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Personnel

**SUBSTANCE ABUSE PREVENTION AND
CONTROL**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFPD 36-8, *Employee Benefits and Entitlements*, Federal Personnel Manual (FPM), chapter 792, FPM Supplement 792-2, DoD Directive (DODD) 1010.6, and DOD 1300.11. It provides guidance on how to prevent, reduce, and control substance abuse. It explains how to identify and rehabilitate civilian employees who are substance abusers.

Commanders, civilian personnel officers (CPO), program coordinators (PC), Social Actions (SA) personnel, legal officers, security police officers, medical officers, and supervisors and civilian employees use this instruction to develop and manage local substance abuse policy.

This instruction applies to US-citizen employees paid from appropriated and nonappropriated funds and Canal Zone non-US citizen employees paid from appropriated funds. It also applies to Air Force employees aligned under the National Guard Bureau according to Title 5, United States Code (U.S.C.), Part III. It does not apply to Air National Guard Technician employees aligned under the National Guard Bureau under Title 32, U.S.C., Section 709. It directs collecting and maintaining information subject to the Privacy Act of 1974 authorized by 42 U.S.C. 290dd-3 AND 42 U.S.C. 290ee-3. System of records F030 AF MP B, Substance Abuse Reorientation and Treatment Case Files, applies. Reference para 6.1, AFI 37-132, AF Privacy Act Program, (formerly AFR 12-35.) **Attachment 1** lists abbreviations and acronyms used in the instruction. **Attachment 2** gives the legal authority for the program and for the confidentiality requirements.

SUMMARY OF CHANGES

This is the initial publication of AFI 36-810, substantially revising AFR 40-792, 8 Sep 1978. Extraneous information, and information presented in other controlling publications have been deleted.

1. Program Objectives and Scope.

1.1. Objectives.

The program strives to improve the health, productivity, and overall quality of the civilian force and enhance total force readiness by:

Preventing, reducing, and controlling substance abuse.

- Advising and training managers, supervisors, and employees on how best to address substance abuse issues.
- Referring employees to rehabilitative services and treatment on a space available basis.
- Restoring employees to full effectiveness.

1.2. Scope. The program covers full-time, part-time, and intermittent Air Force civilian employees serving on continuing appointments who are:

- US citizens paid from appropriated funds.
- US citizens paid from nonappropriated funds
- Personnel listed in National Guard Bureau, Title 5, U.S.C., Part III, *Personnel*.
- Canal Zone non-US citizens paid from appropriated funds.

Section A--Headquarters US Air Force (HQ USAF).

2. Responsibilities.

2.1. Directorate of Civilian Personnel Policy and Personnel Plans (HQ USAF/DPC) takes overall responsibility for the program.

2.2. Human Resources Development Division (HQ USAF/DPCH), Program Administrator:

- Develops plans, policies, and objectives.
- Sets goals and standards.
- Sets up evaluation and reporting requirements.
- Administers and coordinates the civilian program.
- Represents HQ USAF/DPC on all matters that relate to the civilian program.
- Keeps SAF/OI informed of program developments.

2.3. The Inspector General (SAF/IG). Coordinates (with the assistance of HQ AFOSI) with Federal and local law enforcement agencies on drug abuse investigations according to AFD 71-1, *Criminal Investigations and Counterintelligence*, and AFI 71-101, *Criminal Investigations*.

2.4. Office of Public Affairs (SAF/PA). Manages all types of public information to accurately present the Air Force position on substance abuse.

2.5. Surgeon General (HQ USAF/SG). Develops and implements policies and procedures on medical aspects of the civilian program.

2.6. Directorate of Medical Plans and Resources (HQ USAF/SGH):

- Oversees the Air Force military substance abuse programs and supports civilian program objectives.
- Develops and implements substance abuse program policy and education.

2.7. Judge Advocate General (HQ USAF/JA). Provides legal advice and assistance.

2.8. Chief of Chaplains (HQ USAF/HC). Supports the civilian program goals and objectives.

2.9. Chief of Security Police (HQ USAF/SP): Develops and implements Air Force policies and standards on:

- Substance abuse law enforcement.
- Motor vehicle traffic supervision.
- Personnel security investigations.
- Clearances.
- Authorizations for access to classified information.
- Authority for civilians to bear firearms (except for civilian AFOSI agents).

Section B--Major Command (MAJCOM) Headquarters.

2.10. Command Director of Civilian Personnel:

- Serves as the commander's principal staff officer for the command's civilian program, implementing policy and guidance that HQ USAF/DPC sets.
- Manages the command program.
- Serves as MAJCOM program coordinator (PC), unless a subordinate staff member is designated.

2.11. MAJCOM PC:

- Guides and helps field installations implement and operate the program.
- Makes recommendations to the MAJCOM director of civilian personnel on how to improve the program.
- Represents the director on all relevant matters.

