

We administer the URI (Unit Risk Inventory) surveys annually to every unit. These surveys assist units in mitigating risk such as:

**Substance Abuse**  
**Suicidal Ideation**  
**Verbal/Physical Abuse**  
**Sexual Assault**  
**Resiliency**  
**Stress at home**  
**Stress in the Military**  
**Use of military/civilian resources and more**

## 3 ways to get into the ASAP Program

### **SELF REFERRAL**

The most desirable method of referral. The Soldier self identifies with their own concerns about alcohol or drug use and the impact of that use on performance, relationships, and wellbeing.

### **COMMAND REFERRAL**

Your Commander is concerned about your performance and/or wellbeing and suspects alcohol or drug use is causing the issues.

He/she will require you to contact the ME ASAP for a treatment referral.

### **⇒ POSITIVE REFERRAL**

You “pop hot” on a urine screen. You will be counseled by command and are required to reach out to the ME ASAP.

## **“It takes the courage and strength of a Warrior to ask for HELP”**

### **Limited Use Policy**

The objectives of the Limited Use Policy are to:

- Facilitate the ID of Service Members who abuse alcohol and other drugs
- Encouraging ID through self-referral to the ASAP
- Facilitate the rehabilitation of those Service Members that demonstrate the potential for rehabilitation and retention.

When applied properly, the Limited Use Policy does not conflict with the Army’s mission or standard of discipline. It is not intended to protect a member who is attempting to avoid disciplinary or adverse administrative actions. The Limited Use Policy prohibits the use of protected evidence against a Soldier in the characterization of service.

A Service Member whose performance, social conduct, interpersonal relations, or health becomes impaired because of the abuse of alcohol or other drugs has the personal obligation to seek rehabilitation. The Soldier's commander must become involved in the process.

### **WHO CAN YOU SELF-REFER TO?**

- ⇒ ANY OFFICER OR NCO IN YOUR CHAIN OF COMMAND (CoC)
- ⇒ THE CHAPLAIN (WITH PERMISSION TO TELL YOUR CoC)
- ⇒ THE MILITARY MEDICAL TREATMENT FACILITY
- ⇒ ARMY SUBSTANCE ABUSE PROGRAM
- ⇒ THE PREVENTION COORDINATOR OR THE ALCOHOL AND DRUG CONTROL OFFICER

## **Our office provides annual training for Substance Abuse**

**We also can tailor trainings to meet the units needs or based on URI results such as:**

**Binge Drinking**

**Drinking and Driving**

**Marijuana use**

**Prescription Drugs**

**Alcohol Abuse**

**Opiate Abuse**

### **ME ASAP Q&A**

- Q: If a Soldier self-refers to the ASAP can they still be separated?
- A: Yes, The Limited Use Policy does not protect a Soldier from separation, however can reflect positively in the outcome.
- Q: When a Soldier is referred to the ASAP what happens?
- A: The Soldier has a brief ‘intake’ with the PC or RRC, they are then provided with a variety of treatment options.
- Q: Who can conduct the substance abuse assessment and how can I pay for it?
- A: The assessment must be conducted by a Licensed Drug and Alcohol Counselor (LDAC). There may be financial resources available to help cover the cost of the assessment.

## **Army Substance Abuse Program Mission:**

- *Increase individual fitness and overall unit readiness.*
- *Provide services which are proactive and responsive to the needs of the Army's workforce and emphasize alcohol and other drug abuse deterrence, prevention, education, and rehabilitation.*
- *Implement alcohol and other drug risk reduction and prevention strategies that respond to potential problems before they jeopardize readiness, productivity, and careers.*
- *Restore to duty those substance-impaired Soldiers who have the potential for continued military Service.*
- *Provide effective alcohol and other drug abuse prevention and education at all levels of command, and encourage commanders to provide alcohol and drug-free leisure activities.*
- *Ensure all personnel assigned to ASAP staff are appropriately trained and experienced to accomplish their missions.*
- *Improve readiness by extending services to the Soldiers and Family members.*

## **How to Reach Us**

### **Risk Reduction Coordinator**

**Karen Morin**

**(207) 430-5253**

### **Prevention Coordinator**

**W. Scott Nutting**

**(207) 430-5869**

## **Other Resources**

### **Psychological Health**

-Carla Mowatt

Office: **(207) 430-5976**

-Richard Rodgers

Office: **(207) 430-5902**

### **Chaplain's Office CH**

(LTCOL Weigelt)

Office: **(207) 430-5898**

### **ME Family Program**

Office: **(207) 430-5777**

### **Med Det.**

Bruce Nickerson RN

Office: **(207) 430-6106**

### **Crisis Hotline 24/7**

**1-888-568-1112**

### **Veteran's Crisis Hotline**

**1-800-273-8255 Press #1**



## **ME Army National Guard Substance Abuse Program**



### **Our Mission**

*Our mission is to provide prevention training, promote peer family and peer support through education, and provide treatment resources to increase military discipline, individual performance, and combat readiness and resilience.*

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### **ME ASAP**

(Army Substance Abuse Program)

**207-430-5869**