OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JUL 27 2011

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The Department is pleased to provide Congress with the enclosed report in response to the National Defense Authorization Act for Fiscal Year 2010, section (sec.) 596, "Comprehensive Plan on Prevention, Diagnosis, and Treatment of Substance Use Disorders and Disposition of Substance Abuse Offenders in the Armed Forces." Consistent with the interim response signed on June 4, 2010, the enclosed report combines the review and assessment of the Department of Defense's (DoD) substance use disorder (SUD) programs and policies and the comprehensive plan for the improvement and enhancement of programs and policies. Therefore, the enclosed report meets the requirements of sec. 596 (a) and serves as another interim report with respect to sec. 596 (b). This comprehensive and detailed report required extensive input from the Services and a number of DoD components as well as an extended period of review and modification. These processes have extended the submission date of this report well beyond the specified completion date, but has resulted in a more accurate and well-constructed document.

The Department anticipates providing the report required by sec. 596 (b) by January 2013. I sincerely apologize for this delay, but the development of a comprehensive statement of policy and subsequent regulations requires that the Department undertake numerous complex actions. These efforts are expected to require approximately eighteen months.

As our understanding grows about the effects of prolonged war on our Armed Forces and their families, the Department is actively pursuing changes in regulation and policy, refining its methods of calculating mental health manning requirements, and continuously evaluating the SUD services that are provided in military treatment facilities and within the TRICARE network to ensure that quality care is available when and where it is needed.

A similar letter is being sent to the other Chairmen of the congressional defense committees. Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JUL 27 2011

The Honorable Jim Webb
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

We The Department is pleased to provide Congress with the enclosed report in response to the National Defense Authorization Act for Fiscal Year 2010, section (sec.) 596, "Comprehensive Plan on Prevention, Diagnosis, and Treatment of Substance Use Disorders and Disposition of Substance Abuse Offenders in the Armed Forces." Consistent with the interim response signed on June 4, 2010, the enclosed report combines the review and assessment of the Department of Defense's (DoD) substance use disorder (SUD) programs and policies and the comprehensive plan for the improvement and enhancement of programs and policies. Therefore, the enclosed report meets the requirements of sec. 596 (a) and serves as another interim report with respect to sec. 596 (b). This comprehensive and detailed report required extensive input from the Services and a number of DoD components as well as an extended period of review and modification. These processes have extended the submission date of this report well beyond the specified completion date, but has resulted in a more accurate and well-constructed document.

The Department anticipates providing the report required by sec. 596 (b) by January 2013. I sincerely apologize for this delay, but the development of a comprehensive statement of policy and subsequent regulations requires that the Department undertake numerous complex actions. These efforts are expected to require approximately eighteen months.

As our understanding grows about the effects of prolonged war on our Armed Forces and their families, the Department is actively pursuing changes in regulation and policy, refining its methods of calculating mental health manning requirements, and continuously evaluating the SUD services that are provided in military treatment facilities and within the TRICARE network to ensure that quality care is available when and where it is needed.

A similar letter is being sent to the other Chairmen of the congressional defense committees. Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable Lindsey Graham
Ranking Member

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JUL 27 2011

The Honorable Howard P. "Buck" McKeon
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The Department is pleased to provide Congress with the enclosed report in response to the National Defense Authorization Act for Fiscal Year 2010, section (sec.) 596, "Comprehensive Plan on Prevention, Diagnosis, and Treatment of Substance Use Disorders and Disposition of Substance Abuse Offenders in the Armed Forces." Consistent with the interim response signed on June 4, 2010, the enclosed report combines the review and assessment of the Department of Defense's (DoD) substance use disorder (SUD) programs and policies and the comprehensive plan for the improvement and enhancement of programs and policies. Therefore, the enclosed report meets the requirements of sec. 596 (a) and serves as another interim report with respect to sec. 596 (b). This comprehensive and detailed report required extensive input from the Services and a number of DoD components as well as an extended period of review and modification. These processes have extended the submission date of this report well beyond the specified completion date, but has resulted in a more accurate and well-constructed document.

The Department anticipates providing the report required by sec. 596 (b) by January 2013. I sincerely apologize for this delay, but the development of a comprehensive statement of policy and subsequent regulations requires that the Department undertake numerous complex actions. These efforts are expected to require approximately eighteen months.

As our understanding grows about the effects of prolonged war on our Armed Forces and their families, the Department is actively pursuing changes in regulation and policy, refining its methods of calculating mental health manning requirements, and continuously evaluating the SUD services that are provided in military treatment facilities and within the TRICARE network to ensure that quality care is available when and where it is needed.

A similar letter is being sent to the other Chairmen of the congressional defense committees. Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JUL 27 2011

The Honorable Joe Wilson
Chairman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The Department is pleased to provide Congress with the enclosed report in response to the National Defense Authorization Act for Fiscal Year 2010, section (sec.) 596, "Comprehensive Plan on Prevention, Diagnosis, and Treatment of Substance Use Disorders and Disposition of Substance Abuse Offenders in the Armed Forces." Consistent with the interim response signed on June 4, 2010, the enclosed report combines the review and assessment of the Department of Defense's (DoD) substance use disorder (SUD) programs and policies and the comprehensive plan for the improvement and enhancement of programs and policies. Therefore, the enclosed report meets the requirements of sec. 596 (a) and serves as another interim report with respect to sec. 596 (b). This comprehensive and detailed report required extensive input from the Services and a number of DoD components as well as an extended period of review and modification. These processes have extended the submission date of this report well beyond the specified completion date, but has resulted in a more accurate and well-constructed document.

The Department anticipates providing the report required by sec. 596 (b) by January 2013. I sincerely apologize for this delay, but the development of a comprehensive statement of policy and subsequent regulations requires that the Department undertake numerous complex actions. These efforts are expected to require approximately eighteen months.

As our understanding grows about the effects of prolonged war on our Armed Forces and their families, the Department is actively pursuing changes in regulation and policy, refining its methods of calculating mental health manning requirements, and continuously evaluating the SUD services that are provided in military treatment facilities and within the TRICARE network to ensure that quality care is available when and where it is needed.

A similar letter is being sent to the other Chairmen of the congressional defense committees. Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable Susan A. Davis
Ranking Member

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JUL 27 2011

The Honorable Daniel K. Inouye
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The Department is pleased to provide Congress with the enclosed report in response to the National Defense Authorization Act for Fiscal Year 2010, section (sec.) 596, "Comprehensive Plan on Prevention, Diagnosis, and Treatment of Substance Use Disorders and Disposition of Substance Abuse Offenders in the Armed Forces." Consistent with the interim response signed on June 4, 2010, the enclosed report combines the review and assessment of the Department of Defense's (DoD) substance use disorder (SUD) programs and policies and the comprehensive plan for the improvement and enhancement of programs and policies. Therefore, the enclosed report meets the requirements of sec. 596 (a) and serves as another interim report with respect to sec. 596 (b). This comprehensive and detailed report required extensive input from the Services and a number of DoD components as well as an extended period of review and modification. These processes have extended the submission date of this report well beyond the specified completion date, but has resulted in a more accurate and well-constructed document.

The Department anticipates providing the report required by sec. 596 (b) by January 2013. I sincerely apologize for this delay, but the development of a comprehensive statement of policy and subsequent regulations requires that the Department undertake numerous complex actions. These efforts are expected to require approximately eighteen months.

As our understanding grows about the effects of prolonged war on our Armed Forces and their families, the Department is actively pursuing changes in regulation and policy, refining its methods of calculating mental health manning requirements, and continuously evaluating the SUD services that are provided in military treatment facilities and within the TRICARE network to ensure that quality care is available when and where it is needed.

A similar letter is being sent to the other Chairmen of the congressional defense committees. Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Vice Chairman

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JUL 27 2011

The Honorable Harold Rogers
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The Department is pleased to provide Congress with the enclosed report in response to the National Defense Authorization Act for Fiscal Year 2010, section (sec.) 596, "Comprehensive Plan on Prevention, Diagnosis, and Treatment of Substance Use Disorders and Disposition of Substance Abuse Offenders in the Armed Forces." Consistent with the interim response signed on June 4, 2010, the enclosed report combines the review and assessment of the Department of Defense's (DoD) substance use disorder (SUD) programs and policies and the comprehensive plan for the improvement and enhancement of programs and policies. Therefore, the enclosed report meets the requirements of sec. 596 (a) and serves as another interim report with respect to sec. 596 (b). This comprehensive and detailed report required extensive input from the Services and a number of DoD components as well as an extended period of review and modification. These processes have extended the submission date of this report well beyond the specified completion date, but has resulted in a more accurate and well-constructed document.

The Department anticipates providing the report required by sec. 596 (b) by January 2013. I sincerely apologize for this delay, but the development of a comprehensive statement of policy and subsequent regulations requires that the Department undertake numerous complex actions. These efforts are expected to require approximately eighteen months.

As our understanding grows about the effects of prolonged war on our Armed Forces and their families, the Department is actively pursuing changes in regulation and policy, refining its methods of calculating mental health manning requirements, and continuously evaluating the SUD services that are provided in military treatment facilities and within the TRICARE network to ensure that quality care is available when and where it is needed.

A similar letter is being sent to the other Chairmen of the congressional defense committees. Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable Norman D. Dicks
Ranking Member

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JUL 27 2011

The Honorable C. W. Bill Young
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The Department is pleased to provide Congress with the enclosed report in response to the National Defense Authorization Act for Fiscal Year 2010, section (sec.) 596, "Comprehensive Plan on Prevention, Diagnosis, and Treatment of Substance Use Disorders and Disposition of Substance Abuse Offenders in the Armed Forces." Consistent with the interim response signed on June 4, 2010, the enclosed report combines the review and assessment of the Department of Defense's (DoD) substance use disorder (SUD) programs and policies and the comprehensive plan for the improvement and enhancement of programs and policies. Therefore, the enclosed report meets the requirements of sec. 596 (a) and serves as another interim report with respect to sec. 596 (b). This comprehensive and detailed report required extensive input from the Services and a number of DoD components as well as an extended period of review and modification. These processes have extended the submission date of this report well beyond the specified completion date, but has resulted in a more accurate and well-constructed document.

The Department anticipates providing the report required by sec. 596 (b) by January 2013. I sincerely apologize for this delay, but the development of a comprehensive statement of policy and subsequent regulations requires that the Department undertake numerous complex actions. These efforts are expected to require approximately eighteen months.

As our understanding grows about the effects of prolonged war on our Armed Forces and their families, the Department is actively pursuing changes in regulation and policy, refining its methods of calculating mental health manning requirements, and continuously evaluating the SUD services that are provided in military treatment facilities and within the TRICARE network to ensure that quality care is available when and where it is needed.

A similar letter is being sent to the other Chairmen of the congressional defense committees. Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable Norman D. Dicks
Ranking Member

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JUL 27 2011

The Honorable Daniel K. Inouye
Chairman, Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The Department is pleased to provide Congress with the enclosed report in response to the National Defense Authorization Act for Fiscal Year 2010, section (sec.) 596, "Comprehensive Plan on Prevention, Diagnosis, and Treatment of Substance Use Disorders and Disposition of Substance Abuse Offenders in the Armed Forces." Consistent with the interim response signed on June 4, 2010, the enclosed report combines the review and assessment of the Department of Defense's (DoD) substance use disorder (SUD) programs and policies and the comprehensive plan for the improvement and enhancement of programs and policies. Therefore, the enclosed report meets the requirements of sec. 596 (a) and serves as another interim report with respect to sec. 596 (b). This comprehensive and detailed report required extensive input from the Services and a number of DoD components as well as an extended period of review and modification. These processes have extended the submission date of this report well beyond the specified completion date, but has resulted in a more accurate and well-constructed document.

The Department anticipates providing the report required by sec. 596 (b) by January 2013. I sincerely apologize for this delay, but the development of a comprehensive statement of policy and subsequent regulations requires that the Department undertake numerous complex actions. These efforts are expected to require approximately eighteen months.

As our understanding grows about the effects of prolonged war on our Armed Forces and their families, the Department is actively pursuing changes in regulation and policy, refining its methods of calculating mental health manning requirements, and continuously evaluating the SUD services that are provided in military treatment facilities and within the TRICARE network to ensure that quality care is available when and where it is needed.

A similar letter is being sent to the other Chairmen of the congressional defense committees. Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Vice Chariman

Table of Contents

List of Figures

List of Tables

Executive Summary

Background

The Military Health System (MHS) is a diverse healthcare delivery organization meeting the needs of 9.6 million eligible beneficiaries. Whether care is delivered through our military facilities (direct care) or through purchased care agreements with civilian medical agencies and practitioners, our goal is to provide the best healthcare possible to our beneficiaries. Department of Defense (DoD) health programs and services have provided nearly 470,000 episodes of substance abuse care in 2010, helping to ensure that those in need of services receive them.

As directed by section 596 of the National Defense Authorization Act (NDAA) for Fiscal Year 2010, the Secretary of Defense conducted a comprehensive review and assessment of the Department of Defense's (DoD) substance use disorder (SUD) policies, programs and activities related to the prevention, diagnosis and treatment of SUDs. In addition, the 2010 NDAA required DoD to examine policies related to the disposition of SUD offenders and to consider the re-establishment of long-term inpatient SUD treatment programs.

A workgroup of subject matter experts from each of the Military Departments, the United States Coast Guard, as well as from DoD's Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Office of Drug Testing and Program Policy, Office of Force Health Protection and Readiness (FHP&R), Health Program Analysis and Evaluation Division, the TRICARE Regional Offices, and the Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy examined the statutory requirements and agreed on the organization and content of this report, that includes:

- A review of policies related to the prevention, screening, diagnosis and treatment of substance use disorder and substance use offenders
- A review of programs related to the prevention, screening, diagnosis and treatment of substance use disorders to include the possible re-establishment of long-term residential treatment programs
- The development of a comprehensive plan designed to address findings uncovered during the aforementioned review of programs and policies.

Policy Findings

A review of 12 major DoD and Service level policies and 71 relevant subsections (Appendix B) revealed a mature body of guidance. Department of Defense Instruction (DoDI) 5025.01 requires DoD that policies be reviewed every five years to determine if they are necessary, current, and consistent with DoD policy, existing law, and statutory authority, and certified as current or cancelled as a result of that review. Adherence to that instruction requires several current SUD related policies to be reviewed in the current year. Review and expected revisions to DoD policies related to substance misuse and abuse will ensure that a clear statement of policy addresses the specific topics outlined in section 596(b) of the 2010 NDAA.

The availability of substance use screening, assessment and treatment services for all beneficiaries is provided through the direct military healthcare system and TRICARE authorized providers in the private sector. Current policy permits substance use treatment in any of the more than 1,000 TRICARE authorized hospitals, clinics and certified freestanding treatment facilities. TRICARE does not currently cover substance abuse care delivered in an individual provider's office and has in place yearly and lifetime limits on certain forms of care that may impact the flexibility of providers to deliver appropriate care. TRICARE is actively pursuing modification to these policies.

Two requirements have been reviewed by Military Health System (MHS) leadership and are in the process of being modified. By statute, under TRICARE, licensed mental health counselors are able to provide care only under the supervision of a physician. Lastly, TRICARE is prohibited by regulation from paying for certain drug maintenance treatments such as maintenance treatment for opioid dependence. Forthcoming changes to these two requirements will result in better access to services and providers of SUD treatment.

A review of policies related to the disposition of substance use offenders was conducted and found to be consistent with Service mission priorities and flexible enough to allow military leaders to direct Service members towards medical treatment rather than disciplinary action. On the other hand, a recent Army report, "Health Promotion Risk Reduction, Suicide Prevention" (2010), found soldiers with multiple positive drug tests were being retained on active duty and may suggest that policies are too flexible and insufficiently guide the disposition of active duty service members with ongoing drug abuse conditions.

Program Findings

Substance use disorder programs were grouped by their applicability to prevention, screening, diagnosis and treatment of substance use representing more than 40 programs across DoD (Appendix C). Prevention programs range from population-based programs to targeted prevention initiatives. A key finding of the program review was that DoD has put renewed focus on program evaluation and the implementation of evidence-based programs.

Services providing screening, diagnosis and treatment of substance use disorders comprise a mature set of programs and activities across the DoD. The review identified a need for agreement on a common set of metrics that will assist in identifying effective programs and activities and permit the sharing of information across the organization. DoD must continue to ensure that gender specific programs are available and that all programs are gender sensitive.

The credentialing of healthcare personnel in Medical Treatment Facilities (MTFs) follows well-established guidelines and procedures to ensure that the education, training, licensure and practice of providers conforms to standards in the medical community.

Adequate staffing for SUD programs and services is essential to ensuring the availability of quality care. Staffing models in the direct care system consider the size and make-up of the population as well as the need for mission readiness, but have not systematically incorporated the

need for services based on the population's risk for behavioral health disorders. To help address this need, DoD has developed the Psychological Health Risk-Adjusted Model for Staffing (PHRAMS). This is a population-based, risk-adjusted staffing model that forecasts the demand for behavioral health services and the number of providers required to deliver those services.

Demand for SUD inpatient and residential rehabilitation treatment that can not be provided in MTFs is met by the more than 390 inpatient and 663 long and short-term residential treatment facilities across the United States and Puerto Rico that accept TRICARE reimbursement. Significantly, in 2004, medical facilities of the Department of Veterans Affairs (VA) became authorized TRICARE providers making those programs and services available to Active Duty Service members (ADSMs). Presently, the VA offers a broad range of SUD services, including inpatient, outpatient and both short and long-term residential SUD treatment programs. One thousand six-hundred and twenty-one residential beds at 62 sites across the United States are available to assist the Services with the residential treatment needs of their Service members.

Comprehensive Plan for the Improvement and Enhancement of Services

Policies related to the prevention, diagnosis and treatment of substance use disorders need to be reviewed in accordance with DoDI 5025.01. DoD has recently chartered the Addictive Substances Misuse Advisory Committee (ASMAC) whose responsibilities include identifying policies in need of review and revision. The policy review outlined in this report indicates a need to establish guidance to identify common quality and outcome metrics for substance abuse programs, for the use of standardized and validated screening tools in the MHS and to set standards and expectation on the implementation of DoD Clinical Practice Guidelines.

Limits on confidentiality of treatment for our active duty force are often cited as a barrier to substance use treatment. DoD will consider expanding successful pilot programs that study varying levels of service member privacy and its impact on fitness determinations and help-seeking behavior. The Army is currently conducting a pilot study that will provide critical information on the best way to encourage personnel to seek early treatment.

Programs that address the screening, diagnosis and treatment of substance use disorders are accessible and available to ADSM's, their dependents and retirees. The accessibility of these services can be limited for reserve component personnel. Gender specific programs and services are limited and can be further constrained by location. Improved collaboration with the Veterans Administration can further inform DoD on needed gender specific services, the effectiveness of those services, and the best policies to manage the delivery of that care.

Continued efforts to ensure that DoD delivers the care our beneficiaries deserve should and does include ongoing review of the Department's programs and services. In keeping with the Department's standards for critical self-examination, it is actively collaborating with the Institute of Medicine's conduct of a comprehensive impartial, independent study of Departmental substance use disorder treatment policies and programs.

Background

This report is pursuant to section 596 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2010, requiring the Secretary of Defense, in consultation with the Secretaries of the Military Departments, to conduct a comprehensive review and assessment of the programs and activities of the Department of Defense (DoD) for the prevention, diagnosis, and treatment of substance use disorders (SUDs) in members of the Armed Forces. Included in this review are DoD policies and directives related to the provision of care to persons with SUDs and the disposition of substance use offenders, specifically the disciplinary actions and administrative separation of those members. Also examined is the adequacy of the prevention, diagnosis, and treatment of SUDs in dependents of members of the Armed Forces. Concluding the report is a comprehensive plan for the improvement and enhancement of SUD services for DoD that reflects the review and assessment conducted of SUD programs, activities, and policies.

Scope

Military Departments include the Air Force, Army, Navy, and Marine Corps (Marines). The Coast Guard, though aligned under the Department of Homeland Security (DHS), requested inclusion in this review of SUD policies and programs. The term "Services" is used throughout this report and refers to the Air Force (USAF), Army (USA), Navy (USN), Marine Corps (USMC) and Coast Guard (USCG) collectively.