2.12. MAJCOM Social Actions Office (SAO):

- Ensures that SAOs provide the required training and rehabilitative services for civilians according to program guidance.
- Makes sure that SA counselors receive the required training.

Section C--Installations

2.13. Wing Climate Assessment Committee (WCAC). The commander who has authority over the installation SAO appoints the Civilian Personnel Officer (CPO) to serve on the WCAC.

2.13.1. The WCAC informs and advises the senior installation commander according to AFI 36-2701. The committee's job is to ensure that the installation effectively implements policies and procedures for the civilian and military substance abuse control programs.

2.14. Civilian Personnel Officer (CPO). The CPO reports directly to the commander who has appointing authority. The CPO:

- Acts as the commander's representative on all matters that relate to the civilian program.
- Serves as a permanent member of the WCAC.
- Serves as the PC, unless a subordinate staff member is designated.
- Implements HQ USAF and MAJCOM policies, goals, and standards.

- Ensures that this program and the discipline program are compatible.

2.15. Program Coordinator (PC):

- Works to improve the relationship and coordination between all functions and program personnel.
- Posts required information on bulletin boards in civilian work areas.
- Serves as a member of the Civilian Rehabilitation Committee, if there is one (see paragraph 2.16.).

2.16. Civilian Rehabilitation Committee. The base commander may establish this committee to help determine individual rehabilitation services for civilian clients.

2.16.1. If a client has given written consent for releasing information to his or her supervisor, the committee may solicit the supervisor's help in evaluating rehabilitative progress as it relates to the employee's job. Without the employee's consent, the committee may evaluate the rehabilitation program only with regard to the client personally, and the supervisor may not take part in committee discussions.

2.16.2. The committee functions independently of the Drug and Alcohol Abuse Committee (DAAC) and the rehabilitation committee established by AFI 36-2701.

2.16.3. Membership is restricted to program personnel and the committee must comply with confidentiality requirements.

2.17. Social Actions (SA) Staff:

- Refer civilian employees to rehabilitation programs.
- Keep records and handle information according to the confidentiality requirements.
- Train supervisory and nonsupervisory personnel according to AFI 36-2701 and paragraph 8 of this instruction.
- Communicate with the PC on individual cases and to accomplish civilian program goals.
- Keep current with the requirements of this instruction and related civilian personnel standards, policy directives, and instructions.
- Maintain current information on community rehabilitation agencies and programs, including location, cost, availability, and effectiveness.

2.18. The Director of Base Medical Services:

- Provides emergency diagnosis and treatment of drug-related and alcohol-related injury or illness that civilians incur on duty (see AFR 168-6).
- In foreign countries, gives employees:
 - Rehabilitation and treatment for alcohol abuse on an inpatient or outpatient basis.
 - Drug abuse detoxification on an inpatient basis.
 - Other drug treatment and rehabilitation on an outpatient basis.
- Provides medical counseling services, if required and authorized.
- Advises the servicing civilian personnel flight and SAO through the WCAC on the medical aspects of an employee's rehabilitation.

2.19. Public Affairs Office (PAO). Helps the PC release program data and information through internal and public communications channels as a member of the DAACC.

2.20. Supervisors:

- Set, communicate, and require compliance with established standards of conduct and performance.
- Attend training courses (see paragraph 7.).
- Encourage employees to attend appropriate substance abuse training courses.
- Consult with the SA staff if they suspect an employee of substance abuse.

2.21. Counselors in Other Programs:

2.21.1. When an employee tells a counselor working in another program, such as Equal Employment Opportunity, Employee Relations, or Placement Advisor, that the employee has an alcohol or drug problem, the counselor should advise the employee to go to the SAO for an interview.

2.21.2. All counselors must abide by the applicable confidentiality requirements and release alcohol- or drug-related information on the employee according to confidentiality requirements.

2.22. All Air Force Personnel:

2.22.1. Personnel should urge employees who admit to existing or potential substance abuse to seek help from the SAO.

2.22.2. They should also report to the base security police (SP) actual or suspected illegal drug or related criminal activity occurring on the base and directed toward, or potentially harmful to, the person or property of others. This activity includes buying, stealing, transferring, selling, smuggling, making drugs, or committing a crime to support a drug habit.

2.22.3. No one may drive on base while under the influence of alcohol or drugs. Report such driving to the SP.

3. Managing the Program.

3.1. Cooperation, Coordination, and Communications:

3.1.1. For this program to succeed, the civilian personnel flight (CPF), SA, medical, legal, chaplain, the Human Resources Office (HRO), and security police (SP) staffs must operate as a team. These personnel must keep the PAO informed of relevant developments.

3.1.2. Management solicits union cooperation and support to encourage employees to accept the program. Management briefs local union officials on the program, stressing that the Air Force prepared this instruction in consultation with the national headquarters of the American Federation of Government Employees (AFGE), the National Association of Government Employees (NAGE), and the National Federation of Federal Employees (NFFE) consistent with existing bargaining obligations.

