



PERSONNEL AND  
READINESS

**UNDER SECRETARY OF DEFENSE**  
4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

SEP 14 2020

The Honorable James M. Inhofe  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

The Department's final response to House Report 116-120, pages 167-168, accompanying H.R. 2500, the National Defense Authorization Act for Fiscal Year 2020, on Unhealthy Alcohol Use, is enclosed.

The report describes the Department- and Service-level efforts to address unhealthy alcohol use and standardize prevention activities in clinical and non-clinical settings. In recognition of the value, strategic importance, and need to advance efforts that reduce and prevent alcohol misuse, the Department of Defense (DoD) introduced a robust set of policies, deterrence programs, and media campaigns, alongside screening, assessment, training, and education initiatives. The DoD remains committed to exploring new methods and opportunities to address this serious and complex problem.

Thank you for your strong support of the health and well-being of our Service members, veterans, and their families. An identical letter is being sent to the Chairman of the House Committee on Armed Services.

Sincerely,

A handwritten signature in black ink, reading "Matthew P. Donovan", is positioned below the "Sincerely," text.

Matthew P. Donovan

Enclosure:  
As stated



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SEP 14 2020

The Honorable Jack Reed  
Ranking Member  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Senator Reed:

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**SEP 14 2020**

The Honorable Adam Smith  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

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UNDER SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-4000

PERSONNEL AND  
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SEP 14 2020

The Honorable William M. "Mac" Thornberry  
Ranking Member  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

Dear Representative Thornberry:

The Department's final response to House Report 116-120, pages 167-168, accompanying H.R. 2500, the National Defense Authorization Act for Fiscal Year 2020, on Unhealthy Alcohol Use, is enclosed.

The report describes the Department- and Service-level efforts to address unhealthy alcohol use and standardize prevention activities in clinical and non-clinical settings. In recognition of the value, strategic importance, and need to advance efforts that reduce and prevent alcohol misuse, the Department of Defense (DoD) introduced a robust set of policies, deterrence programs, and media campaigns, alongside screening, assessment, training, and education initiatives. The DoD remains committed to exploring new methods and opportunities to address this serious and complex problem.

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# Report to Committee on Armed Services of the House of Representatives



## Unhealthy Alcohol Use Report

**September 2020**

**In Response To:** House Report 116–120, pages 167–168, accompanying H.R. 2500, the National Defense Authorization Act for Fiscal Year 2020

The estimated cost of this report for the Department of Defense (DoD) is approximately \$32,100.00 for Fiscal Year 2020. This includes \$100.00 in expenses and \$32,000.00 in DoD labor.

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## INTRODUCTION

This report is in response to the request in House Report 116–120, pages 167–168, accompanying H.R. 2500, the National Defense Authorization Act for Fiscal Year (FY) 2020, on Unhealthy Alcohol Use. Based on the *2015 Department of Defense Health Related Behaviors Survey (HRBS)* results published in 2018, the House Armed Services Committee is concerned that harmful alcohol use persists among active duty personnel, and that trends have remained unchanged for years. The committee also underscored the association between alcohol abuse, alcohol-related misconduct, and family problems. Reporting requests include the: 1) current Department-wide and Service efforts to decrease the deleterious effects of alcohol on active duty personnel; 2) implementation of current, effective, evidence- and population-based interventions to curb harmful alcohol use; 3) incidence rate of sexual assaults and domestic violence involving alcohol-related events; 4) feasibility of efforts taken to streamline the effective evidence-based alcohol abuse prevention programs employed by the Services so that common elements are more standardized and jointly managed; and 5) feasibility of adapting a National Institute of Alcohol and Alcohol Abuse (NIAAA)-endorsed, effective web-based intervention developed by academia for the collegiate population to prevent and reduce harmful alcohol consumption, for a similarly aged military cohort pilot study. The House Armed Service Committee requested that the Secretary of Defense submit the report by January 1, 2020; the Department of Defense (DoD) submitted an interim report on November 8, 2019 which extended this date to September 30, 2020.

## BACKGROUND

Herein, the term “unhealthy alcohol use” describes a spectrum of drinking behaviors including binge drinking (five or more drinks on one occasion once during the past 30 days); heavy drinking (five or more drinks on five or more days the past month); and hazardous or disordered drinking (determined by a score on a test or measure). Regardless of the specific behavior described, unhealthy alcohol use is associated with various degrees of risk to health and—in the case of active duty Service members (ADSMs)—readiness and force lethality.

For over 40 years, the DoD has conducted the HRBS of Service members to assess the scope of unhealthy alcohol use; provide an opportunity for comparisons to prior-year survey administrations; and, in some instances, allow for comparisons with community samples. For example, the 2015 HRBS binge-drinking estimate for Service members (30 percent)<sup>1</sup> was markedly lower than the 2008 estimate (47 percent),<sup>2</sup> and 21 percent higher than the 2014

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<sup>1</sup> Meadows, Sarah O., Charles C. Engel, Rebecca L. Collins, Robin L. Beckman, Matthew Cefalu, Jennifer Hawes-Dawson, Molly Waymouth, Amii M. Kress, Lisa Sontag-Padilla, Rajeev Ramchand, and Kayla M. Williams. *2015 Department of Defense Health Related Behaviors Survey (HRBS)*. Santa Monica: RAND Corporation, 2018. <https://doi.org/10.7249/RR1695>. Also available in print form.

<sup>2</sup> Bray, Robert M., Michael R. Pemberton, Laurel L. Hourani, Michael Witt, Kristine L. Rae Olmstead, Janice M. Brown, Belinda Weimer, Marian E. Lane, Mary Ellen Marsden, Scott Scheffler, et al. *2008 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel*. Research Triangle Park: RTI International, 2009. <https://apps.dtic.mil/docs/citations/ADA527178>.



estimate for the general U.S. population (24.7 percent).<sup>3</sup> The 2015 HRBS administration introduced the three-item Alcohol Use Disorders Identification Test-Consumption (AUDIT-C). This allowed for the first estimate of hazardous drinking, estimated to be 35.3 percent.<sup>4</sup>

Hazardous and binge drinking estimates are significant public health concerns. Unhealthy alcohol use is causally related to numerous health problems (e.g., liver cirrhosis, cancer) and injuries (e.g., automobile accidents, self-harm),<sup>5</sup> and is the fourth leading cause of preventable death in the United States.<sup>6</sup> Unaddressed unhealthy alcohol use may progress into an alcohol use disorder (AUD): a serious, complex, and chronic brain-based illness that adversely affects individuals, families, and communities, and is detrimental to readiness and force lethality.<sup>7</sup>

AUD is among the most common psychological health problems experienced by American adults, with an estimated lifetime prevalence of 29.1 percent.<sup>8</sup> In the military, AUD has the potential for devastating and long-term consequences when unrecognized or untreated. To minimize the negative consequences of alcohol misuse among ADSMs, the DoD manages several foundational efforts (i.e., policies, deterrence activities, and media campaigns) and prevention interventions (i.e., screening and assessment, training, education, and prevention intervention programs).

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<sup>3</sup> Center for Behavioral Health Statistics and Quality. *National Survey on Drug Use and Health, 2013 and 2014*. Rockville: Substance Abuse and Mental Health Services Administration, 2015.

<https://www.datafiles.samhsa.gov/study-series/national-survey-drug-use-and-health-nsduh-nid13517>.

<sup>4</sup> Like all research, the 2015 HRBS had limitations. First, this administration received a very low (eight percent) response rate and could lead to response bias among those sampled, since low rates do increase likelihood that non-responders were in some way qualitatively different from responders. Second, the survey is self-administered and reported, requiring honest responses. Third, the alcohol use measures do not reflect medical criteria and cannot be used to make diagnoses. Fourth, although several important sampling strata were available to researchers for constructing post stratification weights (i.e., age, race, education level, marital status), others were not available; this could also bias the generated estimates.

<sup>5</sup> World Health Organization. *Global Status Report on Alcohol and Health 2018*. World Health Organization, 2018. <https://www.who.int/publications-detail/global-status-report-on-alcohol-and-health-2018>.

<sup>6</sup> Gonzales, Katherine, Jim Roeber, Dafna Kanny, Annie Tran, Cathy Saiki, Hal Johnson, Kristin Yeoman, Tom Safraneck, Kathleen Creppage, Alicia Lepp, et al. "Alcohol-Attributable Deaths and Years of Potential Life Lost—11 States, 2006–2010." *Morbidity and Mortality Weekly Report* 63, no.10 (March 2014): 213–16. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6310a2.htm>.

<sup>7</sup> The Management of Substance Use Disorders Work Group. *VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders*. Version 3.0. Washington, D.C.: U. S. Department of Veterans Affairs, 2015. <https://www.healthquality.va.gov/guidelines/MH/sud/VADoDSUDCPGRevised22216.pdf>.

<sup>8</sup> Grant, Bridget F., Risé B. Goldstein, Tulshi D.Saha, S. Patricia Chou, Jeessun Jung, Haitao Zhang, Roger P. Pickering, W. June Ruan, Sharon M. Smith, Boji Huang, and Deborah S. Hasin. "Epidemiology of DSM-5 Alcohol Use Disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions III." *Journal of the American Medical Association Psychiatry* 72, no. 8 (Aug 2015): 757–66. doi:10.1001/jamapsychiatry.2015.0584.



