

**ARMY GENERAL ADMINISTRATIVE  
INSTRUCTION**

**VOLUME 2**

**CHAPTER 64**

**ALCOHOL MISUSE**

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[D/DPS(A)/3/337/PS2(A)]

**CONTENTS**

<b>64.001 – 64.008</b>	<b>INTRODUCTION</b>
<b>64.009 – 64.010</b>	<b>DEVELOPING UNIT ALCOHOL POLICIES</b>
<b>64.011 – 64.020</b>	<b>DEALING WITH ALCOHOL MISUSE – A FOUR STAGE SYSTEM</b>
<b>64.021 – 64.024</b>	<b>IMMEDIATE ACTIONS IN CASES OF ALCOHOL MISUSE</b>

Annexes:

- A. Alcohol Misuse – A Four Stage System.
- B. Current Alcohol Misuse Communications Methods.
- C. The Early Intervention Programme (Alcohol).

**ALCOHOL MISUSE**

**INTRODUCTION**

**64.001** Responsible drinking in a social context is a well-established and recognised element of the British Army's culture of group bonding. It can contribute to successful teamwork and therefore success on operations. However, alcohol *misuse* can erode Operational Effectiveness either directly, as a result of disciplinary incidents or through individual under-performance while on duty; or indirectly, as a result of the longer-term detrimental effects on individual health and general damage to the Army's reputation.

**64.002** The purpose of an alcohol misuse policy is to reduce the attritional effects on Operational Effectiveness caused by alcohol misuse. By setting a benchmark (the Service Test)<sup>1</sup> and articulating ways with which to deal with those who fall short of it<sup>2</sup>, this policy will focus on alcohol misuse as a professional issue that breaches the Army's Values and Standards, and requires the application of informed leadership by commanders<sup>3</sup> at all levels. It assists commanders in the development of appropriate Unit Alcohol Policies and in making the judgement between the use of disciplinary or administrative powers and medical support for those who misuse alcohol. As such, it provides a framework that will enable commanding officers to make fully informed decisions about the availability of alcohol, depending on the military environment, and also provide ways in which to tackle alcohol misuse in order to maintain Operational Effectiveness.

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<sup>1</sup> "Have the actions of the individual adversely impacted or are they likely to impact on the operational effectiveness of the Army" Values and Standards of the British Army, Commanders Edition Army Code No 63813.

<sup>2</sup> Administrative Action taken as a result of this misuse should be taken in accordance with AGAI Vol 2 Ch 67.

<sup>3</sup> For the purposes of this instruction, the term commander refers to any individual with command responsibility at any level. The term commanding officer refers to the appropriate unit commander responsible for determining the unit alcohol policy.

**64.003 Alcohol Misuse – Definition.** For the purposes of this Instruction, alcohol misuse is defined as:

“A condition which may cause an individual to experience social, psychological, physical or disciplinary problems related to intoxication and/or regular excessive consumption of alcohol”.<sup>4</sup>

**64.004 Balancing Medical Intervention, Discipline and Administrative Action.** In dealing with cases of alcohol misuse commanders must use the most effective combination of measures within the disciplinary and administrative powers available. Referral to medical authorities should be considered in every case. There is no reason why medical support and other disciplinary or administrative action cannot be conducted in parallel. Commanding officers should engage with medical authorities, using the Unit Health Committee<sup>5</sup> as an appropriate medium, to ensure that within the bounds of medical confidentiality the most suitable course of action is identified for any individual who misuses alcohol. Referral for advanced medical treatment is a matter for the medical authorities.

**64.005** Notwithstanding the use of medical and welfare agencies, or administrative action to deal with those who misuse alcohol, there will be cases when the use of disciplinary powers, specifically the charge of drunkenness, will be appropriate. This will be a matter for commanders, but in general the charge of drunkenness can be expected to apply when there are significant aggravating factors to the misuse of alcohol, for example, disorderly behaviour. Further guidance can be found in the Commanders Guide to Sentencing.<sup>6</sup>

**64.006** This Instruction is in three parts:

- a. General guidance to commanding officers on the development of unit alcohol policies.
- b. Specific Instructions on the 4-stage system for dealing with alcohol misuse.
- c. Immediate Actions to be taken when individuals have misused alcohol.