The Comprehensive Plan for the Improvement of SUD services does not identify actions for the USCG which is a component of the Department of Homeland Security rather than the Department of Defense.

1.0 Introduction

The concurrent military operations, Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), have exposed Active Duty Service Members (ADSMs) to hostile environments, extended and frequent deployments, and multiple separations from their loved ones. Repeated warfighter deployments by members of all Military Departments and their reserve components have resulted in prolonged absences from American culture and civilian life. While much of the effects of combat and operational exposure and family separations are not fully understood, the sequelae, suicide, depression, anxiety, post-traumatic stress disorder (PTSD), problems subsequent to traumatic brain injury (TBI), and the abuse of alcohol, drugs, and prescription medications have received considerable attention as these conflicts persist. This report focused primarily on SUDs and systematically examines the current capabilities of the DoD for the prevention, screening and diagnosis, and treatment of SUDs among Armed Forces members and their families. It also reviewed policies related to the disposition, disciplinary action, and administrative separation of SUD offenders.

In concert with civilian reports and research, military experts surveil, examine, and act to resolve problems related to substance abuse among military personnel. Armed Forces members voluntarily respond to automated survey instruments, such as the DoD Survey of Health Related Behaviors (HRB)[1] that collect data related to the prevalence of smoking and substance misuse. Effective policy and efficient organizational processes in the Military Health System (MHS) are critical to guide the prevention, diagnosis, and treatment of SUDs and further translate to individual fitness and force readiness and to the health of all MHS beneficiaries. As our understanding grows about the effects of prolonged war on our forces and their families, DoD is actively pursing changes in regulation and policy, refining its methods of calculating mental health manning requirements and continuously evaluating the SUD services that are provided in military treatment facilities (MTFs) and within the TRICARE network to ensure that care is available when and where it is needed.

1.1 Organization of the Report

This report is organized around the following topical requirements of section 596 FY 2010 NDAA:

- **Review of SUD and Disposition of Substance Use Offender Policies** – A review was conducted of DoD and Service-level policies for the prevention, diagnosis, and treatment of SUDs, and of policies for the disposition of substance use offenders (e.g., disciplinary action and administrative separation) in order to determine appropriateness and find opportunities to improve existing guidance.

- **Review of SUD Programs and Activities** – A review was conducted of DoD and Service-level programs and activities related to the prevention, diagnosis, and treatment of SUDs in order to determine the availability of and access to SUD services for members of the Armed Forces, plus the adequacy of SUD services for their family

[1] 2008 Health Related Behavior Survey

members. Credentialing was examined for healthcare practitioners who deliver SUD treatment services, in addition to the staffing methodology for those positions. This review also addresses the congressional requirement for "re-establishment of regional, long-term inpatient SUD treatment programs," as directed by the 2010 NDAA. In all, this review was conducted to identify opportunities to improve existing programs and to identify any potential program gaps.

- **Comprehensive Plan for Improvement and Enhancement of SUD Services** – As a result of the review conducted above, a comprehensive plan for the improvement and enhancement of SUD services is provided.

1.2 Methodology

This section describes the formation of a DoD Subject Matter Expert (SME) workgroup, the required assessment elements, the strengths and weaknesses of the methodology, and a "road map."

At the request of the Assistant Secretary of Defense for Health Affairs a workgroup was formed comprised of multiple SMEs. These experts in the administration and delivery of SUD services were the selected representatives from the following Services and departments/agencies: USAF, USA, USN, USMC, and USCG; TMA, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE), Drug Testing and Program Policy (DT&PP), Force Health Protection and Readiness (FHP&R), Health Program Analysis and Evaluation (HPA&E), the TRICARE Regional Offices (TROs), and Military Community and Family Policy (the Undersecretary of Defense (Personnel and Readiness [USD (P&R)] MC&FP).

The SMEs examined assessment elements that were derived from the congressional language. These items were operationalized and translated into a series of questions, then grouped into a workbook. The workbook provided the experts with a tool to collect, track, and organize data related to the assessment elements. Major assessment elements included the following items:

1) Availability of and access to care for SUDs
2) DoD oversight of SUD programs
3) Credentialing requirements for healthcare professionals
4) Statistics on the prevalence of SUDs
5) Disciplinary actions and administrative separations for substance abuse

The workgroup was asked to identify opportunities for improvement in any programs or areas exhibiting policy gaps. Once data collection activities were completed, the information was aggregated and synthesized. The information was then organized within this report. At multiple points, each workgroup member critically reviewed the information in the report to verify and validate appropriate representation of each Service's or organization's input.

The methodology used in this review had associated strengths and benefits. The workbook provided an organized, structured method to qualitatively evaluate and discern trends in SUD policies and programs across DoD. The workbook assisted the SMEs in organizing their assessments and allowed the coordination of a comprehensive response. Based on the SMEs'

responses, narratives were drafted by workgroup leaders. The SMEs validated the narratives, which conserved resources and time and eased the workload. Finally, this method permitted SMEs to apply their knowledge and real world experiences to the status of their Services' or organizations' programs and to assess the relevance and applicability of existing policies.

Weaknesses were also associated with the methods used to conduct this review. As SMEs applied their knowledge and experience to the assessment narrative, their personal biases may be contained in the results. The opinions of SMEs on their own Services' or organizations' programs are not necessarily generalizable to SUD services across DoD. In general, qualitative methods are more complex when compared to quantitative methods and require more time for analysis. Triangulated methods of analysis (quantitative in addition to qualitative) were employed, which are commonly used scientific procedures in understanding complex problems.

This review of SUD programs and policies has provided the DoD and the Armed Forces an opportunity to reflect and validate efforts across the larger organization. In all, the review revealed variations in SUD policies and programs across the Services. The end result is a "road map" (a comprehensive plan) for improving SUD programs and policies, thus consolidating data gathering and surveillance to enhance communication across the Services, and ensuring the health and well-being of our military members and their families during and after deployments.

2.0 Review of Policies

A thorough review was conducted of all DoD and Service-level policies related to the prevention, screening and diagnosis, and treatment of SUDs. Guidance was also reviewed on the disposition of substance use offenders. Each policy area is outlined in tabled format and is categorized by DoD and all Services. A summary of findings is bulleted for each policy area. Note: The formatted tables first depict the broad set of DoD strategic goals and any identified limitations. Next depicted are the operational levels of execution by all Services.

Appendix B – DoD and Service Policy References - provides a reference to the named and numbered directives and instructions included in this review.

2.1 Policies for Prevention, Screening and Diagnosis, and Treatment of SUDs

Overview

The table below outlines DoD and Service-level policies relevant to the prevention, screening and diagnosis, and treatment of SUDs.

Table 1: Prevention, Screening and Diagnosis, and Treatment Policies Across DoD

PREVENTION, SCREENING AND DIAGNOSIS, AND TREATMENT POLICIES	
Prevention of SUDs	**DoD** • DoD policy requires urine drug testing as a means to deter service members from abusing illegal drugs and other illicit substances. Education and training are to be provided on drug and alcohol abuse and/or dependency, and must have in-place effective measures to alleviate problems associated with alcohol and drug abuse and/or dependency. **Air Force** • Air Force policy requires substance abuse prevention and education programs to be structured so that they reduce individual and organizational risk factors and increase resiliency factors in high risk populations. **Army** • Army policy mandates that substance abuse prevention and awareness training addresses deterrence of alcohol and drug abuse before it occurs, and targets the reduction of abuse or misuse of alcohol and other drugs to the lowest possible level where it exists. **Navy** • Navy policy implements substance abuse prevention via education about alcohol and drug policies, programs, resources, and measures to avoid alcohol and drug abuse. **Marine Corps** • Marine Corps policy states that their prevention education and training programs address the entire scope of drug and alcohol abuse, both legal and illegal. Programs must provide requisite knowledge of drug and alcohol abuse and their effects, and to train military and civilian supervisors in the important role of eliminating illegal drug use and reducing alcohol use. **Coast Guard** • Coast Guard policy requires prevention efforts be focused on preventing alcohol misuse and the unlawful use of other drugs through increasing awareness of substance abuse issues, responsible alcohol use, prevention training, and via commands with tools and procedures for commands to deal with the irresponsible use of alcohol.

PREVENTION, SCREENING AND DIAGNOSIS, AND TREATMENT POLICIES	
Screening and Diagnosis of SUDs	**DoD** • DoD policy requires the review and analysis of urine drug screening results to assess the security, military fitness, readiness, good order, and discipline of commands. DoD instruction (6490.03) establishes the requirements for the PDHA and PDHRA; requiring the use of the DD FORM 2796 and DD FORM 2900 which both screen substance use in deployed personnel. **Air Force** • Air Force policy states that objective measures are to be used in the assessment of SUDs and to determine a patient's need for treatment and the level of care required. The policy addresses how assessment results may be used (e.g. treatment plan, disciplinary actions etc.). **Army** • Army policy defines various means by which substance abuse may be identified including voluntary (self) identification (ID), command ID, drug testing ID, alcohol testing ID, medical ID, and investigation/apprehension. **Navy** • Navy policy states that SUD referrals for screening can occur either before an alcohol related incident occurs (before a problem becomes more advanced and more difficult to resolve without risk of disciplinary action) or post-incident. Command/self-referrals and incident referrals shall be ordered to the appropriate Substance Abuse Rehabilitation Program (SARP) for screening. **Marine Corps** • Marine Corps policy requires the use of deterrent measures including periodic announced and unannounced health and welfare inspections of billeting areas and work spaces, random vehicle checkpoints, aggressive random urine analysis testing, and the use of drug detection dogs within substance abuse programs to screen for SUDs. **Coast Guard** • Coast Guard policy prescribes drug testing procedures, mandatory screening after a drug/alcohol incident, and self-referrals for personnel with a suspected alcohol and/or drug abuse problem.
Treatment of SUDs	**DoD** • DoD policy requires drug testing (positive test result) to be used as a basis for action to refer a service member into treatment. Policies also include provisions for the identification and treatment of personnel identified with alcohol or drug related problems discovered through means other than drug testing. **Air Force** • Air Force policy requires treatment services to be consistent with the American Society of Addiction Medicine (ASAM) guidelines and recommendations. Recommendations include placement criteria for level of care, the utilization of a multi- disciplinary approach, and care individualized to patient specific needs. **Army** • Army policy mandates that rehabilitation modalities correspond to the severity of an individual's substance use disorder in order to meet individual needs. **Navy** • Navy policy states that substance abuse services are to be delivered within a variety of treatment settings ranging from low-intensity, education-oriented programs to medically-managed inpatient care. Levels of care and length of stay are dependent on the patient's specific clinical needs and response to treatment rather than a pre-determined program length. Required treatment will be per the ASAM placement criteria guidelines. **Marine Corps** • Marine Corps policy requires treatment plans be developed collaboratively between the beneficiary and case manager to establish treatment levels and placement into a treatment team. Treatment programs include early intervention services, outpatient services, and intensive outpatient services. Inpatient/Residential treatment services are provided by the Navy's SARP. **Coast Guard** • Coast Guard policy requires treatment programs be based on ASAM's patient placement criteria where treatment lengths are tailored to the individual. Treatment programs include early intervention services, outpatient services, and intensive outpatient services. Inpatient/Residential treatment services are provided by the Navy's SARP or civilian providers.

Review of Policies

Based on the evaluation by workgroup SMEs, the DoD and Service-level policies related to the prevention, screening and diagnosis, and treatment of SUDs are directive enough to ensure that a broad range of SUD services and programs are available, while permissive enough to allow those same services and programs to be tailored to meet the needs of each Service. Regular review of DoD policies related to SUD services is guided by DoDI 5025.01 and should ensure their continued relevance and compliance with new standards of practice. Although DoD policies generally permit all beneficiaries seeking SUD services to receive those services, there are areas for improvement.

Although DoD mandates a common set of screening tools across the deployment cycle to include the use of a validated screening instrument for alcohol use, DoD does not mandate a common set of SUD screening tools and processes in primary care settings and other areas of healthcare delivery. Policies guiding the Services' collection of clinical and administrative data do not direct common outcome and quality measures across DoD for SUD prevention, diagnosis, and treatment. This complicates the differentiation of poorly performing services and programs from those that are effective.

The decentralized nature of the delivery of medical services within the Department makes it possible for novel treatment programs to be instituted quickly at MTFs. However, the absence of guidance on the use of evidence-based practices and the collection of standardized outcome and quality measures may contribute to an overabundance of programs whose effectiveness is difficult to assess. While local efforts to develop programs are encouraged, there are no policies guiding the implementation and utilization of the VA/DoD clinical practice guidelines on the management of substance use disorders.

The availability of substance use screening, assessment and treatment services for all beneficiaries is provided through the direct military healthcare system and TRICARE authorized providers in the private sector. Current policy permits substance use treatment in any of the more than 1,000 TRICARE authorized hospitals, clinics and certified freestanding treatment facilities. TRICARE does not currently cover substance abuse care delivered in an individual provider's office and has in place yearly and lifetime limits on certain forms of care that may impact the flexibility of providers to deliver appropriate care. TRICARE is actively pursuing modification to these policies.

Two requirements have been reviewed by Military Health System (MHS) leadership and are in the process of being modified. By statute, under TRICARE, licensed mental health counselors are able to provide care only under the supervision of a physician. Lastly, TRICARE is prohibited by regulation from paying for certain drug maintenance treatments such as maintenance treatment for opioid dependence. Changes to these two requirements will result in better access to services and providers of SUD treatment.

2.2 Additional Policies Related to Prevention, Diagnosis, and Treatment of SUDs

Additional topic areas identified by Congress for review are listed in the left-hand column of

Table 2. The middle column identifies whether a policy exists and the degree to which the policy exists across the Services (denoted with a Y) or not (denoted with an N), and addresses exceptions in parentheses. The right-hand column provides a reference to sections in this report where the seven areas are discussed in more detail.

Table 2: Topic Areas Related to Prevention, Screening and Diagnosis, and Treatment of SUDs

TOPIC AREA	POLICY IN PLACE (Y/N)	REFERENCE TO SECTION
Abuse of alcohol, illicit drugs, and non-medical use and abuse of prescription drugs	Y – across DoD and Services	Discussed in Section 2.3 (Substance Use Offenders)
Training of healthcare professionals	Y – across DoD and Services	Discussed in Section 3.1.4 (Provider Credentials)
Staffing levels for healthcare professionals at MTFs	Y – across DoD and Services (exception: Coast Guard)	Discussed in Section 3.1.5 (Staffing Methodology for Healthcare Providers)
Training and credentialing requirements for physicians/ non-physicians	Y – across DoD and Services (exception: Coast Guard)	Discussed in Section 3.1.4 (Provider Credentials)
SUD services for dependents	Y – across DoD and Services (exception: Coast Guard)	Discussed in Sections 3.1.1 (Prevention), 3.1.2 (Screening), and 3.1.3 (Diagnosis and Treatment)
Gender specific requirements including gender specific care and treatment requirements	N – across DoD and Services	Discussed in Section 3.1.3 (Diagnosis and Treatment)
Integration of efforts of SUD programs to address co-occurring mental disorders	N – across DoD and Services (exception: Air Force is the only service with a policy in place	Discussed in Sections 3.1.1 (Prevention) and 3.1.3 (Diagnosis and Treatment)

2.3 Substance Use Offenders

Overview

The table below outlines DoD and Service-level policies relevant to the disposition of substance use offenders and includes disciplinary action and administrative separation from the Armed Forces.

Table 3: Substance Use Offender Policies

DISPOSITION OF SUBSTANCE USE OFFENDERS	
Policies	**DoD** • Active Duty members or civilian personnel who refuse to accept referral for treatment when diagnosed as having alcohol or drug abuse problems, or who persistently fail to attend appropriate follow-up or aftercare services, and/or continue to abuse alcohol and/or other drugs shall be considered for termination of duties or employment. **Air Force** • Air Force policy states that the use of illicit drugs is grounds for disciplinary action and the initiation of administrative separation proceedings. Individuals who have been determined as failing treatment for alcohol related diagnoses shall be considered for administrative separation. Individuals being processed for separation will be provided appropriate medical care prior to separation. Separation action will not be postponed because of a member's participation in the Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program. **Army** • Army policy states that the use of illicit drugs is grounds for disciplinary action and/or the initiation of administrative separation proceedings. When a unit commander in consultation with the Army Substance Abuse Program (ASAP) counseling staff determines that rehabilitative measures are not practical, separation action is initiated. Specifying alcohol abuse, soldiers will be processed for separation when involved in two serious incidents of alcohol-related misconduct within a 12 month period. **Navy** • Navy policy states that the use of illicit drugs is grounds for disciplinary action and/or the initiation of administrative separation proceedings. Members with a drug abuse related diagnosis shall be offered treatment prior to separation. Specifying alcohol abuse, commands will discipline and process for administrative separation those members whose alcohol-related misconduct is serious, who are repeated offenders, or who do not favorably respond to treatment. **Marine Corps** • Marine Corps policy states that the use of illicit drugs is grounds for disciplinary action and/or the initiation of administrative separation proceedings. Upon confirmation of illegal drug involvement, Marine shall be processed for administrative separation. They shall be screened at a Substance Abuse Counseling Center (SACC), referred to a Medical Officer for diagnosis, and provided treatment prior to separation, if warranted. Specifying alcohol abuse, individuals who refuse to participate in an alcohol treatment plan or who are determined by a Licensed Independent Practitioner (LIP) to have failed treatment will be processed for separation. **Coast Guard** • Coast Guard policy states that the use of illicit drugs is grounds for administrative separation proceedings. If a drug incident occurs, the member will be processed for separation and may be subject to disciplinary action. Members who have been identified as drug-dependent will be offered treatment prior to discharge. Specifying alcohol abuse, the intemperate use of alcohol can result in disciplinary action and administrative separation from the Coast Guard. Following two alcohol incidents, members normally are separated by reason of unsuitability due to alcohol abuse. An exception may be granted to retain enlisted members through a second chance waiver processes and approval of the discharge authority.

Statistics Related to the Prevalence of Alcohol and Drug- Related Disorders

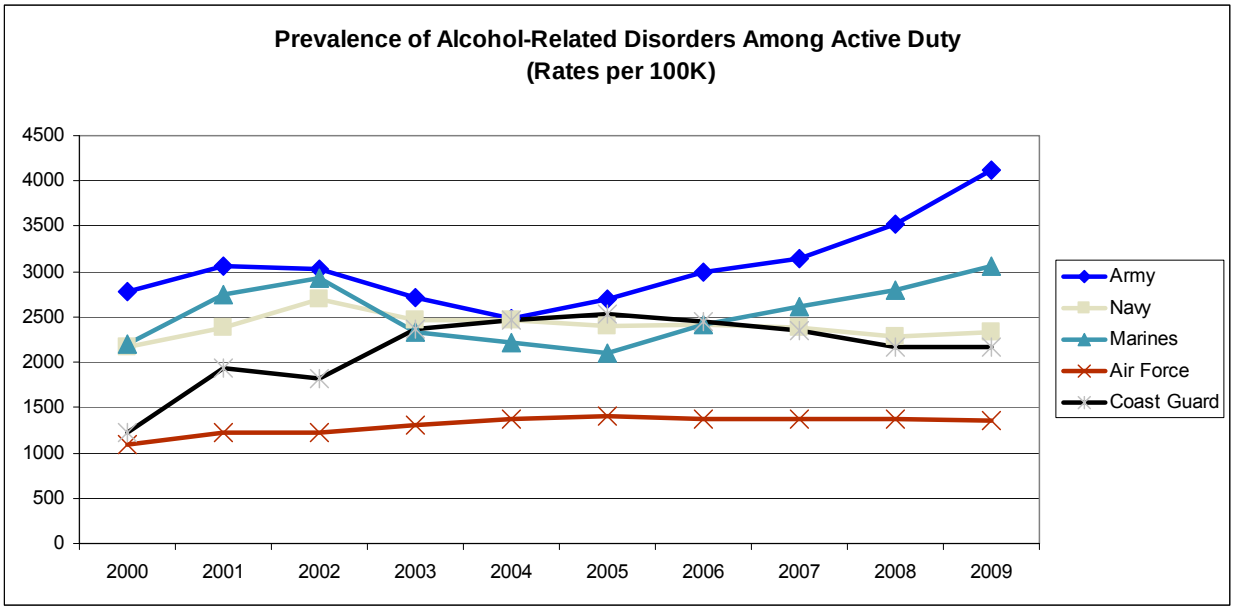
Data from the Military Health System Data Repository (MDR) were used to calculate the prevalence of substance abuse among ADSMs. Figure 1 below lists the ICD-9 codes used to calculate the prevalence of SUDs. Personnel included in this count were members with one or more of the diagnosis below made through the formal assessment of a health care provider and entered into the clinical record.

