



PERSONNEL AND  
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

OCT 29 2017

The Honorable John McCain  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report responds to House Report 114-537, page 174, accompanying H.R. 4909, the National Defense Authorization Act for Fiscal Year 2017, Report on Prescription Opioid Abuse and Effects on Readiness, which requests that the Secretary of Defense submit a report on the Department of Defense's (DoD) efforts to prevent, educate, and treat prescription opioid drugs abuse by military Service members.

Data suggests that DoD initiatives are collectively countering opioid misuse in Service members and contributing to the health and readiness of the Armed Forces. Initiatives include developing and implementing revised opioid prescribing guidelines and practices; mandating opioid prescriber safety training and educating providers to increase their use of non-pharmacological treatments for pain; and collaborating with other agencies on research into opioid addiction treatments, medication delivery systems that minimize diversion, and pain relievers with reduced misuse risk. In addition, DoD is implementing successful early detection and drug monitoring programs while expanding access to treatment—including life-saving opiate-overdose reversal kits—through policy changes and the integration of screening and treatment into primary care settings. Finally, we are executing multiple public education and drug take back events to increase awareness and reduce the risk of drug misuse.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter has been sent to the Chairman of the House Armed Services Committee.

A. M. Kurta  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Jack Reed  
Ranking Member



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

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Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter has been sent to the Chairman of the Senate Armed Services Committee.

A handwritten signature in blue ink that reads "A. M. Kurta".

A. M. Kurta  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member

**House Report 114–537, Page 174, Accompanying H.R. 4909,  
the National Defense Authorization Act for Fiscal Year  
2017: Report on Prescription Opioid Abuse and Effects on  
Readiness**



The estimated cost of this report for the Department of Defense (DoD) is approximately \$6,950 for the 2017 Fiscal Year. This includes \$0 in expenses and \$6,950 in DoD labor.  
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## **Introduction:**

The Department of Defense (DoD) submits this report in response to House Report 114-537, page 174, accompanying H.R. 4909, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017, which requests that the Secretary of Defense submit a report by October 1, 2017, on DoD efforts to “prevent, educate and treat prescription opioid drug abuse by military Service members.”

## **Background:**

Opioids are natural or synthetic chemicals that reduce feelings of pain. Common prescription opioid pain relievers include hydrocodone (e.g., Vicodin), oxycodone (e.g., OxyContin), oxymorphone (e.g., Opana), methadone, and fentanyl.<sup>1</sup> Acute and chronic pain affects large numbers of individuals in the U.S.; approximately 100 million report chronic pain,<sup>2</sup> and an increasing number take prescription opioid medication to treat this pain.<sup>3</sup> Seven percent of adults in the U.S. used prescription opioid medication in 2000 compared to almost 12 percent in 2010.<sup>4</sup> Opioids are generally safe when taken as prescribed for a short time, but regular use can produce dependence, and misuse can lead to fatal overdose.<sup>5</sup> Misuse occurs when opioids are taken in a manner or dose other than prescribed; used by someone other than the prescription holder, even if for a legitimate medical complaint such as pain; or when taken to feel euphoric (i.e., to get high).<sup>6</sup>

Service members have been prescribed pain medication at a significantly increased rate since 2001.<sup>2</sup> One study found that chronic pain and prescription opioid use rates in the military—specifically in Service members returning from Afghanistan—were estimated to be 44

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<sup>1</sup> Centers for Disease Control and Prevention. "Morbidity and Mortality Weekly Report (MMWR)." Centers for Disease Control and Prevention. December 29, 2016. Accessed March 24, 2017. [https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm#F1\\_down](https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm#F1_down).

<sup>2</sup> Institute of Medicine (U.S.). 2011. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Washington, D.C.: National Academies Press. <http://public.eblib.com/choice/publicfullrecord.aspx?p=3378921>.

