DoD Instruction 1010.04

Problematic Substance Use and Gambling Disorder

Originating Component:	Office of the Under Secretary of Defense for Personnel and Readiness
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Approved by:	Ashish S. Vazirani, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Purpose: In accordance with the authority in DoD Directive 5124.02, this issuance:

- Implements the requirements in Section 596 of Public Law 111-84 and Section 718 of Public Law 116-92.
- Establishes policies, assigns responsibilities, and prescribes procedures for problematic substance use and gambling disorder prevention, identification, assessment, diagnosis, and treatment for DoD military personnel, eligible beneficiaries of the Military Health System (MHS), and DoD civilian personnel.
- Describes the relationship between the DoD and the Department of Veterans Affairs (VA) with regard to problematic substance use and gambling disorder treatment.

TABLE OF CONTENTS

SECTION 1: GENERAL ISSUANCE INFORMATION

1.1. APPLICABILITY.

This issuance applies to OSD, the Military Departments (MILDEPS), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this issuance as the "DoD Components").

1.2. POLICY.

a. The DoD military aims to prevent and reduce problematic substance use and gambling disorder.

b. DoD military personnel will be returned to full duty once they have been clinically deemed by appropriately credentialed provider(s) to be on a path towards recovery from the episode and following problematic substance use and gambling disorder treatment whenever consistent with mission requirements.

c. DoD military personnel and DoD civilian personnel are prohibited from:

(1) Unlawfully possessing, dispensing, selling, or using illicit drugs, prescription drugs, or other substances in a manner other than their legally intended purpose, in accordance with current Federal laws, regulations, and DoD issuances.

(2) Unlawfully possessing, selling, or using drug paraphernalia.

(3) The illegal possession or sale of drug paraphernalia at DoD resale outlets, including military exchanges, open messes, and commissaries, and by private organizations and concessions located on DoD installations and facilities under DoD control.

(4) Participating in illegal activities (e.g., forgery, fraud, theft) to fund or support ongoing gambling behaviors.

d. Administrative proceedings will be initiated against those Service members (SMs) who do not meet retention standards for mental health conditions, including substance use disorder (SUD) and gambling disorder, in accordance with Paragraph 5.28. of Volume 2 of DoD Instruction (DoDI) 6130.03, as appropriate.

e. The DoD counsels and encourages DoD personnel who have substance use problems to seek medical treatment from their private providers as appropriate. Civilian employees found to have used illegal drugs will be addressed in accordance with DoDI 1010.09 and Chapter 75 of Title 5, United States Code, as applicable.

SECTION 2: RESPONSIBILITIES

2.1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)).

The USD(P&R):

a. Establishes policies to identify, treat, and prevent problematic substance use and gambling disorder within the following populations:

(1) DoD military personnel.

(2) Eligible beneficiaries of the MHS.

b. Monitors and coordinates all DoD activities that implement Executive Order 12564, and the drug misuse provisions of Parts 40 and 382 of Title 49, Code of Federal Regulations (CFR).

c. Coordinates strategic inter-agency efforts on behalf of the DoD for the prevention and treatment of problematic substance use and gambling disorder.

d. Establishes the Addictive Substance Misuse Advisory Committee (ASMAC).

2.2. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)).

Under the authority, direction, and control of the USD(P&R), the ASD(HA):

a. Updates this issuance, as required.

b. In collaboration with the USD(P&R), supports the establishment of the ASMAC.

c. Sponsors epidemiological studies to assess the extent of problematic substance use and gambling disorder among military personnel in both the Active and Reserve Components.

d. Reviews reports that assess the effectiveness of and compliance with this issuance.

e. Designates a representative, through the Deputy Assistant Secretary of Defense for Health Services Policy and Oversight, to co-chair the ASMAC.

2.3. ASSISTANT SECRETARY OF DEFENSE FOR READINESS.

Under the authority, direction, and control of the USD(P&R), the Assistant Secretary of Defense for Readiness designates a representative to co-chair the ASMAC.

