

C42

11 May 76
AR 600-85

ARMY REGULATION
No. 600-53

HEADQUARTERS
DEPARTMENT OF THE ARMY
WASHINGTON, DC, 25 July 1974

PERSONNEL—GENERAL

ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL PROGRAM
SUMMARY (RCS CSGPA 1291)

Effective with reports for period ending 25 September 1974

This regulation requires the submission of the Alcohol and Drug Abuse Prevention and Control Program Summary, RCS CSGPA 1291 (DA Form 3711-R). Local limited supplementation of this regulation is permitted but is not required. If supplements are issued, Army staff agencies and major Army commands will furnish one copy of each to HQDA (DAPE-HRA) WASH DC 20310; other commands will furnish one copy of each to the next higher headquarters.

Section I. GENERAL	Paragraph
Purpose.....	1
Objectives.....	2
Responsibilities.....	3
II. PROCEDURES	
General.....	4
Submission.....	5
Transmittal.....	6
Report period.....	7
III. PREPARATION OF THE ADAPCP SUMMARY	
General.....	8
Authentication.....	9
Detailed instructions.....	10
APPENDIX CONUS Installations and Oversea Areas for Which ADAPCP Summary Reports are Required	

Section I. GENERAL

1. **Purpose.** This regulation establishes procedures and assigns responsibilities for the preparation, transmission, and review of the Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) Summary, RCS CSGPA 1291 (DA Form 3711-R). DA Form 3711-R will be reproduced locally (head to foot) on 10½- by 8-inch paper (image size 9½" x 7½").

2. **Objectives.** The ADAPCP Summary (fig. 1), when prepared in accordance with this regulation, provides a basis for evaluating many aspects of the local program—compliance with policy, effectiveness of procedures, impact of workload, and adequacy of resources. The report also provides most of the data required from the Department of the Army by the Office of the Secretary of Defense and other Government agencies.

3. **Responsibilities.** a. Commanders of CONUS installations and the Commanding General, MDW will prepare and submit ADAPCP Summary for installations listed in the appendix.

b. Commanding Generals of FORSCOM TRADOC, AMC, USACC, USAEIGHT, USARJ, USAISOC, USARSUPTHAI and Commander in Chief USAREUR will monitor the submission of ADAPCP Summaries by subordinate elements and prepare consolidated reports for oversea areas indicated in the appendix.

c. The Surgeon General will—

- (1) Review incoming reports for completeness and statistical accuracy.
- (2) Provide consolidated ADAPCP Summary reports to ODCSPER, HQDA for evaluation.
- (3) Prepare and forward to ODCSPER, HQDA appropriate reports required by the Office of the Secretary of Defense.

d. The Deputy Chief of Staff for Personnel will—

- (1) Use data provided by ADAPCP Summary for overall program management.
- (2) Periodically disseminate data based on consolidated reports to major Army commands.

*This regulation supersedes paragraph 3, DA message DAPE HRA 131425Z Dec 73 (U), subject: Alcohol and Drug Abuse Prevention and Control Program Summary (RCS MED-289); and DA message DAPE-HRA 021430 May 74 (U), subject: Alcohol and Drug Abuse Prevention and Control Program Summary (RCS MED-289).

RETURN TO ARMY LIBRARY
ROOM 1 A 518 PENTAGON

Section II. PROCEDURES

4. General. This report will be prepared monthly by the Alcohol and Drug Control Officer (ADCO) of the CONUS installations and oversea areas listed in the appendix. MEDDAC commanders will supply the ADCO with information required to complete appropriate parts of the report.

5. Submission. The report will be submitted by letter (para 6) through command channels to the major commander concerned. To assist in meeting deadlines imposed on HQDA, a copy of both the report and the letter from each CONUS installation and oversea area will be mailed directly to HQDA (SGDS-FRP-BC) WASH DC 20314 for statistical review and processing. Direct communication from the Office of The Surgeon General to CONUS installations and oversea areas is authorized. When such communication indicates that a corrected report is required, the report will be submitted through channels to the major commander concerned.

6. Transmittal. A letter of transmittal signed by or

for the appropriate commander will accompany the report. This letter should include any information necessary to interpret data in terms of program progress. Commanders providing services to off-installation military and civilian activities will list these activities and will indicate the nature and extent of services provided. If no medical treatment facility is located on the installation, the letter will indicate the facilities that provide clinical evaluation, detoxification, and related medical care.