3.2. Publicizing the Program. The PC and the SA staff coordinate to provide releasable information. Post the location and telephone number of the SA staff and the PC on bulletin boards in areas where civilians work.

3.3. Assessing the Program. Conduct regular and meaningful assessments to ensure that personnel programs are administered and managed successfully. External activities such as the Office of Personnel Management (OPM) may also conduct formal reviews of the local program.

4. Privacy and Confidentiality.

4.1. Confidentiality Requirements:

4.1.1. The confidentiality requirements apply to disclosing information and records (oral or written) on clients who are or were receiving rehabilitative services. The two major types of disclosure are **with** and **without** consent.

4.1.2. **Attachment 1** and **Attachment 2** cover the authority and procedure on disclosure. You must disclose information, even without the employee's consent, when the employee is in a sensitive position (see paragraph **6.6.**).

4.2. Disclosing Information To Support Criminal Charges and Disciplinary Actions:

4.2.1. You may disclose client information (either oral or written) only as authorized. Releasing client information in civil, administrative, or legislative proceedings conducted by a Federal, state, or local authority is prohibited unless the PC determines that consent was voluntarily given and the disclosure will not harm the client, the program, or their relationship.

4.2.2. Base any corrective action on job-related behavior or performance problems.

4.2.3. You must disclose information in the case of employees in sensitive positions involving national security or the use of firearms (see paragraph **6.6.**).

4.3. Privacy Act and Freedom of Information Act:

4.3.1. Don't release client information in this program under the Freedom of Information Act.

4.3.2. Public Law 93-282 meets the requirements of 5 U.S.C. 552(b)(3) for protecting this information from disclosure to the public.

4.4. What to Include in SF 66, Official Personnel Folders. The SF-66 may not include information about an employee's substance abuse problem or rehabilitative effort. You may include indirect information, such as unsatisfactory performance ratings, as required by Federal Personnel Manual, supplement 296-31, table 8.

4.5. Managing Civilian Drug and Alcohol Case Files:

4.5.1. The SAO must control these case files. Where there is no SAO, the PC controls them.

4.5.2. Maintain case files in a locked room, cabinet, or other locked container.

4.5.3. Make entries and documentation according to AFI 36-2701, Social Actions Programs, with these exceptions:

- Include client written consent statements and written consent revocations (originals).
- The designated SA representative keeps records of drug abuse rehabilitation urinalysis testing when such testing is part of the rehabilitative services that the civilian client agreed to and when the client or an Air Force medical facility provided the test results.

4.5.4. When a civilian is reassigned, promoted, or demoted and a permanent change of station (PCS) occurs, the SA staff (or PC) transfers the case file according to AFI 36-2701. Do not trans-

for a case file when an employee receives temporary duty (TDY) orders away from the installation of assignment or is transferred to another Federal agency, except as provided in the confidentiality requirements.

5. Managing Employees with Substance Abuse Problems.

5.1. Obtaining Medical Care:

5.1.1. Employees are responsible for the cost of treating substance abuse health problems.

5.1.2. The first referral for counseling is on duty time. Thereafter, supervisors may grant leave for medical examinations related to substance abuse or treatment related to substance abuse.

5.2. Applying Recruitment and Retention Standards. Managers may not deny an applicant employment or deprive an employee of employment solely on the basis of prior substance abuse.

5.3. Conducting Medical Examinations. The Air Force often uses medical examinations to determine the health and fitness of civilian employees. These examinations include:

- Preemployment exams.
- Fitness for duty exams.
- Periodic occupational health and injury compensation examinations.
- Chemical, breath, blood, or urine tests prescribed by AFI 31-204, *Motor Vehicle Traffic Supervision*, and existing laws.

5.3.1. Disclosure of these and similar medical examinations and the resulting medical records and information are prescribed by AFI 41-211, Medical Information Systems Management Program, and do not fall under the confidentiality requirements indicated in this instruction.

5.4. Driving While Intoxicated or While Under the Influence of Alcohol or Drugs (DWI/DUI).

5.4.1. When employees have received preliminary suspension or revocation of installation driving privileges for alleged DWI/DUI incidents, supervisors must report them to the SAO for an initial interview and evaluation.

5.4.2. Before an employee can regain driving privileges after being involved in a DWI/DUI incident, the employee must complete the Air Force Substance Abuse Awareness Seminar. This eight hour seminar fulfills the DoD requirement for alcohol education leading to restoration of driving privileges.

5.4.2.1. If the employee is otherwise in a duty status, the employee attends the seminar on duty time with no charge to leave, at a time acceptable to the supervisor.

6. Dealing with the Troubled Employee.

6.1. Supervisor Responsibilities:

6.1.1. The supervisor concentrates on job-related conduct and performance and doesn't try to diagnose the cause of the problem or inquire into the employee's personal life.

6.1.2. The supervisor must be sure that the employee knows what is expected in terms of job performance and conduct. In addition, the supervisor must determine for him- or herself what is acceptable and unacceptable.