<sup>3</sup> Johannes, Catherine B., T. Kim Le, Xiaolei Zhou, Joseph A. Johnston, and Robert H. Dworkin. "The Prevalence of Chronic Pain in United States Adults: Results of an Internet-Based Survey." *The Journal of Pain* 11, no. 11 (2010): 1230-239. doi:10.1016/j.jpain.2010.07.002.

<sup>4</sup> Sites, Brian D., Michael L. Beach, and Matthew A. Davis. "Increases in the Use of Prescription Opioid Analgesics and the Lack of Improvement in Disability Metrics Among Users." *Regional Anesthesia and Pain Medicine* 39, no. 1 (2014): 6-12. doi:10.1097/aap.000000000000022.

<sup>5</sup> National Institute on Drug Abuse (NIDA). "Opioids." NIDA. May 27, 2016. Accessed March 13, 2017. <https://www.drugabuse.gov/drugs-abuse/opioids>.

<sup>6</sup> NIDA. "Misuse of Prescription Drugs." NIDA. August 2016. Accessed March 23, 2017. <https://www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs/summary>.

percent and 15 percent, respectively; these percentages are higher than in the general population.<sup>7</sup> Such increased numbers may relate to deployment effects, such as injuries, combat exposure, and mental health conditions.<sup>7</sup>

Data suggest that DoD's extensive efforts in prevention, education, and treatment are countering opioid misuse in Service members. Although Service members are prescribed opioid medications at a higher rate than the general population, prescription drug misuse in the military is low and declining. The number of Service members diagnosed with opioid drug dependence or opioid abuse decreased by 38 percent between 2012 and 2016 (Military Health System (MHS) Data Repository); likewise, opiate positive drug tests among Service members declined over 60 percent between FY 2013 and FY 2016. Moreover, in 2015, there were 35 opioid-related deaths among Active Duty Service members, reflecting a death rate of 2.7 per 100,000—lower than the rate of 10.4 per 100,000 among the civilian population, a rate that has quadrupled since 1999.<sup>8</sup> It is important to consider the different demographics of the civilian and military populations when comparing opioid death rates. Nonetheless, prescription opioid misuse in Service members remains an issue of concern because it negatively affects performance, military readiness, and the overall mission.

DoD is on the forefront of national efforts to accelerate the evolution of pain management practices that reduce over-reliance on opioid treatment. DoD is developing and implementing revised opioid prescribing guidelines and practices and helping providers increase use of non-pharmacological treatment of pain. It also continues to implement successful early detection and drug monitoring programs while expanding access to treatment—including life-saving opiate-overdose reversal kits—through policy changes and the integration of screening and treatment into primary care settings.

As requested by House Report 114–537, this report highlights how DoD is addressing the following topics: 1) research on more comprehensive treatments for opioid addiction; 2) integration of drug treatment into health care settings and addressing behavioral interventions; 3) research on next generation analgesics in order to identify new pain relievers with reduced abuse, tolerance, and dependence risk; 4) devising alternative delivery systems and formulations for existing drugs that minimize diversions; 5) a focus on developing more effective means for preventing overdose deaths; and 6) focused strategies on public communication and education.

## **1. Research on More Comprehensive Treatments for Opioid Addiction:**

DoD routinely collaborates with the National Institutes of Health (NIH) on more comprehensive treatments of opioid addiction. For instance, DoD is researching upstream preventive approaches that complement specific NIH investments in research on opioid misuse prevention and addiction treatment. Efforts focus on both understanding risk factors that predict

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<sup>7</sup> Toblin, Robin L., Phillip J. Quartana, Lyndon A. Riviere, Kristina Clarke Walper, and Charles W. Hoge. "Chronic Pain and Opioid Use in US Soldiers After Combat Deployment." *JAMA Internal Medicine* 174, no. 8 (2014): 1400. doi:10.1001/jamainternmed.2014.2726.