7. Report period. The report period will begin on the 26th day of one month and will end on the 25th day of the next. Completed reports will be dispatched as follows:

a. CONUS installations. Send reports not later than close of business on the 5th working day after the end of the report period.

b. Oversea areas. Send consolidated report not later than close of business on the 10th working day after the end of the report period.

Section III. PREPARATION OF THE ADAPCP SUMMARY

8. General.

a. Parts of the report require separate accounting for individuals with alcoholic problems and for those involved with "other drugs." Individuals abusing both alcohol and other drugs will be accounted for under headings applicable to the primary drug involved.

b. Throughout the report, entries will be in-

dicated by leaving cells blank. Zeros will not be entered except in Part IV.

9. Authentication. This report will be signed by the alcohol and drug control officer.

10. Detailed instructions. DA Form 3711-R will be completed in accordance with instructions in table 1.

Table 1.

Part I. Biochemical Testing of Urine Specimens for Drug Abuse (AR 600 84)

This part is for recording workload and results for various categories of urinalysis conducted for AD and ADT Army personnel and for certain civilian members of rehabilitation staffs. Tests conducted for personnel of the other Services will not be reported.

Column	Line	Data
a		Enter data pertaining to AD and ADT Army personnel tested as a result of random selection.
b		Enter data pertaining to AD and ADT Army personnel tested at the direction of the commander when there is a reason to suspect drug abuse.
c		Enter data pertaining to testing of rehabilitation staff personnel, both military and civilian.
d		Enter data pertaining to AD and ADT Army personnel tested in connection with the urine surveillance program.
e		Enter data pertaining to testing of AD and ADT Army personnel in an active (inpatient, resident, or nonresident) rehabilitation status (normally the first 60 days after indentification).
f		Enter data pertaining to testing of AD and ADT Army personnel in a followup status (i.e., beyond 60 days in the program).
g		TRADOC installations where reception stations are located will complete lines 1-14 for personnel tested upon entry into the Service. <i>Other reporting installations/commands will not use column g.</i>
h, i, j, k		Report event testing conducted at the local/command level beyond that required in AR 600-84. Report each type of event testing in a separate column. Indicate the event and category of personnel affected in the remarks section below Part I.
	1	Enter the total number of tests administered during the report period for each category of testing, regardless of whether or not results have been received from the servicing drug testing laboratory.
	2	Give the number of individuals for whom the screening process (i.e., results received, evaluations conducted) was completed during the report period for each category of testing. These data will be purged of multiple tests for columns c through k so that individuals in each of these categories are accounted for only once during the report period. It is not necessary to purge the data of multiple selection of individuals under random tests or commander-directed tests (columns a and b).
	3 and 4	For reporting test results for personnel on line 2. Enter on line 3 the number of individuals for whom test results were negative. Enter on line 4 the number of individuals for whom test results were positive.
	5-14	For reporting the outcomes of the confirmation procedure for personnel with positive laboratory test results.
	6-11	Give the breakdown by drug class of confirmed cases of drug abuse reported on line 5. (<i>Note.</i> The opiate class (line 6) will include heroin, morphine, codeine, and morphine/codeine.)
		Specify "other drugs" reported on line 10 in the remarks section below Part I.
		"Polydrug" category (line 11) will include a single test result that indicates the presence of two or more drugs and multiple test results for the same individual if different drugs are detected in different samples. Specify polydrug combinations in the remarks section below Part I.
		The total of lines 6 through 11 will equal line 5 for each column.

- | | |
|-------------|---|
| <i>Line</i> | <i>Data</i> |
| 12 | Indicate those instances in which the medical officer conducting the clinical evaluation verifies the authorized use of the drug detected by the urinalysis. |
| 13 | Indicate those cases for which the commander determines that an administrative error was made in the testing process. |
| 14 | Give number of personnel determined by the commander to require further urine surveillance. This category of personnel is different from confirmed abusers who are formally enrolled in a rehabilitation program. DA Forms 2985-1R and 2985-2R will not be completed for urine surveillance program personnel, nor will these personnel be counted in the caseload figures in Part III of the report. |

Part II. Rehabilitation Facilities and Staff

This part provides an inventory of resources available for the rehabilitation effort. Resident facilities are those in which individuals may live during a portion of their rehabilitation period, either full time or part time (live in, work out). A nonresident facility is one which operates strictly on a visit or drop-in basis. A resident facility may perform nonresident functions. A facility will be reported only once, regardless of the activities conducted.

