

## ALCOHOL & DRUG EDUCATION AWARENESS

Proponent For Inspection: DMWR, ALCOHOL & DRUG

Point of Contact: \_\_\_\_\_

Unit Inspected: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Unit Representative: \_\_\_\_\_

Unit Phone No.: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_

Inspector's Phone No.: \_\_\_\_\_

Unit Overall Rating:    T        P        U

REFERENCES:    a. AR 600-85, October 2001    b. Commanders Guide & UPL Urinalysis Collection Handbook, July 2002  
                       c. AR 190-5, July 1988        d. AR350-1, August 1983

STANDARDS: Rating: "T"= 90% success rate of evaluated tasks. "P"= 70% success rate of evaluated tasks. "U"= less than 70% success rate of evaluated tasks.

INSPECTION CRITERIA:	LEVEL	GO	NO GO	REMARKS
<b>ALCOHOL &amp; DRUG EDUCATION AWARENESS</b>				
1. Does the unit have AR 600-85, dated Oct 2001?	BDE, BN, CO			
2. Is Alcohol and Drug Prevention Education provided a minimum of 4 hours per year to military and 3 hours per year to civilian personnel? (AR 600-85, chap 2-6; Cdr/UPL Handbook, sec 1-3)  a. Date of last class _____ b. Instructor _____ c. Subject _____ d. Number attended _____ e. Provide class roster to inspector	BDE, BN, CO			
3. Is A/D education provided during each basic training cycle? (AR 350-1, chap 4)	BDE, BN, CO			
4. Are commanders providing A/D orientation to newly assigned personnel? (AR 600-85, para 1-26; Cdr/UPL Handbook, sec 1-4)	BDE, BN, CO			
5. Are family members of the unit and any civilian Employees attached to the unit informed of availability of ASAP services? (AR 600-85, chap 2-4)	BDE, BN, CO			
<b>COMMANDER'S KNOWLEDGE &amp; ADMINISTRATION OF ALCOHOL/DRUG PROGRAM</b>				
1. Is the commander making use of all tools to prevent/identify drug abuse at the unit level? (AR 600-85, chap 2-1)  a. Health and Welfare Inspections?  b. Unit activities as alternatives to drug use/abuse?  c. Command presence in billets after duty hours?	BDE, BN, CO			
2. Is the commander supporting soldiers with abuse problems to be self-referrals to ASAP? (AR 600-85, chap 4-1)	BDE, BN, CO			
3. Are commanders knowledgeable about early warning signs and symptoms of a substance abuse problem?	BDE, BN, CO			
<b>UTILIZATION OF BIOCHEMICAL TESTING AND PROCEDURES</b>				
1. Have a Unit Prevention Leader (UPL) (AR 600-85, chap 1-26; Cdr/UPL Handbook Sec 1-1) a. Have been appointed at Brigade, Battalion, or individual company? b. Has an assistant UPL been appointed? c. Has a background check been submitted to MP/CID with photocopy of findings to the Installation Biochemical Coordinator? d. Do appointed UPL and assistant have 12 to 18 months retainability at the unit? e. Do newly appointed UPLs attend the ASAP UPL course prior to performing UPL duties? (Cdr/UPL Handbook, Sec 3-1)	BDE, BN, CO			

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INSPECTION CRITERIA:	LEVEL	GO	NO GO	REMARKS
2. Are units maintaining an active and aggressive urinalysis program to include the following areas: (AR 600-85, chap 8) <ul style="list-style-type: none"> <li>a. Are monthly random testing of all permanent party personnel being scheduled in order to test every soldier once a year? (AR 600-85, chap 8)</li> <li>b. Is the unit maintaining a urinalysis ledger to document testing and are logs being kept in a secure cabinet/safe? (Cdr/UPL Handbook, sec 2)</li> <li>c. Is unit commander doing the selection for personnel to be tested?</li> <li>d. Does unit have a safe or cabinet to secure specimens overnight or for 24 hours? (Cdr/UPL Handbook, sec 2, page 58)</li> <li>e. Do all samples collected follow formal chain of custody procedures and Ft. Leonard Wood Urinalysis SOP? (Cdr/UPL Handbook, sec 2, page 59)</li> <li>f. Is the unit using current procedures for observation, briefing of observers, and control of personnel being tested? (Cdr/UPL Handbook, sec 2, page 51)</li> </ul>	BDE, BN, CO			
<b>COMMANDER'S REFERRAL RESPONSIBILITIES</b>				
1. Are commanders aware that mandatory referrals to ASAP/CCC should be made in the following incidents within 72 hours? (AR 600-85, chap 3-1;Cdr/UPL Handbook, section 2, page 143) <ul style="list-style-type: none"> <li>a. All incidents/accidents related to alcohol/drug abuse.</li> <li>b. All incidents of family violence related to alcohol/drug abuse.</li> <li>c. All soldiers with blood alcohol level of .05 percent or above while on duty.</li> <li>d. All soldiers suspected/identified as alcohol/drug abusers.</li> </ul>	BDE, BN, CO			
2. Are all personnel identified as rehabilitation failures processed for separation? (AR 600-85, chap4-7)	BDE, BN, CO			
3. Are all personnel identified as illegal drug users being processed for separation? (AR 600-85, chap 1-35)	BDE, BN, CO			
4. Are commanders and UPLs knowledgeable of ASAP referral and enrollment procedures? (AR600-85, Chap 3)	BDE, BN, CO			
5. Are commanders and UPLs aware of status of unit service members referred/enrolled in ASAP services? (AR 600-85, chap 3-12)	BDE, BN, CO			
<b>REMARKS AND FINAL COMMENTS</b>				