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Medical

DEMAND REDUCTION PROGRAM

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This instruction implements AFD 44-1, *Medical Operations*, and prescribes the Air Force Demand Reduction Program. It assigns responsibility for carrying out the program at base level. This instruction applies to all active duty Air Force members; Air Force Reserve members; Air National Guard members when receiving federal payments; applicants for the Armed Forces Academies, Advanced Reserve Officers' Training Corps, regular Armed Forces, appointment or enlistment (or re-enlistment if discharged more than 6 months earlier) into Active or Reserve Components, Civil Air Patrol when receiving funds from the Air Force. This instruction requires collecting and maintaining information in accordance with the requirements established in Public Laws 91-513 and 92-255; Chapters 13 and 16 of Title 21, United States Code (U.S.C.); Public Law 92-129; 5 U.S.C. 501; and 10 U.S.C. 8013. Maintain and dispose of records created as a result of prescribed processes in accordance with AFMAN 37-139, *Records and Disposition Schedule*. Send comments and suggested improvements on AF Form 847, **Recommendation for Change of Publication**, through channels, to HQ AFMOA/SGOC 110 Luke Avenue, Room 405, Bolling AFB, DC 20332-5113.

Section A—Program Policies.

1. Goals of the Demand Reduction Program.

1.1. Enhance mission readiness and foster drug free environment through a comprehensive program of education, prevention, deterrence and community outreach in support of the President's National Drug Control Strategy.

1.2. Administer, coordinate, monitor, implement, and execute the military and civilian drug testing programs in accordance with AFI 44-120, *Drug Abuse Testing*, and the Air Force Civilian Drug Testing Plan.

Section B— Responsibilities

2. Responsibilities for the Demand Reduction Program.

2.1. The Air Force Surgeon General (USAF/SG).

2.1.1. Office of Primary Responsibility (OPR) for implementation of the Air Force Demand Reduction Program, ensuring that the program meets the operational requirements of this instruction, AFI 44-120, *Drug Abuse Testing Program*, AFI 44-121, *Alcohol Drug Abuse Prevention and Treatment (ADAPT) Program*, and any additional requirements established by the Office of National Drug Control Policy, Secretary of the Air Force and Department of Defense Coordinator for Drug Enforcement Policy and Support (DEP&S).

2.2. The Air Force Medical Operations Agency (AFMOA).

2.2.1. Oversees the Air Force Demand Reduction Program to include prevention, education, and outreach activities designed to reduce the potential for illegal/illicit drug use among Air Force military members, DoD civilians, family members, retirees, and dependent school-age children.

2.2.2. Coordinates with SAF/FM [Secretary of the Air Force, Office of the Assistant Secretary (Financial Management and Comptroller)] for budget planning and execution of the Demand Reduction Program.

2.2.3. Develops and implements the strategic plan, policies, goals and objectives for DRP.

2.3. The Judge Advocate General (HQ USAF/JA).

2.3.1. Assists the SG, and major commands (MAJCOMs) in managing the legal aspects of the Demand Reduction Program (DRP).

2.3.1.1. Provides advice concerning the legal requirements of DoD Directives, DoD Instructions, Air Force Instructions and policies.

2.4. Command Surgeon.

2.4.1. Office of Primary Responsibility (OPR) for the command-level Demand Reduction Program.

2.4.2. Appoints a command level Demand Reduction Program Manager (DRPM) who serves as the primary focal point for base level DRPMs in administering the Demand Reduction Program.

2.5. MAJCOM/DRU/FOA Demand Reduction Program Managers.

2.5.1. Ensure each installation has a mechanism to provide adequate training of personnel assigned to the base-level DRP.

2.5.1.1. Ensures training manuals are updated and reviewed as needed or annually as required by AFI 44-120, *Drug Abuse Testing Program*. MAJCOM DRPMs will review and approve manuals prior to implementation. Note: Information and training should be tailored to fit the needs of each installation.

2.5.2. Ensures each installation has a marketing and publicity plan utilizing available media, community resources and appropriate promotional items. The plan will also include a briefing for units commanders, first sergeants, etc. DRPMs should contact their base Public Affairs office for assistance in composing such a plan.

2.5.3. Responsible for assessing drug abuse trends and maintaining statistical data for bases in their command in accordance with AFI 44-120, *Drug Abuse Testing Program*.