## RESPONSES TO REPORT ELEMENTS

### **I. Current Department-wide and Service efforts to decrease the deleterious effects of alcohol on active duty personnel**

Current DoD and Military Services support efforts to enable impactful change in the potential or manifest effects of unhealthy alcohol use can be best described as falling into three key areas: establishment of policies, deterrence programs, and media campaigns. Aligning with the President's 2020 Office of National Drug Control Strategy,<sup>9</sup> a fundamental premise of these efforts is to focus on prevention—stopping unhealthy alcohol use before it starts, reducing severity, delaying onset, and decreasing the number of people affected by unhealthy alcohol use. The DoD and Services use a public health prevention model to organize these efforts that addresses universal, selective, and indicated levels of prevention. Universal efforts reach the entire ADSM population; selective efforts reach a sub-group of ADSMs at greater risk; and indicated efforts reach ADSMs identified with potentially problematic alcohol use.<sup>10</sup>

#### **INCORPORATION OF PREVENTION IN POLICY**

DoD and Military Service policies support prevention of unhealthy alcohol use, and identification and treatment of ADSMs with alcohol use problems (Attachment 1). As noted in Attachment 1, a policy analysis found that slightly more than half (n=18) of the reviewed policy documents contained guidance on implementing prevention strategies at multiple levels to address unhealthy alcohol use. These findings suggest that DoD- and Service-level prevention policies and guidance reflect and represent established national prevention standards.<sup>9</sup>

#### **DOD POLICY**

The overarching DoD policy directing Military Service requirements is DoD Instruction (DoDI) 1010.04, "Problematic Substance Use by DoD Personnel," February 20, 2014, as amended. DoDI 1010.04:

- Establishes policies, assigns responsibilities, and prescribes procedures for problematic alcohol and drug use prevention, identification, diagnosis, and treatment for DoD military and civilian personnel;
- Describes the relationship between the DoD and the Department of Veterans Affairs (VA) with regard to drug and alcohol use treatment; and
- Describes 10 policy aims, including to "*ensure regular and systematic medical screening for at-risk substance use,*" and "*promote technological approaches to evidence-based screening and interventions for substance use-related concerns*" (emphasis added).

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<sup>9</sup> Office of National Drug Control Policy. *National Drug Control Strategy*. Washington, D.C.: Executive Office of the President of the United States, 2020. <https://www.whitehouse.gov/wp-content/uploads/2020/02/2020-NDCS.pdf>.

<sup>10</sup> Committee on Prevention, Diagnosis, Treatment, and Management of Substance Use Disorders in the U.S. Armed Forces, Board on the Health of Select Populations, Institute of Medicine. *Substance Use Disorders in the U.S. Armed Forces*. Washington, D.C.: National Academies Press (U.S.), 2013. <https://www.ncbi.nlm.nih.gov/books/NBK207280/>.

Although DoDI 1010.04 establishes requirements across the DoD enterprise for management of problematic substance use, it allows the Military Services to use targeted approaches and interventions specific to the needs of their respective readiness missions and personnel, provided these efforts are within the parameters and mandates established by DoD policy.

#### **DOD POLICY OVERSIGHT**

Given the complexity of substance misuse management, the DoD recognized the need for a senior level executive support committee to study and implement various standards, examine emergent trends, and organize innovative approaches to change. Consequently, the Department chartered the Addictive Substance Misuse Advisory Committee (ASMAC)<sup>11</sup> on December 24, 2013 in accordance with section 1090, chapter 55 of title 10, United States Code (U.S.C.), “Identifying and Treating Drug and Alcohol Dependence,” and title 32 Code of Federal Regulations (CFR) Part 85, “Health Promotion.”<sup>12</sup> The ASMAC, referenced in DoDI 1010.04, continues to serve as the Department’s central coordinating body for substance use policy and program outcomes.

The ASMAC Substance Misuse Subcommittee implements an alcohol misuse prevention program coordinated across the Military Services to assure consistency between Service-level population and program metrics, screening tools, referral pathways, and interventions. Uniformity in these important areas across Service-level platforms enhances identification of ADSMs with unhealthy alcohol use and facilitates care coordination, treatment, and recovery in an increasingly joint medical services environment.

#### **MILITARY SERVICE POLICY**

As noted above, the Military Services develop their respective substance abuse policies that emphasize universal screening and prevention programs (Attachment 1). The following examples illustrate the scope of these policies:

**Army.** Army Directive (DIR) 2019-12, “Policy for Voluntary Alcohol-Related Mental Behavioral Healthcare,” March 25, 2019 establishes policy that enables Soldiers to receive help for self-identified problems before they result in adverse events, such as mandatory enrollment in substance abuse treatment programs, deployment restrictions, command notifications, or potential negative career impacts. This policy seeks to avoid the stigma often associated with help-seeking and treatment for alcohol misuse. It promotes early identification and engagement in care through evidence-based approaches, such as Screening Brief Intervention and Referral to Treatment.

**Navy and Marine Corps.** The Navy and Marine Corps policy, Secretary of the Navy Instruction (SECNAVINST) 5300.28F, “Military Substance Abuse Prevention and Control,” April 23, 2019 establishes policies, procedures, and responsibilities for the prevention and control of substance misuse and abuse, and incidents of impaired driving. It also directs

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<sup>11</sup> The ASMAC is a standing advisory committee to the Medical Personnel Executive Steering Committee, which reports to the Under Secretary of Defense for Personnel and Readiness as needed. Voting membership is comprised of DoD senior leadership and representatives from the Services, Defense Health Agency, Military Department Assistant Secretaries for Manpower and Reserve Affairs, and the U.S. Coast Guard, Office of Health.

<sup>12</sup> The ASMAC Charter was renewed on December 13, 2016, and is currently under revision for re-renewal.

commands to offer relevant education, prevention, and outreach programs proactively to deter substance abuse and misuse, and engage with Naval Criminal Investigative Services for briefings and education training. Similarly, Office of the Chief of Naval Operations Instruction (OPNAVINST) 5350.4D, “Navy Alcohol and Drug Abuse Prevention and Control,” June 4, 2009 establishes policies and assigns responsibilities for comprehensive alcohol abuse prevention, including policy and procedures for all active duty and Navy Reserve officers and enlisted members. Marine Corps policy, Marine Corps Order (MCO) 1700.22G, “Alcoholic Beverage Control in the Marine Corps,” November 16, 2015 requires Marine Corps installations to balance alcoholic beverage sales during recreational activities with non-alcoholic beverage sales to support healthy lifestyles for Marines, attached Sailors, their families and friends. Additionally, this policy restricts hours for on-base alcohol sales and limits quantities of alcohol allowed in base housing.

**Air Force.** Air Force Instruction (AFI) 44-121, “Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program,” July 18, 2018, provides guidance for the identification, treatment, and management of personnel with substance use disorders, and describes Air Force policy regarding alcohol, prescription drug, and illicit drug misuse. AFI 44-121 applies to all active duty U.S. Air Force members, and members of the U.S. Air Force Reserve Command and Air National Guard whenever eligible for DoD medical services.

#### DETERRENCE PROGRAMS

Deterrence programs curb unhealthy alcohol use among ADSMs by imposing consequences. Many of these efforts intend to enforce the minimum legal drinking age laws, which is an evidence-based prevention strategy.<sup>13</sup> DoD and Military Service deterrence efforts are listed and described in the annual Report to Congress from the Interagency Coordinating Committee on the Prevention of Underage Drinking.<sup>14</sup>

In accordance with drug deterrence and demand reduction policies and programs, other deterrence efforts involve random screening (including the use of breathalyzer screenings on installations by security forces). For example:

- The Army Rehabilitation Testing and Medical Drug Screening program aims to support Soldiers in substance abuse treatment and to better characterize patterns of substance use, recurrent use, and relapse.
- The Department of the Navy uses routine breathalyzer testing for alcohol use during non-medical counseling services.
- The Marine Corps Alcohol Screening Program requires on-duty Marines to undergo monthly random breathalyzer testing in conjunction with monthly random urinalysis

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<sup>13</sup> Community Preventive Services Task Force. *Guide to Community Preventive Services. Alcohol – Excessive Consumption: Enhanced Enforcement of Laws Prohibiting Sales to Minors.* <https://www.thecommunityguide.org/sites/default/files/assets/Alcohol-Laws-Prohibiting-Sales-to-Minors.pdf>. Document last updated September 24, 2013. Page accessed March 05, 2020.

<sup>14</sup> Substance Abuse and Mental Health Services Administration. *Report to Congress on the Prevention and Reduction of Underage Drinking.* Washington, D.C.: U.S. Department of Health and Human Services, 2018. [https://www.stopalcoholabuse.gov/media/ReportToCongress/2018/report\\_main/stop\\_act\\_rtc.pdf](https://www.stopalcoholabuse.gov/media/ReportToCongress/2018/report_main/stop_act_rtc.pdf).



testing. Per MCO 5300.17A, the unit urinalysis testing program ensures at least 10 percent of the command's personnel are tested monthly at random. Marines identified for random monthly urinalysis testing also participate in the alcohol screenings.

- The Air Force Alcohol and Drug Abuse Prevention and Treatment program includes guidance on deterrence efforts conducted by security forces and the Drug Demand Reduction Program, and on toxicology testing.

#### **MEDIA CAMPAIGNS**

Media campaigns often target drinking choices with the underlying premise that these choices are supported, mitigated, or ignored by an individual's family, unit, or command. The *Own Your Limits* program is a DoD-wide media campaign that promotes and encourages responsible drinking among ADSMs. Focused exclusively on alcohol use, this recently deployed program contains dynamic, credible, and evidence-based messages grounded in alcohol use reduction research. The program is currently undergoing an impact evaluation and represents an example of how the Department leverages technology in delivering preventive messaging to ADSMs. The Marine Corps *101 Days of Summer* initiative is another example of a media campaign. This effort is a collaboration between the Marine Corps Substance Abuse Program and Safety Divisions, which encourage unit competitions and events that focus on promoting responsible alcohol use within the military.

