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Army's Role in the War on Drugs

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Class# 58

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26 November 2007

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Abstract

As early as the 1960s, during the Vietnam War, the Department of Defense (DOD) realized that there was a growing drug and alcohol abuse problem in the military. In an attempt to defeat this problem, the DOD implemented numerous organizations and programs aimed at informing, educating, and rehabilitating potential and identified drug and alcohol abusers. As a result, the military has made great strides against the war on drugs and the abuse of alcohol and illicit drugs.

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Army's Role In The War On Drugs

Beginning in the 1960s, the Department of Defense (DOD) began to track the abuse of drugs and alcohol in the military. This led to the development of drug and alcohol prevention policies, counseling, and the goal of eliminating drug and alcohol abuse in the military. Initially, marijuana was thought to be the most abused drug, but by 1970, it was obvious that heroin had become the recreational drug of choice for most Soldiers in and returning from the Vietnam War. During this period, nearly half of all Soldiers were using drugs with approximately one-third being addicted. In an attempt to resolve this issue, the DOD established a policy to encourage Soldiers to volunteer to enter into drug and alcohol abuse programs without fear of any type of punishment. The development of rehabilitation programs focused on treatment and not punishment. The military incorporated systems in order to identify drug users while still in Vietnam in an attempt to detoxify them prior to their return to the United States and provide a minimum of 30 days of treatment in military facilities. Eventually, a systematic, random drug-testing program was established for all active duty military personnel. Not all Soldiers that volunteered for treatment could be discharged under other than honorable conditions. Because of this no punishment policy, it was simply a matter of time before drug-related incidents escalated. Pressure from all military branches resulted in the creation of a new drug-testing program where Soldiers would face punishment under the Uniform Code of Military Justice (UCMJ) if tested positive for any illicit drug use.

In 1986, the DOD established an official health promotion policy designed to improve and maintain military readiness and the quality of life of personnel. The policy included activity

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in three areas, 1) random drug testing for active duty military, DOD civilians, and National Guard and Reserve forces, 2) Anti-Drug Education and Training for Soldiers, civilians, and military Dependents, and 3) treatment and rehabilitation in order to enable individuals to return to duty. The primary objectives of the policy focused on reducing illicit drug use, heavy drinking, and alcohol-related motor vehicle crash deaths by military personnel. The policy focused on junior enlisted men, single personnel, and personnel with a high school education or less. All military branches have developed their own drug and alcohol programs and policies. Their programs include education and training, leadership support, and involvement and responsibility at every level to include group peer pressure. (AR 600-85, 2001)

Drug and Alcohol Abuse Treatment Programs

Due to the growing concern about the military's drug and alcohol problem, the Department of Defense (DOD) developed and implemented the Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) on 28 September 1971 eventually changing the name to the Army Substance Abuse Program (ASAP) on 01 October 2001. The ASAP is a program designed to deter, prevent, and treat Soldiers and civilians by strengthening the overall fitness and efficiency of the Army and to improve its combat readiness by reducing drug and alcohol abuse. All Soldiers, family members, government employees, retirees, sister service members assigned to the Army, foreign national employees under the Status of Forces Agreement, and National Guard and Army Reserve are eligible for the program. The program has several objectives, all with the goal of rehabilitating individuals in order for them to successfully return to duty. The ASAP objectives focus on fitness and unit readiness, drug and

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alcohol education and prevention services, drug and alcohol risk reduction, restoring rehabilitated Soldiers to duty, appropriate unit level leadership training, proper training of ASAP employees, improving overall unit readiness, and excellent customer service.

Soldiers can enroll in the program through command referral, self-referral, or other referrals. A command referral occurs when the Soldier tests positive for drug abuse or is involved in an alcohol related incident. Soldiers can refer themselves in the ASAP without the fear of punitive actions. The exception to this policy is when an individual attempts to enroll in the program in order to evade punishment immediately after notification or following a urinalysis. Other referrals occur when someone other than commander, medical, or the law makes the referral. A good example of this is a chaplain. When enrolled in the ASAP, the Soldier will receive treatment based on his or her level of abuse. The treatment will range anywhere from 12 hours of alcohol and other drug abuse training (ADAPT) to a two to four week inpatient program. Other possibilities are one on one counseling sessions with a qualified counselor, Alcoholics Anonymous, Narcotics Anonymous, and additional drug testing. After three to six months in the program, the commander will evaluate the Soldiers progress in order to determine what actions to take: release from the program, continue training, or military separation.