Figure 1: ICD-9 Codes Relevant to Substance Use Disorders

	ICD-9 Codes	Description
Alcohol	291	Alcoholic Psychoses
	303	Alcohol Dependence Syndrome
	303.0	Acute Alcohol Intoxication
	305	Alcohol Abuse
Drugs	292	Drug Psychoses
	304	Opioid Type Dependence
	304.1	Barbiturate and Similarly Acting Sedative or Hypnotic Dependence
	304.2	Cocaine Dependence
	304.3	Cannabis Dependence
	304.4	Amphetamine and Other Psychostimulant Dependence
	304.5	Hallucinogen Dependence
	304.6	Other Specified Drug Dependence
	304.7	Combinations Of Opioid Type Drug With Any Other Drug Dependence
	304.8	Combinations Of Drug Dependence Excluding Opioid Type Drug
	304.9	Unspecified Drug Dependence
	305	Nondependent Abuse Of Drugs
	305.2	Cannabis Abuse
	305.3	Hallucinogen Abuse
	305.4	Barbiturate and Similarly Acting Sedative or Hypnotic Abuse
	305.5	Opioid Abuse
	305.6	Cocaine Abuse
	305.7	Amphetamine Or Related Acting Sympathomimetic Abuse
	305.8	Antidepressant Type Abuse
	305.9	Other, Mixed or Unspecified Drug Abuse

The data revealed a sharp increase in the number of soldiers and Marines with an alcohol use disorder diagnosis, while the prevalence of these disorders for service members of the Air Force, Navy and Coast Guard remained relatively stable (Figure 2).

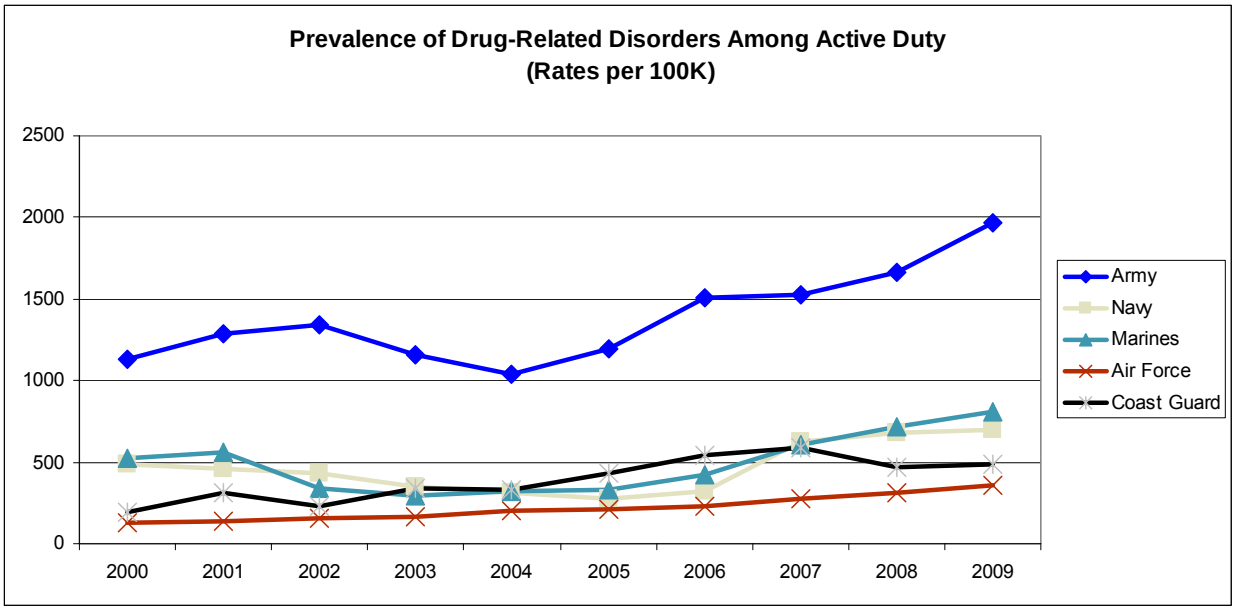
Figure 2: Prevalence of Alcohol-Related Disorders Among ADSMs[2]



[2] Data Source: Military Health System Data Repository (MDR)

An examination of ADSMs with a drug abuse diagnosis showed an increased rate of drug related disorders for all Services between 2000 and 2008 (Figure 3).

Figure 3: Prevalence of Drug-Related Disorders Among ADSMs[3]

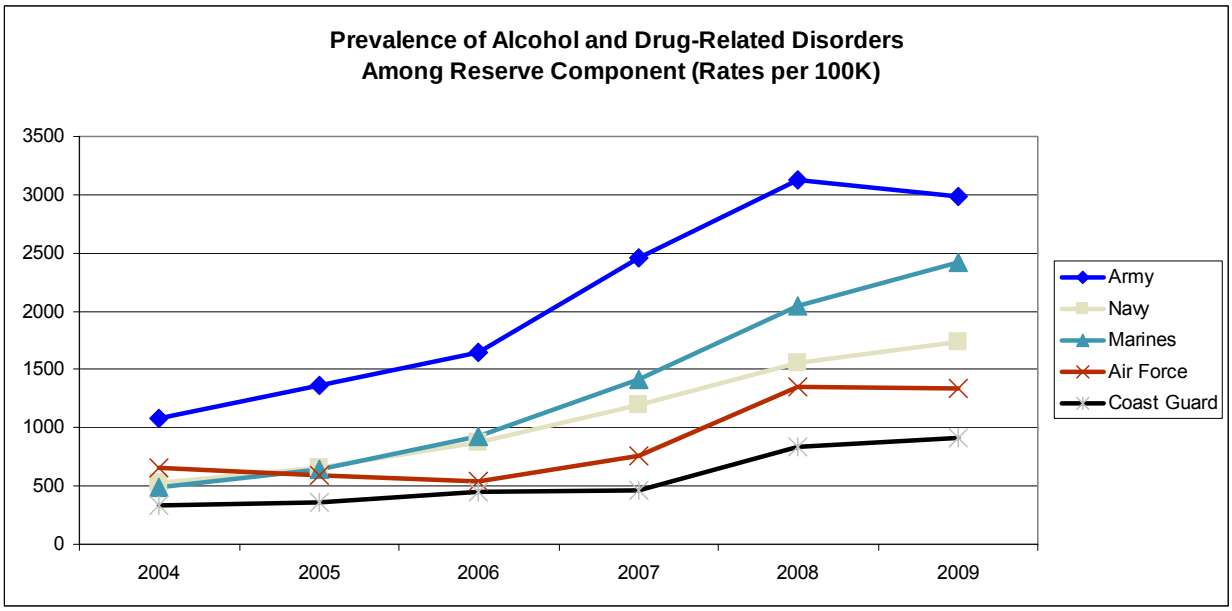


The November 2010 DoD Medical Surveillance Monthly Report (MSMR)[4], details similar trends. During calendar years 2000 through 2009, they found that ADSMs with primary or secondary diagnosis of an SUD had an incidence rate of 1792.6 per 100,000 service members in 2009, compared to 1597.2 per 100,000 service members in 2000 (MSMR, Vol. 17, No11).

[3] Data Source: MDR
[4] 2010 DoD Medical Surveillance Monthly Report (Volume 17, No. 11)

Alcohol and drug disorder data were aggregated for the Reserve component and were only available from FYs 04 through 09. Figure 4 below displays the Reserve trend, which is consistent with the Active Duty trend, suggesting a growing number of ADSMs and Reserve personnel with SUDs.

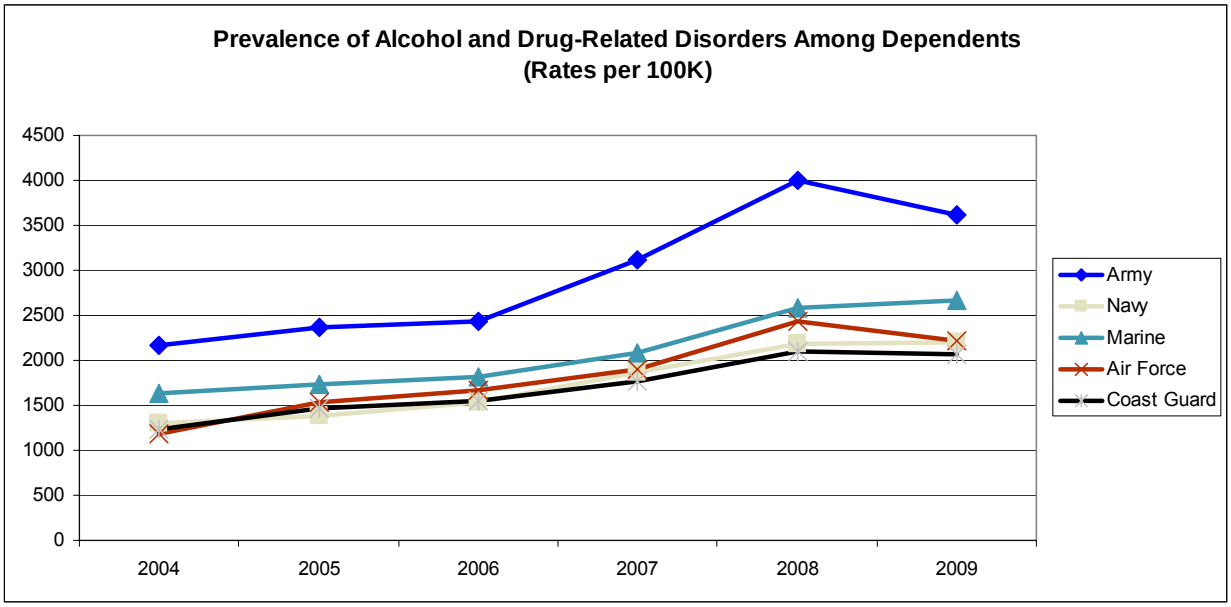
Figure 4: Prevalence of Alcohol and Drug-Related Disorders Among Reserve Component[5]



[5] Data Source: MDR

Alcohol and drug related diagnosis data were also aggregated for dependents of members of the Armed Forces (spouses and children). Child dependents in this data set are defined as those up to 18 years of age. Figure 5 displays the trend, suggesting that the prevalence of SUDs has increased slightly over time across the Services. The exception to this is an observed steep incline for Army dependents in FYs 06 through 08.

Figure 5: Prevalence of Alcohol and Drug-Related Disorders (Combined) Among Dependents[6]



Statistics Related to Disciplinary Actions and Administrative Separations

The following section elaborates on the implications of the substance use offender policies that were discussed in the previous section. In order to assess the possible effects of Service-level policies pertaining to substance use offenders, the Defense Manpower Data Center (DMDC) provided information about the Services' end strengths, as well as drug and alcohol discharges for both Active Duty and Reserve components from FYs 00 through 09. Reserve component discharge data were only available from FYs 04 through 09; the Army Reserve does not code its reason for separation to DMDC. A centralized data request was placed in order to reduce reporting differences between the Components.

Alcohol and drug use related separations from the Armed Forces are presented in Figures 6, 7, and 8 below. The data revealed a fairly steady rate of alcohol discharges for the Army and Air Force with a slight decline in the rate for the Marine Corps (Figure 6). On the other hand, the Navy experienced a growing rate of discharges due to alcohol abuse from FYs 01 to 07, with a slight decline in 08. The Coast Guard had a varying rate of alcohol separations from FYs 00 to 06, with a declining rate since. It is difficult to discern why there are changes in the rate of alcohol separations.

[6] Data Source: MDR

Figure 6: Prevalence of Alcohol-Related Separations Among Active Duty[7]

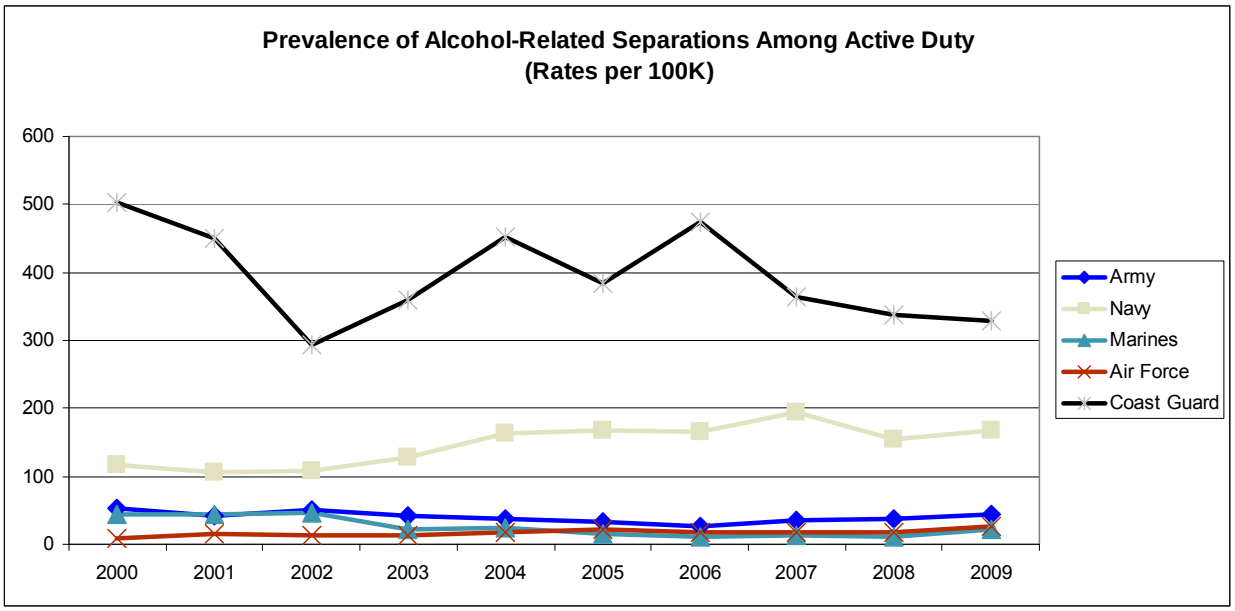
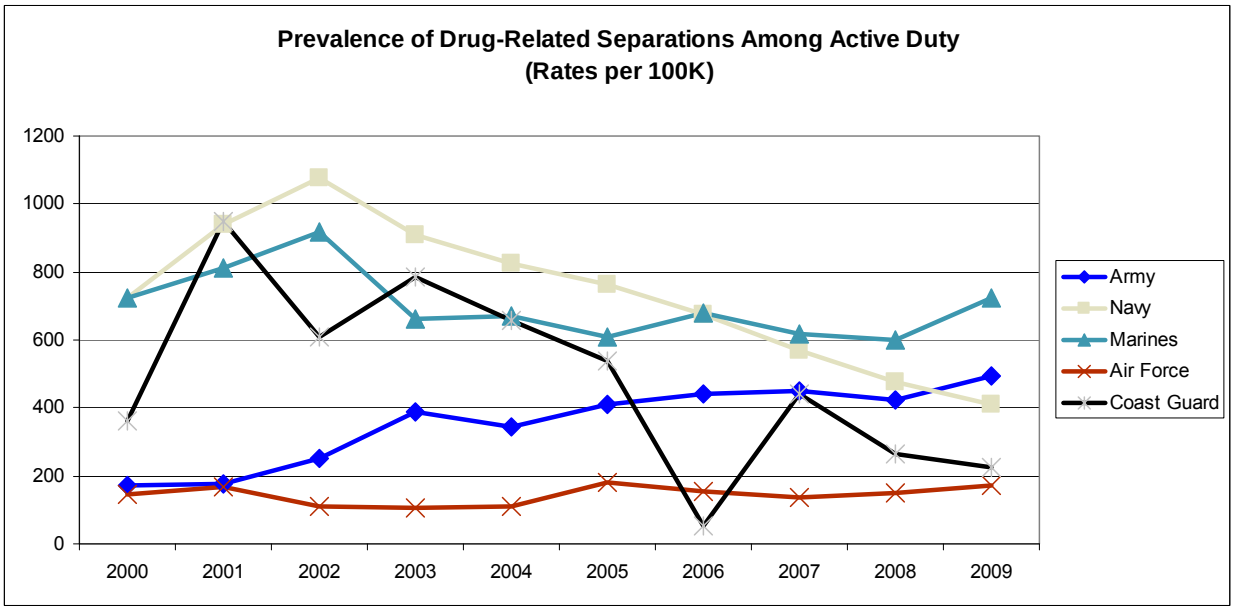
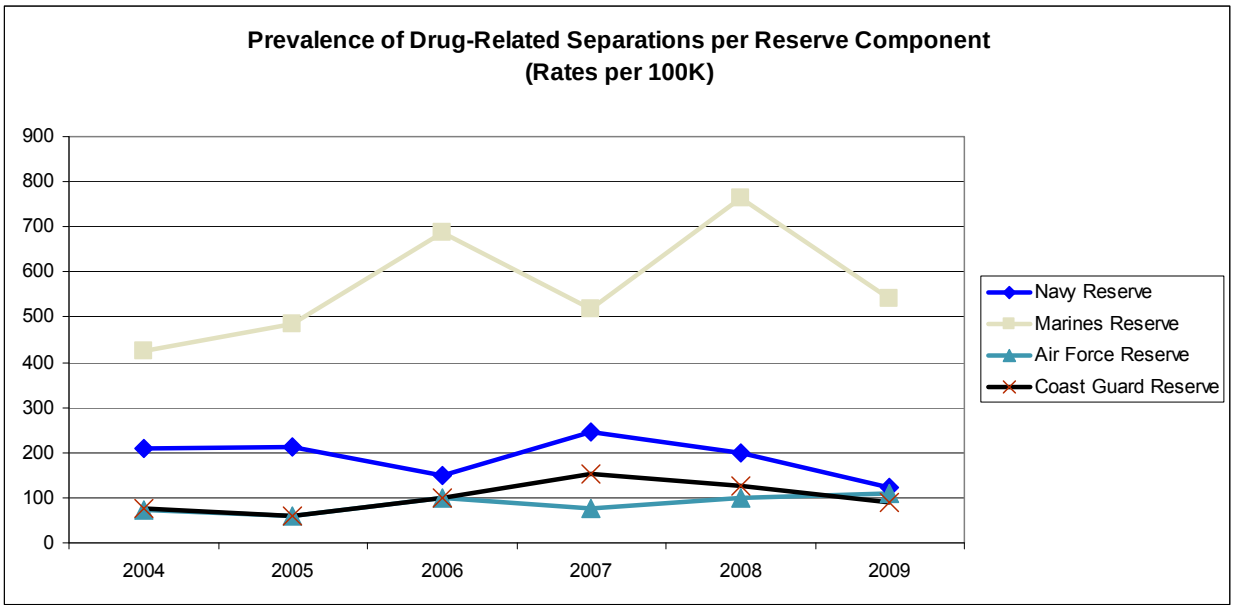


Figure 7: Prevalence of Drug-Related Separations Among Active Duty[8]



[7] Data Source: MDR
[8] Data Source: MDR

Figure 8: Prevalence of Drug-Related Separations per Reserve Component[9]



* The Army Reserve component does not break out their data by "type" of separation

Article 15 (non-judicial punishments/NJP) data were used to provide information on substance use offenders. Article 15s permit commanders to administratively discipline troops without a court-martial. In practice, most "simple" substance use offenses are adjudicated this way.