#### **Discussion**

Considered together, these Department-wide and Service-specific policies, deterrence initiatives, and media campaigns represent the breadth, depth, and multifaceted nature of the military's efforts to address unhealthy alcohol use through a comprehensive approach. They inform universal, selective, and identified levels of prevention. Specific measures of effectiveness for these approaches, where available, are cited in Section II, below. The more general and critical aspects of the policies relevant to this element include:

- Articulation of screening and assessments for unhealthy alcohol use.
- Recommended measures to use in screening ADSMs for unhealthy alcohol use.
- Policy and procedures for offering brief prevention interventions.
- Mandated treatments and emergent voluntary service-seeking focus to expand access to prevention interventions.
- Guidelines for deterrence efforts and media campaigns that align with environmental approaches to change.

## **II. Implementation of current, effective, evidence- and population-based interventions to curb harmful alcohol use**



Each Military Service has its own policies that align with requirements of the DoD overarching policy to implement current, effective, evidence- and population-based prevention interventions to curb harmful alcohol use. The two main intervention strategies are 1) screening and assessment efforts, and 2) prevention programs.

#### SCREENING AND ASSESSMENT EFFORTS

The NIAAA and the U.S. Preventive Services Task Force recommend that primary care clinicians screen all adults for problematic alcohol use through validated instruments, and offer brief interventions for those identified as being at risk.<sup>15,16</sup> The DoD, within primary care clinics, has gone well beyond this recommendation by assuring that screening with validated instruments also occurs for selective groups potentially at risk, such as those deploying, those in deployment, and those returning from deployment. The Periodic Health Assessment (PHA) includes validated alcohol misuse screening items. Deploying ADSMs complete the Deployment Health Assessment, as well as three Deployment Related Health Assessments (DRHA) that include two additional deployment mental health assessments as part of the DoD DRHA requirement. Of note, these must be completed in-person at least once every three years. The Military Services also conduct additional screenings in non-primary care settings. For example, the Marine Corps uses screening across non-medical services, such as the Community Counseling Program and the Family Advocacy Program (FAP), to determine need for medical or substance abuse referrals.

The DoD and each Military Service promote mission readiness by enabling early identification of unhealthy alcohol use through screening and assessment. All Military Services use the same standardized, evidence-based, and validated instrument, the AUDIT-C.<sup>17</sup> This three-item alcohol screening tool can help identify persons who exhibit unhealthy use or hazardous drinking.

Further standardizing operations, a variety of healthcare documentation platforms embed AUDIT-C items, including the Behavioral Health Data Portal (per Defense Health Agency- Procedural Instruction (DHA-PI) 6490.02, “Behavioral Health (BH) Treatment and Outcomes Monitoring,” July 12, 2018); the electronic PHA screening tool; and data-mineable fields in the electronic health record. A counseling intervention is conducted if an individual’s risk of alcohol misuse (as indicated by his or her AUDIT-C score) exceeds recommended thresholds. Initial counseling following screening generally includes bringing attention to the individual’s elevated level of drinking; recommending limited alcohol use or abstinence; providing information on the

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<sup>15</sup> U.S. Preventive Service Task Force. “Screening and Behavioral Counseling Interventions to Reduce Unhealthy Alcohol Use in Adolescents and Adults: U.S. Preventive Services Task Force Recommendation Statement.” *Journal of the American Medical Association* 320, no.18 (Nov 2018): 1899-1909. doi:10.1001/jama.2018.16789.

<sup>16</sup> National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health. *Helping Patients Who Drink Too Much: A Clinician’s Guide*. Updated 2005 Edition. NIH Publication No. 07-3769. Department of Health and Human Services, Revised 2016. Washington, D.C.: U.S. Department of Health and Human Services, 2016. <https://pubs.niaaa.nih.gov/publications/practitioner/cliniciansguide2005/guide.pdf>.

<sup>17</sup> Bush, Kristin, Daniel R. Kivlahan, Mary B. Mc Donnell, Stephan D. Fihn, and Katharine A. Bradley, for the Ambulatory Care Quality Improvement Project (ACQUIP). “The AUDIT Alcohol Consumption Questions (AUDIT-C): An Effective Brief Screening Test for Problem Drinking.” *Archives of Internal Medicine* 158, no 16 (Sep 1998): 1789-95. doi: 10.1001/archinte.158.16.1789.

health effects of alcohol consumption; exploring and supporting selection of a drinking goal; and providing a follow-up referral for specialty treatment, if indicated.

#### PREVENTION PROGRAMS

Prevention programs aim to reduce unhealthy alcohol use, prevent further harm, and facilitate treatment, when indicated. The Military Services employ overlapping prevention intervention programs designed to meet the needs of each community. Additionally, the Air Force offers Substance Abuse and Misuse Education<sup>18</sup> for all active duty personnel at their first permanent duty station. This program emphasizes prevention of substance misuse, peer acceptance, and healthy alternatives. Further, Air Force junior enlisted members on their second or subsequent Permanent Change of Station must receive a training on standards, healthy lifestyles, responsible behaviors, and consequences of substance misuse to self and career within 60 days of their arrival on station.

Personnel enrolled in Airmen Leadership School, Noncommissioned Officer's Academy, or an Air University receive Substance Abuse and Misuse Education<sup>19</sup> focused on leader responsibilities in preventing substance abuse and misuse; identification and referral of substance abusers; and understanding the substance misuse education, counseling, referral and follow up process. Finally, the Air Force is piloting an in-person and online platform for a program called *e-CheckUp and Choices*,<sup>20</sup> for the selected group of first-term enlisted members.

The U.S. Army, U.S. Coast Guard, and U.S. Marine Corps use *PRIME for Life*<sup>®</sup> (developed by the Prevention Research Institute), included on the Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Programs and Practices as their primary substance misuse early intervention program. *PRIME for Life*<sup>®</sup> is a customizable program that helps participants learn to reduce their risks of alcohol- and drug-related problems throughout life. The program incorporates unique instructional techniques specifically designed for a military audience, and personal testimonials from Soldiers, Sailors, and other ADSMs. *PRIME for Life*<sup>®</sup> is appropriate for either universal administration to entire units or use within targeted groups.

Other programs include the Marine Corps Unit Marine Awareness and Prevention Integrated Training.<sup>21</sup> This annual training provides alcohol use and misuse education, supplemented with installation-level educational briefs, booths, and trainings. Finally, the Navy provides *Edutainment*, a program supported by the Vice Chief of Naval Operations that aims to reduce alcohol misuse. This program addresses topics that directly affect mission readiness, such as substance abuse, sexual assault, suicide prevention, and domestic abuse, and provides knowledge on Navy alcohol and drug abuse prevention policy.

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<sup>18</sup> AFI 44-121, "Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program," July 18, 2018. Table 3.1, para 1. [https://static.e-publishing.af.mil/production/1/af\\_sg/publication/afi44-121/afi44-121.pdf](https://static.e-publishing.af.mil/production/1/af_sg/publication/afi44-121/afi44-121.pdf).

<sup>19</sup> AFI 44-121, "Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program," July 18, 2018. Table 3.1, para 4 and 5. [https://static.e-publishing.af.mil/production/1/af\\_sg/publication/afi44-121/afi44-121.pdf](https://static.e-publishing.af.mil/production/1/af_sg/publication/afi44-121/afi44-121.pdf).

<sup>20</sup> CheckUp & Choices Website. [www.checkupandchoices.com](http://www.checkupandchoices.com). Last modified on May 9, 2020.

<sup>21</sup> MCO 5300.17A, "Marine Corps Substance Abuse Program," June 25, 2018.

<https://www.marines.mil/Portals/1/Publications/MCO%205300.17A.pdf?ver=2018-07-05-092243-130>.

## **Discussion**

Allowing a consistent use of an instrument (i.e., AUDIT-C) throughout an ADSM's career, including additional screening before, during, and after deployment, is helpful in providing individuals with the tools they need to make better decisions regarding drinking, or to facilitate their path to recovery, if necessary. Since DoD achieved enterprise-wide standardization of unhealthy alcohol use screenings and assessments, included among its next steps are the standardization of intervention programs that prevent unhealthy alcohol use, and the identification of program elements, including their potential for modification to align with remote location requirements.

### **III. Incidence rate of sexual assaults<sup>22</sup> and domestic violence involving alcohol-related events**

The association between alcohol misuse, sexual assault, and domestic abuse is of great concern across the Military Services. Within the DoD, and paralleled in the civilian sector and in scientific literature findings, the actual rate of known alcohol involvement in incidents of domestic abuse can only be estimated through reported and confirmed cases, or through self-report surveys, since reliance on reported cases alone will reflect an underestimated rate of actual cases. While the DoD does have a reporting requirement of known cases of domestic abuse, many cases are likely not reported through this mechanism owing to factors such as: non-reporting by the victim; involvement of alcohol not identified in reported cases; and incidents reported to civilian law enforcement who have no jurisdiction vis-à-vis military installations.

#### **DOD SURVEY RATES**

The DoD Sexual Assault Prevention and Response Office (SAPRO) submits an annual report on sexual assaults involving members of the Armed Forces during the preceding year. The *Department of Defense Fiscal Year 2018 Annual Report on Sexual Assault in the Military* includes findings from the confidential *Workplace and Gender Relations Survey of Active Duty Members* (WGRA), which is required by law<sup>23</sup> to be conducted every two years. The survey questions focus on ADSM experience of sexual assault and outcomes associated with reporting. The FY 2018 results, reported as representative of the entire active duty population, found that:

Alcohol was involved in a sexual assault event for 62 percent of victimized women and 49 percent of victimized men. These estimates were not statistically different from those measured in FY 2016. However, the survey found a statistically significant increase in the number of male victims indicating their alleged offender was drinking at the time of the offense (38 percent in FY 2018, up from 26 percent in FY 2016).<sup>24</sup>

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<sup>22</sup> The DoD uses the terms "sexual assault" and "sexual harassment" to refer to two separate types of behaviors, while the Department of Veterans Affairs uses the term "military sexual trauma" to mean both sexual assault and sexual harassment. The DoD definition of "sexual assault" is defined in Article 120 of the Uniform Code of Military Justice at: [https://www.sapr.mil/public/docs/ucmj/UCMJ\\_Article120\\_Rape\\_Sexual\\_Assault.pdf](https://www.sapr.mil/public/docs/ucmj/UCMJ_Article120_Rape_Sexual_Assault.pdf).