- | | |
|----------------|--|
| <i>Section</i> | <i>Data</i> |
| A | Report the number of each type facility (resident, nonresident) on lines 1 through 3 by type of case handled (combined alcohol and other drugs, alcohol only, other drugs only). |
| B | Report number of personnel working in the ADAPCP. |
| | Give the number of spaces authorized by appropriate TDAs for each category of personnel (officer, enlisted, civilian). The number of personnel assigned will include those assigned against these spaces as well as those in a special duty or excess status. |
| | Report number of personnel on lines 1 through 3 by the activity in which they are primarily engaged. |
| | "Administration" includes the ADCO, civilian program administrator, clerical staff, personnel engaged in urine collection, halfway house (IC), and chaplains' assistants. |
| | "Counseling" includes counselor and chaplain personnel involved in the rehabilitation of alcohol and other drug abusers. |
| | "Education" includes both the education coordinator and personnel whose primary activity is education. Do not include drug education specialists. |
| | Twice yearly, in the reports for August and February, report in the remarks section to the right of Part II, the number of staff personnel authorized by and assigned against <i>medical</i> TDAs. (The number of personnel will also be included in the reported totals in section B.) This information will not be broken down by function, but will be presented in the following format: |

<i>Medical TDA Staff Personnel</i>		
Officer	Enlisted	Civilian
Auth/Asgd	Auth/Asgd	Auth/Asgd

Part III. Caseload and Disposition of ADAPCP Cases

This part provides a summary of monthly activity of the ADAPCP population, both AD and ADT Army and other categories (civilian, retired, dependents). The coverage of rehabilitation resources will be complete, so that all individuals in duty-unit rehabilitation and correctional facility programs, as well as full-time or part-time residents of halfway houses or other live-in facilities will be accounted for and included in installation totals. Accurate completion of Part III is extremely important for program evaluation. There is

a close relationship between Part III of this report and individual records (DA Forms 2985-1R, -2R, and -3R). Entries in certain cells of Part III should reflect completion of a like number of DA Forms 2985-1R, -2R, or -3R. This relationship must be kept in mind when completing both sets of forms.

<i>Line</i>	<i>Data</i>
1	Enter the number of individuals participating in each phase of the rehabilitation program on the first day of the report period.
2	Indicate the number of new cases entered in the program during the report period, regardless of how identified, by the status to which they were initially disposed. Personnel reported on this line will be new accessions to the ADAPCP and, for AD and ADT Army personnel, each entry should be substantiated by the concurrent completion of DA Forms 2985-1R and -2R.
3	Report gains to a local program of previously enrolled personnel transferring from another location (PCS, Medevac). For AD and ADT Army personnel, these entries should be substantiated by the concurrent completion of DA Form 2985-3R, with block 6A checked, for PCS gains.
4 & 5	For each column (a through p), indicate number of individuals whose status at the end of the report month is different from their status at the start of the month (line 1) or at entry into the local program (lines 2 and 3). On line 4 for each column indicate gains to a particular program phase (such as inpatient, resident rehab). On line 5 report losses from a particular program phase. These two lines together show movement of ADAPCP cases between program phases and the sum across each section should balance for the two lines, according to the following: $4a + 4b + 4c + 4d = 5a + 5b + 5c + 5d$ $4e + 4f + 4g + 4h = 5e + 5f + 5g + 5h$ $4i + 4j + 4k + 4l = 5i + 5j + 5k + 5l$ $4m + 4n + 4o + 4p = 5m + 5n + 5o + 5p$ Do not report program losses (personnel no longer accounted for in any program phase) on lines 4 or 5. (See line 6.)
6	Report all losses from the local program. Program losses are broken down on lines 7-11. Entries for AD and ADT Army personnel should be substantiated by the concurrent completion of DA Form 2985-3R for each program loss, with the appropriate notations in blocks 6 and/or 14 of the form. For each column, line 6 will equal the sum of lines 7-13.
7	Enter number of AD and ADT Army personnel who have completed the full rehabilitation period and who remain on active duty (columns d and l) and other personnel (columns h and p) who no longer require rehabilitation.
8	Enter number of AD and ADT Army personnel separated from the Service for any reason.
9	Report losses through reassignment, exclusive of MEDEVAC. (The ADCO at the gaining installation must be notified by the ADCO of the losing installation of the reassignment of AD and ADT Army participants in the rehabilitation program.)
10	Enter number of personnel medically evacuated to CONUS from overseas commands.
11	Enter number of AD and ADT Army personnel absent without leave for over 30 days (dropped from the rolls). Report number of individuals AWOL for less than 30 days at the end of the report period on line 14 in the column which indicates the individuals' status when absence began.
12	Report all deaths of ADAPCP participants, regardless of cause. Give date, location, and probable cause of death in the remarks section below Part V for each case.
13	Indicate losses for which the cause is unspecified. For AD and ADT Army personnel, entries in this line should be infrequent. For other personnel, include all reasons for loss except "died" (line 12) and "completed follow up" (line 7—which for these personnel means that no further treatment is required, regardless of the length of time involved).