**64.007 Applicability.** This AGAI applies at all times, both on and off duty, to all members of the Regular Army, and members of the Territorial Army when on duty.

**64.008 Joint Units.** Where administrative action is contemplated as a result of alcohol misuse, in a joint unit this is to be in accordance with agreed procedures for AGAI 67<sup>7</sup>.

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<sup>4</sup> DM(A) Health definition adapted from the definition of substance abuse of the Advisory Council on the Misuse of Drugs.

<sup>5</sup> LANDSO 3208 dated Aug 05.

<sup>6</sup> Army Code No 64183 Edition 00-3 (Jan 2006).

<sup>7</sup> In joint units AGAI 67 minor action can be used when the AA 1955 applies. Where major administrative action is considered, this should follow single service procedures.

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# DEVELOPING UNIT ALCOHOL POLICIES

## ALCOHOL STATES

**64.009 Alcohol States.** Commanding officers should use the Alcohol Estimate to identify relevant Alcohol States for all their personnel. These are to be promulgated in routine orders. It is envisaged that these states will, in general, be standing instructions but may be modified to allow for particular periods of training or operational activity. An alcohol state could take the form of, or be complimented by, a prescribed limit on consumption, for example, the “Two Can Rule”, although such regulations will need to be accompanied by a practical method of implementation in order to ensure compliance. The following alcohol states are to be adopted:

Alcohol State	Consumption Limit		Remarks
	At work/On Duty	Off Duty	
Dry	Nil	Nil	The requirement for no consumption of alcohol when off duty may be appropriate when individuals are required to be immediately available for duty.
Restricted	Nil	Regulated	Any off duty consumption may be regulated, for example using the “Two-Can Rule”, to ensure that personnel are available for duty at short notice.
Routine	Limited	Open	Personnel consuming alcohol during the working day should not normally be required to return to work unless it is assessed that the amount of alcohol consumed is insufficient to adversely affect performance. Off duty consumption should be limited to ensure that personnel are fit for duty when required. In most circumstances this will be the start of the next working day.

**Table 64-1 – Alcohol States**

## THE ALCOHOL ESTIMATE

**64.010 Estimate Factors.** In developing alcohol policies commanding officers should consider the following:

Factor	Considerations:
(a)	(b)
<p><b>QUESTION 1 -THE ENVIRONMENT</b></p> <p>What related issues in the unit need to be addressed?</p>	<ul style="list-style-type: none"> <li>• The prevalence of alcohol related disciplinary incidents requiring specific measures.</li> <li>• Number and location of “in-house” sources of alcohol.</li> <li>• Number and locations of civilian sources of alcohol.</li> <li>• The operational and training profile of the unit leading to the need for specific measures on the availability of alcohol.</li> </ul>
<p><b>QUESTION 2 – POLICIES AND INSTRUCTIONS</b></p> <p>What have I been told to do and what associated policies and instructions already exist?</p>	<ul style="list-style-type: none"> <li>• Current theatre or formation alcohol policy.</li> <li>• Current unit policy on the availability of alcohol in Single Living Accommodation.</li> <li>• The process for the medical referral for those who misuse alcohol.</li> <li>• Any existing unit alcohol policy statement.</li> <li>• Any existing unit alcohol awareness programme.</li> </ul>