6.1.3. Supervisors document all incidents of deteriorating work performance, unexcused absences or tardiness, unacceptable conduct, and any steps already taken to help the employee resolve problems and improve performance, conduct, or attendance.

6.1.4. If the supervisor doesn't know the cause of the job problem or has good reason to believe that substance abuse may be causing the job problem, the supervisor contacts the SAO and makes arrangements for the employee's referral. The supervisor tells the employee:

- The date, time and place of the interview.
- That the employee may use duty time for the initial interview with no charge to leave.
- That the initial interview is mandatory.
- That the employee must request leave for any subsequent appointments.

6.1.4.1. The supervisor must also advise the employee that the appointment doesn't mean that the supervisor has concluded that the employee has a substance abuse problem. The purpose of the initial interview is to advise the employee that help is available.

6.1.4.2. The supervisor should also tell the employee that the required appointment doesn't take away his or her opportunity to seek another source of assistance.

6.1.4.3. The supervisor **must** advise the employee that the employee has no obligation to accept any assistance that might be offered after the initial interview.

6.1.5. When the employee appears to lack full control of his or her faculties, the supervisor takes reasonable precautions to keep the employee from harming anyone.

6.1.6. Where the supervisor has good reason to believe the employee has engaged in criminal conduct directed exclusively toward himself or herself (for example, buying, using, or possessing drugs), regardless of when or where it took place, the supervisor must:

- Inform the employee of the known facts.
- Inform the SAO.
- Refer the employee for counseling.

6.1.6.1. Supervisors should not ask for or accept from the employee any information about illegal activity or conduct involved.

6.1.7. If the supervisor believes an employee may be involved in criminal conduct directed toward or potentially harmful to the person or property of others (for example, selling drugs or stealing to support a drug habit), the Air Force's first responsibility is to protect these other persons or properties and then to deal with the employee. The supervisor must report this information to the installation SP chief, who takes appropriate action.

6.1.7.1. The supervisor should also urge the employee to seek rehabilitative assistance, if required, provided that this action doesn't interfere with the efforts of law enforcement authorities.

6.1.8. Supervisors may not use an employee's acceptance or refusal of help, participation or non-participation in a rehabilitation program, by themselves as reasons for starting or withholding corrective action.

6.1.8.1. The supervisor must pursue disciplinary actions, if necessary, in strict compliance

with applicable directives and instructions.

6.2. SA Counselor Responsibilities: Initial Interview. SA may not infer that because an employee was referred to the SAO, either by him- or herself or by a supervisor, the employee has or is suspected of having a substance abuse problem.

6.2.1. If the SA counselor determines that the cause of the problem is other than substance abuse, the counselor declines further action and advises the employee to seek other appropriate help.

6.2.1.1. If the SA counselor determines that the problem is related to substance abuse, the counselor advises the employee about the nature of these health problems and the availability of assistance from the SAO and community resources. This information allows the employee to make an informed decision about how to deal with the problem.

6.2.1.2. The counselor doesn't provide rehabilitative therapeutic counseling or services to the employee unless the employee requests it.

6.2.2. The SA staff tells the employee what information will be disclosed to the supervisor at the beginning of the initial interview. At that time the SA counselor also tells the employee that strict rules govern the disclosure of substance abuse counseling information and how those rules apply to the position the employee holds (see paragraphs 4. and 6., and **Attachment 1** and **Attachment 2**).

6.2.3. The employee, the supervisor, and the SA staff must all understand that:

6.2.3.1. The SA counselor will call the supervisor at an agreed-upon time, regardless of whether the employee reported for the initial interview. If the employee did report, the counselor may also tell the supervisor:

- When the employee reported and departed.
- That the employee does not have a substance abuse problem (if required).
- If authorized, that the employee signed a consent statement.

NOTE:

Don't inform the supervisor that the employee refused or failed to sign a consent statement.

6.2.3.2. Activities that use forms to control, schedule, and account for the whereabouts of employees who are on duty but not at the work site may not use these forms to account for employees using leave to participate in counseling or treatment.

6.2.3.3. If the employee signs a consent statement, the supervisor and the SA counselor, along with any other appropriate program personnel, may work together on a program to help the employee reach an acceptable level of performance (see paragraph 6.6.).

6.2.3.4. If the employee doesn't report for the mandatory initial interview, or if the SAO doesn't inform the supervisor whether the employee signed a consent statement, the supervisor may initiate any action he or she considers appropriate.

6.2.4. SA counselors must inform the employee that any information given to the counselor by the employee relating to a crime or criminal conduct (except for personal drug use or addiction) is not a privileged communication and may be reported to law enforcement authorities. SA counselors must not elicit information relating to a crime or criminal conduct. They must not continue to

accept an employee as a client if the employee persists in discussing illegal activities (except for personal drug use or addiction) and must so advise the employee.