Article 15 data were obtained directly from each of the Services. Therefore, there are differences in the way that the data were captured across the Services. While the Army and Air Force track Article15s, the Army reports alcohol and drug Article 15s cumulatively; their data did not include Article 15s related to Driving While Intoxicated (DWI). The Coast Guard also aggregated their data to include both alcohol and drug Article 15s. Article 15 data for the Reserve component had very low reported frequencies and was unlikely to be valid so it was not included in this report. The Navy and Marine Corp track drug-related Article 15s but do not track alcohol-related Article 15s.

In summary, there was no overt evidence suggesting a rush to discharge ADSMs with SUD problems. However, through the course of constructing this report, it became clear how differently the Services collect and report their information.

Review of Policies

DoD- and Service-level policies related to substance use offenders are consistent with stated mission priorities and goals and are sufficiently permissive to allow health care providers and commanders the opportunity to assist service members with treatment and recovery rather than pursuing disciplinary action. An important component of managing SUDs and their impact on readiness and force health is service members' willingness to seek help on their own, or refer others for help, without concern that such care will negatively effect military careers. This

[9] Data Source: MDR

balance between command involvement and individual privacies is of ongoing interest and concern for the DoD.

The Army is currently rolling out a pilot program to assess the feasibility of allowing their soldiers to seek care without notifying their commanders. This pilot is examining service members' willingness to seek care of their own volition before there is an administrative infraction. Initial findings from this pilot will not be available until 2012. In addition, DoD's Military Community and Family Policy directs Military OneSource and the Family Life Consultant programs. These programs are designed to increase individual privacy in order to encourage help-seeking behavior and coordinate additional SUD screening, evaluation, and treatment as appropriate.

Confidentiality is always a sensitive issue in the delivery of mental health care. Confidentiality policies covering service members seeking SUD treatment were found to balance the need to preserve mission readiness, the safety of service members, and the imperative of getting service members their needed SUD services.

3.0 Review of Substance Use Disorder (SUD) Programs

A review was conducted of DoD and Coast Guard programs and activities related to the prevention, screening, diagnosis and treatment of SUDs. Program-related elements included the availability of, and access to, SUD services for members of the Armed Forces and their family members. Other items reviewed included: credentialing requirements for healthcare professionals providing SUD services, the staffing methods used, and DoD oversight of SUD programs. A complete list of SUD programs, their clinical focus, targeted population, outcome measures, and their empirical underpinnings are provided in Appendix C – Service-level and DoD Substance Use Disorder (SUD) Programs and Activities.

This review of SUD programs has taken into consideration Title 1 of the Veterans' Mental Health and Other Care Improvements Act of 2008 and is included in the resulting plan for improvement, where applicable. In addition, the plan includes other opportunities to expand the current TRICARE benefit related to drug replacement therapies and SUD treatment outside of a TRICARE authorized Substance Use Disorder Rehabilitation Facility (SUDRF).

The table below summarizes programs and services in which SUD education, training, prevention, screening, diagnosis, and treatment are included as part of the overall service. These programs were reviewed in order to determine the extent to which they meet the needs of their intended geographic, demographic, or clinical populations. Program access was reviewed in terms of compliance with the 28 day specialty appointment criteria outlined in DoDI 6000.14. TRICARE's access standards for mental health care indicate that at all initial appointments a service or family member's new or reemerged behavioral health need should be considered a primary care service and should result in an evaluation by a provider who will perform behavioral health assessments as part of their accepted scope of practice. New behavioral health conditions or an exacerbation of a previously diagnosed condition for which intervention is required but is not urgent, should be provided within one week. Mental health care should be provided within 24 hours or less if the condition is deemed serious.[10]

[10] TRICARE Prime Access Standards for Mental Health Care

Table 4: SUD Programs and Services

	DoD	Air Force	Army	Navy	Marine Corps	Coast Guard
Preventive Programs and Initiatives	• "That Guy": Alcohol Abuse Prevention Education Campaign • Post Deployment Health Assessment • Post Deployment Health Reassessment • Military Pathways • Real Warrior Campaign • Medical Encounters (Periodic Health Assessment) • Military and Civilian Drug Testing program	• Alcohol Drug Abuse Prevention and Treatment program • Alcohol Brief Counseling • Behavioral Health Optimization Program • Red Ribbon Campaign • Culture of Responsible Choices • Drug Education For Youth • Adolescent Substance Abuse Counseling program • Enforcing Underage Drinking Laws program • Air Force Reserve Component • Substance Abuse Prevention Specialist Training	• Prevention, Education, and Training program • Risk Reduction Program • Employee Assistance Program	• Substance Abuse Rehabilitation Program • Prevention Specialist Course • Navy Drug and Alcohol School • Alcohol and Drug Management Information Tracking System • Drug Education For Youth • Right Spirit Campaign • Alcohol Abuse Prevention and Control program • Navy Drug and Alcohol Advisory Council • Personal Responsibility and Values Education and Training Course • Alcohol and Drug Abuse Management Seminar for Supervisors Course • Alcohol and Drug Abuse Management Seminar for Leaders Course • Alcohol-AWARE Course • Drug and Alcohol Program Advisor Course	• Marine Corps Substance Abuse Program	• Substance Abuse Prevention Program • Substance Abuse Free Environment • Command Drug and Alcohol Representative
Screening Services	• Post Deployment Health Assessment • Post Deployment Health Reassessment Program • Military Pathways • Periodic Health Assessment • Military and Civilian Drug Testing program	• Behavioral Health Optimization Program • Adolescent Substance Abuse Counseling • Medical Treatment Services	• Employee Assistance Program • Army's Substance Abuse Program • Medical Treatment Services	• Substance Abuse Rehabilitation Program • Medical Treatment Services	• Marine Corps Substance Abuse Program	• Addiction Orientation for Healthcare Professionals • Employee Assistance Program • Medical Treatment Services

	DoD	Air Force	Army	Navy	Marine Corps	Coast Guard
Diagnosis and Treatment Programs	• TRICARE Network SUD services	• Alcohol and Drug Abuse Prevention and Treatment Program • Behavioral Health Optimization Program • Culture of Responsible Choices • Adolescent Substance Abuse Counseling Program • Medical Treatment Services	• Army's Substance Abuse Program • Medical Treatment Services	• Substance Abuse Rehabilitation Program • My Ongoing Recovery Experience • Navy Drug and Alcohol School • Clinical Preceptorship Program • Medical Treatment Services	• Marine Corps Substance Abuse Program	• U.S. Coast Guard Substance Abuse Prevention Program • Substance Abuse Free Environment • Command Drug and Alcohol Representative • Addiction Orientation for Healthcare Professionals • Employee Assistance Program • Treatment Services: Inpatient and Outpatient
Availability of Care *(Refers to the programs ability to meet the targeted SUD needs of the population)*	**Prevention Services:** Population based services are available across DoD and benefit most DoD personnel. Prevention services range from targeting high-risk personnel to ensuring that medical encounters include SUD screenings. Each Service has programs that address the primary, secondary, and tertiary levels of prevention, but a lack of coordination that exists among preventive services often resulting in redundancies and competing initiatives.					
	Screening Services: Screening for alcohol and drug abuse occurs for all beneficiaries during medical appointments. Drug testing during medical evaluation and through DoD drug surveillance labs acts as an additional means to screen for alcohol and drug misuse. Beneficiaries may access other conduits to care including Military OneSource and Military Pathways for increased privacy and self-awareness of possible SUD issues. The post deployment health assessments (e.g., PDHA, PDHRA) are designed to identify personnel with SUDs.					
	Diagnosis and Treatment Services: Between the MHS direct care system and a generous TRICARE benefit, all beneficiaries have access to diagnostic and treatment services for SUDs. The Services noted concern over the availability of residential treatment in the direct care system and access to SUD diagnostic and treatment services in remote locations, deployed settings and outside the continental US (OCONUS). Much of the direct care resources are utilized by Active Duty personnel. Family members and retirees generally utilize private sector care paid for by TRICARE.					
Access to Care *(Refers to the programs ability to accept eligible participants)*	**Prevention Services:** Access to preventive services is broadly available to all beneficiaries in both the direct care system and the TRICARE network. Non-ADSMs (e.g., retirees and family members) requiring assessment, screening, and evaluation for SUDs are more likely to be referred to the TRICARE network. In short, the Services are not manned to meet the needs of beneficiaries much beyond the Active Duty force.					
	Screening Services: Screening services are also broadly available to all beneficiaries. DoD and the Service components are working to assign additional behavioral health professionals to primary care settings in MTFs. Behavioral health providers in primary care settings will be able to screen and evaluate patients with possible SUDS that may otherwise be sent out to the TRICARE network.					
	Diagnosis and Treatment Services: Treatment is the most restricted service in the direct care system. Outpatient clinical services are available across the Services for ADSMs, whereas family members and retirees are almost exclusively referred to the TRICARE network for SUD diagnosis and treatment. Residential and inpatient services are available in the direct care system but not on all military installations. Specialized SUD care may be available and accessible in limited locations. For example, there are some overseas programs specializing in adolescent services.					
Credentials for Providers of SUD Clinical Care	DoD complies with Joint Commission requirements for credentialing and privileging activities with only a few exceptions that necessary to support a mobile provider population. The credentialing and privileging of independently practicing healthcare practitioners is conducted by all Services. Healthcare provider credentials are validated and approved privileges ensure that clinical practices are consistent with their professional training and experience Non-independently practicing personnel provide care under the supervision of independently licensed healthcare providers. The credentials function is managed by senior medical officers in Medical Treatment Facilities and is routinely surveyed (inspected) to ensure oversight their oversight responsibilities for the clinical practices within the treatment facility are met.					
Staffing Methodology	The Services have typically relied on deployment requirements to drive Active Duty manning and has lacked mental health manpower formulas for Active Duty and civilian authorizations that consider the unique aspects of mental health care and the specialties required to deliver it. The newly developed Psychological Health Risk-Adjusted Model for Staffing (PHRAMS) is designed to project mental health workload and the personnel necessary to meet it. This will provide for manning models that are more consistent across DoD.					

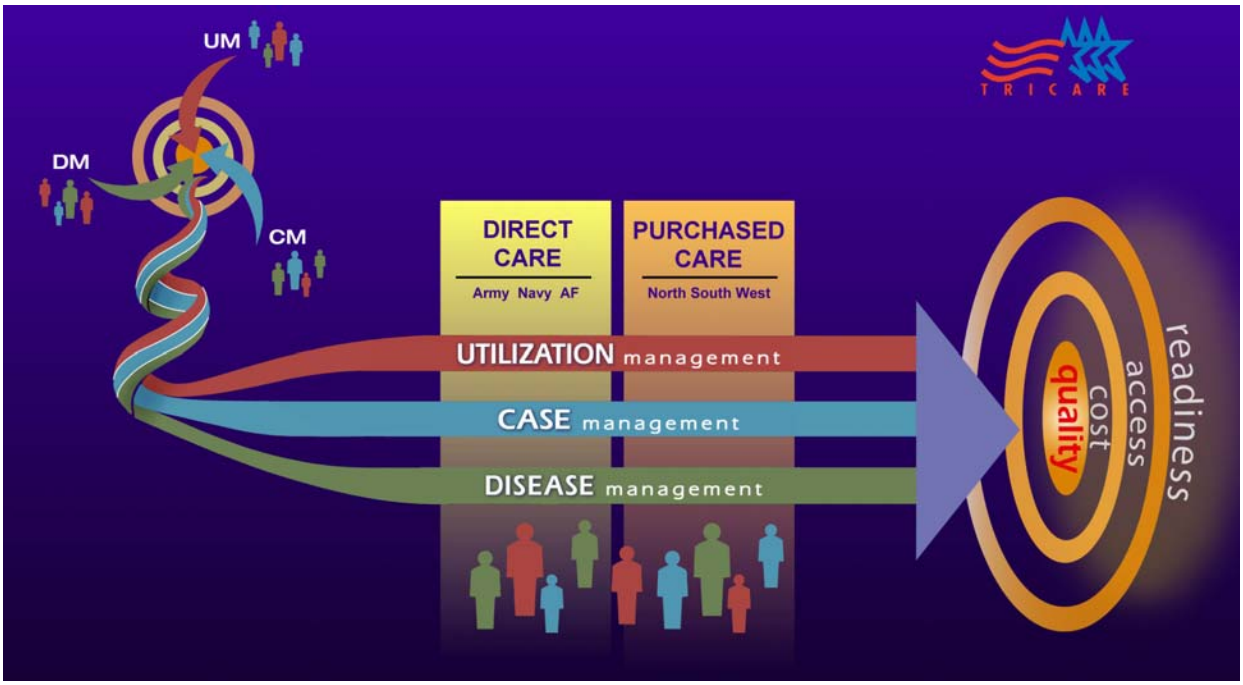
	DoD	Air Force	Army	Navy	Marine Corps	Coast Guard
DoD Oversight of Programs	DoD oversight of SUD programs occurs at every level of the organization. Clinic leaders oversee daily practices and adherence to standards while department heads and organizational commanders act as a link to communicate best practices or concerns to major commands. In turn, major commands have access to Surgeon's General staff and senior military leaders that communicate with DoD and appropriate governmental departments. At every level of the organization DoD oversight is provided through an elaborate set of committees, functions, and data management systems.					

3.1 Review of Programs and Services

Prevention

SUD prevention services range from large multi-media campaigns to individual screening and counseling services. The general population of beneficiaries is educated on SUDs and at-risk personnel are targeted at specified levels. To effectively serve the 9.6 million MHS beneficiary population, the DoD leverages both the direct care system and the TRICARE purchased care network of providers (Figure 9). This review identified a plethora of prevention programs across the DoD that are consistently available to Active Duty personnel and their families. Programs are listed in Table 4: SUD Programs and Services. Population-based prevention programs have the potential to benefit all personnel affiliated with an installation. However, staffing shortages within these programs affect the ability of installations to provide a consistently deep penetration of preventive services.

Figure 9: Direct Care System and TRICARE Purchased Care Network



The Services' SMEs noted the existence of several unique prevention campaigns designed to target different levels of prevention. While some of these campaigns have experienced initial, installation-specific success, evidence-based prevention programs are not widespread. Additionally, several workgroup members identified the need to incorporate prevention education about concomitant disorders common among high risk populations, e.g. service members diagnosed with post-traumatic stress disorder who may also be abusing alcohol and drugs to alleviate their suffering.

The rate of prescription drug misuse identified in the 2008 Health Related Behavior survey is concerning. As a result, survey questions for the upcoming study have been revised to further clarify the nature and extent of the problem. Meanwhile, DoD is performing a review of

provider prescribing practices of practitioners and the management of personnel with chronic pain disorders in order to assess the possibility of impacting prescription drug misuse.

Effective prevention programs seek direct and indirect opportunities to provide education, training and screening services. SUD prevention programs vary in the measures used to evaluate program effectiveness. Difficulties exist when attributing outcomes, negative or positive, to specific programs across the DoD. In large part, this is the result of adopting programs that have been tested and designed for other populations and "tailoring" them for DoD personnel. The measure of programs effectiveness on a single outcome is further hampered by the transient nature of our populations and the simultaneous use of different programs.

Screening

SUD screening occurs throughout the continuum of health care delivery in the MHS. Some screening methods target personnel at-risk, such as redeploying personnel. Other screening methods are broader, such as screening for SUDs at medical appointments. Screening for at-risk alcohol use utilizing the validated screening tool, Alcohol Use Disorders Identification Test-C (AUDIT-C), is a part of the Post Deployment Health Assessment and Post Deployment Health Reassessment. There are no validated screening instruments for other forms of substance dependence. Clinical screening is a routine part of a clinical review of systems which every patient receives when initially being evaluated for a medical problem. As in primary care settings in the private sector, DoD does not require formal alcohol use screening in our primary care settings. When family members and retirees are screened for an SUD in the direct care system, any further assessment and treatment is likely to be referred to the TRICARE network.

The DoD Drug Testing Program required for active duty personnel and selected DoD civilian personnel supports three key DoD interests. First, is the enforcement of policies prohibiting illicit drug use. Second, drug screening helps to identify personnel that may have substance use disorders and require treatment. Finally, drug testing serves as a meaningful deterrence to the initiation of drug use.

Diagnosis and Treatment

Diagnosing and treating SUDs are essential components to maintaining the health of our beneficiaries. With ongoing, overseas military operations, the Services are facing increasing demand for substance abuse and mental health services.

With the exception of the Army (see Section 3.1.5), the Services report having the capacity to meet the outpatient needs for SUD treatment of their ADSMs. All of the Services utilize the TRICARE network for intensive outpatient treatment, residential rehabilitation, or inpatient care when sufficient capacity is not available at an MTF.

Gender-specific programs to treat SUDs in women are not available at MTFs, nor are they commonly available in the private sector. However, programs provided through the Services are gender-sensitive. Requests for gender-specific therapists are honored whenever possible.

Personnel requiring gender-specific programs are able to access a limited amount of this care through TRICARE network.

Provider Credentials

DoD complies with Joint Commission requirements for credentialing and privileging activities with only a few exceptions that necessary to support a mobile provider population. All MHS health care professionals must meet specified credentialing standards as described in Table 5. While these requirements are not specific to the provision of SUD care, the standards are relevant to health care professionals involved in providing mental health and SUD care. DoDI 1010.6 specifically outlines the requirements for certifying SUD provider and each Service uniquely adheres to these standards.

The paragraphs following the table describe the credentialing requirements for independently and non-independently practicing providers who are involved in the provision of SUD care.

Table 5: Credentials for Healthcare Professionals (DoD 6025.13-R, June 11, 2004)

CREDENTIALING REQUIREMENTS FOR MHS' HEALTHCARE PROFESSIONALS

Credentials for healthcare professionals must be verified prior to staff appointments and clinical privileges being granted:
• Qualifying educational degree(s)
• Post-graduate training and fellowship for requested clinical privileges and/or scope of practice
• State licenses, registration, certification, or other authorizing document
  o A list of all healthcare licenses ever held and an explanation of any licenses that are not current, have been voluntarily relinquished, or have been subjected to disciplinary action
• A current report from the National Practitioner Data Bank (NPDB) Healthcare Integrity and Protection Data Bank (HIPDB) for all healthcare practitioners
• Specialty board status, if applicable
  o Board certification in medical board specialties shall be verified either through the primary source or through the secondary source
• Chronological practice experience to account for all periods of time after graduation
• A statement of the applicant's ability to perform his or her professional activities and proof of current professional competence
• Documentation of any medical malpractice claims, settlements, or judicial or administrative adjudication with a brief description of the facts of each case listed
• Documentation of history of adverse clinical privilege and/or disciplinary action by a hospital, state licensure board, or other civilian government agency
• A statement of the applicant's health status with respect to his or her ability to provide healthcare
• Peer interview summary
• US Department of Justice, Drug Enforcement Administration (DEA) controlled substance registration certificate, if applicable
• Federal Bureau of Investigation (FBI) background check and state criminal history repository checks
• A signed statement consenting to the inspection of records and documents pertinent to consideration of his or her request for accession or employment
• A signed statement attesting to the accuracy of all information provided

Independently practicing healthcare providers have defined privileges that define their scope of practice within each location where they render health care services. These granted privileges are based on their education, training, and experience. This is also true for non-independently practicing providers as they are required to have specific training prior to being approved to deliver care under the supervision of an independently practicing provider.

In the direct care system, much like the private sector, independently practicing providers in the context of SUD programs are those who are privileged to diagnose and treat without supervision. They must meet the credentialing requirements listed above. In addition, independently practicing providers often attend in-depth training on evidence-based practices to ensure that they are fully competent to treat Service personnel.

Non-independently practicing providers require supervision from an independently practicing provider when delivering care to persons with SUDs. Specific requirements for non-independently practicing providers vary across the Services. Substance abuse counselors must meet a minimum number of hours of didactic instruction and work under the supervision and direction of a licensed and privileged provider during the initial assessment of patients, the development or changing of a treatment plan, or during any crisis interventions.

The scope of practice for independently and non-independently practicing providers will depend on each provider's individual training and experience. The Services use the credentialing function to document each provider's education, training, and professional experience, and verify the accuracy and currency of those credentials.