2.5.4. AFRC only: Oversees the Air Force Demand Reduction Program to include: prevention, education and other approved activities designed to reduce the potential for illegal/illicit drug use among Air Force Reserve personnel, their families and DoD civilians.

2.5.5. AFRC only: The three Regional Support Groups (RSGs) have collateral responsibility for implementation and program management.

2.5.6. ANG only: As resources are available, may delegate authority to base Health Promotions Programs directors to develop prevention education programs and other activities designed to reduce the potential for illegal/illicit drug abuse among Air National Guard personnel.

2.6. Base.

2.6.1. Installation Commander.

2.6.1.1. Ensures the Demand Reduction Program is administered in accordance with applicable AFI's, DoD Directives, DoD Instructions, and any higher headquarters guidance.

2.6.1.2. Ensures adequacy/appropriateness of facilities and personnel resources to meet program administration requirements in accordance with AFI 44-120, *Drug Abuse Testing Program*.

2.6.2. The Medical Treatment Facility (MTF), Air National Guard Medical Squadron (MDS) and Reserve Medical Unit (RMU) Commanders.

2.6.2.1. Serves as the installation OPR for the Demand Reduction Program.

2.6.2.1.1. Appoints in writing a Demand Reduction Program Manager (DRPM) who reports directly to the MTF commander or his/her designee.

2.6.3. The Demand Reduction Program Manager (DRPM).

2.6.3.1. Is responsible for all aspects of the Demand Reduction Program as stipulated in this AFI, AFI 44-120, *Drug Abuse Testing Program*, and the Air Force Civilian Drug Testing Plan.

2.6.3.2. Serves as the focal point for all base-level Demand Reduction and drug testing issues, as stipulated in AFI 44-120, *Drug Abuse Testing Program*, paragraph 4.7.4. Note: The Demand Reduction Program is a community based process requiring the active involvement of multiple base and community agencies. The DRPM is the focal point for development of a network to support the goal of a drug-free community. The DRPM is encouraged to actively participate in the base Integrated Delivery System (IDS), Community Action Information Board (CAIB), or other similarly structured community prevention coalitions. The DRPM will coordinate base demand reduction outreach and education initiatives and will work with the POCs to ensure the delivery of comprehensive programs targeted to those at greatest risk. The DRPM will work closely with the ADAPT program manager in the development of substance abuse prevention education modules targeted towards active duty personnel.

2.6.3.2.1. ANG only: IAW 44-121 the ADAPT program applies only to members activated longer than 30 days. Substance abuse prevention education for AGR members may be conducted by contracted military or civilian health care providers. Active Guard and Reserve (AGR) members may also attend any base level health promotion activities that

address illegal/illicit drug abuse that are made available to traditional ANG members.

2.6.3.3. Manages all aspects of the Demand Reduction Program budget which includes, but is not limited to: conducting and analyzing annual resource requirements, planning and submitting an annual budget as well as ensuring proper expenditure of funds.

2.6.3.4. Briefs installation/unit commanders, first sergeants and supervisors on the Demand Reduction Program and outreach activities in accordance with requirements outlined in AFI 44-120, *Drug Abuse Testing Program*, and the Air Force Civilian Drug Testing Plan.

2.6.3.5. Ensures all aspects of the Demand Reduction Program comply with established DoD and Air Force directives, instructions, and guidelines.

2.6.3.6. Provides direct oversight ensures that the Drug Testing Program Administrative Manager(s) is(are):

2.6.3.6.1. Adequately trained and competent to perform associated duties in support of the Demand Reduction Program..

2.6.3.6.2. Meet the personnel requirements as delineated in AFI 44-120.

2.6.3.7. Safeguards the sensitive medical information that testing may generate in accordance with AFI 33-332, *Air Force Privacy Act Program*.

2.6.3.8. Maintains appropriate statistical data as required by higher headquarters and all applicable DoD Directives, Instructions, and AFI's.

2.6.3.9. Maintains competency through attendance at professional conferences, seminars, correspondence or other training as appropriate. Note: Certification and/or licensure is not a required qualification for this position. Continuing education opportunities must be structured to support the critical function areas of prevention, education, and outreach.

2.6.3.10. Strictly adheres to the professional standards of conduct as specified in AF Pamphlet 40-11, *AF Civilian Standards*; DoD Directive 5500-7-R, *Joint Ethics Regulation*; AFI 36-704, *Discipline and Adverse Action*.