2.4. DIRECTOR, DEFENSE HEALTH AGENCY (DHA).

Under the authority, direction, and control of the USD(P&R) and through the ASD(HA), and in accordance with DoD policies and issuances, the Director, DHA:

a. Publishes guidance necessary to implement this issuance, delegating authority as appropriate.

b. Provides support and subject matter expertise to the ASMAC, as necessary, to promote that DoD Component problematic substance use and gambling disorder treatment needs and goals are met in accordance with this issuance and goals and objectives established by the ASMAC.

c. Prepares an annual report to assess adherence of mental health professionals to evidence-based best practices, including, but not limited to, clinical practice guidelines (CPGs) that pertain to medications for alcohol use disorder (AUDs) and opioid use disorder.

d. In conjunction with the MILDEPs, enables naloxone reversal availability on military installations in accordance with Public Law 116-92.

e. Confirms the implementation of TRICARE regulations, contracts, and regulatory guidance appropriate standards for quality assurance in TRICARE provider networks in accordance with Part 199 of Title 32, CFR.

f. Maintains the TRICARE Basic benefit, which covers medically or psychologically necessary care, to include mental health care and SUD treatment.

g. Confirms SUD and gambling disorder prevention and treatment services meet the needs of eligible MHS beneficiaries, when feasible and medically appropriate, in accordance with TRICARE statute and regulation and requirements in this issuance.

h. Coordinates the implementation of programs to enable coordinated SUD and gambling disorder treatment for activated Reserve Component personnel who are demobilizing or who are diagnosed with a Service-connected (i.e., in the Line of Duty) SUD or gambling disorder.

i. Verifies that commanders and directors of all military medical treatment facilities (MTFs) maintain medical providers and nursing staff who are credentialed to recognize alcohol withdrawal and provide withdrawal management to active duty SMs and Reserve Component personnel in an active duty status who are patients with AUD with no history of withdrawal seizures or severe delirium tremens.

j. In coordination with the MILDEPs, confirms each MTF commander and director appoints an addiction medicine personnel and alternate who have applicable education and experience assessing and treating SUDs.

k. Employs diagnostic criteria for SUD and gambling disorder, as recognized by the American Psychiatric Association "Diagnostic and Statistical Manual of Mental Disorders (DSM)," current edition.

l. Requires providers to adhere to published evidence-based best practices (e.g., CPGs) in the treatment of SUD and gambling disorder (e.g., the Substance Abuse and Mental Health Services Administration).

m. Designates a representative to serve on the ASMAC.

2.5. DOD COMPONENT HEADS.

The DoD Component heads will publish guidance necessary to implement this issuance.

2.6. SECRETARIES OF THE MILDEPS.

In addition to the responsibilities in Paragraph 2.4., the Secretaries of the MILDEPS shall:

a. Dispel the stigma of seeking services for mental health concerns related to problematic substance use and gambling, in accordance with DoDI 6490.08.

b. Prohibit the recruitment and hiring of individuals into the military determined to have possessed or engaged in illicit controlled substances in accordance with DoDIs 1010.01, 1010.16, and Volume 1 of DoDI 6130.03.

c. Initiate administrative actions against SMs who do not meet retention standards due to substance-induced psychotic disorder or any chronic pain condition that requires chronic controlled medications listed under Controlled Substance Schedules 2-4, pursuant to Title 21, United States Code, in accordance with Volume 2 of DoDI 6130.03.

d. Confirm that MHS beneficiaries' privacy and personally identifiable information is protected pursuant to this issuance, DoDI 5400.11, DoD 5400.11-R, and DoD Manual 6025.18.

e. Facilitate the identification and referral of MHS beneficiaries who exhibit symptoms of problematic substance use or gambling disorder for assessment, intervention, and treatment, as appropriate.

f. In coordination with the DHA:

(1) Enable naloxone reversal availability on military installations in accordance with Public Law 116-92.

(2) Verify commanders and directors of all MTFs units maintain medical providers and nursing staff who are credentialed to recognize alcohol withdrawal and provide withdrawal management to active duty SMs and Reserve Component personnel in an active duty status who are patients with no history of withdrawal seizures or severe delirium tremens.