Staffing Methodology for Healthcare Providers

Adequate staffing for SUD programs and services is essential to ensuring the availability of quality care. Staffing models in the direct care system consider the size and make-up of the population as well as the need for mission readiness, but have not systematically incorporated the need for services based on projecting the population's risk for behavioral health disorders. To help address this disconnect, DoD has developed the Psychological Health Risk-Adjusted Model for Staffing (PHRAMS). This is a population-based, risk-adjusted staffing model that forecasts the demand for services, given the number of eligible beneficiaries in the catchment area. From this estimation of population demand, the total number and type of providers required can then be determined.

According to the Government Accountability Office (GAO) report[11], "Enhanced Collaboration and Process Improvements Needed for Determining Military Treatment Facility Medical Personnel Requirements" released in July 2010, the Air Force, Army, and Navy are beginning to use PHRAMS to look at mental health staffing requirements, and it is "the culmination of a collaborative manpower requirements effort to develop a standardized, more consistent approach across the services for determining mental health personnel requirements." Since the PHRAMS model is new, the effect of its implementation on actual staffing is still unknown. In the meantime, as a result of a FY 10 review the Army found that their Substance Abuse Program (ASAP) had a significant shortage of clinical counselors to support the growing number of Soldier referrals to the program. The Navy reports based its staffing needs on an Efficiency Review report (2000) conducted by the Naval Alcohol Rehabilitation Center (NAVALREHCEN). The Marine Corps has estimated a ratio of 1.77 counselors to 1000 ADSMs for the evaluation and treatment of SUDs. The Marine Corps is expecting a

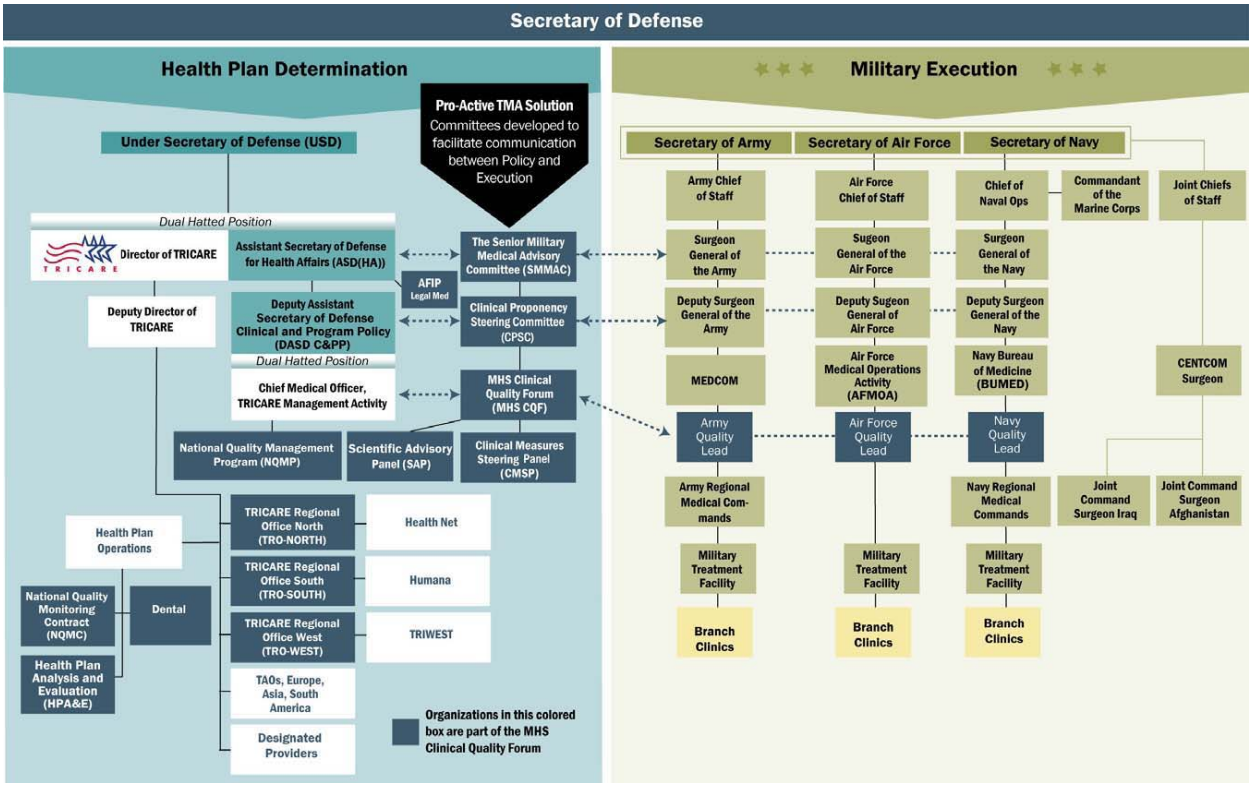
[11] 2010 GAO Report to Congressional Committees "Enhanced Collaboration and Process Improvements Needed for Determining Military Treatment Facility Medical Personnel Requirements"

Functionality Assessment to be released in January of 2011 that will re-assess the accuracy of its current manning ratio.

Department of Defense (DoD) Oversight of SUD Programs and Services

DoD beneficiaries receive SUD treatment directly from Military Treatment Facilities (MTFs) and through the TRICARE network of civilian providers. In the direct care system, SUD treatment services are overseen by a succession of clinical and non-clinical administrators from the program manager, to the clinic director, to the department head, the MTF commander, the regional medical command and the Service Surgeon's General. Services also have in indirect relationship to the Assistant Secretary of Defense Health Affairs who provides clinical guidance through policy and integrating councils such as the Senior Military Advisory Committee, the Clinical Proponency Steering Committee and the MHS Clinical Quality Forum. This system of oversight is responsible for ensuring that treatment services, programs and facilities comply with accepted standards of practice as well as Services and DoD policies. Healthcare-related concerns are communicated to higher level of authority through ongoing senior level committees (Figure 10).

Figure 10: Structural Components of Clinical Quality Oversight in the Military Health System



All Services use civilian accreditation organizations to validate their adherence to civilian standards of practice. The Joint Commission and the Accreditation Association for Ambulatory Health Care are two commonly used civilian organizations used to assess MTF compliance with national quality standards. Auditing compliance and investigating non-compliance with DoD instructions and directives are typically tasked to internal inspection agencies. The Air Force uses the Air Force Inspection Agency to ensure compliance with DoD- and Service-specific

policies and directives. The Army has charged the Center for Substance Abuse Programs (ACSAP) with responsibility to ensure program compliance with DoD and Service-specific policies. The Navy and Marine Corps perform these functions through their respective Inspector General's Inspection/Evaluation Programs.

DoD oversight of facility-based care rendered in the civilian network varies. If the care is delivered in a Joint Commission-accredited inpatient facility, then that is sufficient to meet TRICARE standards. If the facility is a free-standing Residential Treatment Program, Partial Hospitalization Program, or Substance Use Disorder Rehabilitation Facility, then they require certification based on TRICARE standards.

The DoD requires the National Quality Monitoring Contractor (NCQMC) to conduct twelve site visits annually to TRICARE certified facilities. In the past, NQMC surveys were triggered by a facility's pattern of specific incidents or concerns. The DoD has asked that the NQMC also survey facilities that have been previously identified deficiencies to ensure corrective action plans are in place.

The managed care support contractors share responsibly for quality oversight of care provided to TRICARE beneficiaries. This is accomplished through credentialing of network providers and monitoring care provided at network facilities. They also monitor and report concerns related to the quality of network care and provide updates on any grievances or complaints to the responsible TRICARE Regional Offices (TROs). Information related to grievances and complaints are taken into consideration when facilities request recertification.

3.2 Long-Term Inpatient SUD Treatment Programs

A substance use disorder inpatient treatment facility is one that provides medically monitored, interdisciplinary addiction-focused treatment to persons who have psychoactive substance use disorders. Qualified health care professionals provide 24-hour, seven-day-per-week, medically monitored assessment, treatment and evaluation. By this definition the Army has one facility with 20 inpatient beds.

Residential rehabilitation treatment programs, in contrast, are focused on providing psychosocial treatment rather than medical intervention and 24-hour medical monitoring. They differ from traditional inpatient programs by having lower staffing levels and longer lengths of stay. Residential Treatment is appropriate for patients whose predominant symptom presentation is essentially stabilized, although not resolved, and who have persistent dysfunction in major life areas. The extent and pervasiveness of the patient's problems require a protected and highly structured therapeutic environment. Meeting this description are three Navy programs with more than 160 beds. The Air Force does not provide inpatient or residential SUD services in its medical treatment facilities.

The Army and Navy's SUD treatment programs are routinely reserved for active duty service members. Additional demand for SUD inpatient and residential rehabilitation treatment is filled by the more than 390 inpatient and 663 long and short-term residential treatment facilities across

the United States and Puerto Rico that accept TRICARE reimbursement.[12] Significantly, in 2004, medical facilities of the Department of Veterans Affairs (VA) became authorized TRICARE providers making those programs and services available to Active Duty Service members (ADSMs). Presently, the VA offers a broad range of SUD services, including inpatient, outpatient and both short and long-term residential SUD treatment programs. One thousand six-hundred and twenty-one residential beds at 62 sites across the United States are available to assist the Services with the residential treatment needs of their Service members. This capacity for care serves as an important additional resource for the Department.

The role of long-term inpatient treatment programs is less prominent than it was in the past. Today's treatment models permit active treatment in less restrictive environments. These less restrictive forms of treatment, including partial hospitalization and intensive outpatient treatment, are widely available and permit beneficiaries to remain engaged with their family and work. The most restrictive environment for care, inpatient substance use hospitalization, is reserved for the sickest of patients.

The Services have concluded that the many currently available and expanding sources of SUD treatment in the direct care system and the TRICARE network can sufficiently serve the outpatient, partial hospitalization, residential and inpatient treatment needs of their populations. In contrast, a large expansion of long term inpatient and residential SUD treatment programs provided by the Services will require the addition or reallocation of personnel and infrastructure, largely from existing programs, in a time of constrained resources in the Department. If such a direction is to be pursued, the Department believes that a dedicated study and analysis of the benefits and risks of such a course of action are required.

[12] Substance Abuse Treatment Facility Locator. Substance Abuse and Mental Health Services Administration, http://dasis3.samhsa.gov/

4.0 Comprehensive Plan for the Improvement and Enhancement of SUD Services

Based on the review of substance use disorder programs and policies, a plan to improve and enhance existing services is provided below. The plan is designed to provide a roadmap for the improvement of monitoring, evaluation, and delivery of SUD services across the DoD. Military Services below refers to the Air Force, Army, Navy, and Marine Corps (Marines).

4.1 Policies

Findings based on the review of policies in section 2 of this report and actions related to those findings are outlined below.

Prevention, Diagnosis, and Treatment of SUDs

PREVENTION, DIAGNOSIS, & TREATMENT POLICIES	
FINDINGS	**ACTIONS**
DoD and military service-level policies related to the prevention, diagnosis, and treatment of SUDs are permissive enough to allow for the adaptation of existing programs and services to the individual needs of the DoD populations served.	As necessitated by DoD procedures, review and update policies for currency and relevance to changes in the military and civilian environment, knowledge, and applicable science and technology.
DoD and Service policy does not currently address the use of alcohol screening instruments within the primary care setting.	Explore the risks and benefits of and make policy recommendations to MHS leadership on the use of alcohol screening instruments within the primary care setting.
DoD and Service policy does not currently address the standardized collection of clinical and administrative data and common patient outcome measures for SUD prevention, diagnosis, and treatment.	Explore the risks and benefits of and make policy recommendations to MHS leadership on the standardized collection of clinical and administrative data and common patient outcome measures for SUD prevention, diagnosis, and treatment in the MHS.
DoD and Service policy does not currently address the degree to which DoD clinical practice guidelines related to the assessment and treatment of substance related disorders are implemented.	Explore the risks and benefits of and make recommendations to MHS leadership on guidelines for the implementation and utilization of DoD clinical practice guidelines related to the assessment and treatment of substance-related disorders.
The Code of Federal Regulations does not permit SUD treatment delivered by health care providers outside of a TRICARE-certified Substance Use Disorder Rehabilitation Facility.	Explore the risks and benefits of and make policy recommend-ations to MHS leadership on permitting SUD treatment to be delivered by health care providers outside of a TRICARE-certified Substance Use Disorder Rehabilitation Facility.
by statute, under TRICARE, Licensed Mental Health Counselors must practice under the supervision of a physician.	This requirement has been reviewed by MHS leadership and is in the process of being modified.
Current TRICARE regulation places yearly and lifetime limits on inpatient SUD rehabilitation treatment, partial hospitalization, outpatient treatment and family therapy.	TRICARE is actively pursuing modification to these policies.
TRICARE is prohibited by regulation from paying for certain drug maintenance treatments such as maintenance treatment for opioid dependence.	TRICARE is pursuing changes in the Code of Federal Regulations that would permit the use of opioid agonists and partial agonists (e.g. methadone and buprenorphine) for opioid dependence maintenance treatment in non-Active Duty beneficiaries.

Disposition of Substance Use Offenders

SUBSTANCE USE OFFENDER POLICY	
FINDINGS	**ACTIONS**
DoD and Service-level policies related to substance use offenders are consistent with stated mission priorities and goals and are sufficiently permissive to allow health care providers and commanders the opportunity to assist service members with treatment and recovery rather than pursuing disciplinary action.	As necessitated by DoD procedures, review and update policies for currency and relevance to changes in the military and civilian environment, knowledge, and applicable science and technology.
Military Service-level policies and practices may provide too much flexibility in response to service members with unresolved substance misuse issues, thereby undermining the deterrence benefit of potential disciplinary action.	Continue to review and update policies per military Service requirements to ensure that the deterrence benefit of disciplinary action is balanced with, but not sacrificed to the need to appropriately provide treatment and support and to preserve troop strength and mission readiness.

Confidentiality Policy When Seeking SUD Care and Treatment

CONFIDENTIALITY POLICY	
FINDINGS	**ACTIONS**
The confidentiality policies covering military service members when seeking or receiving SUD treatment was found to balance the need to preserve mission readiness, the safety of military service members, and the imperative of getting service members the treatment and support services that they require.	Continue to review and update policies per DoD requirements to ensure they remain current Evaluate the findings of the Army's Confidential Alcohol Treatment and Education Pilot (CATEP) to determine the impact of allowing Soldiers to access care for alcohol problems while waiving the policy requirement for command notification (unless the Soldier's condition poses a threat to safety, security, or mission). If appropriate, DoD should consider expanding the pilot to the other military Services.
Confidentiality of clinical information related to SUDs is integral to ensuring that ADSMs seek care when they need it.	Work with the VA to review policies and procedures for transferring clinical information from DoD to VA to ensure that appropriate levels of confidentiality are preserved.

Specific Instructions

SPECIFIC INSTRUCTIONS	
FINDINGS	**ACTIONS**
DoD or military Service level instructions substantially address the following areas: • Abuse of alcohol, illicit drugs, and non-medical use and abuse of prescription drugs • Appropriate training of providers including health professionals and other trained providers in the prevention, screening, diagnosis, and treatment of SUDs • Services for dependents, including instructions on making such services available to the maximum extent possible • Appropriate staffing levels for providers including health professionals and other trained providers at MTFs for the prevention, screening, diagnosis, and treatment of SUDs • Training and credentialing requirements for physicians/non-physicians in the prevention, screening, diagnosis, and treatment of SUDs • Availability of SUD services for ADSM's • Relationship between disciplinary action and treatment of substance use disorders • Confidentiality for members of the Armed Services seeking or receiving services or treatment for substance use disorders. • Involvement of the chain of command in matters relating to the diagnosis and treatment of substance abuse and disposition of members.	Review and expected revisions to DoD policies related to substance misuse and abuse will ensure that a clear statement of policy addresses the specific topics outlined in section 596 (b)(6) of the 2010 NDAA.
Gender specific policies related to gender specific care and treatment is absent.	Identify and coordinate with DoD and VA experts assigned to the cross-department Integrated Mental Health Strategy Strategic Action #28 (Gender Differences) in order to identify necessary empirically supported gender specific programs, and explore the development of policy's that may be necessary to implementing those programs. Consistent with subsection (b) (6) of section 596 of the National Defense Authorization Action for FY 2010, DoD policies will be revised to include a clear statement of policy related to the importance of gender sensitive SUD care.
Policies related to the integration of efforts of SUD programs addressing concomitant mental disorders (PTSD and depression) and suicide prevention is absent.	Work to ensure that guidelines for the assessment and treatment of co-morbid disorders are in place with the military Services specialty SUD treatment programs

4.2 SUD Programs

Availability of and Accessibility to SUD Programs and Services

AVAILABILITY OF AND ACCESSIBILITY TO SUD PROGRAMS AND SERVICES	
FINDINGS	**ACTIONS**
Access to mental health providers and SUD assessment and treatment within primary care settings is limited.	If the DoD FY12-17 Program Objective Memorandum is approved, implement behavioral health in primary care DoD-wide, providing access to substance use disorder prevention, assessment, treatment and referral services within the primary care setting.
Gender-specific SUD treatment programs are not available in DoD MTFs and is very limited in the private sector and TRICARE network	Review the standard of care and evidence of effectiveness for gender-based treatment of SUDs and provide recommendations to leadership on adoption and implementation of those treatments
Availability of SUD care remains a challenge in remote locations for both family members and the Reserve Component.	Work with the Veterans Health Administration to ensure that eligible DoD beneficiaries are making use of available VA SUD services Work with TRICARE to identify regions that have limited SUD services and consider exceptions of travel limits or waiver of provider reimbursement limits to improve availability and access to SUD treatment Work with the VA to ensure the timely implementation of the Caregivers and Veterans Omnibus Health Services Act of 2010, which authorizes Vet Centers and Mobile Vet Centers to extend services to certain DoD beneficiaries Work with the VA to assess if additional mobile units should be added to the VA's Mobile Vet Center Program to meet the need of DoD beneficiaries given access to that program in the Caregivers and Veterans Omnibus Health Services Act of 2010.
Utilization of federal and non-governmental resources in the prevention, assessment and treatment of SUDs has not been explored sufficiently.	Work with the VA to provide recommendations to leadership on how the VA and the DOD can best work with federal partners, community organizations, NGOs, professional societies, and provider groups in the service of preventing, assessing and treating SUDs in military service members, Veterans, and their families.

Credentials for Healthcare Providers Involved in the Provision of Care

PROVIDER CREDENTIALS	
FINDINGS	**ACTIONS**
The military Services have sufficient policies and procedures in place to ensure the quality of independent and non-independent providers of SUD care to DoD beneficiaries.	Continue to ensure compliance with DoD's and military Services' credentialing policies and procedures.
The evolution of substance misuse and substance use disorders and the practices to assess and treat them requires that DoD providers be aware of new developments and needed competencies in the field.	Identify and make available additional training in evidence-based practices for SUD assessment and care to professionals providing care to MHS beneficiaries. Collaborate with the VA to provide competency-based training in evidence-based practices for Substance Use Disorders.

Staffing Methodology for Healthcare Providers Involved in the Provision of Care

STAFFING METHODOLOGY	
FINDINGS	**ACTIONS**
The DoD is currently recommending the use of a population-based, risk-adjusted model to predict behavioral health provider (including substance abuse counselors) staffing requirements for the DoD (direct care).	Implement the Psychological Health Risk-Adjusted Model for Staffing (PHRAMS) in each military Service to ensure consistency and comparability across the military Services and to ensure that staffing requirements are based on a transparent, reproducible projection of the need for psychological health and SUD services in the MHS beneficiary population.
In certain circumstances SUD treatment professionals are providing care that is not captured in databases upon which staffing models such as PHRAMS rely.	Identify what solutions are available to ensure that the activities of SUD treatment providers are appropriately captured by the Department and available for analysis with staffing model(s).