<sup>8</sup> "Morbidity and Mortality Weekly Report (MMWR)." Centers for Disease Control and Prevention. December 29, 2016. Accessed April 28, 2017. <https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm>.

negative outcomes for prescription opioid use, and evidence-based interventions that comprehensively address chronic pain, psychological distress, and the risk of opioid misuse.

DoD is conducting a randomized controlled trial of a novel integrative approach to pain management: combining conventional opioid treatment with Mindfulness-Oriented Recovery Enhancement, a training program designed to target the bio behavioral mechanisms of the feedback loop among pain, psychological distress, and opioid misuse. DoD is also quantifying the risk of long-term opioid use in patients not previously exposed to opioids after they visit an emergency department for acute back pain; identifying risk factors for patient safety, medication misuse, and/or adverse outcomes among non-cancer TRICARE beneficiaries; and investigating the feasibility of an opioid risk mitigation system and toolkit to decrease drug misuse.

In December 2016, NIH's National Center for Complementary and Integrative Health announced an initiative addressing recommendations in the 2014 report "Strengthening Collaborations with the U.S. Department of Defense and U.S. Department of Veteran Affairs: Effective Research on Mind and Body Interventions." This NIH-DoD-Department of Veterans Affairs (VA) Pain Management Collaboratory Program aims to develop the capacity for implementing cost-effective, large-scale clinical research on non-pharmacological approaches to pain management and other comorbid conditions.

## **2. Integration of Drug Treatment into Healthcare Settings and Addressing Behavioral Interventions:**

### ***Integration of Drug Treatment into Healthcare Settings***

Within the MHS, early identification and intervention occurs in primary care medical homes with a team of full-time integrated behavioral health consultants, who support patients and their primary care managers with many aspects of pain management and opioid medication use, particularly by providing patients with non-pharmacological approaches to pain control and symptom management in order to limit opioid prescriptions. These integrated behavioral health consultants also consult with the primary care managers, screen and assess risk for substance use disorders (SUDs), and assist with referral to specialty opioid misuse treatment beyond the scope of primary care services. As of first quarter FY 2017, 250 integrated behavioral health consultants are working in Military Treatment Facilities (MTFs).

DoD continues to transform SUD treatment programs to better support Service members. As of October 2016, SUD treatment for all Services occurs within their medical Commands, ensuring that primary care, behavioral health, and addiction providers can work as a multi-disciplinary team to treat beneficiaries with SUDs. This coordination improves communication, early detection, and access to medication-assisted treatment (MAT) of opioid use disorders. The Services have also established intensive outpatient programs at larger installations to improve care integration, increase the opportunity for Command involvement, and create earlier, more ready access to specialized care. Many of these intensive outpatient programs are located on installations with large populations of Wounded Warriors who are at a high risk for prescription opioid use disorders.

## *Addressing Behavioral Interventions*

DoD has improved access to care and expanded SUD parity within TRICARE. As research supports treatment of opioid use disorders with MAT in conjunction with mental health services, DoD is expanding the availability of MAT to MHS beneficiaries by educating and training physicians on the evidence-based practices for providing MAT and revising medical and personnel policies regarding Active Duty Service members requiring MAT.

In 2013, DoD revised TRICARE regulations to cover opioid replacement for treatment of SUDs. In 2016, DoD made further revisions to TRICARE regulations that improved access to care for all 9.4 million TRICARE beneficiaries through the expansion of covered SUD treatments and the elimination of unnecessary treatment limitations, streamlined requirements for providers to become authorized TRICARE providers, and established TRICARE reimbursement methods for newly recognized SUD treatment programs. These revisions facilitate early intervention for SUDs, help reduce relapse to opioid and other substance misuse, and provide the estimated 25,000 beneficiaries with an opioid use disorder with access to intensive outpatient programs and MAT.

