Substance Use Disorder Clinical Care

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The Defense Health Agency

- Established in 2013, as a joint integrated Combat Support Agency that enables the Army, Navy, and Air Force medical services to provide a medically ready force and ready medical force to Combatant Commands in both peacetime and wartime. The DHA uses the principles of Ready, Reliable Care to advance high reliability practices across the Military Health System by improving our system operations, driving innovative solutions, and cultivating culture of safety.
- Lead Health Care Markets to manage military hospitals and clinics
- Provide Combat Support to Combatant Commands
- Deliver the TRICARE Health Plan to 9.6 million beneficiaries worldwide
- Deploy MHS GENESIS, the new electronic health record, to military hospitals and clinics
- Offer Education and Training to MHS providers to ensure a medically ready force
- On Oct. 1, 2018, began a four-year transition to assume authority, direction and control of the DOD's more than 400 clinics, hospitals, and medical centers.
- Manages procurement and distribution of an $11 billion a year medical supply chain including about 560,000 medical devices, for the Joint Force.
- Enables a global network of military and civilian health care professionals to provide care to 9.6 million service members, retirees and family members.

Policies Governing Substance Use Disorder Clinical Care

DHA Guidance

- Department of Defense Instruction (DoDI) 1010.04, "Problematic Substance Use by DoD Personnel" establishes policies, assigns responsibilities, and prescribes procedures for problematic substance use and gambling disorder prevention, identification, diagnosis, and treatment for DoD personnel and eligible beneficiaries of the Military Health System (MHS).
- DHA-Procedural Instruction (DHA-AI) 6025.26, "Management of Problematic Substance Use Within the Defense Health Agency" establishes the DHA's procedures to assign responsibility for problematic alcohol and drug use identification, diagnosis, and treatment for DoD military personnel and implemented a Right of First Refusal for care before approving care in the community
- Substance Use Disorder is defined in the policies as per DSM-V criteria.
- Levels of treatment are defined as per American Society of Addiction Medicine (ASAM)criteria.
- DHA is revising these instructions with anticipated publication for both in late 2024.

Service-Specific Guidance

- Each Military Department (MILDEP) develops and reviews its own guidelines to supplement DODI 1010.04 and DHA-AI 6025.15 and address service specific issues for the treatment of service members with SUD. All MILDEPS utilize the VA/DoD Clinical Practice Guidelines (CPGs) for provision of care and evidence-based interventions which is reviewed every 5 years.
  - Air Force policy is covered in AFMAN 44-198, Air Force Civilian Drug Demand Reduction Program AFI 44-121, Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program
  - Army in Substance Use Disorder Clinical Care Operations Manual (Version 2), OTSG/MEDCOM Policy Memo 17-029, AR 600-20 Army Command Policy, and EBH and Multi-Disciplinary BH Clinic Operations Manual
  - Navy in SECNAVINST 5300.28F-Military Substance Abuse Prevention and Control, OPNAVINST 5350.4E-Navy Alcohol and Drug Misuse Prevention and Control, BUMEDINST 5353.4B-Standards for Provision of Substance Related Disorder Treatment Services
  - Navy provides care for the Marine Corp
  - Coast Guard members are a component of Homeland Security and are covered by their Substance Abuse Prevention and Treatment Manual: Commandant Instruction 6320.5
- MILDEP's have separate policies for the treatment of covered beneficiaries, with the exception of Army SUDCC, which has no role in direct care to covered beneficiaries. Air Force beneficiaries are covered under AFMAN 44-198, Air Force Civilian Drug Demand Reduction Program and AFI 44-121, Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program. Navy beneficiaries are covered under BUMEDINST 5353.4
- Policies are reviewed periodically by each service: Air Force every 3 years, Army every 2 years, Navy annually.
- Each MILDEP has a Non-Medical Prevention and Early Intervention component at the installation/line level

Department of Defense and Defense Health Agency Policies Governing (not meant to be an exhaustive list)

- DoDI 1010.04: Problematic Substance Use by DoD Personnel
- DoDI 1010.16: Technical Procedures for the Military Personnel Drug Abuse Testing Program
- DoDI 6490.07: Deployment Limiting Mental Disorders and Psychotropic Medications
- DoDI 6490.08: Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members
- DoDI 6490.10: Continuity of Behavioral Health Care for Transferring and Transitioning Service Members
- DoDI 6490.16: Defense Suicide Prevention Program
- DHA-AI 6025.15: Management of Problematic Substance Use within DHA
- DHA-AI 6490.01: Behavioral Health System of Care
- DHA-PI 6490.02: Behavioral Health (BH) Treatment and Outcomes Monitoring
- DHA-PI 6490.04: inTransition Program
- DHA-AI 6025.06: Suicide Risk Care Pathway for Adult Patients in the Defense Health Agency

Stigma

- Profiles: a self referral to SUD Treatment does not automatically mean that a SM is flagged/put on profile, a command referral will most likely result in a profile. Enrollment in treatment will most likely result in a profile.
- Substance Use Dependence/Disorder diagnoses are considered duty limiting
- UCMJ Actions for Substance Related events (DUI, fighting, drunk on duty, etc)
- Non-judicial actions/administrative actions
- Discharges

What is DHA Doing to encourage care

- Recognize that substance use disorder is a treatable disease from which people can recover and sobriety can be maintained allowing for full return to duty
- Work to standardize care regardless of service
- Encourage self-referral, command referral is still an option
- Support education across services on impacts of treatment on service members' career
- Work to de-stigmatize seeking care
- Encourage care within the MTF community (right of first refusal)

Resources to support Service Members

- Installation finder: Military One Source

View All Bases & Installations | MilitaryINSTALLATIONS (militaryonesource.mil) (https://installations.militaryonesource.mil/view-all)

- Treatment at the MTF: outpatient, IOP, PHP, Residential

Why Not Go Outside the System?

- Treatment Efficacy
- Continuity
- Documentation

Treatment Efficacy

- Military service members respond differently to treatment – MTFs follow DoD/VA treatment guideline which usually weigh studies of active duty and veterans more heavily

- Alternative treatments are usually alternative for a reason. Advocates for these treatments will sometimes overstate the data supporting their efficacy

Continuity

- Communication with outside organizations is inherently more difficult
- Relationships with outside treatment facilities is usually time limited
- Common favored treatment modalities in the DoD makes continuation of care easier

Documentation

- Not all patients who require intensive behavioral health treatment will be able to continue in service
- Documentation generated outside the DoD system is not automatically transferred to records DoD providers are able to access
- Language related to fitness for duty and the medical retirement process are somewhat unique to the DoD.
- Medical retirements are now written mostly by physicians who have not been involved in the service member’s care

What to Do, What Not to Do

Do:

- Attempt to provide service members with the best possible treatment
- Attempt to speed up access to recommended treatments through the use of contacts, resources or labor
- Help build or sustain a service member's support network
- Almost anything where there is documented, universal support among the service members primary medical team and command

Don't:

- Do anything you can't stand in front of or explain your thinking for to a commander, a retirement panel, or a family member
- Go around the primary medical team/provider
- Bypass or interrupt first line care for unapproved modalities
- Ignore the risks: adverse events happen with every treatment