(3) Confirm each MTF commander and director appoints an addiction medicine personnel and an alternate who have applicable education and experience assessing and treating SUDs.

g. Designates a representative to serve on the ASMAC.

SECTION 3: ASMAC

3.1. PURPOSE OF THE ASMAC.

The ASMAC, a chartered and standing advisory committee to the Medical Personnel Executive Steering Committee, comprised of full-time DoD personnel, who will act to coordinate SUD and gambling disorder policy and programs across the DoD, as designated by its charter.

3.2. OVERALL GOALS OF THE ASMAC.

The ASMAC will:

a. Serve as a central point for:

(1) Information dissemination, analysis, and integration.

(2) Program coordination.

(3) Identification of policy needs and problem solving on Military Services issues involving policies and programs with regard to legal and illegal addictive substance use and SUDs for individuals served by the MHS.

b. Provide expert advice on issues related to:

(1) The supply of illegal substances and prescription medications.

(2) Responsible use and demand reduction of addictive substances.

(3) Promotion of healthy behaviors.

(4) Identification, prevention, and treatment of SUDs and gambling disorder.

c. Provide subject matter expert advice to other interagency or advisory functions.

d. Oversee and, as necessary, facilitate the development of DoD Component program measures to evaluate the extent to which prevention and treatment services meet organizational needs and program goals including:

(1) A review of the annual reports outlined in Paragraph 5.1.c.

(2) Monitor each MTF's appointment of an addiction medicine personnel and confirm they have adequate time to facilitate:

(a) MTF implementation of SUD training.

(b) Medications for AUD and opioid use disorder.

(c) Other aspects of MHS addiction care.

e. Contribute to the identification of best practices and effective services for problematic substance use and gambling.

3.3. CO-CHAIRS OF THE ASMAC.

a. The Assistant Secretary of Defense for Readiness.

b. The ASD(HA).

3.4. MEMBERSHIP OF THE ASMAC.

The ASMAC membership will include medical, prevention, and personnel representatives from:

a. Each Military Service.

b. The DHA.

c. Other DoD organizations as required in accordance with the ASMAC charter.

SECTION 4: PROCEDURES

4.1. PROBLEMATIC SUBSTANCE USE AND GAMBLING DISORDER EDUCATION AND AWARENESS.

a. General.

Multidisciplinary problematic substance use and gambling disorder prevention efforts include:

(1) Primary prevention activities in accordance with DoDIs 6400.09 and 6400.11, as applicable.

(2) Regular and systematic medical screening for at-risk problematic substance use and gambling disorder.

(3) Encouraging DoD personnel who exhibit problematic substance use or gambling disorder to seek treatment from their medical providers, as necessary.

(4) The availability and use of evidence-based standards of care (including CPGs) and services for SUDs and gambling disorder at MTFs for eligible MHS beneficiaries.

(5) Providing covered TRICARE SUD and associated mental health care benefits to all eligible MHS beneficiaries.

(6) Facilitating the adoption of minimum program outcome and process measures to compare programs and identify best practices and effective services for problematic substance use and gambling.

b. Purpose.

(1) The purpose of problematic substance use and gambling disorder education and awareness is to provide information intended to prevent or reduce the behavior through:

(a) Education and training programs.

(b) Community prevention programs.

(2) Education and training programs, community prevention programs, and education efforts will address current trends in identified problematic substance use and gambling disorder, as appropriate.

c. Addiction Medicine Personnel.

Addiction medicine personnel will serve as champions who will:

(1) Facilitate the training of fellow healthcare providers in the identification and evidence-based treatment of SUDs to include medication for AUD, opioid use disorder, and tobacco use disorder.

(2) Be available for, or facilitate, colleague clinical consultation and case-based teaching for prescribing medications for AUD and opioid use disorder, outpatient alcohol withdrawal management, and other aspects of addiction care.

(3) Act on behalf of MTF leadership to review for appropriateness of all referrals to:

(a) Residential treatment facility.

(b) SUD rehabilitation facility.

(c) Private sector care (PSC) withdrawal management.

(d) PSC intensive outpatient programs.