### **3. Research on Next Generation Analgesics in order to Identify New Pain Relievers with Reduced Abuse, Tolerance, and Dependence Risk:**

The Pain Management Portfolio comprises DoD research efforts for improved pain management from point of injury to chronic pain, spanning basic research through clinical development. The portfolio includes 71 active projects that explore and develop drugs, devices, and integrative therapies; address side effects and consequences of opioid use and misuse; examine the relationship of pain and comorbid conditions such as posttraumatic stress disorder, and understand the physiology and mechanism of pain. Joint Program Committee (JPC)-8, the Clinical and Rehabilitative Medicine Research Program, oversees all projects directly addressing pain management. JPC-5, the Military Operational Medicine Research Program, oversees several pain-related issues including misuse of narcotics and comorbid psychological issues. A Tri-Service, multi-agency Pain Management Working Group identifies and then publically communicates capability gaps and research needs.

DoD is investigating safer and more effective alternatives for pain management in theatre. Combat medics' current morphine sulfate auto-injector is the primary treatment option for pain management on the battlefield and in other austere environments. Morphine cannot completely reduce pain, and it poses significant risks to the wounded Service member, including respiratory depression, hypotension, nausea, vomiting, and potential psychological and physical dependence with continued use. Research within the Pain Management Portfolio on alternative medications for battlefield or acute pain management led to the successful completion of the Phase III clinical trial of Sufentanil NanoTabs<sup>®</sup>, a small tablet delivered sublingually for pain. This medication provides safer, quicker, and more effective pain management. Once Food and Drug Administration (FDA) approval, currently pending, is granted, DoD may field the product.

DoD is also investigating the safety and effectiveness of NerveSpace therapy—a novel type of non-narcotic pain relief therapy—to improve functional outcomes of combat-injured warfighters by relieving post-amputation pain. Work is beginning on the final clinical trial (Phase III) needed to obtain FDA clearance.



#### **4. Devising Alternative Delivery Systems and Formulations for Existing Drugs that Minimize Diversion:**

DoD's efforts to minimize diversion of opioid medications include designing the new single-dose delivery device for Sufentanil NanoTabs<sup>®</sup>. The completed design minimizes diversion, while being lightweight, extreme-environment tested, and easily handled with gloves. It features a non-retractable pusher that signals the use of the device, clear plastic to allow tablet visibility, and a safety lock. Each of these features reduces accidental or intentional misuse.

Additionally, in response to section 746 of the NDAA for FY 2017, (Public Law 114–328), DoD is assessing the feasibility and effectiveness of two measures; mandating that, in appropriate cases, opioid medications be dispensed in vials that only the patient can open and also educating patients and their families—particularly adolescents—about the risks of opioid medications. DoD will brief the Armed Services Committees on the interim results, including an assessment of their cost effectiveness in December 2017.

#### **5. A Focus on Developing More Effective Means for Preventing Overdose Deaths:**

Six elements shape DoD's efforts to develop more effective means for preventing overdose deaths.

##### ***Pain Management Education and Training***

DoD is on the forefront of national efforts to implement education, training, guidelines, and tools for providers and patients in order to accelerate the evolution of pain management practices that impact the national trend of over-reliance on opioid treatment of pain. Central to this initiative is the adoption and implementation of the VA/DoD Stepped Care Model of Pain Management. The model provides a standardized approach to pain care that emphasizes self-care and healthy lifestyle habits, along with non-pharmacologic approaches to pain management (e.g., acupuncture, massage, physical therapy, yoga, mindfulness). More aggressive treatments are available for patients with more complicated pain issues, as required. This model was developed in concert with revised opioid prescribing guidelines and practices that were designed to deemphasize opioids in the management of pain.