6.2.4.1. If the employee discloses information on past, current, or planned illegal activity against others, the SA staff must consult the PC and the SJA before informing anyone else. These officials counsel SA staff on reporting such information to the AFOSI or SP Chief.

6.2.4.2. If the employee is dropped from the program, the SA staff informs the PC and, within the rules of confidentiality, the supervisor. The SA counselor may not give the reason for dropping the employee from the program.

6.2.4.3. If the counselor knows of current or planned illegal activity, he or she must obtain legal counsel as soon as possible, particularly if a life is threatened.

6.2.5. For all practical purposes, the SA staff uses the same procedures, whether a supervisor referred the employee, the employee referred him- or herself, or someone other than a supervisor referred the employee. In every case, the SA counselor must try to convince the employee of the advantages of signing a consent statement.

6.3. Explaining the Consent Statements:

6.3.1. The SA staff tells the employee that counseling and rehabilitation are offered under strict confidentiality rules. However, SA staff encourages the employee to sign the proper consent statements so that the SA office and the supervisor can share information.

6.3.2. The SA staff **must** tell the employee these persuasive reasons for the consent:

- It enables the supervisor to better consider a request for the use of leave for future counseling or treatment sessions.
- It makes rehabilitation more effective by involving the supervisor in the problem-solving process.
- It tells the supervisor that the employee is trying to correct the problem. The supervisor needs to know this if other corrective action is under consideration.
- It helps destigmatize the problem and helps toward dealing with the problem as an illness.

6.3.3. The SA staff **must** tell the employee the consequences of not signing a consent statement, as listed in paragraphs 6.3.3.1 through 6.3.3.4.

6.3.3.1. The signed consent statement is the only way for the employee to authorize the SA counselor to communicate with the supervisor or any other relevant individual.

6.3.3.2. For subsequent counseling or treatment, the employee is expected to adhere to the schedule that the counselor or program personnel set. The counselor need not adjust working hours to accommodate an employee who refuses to sign a consent statement and wants counseling after normal duty hours or on a nonduty day.

6.3.3.3. Unless the supervisor knows that the employee is getting help, the supervisor must proceed with corrective action.

6.3.3.4. If the employee entered the program after his or her on-base driving privileges were revoked or suspended under the alcohol and drug countermeasures program of AFI 31-204, those privileges are not reinstated until the SAO (or rehabilitation committee) determines that the employee is sufficiently rehabilitated and is no longer a driving safety risk. Unless the

employee gives written consent to communicate this determination to the SP chief, the employee may not drive any vehicle on base.

6.3.4. The SA staff may not deny an employee counseling or rehabilitative services solely because of refusal to sign a consent statement.

6.4. Rehabilitating and Treating Employees:

6.4.1. The SA counselor tries to identify the employee's basic problem. If the problem is not related to substance abuse, the SA counselor declines further action and makes an appropriate referral. (The confidentiality requirements do not apply.)

6.4.1.1. If a supervisor made the referral, the SA staff tells the supervisor that the employee reported and the employee doesn't have a substance abuse problem.

6.4.1.2. If the employee reveals any other problem, the SA staff should not tell the supervisor unless the employee agrees in writing.

6.4.1.3. If the employee is a self-referral, the SA staff may neither inform the supervisor of the employee's visit nor discuss the employee's problem unless the employee agrees in writing.

6.4.2. If the problem involves only the employee's family, the SA staff need only refer the employee to an appropriate outside resource. The confidentiality requirements do not apply in such cases.

6.4.3. If the employee has a personal substance abuse problem, the confidentiality requirements apply. The SA staff takes whatever action is considered suitable for effective treatment.

6.4.3.1. When referring the employee to an outside resource, the SA staff considers:

- The appropriateness and quality of care offered.
- Whether the employee can afford the cost of care.
- The cooperation the facility demonstrates in arranging for updates on the employee's progress.

6.4.3.2. The SA staff makes every effort to arrange for periodic counseling reports. The SA staff should encourage the employee to sign a consent statement that allows two-way communication between the SAO and the outside resource and allows the SA to release information to the supervisor regarding enrollment and progress in the outside resource program.

6.4.4. If the rehabilitation committee evaluates a civilian employee, the committee may only be made up of program personnel and specific nonprogram personnel identified in the HHS regulations and authorized in the client's written consent.

6.4.4.1. Nonprogram personnel on the committee may only review confidential information when absolutely necessary for them to carry out their committee duties.

6.4.4.2. The base or senior installation commander may not take part in the committee, except when the employee is an immediate subordinate staff member.

6.5. Follow-on Support:

6.5.1. The SA counselor or rehabilitation committee, if appropriate, monitors the employee's progress in rehabilitation in order to speed the employee's return to an acceptable level of performance. The SA counselor or rehabilitation committee, if appropriate, sets up a follow-on program

that involves all individuals and resources concerned with the specific case. This program tries to ensure the employee's continuing progress, both in the program and on the job. Confidentiality requirements must be met.