<p><b>QUESTION 3 – MY INTENT</b></p> <p>How can I best maintain OE by minimising the impact of the misuse of alcohol?</p>	<ul style="list-style-type: none"> <li>• Do I need a broad regimental policy or can I identify groups requiring specific measures?</li> <li>• Do I need to focus a policy on regulation, awareness education or prevention?</li> </ul>
<p><b>QUESTION 4 – TOOLS</b></p> <p>How can I best achieve the effects and who do I need to involve?</p>	<ul style="list-style-type: none"> <li>• The need for detailed liaison with medical authorities.</li> <li>• Involvement of local retailers.</li> <li>• Who should present MATT 6 within the unit?</li> <li>• What local initiatives can I run?</li> </ul>
<p><b>QUESTION 5 – ADDITIONAL RESOURCES</b></p> <p>What additional resources do I require?</p>	<ul style="list-style-type: none"> <li>• Awareness: What alcohol awareness information /training is available within the unit? Do I need more?</li> <li>• Education: Is MATT 6 sufficient? Is there a need for further training (AAP)?</li> </ul>
<p><b>QUESTION 6 – TASKS</b></p> <p>What specific instructions will I need to give?</p>	<ul style="list-style-type: none"> <li>• Does the unit have a high public or media profile?</li> <li>• Is there a requirement to specify limits on alcohol consumption for specific groups or individuals?</li> <li>• Is there a requirement to issue specific guidance on the consumption of alcohol due to extreme climatic conditions?</li> <li>• What are the safety-critical tasks requiring specific alcohol measures?</li> <li>• Which Alcohol States are required?</li> </ul>
<p><b>QUESTION 7 – IMPLEMENTATION</b></p> <p>What do I need to do to ensure my plan is implemented?</p>	<ul style="list-style-type: none"> <li>• What changes to Standing Orders are required?</li> <li>• Unit Briefings.</li> <li>• Liaison with Retailers.</li> <li>• Part One Orders to detail safety-critical tasks.</li> <li>• What do I need to measure to determine the effect of my policies?</li> <li>• What events in the unit programme will require me to reassess my plan?</li> </ul>

**Table 64-2 – Alcohol Estimate Factors and Considerations**

# DEALING WITH ALCOHOL MISUSE – A FOUR STAGE SYSTEM

**64.011** Unit alcohol policies are to include a sequential Four Stage System for dealing with alcohol misuse, incorporating administrative, disciplinary and healthcare measures. A diagrammatic summary of the process is at Annex A. Throughout each of the stages it is important that a clear relationship between the discipline and healthcare aspects of policy are formalised and regulated. In doing so, commanders must be cognisant of the need to maintain the key confidentiality aspects of medical support, but should also consider responses to medical support in any assessment of the most appropriate manner to deal with an individual. The underpinning tenet of the system is the intention to deal with alcohol misuse as a professional failing in breach of the Army's Values and Standards. As such, the misuse of alcohol can be linked directly to administrative action under AGAI 67 which contains the instructions for the issue of formal warnings, and the application minor and major administrative sanctions. As in any case of the use of administrative action, it is for commanders to determine when formal action is appropriate and the most appropriate level of sanction on a case-by-case basis. In dealing with alcohol misuse, there is no automatic requirement to escalate responses within the 4 stage system, should an individual re-offend. For example it may be appropriate to award minor sanctions on a number of occasions before issuing a formal warning. Equally, it may be that for cases of serious misconduct the immediate use of major administrative action is appropriate.

## STAGE 1 - AWARENESS, EDUCATION AND PREVENTION

**64.012** Commanding Officers are responsible for ensuring that measures are in place to ensure that all personnel receive comprehensive training and education in alcohol awareness. In addition to routine and mandatory training, commanding officers should consider local education and awareness initiatives when appropriate, for example immediately preceding leave periods, and during decompression after operational tours.

**64.013** **Awareness.** The Army uses a range of alcohol awareness media which support wider Governmental and Departmental initiatives. A list of the current media available to commanders is at Annex B.

**64.014** **Education.** The majority of personnel will require no more than the routine training in alcohol misuse included in initial training and career courses including CLM, supplemented by the annual refresher training required by MATT 6. Where appropriate commanding officers and Formation Headquarters are strongly encouraged to make use of the Alcohol Awareness Presentation (AAP) which can be arranged through Garrison Headquarters. This is normally combined with a Drugs Awareness Presentation (DAP).