DoD Oversight of SUD Programs and Services

DoD OVERSIGHT OF SUD PROGRAMS AND SERVICES	
FINDINGS	**ACTIONS**
A multilayered system of clinical care oversight exists within the direct care system, starting at the patient-provider interface and extending to agencies of the Office of the Secretary of Defense.	DoD will continue to provide oversight and coordinate with the military Services through existing senior level committees.
All military Services ensure compliance with DoD policies through internal inspection agencies, elevating chronic policy or program concerns to DoD through senior level oversight committees.	Continue efforts by DoD Health Affairs in collaboration with the military Services' Surgeons General to ensure that changes to DoD SUD policies are properly disseminated and that DoD and the military Services continue to collaborate on the revision or creation of SUD-related policies.

Prevention, Screening, Diagnosis, and Treatment of SUDs

PREVENTION PROGRAMS AND SERVICES	
FINDINGS	**ACTIONS**
Military Services prefer centralized population based prevention efforts that provide the opportunity to adapt and implement already available DoD specific activities and products to their military Service.	The DoD will continue to support broad population-based prevention efforts that are widely applicable to service members and their families. Implement joint DoD/VA communications plans to improve public mental health messaging related to the prevention of substance misuse and abuse, promotion of mental health, and seeking of mental health care.
DoD prevention efforts could be improved by targeting at-risk populations.	The DoD will explore the feasibility of expanding targeted prevention efforts such as the DoD-sponsored "That Guy" campaign (http://www.thatguy.com/) and identifying other populations for which targeted campaigns would be beneficial. NOTE: Health Affairs Policy 10-005 addresses required person-to-person mental health assessment for deployed members.
Family members of AD and RC members are under-leveraged as proponents of SUD prevention.	With the VA, explore methods to help family members identify mental health needs in service members through education and coaching.

SCREENING SERVICES	
FINDINGS	**ACTIONS**
Evidence-based screening tools are not consistently utilized across the military Services. NOTE: With exception of the deployment cycle.	Implementation of Patient Centered Medical Home provides an opportunity to explore the role of screening for at-risk drinking on a regular basis in the primary care setting.
Positive SUD screening in primary care for non-ADSM beneficiaries, likely results in a referral to the TRICARE network, decreasing the likelihood of patient follow-up for care.	The expansion of mental health providers in primary care settings would greatly improve availability and access to SUD screening and assessment options in the direct care system. This DoD initiative is being considered for funding in the 2012 to 2017 POM.
Staff shortages may prevent adequate screening and identification of at-risk substance use behavior, particularly during high demand periods as when a large number of service members are returning from deployment.	Work with the VA to develop effective and efficient mechanisms for sharing mental health care personnel between the departments utilizing in-person providers and telemental health technologies.

DIAGNOSIS & TREATMENT PROGRAMS AND SERVICES	
FINDINGS	**ACTIONS**
Utilization of DoD/VA SUD clinical practice guidelines is inconsistent across DoD facilities.	Ensure that military Services and programs are familiar with and have addressed the utilization of the CPGs in the operating guidelines for their clinical practices. Facilitate cross-service implementation of CPGs through the newly created DoD Addictive Substances Misuse Advisory Committee of which each military Service has senior clinical representation
MTFs may have incomplete knowledge of services and programs available in the VA and Network and vice-versa.	Identify means by which referral to and from the MTFs can be better informed by the range of services available in the VA and Network.
Self-help strategies for SUD concerns that make use of Web services, coaching, print material and seminars are underutilized in the DoD.	Work with the VA to make self-help resources readily available on the Internet for service members, Veterans and families with mental health and substance use problems as a first line approach for individuals who may not otherwise seek help. Evaluate the effectiveness and feasibility of making telephone coaching available for individuals who require support with self-help program content, and to facilitate referrals to existing VA and DoD mental health services.
The use of telemental health technology to deliver SUD services is underutilized within the MHS.	Collaborate with the VA to develop technical, business and clinical processes for implementing joint telemental health services for the treatment of SUDs.
Providers caring for service members and their families may be insufficiently educated about military culture, deployment stress and related mental health and substance abuse issues.	Work with the VA to develop education and training curricula on military culture, deployment stress and related mental health issues facing service members, Veterans and families. The content would be provided through a variety of modalities, and widely available to both civilian and DoD primary care and behavioral health providers and non-provider caregivers.

Regional Long-Term Inpatient SUD Treatment Programs

REGIONAL LONG-TERM INPATIENT SUD TREATMENT PROGRAMS	
FINDINGS	**ACTIONS**

REGIONAL LONG-TERM INPATIENT SUD TREATMENT PROGRAMS	
FINDINGS	**ACTIONS**
The military Services believe that available and expanding sources of SUD treatment in the direct care system and the TRICARE network sufficiently serve the outpatient, partial hospitalization, residential and inpatient treatment needs of their populations. In addition, a large expansion of direct care services such as long term inpatient and residential SUD treatment programs provided by the Services will require the addition or reallocation of personnel and infrastructure, largely from existing programs.	If directed to expand direct care services as described under the findings, the Department believes that a dedicated study and analysis of the benefits and risks of such a course of action are required.

5.0 Concluding Remarks

This review of programs and policies related to the prevention, diagnosis, and treatment of Substance Use Disorders (SUDs) revealed a mature set of programs, policies, and procedures across the Department of Defense (DoD). DoD-level policies are broad enough to ensure that SUD programs and Service-level policies address the fitness, health, and readiness needs of the Department, while permitting the Services the flexibility to tailor programs to their unique mission requirements and military cultures. The Service-level policies related to SUDs were found to be collectively sufficient and individually cohesive, relevant, and timely.

This review however, did reveal opportunities to improve. There is a need for a DoD-level advisory committee for the purpose of coordinating substance use programming across the Services and to advise senior leaders on relevant matters. This advisory committee would be a conduit for communication between DoD and the Services. This would include communications related to policy strengths and limitations, the sharing of best practices across the Services and the sharing of research efforts among other functions. Such an advisory committee is currently under consideration by senior DoD leadership.

Though most policies and programs remain current, a number require thorough review to formally ensure their relevance and to examine them for additional opportunities to improve. Such a review should make sure that Service-level policies are aligned with DoD guidance and adequately address the specific topics specified in section 596(b) of the 2010 NDAA.

Prevention efforts across the Services are now implemented in several functional areas. They are often administered through personnel and line commands while the diagnosis and treatment functions remain within the medical components. Though each Service targets prevention efforts for their personnel, there may be an opportunity for the DoD to implement additional large primary prevention campaigns across all Services.

Finally, there are opportunities to share best clinical and prevention practices across the Services with the goal of achieving a more collaborative approach to the implementation of proven, effective practices. Still, the implementation of evidence-based practices across the Service can and should be accomplished without losing the cultural sensitivity or Service-centric application of their implementation.

List of References

RTI International. (September 2009). Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel.

Institute of Medicine. (June 2009). Combating Tobacco Use in Military and Veteran Populations.

Institute of Medicine (November 2005). Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series.

Department of Defense Medical Surveillance Monthly Report. (November 2010). Selected Mental Health Disorders Among Active Component Members, U.S. Armed Forces, 2007-2010. Vol. 17, No. 11, 2-5.

Army. (2010). Health Promotion Risk Reduction, Suicide Prevention.

Institute of Medicine. (1990). Clinical Practice Guidelines: Directions for a New Program.

United States Government Accountability Office Report to Congressional Committees. (July 2010). Enhanced Collaboration and Process Improvements Needed for Determining Military Treatment Facility Medical Personnel Requirements.

Appendix A – List of Acronyms

ABC – Alcohol Brief Counseling
ACSAP – Army Center for Substance Abuse Programs
ADAMS – Alcohol and Drug Management Information System
ADAPT – Alcohol and Drug Abuse Prevention and Treatment
ADMITS – Alcohol and Drug Management Information Tracking System
ADSM – Active Duty Service Member
AF – Air Force
AFI – Air Force Instruction
AFIA – Air Force Inspection Agency
AFMOA – Air Force Medical Operations Agency
AFRC – Air Force Reserve Component
AOR – Area of Responsibility
AR – Army Regulation
ARI – Alcohol Related Incidents
ARMS – Alcohol-Related Misconduct
ASD(HA) – Assistant Secretary of Defense (Health Affairs)
ASAC – Adolescent Substance Abuse Counseling Program
ASAM – American Society of Addiction Medicine
ASAP – Army Substance Abuse Programs
ASMAC – Addictive Substance Misuse Advisory Committee
ATAC – Alcohol and Tobacco Abuse Committee
AUDIT-C – Alcohol Use Disorders Identification Test Consumption Questions
AWOL – Absent Without Leave
BHOP – Behavioral Health Optimization Program
CDAR – Command Drug and Alcohol Representative
COCOM – Combatant Command
CM – Case Management
CPG – Clinical Practice Guidelines
CJCS – Chairman of Joint Chiefs of Staff
CoRC – Culture of Responsible Choices
CSAP – Center for Substance Abuse Prevention
DAAR – Drug and Alcohol Abuse Report
DAMIS – Drug and Alcohol Management Information System
DAPA – Drug and Alcohol Program Advisor
DCoE – Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
DDRP – Drug Demand Reduction Programs
DEA – Drug Enforcement Agency
DEFY – Drug Education for Youth
DEPSECDEF – Deputy Secretary of Defense
DHS – Department of Homeland Security
DM – Disease Management
DMDC – Defense Manpower Data Center
DoD – Department of Defense

DoDD – Department of Defense Directive
DoDI – Department of Defense Instruction
DOJ – Department of Justice
DON – Department of the Navy
DSM IV-R – Diagnostic and Statistical Manual IV-Revised
DRI – Drug Related Incidents
DTP – Drug Testing Program
DUI – Driving Under the Influence
DWI – Driving While Intoxicated
EAP – Employee Assistance Program
EBP – Evidence-Based Practices
EUDL – Enforcing Underage Drinking Laws
FBI – Federal Bureau of Investigation
FHP&R – Force Health Protection and Readiness
FY – Fiscal Year
GAO – Government Accountability Office
HIPDB – Healthcare Integrity and Protection Data Bank
HRB –Health Related Behaviors, Department of Defense Survey
HSI – Health Services Inspections
IM3 – Integrated Medical Management Model
JTF CapMed – Joint Task Force National Capital Region Medical
LIP – Licensed Independent Practitioner
MCSC – Managed Care Support Contractor
MC&FP – Military Community and Family Policy
MCO – Marine Corps Order
MDR – Military Health System Data Repository
MEPS – Military Entrance Processing Station
MHS – Military Health System
MORE – My Ongoing Recovery Experience
MSMR – Medical Surveillance Monthly Report
MTF – Military Treatment Facility
N/A – Not Applicable
NAVALREHCEN – Naval Alcohol Rehabilitation Center
NDAA – National Defense Authorization Act
NDAAC – Navy Drug and Alcohol Advisory Council
NDACS – Navy Drug and Alcohol Counselor School
NDSP – Navy Drug Screening Program
NIAAA – National Institute of Alcohol Abuse and Alcoholism
NIDA – National Institute of Drug Abuse
OIC – Officer In Charge
OCONUS – Outside the Continental United States
OEF – Operation ENDURING FREEDOM
OIF – Operation IRAQI FREEDOM
PDHA – Post Deployment Heath Assessment
PDHRA – Post Deployment Health Re-Assessment
PHA – Periodic Health Assessment

PHRAMS – Psychological Health Risk-Adjusted Model for Staffing
PREVENT – Personal Responsibility and Values Education and Training
PTSD – Post Traumatic Stress Disorder
NREPP – National Registry of Evidence-Based Programs and Practices
RRP – Risk Reduction Program
RTCQ – Readiness to Change Questionnaire
SACC – Substance Abuse Counseling Center
SAFE – Substance Abuse Free Environment
SAPST – Substance Abuse Prevention Specialist Training
SAPT – Substance Abuse Prevention and Treatment
SARP – Substance Abuse Rehabilitation Program
SECDEF – Secretary of Defense
SG – Surgeon General
SME – Subject Matter Expert
SUD – Substance Use Disorder
SUDRF – Substance Use Disorder Rehabilitation Facility
TDP – Testing Designated Positions
TJC – The Joint Commission
TMA – TRICARE Management Activity
UIC – Unit Identification Code
UM – Utilization Management
UPL – Unit Prevention Leader
URI – Unit Risk Inventory
USAF – United States Air Force
USA – United States Army
USCG – United States Coast Guard
USD (P&R) – Undersecretary of Defense (Personnel and Readiness)
USN – United States Navy
USMC – United States Marine Corps
VA –Department of Veterans Affairs

Appendix B – DoD and Service Policy References

TOPIC AREAS	POLICIES, PROTOCOLS, AND DIRECTIVES REGARDING PREVENTION, DIAGNOSIS, AND TREATMENT OF SUDs					
	DoD	**Air Force**	**Army**	**Navy**	**Marine Corps**	**Coast Guard**
Prevention of SUDs	**DODD 1010.1**: **Military Personnel Drug Abuse Testing Program** 3.1.1 **DODD 1010.4**:**Drug and Alcohol Abuse by DoD Personnel** 4.1-4.4	**AFI 44-121** Section 3B, *Prevention and Education*, 3.6	**AR 600-85** **Chapter 9: Prevention, Education and Training** Section I, *General*, 9.1-9.3	**OPNAVINST 5350-4D Enclosure (3),** 2 (Responsibilities)	**MCO P1700.24B 3011. Substance Abuse,** 1. *Roles and Responsibilities*, 1-3 (p. 3-12 to 3-17) **NAVMC2931** **Chapter 1: Drug and Alcohol Abuse Prevention**, 1-3	**M100.6A** **Chapter 20, Drug and Alcohol Abuse Program** 20.A.3 *Training and Education* 20.B *Alcohol Abuse Prevention Program* **M6200.1A** **Chapter 2, Substance Abuse Prevention and Treatment (SAPT) Program** B. *Purpose* (p. 2-1) F. *Training and Education Requirements for Commands, Units and Members* (p. 2-8)

TOPIC AREAS	POLICIES, PROTOCOLS, AND DIRECTIVES REGARDING PREVENTION, DIAGNOSIS, AND TREATMENT OF SUDs					
	DoD	**Air Force**	**Army**	**Navy**	**Marine Corps**	**Coast Guard**
Diagnosis of SUDs	**DODD 1010.1**: **Military Personnel Drug Abuse Testing Program** 3.1.2 **DODD 1010.4**: **Drug and Alcohol Abuse by DoD Personnel** 3.2; 3.6; 4 **DODI 1010.6**: **Rehabilitation and Referral Services for Alcohol and Drug Abusers** 4.1 **DoDI 6490.03: Deployment Health**	**AFI 44-121** Section 3D, *Assessing Members for Substance Abuse*, 3.10-3.11	**AR 600-85** **Chapter 7: Identification, Referral, and Evaluation** Section I, *Methods of Identification,* 7.1-7.8 Section II*, Referrals for Military Personnel,* 7.9-7.11 Section III, *Evaluation Process,* 7.12-7.14	**OPNAVINST 5350-4D Enclosure (1),** 4 (Screening and Treatment Programs)	**MCO P1700.24B** **3011. Substance Abuse,** 8*. Deterrent Measures*, (p. 3-22) **5004. Substance Abuse Intervention and Treatment**, 6 (p. 5-10 to 5-11)	**M100.6A** **Chapter 20, Drug and Alcohol Abuse Program** 20.B.2.e *Alcohol Screening* **M6200.1A** **Chapter 2, Substance Abuse Prevention and Treatment (SAPT) Program** G. *Screening for Alcohol and/or Drugs* (p. 2-12
Treatment of SUDs	**DODD 1010.1**: **Military Personnel Drug Abuse Testing Program** 3.1.3 **DODD 1010.4**: **Drug and Alcohol Abuse by DoD Personnel** 4.5-4.6 **DODI 1010.6: Rehabilitation and Referral Services for Alcohol and Drug Abusers** 4.1; 5.2.2.1; 5.3.2.1; 5.4.1	**AFI 44-121** Section 3E, *Treatment Team (TT)*, 3.12-3.13 Section 3F, *Substance Abuse Treatment*, 3.14-3.18	**AR 600-85** **Chapter 8: Rehabilitation** Section 1, *Introduction*, 8.1-8.4 Section II, *Rehabilitation Procedures*, 8.5-8.21	**OPNAVINST 5350-4D Enclosure (1),** 4 (Screening and Treatment Programs)	**NAVMC2931** **Chapter 2: Substance Abuse Treatment Program**, 1-4 **MCO P1700.24B** **5004. Substance Abuse Intervention and Treatment**, 3-10 (p. 5-10 to 5-12) **5005**. **Assignments to Treatment Services** (p. 5-15 to 5-16)	**M100.6A** **Chapter 20, Drug and Alcohol Abuse Program** 20.B.3 *Treatment* **M6200.1A** **Chapter 2, Substance Abuse Prevention and Treatment (SAPT) Program** H. *Drug/Alcohol Treatment* (p. 2-14)

TOPIC AREAS	SPECIFIC INSTRUCTIONS					
	DoD	**Air Force**	**Army**	**Navy**	**Marine Corps**	**Coast Guard**
Abuse of alcohol, illicit drugs, and non-medical use and abuse of prescription drugs	**DODD 1010.1**: **Military Personnel Drug Abuse Testing Program** 3.1.5-3.1.6 **DODD 1010.4: Drug and Alcohol Abuse by DoD Personnel** 5.2.1 **DODD 1010.4**: **Drug and Alcohol Abuse by DoD Personnel** 5.1.1-5.1.4 **DODD 1010.9**: **DOD Civilian Employees Drug Abuse Testing Program** 4.4; E3.1.3; 5.5.1.2; 5.5.4.3; 6.2.3	**AFI 44-121** Section 3A, *General Information*, 3.3 & 3.4 Section 3F, *Substance Abuse Treatment*, 3.15 **AFI 44-121** Section 3A, *General Information*, 3.5	**AR 600-85 Chapter 9: Prevention, Education and Training** Section I, *General*, 9.3 d **Chapter 3: Alcohol** Section I, *General*, 3.1-3.4 Section 2, *Military Alcohol Screening*, 3.5-3.9 **Chapter 7: Identification, Referral, and Evaluation** Section I, *Methods of Identification,* 7.1 a **AR 600-85 Chapter 4, Military Personnel Drug Testing Program** *General*, 4.1-4.2 **Chapter 7, Identification, Referral, and Evaluation** Section I, *Methods of Identification,* 7.1 b	**OPNAVINST 5350-4D Page 4**, 6 (Policy), g **Enclosure (1)**, 3 (Referral for Screening), a **Enclosure (1)**, 1 (Overview) **OPNAVINST 5350-4D Page 3**, 5 (Policy), h-k	**MCO P1700.24B 3011. Substance Abuse,** 2. *Alcohol Abuse Prevention*, (p. 3-15 to 3-16) **5010. Antabuse** **MCO P1700.24B 3011. Substance Abuse,** 4. *Urinalysis*, (p. 3-18 to 3-22) **APPENDIX E.** *Urinalysis Program*, (E-1-E-12)	**M100.6A Chapter 20, Drug and Alcohol Abuse Program** 20.B.2 *Guidelines for Alcohol Abuse* 20.B.3 *Treatment* **M100.6A Chapter 20, Drug and Alcohol Abuse Program** 20.C.1 *Responsibility* 20.C.2 *Urinalysis* 20.C.3 *Drug Incident Investigations*

