspection Unit' to meet this requirement.

g. Commanders may direct competence for duty urinalysis testing code "CO" to determine if the Soldier is competent for duty, or in need of counseling, rehabilitation, or medical treatment based on uncharacteristic behavior. Leaders should also ensure Soldiers are making their medical appointments for health issues that may be contributing to unusual behaviors for competence for duty testing reference AR 600-85, paragraphs 4-5.

h. Soldiers who test positive for illicit substances, illegitimate use of prescription medication or have an alcohol/drug related or involved incident will attend Alcohol Drug Abuse Prevention Training (ADAPT). Commanders must ensure Soldiers attend ADAPT within 60 Days of a documented incident.

(1) Alcohol/Drug-related incidents are defined as: those with alcohol or drugs as the primary offense (e.g., DWI/DUI, public intoxication, alcohol/drug related reckless driving,

underage alcohol possession and/or consumption, possession of an illicit substance or related paraphernalia, drunk and disorderly, etc.) that are reportable or that result in disciplinary actions.

(2) Alcohol/Drug-involved incidents are offenses or documented high risk events where alcohol or drugs were involved, but not the primary offense or event (e.g., domestic violence, child abuse, assault, suicide attempts, other forms of self-injury, etc.).

i. Command Teams at all echelons have the discretion to enroll Soldiers suspected of alcohol abuse into ADAPT and/or refer them to Substance Use Disorder Clinical Care (SUDCC) for an assessment.

j. Battalion and Unit Deterrence Leaders (BDL/UDL) will be appointed in accordance with AR 600-85 and must complete ASAP UDL Certification Training.

k. Treatment. Impaired performance or misconduct can be early signs of potential alcohol or substance abuse. Referral of individuals who demonstrate alcohol or drug abuse is key to intervention and rehabilitation. DA Civilians, Family members 18+, and retirees can utilize the Employee Assistance Program (EAP) for substance abuse related issues. Civilian supervisors may also make referrals to the EAP. Treatment for Soldiers is provided by the Substance Use Disorder Clinical Care (SUDCC). Enrollment in SUDCC occurs through:

(1) Command Referral: Commanders will, within 5 duty days of a documented drug or alcohol incident or notification of a positive drug or alcohol test result, refer the identified Soldier to SUDCC using a signed DA Form 8003. Commanders will provide an escort for Command referred Soldiers. Moreover, Commanders will also ensure monthly rehabilitation drug and/or alcohol testing for all SUDCC enrolled Soldiers.

(2) Voluntary self-identification is the most effective way to address substance use disorders (SUDs). Soldiers have a personal responsibility to seek assistance when their performance, conduct, relationships, or health are negatively impacted by substance use. Commanders play a crucial role in supporting this process and fostering an environment where Soldiers feel comfortable seeking help. Command policies should actively encourage voluntary assistance and avoid any actions that might deter individuals from coming forward. The Limited Use Policy is specifically designed to incentivize proactive help-seeking behaviors.

l. Commanders should inform their Soldiers about the Limited Use Policy to foster a climate of trust and encourage early self-identification of substance use concerns. This policy is vital for maximizing successful treatment and maintaining a ready force. This policy aims to help Soldiers struggling with substance use disorders seek help without fear of punishment. It protects certain information from being used against a Soldier in disciplinary proceedings or to negatively affect their characterization of service. A Soldier can leverage the policy by self-referring to Behavioral Health for SUD treatment, or by voluntarily disclosing substance use to their chain of command. This must be done before notification of a urinalysis or receiving a documented offence involving substance abuse.

Commanders are encouraged to consult with legal to determine the correct application of this policy.

m. The ASAP Office will brief Leaders about the status of their programs and highlight issues (for example, drug abuse trends, testing rates, etc.).

n. Fort Sill Members work to reduce binge drinking culture by applying low risk drinking standards to prevent impairment problems that could lead to harmful behaviors.

5. This policy will be posted on unit bulletin boards. All brigade, battalion, and battery commands will ensure all Soldiers, Families, and DA Civilians are informed of this policy.

6. This policy memorandum remains in effect until superseded or rescinded in writing.

7. The point of contact for this policy memorandum is the ASAP Program Manager, Mr. Michael Weinstein at michael.j.weinstein.civ@army.mil.

PATRICK M. COSTELLO
Brigadier General, USA
Commanding

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