2.7. Civil Air Patrol (CAP).

2.7.1. CAP-USAF.

2.7.1.1. Serves as a liaison to the Civil Air Patrol. Coordinates and approves briefings by the CAP Chief, Drug Demand Reduction to DoD and other Federal agencies on the CAP Demand Reduction Program.

2.7.1.2. Provides guidance and oversight to the Civil Air Patrol Demand Reduction Program.

2.7.1.3. Reviews and approves CAP-CORP Demand Reduction Budget.

2.7.1.4. Regularly reviews program status and reprograms funds in a timely manner.

2.7.1.5. Maintains program accountability in accordance with DoD Directives and AFMOA/SGOC guidance, and AFI 65-601V1, *Budgetary Guidance and Procedures*.

2.7.1.6. All DRP funding and policy issues involving CAP must be coordinated in advance with HQ CAP-USAF.

2.7.1.7. Ensures expenditures of DRP 'fenced' funds meet all appropriate budget code limita-

tions. All resources, equipment and materials purchased with DRP funds are subject to audit.

2.7.1.8. Ensures proper coordination with finance, administrative grants, and contracting offices.

2.7.2. Civil Air Patrol National Headquarters.

2.7.2.1. Sponsors, endorses and supports Demand Reduction Activities.

2.7.2.2. Reviews annual funding, projections, cost analysis, and efficient use of funds for travel, outreach, education, and training purposes. Initiates appropriate paperwork to accomplish budgeting tasks.

2.7.2.3. Chief, Drug Demand Reduction (CAP/DOD).

2.7.2.3.1. Ensures all aspects of the Demand Reduction program comply with established DoD and Air Force directives, instructions, and guidelines. Establishes and maintains administrative files and complete records of all official DRP transactions and activities. Supervises and performs duties consistent with the Demand Reduction program.

2.7.2.3.2. Properly manages all areas of budgeting for the CAP's Demand Reduction Program, including but not limited to: conducting and analyzing annual resource requirements, planning and submitting an annual budget and ensuring proper expenditure of funds.

2.7.2.3.3. Conducts and analyzes annual program evaluations in accordance with AFMOA/SGOC guidance to identify funded and unfunded requirements.

2.7.2.3.4. Briefs DoD and Federal agencies on the Civil Air Patrol Demand Reduction program.

2.7.2.3.5. Establishes policy and procedures for Civil Air Patrol DRP as specified in Civil Air Patrol Pamphlet (CAPP) 55, *Civil Air Patrol Drug Demand Reduction Program*.

2.7.2.3.6. Develops plans, policies, goals, and objectives for DRP IAW established guidelines.

2.7.2.3.7. Community Outreach. Outreach activities are the responsibility of the Demand Reduction (DR) Program. These include all activities aimed at non-active duty populations (i.e., dependents, retirees, and school-age children) and include programs such as Red Ribbon, D.A.R.E., and Drug Education For Youth (D.E.F.Y.).

2.7.2.3.8. Develops plans and implements education and prevention activities.

2.7.2.3.8.1. Promotes CAP as a positive community service lifestyle.

2.7.2.3.8.2. Encourages youth to remain in school.

2.7.2.3.8.3. Focuses on drug abuse education, prevention and awareness.

2.7.2.3.8.4. Provides positive activities as an alternative to drugs, gangs and violence.

2.8. Air National Guard.

2.8.1. Adjutants General will designate a state program manager for the ANG Substance Abuse Program in accordance with ANGI 10-801, *National Guard Counter Drug Support*.

Section C— Community Outreach

3. Demand Reduction Program Manager (DRPM) Responsibilities.

3.1. Serves as a liaison with local, state and Federal agencies in support of outreach activities as applicable.

3.2. Coordinates demand reduction outreach activities intended to reduce the risk of drug abuse among Air Force family members, retirees, and school-age children, that may include, but are not limited to: Red Ribbon Campaign, Civil Air Patrol Outreach Programs, Drug Education For Youth (DEFY), Drug Abuse Resistance Education (DARE), Community Anti-Drug Coalitions, Military Youth and Teen Programs, Family Community Center (FCC), Community Health Fairs, Base Sponsored Community Activities, Chaplain Activities, Parent Groups, Mentoring Programs as resources permit.