**64.015** **Prevention.** Unit alcohol policies should consider the following specific measures to aid the prevention of alcohol misuse:

a. **General.** The following general measures should be considered for inclusion in a unit alcohol policy:

(1) Policy on alcohol availability in Single Living Accommodation (also covered in AGAI Vol 2 Ch 53).

(2) Policy on the award of alcohol as prizes (normally prohibited).

- (3) Policy on “happy hours” in unit bars and clubs<sup>8</sup>.
- (4) Policy on the sale of alcohol during working hours in messes and unit bars and clubs.
- (5) Regulation of the number of locations at which alcohol is served.
- (6) Close supervision of bars by Officers and SNCOs.
- (7) Regulated and enforced opening hours.

b. **The Control of Social Functions.** Commanding officers should consider introducing a requirement to apply to the unit chain of command for permission to hold a social function. The application should include:

- (1) Location.
- (2) Duration.
- (3) Transport arrangements to and from the function and the following day.
- (4) Working arrangements the following day.

In addition, commanding officers should also consider: mandating the provision of reduced price or free soft drinks at social functions; banning the promotion of special offers for alcoholic drinks; and mandating that food should be served at any function exceeding a set time period.

c. **Liaison with Retailers.** Commanders at an appropriate level<sup>9</sup> should liaise with retailers to encourage them to be proactive in ensuring that they participate in the alcohol misuse prevention campaign. In barracks it is appropriate to ensure that all retailers implement policies of refusing to serve individuals who are drunk, and that duty personnel should be called for assistance if required. Commanders should also ensure that they conduct similar liaison with local civilian retailers. Where appropriate it remains legally in order for commanders to place establishments out of bounds, should they consider that the prevalence of drink-related incidents in the premises is damaging to the Army’s reputation.

## STAGE 2 - INFORMAL WARNINGS AND COUNSELLING

**64.016** Stage 2 consists of an escalating administrative response, if appropriate, linked to counselling and medical rehabilitative measures. An admission of an alcohol misuse problem may initiate an interview with a Medical Officer (MO) possibly leading to treatment. More usually, individuals who have misused alcohol will be identified by the chain of command, who following the guidance in AGAI 67, are to take the necessary action consisting of informal warnings and minor administrative action. At this stage consideration should be given to the benefits to the individual of attendance on the Early Intervention Programme (Alcohol) (EIP(A)).

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<sup>8</sup> The term “happy hour” generally refers to short term reduced price drinks offers. Commanders should not allow such promotions in unit controlled clubs.

<sup>9</sup> In large garrisons it may be appropriate for liaison to be conducted by Garrison Headquarters rather than individual units. Overseas Service Liaison Officers may be the most appropriate conduits with local establishments.  
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**64.017 The Early Intervention Programme (Alcohol) (EIP(A)).** EIP(A) is a short course intended to provide timely intervention for individuals who misuse alcohol. It is not a replacement for medical treatment, and any decision to propose sending a soldier on EIP(A) must be taken following consultation with the medical services. The primary aim of EIP(A) is to assist soldiers in resolving alcohol misuse problems before they become acute and require significant medical intervention. The course is not a rehabilitation or “drying-out” clinic. The course is available to all personnel, but focused primarily on young soldiers who may have a propensity to binge drink or are involved in minor disciplinary incidents related to alcohol. The course is voluntary, and although it will not be a disciplinary offence to refuse to attend, refusal can be taken into account when assessing the need for any subsequent administrative action<sup>10</sup>. Referral to EIP(A) can be initiated by either the medical authorities or the chain of command, but any application for attendance must be endorsed by both. Further details on the EIP(A) including the necessary application form are at Annex C. Attendance on EIP(A) is to be recorded in Personnel files.

### **STAGE 3 - FORMAL WARNINGS, TREATMENT AND MONITORING**

**64.018** Stage 3 consists of continued administrative and medical responses. This will include further medical treatment with associated monitoring of any response. In addition, and if appropriate, in parallel with medical treatment, further administrative measures in accordance with AGAI 67 may be used.

