



# Substance Abuse Prevention, Treatment, and Research Efforts in the Military

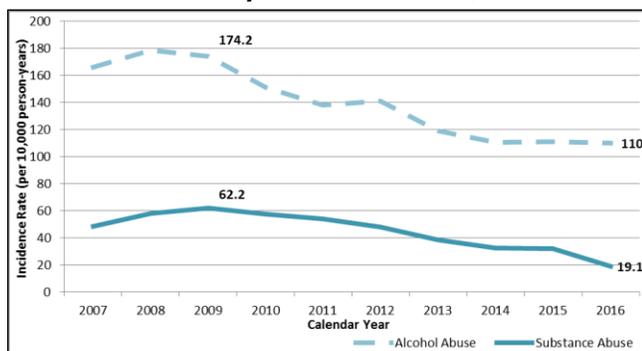
Congress has taken an interest in understanding federal efforts and identifying options to address substance abuse, particularly in the context of the *opioid crisis*. On October 26, 2017, President Trump declared the drug demand for, and use of, opioids as a “national public health emergency” and directed all executive agencies to “use every appropriate emergency authority to fight the opioid crisis.”

The Department of Defense (DOD) has, for many years, operated substance abuse programs focused on prevention, treatment, and research of alcohol, illicit drug use, and non-medical use and abuse of prescription drugs.

## What are the substance abuse trends in the military?

From 2009-2016, the number of new alcohol or substance abuse diagnoses per year has been on a declining trend for active duty service members. According to the 2015 DOD *Health-Related Behaviors Survey*, active duty service members reported using or misusing the following substances within the past year: illicit drugs (0.7%), prescription drugs (4.1%), and alcohol binge drinking (30%). Other than binge drinking, the prevalence of substance abuse is lower than in the general U.S. population. DOD attributes these trends to the education, prevention, and treatment programs it has developed over the past decade.

**Figure 1. Incidence Rates of Alcohol and Substance Abuse in Active Duty Service Members, 2007-2016**



**Source:** Shauna Stahlman and Alexis Oetting, “Mental Health Disorders and Mental Health Problems, Active Component, U.S. Armed Forces, 2007-2016,” *Medical Surveillance Monthly Report*, vol. 25, no. 3 (March 2018), pg. 5.

**Note:** “Person-year” is a measure of the time at risk for a defined population.

DOD recently reported that opioid medications are prescribed at a higher rate for service members than the general U.S. population. This higher prescription rate may be attributable to deployment-related effects such as combat exposure and injuries. However, the incidence rate for

dependence or abuse among service members has declined by 38% between 2012 and 2016. When adjusted for demographics, the opioid death rate among service members is significantly lower than the U.S. population at 2.7 per 100,000 and 10.4 per 100,000, respectively.

## How does substance abuse impact military training and operations?

Service members seeking substance abuse treatment or rehabilitation may require extended leave from duty. Those with problematic substance use can be administratively separated from the military. Administrative separations occur when a service member refuses to participate in, or fails to successfully complete, a rehabilitation program; or if there is a lack of potential for continued military service.

Extended absences or unplanned attrition can impact a unit’s mission by creating staffing and capability gaps, disrupt unit cohesion, reduce morale, or perpetuate mental health stigma. In 2011, DOD quantified the amount of lost duty days resulting from service member illnesses and injuries. Substance abuse ranked as the second-highest cause with at least 7.0 lost duty days per patient. While this rate is lower than the U.S. civilian employer average of 14.8 days, reduced productivity and absenteeism can negatively impact military training and operations.

## What are the main elements of DOD’s substance abuse prevention, compliance, and disciplinary policies?

**Table 1** lists selected aspects of DOD’s substance abuse policies, which are implemented by various DOD components and each military service. In general, they focus on administrative and medical approaches to prevention, screening, treatment, compliance, and retention/separation.

**Table 1. Aspects of DOD Substance Abuse Policies**

- Conduct substance use education and awareness activities
- Implement a urinalysis drug testing program
- Conduct regular and systematic medical screening for at-risk substance use
- Provide evidence-based substance use disorder services to eligible service members
- Return service members to full duty following substance use disorder treatment, if feasible
- Separate all service members who knowingly misuse drugs

**Sources:** Department of Defense Instruction 1010.01, “Military Personnel Drug Abuse Testing Program,” 2018. Department of Defense Instruction 1010.04, “Problematic Substance Use by DOD Personnel,” 2014.

