commander is to be closely affiliated with and participating in the rehabilitation effort throughout the year.

The Army knew, of course, that chaplains were actively involved in the area of substance-abuse treatment even before the Presidential Directive, Public Law 92-129, or the DoD Directive (1300.11) which resulted in the establishment of the ADAPCP. In Viet Nam and Europe chaplains centered their concern on drugs other than alcohol. Marijuana, hashish, barbiturates, amphetamines, and heroin demanded most of their attention. In the United States they began to concentrate on alcohol abuse among returning Viet Nam veterans and other personnel. And in Korea they became involved in both aspects of the problem as it affected service personnel. It was because of this background, which resulted in valuable experience and knowledge, that chaplains were regularly included as an active part of the staff when the response to chemical dependency became institutionalized.

With the development of the ADAPCP, Prevention and Control Teams were the initial concept of organization. The chaplain, along with medical and other personnel, participated in the educational and rehabilitation efforts of the program. Later, as data developed, experiences broadened, and lessons were learned, the Army began to employ civilian rehabilitation counselors within the United States who were supplemented by appropriate military personnel. Now, as the program has evolved, only a very few chaplains are officially associated on a full-time basis with the ADAPCP staff.

The responsibilities of those few chaplains are spelled out in paragraph 1–12g, Army Regulation 600–85, Alcohol and Drug Abuse Prevention and Control Program (1 September 1976):

The ADAPCP Chaplain will:
- Be assigned duties within the ADAPCP staff consistent with his primary role as a minister of religion;
- Serve as the advisor to the ADAPCP staff on spiritual and religious concerns;
- Participate in individual group counseling and talk sessions and, if properly trained, serve as group leader;
- Plan and present, in coordination with the Education Coordinator, training and preventive education programs;
- Maintain liaison and coordination with the installation chaplain and assist in the education and training of chaplains and in the development and presentation of programs which support the ADAPCP effort;
- Advise on the ethical implications of the ADAPCP plans and policies;
- Coordinate the use of installation chaplains in support of rehabilitation facilities and referral agencies;
- Support the client and the ADAPCP staff through his right of privileged communication.

Recognizing that the right of privileged communications comes