TOPIC AREAS	SPECIFIC INSTRUCTIONS					
	DoD	Air Force	Army	Navy	Marine Corps	Coast Guard
Appropriate training of providers including health professionals and other trained providers in the prevention, screening, diagnosis, and treatment of SUDs		**AFI 44-121** Section 3D, *Assessing Members for Substance Abuse*, 3.10.1-3.10.3	**AR 600-85** **Chapter 9: Prevention, Education and Training** Section II, *Army Substance Abuse Program staff and united prevention leader training, professional development and certification*, 9.4-9.9	**OPNAVINST 5350-4D** **Enclosure (3)**, 1 (General) **Enclosure (3)**, 4 (Training Requirements)	**MCO P1700.24B** **5017. Staffing Standards**, 2. a (p. 5-28) **5018. Clinical Staff Prerequisites**, 1. *Providers*, d (p. 5-29)	**M6200.1A** **Chapter 2, Substance Abuse Prevention and Treatment (SAPT) Program** F. 2. *Training for Substance Abuse Prevention and Treatment Personnel* (p. 2-10)
Appropriate staffing levels for providers including health professionals and other trained providers at MTFs for the prevention, screening, diagnosis, and treatment of SUDs	**DODI 1010.6**: **Rehabilitation and Referral Services for Alcohol and Drug Abusers** 5.2.1.1	**AFI 44-121** Section 3E, *Treatment Team*, 3.12-3.13	**AR 600-85** **Chapter 1: General** *General*, 10.1	**OPNAVINST 5350-4D** **Page 16**, 8 (Action), p, 6, d	**MCO P1700.24B** **3012. Staffing Standards,** (p. 3-22 to 3-23) **5017. Staffing Standards**, (5-27 to 5-28)	
Training and credentialing requirements for physicians/non-physicians in the prevention, screening, diagnosis, and treatment of SUDs	**DODI 1010.6: Rehabilitation and Referral Services for Alcohol and Drug Abusers** 4.3; 4.3.1-4.3.3 **DODD 1010.9**: **DOD Civilian Employees Drug Abuse Testing Program** 5.5.1.3	**AFI 44-121** Section 3D, *Assessing Members for Substance Abuse*, 3.10.1-3.10.3	**AR 600-85** **Chapter 8: Rehabilitation** Section II, *Rehabilitation Procedures*, 8.21		**MCO P1700.24B** **5017. Staffing Standards**, (p. 5-27 to 5-28) **5018. Clinical Staff Prerequisites**, 1. *Providers*, (p. 5-28 to 5-29)	

TOPIC AREAS	SPECIFIC INSTRUCTIONS					
	DoD	Air Force	Army	Navy	Marine Corps	Coast Guard
Availability of SUD services for dependents	**DODI 1010.6: Rehabilitation and Referral Services for Alcohol and Drug Abusers** 4.1	**AFI 44-121** Section 3A, *General Information*, 3.2.4	**AR 600-85 Chapter 1: General** *General*, 1.7 c. (10) **Chapter 6: Civilian Corps, Family Member and Retiree Services** *Participation of family members*, 6.6	**OPNAVINST 5350-4D Enclosure (1)**, 5 (Family Participation)	**MCO P1700.24B 5004**. **Substance Abuse Intervention and Treatment**, 4 (p. 5-10)	
Gender specific requirements, including gender specific care and treatment requirements[13]						
Integration of efforts of SUD programs with efforts to address co-occurring mental disorders (PTSD and depression) and suicide prevention[14]		**AFI 90-501 Community Action Information Board and Integrated Delivery System,** Section 4: Integrated Delivery System				

[13] No policies were found across DoD and the Services (Air Force, Army, Navy, Marine Corps, and Coast Guard)
[14] No polices were found across DoD and the following Services (Army, Navy, Marine Corps, and Coast Guard)

TOPIC AREAS	PROTOCOLS AND DIRECTIVES FOR THE DISPOSITION OF SUBSTANCE USE OFFENDERS					
	DoD	**Air Force**	**Army**	**Navy**	**Marine Corps**	**Coast Guard**
Disposition of substance use offenders, including disciplinary action and administrative separation for Reservists and the National Guard	**DODD 1010.1**: **Military Personnel Drug Abuse Testing Program** 3.4.1-3.4.3 **DODI 1010.6: Rehabilitation and Referral Services for Alcohol and Drug Abusers** 4.2 **DODD 1010.9**: **DOD Civilian Employees Drug Abuse Testing Program** 6.2.6	**AFI 44-121** Section 3F, *Substance Abuse Treatment*, 3.15.2.1 & 3.16.2	**AR 600-85** **Chapter 10: Legal and Administrative Procedures, and Media Relations** Section II, *Administrative and Uniform Code of Military Justice Actions for Soldiers*, 10.4-10.9 Section II, *Legal Actions for Soldiers*, 10.10 **Chapter 3: Alcohol** Section I, *General*, 3.3	**OPNAVINST 5350-4D Enclosure (1)**, 10 (Disposition of New Accessions) **Page 4**, 6 (Policy), e **Page 6-7**, 6 (Policy), l (1-4) **Page 5**, 6 (Policy), h	**MCO P1700.24B** **5007. Treatment Failures**, (p. 5-16 to 5-17) **5008. Separation or Retention**, (p. 5-17) **5009. Declining Treatment**, (p. 5-17 to 5-18)	**M100.6A** **Chapter 20, Drug and Alcohol Abuse Program** 20.A.4.d-e *Driving Under the Influence of Intoxicants* 20.A.5.d *Inactive Duty Reservists* 20.B.2 *Guidelines on Alcohol Abuse* 20.B.3.b.2 *Treatment, Action* 20.C.4 *Findings of a Drug Incident*

TOPIC AREAS	POLICY ON THE INVOLVEMENT OF THE CHAIN OF COMMAND					
	DoD	**Air Force**	**Army**	**Navy**	**Marine Corps**	**Coast Guard**
Involvement of the chain of command in matters relating to the diagnosis and treatment of substance abuse and disposition of members	**DODD 1010.1**: **Military Personnel Drug Abuse Testing Program** 3.1.4 **DODI 1010.6**: **Rehabilitation and Referral Services for Alcohol and Drug Abusers** 5.2.2.2.2 - 5.2.2.2.3	**AFI 44-121** Section 3C, *Procedures for Identification and Referral of Suspected or Identified Substance Abusers for ADAPT Services*, 3.8 & 3.9	**AR 600-85** **Chapter 7, Identification, Referral, and Evaluation** Section II, *Referrals for military personnel*, 7.9-7.11	**OPNAVINST 5350-4D Enclosure (1)**, 2-3 (Referral for Screening)		**M100.6A** **Chapter 20, Drug and Alcohol Abuse Program** 20.C.1 *Responsibility* 20.C.3 *Drug Incident Investigations*

Appendix C – Service-level and DoD Substance Use Disorder (SUD) Programs and Activities

Service: Air Force

Service: Air Force

CURRENT SUD PROGRAMS		Clinical Focus				Target Pop.						Availability	Accessibility
Programs	**Purpose and Goals**	**Prevention**	**Screening**	**Diagnosis**	**Treatment**	**Active Duty**	**Reserve**	**Nat'l Guard**	**Dependents**	**Program Evaluation /Outcomes**	**EBPs Utilized**		
Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program	• The ADAPT Program provides substance related assessment, preventative education, clinical treatment and referral services for Airmen, civilian employees, and family members • The objectives of the ADAPT Program are to promote readiness, health and wellness through the prevention and treatment of substance abuse; minimize the negative consequences of substance abuse to the individual, family, and organization; provide comprehensive education and treatment to individuals who experience problems attributed to substance abuse; and to return identified substance abusers to unrestricted duty status or assist them in their transition to civilian life	●		●	●	●	●	●	●	• Access time to substance assessment and clinical treatment • Proportion of participants completing treatment program (tracked locally only) • Assessment of drinking behavior and duty performance at 3, 6, and 12 months post discharge from intensive outpatient, partial hospitalization, variable length of stay, or in-patient treatment programs (tracked locally)	• Substance Abuse Counselors are trained in motivational interviewing and cognitive behavioral interventions	◉	✓
Alcohol Brief Counseling (ABC) (sub program to ADAPT)	• ABC is an individualized, targeted preventive intervention for members seen in ADAPT who are not diagnosed with a substance use disorder • ABC's process is conducted within 10 days of the initial assessment. ABC components include a brief consultation and feedback, an alcohol education module and 1 or more follow-up session(s) to track progress on a personalized change plan	●				●	●	●		• Outcome survey to track self-reported impact of intervention on substance use and program quality monitoring (tracked locally only)	• ABC utilizes standardized assessment tools (AUDIT, CEOA, SIP, RTCQ) and motivational interviewing	●	✓

Service: Air Force

CURRENT SUD PROGRAMS		Clinical Focus				Target Pop.						Availability	Accessibility
Programs	**Purpose and Goals**	**Prevention**	**Screening**	**Diagnosis**	**Treatment**	**Active Duty**	**Reserve**	**Nat'l Guard**	**Dependents**	**Program Evaluation /Outcomes**	**EBPs Utilized**		
Behavioral Health Optimization Program (BHOP)	• BHOP providers are integrated into primary care clinics to provide consultation to medical providers and focused assessment and interventions for patients with substance abuse concerns • BHOP providers provide patient advice, education, and facilitate referrals to ADAPT for substance abuse assessment when appropriate	●	●	●		●	●	●	●	• None identified	• Training in evidence-based practices is included in the basic and advanced BHOP training - AUDIT and AUDIT-C for screening - VA/DoD clinical practice guidelines - Motivational interviewing - 5-A's model	●	X
Red Ribbon Week Campaign	• The National Red Ribbon campaign raises public awareness and mobilizes communities to combat tobacco, alcohol and drug use among military personnel, civilians and their families.	●				●			●	• None identified	• Use evidence-based practices recommended by the Center for Substance Abuse Prevention (CSAP). They include community-based processes, environmental strategies, information dissemination, alternative activities, education and problem recognition and referral	N/A	✓

Service: Air Force

CURRENT SUD PROGRAMS		Clinical Focus				Target Pop.							
Programs	**Purpose and Goals**	**Prevention**	**Screening**	**Diagnosis**	**Treatment**	**Active Duty**	**Reserve**	**Nat'l Guard**	**Dependents**	**Program Evaluation /Outcomes**	**EBPs Utilized**	**Availability**	**Accessibility**
Culture of Responsible Choices (CoRC)	• CoRC is a commander's program consisting of a four-tiered approach with emphasis on leadership, individual, base, and community-level involvement – underscoring responsible behaviors including alcohol and drug abuse, the prevention of accidents, tobacco cessation, obesity and fitness, health and wellness, prevention of STDs, etc. CoRC initiatives include Assessment/Screening of risk in all personnel, education/awareness programs, brief interventions and treatment when needed, top down emphasis on responsibility and commitment. Components also include base and local community opportunities for change such as developing a range of alternate activities, media campaign promoting responsibility, coalition with community agencies, and monitoring of locally identified metrics.	●	●	●	●	●			●	• Alcohol-Related Misconduct (ARMs) Incidences per 1,000 SMs • Drug Positives per 1,000 SMs	• Use evidence-based practices (e.g. screening instruments) recommended by the National Institute of Alcohol Abuse and Alcoholism (NIAAA)	N/A	✓
Drug Education for Youth (DEFY)	• DEFY's goals are to produce 9 to 12 year-olds with character, leadership, and confidence so that they are equipped to engage in positive, healthy lifestyles as drug-free citizens, and have the necessary skills to be successful in their lives through coordinated community participation, commitment, and leadership thereby empowering military youth to make positive life choices. • DEFY is operated world-wide and consists of a summer leadership camp (Phase 1) and a school –year mentoring program (Phase 2). The program curriculum provides youth with a variety of topics including substance abuse prevention and other vital life skills including conflict resolution, self-management skills, study skills, leadership, and community service.	●							●	• Knowledge • Skills • Attitudes	• Evidence-based practices from the National Institute of Drug Abuse are incorporated within the DEFY curriculum	●	✓

Service: Air Force

CURRENT SUD PROGRAMS		Clinical Focus				Target Pop.							
Programs	**Purpose and Goals**	**Prevention**	**Screening**	**Diagnosis**	**Treatment**	**Active Duty**	**Reserve**	**Nat'l Guard**	**Dependents**	**Program Evaluation /Outcomes**	**EBPs Utilized**	**Availability**	**Accessibility**
Adolescent Substance Abuse Counseling (ASAC) Program	• The ASAC program provides substance abuse counseling services including outreach, prevention, education, and referral services to adolescents in selected OCONUS middle and high school	●	●	●	●				●	• Total number of prevention classes • Total number of students referred • Total number of students enrolled • Total number of students screened but not enrolled	• ASAC counselors are trained in evidence-based practices such as outcome-informed counseling, solution-focused counseling, brief interventions, and ASAM placement patient criteria	●	✓
Enforcing Underage Drinking Laws (EUDL) Program	• EUDL is a pilot prevention program being conducted in conjunction with the Department of Justice (DOJ) and the National Institute of Alcohol Abuse and Alcoholism (NIAAA). • EUDL is designed to reduce the availability of alcoholic beverages to and the consumption of alcoholic beverages by underage service members using environmental approaches and community coalitions.	●				●			●	• DWI/DUIs • Traffic Accidents • Compliance Checks • Crimes	• Development of EUDL was predicated on the use of evidence-based practices such as increased enforcement of underage drinking laws, increased DWI/DUI checks, increased compliance checks, covert underage buys, party patrols etc.	N/A	N/A
That Guy	• "That Guy" is a multi-media campaign designed to reduce binge drinking among military enlisted personnel ages 18-24 • The campaign includes online and offline advertising and promotions, viral marketing, a Website, www.thatguy.com, public service announcements, and branded collateral materials.	●				●				• Total number of visits per month to the website per Service • Average number of minutes per visit spent on website per Service • Total number of public service announcements per Service • Number of promotional items distributed	• Evidence-based practices are incorporated in the design and implementation of the "That Guy" program	N/A	✓
Military and Civilian Drug Testing Program	• The military and civilian drug testing programs are a primary component of the installation Drug Demand Reduction Programs (DDRP). The program works to ensure a drug free workplace.	●				●	●			• Percentage of mandated population testing per year • Rate of un-testable samples • Rate of verified positive samples	• EBPs are utilized	N/A	✓

Service: Air Force

CURRENT SUD PROGRAMS		Clinical Focus				Target Pop.							
Programs	**Purpose and Goals**	**Prevention**	**Screening**	**Diagnosis**	**Treatment**	**Active Duty**	**Reserve**	**Nat'l Guard**	**Dependents**	**Program Evaluation /Outcomes**	**EBPs Utilized**	**Availability**	**Accessibility**
AFRC Substance Abuse Prevention Specialist Training (SAPST)	• The SAPST program aims to increase knowledge and improve skills of Drug Demand Reduction Program (DDRP) technicians and program managers in substance abuse prevention, facilitate full-scale adaptation and implementation of the SAPST model, and provide preliminary direction to the identification of related training and technical assistance needs.	●					●			• None identified	• EBPs are utilized	N/A	N/A

Service: Army

Service: Army

CURRENT SUD PROGRAMS		Clinical Focus				Target Pop.							
Programs	**Purpose and Goals**	**Prevention**	**Screening**	**Diagnosis**	**Treatment**	**Active Duty**	**Reserve**	**Nat'l Guard**	**Dependents**	**Program Evaluation /Outcomes**	**EBPs**	**Availability**	**Accessibility**
Military Personnel Drug Testing Program (DTP)	• The objectives of the Military Personnel DTP is to deter Soldiers from abusing illegal drugs, illicit substances, and prescribed medication; facilitate early identification of drug abuse; it enables commanders to assess the security, military fitness, good order, and discipline of their units; monitor rehabilitation of those enrolled in alcohol and/or other drug abuse rehabilitation; and collect data on the prevalence of drug abuse within the Army	●				●	●			• Test Basis Report by Installation, Command • Drug Detail Report by Location and Command • Repeat Positive Summary by Command for 3-Year Period • Test Basis Positive by Command	• EBPs are utilized	●	✓

Service: Army

CURRENT SUD PROGRAMS		Clinical Focus				Target Pop.							
Programs	**Purpose and Goals**	**Prevention**	**Screening**	**Diagnosis**	**Treatment**	**Active Duty**	**Reserve**	**Nat'l Guard**	**Dependents**	**Program Evaluation /Outcomes**	**EBPs**	**Availability**	**Accessibility**
Civilian Corps Member Drug Testing Program	• The objectives of the DTP are to assist in maintaining public health and safety, the protection of life and property, national security, and law enforcement; deter substance abuse; identify illegal drug abusers; assist employees who are seeking rehabilitation for illegal drug abuse; and assist in determining fitness for appointment or retention of Testing Designated Positions (TDPs).		●							• None identified	• N/A	●	✓
Prevention, Education, and Training Program	• The Program provides Soldiers with substance abuse prevention and awareness training to include at a minimum: Army Substance Abuse Program (ASAP) policies and services, consequences of alcohol and other drug abuse, incompatibility of alcohol and other drug abuse with physical and mental fitness, combat readiness, Army Values, and the Warrior Ethos.		●				●		●	• Screening Enrollment Report by Installation and Command • Education/Training Report by Unit • UPL Certification Database by Individual Command • Resource and Performance Report by Installation and Command	• ADAPT curriculum utilizes evidence-based practices	●	✓
Risk Reduction Program	• The Army Risk Reduction Program (RRP) is a commander's tool designed to identify and reduce Soldiers' high-risk behaviors in the areas of substance abuse, spouse and child abuse, sexually-transmitted diseases, suicide, crimes against people, crimes against property, absence without leave (AWOL), traffic violations, accidents and injuries, and financial problems. RRP focuses on effective use of installation resources and a coordinated effort between commanders and installation agencies to implement intervention and prevention programs.		●				●			• Regression Analysis by Risk Factors by Unit, Installation, Region and Command • Unit Risk Inventory (URI) Survey Administrated at Unit Level with Upper Level Comparisons, Installation, Region and Command • Reintegration-Unit Risk Inventory (URI) Survey Administrated at Unit Level with Upper Level Comparisons, Installation, Region and Command	• N/A	●	✓

Service: Army

CURRENT SUD PROGRAMS		Clinical Focus				Target Pop.						Availability	Accessibility
Programs	**Purpose and Goals**	**Prevention**	**Screening**	**Diagnosis**	**Treatment**	**Active Duty**	**Reserve**	**Nat'l Guard**	**Dependents**	**Program Evaluation /Outcomes**	**EBPs**		
Rehabilitation Program	• The objective of the Rehabilitation Program is to return Soldiers to full duty as soon as possible; identify and refer soldiers who cannot be rehabilitated in the Army Substance Abuse Program (ASAP) to a rehabilitation facility in the vicinity where they reside after discharge from the Army; help resolve alcohol and other drug abuse problems in the Family, with the ultimate goal of enabling the Soldier to perform more effectively; and for Civilian employees to restore them to effective duty performance.		●	●	●	●	●		●	• Screening and Enrollment Report by Installation and Command • Rehabilitation Summary • Rehabilitation Caseload • DAMIS dynamic ad hoc query capability	• N/A	⦿	X
Employee Assistance Program	• The Army's Employee Assistance Program (EAP) provides a wide variety of services for various adult living problems. These services include but are not limited to screening, short-term counseling, and referral for all adult living problems.	●	●						●	• EAP reports by Installation and User • Screening and Enrollment Report by Installation and Command	• N/A	●	✓
Army Drug Testing Program	• The purpose of the Army Drug Testing Program is to deter drug use among service members and Army Civilian personnel in order to maintain the safety and readiness of the force.	●	●			●	●	●		• Number of positive specimens • Number of specimens tested • Change in overall specimen positive rate • Change in positive specimens and positive rates by drug	• N/A	●	✓

Service: Navy

Service: Navy

CURRENT SUD PROGRAMS		Clinical Focus				Target Pop.						Availability	Accessibility
Programs	**Purpose and Goals**	**Prevention**	**Screening**	**Diagnosis**	**Treatment**	**Active Duty**	**Reserve**	**Nat'l Guard**	**Dependents**	**Program Evaluation /Outcomes**	**EBPs**		
Substance Abuse Rehabilitation Program (SARP)	• Using the American Society of Addiction Medicine patient placement criteria, SARP matches the appropriate intensity of treatment to the individual's level of need. SARP covers a spectrum referred to as the continuum of care that ranges from early intervention, through outpatient, intensive outpatient, residential and medically managed care.	●	●	●	●	●	●		●	• Number of patients retained on Active Duty after one year • Percentage of patients completing treatment • Length of time to wait for a screening • Length of time before treatment begins	• Motivational Interviewing • Twelve Step Facilitation • Living in Balance • Contingency Management • Cognitive Behavioral Intervention	⦿	X
My Ongoing Recovery Experience (MORE)	• MORE is a continuing care program that supports patients as they leave their primary treatment. Through the use of web technology, MORE provides tailored support to patients during the first 18 months after treatment as a means to improve treatment outcomes and eliminate, reduce, or shorten episodes of relapse • MORE allows for ongoing support wherever a patient is located to support continued engagement in a therapeutic effort that will enhance long-term abstinence and recovery from substance dependence				●	●	●		●	• Abstinence and retention rates of those actively involved/completing the MORE program versus those who do not participate • Number of relapses during 18 month enrollment in MORE • Length of relapses before returning to the path of recovery • Number of days patients are abstinent	• Motivational Interviewing • Twelve Step Facilitation • Living in Balance • Contingency Management • Cognitive Behavioral Intervention	●	X
Prevention Specialist Course	• The Prevention Specialist Course provides education and training on how to design and implement evidenced-based prevention programs at the local command level.	●				●			●	• Decreased number of Alcohol and Drug Related Incidents (ARI/DRI) at commands • Number of people successfully passing the certification examination and becoming certified Prevention Specialists • Number of prevention programs implemented at the command level	• Students are trained in CSAP strategies and learn to utilize the National Registry of Evidence-Based Programs and Practices (NREPP) in selecting prevention programs for their local community	⦿	X