<sup>23</sup> 10 U.S.C. Section 481a. "Workplace and Gender Relations Issues: Surveys of Department of Defense Civilian Employees."

<sup>24</sup> Department of Defense Sexual Assault Prevention and Response Office. *Department of Defense Fiscal Year 2018 Annual Report on Sexual Assault in the Military*. RefID: 7-1ED0167. April 26, 2019.

[https://www.sapr.mil/sites/default/files/DoD\\_Annual\\_Report\\_on\\_Sexual\\_Assault\\_in\\_the\\_Military.pdf](https://www.sapr.mil/sites/default/files/DoD_Annual_Report_on_Sexual_Assault_in_the_Military.pdf).

Hence, the WGRA findings cited in the SAPRO FY 2018 Annual Report corroborated an association between alcohol use by the offender, the victim, or both, as a risk factor for occurrences of sexual assault among the active duty population. While the 2018 WGRA data cited above provide an estimated rate of sexual assault involving alcohol based on survey information, reports of incident cases of domestic abuse and sexual assault of a spouse or intimate partner fall under the purview of each Service's respective FAP.

#### LITERATURE REVIEW

The Psychological Health Center of Excellence (PHCoE) Research Branch conducted a brief evidence synthesis of current existing empirical literature in a rapid review on rates of the association of alcohol with incidents of sexual assault/harassment and domestic abuse (Attachment 2). The following summarizes the evidence synthesis results:

- **Sexual Assault and Harassment:** A rapid review did not reveal any studies in the peer-reviewed scientific literature that explicitly examine the association between alcohol use (by a victim or perpetrator) at the time of an incident and sexual assault/harassment in the U.S. military or veteran populations. However, a civilian analogue was identified in collegiate populations. Among college samples, approximately 50 percent of sexual assaults occurred when the victim, the perpetrator, or both, had consumed alcohol, with estimates ranging from 15 percent to 76 percent.<sup>25,26,27,28</sup> Collectively, these very preliminary studies suggest a potential correlation between alcohol use (by a victim or perpetrator) at the time of the incident and sexual assault/harassment. Given the lack of extant literature, additional research is needed.
- **Domestic Abuse:** A rapid review of peer-reviewed scientific literature revealed that few studies explicitly examine the association between alcohol use (by a victim or perpetrator) at the time of an act of domestic abuse in a U.S. military population. Among military populations, a prior examination revealed approximately 24 percent of perpetrators may have used alcohol within 12 hours of the reported incident.<sup>29</sup> Another study suggested that individuals who drink alcohol heavily are at increased risk for

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<sup>25</sup> Howard, Daniel E., Melinda A. Griffin, and Bradley O. Boekeloo. "Prevalence and Psychosocial Correlates of Alcohol-Related Sexual Assault Among University Students." *Adolescence* 43, no.172 (2008): 733–50. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2679161/>.

<sup>26</sup> Abbey, Antonia., Pam McAuslan, Tina Zawacki, A. Monique Clinton, and Philip O. Buck. "Attitudinal, Experiential, and Situational Predictors of Sexual Assault Perpetration." *Journal of Interpersonal Violence* 16, no.8 (Aug 2001): 784–807. <https://doi.org/10.1177/088626001016008004>.

<sup>27</sup> Nicholson, Mary E., Dolores W. Maney, Karen Blair, Patricia M. Wamboldt, Beverly Saxton Mahoney, and Jianping Yuan. "Trends in Alcohol-Related Campus Violence: Implications for Prevention." *Journal of Alcohol and Drug Education* 43, no.3 (1998): 34-52. <https://eric.ed.gov/?id=EJ583287>.

<sup>28</sup> Gidycz, Christine A., Jennifer B. Warkentin, and Lindsay M. Orchowski. "Predictors of Perpetration of Verbal, Physical, and Sexual Violence: A Prospective Analysis of College Men." *Psychology of Men & Masculinities* 8, no.2 (2007): 79–94. <https://doi.org/10.1037/1524-9220.8.2.79>.

<sup>29</sup> Brewster, Albert. L., Joel S. Milner, Willard W. Mollerstrom, Babu Tapan Saha, and Nell Harris. "Evaluation of Spouse Abuse Treatment: Description and Evaluation of the Air Force Family Advocacy Programs for Spouse Physical Abuse." *Military Medicine* 167, no. 6 (Jun 2002): 464-69. <https://doi.org/10.1093/milmed/167.6.464>.



perpetration of domestic abuse,<sup>30</sup> while another noted that cultural factors might play a significant role.<sup>31</sup> Collectively, these studies suggest a potential correlation between alcohol use (by perpetrator) and the time of the domestic abuse event. Given the dearth of research, additional information is needed.

#### DOD POLICY - REPORTING REQUIREMENTS

The FAP is the policy proponent within DoD responsible for addressing domestic abuse<sup>32</sup> in marital and intimate partner relationships. In DoD, the overarching term “domestic abuse” encompasses “domestic violence,” which refers specifically to an offense under the Uniform Code of Military Justice (UCMJ). The FAP captures data on all incidents of domestic abuse, regardless of whether they rise to the threshold of an UCMJ offense. Thus, data discussed herein on alcohol involvement broadly represent domestic abuse. Domestic abuse includes physical, emotional, and sexual abuse, as well as neglect.

The Service FAPs are responsible for submitting domestic abuse reports to the DoD Central Registry, maintained by the Defense Manpower Data Center (DMDC),<sup>33</sup> which includes a data field for documenting if there was known “substance involvement” in the domestic abuse incident. FAP data reported here are limited to active duty members, as either victim or abuser. In this DMDC registry, criteria for the alcohol involvement field denote that the abuser used alcohol within two hours of a “met criteria”<sup>34</sup> domestic abuse incident. For the past five years, approximately one fourth of met criteria domestic abuse incidents, as defined above, involved alcohol use.

For some instances of domestic violence, “power and control dynamics” are at play.<sup>35</sup> Originating from feminist theories seeking to explain intimate partner violence, power and

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<sup>30</sup> Bell, Nicole S., Thomas Harford, James E. McCarroll, and Laura Senier. “Drinking and Spouse Abuse Among U.S. Army Soldiers.” *Alcoholism: Clinical and Experimental Research* 28, no.12 (Dec 2004): 1890-97. <https://doi.org/10.1097/01.ALC.0000148102.89841.9B>.

<sup>31</sup> Bell, Nicole S., Thomas C. Harford, Cara H. Fuchs, James E. McCarroll, and Carolyn E. Schwartz. “Spouse Abuse and Alcohol Problems among White, African American, and Hispanic U.S. Army Soldiers.” *Alcoholism: Clinical and Experimental Research* 30, no. 10 (Oct 2006): 1721-1733. <https://doi.org/10.1111/j.1530-0277.2006.00214.x>.

<sup>32</sup> As defined in DoDI 6400.06, “Domestic Abuse Involving DoD Military and Certain Affiliated Personnel,” August 21, 2007, as amended: “E2.13. Domestic violence or a pattern of behavior resulting in emotional/psychological abuse, economic control, and/or interference with personal liberty that is directed toward a person who is:

E2.13.1. A current or former spouse.

E2.13.2. A person with whom the abuser shares a child in common; or

E2.13.3. A current or former intimate partner with whom the abuser shares or has shared a common domicile.”

<sup>33</sup> DoD Manual 6400.01, Volume 2, “Family Advocacy Program (FAP): Child Abuse and Domestic Abuse Incident Reporting System,” August 11, 2016.

<sup>34</sup> For a case to “meet criteria,” the case is presented to the Incident Determination Committee, followed by a vote to determine whether the incident meets the criteria for an act or failure to act, and a resulting impact, according to standards specified in DoD Manual 6400.01, Volume 3, “Family Advocacy Program (FAP): Clinical Case Staff Meeting (CCSM) and Incident Determination Committee (IDC),” August 11, 2016.

<sup>35</sup> Malik, Neena M. and Kristin M. Lindahl. “Aggression and Dominance: The Roles of Power and Culture in Domestic Violence.” *Clinical Psychology: Science and Practice* 5, no. 4 (1998): 409–423. <https://psycnet.apa.org/doi/10.1111/j.1468-2850.1998.tb00164.x>.

control dynamics summarize established tactics (e.g., isolation from friends and family, intimidation, minimizing and denying) an individual may use to obtain dominance over their partner.<sup>36</sup> Although these tactics may appear in other relationships, the introduction of violence changes their meaning and interpretation, as the abuse victim understands that non-submission or attempts to challenge the power dynamic may lead to violence or other abuse. This power imbalance is particularly salient in a domestic partnership situation in which the ongoing relationship goes hand in hand with ongoing risk.<sup>37</sup> In this type of domestic violence, alcohol involvement in a domestic abuse incident is a potential contributing, rather than causal, factor. Alcohol plays a more significant role in other types of domestic violence, such as situational conflict-related violence. The extant literature provides evidence of an association between alcohol use and intimate partner violence. Further research is needed to examine the mediational mechanisms of the relationship between alcohol use and intimate partner violence.<sup>38</sup>

The *2010 National Intimate Partner and Sexual Violence Survey* compared the prevalence of intimate partner violence between random samples of the general U.S. population, active duty women, and the wives of active duty men.<sup>39</sup> In general, the prevalence of intimate partner violence was similar among these groups, with few significant differences observed between civilian and military women. Where differences did occur, the majority of them indicated a decreased risk for active duty women compared to the general population. Although this report provided important information about prevalence, it did not survey the use of alcohol in domestic violence incidents in the military.