(4) Participate in required monthly calls with addiction subject matter experts to facilitate addiction medicine personnel continuing medical education and an understanding of how to facilitate MTF implementation of DoD and Service policies and evidence-based practices/CPGs regarding addiction care.

d. Education and Training Programs.

(1) Designated SUD and gambling disorder treatment staff (e.g., mental health providers, medical providers and nursing staff credentialed in recognizing problematic substance use and gambling disorders, substance use counselors and clinicians) will be trained to prevent, assess, diagnose, and treat SUD and gambling disorders and available treatment services.

(a) Annual education and training for the designated SUD and problematic gambling disorder treatment staff will include current trends and practices in the identification, assessment, and referral of personnel at risk for SUD and gambling disorder.

(b) Completion of the following enabling learning objectives (ELOs) is required to validate a staff member's knowledge, skills, and ability to understand appropriate policy applications to enable efficient and evidence-based processes, capture valid program outcomes, support readiness and resiliency, and bolster the military's lethality:

1. Identify the medical policies and processes of this issuance.

2. Explain the prevention processes of SUD, gambling disorder, and tobacco use at the primary, secondary, and tertiary levels.

3. Interpret healthcare outcome measures inherent to the prevention of SUD, gambling disorder, and tobacco use.

4. Demonstrate knowledge of SUD and gambling disorder signs, symptoms, and risky behaviors in self and others.

5. Demonstrate knowledge of signs and symptoms of co-occurring disorders.

(2) Commanders and leadership in both Active and Reserve Components will receive annual training on the prevention, identification, assessment, and referral for treatment of personnel displaying signs of problematic substance use and gambling disorder in addition to the services that are available for treatment.

(a) Annual education and training for commanders and leadership and use of existing trainings will satisfy the substance misuse learning topic of SUD and gambling disorder.

(b) Completion of the following ELOs is required to validate a leader's knowledge, skills, and ability to understand appropriate policy applications to enable efficient and evidence-based processes, capture valid program outcomes, support readiness and resiliency, and bolster the military's lethality:

1. Enforce the leader critical policies and processes of this issuance.

2. Enable timed efficient and effective delivery of SUD.

3. Support the prevention of SUD at the primary, secondary, and tertiary levels.

4. Complete organizational outcome measures of the important variables inherent in the prevention of SUD and gambling disorder.

(3) DoD personnel in both Active and Reserve Components will receive annual training on the prevention, identification, and awareness of problematic substance use and gambling disorder risks to health, and military readiness, as well as insider threat risks, at a frequency that is at the discretion of the Military Services and will be provided information on DoD policies related to problematic substance use, and gambling disorder. This will meet the substance misuse learning topic of the SUD by:

(a) Refining knowledge, skills, and ability to understand the policies in this issuance, and holistically (socially, emotionally, and physically) facilitate resistance to pro-substance use pressures from peers, the media, and others to build readiness and resiliency. ELOs required to successfully meet this terminal learning objective (TLO) include:

1. Demonstrate adherence of substance use policies through practical application.

2. Examine substance misuse pressure messages from peers, media, and others.

3. Identify reasons why people drink alcohol and the consequences of drinking.

4. Describe how alcohol and tobacco are used as coping mechanisms.

5. Identify alternatives to drinking.

6. Identify external social pressures to use drugs, alcohol, and tobacco.

7. Identify internal pressures to use drugs, alcohol, and tobacco.

8. Identify the SUD symptoms, signs, and risk behaviors in self and others.

9. Identify and understand reasons why people use tobacco, consequences of tobacco use, and similarities between tobacco, alcohol, and marijuana.

10. Identify alternatives to tobacco use and strategies to quit tobacco use.

11. Identify and understand legitimate versus non-legitimate prescription drug use.

12. Identify and understand why people gamble, how to recognize gambling addiction, the impact of gambling disorder on one's personal life (e.g., financial, relationships), and the impact on force readiness.