Service: Navy

CURRENT SUD PROGRAMS		Clinical Focus				Target Pop.						Availability	Accessibility
Programs	**Purpose and Goals**	**Prevention**	**Screening**	**Diagnosis**	**Treatment**	**Active Duty**	**Reserve**	**Nat'l Guard**	**Dependents**	**Program Evaluation /Outcomes**	**EBPs**		
Navy Drug and Alcohol School (NDACS)	• NDACS provides education and training to Active Duty personnel who in turn provide treatment at SARP programs. This training ensures Active Duty personnel are providing quality patient care competently utilizing evidenced based practices.	●	●	●	●	●				• Number of counselors certified following internship • Number of personnel passing certification examinations at various levels • Number of personnel screened out, deselected and dis-enrolled from the course	• Adult Learning Model • Motivational Interviewing • Twelve Step Facilitation • Living in Balance •	●	✓
Clinical Preceptorship Program	• The Program provides counselors assigned to SARPs with the unique skills and training required of counselors engaged in substance use disorder treatment and education		●	●	●	●				• Number of counselors passing certification examinations and becoming certified • Hours provided and utilized at each SARP • Treatment Director/ Counselor's satisfaction annual quality assessment survey • Number of ethical complaints per year submitted to US Navy Certification board	• Motivational Interviewing • Interpersonal Recall Model • In Vivo Supervision	●	✓

Service: Navy

CURRENT SUD PROGRAMS		Clinical Focus				Target Pop.							
Programs	**Purpose and Goals**	**Prevention**	**Screening**	**Diagnosis**	**Treatment**	**Active Duty**	**Reserve**	**Nat'l Guard**	**Dependents**	**Program Evaluation /Outcomes**	**EBPs**	**Availability**	**Accessibility**
Drug Detection and Deterrence	• The Drug Detection and Deterrence Program develop policies and provide guidance for all Navy urinalysis drug-screening programs. Provides policy guidance and ensures compliance with existing policies and directives of DOD, Department of the Navy (DOC) and other agencies in development, implementation, quality assurance and evaluation of substance abuse prevention programs.	●				●	●			• Number of urine samples submitted to Navy Drug Screening Laboratories at San Diego, Great Lakes and Jacksonville • Number of drug positives due to illicit drug use • Number of drug positives cleared due to prescribed medication • Number of drug positives retained due to innocent ingestion • Number of drug positives retained due to break in the chain of custody • Number of drug positives cleared due to ADMIN board/Court-Martial acquittal and Board of Inquiry retention	• NA	N/A	N/A
Alcohol and Drug Management Information Tracking System (ADMITS)	• The Alcohol and Drugs Management Information and Tracking System (ADMITS) is designed to collect, maintain, analyze, and disseminate data on all incidents and activities related to the Navy's drug and alcohol abuse prevention and control programs • ADMITS provides screening numbers and treatment outcome documentation to the Substance Abuse Rehabilitation Program (SARP) Program.	●				●	●			• Number of system users and commands tracked • Number of Drug and Alcohol Abuse Report (DAAR) submissions • Screening results accurately submitted • Treatment results accurately submitted	• N/A	N/A	N/A

Service: Navy

CURRENT SUD PROGRAMS		Clinical Focus				Target Pop.							
Programs	**Purpose and Goals**	**Prevention**	**Screening**	**Diagnosis**	**Treatment**	**Active Duty**	**Reserve**	**Nat'l Guard**	**Dependents**	**Program Evaluation /Outcomes**	**EBPs**	**Availability**	**Accessibility**
Drug Education for Youth (DEFY)	• DEFY's goals are to produce 9 to 12 year-olds with character, leadership, and confidence so that they are equipped to engage in positive, healthy lifestyles as drug-free citizens, and have the necessary skills to be successful in their lives through coordinated community participation, commitment, and leadership thereby empowering military youth to make positive life choices. • DEFY is operated world-wide and consists of a summer leadership camp (Phase 1) and a school –year mentoring program (Phase 2). The program curriculum provides youth with a variety of topics including substance abuse prevention and other vital life skills including conflict resolution, self-management skills, study skills, leadership, and community service.	●							●	• Number of DEFY program sites • Number of youth participants • Number of adult staff participants • Longevity of individual program sites (longer running program are considered more successful)	• CSAP prevention strategies	●	X
Right Spirit Campaign	• The Right Spirit Campaign enhances fleet readiness by the reduction of alcohol abuse and related incidents, and provides a safe and productive working environment while deglamorizing alcohol use. The campaign uses videos, posters, etc.	●				●	●			• Number of command and self referrals for alcohol screenings • Number of participants in local events held to deglamorize alcohol use • Reduction in number of alcohol incidents fleet-wide	• CSAP prevention strategies	N/A	N/A
That Guy	• That Guy campaign was developed to reduce binge drinking among junior enlisted personnel across all branches of service. The campaign has adopted a fresh approach to an old problem, using humor to exemplify social disapproval of That Guy − anyone who has a few too many with embarrassing consequences.	●				●	●			• Total number of visits per month to the website per Service • Average number of minutes per visit spent on website per Service • Total number of public service announcements per Service • Number of promotional items distributed	• CSAP prevention strategies	●	✓

Service: Navy

CURRENT SUD PROGRAMS		Clinical Focus				Target Pop.						Availability	Accessibility
Programs	**Purpose and Goals**	**Prevention**	**Screening**	**Diagnosis**	**Treatment**	**Active Duty**	**Reserve**	**Nat'l Guard**	**Dependents**	**Program Evaluation /Outcomes**	**EBPs**		
Navy Drug Screening Program (NDSP)	• NDSP deters illegal/illicit drug abuse via a user friendly, PC based software program • NDSP allows Commanding Officers/OICs the capability to significantly deter drug abuse by completely randomizing urinalysis procedures.	●				●	●			• Number of urine samples sent to the Navy Drug Screening Laboratory by each UIC per month • Minimum urinalysis testing percentage of each UIC per month • Number of samples testing positive for illegal/illicit drugs • Total number of urine samples sent to the Navy Drug Screening Laboratory Navy wide each FY	• NA	●	X
Alcohol Abuse Prevention	• A comprehensive alcohol abuse prevention and control program for all Navy military personnel that focuses on the responsible use of alcoholic beverages through education, training, and awareness. Assigns responsibility to all personnel and recognizes that alcohol abuse and dependency are preventable and treatable.	●				●	●			• Number of personnel with Alcohol Related Incidents (ARI) • Number of personnel with DUI/DWI • Number of treatment failures • Number of self referrals	• Community-based processes, environmental strategies, information dissemination, alternative activities, education and problem recognition and referral	●	✓
Navy Drug and Alcohol Advisory Council (NDAAC)	• The NDAAC provides local and regional commanders with written plans of action to combat identified local and regional drug and alcohol threats	●				●	●		●	• Quarterly meetings in Area of Responsibility • Number of prevention programs/events monitored • Number of ARIs at AOR • Number of DUI/DWIs at AOR • Number of days without ARI or DUI/DWI	• NA	●	X
Personal Responsibility and Values Education and Training (PREVENT) Course	• A prevention education and health promotion course (24 hr course) specifically developed to target the 18-25 year age group. PREVENT deals with life choices related to alcohol and drug use; interpersonal relationships (including sexual responsibility); and health, fitness, and financial responsibility.	●				●	●			• Number of personnel who attend annually - 15,798 (3 year annual average throughput)	• N/A	●	✓

Service: Navy

CURRENT SUD PROGRAMS		Clinical Focus				Target Pop.							
Programs	**Purpose and Goals**	**Prevention**	**Screening**	**Diagnosis**	**Treatment**	**Active Duty**	**Reserve**	**Nat'l Guard**	**Dependents**	**Program Evaluation /Outcomes**	**EBPs**	**Availability**	**Accessibility**
Alcohol and Drug Abuse Management Seminar (ADAMS) for Supervisors Course	• A course designed to provide Navy supervisors with knowledge and skills in alcohol and drug abuse prevention, recognition and documentation, intervention and aftercare. Because policy and programs are subject to change, ADAMS for Supervisors should be repeated every 5 years.	●				●	●			• Number of personnel who attend annually - 9,801 (3 year annual average throughput)	• N/A	●	✓
Alcohol and Drug Abuse Management Seminar (ADAMS) for Leaders Course	• A brief seminar designed for Commanding Officers, Executive Officers, Command Master Chiefs, Chief of the Boats, and other senior command personnel to provide an overview of what is taught in the ADAMS for Supervisors course	●				●	●			• Number of personnel who attend annually - 723 (3 year annual average throughput)	• N/A	●	✓
Alcohol-AWARE Course	• Alcohol-AWARE is an alcohol awareness training that provides basic information about alcohol use and associated risks, Navy policies, responsible drinking, and alternatives • Course is a requirement for all personnel	●				●	●			• Number of personnel who attend annually - 7,382 (3 year annual average throughput)	• N/A	●	✓
Drug and Alcohol Program Advisor (DAPA) Course	• This course provides training to Drug and Alcohol Program Advisors for commands on all matters relating to alcohol or other drugs. This collateral duty command position advises the CO on all substance abuse matters to include administrative screenings, reports, prevention education, and monitor aftercare of service members.	●				●	●			• Number of personnel who attend annually - 1,421 (3 year annual average throughput)	• N/A	●	✓
Navy Drug Testing	• The purpose of the Navy Drug Testing program is to conduct urine drug testing for Navy, Marine Corps, and other Services military members (Active Duty, Recruit, Reserve) and all DoD military applicants at Military Entrance Processing Stations (MEPS)	●	●			●	●			• Number of samples tested/results reported • Performance on external proficiency samples • Time to report negative results to commanders • Time to report positive results to commanders	• N/A	●	NA

Service: Marine Corps

Service: Marine Corps

CURRENT SUD PROGRAMS		Clinical Focus				Target Pop.							
Programs	**Purpose and Goals**	**Prevention**	**Screening**	**Diagnosis**	**Treatment**	**Active Duty**	**Reserve**	**Nat'l Guard**	**Dependents**	**Program Evaluation /Outcomes**	**EBPs**	**Availability**	**Accessibility**
Marine Corps Substance Abuse Program	• The Marine Corps Substance Abuse Program provides screening and assessment, and treatment services for Active Duty military members and other eligible beneficiaries with substance abuse disorders	●	●	●	●	●				• Number of completion of treatments • Number of treatment failures • Number of re-screens after completion of treatment	• ASAM patient placement criteria for the treatment of substance related disorders are used for alcohol treatment	⦿	X
Substance Abuse Prevention and Intervention Program	• The Marine Corps Substance Abuse Prevention program provides prevention tools such as anti drug videos and games, substance abuse prevention tool kits, Command Summits, and the Battalion Alcohol Skill Intervention Curriculum that help commanders prevent problems that detract from unit performance and mission readiness • To assist in the commander's prevention efforts, a Drug Demand Reduction Coordinator, Substance Abuse Control Officers, and Alcohol Abuse Prevention Specialists are available to provide support in the following areas: - Illegal drug use prevention activities - Drug testing - Implementing prevention programs - Coordinating treatment services with the SACC - Conducting aftercare	●				●	●			• Number of positive samples • Number of multiple positives • Number of prescription drug confirmed positives	• Prevention tools created specifically for the Marine Corps based on research by the Naval Health Research Center	●	✓

Service: Coast Guard

Service: Coast Guard

CURRENT SUD PROGRAMS		Clinical Focus				Target Pop.							
Programs	**Purpose and Goals**	**Prevention**	**Screening**	**Diagnosis**	**Treatment**	**Active Duty**	**Reserve**	**Nat'l Guard**	**Dependents**	**Program Evaluation /Outcomes**	**EBPs**	**Availability**	**Accessibility**
US Coast Guard Substance Abuse Prevention Program	• The Program informs commands about substance abuse policy and provides them with substance abuse prevention training and implementation strategies to prevent alcohol misuse and unlawful use of other drugs. • The Program outlines the steps necessary for a command to appropriately address situations when a member requires assistance in seeking treatment and educational resources and provides members with substance abuse treatment and/.or education when needed	●			●	●	●			• None identified	• N/A	⦿	X
Substance Abuse Free Environment (SAFE)	• SAFE is a prevention-based program, conducted by members of the Substance Abuse Prevention Team • SAFE provides uniform substance abuse and prevention training throughout the Coast Guard. Courses include: - SAFE for Managers - SAFE for Supervisors - SAFE Awareness - - SAFE Impact/Basics for Training and Education	●			●	●	●			• None identified	• N/A	⦿	X

Service: Coast Guard

CURRENT SUD PROGRAMS		Clinical Focus				Target Pop.						Availability	Accessibility
Programs	**Purpose and Goals**	**Prevention**	**Screening**	**Diagnosis**	**Treatment**	**Active Duty**	**Reserve**	**Nat'l Guard**	**Dependents**	**Program Evaluation /Outcomes**	**EBPs**		
Command Drug and Alcohol Representative (CDAR)	• CDARs work with unit members to help them manage substance abuse cases administratively to minimize impact to their units' mission(s) • CDAR responsibilities include: - Preparing unit prevention plans - Liaising with regional substance abuse programs (SAPs), local federal screening/treatment facilities and civilian screening facilities as needed - Coordinating necessary referrals, initial screening and treatment - Informing commanding officer on personnel undergoing treatment - Coordinating, implementing, and monitoring the mandatory pre-treatment and aftercare programs with the commanding officer	●	●		●	●				• None identified	• N/A	⦿	N/A
Addiction Orientation for Health Care Professionals	• Training designed to provide Coast Guard Medical Officers the most current state of the science in the diagnosis of Substance Abuse Disorders. Training is provided on the neuroscience of substance misuse and addiction, BRIEF intervention, motivational interviewing, most current pharmacological treatments and an understanding of the 12 Step philosophies		●	●	●	●				• None identified	• ASAM patient placement criteria for the treatment of substance related disorders are used for alcohol treatment • DSM IV assessment criterion • Brief Intervention • Motivational Interviewing	⦿	X
Employee Assistance Program	• Provides short-term problem-solving counseling in person or by phone. Provides information and referral services tailored to the caller's particular need.		●		●	●	●		●	• Client satisfaction as measured by client survey form • Utilization reports provided quarterly by the vendor • Case record review results • Number of and validity of customer complaints	• N/A	○	✓

Service: Coast Guard

CURRENT SUD PROGRAMS		Clinical Focus				Target Pop.							
Programs	**Purpose and Goals**	**Prevention**	**Screening**	**Diagnosis**	**Treatment**	**Active Duty**	**Reserve**	**Nat'l Guard**	**Dependents**	**Program Evaluation /Outcomes**	**EBPs**	**Availability**	**Accessibility**
Urinalysis Drug Screening Program	• Program maintains the unit's security, military fitness, good order, and discipline via regional compliance team inspections (e.g., urinanalysis screens, unit substance abuse prevention plans). The scope of the inspection may include all personnel of the unit or only a part of the unit	●	●			●	●			• Test for positive results • Test for type of drugs used • Comply with CG Commands Testing Quota • Identify and form and document discrepancies	• Chain of Custody of Military Rules of Evidence	●	✓
Treatment Services: Inpatient Outpatient	• Treatment services for all personnel who have abused alcohol or have been diagnosed as alcohol dependent. Screening, referral, and treatment services are made available through TRICARE or civilian network.		●	●	●	●	●			• None identified	• N/A	⦿	X

Service: Department of Defense

Service: Department of Defense

CURRENT SUD PROGRAMS		Clinical Focus				Target Pop.							
Programs	**Purpose and Goals**	**Prevention**	**Screening**	**Diagnosis**	**Treatment**	**Active Duty**	**Reserve**	**Nat'l Guard**	**Dependents**	**Program Evaluation /Outcomes**	**EBPs**	**Availability**	**Accessibility**
DoD Red Ribbon Campaign	• The National Red Ribbon campaign raises public awareness and mobilizes communities to combat tobacco, alcohol and drug use among military personnel, civilians and their families.	●				●			●	• N/A	• N/A	●	✓
That Guy: Alcohol Abuse Prevention Education Campaign	• "That Guy" is a multi-media campaign designed to reduce binge drinking among military enlisted personnel ages 18-24 • The campaign includes online and offline advertising and promotions, viral marketing, a Website, www.thatguy.com, public service announcements, and branded collateral materials.	●				●				• Number of personnel joining social network sites • Change in drinking behavior where implemented • Overall awareness of campaign • Change in drinking attitudes	• N/A	●	✓
Periodic Health Assessment (PHA) Screening	• Personnel are screened annually for substance use related issues during the annual preventive health assessment. Service vary as to their use of screening instruments		●			●	●	●		• Percent of ADSM who complete annual PHA	• Screening typically by AUDIT-C, but screening tools choice can vary	●	✓
FHP&R Post Deployment Health Assessment (PDHA) and Post Deployment Health Reassessment (PDHRA) Program	• To review each service's member's current health, mental health/substance abuse or psychosocial issues commonly associated with deployments, special medications taken during deployment, possible deployment-related occupational/environmental exposures, and to discuss deployment related health concerns. Positive responses require use of supplemental assessment tools and/or referrals for medical consultation. The provider documents concerns available to help resolve any post-deployment issues • A new DoD policy mandates person-to-person mental health assessments prior to deployment and then three times after return from deployment. These assessments include use of the Alcohol Use Disorders Identification Test – Consumption (AUDIT-C), as well as intervention by a primary care provider, based on the number of positive responses made by the Service member on the AUDIT-C.	●	●			●	●	●		• Comprehensive quality assurance program	• AUDIT-C	●	✓

Service: Department of Defense

CURRENT SUD PROGRAMS		Clinical Focus				Target Pop.							
Programs	**Purpose and Goals**	**Prevention**	**Screening**	**Diagnosis**	**Treatment**	**Active Duty**	**Reserve**	**Nat'l Guard**	**Dependents**	**Program Evaluation /Outcomes**	**EBPs**	**Availability**	**Accessibility**
FHP&R Military Pathways	• Program offers service personnel and their families the opportunity to take anonymous, mental health and alcohol use self-assessments online, via the phone, and through special events held at installations. Program is designed to help individuals identify their own symptoms and access assistance before a problem becomes serious. • The self-assessments address posttraumatic stress disorder (PTSD), depression, generalized anxiety disorder, alcohol use, and bipolar disorder. After completing a self-assessment, individuals receive referral information including services provided by TRICARE, Military OneSource and Vet Centers.	●	●			●	●	●	●	• Numbers of screenings • Quantities of promotional materials distributed • Customer satisfaction	• EBPs are utilized	●	✓
DCOE – Real Warrior Campaign	• A multimedia public education initiative designed to address the stigma associated with seeking psychological health care and encourage service members and their families to reach out to resources. • The Real Warriors Campaign website, public service announcements and broadcasts on Armed Services Radio encourage service members and their families to seek help for psychological health issues including SUD. • The website includes original articles focused specifically on substance misuse and providing individuals multiple avenues to care.	●				●			●	• Number of calls or hits • Customer satisfaction	• N/A	●	✓