**64.019 Continuity of Care and Treatment.** Commanding officers should ensure the need for continuity of care is carefully considered should an individual who has reached Stage 3 be warned for posting. Specifically commanding officers, with appropriate advice from the Medical Officer and other welfare agencies, should assess whether a posting is in the interest of the soldier. Should a posting be considered appropriate then it is the Commanding Officer’s responsibility to ensure that any case file is passed to the receiving unit<sup>11</sup>. If a soldier is serving a Formal Warning he should not normally be posted until the warning is concluded.

### **STAGE 4 - MAJOR ADMINISTRATIVE ACTION AND ADVANCED TREATMENT**

**64.020** Stage 4 encompasses advanced treatment for alcohol misuse by AMS and where appropriate AGAI 67 major administrative action. Advanced treatment is defined as admission to hospital for an alcohol misuse related complaint, care under the supervision of Departments of Community Mental Health or attendance on a rehabilitation programme provided by an Independent Service Provider. Major administrative action may ultimately lead to discharge. Similarly Stage 4 medical treatment may result in medical discharge though its aim is to facilitate a return to duty or medical discharge.

### **CONTINUITY OF CARE/TREATMENT**

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<sup>10</sup> In isolation, refusal to attend EIP(A) cannot be used as the basis for administrative action, but it is appropriate to consider refusal to attend as a factor when having been offered attendance at EIP(A), a soldier is then involved in a further alcohol related incidents.

<sup>11</sup> A case file may include any information held within the personal record of the individual concerned. It should not include any medical in confidence information, which should be passed through medical chains.



# IMMEDIATE ACTIONS IN CASES OF ALCOHOL MISUSE

## ON DUTY/ IN WORK

**64.021 Overriding Principle.** Notwithstanding any specific provisions outlined below the overriding principle on the misuse of alcohol is that any individual whose performance is assessed to be adversely affected as a result of either the direct effect of the presence of alcohol in the bloodstream, or the after effects of excessive alcohol consumption may be subject to disciplinary or administrative action.

**64.022 Safety Critical Tasks.** Specifically when any individual who is assessed to be suffering from the direct or indirect effects of the misuse of alcohol, to an extent that he is judged to be a danger to himself or others is to be removed from any safety-critical duties. The individual is not be returned to duty until the Commanding Officer or his representative is satisfied that the individual is free from the effects of alcohol and fully fit to conduct a safety critical duty. Commanding Officers are to publish a list of safety critical tasks applicable to their units within the guidelines outlined below. Legal advisors, PS2(A) and CESO (Army) should be consulted in cases of doubt.

Activity	Supplementary Notes
All designated Duty personnel.	Duty personnel as defined on Part 1 Orders.
Handling live or blank ammunition and pyrotechnics and supervision of such activities.	Personnel nominated in Unit Orders and Instructions.
Handling POL and associated supervisory activity.	Personnel nominated in Unit Orders and Instructions.
Driving, commanding or marshalling vehicles, aircraft or Army maritime vessels including supervision and instruction of such activities.	This will include the movement of vehicles around barracks and garages.
Vehicle and equipment maintenance and associated supervisory activities.	This will include routine vehicle maintenance in vehicle garages, for example first parade servicing, as well as scheduled maintenance periods such as servicing and inspections.
Entering any area identified as hazardous in the Unit SHEF Plan.	For example LADs and kitchen areas. Unit safety officers should assist in identifying these areas.
Supervising or leading Adventurous Training activities.	
Any additional activity designated as hazardous by the unit commander.	For example diving, mast rigging etc.

**Table 64-3 – Safety-Critical Task Guidelines**

## OFF DUTY

**64.023** The Army’s duty of care to personnel who misuse alcohol extends beyond working hours. This cannot and should not be all encompassing and must be set against the backdrop of allowing individuals to live their own lives whenever possible. However there will be occasions where individuals who have misused alcohol off-duty, come to the attention of the chain of command (normally duty personnel). In such circumstances the Army must take all reasonable steps to ensure the welfare of the individual concerned.