6.5.2. An employee's relapse doesn't necessarily imply that the program failed. As long as the employee's performance, conduct, and attendance are generally improving, the employee is progressing satisfactorily.

6.5.2.1. Improvement is the key goal. Whether an employee should be given another chance is a matter of reasonable judgment.

6.5.2.2. If an employee's conduct or performance deteriorates following one or more relapses, disciplinary action may be appropriate, depending on the specifics of the case.

6.5.3. A "reasonable time" to improve varies depending on the circumstances of each individual case. Generally, up to 90 calendar days is considered reasonable, with noticeable improvement expected within 30 calendar days.

6.5.3.1. Supervisors should require continuing improvement, with a goal of satisfactory performance within 90 calendar days.

6.5.3.2. The employee's enrollment in a program and progress toward rehabilitation is not in itself an adequate basis for withholding otherwise appropriate corrective action.

6.6. Procedures for Employees in Sensitive Positions:

6.6.1. Installation program managers must ensure a client in a sensitive position is advised in the early stage of the identification, confrontation, or referral process that his or her supervisor (and other management officials concerned with the client's performance or conduct) must be informed of the nature and extent of the abuse. The disclosure or redisclosure of this information doesn't require the client's consent because he or she is in a sensitive position.

6.6.2. The SA counselor or the PC gives the information to the appropriate managers.

6.6.3. The SA or PC must inform the supervisor and the prospective client that:

6.6.3.1. Nonconsensual disclosure gives management the chance to evaluate the possible adverse effect the abuse may have on the employee's reliability for:

- Use of firearms.
- Nuclear safety.
- Top secret information.
- Presidential support activities.
- Other sensitive tasks.

The disclosure is meant to protect the public as well as the employee.

6.6.3.2. Only observance of the terms of this instruction and successful rehabilitation are required when the nature and extent of abuse is minor and it is clear that the employee does not jeopardize others, national security, or him- or herself.

6.6.3.3. Management acts quickly (for example, withdraws access or removes the firearm) when the client's condition on duty presents a clear danger to human life or national security. These management actions are considered nondisciplinary according to applicable security

and civilian personnel directives and instructions.

6.6.3.4. Management permits and encourages the client to stay in the rehabilitative program while continuing to evaluate performance and job-related behavior.

6.6.4. You may only make nonconsensual disclosure of information to appropriate management officials in the Air Force, except as provided in attachment 2. Disclosure of information to outside resources or to other external sources is still subject to the confidentiality requirements.

7. Education and Training:

7.1. DODI 1010.5. Education and Training in Alcohol and Drug Abuse Prevention identifies overall education and training policy. That instruction defines education and tells how to inform and educate personnel about substance-abuse prevention programs and resources.

7.1.1. It defines training as the development of personnel responsible for program supervision and execution.

7.1.2. It requires the education and training of all military commanders, supervisors, program personnel, and other military and civilian employees.

7.1.3. The SAO and the servicing CPF coordinate to determine and meet education and training needs.

7.1.4. Meet educational requirements as set forth in AFI 36-2701, Social Actions Programs, table 2.1, and this instruction.

7.2. Education for new employees is included in their regular orientation and occurs no later than 90 calendar days after arrival. As a minimum, the education covers:

- Air Force policy as described in this instruction.
- Responsibilities of Air Force personnel.
- Medical care for civilians.
- Location and responsibilities of the SAO.
- Information on the nature and effects of substance abuse and alcoholism.

7.3. The MAJCOM SA and civilian personnel representatives develop education programs and lesson plans for all supervisors of civilian employees. See AFI 36-2701 for the timing of education.

7.3.1. The training must cover at least:

- Air Force policy.
- Supervisors' responsibilities.
- Responsibilities of the SAO and the servicing CPF.
- Medical care, identification, referral and rehabilitation.
- Confidentiality.

7.3.2. Commands provide refresher education for civilian supervisors of civilian employees on a regular basis, focusing on elements of the program and local prevention and treatment resources that are unique to the command. Permanent Change of Station education satisfies refresher education requirements for military supervisors.

7.4. The MAJCOM SA and civilian personnel representatives develop education programs and lesson plans for voluntary education of nonsupervisory civilian personnel. Voluntary education must meet any requirements unique to the installation or MAJCOM.

7.5. The mandatory orientation for civilian personnel in overseas locations, required by AFI 36-2701, applies to both supervisory and nonsupervisory civilian personnel and their dependents, including teenage children. This orientation is particularly important in foreign countries with significant drug abuse problems or strict laws regarding illegal drug activity.

7.6. The Air Force offers voluntary education for civilian employee family members in the United States, prescribed in AFI 36-2701, through regularly scheduled classes or special seminars designed to meet specific needs.

7.7. The PC must usually complete formal training not later than 120 calendar days after assignment. The PC may meet this requirement by completing a course on the Federal civilian substance abuse or employee assistance program given by the Office of Personnel Management or an appropriate equivalent.