##### ***Increased Number of Prescribers with Buprenorphine Waiver Training***

The October 2015 Presidential Memorandum “Addressing Prescription Drug Abuse and Heroin Use”<sup>9</sup> prioritized improved access to MAT through approved medications, such as buprenorphine, for the treatment of opioid use disorders. DoD is expanding the number of MTF controlled substance prescribers who have completed Drug Enforcement Administration (DEA) Buprenorphine Waiver Training and can prescribe buprenorphine as part of MAT. Since 2013, DoD has collaborated with the Services, Walter Reed National Military Medical Center, and the

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<sup>9</sup> The White House, Office of the Press Secretary. (October 21, 2015). Fact Sheet: Presidential Memorandum - Addressing Prescription Drug Abuse and Heroin Use. Available from <https://obamawhitehouse.archives.gov/the-press-office/2015/10/21/presidential-memorandum-addressing-prescription-drug-abuse-and-heroin>.

Substance Abuse and Mental Health Services Administration to offer the required eight-hour course in Buprenorphine Waiver Training. DoD trained 182 prescribers from 2015–2016; it aims to train an additional 120 prescribers in 2017. As the Comprehensive Addiction and Recovery Act 2017 now permits physician assistants and nurse practitioners to prescribe buprenorphine, DoD will expand its Buprenorphine Waiver Training accordingly.<sup>10</sup>

### ***Effective Pharmacy Programs***

DoD has many efforts in place to minimize the harm and misuse of opioids within pharmacy operations. Defense Health Agency Pharmacy Operations Division (POD) developed a series of tools to analyze opioid use with the goal of optimizing pain management through the dissemination of pharmaceutical and prescribing information. Data from the POD provide information on all prescriptions adjudicated through the pharmacy benefit or VA pharmacies; prescriber habits, including prescribing of high potency opioids; general patient information to warn clinicians of significant issues; and patient data on opioid use to identify any need for intense medication review or a provider alert.

Ongoing pharmaceutical monitoring within DoD protects Service members and their families in a variety of ways. Each new prescription entry, for example, triggers a prospective drug use review. The Prescription Monitoring Program, previously referred to as the Sole Provider Program, also restricts high-risk beneficiaries to one provider and one pharmacy for controlled medications. The program designates a single prescriber for all medications to mitigate the likelihood of “doctor shopping” for controlled substances. Finally, the MHS Opioid Registry provides opioid-related, near real-time data for clinicians to track and monitor patients at risk for opioid misuse and intentional or unintentional overdose. The Pharmacy Benefit Manager provides reports identifying at risk beneficiaries receiving care in the purchased care sector.

### ***Drug Monitoring Programs and Robust Early Detection***

The Drug Demand Reduction Program manages DoD’s Drug Free Workplace Testing Program for both Service members and select civilian employees in safety or security sensitive positions. Service members complete random drug testing (for oxycodone, oxymorphone, hydrocodone, hydromorphone, codeine, morphine, and heroin) at least once per year and select civilians at least once every two years. Each Service has policies in place to support this enhanced detection and prevention of drug misuse. Over the past three years, the number of individuals testing positive without an authorized opioid prescription has decreased by 60 percent.

### ***Improved Emergency Intervention for Opiate Overdose***

In accordance with the 2014 presidential executive action to improve patient safety and suicide prevention, DoD is making opioid reversal kits—which include naloxone, a medication that blocks or reverses the effects of opioids—and training available to every first responder on

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<sup>10</sup> U.S. Congress. Comprehensive Addiction and Recovery Act of 2016, House Report 114–669, July 6, 2016, 114–2. Cong.

military installations and other areas under DoD control. This initiative will provide uniform capability across U.S. and overseas installations to combat opioid-related overdose.

### ***Availability of Military Crisis and Peer Support Lines***

The Military Crisis Line offers free, 24-hour access to crisis support for all Service members, including members of the National Guard and Reserve, and all veterans, even those not registered with the VA or enrolled in VA health care. Qualified responders connect callers—including those who may have misused opioids—to appropriate supports. In 2016, DoD established the Be There Peer Assistance Line as another resource to support Service members in need of crisis stabilization and referrals for treatment.

## **6. Focused Strategies on Public Communication and Education:**

Four elements shape DoD's efforts in focused strategies on public communication and education.