The *2019 Military Services Gender Relations Focus Groups* report notes that military personnel, especially younger Service members, could benefit from focused and specific information regarding healthy relationships and boundaries:

Participants recommended implementing more trainings and conversations on what a healthy relationship entails and how to communicate expectations and boundaries within a relationship. Furthermore, Sexual Assault and Harassment Prevention Office responder participants noted that incorporating information into trainings about access to resources about domestic violence would also be beneficial.<sup>40</sup>

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<sup>36</sup> McPhail, Beverly A., Noël Bridget Busch, Shanti Kulkarni, and Gail Rice. "An Integrative Feminist Model: The Evolving Feminist Perspective on Intimate Partner Violence." *Violence Against Women* 13, no. 8 (Aug 2007): 817-41. <https://doi.org/10.1177/1077801207302039>.

<sup>37</sup> Krug, Etienne G., James A. Mercy, Linda L. Dahlberg, and Anothony B. Zwi. "The World Report on Violence and Health." *The Lancet* 360, no.9339 (2002): 1083–1088.

<sup>38</sup> Eckhardt, Christopher I., Dominic J. Parrott, and Joel G. Sprunger. "Mechanisms of Alcohol-Facilitated Intimate Partner Violence." *Violence Against Women* 21, no 8 (2015): 939–957. <https://doi.org/10.1177/1077801215589376>.

<sup>39</sup> Centers for Disease Control and Prevention. *Prevalence of Intimate Partner Violence, Stalking, and Sexual Violence Among Active Duty Women and Wives of Active Duty Men—Comparisons with Women in the U.S. General Population, 2010. Technical Report*. Atlanta, GA: National Center for Injury Prevention and Control, March 2013.

<sup>40</sup> Office of People Analytics. OPA Report No. 2020-065. *2019 Military Service Gender Relations Focus Groups: Active Duty*. Fort Belvoir: Defense Technical Information Center, April 2020. <https://media.defense.gov/2020/Apr/30/2002291696/-1/-1/1/15-ANNEX-1-2019-MILITARY-SERVICE-GENDER-RELATIONS-FOCUS-GROUPS-OVERVIEW-REPORT.PDF>.



Information regarding healthy relationships and boundaries may allow individuals to discern these unhealthy patterns early in a relationship, allowing appropriate interventions to lead to desirable outcomes.

### **Discussion**

There are multiple challenges in surveilling and establishing DoD-wide rates of domestic abuse—or sexual assaults—associated with alcohol:

- (1) Much like the civilian population, unreported domestic abuse events are not counted or included in overall rates of domestic abuse.
- (2) According to the criteria, alcohol must have been consumed within two hours of the incident for the event to be recorded as involving alcohol in the Substance Involvement field of the DoD Central Registry. Since this data point is self-reported by the victim or abuser to the clinician, it allows for potential inaccuracy. Additionally, it is uncertain whether clinicians maintain fidelity to the two-hour timeframe.
- (3) Definitions of sexual violence vary; it is important to provide a very specific definition in order to gather information regarding rates of domestic abuse or sexual assault. Generally, DoD definitions of domestic abuse and sexual assault cast a wider net, which may lead to the impression that DoD rates are higher than civilian rates of sexual violence.
- (4) Power and control dynamics play a significant role in incidents of sexual violence. Unhealthy alcohol use also contributes to sexual violence, but to a lesser extent.

### **IV. Feasibility of efforts taken to streamline the effective evidence-based alcohol abuse prevention programs employed by the Services so that common elements are more standardized and jointly managed**

To date, the DoD has taken various measures to ensure Service-level alcohol abuse prevention programs are closely coordinated and, to the extent possible, standardized. The ASMAC serves as a “central point for information analysis and integration, program coordination, identification of policy needs and problem solving on Military Service issues involving policies and programs with regard to legal and illegal addictive substance use and [substance use disorders] in those served by the [Military Health System (MHS)].”<sup>41</sup> Chartered in 2014, the ASMAC has focused particularly on alcohol abuse and misuse, establishing a standing subcommittee devoted to substance-related issues and prevention efforts. Additionally, in November 2019, the Defense Health Agency chartered the Substance Misuse and Addictive Behaviors Working Group (SMAB WG) under the governance of the Behavioral Health Clinical Community. The SMAB WG “supports the coordination, integration, and oversight of substance use disorder and other addictive behavior-related clinical care across the MHS.”<sup>42</sup> Collectively,

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<sup>41</sup> DoDI 1010.04, “Problematic Substance Use by DoD Personnel,” February 20, 2014, as amended.

<sup>42</sup> Substance Misuse and Addictive Behaviors Working Group Charter, November 14, 2019.

these two committees coordinate synchronous alcohol misuse prevention activities in clinical and non-clinical settings across the Military Services.

In terms of standardization, under the auspices of the ASMAC and through the direction of the Office of the Assistant Secretary of Defense for Health Affairs, the Substance Abuse Training component of the Common Military Training is a component the DoD is working to implement. This effort will guide a jointly managed training with carefully articulated terminal learning objectives, and will ensure implementation across the Services. Importantly, this common training does not preclude development of other initiatives related to alcohol abuse prevention and Service-specific prevention programs. To determine the feasibility of efforts to streamline effective prevention programs, reviews can identify those most easily standardized, with the strongest rigor and supportive evidence, and applicable to the military population, as well as amenable to joint management and implementation across the Military Services.

### **Discussion**

While efforts in alcohol abuse prevention are well coordinated and largely standardized, the Military Services require flexibility in managing these efforts to address the specific needs of their unique populations. Each Military Service plays a distinct role in our Nation's joint defense capabilities and has a unique mission. In devising and implementing alcohol abuse prevention strategies that target specific populations or unique mission sets, the Military Services benefit from freedom of maneuver to deploy tailored solutions that address specific needs of their respective personnel and operating environments.

### **V. Feasibility of adapting a National Institute of Alcohol and Alcohol Abuse-endorsed, effective web-based intervention developed by academia for the collegiate population to prevent and reduce harmful alcohol consumption, for a similarly aged military cohort pilot study**

The NIAAA maintains *CollegeAIM*,<sup>43</sup> a web-based repository of evidence-based and evidence-informed programs and initiatives aimed at reducing alcohol use in college settings. The interventions included in the *CollegeAIM* tool include “environmental-level” initiatives (i.e., legal or policy interventions such as limiting promotional pricing for alcohol sales) and “individual-level” strategies (i.e., training/education or prevention strategies directly engaging members of the at-risk population).

*CollegeAIM* includes information on four specific web-based individual-level interventions addressing college drinking: *AlcoholEdu*® for College, *eCHECKUP TO GO*, *Alcohol-Wise*<sup>TM</sup>, and *Alcohol 101 Plus*<sup>TM</sup>. These programs vary in cost and efficacy; however, all have some evidence-base with the collegiate population. More information about these programs, including their assessments by NIAAA, is available in Attachment 3.

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<sup>43</sup> National Institute on Alcohol Abuse and Alcoholism. *CollegeAIM* Alcohol Intervention Matrix Website. <https://www.collegedrinkingleadingtoprevention.gov/CollegeAIM/>.



## **Discussion**

The Department has considerable experience adopting and adapting programs developed in the private sector for application within and across the Military Services. Adoption and adaptation are most effective when private sector solutions have been validated in circumstances and amongst populations similar to those in which they will be used in military settings. As such, translation of these programs within the Military Departments would likely be most easily accomplished in Service academic settings that more closely resemble the environment and populations for which they were developed. In fact, elements of these programs are currently being piloted at the U.S. Military Academy at West Point and at the U.S. Air Force Academy. Adoption of any web-based programs included in NIAAA's *CollegeAIM* repository beyond current academy settings appears feasible, but may require a more detailed pilot assessment to determine advisability prior to widespread adoption.

Most importantly, while the undergraduate collegiate population is of comparable age to many military personnel (especially those entering military service), it is unreasonable to assume that findings regarding one population would be generalizable to the other. The military and college environments differ in many ways, including significant differences in culture and occupational exposures. In order for the Department to adopt any of the aforementioned candidate programs, additional research could elucidate the role of any such differences.

Initially, DoD program managers would need to enter into agreements with program developers to secure intellectual property rights and initiate program re-tooling (ideally in concert with the original developers) to tailor content for a military population. Tailoring would involve not only changing content to address military-specific risk factors, but also re-tooling web platforms to ensure content consistency with military culture and operational compatibility with DoD computers and networks.

Upon content revision, required re-establishment of the intervention's effectiveness will help ascertain whether the program reduced unhealthy alcohol use or other intermediate risk factors in a military population. Effectiveness trials require a more controlled setting that may differ substantially from routine life in the military. As such, (and assuming that effectiveness has been established), a feasibility study will be needed to ensure the program's acceptability and accessibility by military personnel. Additional research and development costs would depend upon the specific program selected for adaptation. It is not possible to estimate cost, pending identification of a specific program.

