

DEPARTMENT OF THE ARMY  
US MEDICAL DEPARTMENT ACTIVITY  
Fort Huachuca, Arizona 85613-7040

MEDDAC Memorandum  
No. 600-1

21 February 2001

Medical Services

ALCOHOL/DRUG ABUSE DETOXIFICATION/INTERVENTION PROGRAM

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1. HISTORY: This issue publishes a revision of this publication.

2. PURPOSE:

a. Provide early definitive intervention for patients who have been identified as having significant life problems directly related to substance abuse (i.e., unacceptable social behaviors, such as arrests for DWI or drunk and disorderly conduct, associated with markedly elevated alcohol levels, etc.).

b. Provide education, which will assist these patients to assess the significance and severity of their alcohol/drug abuse.

c. Provide a consistent, organized plan of care.

d. Provide a coordinated approach by utilizing the available resources in the MEDDAC and the Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) and introduction to locally available self-help groups.

3. SCOPE: This memorandum is applicable for all Raymond W. Bliss Army Health Clinic (RWBAHC) health care providers who treat the following: Active duty personnel referred by self, command, or Medical/ADAPCP staff for substance abuse problems. Non active duty eligible beneficiaries, to include federal government employees under the auspices of the Army Occupational Health Program, may be accepted on a space available and voluntary basis.

\*This memorandum supersedes MEDDAC Memo 600-1, 3 November 1998

Encl 1

4. REFERENCE:

- a. AR 600-85, Alcohol and Drug Abuse Prevention and Control Program, dated 21 October 1988.
- b. AR 40-68, Quality Assurance Administration, 20 Dec 89, with interim change I03.
- c. MEDDAC Memo 10-13, Annex H, Appendix 1, Impaired Healthcare Provider Ad Hoc Committee, dated 1 Apr 91.
- d. MEDDAC Memo for Prime Time Staff and MPs. Subject SOP for obtaining legal BATs.
- e. DOD Directive 6490.1, Command Directed Mental Health Evaluations dated, 1 Oct 97.

5. PROGRAM CONTENT: The program will consist primarily of outpatient counseling and group therapy sessions, under ADAPCP, for a period of time determined on a case by case basis by ADAPCP staff. Patients requiring acute detoxification for substance abuse will be admitted, if eligible, by the RWBAHC medical staff for an inpatient stay of sufficient duration to attain medical stabilization and/or absence of acute withdrawal manifestations. Patients requiring inpatient rehabilitation services will be referred to an appropriate medical treatment facility.

6. RESPONSIBILITIES:

- a. Deputy Commander for Clinical Services.

(1) Appoint in writing an active duty physician as the MEDDAC clinical consultant and/or the medical review officer for ADAPCP.

(2) Ensure MEDDAC ADAPCP clinical consultant/medical review officer attends the army sponsored course for physicians assigned these additional duties.

- b. Clinical Director, ADAPCP.

(1) Point of contact for the program and provides overall ADAPCP supervision of the program.

(2) Coordinates interactions of multi-disciplinary staff involved in the care of the patient.

(3) Provides ADAPCP counseling or group therapy.

(4) Provides clinical evaluation and enrollment in a treatment program when clinically indicated.

(5) Acts as a resource for substance abuse education.

(6) Chairs the ADAPCP quality improvement committee and maintains appropriate statistical data.

(7) Ensures ADAPCP civilian program coordinator involvement for all non-active duty patients.

c. Clinical Consultant and/or Medical Review Officer, ADAPCP.

(1) Familiarizes him/herself with AR 600-85, Alcohol and Drug Abuse Prevention and Control Program, and attends the ADAPCP clinical consultants short course and medical review officer's training.

(2) Coordinates with ADAPCP staff all alcohol/drug abuse admissions by RWBAHC physicians.

(3) Maintains overall medical responsibility for eligible ADAPCP patients' substance abuse problems and coordinates their needs for multi-specialty care.

(4) Addresses/resolves day-to-day administrative medical problems.

d. Chief, Department of Psychiatry/Community Mental Health Service.

(1) Has overall responsibility for the drug and alcohol detoxification healthcare requirements.

(2) Ensures ongoing coordination between him/herself and MEDDAC clinical consultant and/or the medical review officer reference program operations and patient care.

(3) Ensures the detoxification admissions to RWBAHC are coordinated with the MEDDAC ADAPCP clinical consultant for patient evaluation and assessment

(4) Coordinates to ensure physician coverage for ADAPCP detoxification admissions and/or is available at all times to include periods when the clinical consultant and/or medical review officer is away.

(5)

e. Chief, Psychiatry Service:

(1) By request, provides appropriate psychiatric and addictive behavior professional consultation and support.

(2) Assists difficult patients in understanding the elements of denial/abuse in their disease, upon request of ADAPCP staff.

(3) Arranges for Medical testing, MMPI testing, scoring, and interpretation of its significance.

7. ADMISSION PROCEDURES:

a. Prime Time Clinic.

(1) Patients who present in the Prime Time Clinic as a result of a drug/alcohol-related incident will have a medical blood alcohol/drug screen drawn in accordance with RWBAHC. This includes soldiers who are brought to the Prime Time Clinic by the Military Police, at the request of the ADAPCP, self-referral, and commander requesting legal blood tests. (Note: this does not preclude drawing medical blood tests when requested. In fact, a medical blood alcohol can be drawn when a legal blood alcohol is drawn.)

(2) Patients who, in the opinion of the physician, may have a significant alcohol/drug abuse problem (e.g., demonstrates increased tolerance by not acting intoxicated at a blood alcohol level of .15%) will be referred to ADAPCP. Non-active duty patients must agree voluntarily to enroll in the program.

(3) Those patients whom the physician is unsure as to the indication for admission to the program, will have an "ASAP" consultation sent to the ADAPCP who will perform an assessment.

(4) When the Prime Time Clinic is closed, use of the Sierra Vista Regional Health Care Center Emergency Room. IAW MCXJ-MH, Psychiatric Admissions, 9 March 1998, will be used.

b. ADAPCP. After appropriate ADAPCP assessment, persons requiring in-patient admission will be admitted by consultation with the clinical consultant/medical review officer.

8. PROGRAM REVIEW: The ADAPCP Quality Improvement Committee will provide a mechanism for regular review of the program. The committee will meet on a biannual basis. The minutes of the committee will be forwarded to the Deputy Commander for Clinical Services for approval.

The proponent for this publication is the DCCS, Users are invited to send comments/suggested changes on DA Form 2028 to Commander, USAMEDDAC (ATTN: MCXJ-DCCS, Fort Huachuca, AZ 85613-7040.

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