### ***Education and Guidance for Active Duty Service Members***

DoD uses many strategies to educate Service members on opioid use. The Drug Demand Reduction Program funds prevention, education, and outreach programs for Service members and their families. Key messages about responsible use of drugs and alcohol, to include prescription opioid medications, are a regular part of these public awareness communication plans. Each Service has a branch dedicated to alcohol misuse and drug use prevention efforts, which provides training, public service announcements, and online/social media campaigns based on Service-specific needs.

The Services also create campaigns promoting strategies for substance misuse prevention. These campaigns educate Service members about zero tolerance policies for prescription drug misuse and other DoD policies, increase their awareness of the risks of drug misuse, and teach them how to safely and properly use and dispose of prescription drugs. As a complement to these campaigns, DoD is developing drug misuse prevention materials that address the role of supervisors and commanders in deterring drug use among their unit members and encourage Service members to recognize and intervene when a colleague is at risk for abusing drugs.

### ***Education and Guidance for Healthcare Providers***

DoD provides education and guidance to health care providers in a variety of ways. Through DoD/VA Joint Incentive Funds, the Health Executive Committee chartered Pain Management Working Group is conducting two projects to develop and implement standardized pain management training and education capabilities and tools across DoD and VA: The Joint Pain Education Project (JPEP) and Acupuncture Training Across Clinical Settings (ATACS). These efforts will reduce unwarranted variability in clinical care and improve transitions of care across DoD treatment facilities and between DoD/VA health care systems.

The JPEP is a standardized DoD/VA pain management curriculum for widespread use in education and training programs to improve the pain management competencies of the federal

clinical workforce. DoD collaborated with VA clinicians to develop educational products targeting leaders, patients, and family members on the risks of opioid misuse, diversion, and overdose that are related to overuse and improper storage and disposal. JPEP videos and supporting products align with current VA/DoD clinical practice guidelines, recommendations from the Centers for Disease Control, and tool kits from the Office of the United States Surgeon General.

The ATACS project provides non-pharmacological options for pain management through the development and piloting of a uniform tiered acupuncture education and training program to expand its use across MHS and VA treatment facilities. This program provides a much-needed alternative for patients who are not appropriate for, or are unresponsive to, current medication therapies (including opioids) or who show the potential for substance misuse. Since July 2013, the ATACS has trained more than 2,000 providers in battlefield acupuncture at more than 100 sites. Data and findings from this project will inform Service policy for DoD acupuncture use, credentialing, and training.

The Annual Pain Skills Training advances pain education across the MHS and improves opioid safety. Objective feedback from providers attending this hands-on training has been positive each year. In 2015, more than 300 Tri-Service participants from across the U.S. and overseas completed the training. The Services support this effort through travel funds facilitating the attendance of primary care and pain management teams.

In 2013, DoD mandated the “Do No Harm” prescription drug misuse training for providers, which taught them to identify patterns of prescription misuse and potential interventions. Since the mandate, 96 percent of eligible DoD providers have completed the training. In 2016, DoD replaced “Do No Harm” with the expanded “DoD Opioid Prescriber Safety Training Program.” This training meets current clinical guidelines and is consistent with the October 2015 Presidential Memorandum<sup>11</sup> mandating training of health care providers who prescribe controlled substances. As of April 2017, 62.5 percent of required prescribers have completed the training using technology to deliver training in a rapid and cost-effective manner, with a plan to have all prescribers trained by September 2017. Using current research and practice recommendations, the “DoD Opioid Prescriber Safety Training Program” better equips prescribers to provide safe and effective care for patients who are prescribed opiates. DoD plans to study patient outcomes one year after full training implementation.

Furthermore, DoD is developing programs and guidance to improve beneficiary outcomes through standardized implementation of best practices, specifically for MTF pharmacists to prescribe and dispense naloxone to beneficiaries identified as at risk for opioid overdose and for the management of controlled substances by promoting responsible, evidence-based prescribing and dispensing practices.

