

INFORMATION ON  
THE ARMY SUBSTANCE ABUSE PROGRAM (ASAP)  
CONFIDENTIAL ALCOHOL TREATMENT AND EDUCATION PILOT (CATEP) PROJECT

1. Traditionally, the Army Substance Abuse Program has been a “Command Program.” This pilot (CATEP) creates a new way for Soldiers to address their alcohol problem before it becomes a legal issue (e.g. DUI, public intoxication, etc.). Soldiers who have had a DUI or other illegal drug use are not eligible for the CATEP; they will continue to be enrolled in “Command ASAP.”
2. Under the provisions of this pilot, Soldiers can obtain treatment for alcohol problems without mandatory notification of their commanders. When a Soldier is in CATEP, the commander will not be notified of the outcome of the Soldier’s assessment, clinical status, or enrollment status at the ASAP. Evening and weekend hours are available to assist in maintaining confidentiality. CATEP staff will not contact the chain of command unless the Soldier’s condition or behavior poses a risk to the safety of self, others, security, or mission.
3. Under CATEP, Command notification will be at the option of the Soldier for the majority of cases. Commander notification will be required for intensive treatment, such as day hospital or residential treatment programs that may require extended time away from the unit for rehabilitation. Any case that requires more intensive treatment that cannot be provided at the CATEP clinic will require command notification and approval for enrollment, with the Soldier’s consent.
4. Soldiers enrolled in CATEP will not be subject to adverse personnel actions (e.g. bar to reenlistment) because of this treatment. However, participation in CATEP does not confer immunity on Soldiers for misconduct, for which they may be subject to disciplinary action at command discretion.
5. The Commander does not have access to Soldiers’ CATEP records. If a Soldier consents to involve the commander in support of recovery, the Commander can ask for and receive specific information having to do with CATEP enrollment recommendations, attendance, treatment plans, treatment progress; continued use or abuse of alcohol/drugs, and CATEP recommendations regarding success or failure in the program.
6. CATEP records are destroyed five years after the Soldier’s release from the program, except for enrollment/disenrollment forms (DA forms 4465-R/4466-R). Medical consults or laboratory results, and forms that the patient has signed releasing information will be forwarded to the hospital for inclusion in permanent medical records.
7. Enrollment/disenrollment forms of Soldiers in CATEP will remain in a separate database from that of Soldiers who have received command-directed ASAP treatment. This is a deviation from present AR 600-85, which requires that all records of ASAP treatment be retained in the

same database as the command-directed cases. CATEP cases in the new database will not be visible to commanders or to the personnel system. Therefore, these forms can never be used as the basis of adverse personnel or administrative actions that may otherwise affect the military careers of Soldiers who have received ASAP treatment.

8. CATEP records are maintained confidentially; disclosure (except when necessarily disclosed for medical reasons, as a result of a court order, or for research, management, audit, or program evaluation purpose) requires the consent of the patient.

9. You are required to read and sign DA Form 8001, Limits of Confidentiality, and the Privacy Act.

10. Limited Use Policy: This policy protects Soldiers from having certain evidence used against them under the Uniform Code of Military Justice (UCMJ) or on the issue of characterization of service in separation proceedings. For example, Limited Use Policy protects Soldiers from:

- a. Adverse actions for the result of Urine testing and alcohol breath testing done as part of the rehabilitation program.
- b. Adverse actions as a result of self-referring Soldier's admitting possession of drugs for personal use that occurred BEFORE date or initial referral at ASAP (voluntarily reported to an ASAP counselor or a physician during entry into, or after enrollment in, the ASAP program.)
- c. Information about alcohol and drug abuse; or possession of drugs for personal use, when they are obtained as a result of emergency medical care for an actual or possible drug or alcohol overdose, unless such treatment resulted from the apprehension by military or civilian law enforcement officials.
- d. Limited Use Policy is automatic. It is not granted and cannot be withdrawn. Limited Use Policy does not grant immunity for present or future use (e.g., that detected on a unit urinalysis), illegal possession of drugs, or for other illegal acts committed after self-referral. Nor does it prevent a counselor from revealing illegal acts having an adverse impact on mission, national security, or health and welfare of others (i.e., possession of illegal drugs in not covered under limited use.)

11. Following evaluation, a rehabilitation team meeting will be held between the Soldier and an ASAP counselor. Under provisions of CATEP, neither the commander nor his representative will be contacted; nor will they attend the meeting unless the Soldier invites them.

12. All rehabilitation sessions in CATEP are voluntary. The Soldier should call and let the counselor know if he/she cannot make an appointment; the Soldier can then re-schedule the

appointment. A pattern of unexcused absences (usually more than three) will result in disenrollment from CATEP.

13. Abstinence from all alcohol and illegal drugs is necessary during ASAP treatment, whether ASAP treatment is CATEP or not.

14. Disenrollment occurs as a result of successful rehabilitation, or as a result of failure to participate, or failure to rehabilitate, while enrolled in ASAP. However, unlike treatment under the existing AR 600-85, failure in the CATEP pilot project will not result in administrative separation from military service, as long as the Soldier maintains eligibility for the CATEP. However, enrollment in CATEP does not confer immunity upon Soldiers who engage in misconduct or who fail to comply with other standards of military service and bearing; under those latter conditions and for other reasons, one can still undergo administrative separation from military service.

15. Families are invited to become involved in the Soldier's treatment. They should also attend AA, NA, or Al-Anon, as appropriate. Married Soldiers are requested to sign a spouse consent form. A family program is also provided.

I HAVE READ THE ABOVE INFORMATION, AND I UNDERSTAND IT.

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(Signature)

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(Date)