## **CONCLUSION**

The DoD recognizes unhealthy alcohol use and its possible adverse consequences are a serious and complex military problem with significant personnel costs. With existing prevention efforts, the DoD has made great strides introducing a robust set of policies, deterrence programs, and media campaigns, alongside screening, assessment, training, and education, as well as prevention intervention programs. The DoD also recognizes the value, strategic importance, and need to advance existing efforts with a primary focus on standardization processes. The time is right to pursue the following actions based upon review of the aforementioned elements:

- Although all ADSMs have access to comprehensive, high quality care that provides every opportunity for recovery, strategies that promote voluntary self-referral and self-change can be emphasized through inclusion of language in the revision of policy (DoDI 1010.04).
- Standardization of elements of a comprehensive alcohol prevention program across the Services to reduce harmful alcohol use can lead to support for the development and dissemination of these initiatives, as well as rigorous research that evaluates the efficacy and outcomes of these prevention programs or of a singular prevention program. Alignment of these programs with screening measures already in use or used in future HRBS administrations would also remain important.
- Sustained commitment and an interlocking set of policy, training, and intervention initiatives/strategies help endeavors to reduce the harmful effects of alcohol misuse. Current efforts to standardize programming and interventions across the Military Services should be maintained, where appropriate, including implementation of terminal learning objectives for the substance abuse portion of the Common Military Training.
- Although the Department encourages new ways to measure the problem of unhealthy alcohol use, it recognizes that no singular data source is perfectly suited to track the outcomes of unhealthy alcohol use in ADSMs. A potential next step can include a focus on domestic violence by incorporating questions on existing DoD surveys to estimate the prevalence of domestic abuse behaviors. In addition, exploring mechanisms to collect this information from active duty members, spouses, and intimate partners who are beneficiaries could be valuable. For example, questions regarding domestic abuse behaviors can be included as part of an individual's psychosocial history during assessments of alcohol and substance abuse.
- The DoD can support and promote initiatives that engage individual Service members who voluntarily made lifestyle changes that aided in their path toward healthy alcohol use or recovery.
- For prevention programs, digital platforms increase access to prevention interventions—especially relevant for very small clinics, remote or special locations, and deployments. It also makes easy use of standardization procedures. These should be pursued, in accordance with the emphasis articulated in DoDI 1010.04. Moreover, with additional allocation of funds, adoption of non-military programs may require program modification, re-assessment of effectiveness within military populations, and formal assessment of feasibility, upon establishment of their effectiveness.

## ACRONYMS

ADSM	Active duty Service member
AFI	Air Force Instruction
ASMAC	Addictive Substance Misuse Advisory Committee
AUD	Alcohol use disorder
AUDIT-C	Alcohol Use Disorders Identification Test - Consumption
BUMED	Department of the Navy Bureau of Medicine and Surgery
CFR	Code of Federal Regulations
DHA-PI	Defense Health Agency Procedural Instruction
DIR	(Army) Directive
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
DRHA	Deployment Related Health Assessment
DMDC	Defense Manpower Data Center
HASC	Committee on Armed Services of the House of Representatives
HRBS	(Department of Defense) Health Related Behaviors Survey
FAP	Family Advocacy Program
FY	Fiscal Year
MCO	Marine Corps Order
MHS	Military Health System
NIAAA	National Institute of Alcohol and Alcohol Abuse
OPNAVINST	Office of the Chief of Naval Operations
PHA	Periodic Health Assessment
PHCoE	Psychological Health Center of Excellence
SAPRO	(Department of Defense) Sexual Assault Prevention and Response Office
SECNAVINST	Secretary of the Navy Instruction
SMAB WG	Substance Misuse and Addictive Behaviors Working Group
UCMJ	Uniform Code of Military Justice
USC	United States Code
VA	Department of Veterans Affairs
WGRA	Workplace and Gender Relations Survey of Active Duty Members



## DEFINITIONS

Alcohol Involvement	Alcohol involvement denotes that the abuser used alcohol within two hours of a “met criteria” <sup>44</sup> domestic abuse incident.
Alcohol Misuse	Use of this term is synonymous with the term <i>unhealthy alcohol use</i> in the context of this report.
Alcohol Use Disorder	Alcohol Use Disorder is a chronic relapsing brain disease characterized by compulsive alcohol use, loss of control over alcohol intake, and a negative emotional state when not using.
Domestic Abuse	Domestic violence or a pattern of behavior resulting in emotional/ psychological abuse, economic control, and/or interference with personal liberty that is directed toward a person who is a: a current or former spouse; a person with whom the abuser shares a child in common; or a current or former intimate partner with whom the abuser shares or has shared a common domicile.

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<sup>44</sup> For a case to “meet criteria,” the case is presented to the IDC, followed by a vote to determine whether the incident meets the criteria for an act or failure to act, and a resulting impact, according to standards specified in DoD Manual 6400.01, Volume 3, “Family Advocacy Program (FAP): Clinical Case Staff Meeting (CCSM) and Incident Determination Committee (IDC),” August 11, 2016.



## ATTACHMENT 1

### REVIEW OF DOD AND MILITARY SERVICE POLICIES FOR PREVENTION-RELATED CONTENT

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The policy documents listed below were reviewed for content relevant to alcohol prevention, deterrence, and intervention, as well as impact on deployment or readiness. Contents of these documents were then analyzed and categorized to determine whether the policies incorporated recommendations or guidance for the three-level scope of prevention.<sup>45</sup>

#### POLICIES:

##### DEPARTMENT OF DEFENSE

- Assistant Secretary of Defense for Health Affairs Memorandum, “Clinical Practice Guidance for Deployment-Limiting Mental Disorders and Psychotropic Medications,” October 7, 2013
- DD Form 2795, “Pre-Deployment Health Assessment,” October, 2015
- DD Form 2796, “Post-Deployment Health Assessment,” October 2015
- DD Form 2900, “Post-Deployment Health Re-Assessment,” October 2015
- DD Form 3024, “Periodic Annual Health Assessment,” April, 2016
- DHA-Interim Procedures Memorandum 17-001, “Use of Tri-Service Workflow (TSWF) Core Adult and Pediatric Forms for Screening and Documentation of Primary Care Outpatient Face-to-Face Encounters with Providers,” January 6, 2017
- DHA-PI 6025.15, “Management of Problematic Substance Use by DoD Personnel,” April 16, 2019
- DHA-PI 6200.06, “Periodic Health Assessment (PHA) Program,” May 9, 2017
- DHA-PI 6490.02, “Behavioral Health (BH) Treatment and Outcomes Monitoring,” July 12, 2018
- DHA-PI 6490.03, “Deployment Health Procedures,” December 17, 2019
- DoD Manual 6025.18, “Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs,” March 13, 2019
- DoD Directive (DoDD) 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- DoDD 6200.04, “Force Health Protection (FHP),” October 9, 2004
- DoDD 6490.02E, “Comprehensive Health Surveillance,” February 8, 2012, as amended
- DoDI 1010.04, “Problematic Substance Use by DoD Personnel,” February 20, 2014, as amended
- DoDI 1010.16, “Technical Procedures for the Military Personnel Drug Abuse Testing Program (MPDATP),” October 10, 2012, as amended
- DoDI 1322.31, “Common Military Training (CMT),” February 20, 2020
- DoDI 1332.14, “Enlisted Administrative Separations,” January 27, 2014, as amended
- DoDI 1332.18, “Disability Evaluation System (DES),” August 5, 2014, as amended

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<sup>45</sup> See footnote #10.

- DoDI 1332.30, “Commissioned Officer Administrative Separations,” May 11, 2018, as amended
- DoDI 1332.45, “Retention Determinations for Non-Deployable Service Members,” July 30, 2018
- DoDI 1342.28, “DoD Yellow Ribbon Reintegration Program (YRRP),” February 25, 2019
- DoDI 6025.19, “Individual Medical Readiness (IMR),” June 9, 2014, as amended
- DoDI 6130.03, “Medical Standards for Appointment, Enlistment, or Induction into the Military Services,” May 6, 2018
- DoDI 6200.06, “Periodic Health Assessment (PHA) Program,” September 8, 2016
- DoDI 6400.06, “Domestic Abuse Involving DoD Military and Certain Affiliated Personnel,” August 21, 2007, as amended
- DoDI 6490.03, “Deployment Health,” June 19, 2019
- DoDI 6490.06, “Counseling Services for DoD Military, Guard and Reserve, Certain Affiliated Personnel, and Their Family Members,” April 21, 2009, as amended
- DoDI 6490.07, “Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees,” February 5, 2010
- DoDI 6490.08, “Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members,” August 17, 2011
- Under Secretary of Defense for Personnel and Readiness Memorandum, “Policy Guidance for Medical Deferral Pending Deployment to Theaters of Operation,” February 9, 2006
- U.S. Central Command (CENTCOM) MOD THIRTEEN PPG-TAB A, “Amplification of the Minimal Standards of Fitness for Deployment to the CENTCOM AOR; to Accompany MOD Thirteen to USCENTCOM Individual Protection and Individual/Unit Deployment Policy,” March, 2017

#### **NAVY AND MARINE CORPS**

- Department of the Navy Bureau of Medicine and Surgery (BUMED) Instruction 1650.6, “Substance Abuse Rehabilitation Program Counselor of the Year Awards,” February 21, 2018
- BUMED Instruction 5353.4B, “Standards for Provision of Substance Related Disorder Treatment Services,” July 6, 2015
- Marine Corps Bulletin 1500, “Annual Training and Education Requirements,” February 23, 2019
- MCO 1700.22G, “Alcoholic Beverage Control in the Marine Corps,” November 16, 2015
- MCO 5351.1, “Combat and Operational Stress Control Program,” February 22, 2013
- MCO 5354.1E, “Marine Corps Prohibited Activities and Conduct Prevention and Response Policy,” June 15, 2018
- MCO 5300.17A, “Marine Corps Substance Abuse Program,” June 25, 2018
- OPNAVINST 5350.4D, “Navy Alcohol and Drug Abuse Prevention and Control,” June 4, 2009
- SECNAVINST 5300.28F, “Military Substance Abuse Prevention and Control,” April 23, 2019

- Substance Abuse and Rehabilitation Program (SARP) Coding and Documentation Guidelines

#### **ARMY**

- ARMY DIR 2019-12, “Policy for Voluntary Alcohol-Related Behavioral Healthcare,” March 25, 2019

#### **AIR FORCE**

- AFI 44-121, “Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program,” July 18, 2018
- AFI 44-170, “Preventive Health Assessment,” January 30, 2014
- AFI 44-172, “Mental Health,” November 13, 2015
- AFI 48-122, “Deployment Health,” August 18, 2014

#### **FINDINGS:**

<b>Levels of Prevention</b>	<b>DoD Review Criteria</b>	<b>DoD Policies (n=33)</b>	<b>Service Policies (n=16)</b>
Universal	Prevention effort to reach the entire population of ADSMs.	19	9
Selective	Prevention effort to reach a sub-group of ADSMs at greater risk.	20	6
Indicated	Prevention effort to reach ADSMs identified as potentially problematic in their alcohol use.	20	6

\*Each policy document was eligible to be coded into each level.