**64.024 Immediate Intervention.** Where individuals represent a danger to themselves or others through the effects of excessive alcohol consumption, it is the responsibility of the Army to intervene. Unit Standing Orders should contain clear guidance on dealing with such cases. In general immediate intervention will be required in the following circumstances:

a. **Drunk and Disorderly.** Where an individual's behaviour is assessed as disorderly as a result of the consumption of excessive alcohol, this should be treated as a disciplinary offence, and if necessary the civilian or Service police should be called. In exceptional circumstances where the circumstances justify it an individual may be charged with drunkenness and retained in post charge custody subject to appropriate authorisation<sup>12</sup>. Pre charge custody would not normally be appropriate in view of the nature of the offence.

b. **Danger of Harm.** Where an individual is assessed as likely to be in danger as a result of excessive alcohol consumption, Unit Standing Orders are to give clear guidance to all personnel on the action to be taken. These are to require that duty personnel are informed as soon as possible. Once informed, appropriate medical authorities are to be notified and their instructions regarding appropriate care are to be followed. In every case a responsible individual is to be nominated to supervise and check the individual under the influence of alcohol. The individual is to be checked every 15 minutes and roused every 30 minutes<sup>13</sup>. These checks are to continue until the duty personnel are satisfied that no further danger exists. Any supervision of individuals under the influence of alcohol should be conducted by duty personnel. This may mean that the individual is required to remain in the duty location, for example a guard room. It is legally in order to order an individual who is judged to be sufficiently under the influence of alcohol as to be a potential danger to himself or others to remain in the duty location, and refusal to comply with such is an offence, which could constitute an exceptional circumstance as outlined in sub paragraph a above.

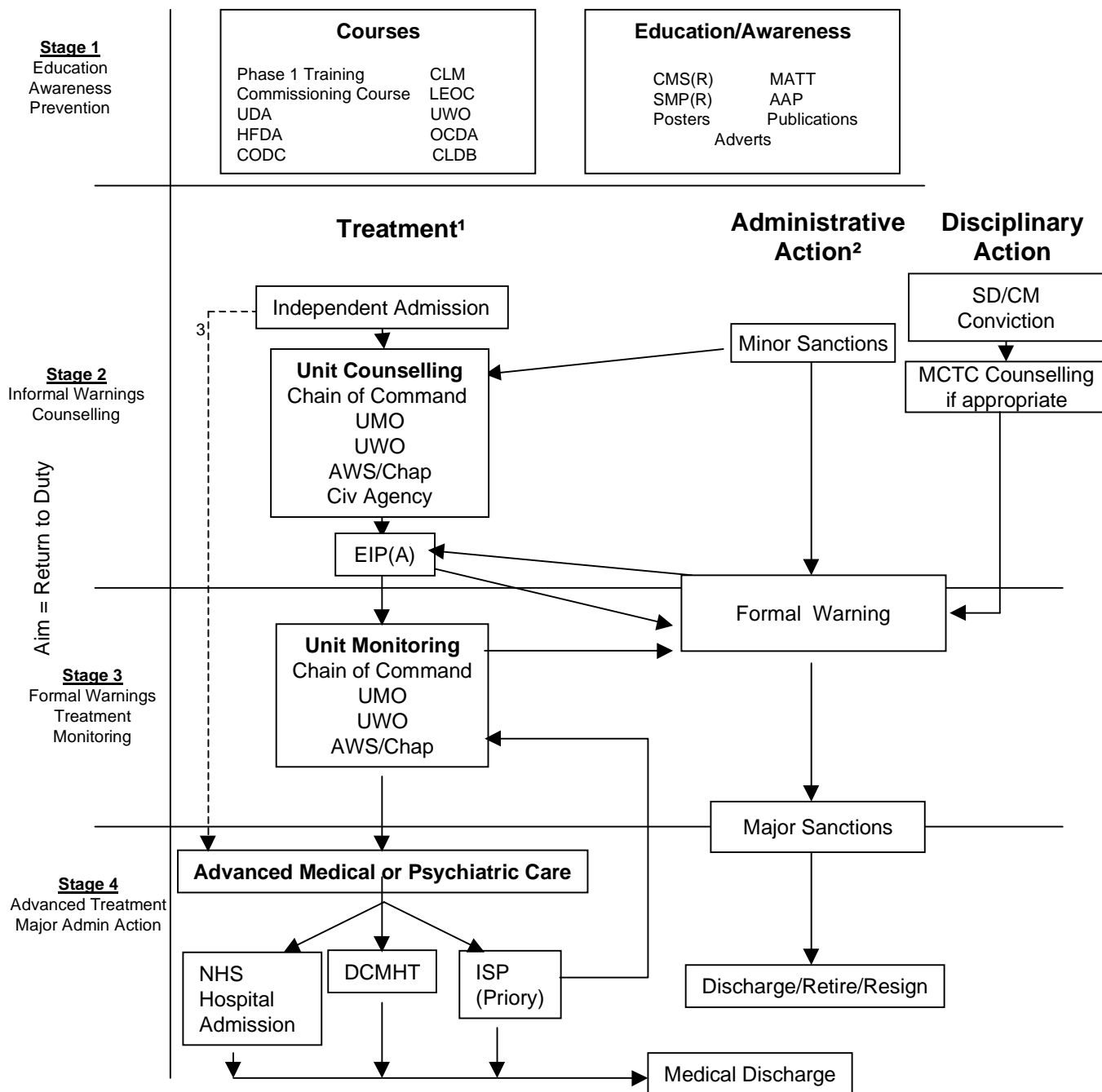
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<sup>12</sup> Custody and Summary Dealing Regulations (Army) outline the circumstances under which post-charge custody may be authorised.