3.2.1. AFRC only: Will provide activities that may include but are not limited to those activities listed in paragraph 3.2. that pertain directly to the Air Force Reserve personnel, their family members, and DoD civilian employees.

3.2.2. ANG only: Will provide, when resources permit, activities that may include, but are not limited to, those activities listed in paragraph 3.2. that pertain directly to the Air National Guard personnel, their family members, and DoD civilian employees.

Section D—Demand Reduction Outreach Activities and Use of Appropriated Funds

4. Financial Management Activities.

4.1. DRPMs prepare and submit budgets for their Demand Reduction Program as required.

4.1.1. Budgets will be prepared in accordance with applicable AFIs and guidance provided by SAF/FM [Secretary of the Air Force, Office of the Assistant Secretary (Financial Management and Comptroller)] and the Air Force Medical Operations Agency. Note: DRPMs are encouraged to consult with their local Resource Management personnel to ensure a basic understanding of the budgetary process.

4.1.1.1. Reviews annual funding, projections, cost analysis, and efficient use of funds for travel, outreach, education, and training purposes. Initiates appropriate paperwork to accomplish budgeting tasks.

4.1.1.2. Regularly reviews program status and reprograms funds in a timely manner.

4.1.1.3. Conducts and analyzes annual program evaluation in accordance with AFMOA/SGOC and/or MAJCOM guidance to identify funded and unfunded requirement.

4.1.1.4. Maintains program accountability in accordance with DoD Directives and AFMOA/SGOC and/or MAJCOM guidance to include establishing and maintaining administrative files, complete records of all official DRP transactions and activities IAW AFMAN 37-139, AFI 65-601V1.

4.1.1.5. Ensures expenditures of DRP 'fenced' funds meet all appropriate budget code limitations. All resources, equipment and materials purchased with DRP funds are subject to audit.

4.1.1.6. Ensures proper coordination with finance and contracting offices.

4.1.2. AFRC only: Coordinates with SAF/FM for budget planning and execution of the AFRC Demand Reduction Program.

4.2. DRPMs ensure proper expenditure of funds for outreach activities in strict accordance with AFI 65-601V1, *Budget Guidance and Procedures*, paragraph 4.29., Awards and Gifts. Special attention should be given to section 4L, Awards, Awards Ceremonies and Gifts.

PAUL K. CARLTON, Jr., Lt General, USAF, MC
Surgeon General

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

National Drug Control Strategy
Air Force Civilian Drug Testing Plan
AFI 36-704, Discipline and Adverse Action
AFI 33-332, Air Force Privacy Act Program
AFMAN 37-139, Records Disposition Schedule
AF Pamphlet 40-11, AF Civilian Standards
AFI 44-120, Drug Abuse Testing Program
AFI 44-121, Alcohol and Drug Abuse Prevention and Treatment
AFI 65-601V1, Budget Guidance and Procedures
CAPP-55, Civil Air Patrol Drug Demand Reduction Program
DoD Directive 5500-7-R, Joint Ethics Regulation

Abbreviations and Acronyms

ADAPT—Alcohol Drug Abuse Prevention and Treatment
AFMOA—Air Force Medical Operations Agency
AGR—Active Guard and Reserve
DEP&S—Drug Enforcement Policy and Support
DARE—Drug Awareness Resistance Education
DEFY—Drug Education For Youth
DoD—Department of Defense
DODI—Department of Defense Instruction
DODD—Department of Defense Directive
DRPM—Demand Reduction Program Manager
DTPAM—Drug Testing Program Administrative Manager
HQ USAF—Headquarters, United States Air Force
MAJCOM—Major Command
MDG—Medical Group
MTF—Medical Treatment Facility
OCR—Office of Collateral Responsibility

OPR—Office of Primary Responsibility

SAF/FM—Secretary of the Air Force, Financial Management

Terms

Demand Reduction Program Manager (DRPM)—Individual at base level who is responsible for oversight of the military and civilian drug testing programs.

Drug Testing Program Administrative Manager (DTPAM)—Individual appointed by the Director of Base Medical Services (DBMS) to administer the collection, processing and shipping of specimens and safeguarding of applicable information pertaining to the drug urinalysis program.

Illegal Drugs—Any drugs as defined in Schedule I.

Illegal/Illicit Drug Use—Misuse of legal drugs or substances (i.e., huffing glue, over-the-counter drugs, prescription medications, underage consumption of alcohol and tobacco)