***Rapid Review of Alcohol-Related Sexual Assault/Harassment in the Military***<sup>46</sup>

Request: The HASC raised concerns that harmful alcohol use persists among active duty personnel and that trends have remained unchanged for years. The PHCoE research team was asked to evaluate the evidence for co-occurrence of alcohol misuse and sexual assault.

Research Synthesis Objective: Identify and summarize evidence that examines the association of alcohol use and sexual assault/harassment in the U.S. military.

**KEY FINDINGS**

- The PHCoE identified no studies in the peer-reviewed scientific literature that explicitly examine the association between alcohol use (by a victim or perpetrator) at the time of an incident and sexual assault/harassment in the U.S. military or among veterans.
- Surveillance data from the 2018 WGRA indicated that alcohol use by a victim or alleged offender was a factor in 62 percent of incidents involving DoD women, compared to 49 percent involving DoD men.<sup>47</sup>
- Most civilian research on this topic has involved university and college students.
  - Among college samples, approximately 50 percent of sexual assaults occurred when the victim, the perpetrator, or both, had consumed alcohol, with estimates ranging from 15 percent to 76 percent.<sup>48,49,50,51</sup>

**METHODS**

Research Questions: Is alcohol use at the time of an event associated with sexual assault/harassment in the U.S. military? What is the prevalence of alcohol-related sexual assault/harassment in the U.S. military?

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<sup>46</sup> Full text report available upon request.

<sup>47</sup> Office of People Analytics. Report No. 2019-027. *Annex 1: 2018 Workplace and Gender Relations Survey of Active Duty Members Overview Report*. Fort Belvoir: Defense Technical Information Center, 2019. [https://www.sapr.mil/sites/default/files/Annex\\_1\\_2018\\_WGRA\\_Overview\\_Report.pdf](https://www.sapr.mil/sites/default/files/Annex_1_2018_WGRA_Overview_Report.pdf).

<sup>48</sup> Ibid.

<sup>49</sup> Abbey, Antonia., Pam McAuslan, Tina Zawacki, A. Monique Clinton, and Philip O. Buck. "Attitudinal, Experiential, and Situational Predictors of Sexual Assault Perpetration." *Journal of Interpersonal Violence* 16, no.8 (Aug 2001): 784–807. <https://doi.org/10.1177/088626001016008004>.

<sup>50</sup> Nicholson, Mary E., Dolores W. Maney, Karen Blair, Patricia M. Wamboldt, Beverly Saxton Mahoney, and Jianping Yuan. "Trends in Alcohol-Related Campus Violence: Implications for Prevention." *Journal of Alcohol and Drug Education* 43, no.3 (1998): 34-52. <https://eric.ed.gov/?id=EJ583287>.

<sup>51</sup> Gidycz, Christine A., Jennifer B. Warkentin, and Lindsay M. Orchowski. "Predictors of Perpetration of Verbal, Physical, and Sexual Violence: A Prospective Analysis of College Men." *Psychology of Men & Masculinities* 8, no. 2 (2007): 279–94. <https://doi.org/10.1037/1524-9220.8.2.79>.



Rapid review: The PHCoE used established rapid review methodology to evaluate empirical evidence for this research question. A rapid review is an accelerated form of evidence synthesis that provides timely information for decision makers who require short deadlines. Rapid reviews enable production of an expedited report, while maintaining methodology that minimizes the introduction of errors and biases. To provide a timely review, limitations are imposed on the scope of the question; comprehensiveness of the search strategy; screening and selection of studies; assessments of evidence quality; and synthesis of results.

## RESULTS

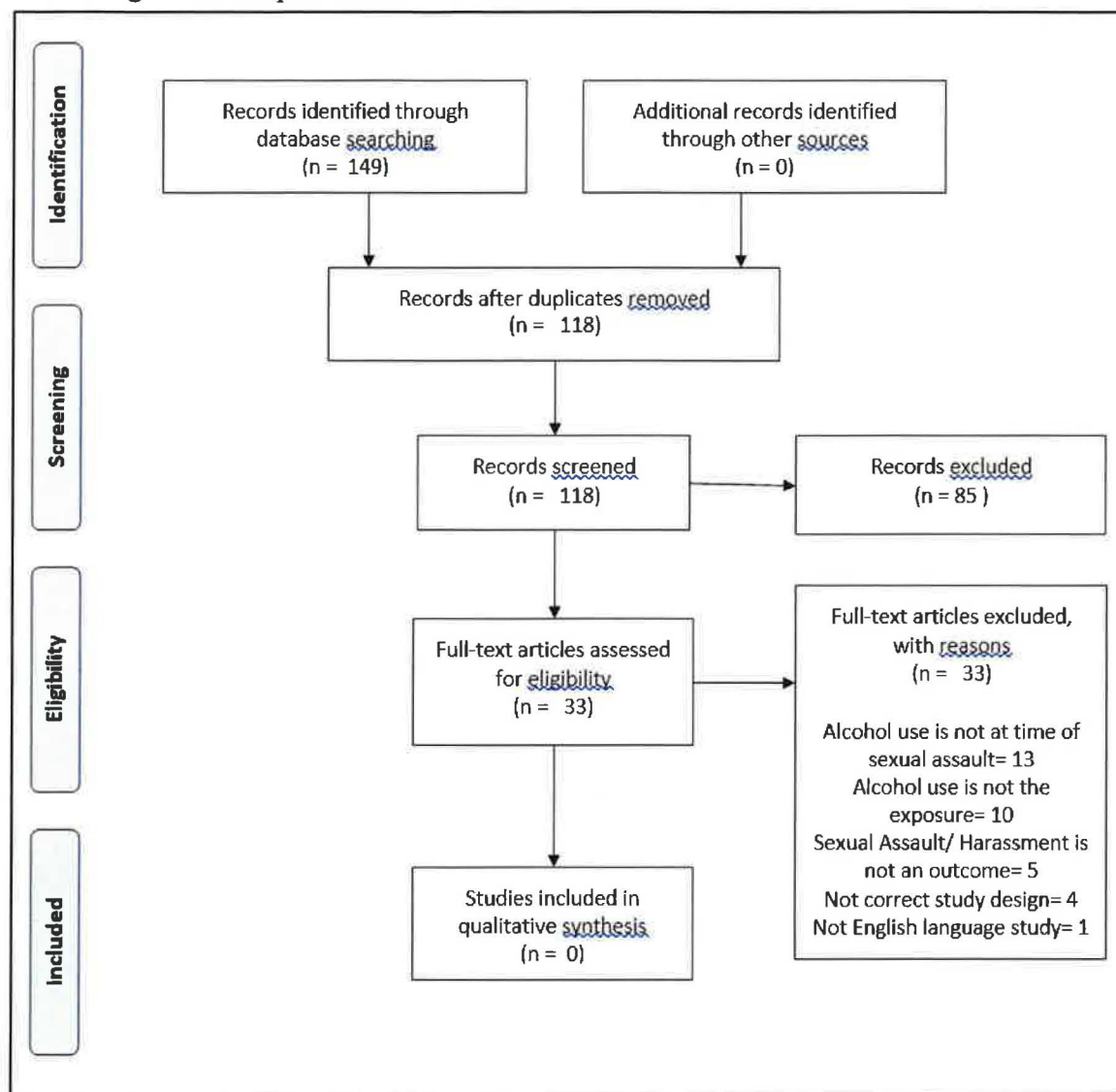
### *Peer-Reviewed Studies Examining Alcohol Use and Sexual Assault/Harassment in the Military*

The PHCoE identified no studies of the U.S. military or veteran populations that explicitly examine the association of alcohol use (by a victim or perpetrator) at the time of an event and sexual assault/harassment (Figure 1). One of challenges in this research field is how to operationalize alcohol use. Alcohol researchers have distinguished between *distal*, *proximal*, and *event-level* effects of alcohol.<sup>52</sup> *Distal* measures include questions about general alcohol consumption in the past month or year. *Proximal* measures ask questions about alcohol consumption in dating. *Event level* refers to alcohol use during a sexual assault incident, focusing on a direct relationship between intoxication and sexual aggression. Very little research has examined the role of alcohol consumption during a sexual assault. The PHCoE identified no research that has evaluated event-level associations in military Service members.

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<sup>52</sup> Abbey, Antonia, Rhiana Wegner, Jacqueline Woerner, Sheri E. Pegram, and Jennifer Pierce. "Review of Survey and Experimental Research that Examines the Relationship Between Alcohol Consumption and Men's Sexual Aggression Perpetration." *Trauma, Violence, & Abuse* 15, no. 4 (April 2014): 265-82. <https://doi.org/10.1177%2F1524838014521031>.

**Figure 1.** Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Flow Diagram for Rapid Review Procedure.



### Surveillance Data

Surveillance data from the 2018 WGRA indicated that alcohol use by a victim or alleged offender was a factor in 62 percent of incidents involving DoD women, compared to 49 percent involving DoD men. The target population for the 2018 WGRA comprised active duty Service members from the Army, Navy, Marine Corps, Air Force, and Coast Guard who were below flag rank and had been on active duty for at least five months. The survey was completed by 115,884 of 735,645 active duty Service members sampled, resulting in a weighted response rate of 17 percent.