7.7.1. The PC may substitute other education, training, or experience in substance abuse programs for this mandatory training upon written certification from the civilian personnel officer. File this certification in the PC's *Official Personnel Folder*.

7.7.2. MAJCOMs should afford PCs appropriate opportunity for continuing and advanced education in the areas of substance abuse counseling.

7.8. To identify and document substance abuse education for appropriated-fund civilian supervisors, use the personnel data system to extract a list of supervisors who require this education. The Recurring Training History Area of the personnel data file contains this data. It identifies all supervisors who do not have base table 188, code WAB, "Alcohol/Drug Abuse for Supv."

7.8.1. Notify these supervisors of the scheduled education. Update the training-history record when the education is completed.

7.8.2. The supervisor also files the course completion document in AF Form 971, *Supervisor's Record of Employee*.

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Attachment 1

GLOSSARY OF REFERENCES, ABBREVIATIONS AND ACRONYMS, AND TERMS

References

A1.1. Legislative Basis for This Program.

A1.1.1. Public Law 91-616, *Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970*.

A1.1.2. Public Law 92-255, *Drug Abuse and Treatment Act of 1972*.

A1.1.3. Public Law 93-282, *Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act* amendments of 1974, as implemented in the Code of Federal Regulations.

A1.1.4. Title 42, Part 2, *Confidentiality of Alcohol and Drug Abuse Patient Records*, July 1975.

A1.2. Authority for Confidentiality.

A1.2.1. Public Law 93-282, part 2, *Confidentiality of Alcohol and Drug Abuse Patient Records*, approved 14 May 1974, amends both Public Law 91-616, *Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970*, and Public Law 92-255, *Drug Abuse Office and Treatment Act of 1972*, so that the confidentiality requirements are now the same for both laws.

A1.2.2. The Secretary of Health and Human Services (HHS) issued regulations that implement Public Law 93-282, part 2. All persons who perform a substance abuse prevention function, as explained in subsection 2-11(k) of the HHS implementing regulations (published in the *Federal Register*, volume 40, no. 127, part 4, 1 Jul 75, and as amended thereafter) are subject to these provisions.

A1.2.3. The Office of Personnel Management (OPM) issued guidelines on Public Law 93-282, part 2, in *Federal Personnel Manual*, supplement 792-2 (appendix A), *Alcohol and Drug Abuse Programs*.

Abbreviations and Acronyms

CPF—Civilian personnel flight

CPO—Civilian personnel officer

CRC—Civilian Rehabilitation Committee

DAAC—Drug and Alcohol Abuse Committee

EAP—Employee Assistance Program

FPM—Federal Personnel Manual

HHS—Department of Health and Human Services

MAJCOM—Major Command

OPM—Office of Personnel Management

PAO—Public Affairs Office

PC—Program coordinator

SAO—Social Actions Office

WCAC—Wing Climate Assessment Committee

Terms

Alcohol Abuse—Any substandard behavior or performance in which the consumption of alcohol is a primary contributing factor.

Alcoholic—One who is medically diagnosed as suffering from alcoholism, according to the *Diagnostic and Statistical Manual (DSM-III-R)* 305.00.

Alcoholism—A primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestation. The disease is often progressive and fatal. It is characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial. Each of these symptoms may be continuous or periodic and includes the diagnosis of "Alcohol Abuse" or "Alcohol Dependent".

Civilian Rehabilitation Committee—A committee that may be established at base-level to help determine individual rehabilitation services for civilian clients.

Client—An employee who is or was enrolled in a substance abuse rehabilitation program or has sought counseling regarding a substance abuse-related issue.

Client Records—Written or oral information on the referral, counseling, diagnosis, prognosis, treatment, and rehabilitation of a client.

Drug Abuse—Improper or illegal use of a controlled substance.

Employment Related Problem—Ineffective job performance, including unsatisfactory attendance, and on-duty or off-duty misconduct when the misconduct affects the employee's position.

Problem Drinker—Any employee whose use of alcohol adversely affects work performance or employment-related conduct.

Program Administrator—The individual at HQ USAF who handles all matters related to the Air Force program.

Program Coordinator (PC)—The MAJCOM- or base-level civilian personnel representative who handles programmatic matters related to their organizations.

Program Personnel—Substance abuse program managers and personnel who provide substance abuse referral, diagnostic service, counseling, treatment, or rehabilitative services under this program.

Recovering Alcoholic—An individual whose illness of alcoholism has been arrested. (Alcoholism can be arrested by abstinence, but never cured.)

Rehabilitative Services—Client-oriented services that emphasize substance abuse prevention, education, evaluation, referral, and follow-up.

Relapse—A return to substance abuse dependency after an intervening period of abstinence.

Third Party Payers and Funding Sources—Examples of third party payers and sources are medical, hospital, surgical, and health plans such as Blue Cross or Blue Shield, Medicare, and Medicaid.

