



Substance Use Disorders in the U.S. Armed Forces

September 14, 2012

 **INSTITUTE OF MEDICINE** *Advising the nation/Improving health*
OF THE NATIONAL ACADEMIES

Committee on the Prevention, Diagnosis, Treatment and Management of Substance Use Disorders in the U.S. Armed Forces

Charles P. O'Brien, M.D., Ph.D. (chair)
University of Pennsylvania

Thomas Kosten, M.D.
Baylor College of Medicine

Hortensia D. Amaro, Ph.D.
University of Southern California

Mary Jo Larson, Ph.D.
Brandeis University

Rhonda Robinson Beale, M.D.
OptumHealth Behavioral Solutions

David C. Lewis, M.D.
Brown University

Robert M. Bray, Ph.D.
Research Triangle Institute

Dennis McCarty, Ph.D.
Oregon Health and Science University

Raul Caetano, M.D.
University of Texas

Mary Ann Pentz, Ph.D.
University of Southern California

Mathea Falco, J.D.
Drug Strategies, Inc.

Tracy Stecker, Ph.D.
Dartmouth Medical School

Joyce M. Johnson, D.O., M.A.
Batelle Memorial Institute

Constance Weisner, Dr. P.H., L.C.S.W.
University of California San Francisco &
Kaiser Permanente

 **INSTITUTE OF MEDICINE** *Advising the nation/Improving health*
OF THE NATIONAL ACADEMIES

Setting the Stage

- Background
- Congressionally mandated study
- Follow-up to an internal DoD report
- Complex charge
 - Three major topics
 - Three sub-populations

Recommendations

- Increasing emphasis on efforts to prevent substance use disorders
- Developing strategies for identifying, adopting, implementing, and disseminating evidence-based programs and best practices for SUD care
- Increasing access to care
- Strengthening the SUD workforce

Recommendations

Increasing Emphasis on Efforts to Prevent Substance Use Disorders

1. DoD and the individual branches should implement a comprehensive set of evidence-based prevention programs and policies that include universal, selective, and indicated interventions.

Recommendations

Developing Strategies for Identifying, Adopting, Implementing, and Disseminating Evidence-Based Programs and Best Practices for SUD Care

2. DoD should assume leadership in ensuring the consistency and quality of SUD services. DoD also should require improved data collection on substance use and misuse, as well as the operation of SUD services.

Recommendations

3. DoD should conduct routine screening for unhealthy alcohol use, together with brief alcohol education interventions.
4. Policies of DoD and the individual branches should promote evidence-based diagnostic and treatment processes.
5. DoD and the individual branches should better integrate care for SUDs with care for other mental health conditions and ongoing medical care.

Recommendations

6. The Military Health System should reduce its reliance on residential and inpatient care for SUDs in its direct care system and build capacity for outpatient and intensive outpatient SUD treatment using a chronic care model that permits patients to remain connected to counselors and recovery coaches for as long as needed.

Recommendations

Increasing Access to Care

7. DoD should update the TRICARE SUD treatment benefit to reflect the practices of contemporary health plans and to be consistent with the range of treatments available under the Patient Protection and Affordable Care Act.
8. DoD should encourage each service branch to provide options for confidential treatment of alcohol use disorders.

Recommendations

9. DoD should establish a joint planning process with the VHA, with highly visible leadership (perhaps recently retired military personnel), to address the SUD needs and issues of access to care of reserve component personnel before and after mobilization.
10. DoD and the individual service branches should evaluate the use of technology in the prevention, screening, diagnosis, treatment, and management of SUDs to improve quality, efficiency, and access.

Recommendations

Strengthening the SUD Workforce

11. The individual service branches should restructure their SUD counseling workforces, using physicians and other licensed independent practitioners to lead and supervise multidisciplinary treatment teams providing a full continuum of behavioral and pharmacological therapies to treat SUDs and comorbid mental health disorders.

Recommendations

12. DoD should incorporate complete data on SUD encounters into the MDR database and recalculate the PHRAMS estimates for SUD counselors.



Substance Use Disorders in the U.S. Armed Forces

September 14, 2012



INSTITUTE OF MEDICINE *Advising the nation/Improving health*
OF THE NATIONAL ACADEMIES