### *Limited Review of Studies Involving Civilian Population*

The PHCoE also conducted a limited review of studies that examined the civilian population. Most civilian research has focused on university and college students; the PHCoE included this research in its review, as this population reflects the age demographic of the majority of active duty military.

Among college samples, approximately 50 percent of sexual assaults occurred when the victim, the perpetrator, or both, had consumed alcohol, with estimates ranging from 15 percent to 76 percent.<sup>53,54,55,56</sup> Few college surveys and studies, however, have focused on alcohol consumption at the time of sexual assault.<sup>57</sup> One study asked college men on campus about their sexual activity and alcohol consumption at a baseline and then at a three month follow-up.<sup>58</sup> Among 110 participants, the offender reported 55 percent of sexual assaults involving alcohol use, while the victim reported 50 percent of sexual assaults involving alcohol use. Another study conducted among 551 university undergraduate students found that 14.7 percent reported unwanted sexual assault at the time of alcohol consumption.<sup>59</sup> A third study found that almost half of assaults included alcohol consumption, and that it was “common for the woman and perpetrator” to be drinking alcohol.<sup>60</sup> In a fourth study,<sup>61</sup> 76 percent of unwanted sexual activity reported by females and 68 percent reported by males involved alcohol consumption. Moreover, 72 percent of unwanted sexual activity admitted by female or male perpetrators involved alcohol consumption.

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<sup>53</sup> Abbey, Antonia, Pam McAuslan, and Lisa Thomson Ross. “Sexual Assault Perpetration by College Men: The Role of Alcohol, Misperception of Sexual Intent, and Sexual Beliefs and Experiences.” *Journal of Social and Clinical Psychology* 17, no.2 (1998): 167–95. <https://doi.org/10.1521/jscp.1998.17.2.167>.

<sup>54</sup> Gidycz, Christine A., Jennifer B. Warkentin, and Lindsay M. Orchowski. “Predictors of Perpetration of Verbal, Physical, and Sexual Violence: A Prospective Analysis of College Men.” *Psychology of Men & Masculinities* 8, no. 2 (2007): 79–94. <https://doi.org/10.1037/1524-9220.8.2.79>.

<sup>55</sup> Howard, Donna E., Melinda A. Griffin, and Bradley O. Boekeloo. “Prevalence and Psychosocial Correlates of Alcohol-Related Sexual Assault Among University Students.” *Adolescence* 43, no.172 (2008): 733–50. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2679161/>.

<sup>56</sup> Nicholson, Mary E., Dolores W. Maney, Karen Blair, Patricia M. Wamboldt, Beverly Saxton Mahoney, and Jianping Yuan. “Trends in Alcohol-Related Campus Violence: Implications for Prevention.” *Journal of Alcohol and Drug Education* 43, no.3 (1998): 34–52. <https://eric.ed.gov/?id=EJ583287>.

<sup>57</sup> Abbey, Antonia, Rhiana Wegner, Jacqueline Woerner, Sheri E. Pegram, and Jennifer Pierce. “Review of Survey and Experimental Research that Examines the Relationship Between Alcohol Consumption and Men’s Sexual Aggression Perpetration.” *Trauma, Violence, & Abuse* 15, no. 4 (April 2014): 265–82. <https://doi.org/10.1177%2F1524838014521031>.

<sup>58</sup> Gidycz, Christine A., Jennifer B. Warkentin, and Lindsay M. Orchowski. “Predictors of Perpetration of Verbal, Physical, and Sexual Violence: A Prospective Analysis of College Men.” *Psychology of Men & Masculinities* 8, no. 2 (2007): 79–94. <https://doi.org/10.1037/1524-9220.8.2.79>.

<sup>59</sup> Howard, Donna E., Melinda A. Griffin, and Bradley O. Boekeloo. “Prevalence and Psychosocial Correlates of Alcohol-Related Sexual Assault Among University Students.” *Adolescence* 43, no.172 (2008): 733–50. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2679161/>.

<sup>60</sup> Abbey, Antonia, Pam McAuslan, and Lisa Thomson Ross. “Sexual Assault Perpetration by College Men: The Role of Alcohol, Misperception of Sexual Intent, and Sexual Beliefs and Experiences.” *Journal of Social and Clinical Psychology* 17, no.2 (1998): 167–95. <https://doi.org/10.1521/jscp.1998.17.2.167>.

<sup>61</sup> Nicholson, Mary E., Dolores W. Maney, Karen Blair, Patricia M. Wamboldt, Beverly Saxton Mahoney, and Jianping Yuan. “Trends in Alcohol-Related Campus Violence: Implications for Prevention.” *Journal of Alcohol and Drug Education* 43, no.3 (1998): 34–52. <https://eric.ed.gov/?id=EJ583287>.



## **CONCLUSION**

Very few studies examine the role of alcohol consumption during sexual assault, with no identified research conducted on a military population. DoD surveillance data indicate that alcohol use by a victim or alleged offender was a factor in 62 percent of incidents involving DoD females compared to 49 percent involving DoD males.

*CollegeAIM* Information

*CollegeAIM* includes information on four specific web-based individual-level interventions that address college drinking. The first of these, *AlcoholEdu® for College*, is a multi-component education focused program. The NIAAA describes *AlcoholEdu® for College* as “a two-part, online program providing personalized feedback along with education around alcohol use. The first part of the program is typically completed in the summer before freshmen arrive on campus, with the second part being completed during the fall. Students must complete knowledge-based quizzes in order to complete the course.”<sup>62</sup> EVERFI, a for-profit education technology company linking digital education strategies with various learning topics, produced this program.<sup>63</sup> The NIAAA rates this program as a **higher cost, higher effectiveness** initiative. Program usage fees appear to be based on volume-based pricing models.

Assessed as a **lower cost, higher effectiveness** initiative, the *eCHECKUP TO GO* program delivers a “web-based survey that provides students with personalized feedback about their drinking patterns and how their alcohol use might affect their health and personal goals.”<sup>64</sup> Counselling staff at the San Diego State University developed *eCHECKUP TO GO*<sup>65</sup> through the San Diego State University Research Foundation; this program specifically targets first-year students and college athletes. An organizational subscription service regulates program access. The NIAAA reports that colleges and universities pay roughly \$1,000.00 per year to use this program.

The *Alcohol-Wise™* online program is approximately one hour-long, and provides “personalized feedback through the *eCHECKUP TO GO* program along with education about alcohol use. Students must complete knowledge-based quizzes to complete the course.”<sup>66</sup> While NIAAA assessed *eCHECKUP TO GO* alone as a higher effectiveness program, the NIAAA assessed the *Alcohol-Wise™* program as a **mid-range cost, moderate effectiveness** initiative. Designed by 3<sup>rd</sup> Millennium Classrooms,<sup>67</sup> a for-profit company, this program combines the self-assessment and personalized feedback of the *eCHECKUP TO GO* program with brief educational materials developed by the company. Developers charge a program usage fee; however, specific pricing models were unavailable.

<sup>62</sup> National Institute on Alcohol Abuse and Alcoholism. “*CollegeAIM*: Individual-Level Strategies. Multi-Component Education-Focused Program (MCEFP): *AlcoholEdu® for College*.”

<https://www.collegedrinkingprevention.gov/CollegeAIM/IndividualStrategies/default.aspx#IND-19>.

<sup>63</sup> EVERFI. “EVERFI Mission.” <https://everfi.com/about/mission/>.

<sup>64</sup> National Institute on Alcohol Abuse and Alcoholism. “*CollegeAIM* Individual-Level Strategies. Personalized Feedback Intervention (PFI): *eCHECKUP TO GO* (Formerly, *e-CHUG*).”

<https://www.collegedrinkingprevention.gov/CollegeAIM/IndividualStrategies/default.aspx#IND-24>.

<sup>65</sup> San Diego State University Research Foundation. “*eCHECKUP TO GO*: Who We Are.”

<http://www.echeckuptogo.com/about/mission>.

<sup>66</sup> National Institute on Alcohol Abuse and Alcoholism. “*CollegeAIM*: Individual-Level Strategies. Multi-Component Education-Focused Programs (MCEFP): *Alcohol-Wise™* (Contains *eCHECKUP TO GO*).”

<https://www.collegedrinkingprevention.gov/CollegeAIM/IndividualStrategies/default.aspx#IND-20>.

<sup>67</sup> 3<sup>rd</sup> Millennium Classrooms. “3<sup>rd</sup> Millennium Classrooms” Homepage. <https://web.3rdmil.com/>.

Finally, *Alcohol 101 Plus™* is a “web-based modification of the earlier CD-ROM-based Alcohol 101 program. It provides alcohol education and skills training using a ‘virtual campus’ modeling potential drinking situations and discussing possible consequences and alternatives. Personalized blood alcohol concentration (BAC) calculations also are provided.”<sup>68</sup> The NIAAA assesses the *Alcohol 101 Plus™* program as being a **lower cost, lower effectiveness** intervention. The program was developed by the Foundation for Advancing Alcohol Responsibility, a national non-profit organization whose funding members are comprised largely (if not entirely) of distillers and other producers of alcoholic beverages. The foundation seeks to combat drunk driving and under-age drinking.<sup>69</sup>

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<sup>68</sup> National Institute on Alcohol Abuse and Alcoholism. “*CollegeAIM: Individual-Level Strategies. Skills Training, Alcohol Plus General Life Skills: Alcohol 101 Plus™.*” <https://www.collegedrinkingprevention.gov/CollegeAIM/IndividualStrategies/default.aspx#IND-13>

<sup>69</sup> Foundation for Advancing Alcohol Responsibility. “Our Members.” <https://www.responsibility.org/who-we-are/members/>.