Attachment 2

CONFIDENTIALITY

A2.1. Disclosure of Records HHS regulations, OPM instructions and guidance, and Air Force instructions govern disclosure. The basic HHS implementing regulations are attached to FPM Letter 792-8. The regulations apply to Federal drug and alcohol abuse programs, and in most cases, to community resources that Federal programs use. Program personnel are held responsible for knowing the relevant guidance in these publications.

A2.1.1. The two major types of disclosure are:

- Disclosure with the client's consent.
- Disclosure without the client's consent, including disclosure authorized by court order.

Both categories of disclosure apply to adult, competent, living clients. (See Paragraph **A2.4.** of this attachment.)

A2.1.2. No one may inadvertently disclose an employee's participation in a substance abuse prevention program. Persons making an unauthorized disclosure of records may be subject to criminal penalties of not more than \$500, in the case of the first offense and, not more than \$5,000, in the case of each subsequent offense.

A2.1.3. The confidentiality requirements apply to information on a person's past or present involvement, or lack of involvement, in a substance abuse prevention program.

A2.1.4. When you disclose client information, limit the disclosure to the minimum, specific, information necessary to respond to a valid disclosure request.

A2.2. Disclosure with Consent. The FPM Letter 792-8 and HHS "General Provisions on Confidentiality of Alcohol and Drug Abuse Patient Records" describe the circumstances under which you may disclose information with the client's voluntary written consent. The following guidelines supplement HHS policy:

A2.2.1. Diagnosis, Treatment, and Rehabilitation. The PC, in consultation with the SAO or other program personnel, must determine if the request is valid and that such disclosure will not harm the client.

A2.2.2. Employers and Employment Agencies. The PC must approve disclosure under this section, except disclosure to supervisors.

A2.2.3. Criminal Justice System Referrals. When the criminal justice system releases a person from confinement on condition that the person agrees to enter a drug or alcohol rehabilitation program, the Air Force Program Administrator must be consulted for advice.

A2.2.4. Other Situations. The PC, with the help of other program personnel, determines whether:

- Disclosure benefits the client.
- Consent was given voluntarily.
- Disclosure will not cause harm to the client or the program.

A2.3. Research, Audits, and Evaluations. PCs may not authorize disclosure of records without the client's consent unless the requesting organization is:

- The General Accounting Office.
- RAND Corporation.
- Air Force Institute of Technology.
- Air Force Human Resources Laboratory.
- Air Force Audit Agency.
- Air Force Inspector General.
- Air Force (or OPM) Program Evaluation Office.
- Another that meets the requirements of subpart D (subsection 2.52) of the HHS regulations.

Authorization must be consistent with the terms of subsection 2.52.

A2.4. General Procedures and Criteria.

A2.4.1. The PC must refer all court-ordered disclosure requests to the Staff Judge Advocate (SJA) for advice on how to handle the request.

A2.4.2. Upon receiving a request for disclosure of a minor, incompetent, or deceased client's records (subsection 2.15 and 2.16), the PC solicits the SJA's advice regarding the Air Force's response.

A2.5. Consent Statements. Consent statements must conform with the requirements specified in subsection 2.31 of the HHS regulation. The SAO keeps the original and gives a copy to the client, if requested.

A2.6. Sensitive Positions An exemption from the confidentiality requirements within the Air Force is authorized for employees who occupy certain sensitive positions and employees who are authorized to use firearms. The exemption is necessary to protect human life and national security, and ensure nuclear safety. The exempted positions are:

A2.6.1. Any position that requires bearing and using a firearm as a deadly force as authorized under AFI 31-207, *Arming and Use of Force by Air Force Personnel*, or AFPD 71-1, *Criminal Investigations and Counterintelligence*.

A2.6.2. Any position that involves responsibility for developing or approving war plans, major or special war operations, or critical and extremely important items of war; or requiring access to sensitive compartmented information (AFR 40-202, *Requirements for Designating Civilian Positions Sensitive and Requesting, Processing, Reporting, and Recording Investigations for Civilian Employees*, and USAFINTEL 201-1, *The Security, Use, and Documentation of Sensitive Compartmented Information*; the distribution of USAFINTEL 201-1 is limited to using units.)

A2.6.3. Any incumbent of a position requiring access to classified information or material as prescribed by AFI 31-401, Information Security Program..

A2.6.4. Any position that involves control of, access to, or authorization to grant access to, nuclear weapons or weapon systems, when the performance of duties could result in an unauthorized launch, detonation, or release of an operational nuclear weapon (see AFI 36-705, Personnel Reliability Program).

A2.6.5. Any position that requires regular or frequent contact with the President of the United States or access to Presidential facilities, transportation, or operational and administrative support activities as prescribed in appropriate directives.

A2.6.6. The PC approves all exchanges of client records between the health care facilities of the Air Force and those of the other Armed Services or Veterans Administration.