### Prevention Efforts

DOD mandates that substance abuse education be provided to all service members. Each military service operates a substance abuse prevention program that provides a wide range of education and training services targeted to individual service members, health care providers, and unit commanders. Prevention efforts also include the anonymous Drug Take Back program at every military treatment facility (MTF), active health surveillance for at-risk service members, and annual screenings for problematic substance use behaviors.

### Treatment Options

Service members may receive treatment for substance use disorders at certain MTFs or through TRICARE, an insurance-like program that contracts civilian health care providers. Only medically necessary and evidence-based therapies and interventions are covered by TRICARE. These may include inpatient services, intensive outpatient programs, detoxification, medication assisted treatment, mental health services, office-based opioid treatment, partial hospitalization programs, and residential programs.

Substance abuse evaluation and treatment can be self-initiated, or referred by a supervisor, co-worker, or family member. To dispel stigma when service members voluntarily access mental health care and substance abuse treatment, MTF health care providers notify the member's supervisor only under a limited set of circumstances (e.g., self-harm, harm to others, harm to mission, designated personnel, inpatient admission/discharge, command-directed evaluation, or other special circumstances).

### Medical Research Efforts

Historically, DOD has conducted medical research on the clinical aspects of substance abuse, its impact on military readiness, and its co-morbidity with post-traumatic stress disorder or traumatic brain injury. For FY2018, Congress has appropriated \$2 billion within the Defense Health Program (DHP) account for medical research, development and evaluation programs and activities. Of that amount, \$4 million is designated for alcohol and substance abuse disorder research through the Congressionally Directed Medical Research Program. Other research efforts under this account include identification and development of:

- New medications to improve treatment outcomes for alcohol and substance use disorders in conjunction with traumatic brain injury and post-traumatic stress disorder;
- Assessment, prevention, and treatment, and compliance tools to mitigate substance abuse; and
- Epidemiological studies to identify the nature of the substance abuse problem, including unique contributing and protective factors.

Substance abuse research activities conducted outside of the Defense Health Program (e.g., Defense Advanced Research Projects Agency, overseas contingency operations, or other military research agencies) are not reflected in this account.

### DOD Efforts to Address the “Opioid Crisis”

DOD has taken certain steps to address opioid abuse and dependence:

- Integration of behavioral health consultants in primary care
- Implementation of a comprehensive pain management model focusing on non-pharmacologic treatment
- Adjustment of TRICARE policy to cover opioid replacement treatment of substance use disorders
- Distribution of opioid-reversal kits (including naloxone) to first responders at all military installations
- Data-sharing with state Prescription Drug Monitoring Programs (retail or mail-order only)

In addition to these efforts, the President’s Commission on Combating Drug Addiction and the Opioid Crisis report of 2017 outlines several recommendations for DOD to consider, such as developing model policies that ensure informed patient consent, conducting a comprehensive review of research programs, and establishing strategic research goals.

#### Relevant Statutes, Regulations, and Policies

Title 10, U.S. Code, Chapter 55 – Medical and Dental Care  
 Title 32, U.S. Code of Federal Regulations, Part 199 – Civilian Health and Medical Program of the Uniformed Services  
 Department of Defense Instruction 1010.04 – Problematic Substance Use by DOD Personnel

#### CRS Products

CRS Report R44987, *The Opioid Epidemic and Federal Efforts to Address It: Frequently Asked Questions*, by Lisa N. Sacco and Erin Bagalman  
 CRS In Focus IF10219, *Opioid Treatment Programs and Related Federal Regulations*, by Johnathan H. Duff  
 CRS In Focus IF10530, *Defense Primer: Military Health System*, by Bryce H. P. Mendez

#### Other Resources

Defense Health Agency, *Interim Report to Congress on Preventing the Diversion of Opioid Medications*, 2017.  
 Defense Health Agency, *Report on Prescription Opioid Abuse and Effects on Readiness*, 2017.  
 Institute of Medicine, *Substance Use Disorders in the U.S. Armed Forces*, 2013.

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