<sup>13</sup> JSP 469 (draft) refers.  
Issue Ver 1.0 dated 1 May 06

**ALCOHOL MISUSE POLICY - A FOUR STAGE SYSTEM**

An individual who responds successfully to treatment or administrative action should be returned to an appropriate earlier stage (not shown in the diagram)



Notes:

1. Every case should be considered on its own merits. The suggested framework does not preclude the flexibility to 'jump' stages, for instance a UMO may immediately recommend Stage 4 treatment.
2. Cases will be considered individually by unit chain of command. The suggested framework does not preclude flexibility to impose the most suitable administrative action.
3. In some cases immediate referral for advanced treatment may be appropriate.

**CURRENT ALCOHOL AWARENESS COMMUNICATIONS METHODS**

Ser (a)	Code (b)	Item (c)	Title (d)	Description (e)
1.	TP 0044	Training Pack	Substance Misuse - Alcohol and Drugs Owned by ITG	Training pack for all phase one recruits, delivered by training staff in ATR/AFC/ITC. Latest edition Apr 04. To be replaced by the Substance Misuse Presentation (Recruits) SMP(R).
2.	TP 0048	Training Pack	MATT 6 – Values and Standards	Includes mandatory training in substance misuse.(drugs and alcohol).
3.	AC 63974	Booklet	Alcohol and Drug Misuse - Commander's Guide	A publication distributed in Jul 02 aimed at commanders at all levels.
4.	AC 64243	Booklet	Alcohol and Drugs - The Facts	A publication aimed at soldiers, for individual issue. It has been distributed to all trained soldiers, recruits at Phase 1 Trg and to those whose Phase 2 Trg is longer than 6 months. Amended Feb 05.
5.	N/A	Presentation	Alcohol Awareness Presentation	The aim of the presentation is to educate soldiers of all ranks about the consequences of alcohol misuse. The presentations began in Sep 03 and are being delivered by a substance misuse social scientist, a former soldier and an alcohol worker.
6.	N/A	Spike Card	Combined Drugs and Alcohol Spike Cards	Credit card sized card to be issued to all soldier, which combines messages on drugs and alcohol awareness.
7.	N/A	Posters	Various	A series of 4 posters were produced in 03 and delivered to the chain of command and used in military brochures. A new series of posters have been designed and are now used in the same way (from Dec 04). All units should receive packs from DSDC(L).