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<sup>11</sup> The White House, Office of the Press Secretary. (October 21, 2015). Fact Sheet: Presidential Memorandum -- Addressing Prescription Drug Abuse and Heroin Use. Available from <https://obamawhitehouse.archives.gov/the-press-office/2015/10/21/presidential-memorandum-addressing-prescription-drug-abuse-and-heroin>.

DoD developed the Pain Assessment Screening Tool and Outcome Registry (PASTOR), which provides clinical outcomes data to improve evidence-based decision-making by providers. PASTOR uses instruments developed by NIH, in addition to other questions and measures, to create a comprehensive view of a patient's pain. One such measure is an improved pain assessment scale that provides insight into how pain affects a patient's sleep, activity, mood, and stress. DoD coordinated the initial functional expertise for PASTOR development in 2011 and established the PASTOR Steering Committee to manage its continued development and rollout in 2016.

### ***Education and Guidance for Patients***

DoD engages in several efforts to educate patients about pain management. Since 2012, the National Capital Region-initiated Interactive Pain Management Series has educated patients on their pain diagnoses and self-management of pain-related issues. This program addresses key topics such as understanding pain, treatments, and safe medication use. DoD offers similar pain management education programs targeting specific types of acute and chronic pain (e.g., low back pain) throughout its enterprise. DoD's patient information websites also facilitate effective pain management, as well as improve levels of functioning and readiness through the provision of resources.

### ***MHS Drug Take Back Program***

The MHS Drug Take Back Program, codified in policy in April 2016, allows for the proper and safe disposal of all prescription and over-the-counter medications that can be used for suicide or suicide attempts, misuse, diversion, or accidental poisoning. Pharmacies at military installations across the U.S. offer drug take back programs to allow beneficiaries to dispose of unused, unneeded, or expired medications. Since 2010, MTFs have also participated in the DEA-hosted National Prescription Drug Take Back Day. These events dramatically reduce the risk of prescription drug diversion and misuse and increase awareness of this critical public safety and health issue. DoD continues to promote this program message via media campaigns.

### **Conclusion:**

While opioid misuse is increasing in the civilian population, it is declining within the military population. DoD's extensive efforts in prevention, education, treatment, and research are effectively countering opioid misuse in Service members. Over the past several years, the number of Service members diagnosed with an opioid use disorder has decreased by more than one-third and the number of Service members with opiate positive drug tests has decreased by more than one half. DoD remains vigilant and committed to addressing opioid misuse in Service members to reduce negative impacts on duty performance, military readiness, and the overall mission. DoD is implementing successful early detection and drug monitoring programs while expanding access to evidence-based SUD treatments, to include life-saving opiate-overdose reversal kits. DoD has mandated opioid prescriber safety training and is educating providers to increase use of non-pharmacological treatments for pain. DoD continues to collaborate with other agencies on research into opioid addiction treatments, medication delivery systems that minimize diversion, and pain relievers with reduced misuse risk. Across the enterprise, DoD executes multiple public education and drug take back events to increase awareness and reduce the risk of drug misuse. These initiatives collectively are helping to address opioid misuse in Service members and contribute to the health and readiness of the Armed Forces.

## **Acronyms**

ATACS	Acupuncture Training Across Clinical Settings
DEA	Drug Enforcement Administration
DoD	Department of Defense
FDA	Food and Drug Administration
FY	Fiscal Year
JPC	Joint Program Committee
JPEP	Joint Pain Education Project
MAT	Medication-Assisted Treatment
MHS	Military Health System
MTF	Military Treatment Facility
NDAA	National Defense Authorization Act
NIH	National Institutes of Health
PASTOR	Pain Assessment Screening Tool and Outcome Registry
POD	Pharmacy Operations Division
SUD	Substance Use Disorder
VA	Department of Veterans Affairs