<i>Line</i>	<i>Data</i>
14	Indicate the caseload in each phase of the program on the last day of the report period, according to the following specification: For each category of personnel by drug type (alcohol or other drugs), the end of the month caseload for each phase of the program (inpatient, residential rehabilitation, nonresidential rehabilitation, and follow-up) will equal the caseload for that phase at the beginning of the report month (line 1), <i>plus</i> the cases entering that phase upon initial disposition (line 2), <i>plus</i> the cases transferring from other locations (line 3), <i>plus</i> the gains to that phase from other phases (line 4), <i>less</i> the changes in status to other phases (line 5), <i>less</i> the program losses from that phase (line 6).

Part IV. Self-referrals

This part is for reporting the number of new accessions to the program (line 2, Part III) who have volunteered for rehabilitation. For each column for which there is an entry on line 2, Part III, an entry should appear in the correspondingly lettered column of Part IV, even if the entry is zero.

Part V. Rehabilitation Outcome for Separated AD and ADT Army Personnel

This part of the report will indicate the opinion of program staff as to the outcome of the rehabilitation effort for AD and ADT Army personnel who are separated from the Service (line 8, Part III) while still enrolled in one of the four phases of the rehabilitation program, as of the date of separation.

ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL PROGRAM SUMMARY							REPORTS CONTROL SYMBOL CSGPA-129I					
For use of this form, see AR 600-53; the proponent agency is the Office of the Deputy Chief of Staff for Personnel.												
COMMAND/INSTALLATION							MONTH AND YEAR					
PART I - BIOCHEMICAL TESTING OF URINE SPECIMENS FOR DRUG ABUSE												
		RANDOM <i>a.</i>	COMMANDER DIRECTED <i>b.</i>	REHAB STAFF <i>c.</i>	URINE SURV PROG <i>d.</i>	REHAB <i>e.</i>	FOLLOW-UP <i>f.</i>	EAD <i>g.</i>	LOCAL EVENT			
									<i>h.</i>	<i>i.</i>	<i>j.</i>	
1	TOTAL TESTS											
2	TOTAL PERSONS TESTED											
3	LAB NEGATIVE											
4	LAB POSITIVE (5/12/13/14)											
5	CONFIRMED ABUSE (6 thru 11)											
6	OPIATES											
7	AMPHETAMINES											
8	BARBITURATES											
9	METHADONE											
10	OTHER (Specify below)											
11	POLYDRUG (Specify below)											
12	AUTHORIZED USE											
13	ADMINISTRATIVE ERROR											
14	TO URINE SURV PROG											
PART II - REHABILITATION FACILITIES AND STAFF						REMARKS						
Section A - FACILITIES												
		RESIDENT		NONRESIDENT								
1	COMBINED											
2	ALCOHOL											
3	OTHER DRUG											
Section B - STAFF												
		OFFICER		ENLISTED							CIVILIAN	
		AUTH	ASGD	AUTH	ASGD						AUTH	ASGD
1	ADMINISTRATION											
2	COUNSELING											
3	EDUCATION											
DATE	TYPED NAME AND GRADE OF ADCO											
	SIGNATURE											

DA FORM 3711-R, 1 Jun 74

REF: ACLS DA FORM 3711-R, 1 JUL 72; DA FORM 3711-R (TEST), 1 SEP 73; DA FORMS 3711-1-R THROUGH 3711-6-R, 1 SEP 72, WHICH ARE OBSOLETE.

(Type also, 10 1/2" x 8"; large also, 9-9/16" x 7-1/8")

Figure 1.

ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL PROGRAM SUMMARY - Continued																	
PART III - CASELOAD AND DISPOSITION OF ADAPCP CASES																	
		ALCOHOL								OTHER DRUGS							
		AD AND ADT ARMY				OTHER				AD AND ADT ARMY				OTHER			
		a Inpatient	b Resident Rehab	c Non-resident Rehab	d Follow-up	e Inpatient	f Resident Rehab	g Non-resident Rehab	h Follow-up	i Inpatient	j Resident Rehab	k Non-resident Rehab	l Follow-up	m Inpatient	n Resident Rehab	o Non-resident Rehab	p Follow-up
1	Start of Month Caseload																
2	New program gains																
3	Transfer gains																
4	Intraprogram ch of status - IN																
5	Intraprogram ch of status - OUT																
6	Program losses (7 thru 13)																
7	Completed follow-up																
8	Separated																
9	PCS																
10	Medevac to CONUS																
11	AWOL																
12	Died (see Remarks)																
13	Unspecified																
14	EOM Caseload (1+2+3+4-5-6)																
PART IV - SELF REFERRALS																	
Indicate below the number of self-referrals within the total new program gains reported in each column of line 2, Part III, above.																	
		a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p
SELF-REFERRALS																	
PART V - REHABILITATION OUTCOME FOR SEPARATED AD AND ADT ARMY PERSONNEL																	
Indicate below the rehabilitation outcome for those personnel reported as separated on line 8, Part III, above.																	
		a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p
1	SUCCESS																
2	FAILURE																
3	UNDETERMINED																
REMARKS (Identify deaths from 12, Part III, by date, location and probable cause.)																	

Figure 1--Continued.

APPENDIX

CONUS Installations and Oversea Areas

For Which ADAPCP Summary Reports Are Required

1. CONUS installations.

a. FORSCOM.

- (1) Ft Bragg, NC
- (2) Ft Campbell, KY
- (3) Ft Carson, CO
- (4) Ft Devens, MA
- (5) Ft Hamilton, NY
- (6) Ft Hood, TX
- (7) Indiantown Gap MR, PA
- (8) Ft Lewis, WA
- (9) Ft MacArthur, CA
- (10) Ft McPherson, GA
- (11) Ft Meade, MD
- (12) Presidio of San Francisco, CA
- (13) Ft Riley, KA
- (14) Ft Sam Houston, TX
- (15) Ft Sheridan, IL
- (16) Ft Stewart, GA

b. TRADOC.

- (1) Ft Belvoir, VA
- (2) Ft Ben Harrison, IN
- (3) Ft Benning, GA
- (4) Ft Bliss, TX
- (5) Carlisle Barracks, PA
- (6) Ft Dix, NJ
- (7) Ft Eustis, VA
- (8) Ft Gordon, GA
- (9) Ft Jackson, SC
- (10) Ft Knox, KY
- (11) Ft Leavenworth, KS
- (12) Ft Lee, VA
- (13) Ft Leonard Wood, MO
- (14) Ft McClellan, AZ
- (15) Ft Monroe, VA
- (16) Ft Ord, CA
- (17) Ft Polk, LA
- (18) Ft Rucker, AL
- (19) Ft Sill, OK

c. Other.

- | | |
|--|---------|
| (1) Aberdeen Proving Ground, MD..... | (AMC) |
| (2) Ft Detrick, MD..... | (HSC) |
| (3) Dugway Proving Ground, UT..... | (AMC) |
| (4) Fitzsimons GH, CO..... | (HSC) |
| (5) Ft Huachuca, AZ..... | (USACC) |
| (6) Military District of Washington..... | (MDW) |
| (7) Ft Monmouth, NJ..... | (AMC) |
| (8) Redstone Arsenal, AL..... | (AMC) |
| (9) Ft Ritchie, MD..... | (USACC) |
| (10) Walter Reed AMC, DC..... | (HSC) |



0001058103

- | | |
|--|----------|
| (11) West Point, NY | (DCSPER) |
| (12) White Sands Missile Range, NM | (AMC) |
| (13) Yuma Proving Ground, AZ | (AMC) |

2. Oversea areas.

<i>Area</i>	<i>Responsible Command</i>
a. Europe	USAREUR
b. Alaska	FORSCOM
c. Canal Zone	FORSCOM
d. Hawaii	FORSCOM
e. Korea	USAEIGHT
f. Japan	USARJ
g. Ryukyu Islands	USARJ
h. Thailand	USARSUPTHAI
i. Taiwan	USACC

The proponent agency of this regulation is the Office of the Deputy Chief of Staff for Personnel. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) direct to HQDA (DAPE-HRA) WASH DC 20310.

By Order of the Secretary of the Army:

CREIGHTON W. ABRAMS
General, United States Army
Chief of Staff

Official:

VERNE L. BOWERS
Major General, United States Army
The Adjutant General

DISTRIBUTION:

Active Army, ARNG, USAR: To be distributed in accordance with DA Form 12-9A requirements for AR, Personnel General—C (Qty Rqr Block No. 354)