## **EARLY INTERVENTION PROGRAMME (ALCOHOL) (EIP(A))**

### **INTRODUCTION**

1. As part of the continuing development of the Armed Forces Alcohol Policy, a trial is being run of an early intervention programme for those soldiers whose behaviour is being affected by alcohol misuse. The EIP for alcohol misuse will balance the Army's administrative action response to alcohol misuse by providing early practical intervention for misusers and also timely counselling for those who admit to a problem without having undergone disciplinary action.

2. The trial EIP(A) will begin in Aug 06. Two courses will be run each year taking a maximum of 20 candidates each. Each course will be run over 4 days and as such does not offer rehabilitation for serious physical dependence on alcohol but aims by education, analysis and counselling to give individuals time, space and knowledge to change their attitude to alcohol within their Armed Forces employment. The course will be run by a civilian substance misuse education company.

### **ELIGIBILITY**

3. The eligibility criteria for attendance on EIP(A) is:

- a. CO's recommendation.
- b. The soldier must be a volunteer.
- c. Certificate of Fitness To Attend the course from the MO.
- d. No previous professional assistance for serious alcohol misuse<sup>1</sup>.

4. PS2(A) require a statement with background information as to why the soldier is recommended to attend which is to be signed by the CO. Conduct sheets and other relevant information which will assist PS2(A) in determining eligibility to attend the course should be included. The final decision on eligibility will be made by Col PS2(A).

### **COURSE OUTLINE**

5. The main components of the EIP(A) course will be:

- a. **Assessment.** Psychologists and counsellors in alcohol misuse will provide an assessment of each individual attending the course.
- b. **Substance Misuse Education.** Substance misuse education is the key element of the course, including elements of the Alcohol Awareness presentation currently available Army-wide.

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1. Personnel with serious physical dependency on alcohol are to be referred to the AMS.  
Issue Ver 1.0 dated 1 May 06

c. **Cognitive Behavioural Training (CBT).** As part of the intervention and educational process, aspects of CBT are used during the course by specialist staff. The aim is to explore attitudes and behaviour and offers appropriate ways forward for each individual to remedy any weaknesses he/she acknowledges.

d. **Physical Training.** Physical training is focussed on team building, commitment and motivation.

## **EIP(A) NOMINATION FORMS**

6. Application forms for attendance on EIP(A) are at Appendix 1.

**ATTENDANCE ON EIP(A) COURSE**

To: From:

**Col PS2(A)**  
**Personal Services 2 (Army)**  
**Trenchard Lines**  
**Upavon**  
**Pewsey**  
**Wiltshire SN9 6BE**

**CO's STATEMENT**

I recommend the attendance on the next available EIP(A) course of  
.....(No/Rank/Initials/Name)

The soldier is/is not currently subject to a Formal warning (AGAI 67 para 67.027 refers)

A short statement regarding the circumstances leading to this recommendation is attached, together with copies of conduct sheets and details of any alcohol related administrative action taken against the soldier.

Date ..... CO's Signature .....

**SOLDIER's DECLARATION**

I confirm that I am willing to attend and participate fully in the next available EIP(A) course.

I understand that my attendance and performance on the course will be a consideration should any administrative or disciplinary action be taken against me in the future.

No/Rank/Initials/Name (Block Capitals) .....

Unit .....

Date ..... Signature .....

**MEDICAL OFFICER's STATEMENT**

I hereby support the attendance on the EIP(A) programme of  
.....(No/Rank/Initials/Name)

Rank/Initials/Name (Block Capitals) .....

Unit .....

Date ..... Signature .....

Contact Number .....