Another program aimed at treating Soldiers and civilians is Alcohol and Drug Abuse Prevention Training (ADAPT). Its purpose is to offer possible high risk individuals the chance identify, educate, and fix their drug or alcohol abuse problem before it spins out of control. The program is not only self-referral; the commander can also request that a Soldier attend the training. The training is mandatory for all Soldiers who test positive for drugs or are involved in

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an alcohol related incident. The program consists of 12 hours of training and focuses on educating individuals on drug abuse, drinking and driving, and the negative effects of drug abuse on people close to them. The end goal is to minimize the probability of future abusive behaviors associated with illicit drugs and alcohol.

The Army's concern about the welfare of its civilian employees prompted the creation of the Employee Assistance Program (EAP). The purpose of the EAP is to enable civilian employees the ability to seek referrals to several agencies with complete privacy. The program addresses numerous issues from substance abuse to personal conflict. The EAP does not provide any information to anyone without the client's written consent. The goals of the EAP are to notify every employee about the program within the first few weeks of employment and to train at least one-third of all supervisors to recognize the signs and symptoms of substance abuse. The EAP teaches employees about several subjects to include violence on the job, client care, as well as classes that specifically relate to the general wellbeing of all civilian employees.

Drug and Alcohol Abuse Training and Education Programs

Another program developed to train and educate Soldiers and civilians is the Prevention Education Program (PEP). This program is oriented more on deterrence of illicit substance abuse and its consequences rather than rehabilitation. The PEP consists of four hours of training for Soldiers and three hours for civilians. Training focuses on alcohol abuse and all kinds of drugs related issues. The goal of the program is to maintain the training of every military and civilian member in the armed forces.

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Unit Prevention

Not all programs are at DOD level. Probably the most well known program in the military concerning drug abuse is at unit level, and that is unit prevention. The programs primary function is to identify substance abuse users through random urinalysis/biochemical testing. By regulation, all Soldiers will conduct the test at least once every year. Most units conduct a 100% test quarterly or annually and a 10% monthly. The program is the overall responsibility of the unit commander. He oversees the entire process at his level and ensures the Unit Prevention Leader (UPL) follows the policies and procedures to the finest detail. There is absolutely no room for error. The commander can determine when a test will occur for several reasons. It could simply be random testing or for a more specific reason such rehabilitation, probable cause, or medical. For the program to be successful, urinalysis testing should remain a mystery to all Soldiers in order to deter them from drug use. If a Soldier is unsure of when a test is to take place, he is more likely to distance himself from the use of illicit drugs. Bottom line, this is the most effective means of battling drug use in the military.

Drug and Alcohol Awareness Campaigns

Finally, units at all levels, to include DOD, conduct awareness prevention campaigns. There are monthly campaigns such as Alcohol Awareness Month and Alcohol & Other Drug - Related Birth Defects Awareness Week to name a couple. Campaigns are a positive and effective way to spread information about the negative effects of substance abuse.

Conclusion

Throughout the military, there are numerous opportunities for Soldiers to pursue who are battling substance abuse or simply need information on the subject. Every three years, the DOD

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conducts an anonymous survey on approximately 16,000 service members. The 2005 survey illustrates the positive effect drug and alcohol programs are having on military personnel. The first survey conducted in 1980 identified roughly 27.6% of all active duty service members who admitted using illegal drugs. In the next 22 years, the percentages dropped dramatically as indicated in 2002 where it was at an all time low of 3.4 %. We cannot compare numbers from the 2005 survey due to the modification of questions asked concerning drug abuse. From the 2005 survey, one improvement identified was the decline of heavy drinking. In 1980, it was at a high 20.8 % and is currently down to 18.5 % in 2005. (defenselink.mil) Overall, the numbers are proof that the information and education the Army is providing to Soldiers and civilians is working and improving daily.

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