(b) Providing "booster" sessions, which refine knowledge, skills, and ability to understand the development of life skills and the improvement of personal competence, with particular emphasis on coping with pro-drug social influences. ELOs required to successfully meet this TLO include:

1. Recognize pro-drug social influences.

2. Recognize external pressures to illegal drug use.

3. Identify characteristics of resisting internal pressures.

4. Identify SUD and gambling disorder symptoms, signs, and risk behaviors in self and others.

e. Community Prevention Programs.

Community prevention programs will:

(1) Foster the recognition of problematic substance use and gambling disorder and its harmful effects for DoD personnel, their families, and communities.

(2) Encourage early identification of DoD personnel engaged in problematic substance use and gambling through comprehensive prevention strategies and education.

(3) Encourage DoD personnel with problematic substance use or gambling, but do not meet the diagnostic criteria for a disorder, to receive education and counseling.

(4) Encourage reduced levels of opioid use when clinically appropriate and under medical monitoring, as needed, to promote opioid safety.

(5) Improve communication and value-based initiatives between pharmacists and medicine-prescribing health professionals across the MHS.

(6) Promote technological approaches to evidence-based screening and interventions for SUD and gambling disorder related concerns.

f. Education for Problematic Substance Use and Gambling Disorder.

(1) When identified as at-risk for problematic substance use or gambling disorders and when feasible and medically appropriate, DoD military personnel and eligible MHS beneficiaries will undergo a comprehensive and collaborative assessment for SUD or gambling disorder by authorized clinical personnel before receiving substance use or gambling disorder education services through the MHS. Assessments will be mandatory for DoD military personnel to enable operational fitness. If a beneficiary declines an assessment, providers will follow standards of care with ongoing encouragement towards addressing the concern. One of the following providers may perform the assessment, depending on whoever has the most immediate capacity and appropriate credentials recognized by the Military Services or DHA:

(a) MTF provider;

(b) Embedded mental health providers in operational units; or

(c) PSC provider.

(2) Substance use education services for individuals identified by an MTF provider, embedded mental health provider, or PSC provider as having problematic substance use will encourage the modification of behaviors and reinforce individual attitudes and behaviors that are consistent with healthy behaviors. Training and education will comprise:

(a) Strategies for responsible alcohol use and the proper use and management of prescription medications.

(b) Identification of major classifications and types of controlled substances and their social, physical, and psychological impact on the user.

(c) Information related to the progressive nature of the disease of SUD.

(d) Identification of early warning signs of problematic substance use behaviors.

(e) Referral and resource information on education and treatment services.

(3) Gambling disorder education services for individuals identified by an MTF provider, embedded mental health provider, or PSC provider as having problematic gambling will encourage the modification of behaviors and reinforce individual attitudes and behaviors that are consistent with healthy behaviors. Training and education will comprise:

(a) Information related to problematic gambling.

(b) Identification of early warning signs of problematic gambling behaviors.

(c) Referral and resource information on education and treatment services.

4.2. IDENTIFICATION, REFERRAL, AND TREATMENT.

The SUD and gambling disorder treatment process reflects a logical approach that can be applied to solving challenges (e.g., interpersonal and work relationships, housing), in any area. Solving these challenges begins with the preliminary identification of the general issues followed by a more detailed determination of the specifics. All healthcare providers are responsible for identifying and referring MHS beneficiaries who they suspect engages in problematic substance use of gambling or whose performance is impaired by problematic substance use or gambling disorder to the MTFs.

a. Early identification is critical in SUD and gambling disorder assessment of MHS beneficiaries. Identification may occur though:

(1) Self-referral.

(a) DoD military personnel and eligible beneficiaries of the MHS are encouraged to refer themselves or be referred for assessment and treatment to mental health care or substance misuse education services. DoD civilian personnel are encouraged to contact their providers for assessment and treatment or other available resources, including the Employee Assistance Program.

(b) Command notification is not required for DoD military personnel who self-refer for mental health care or substance misuse education services unless the threshold for command notification is met in accordance with DoDI 6490.08.

(2) Medical Identification.

Healthcare providers identify SUD or gambling disorder during routine or emergency medical treatment. If a healthcare provider notes problematic substance use or gambling during routine or emergency medical screening of a SM or authorized beneficiary, the healthcare provider will recommend the individual be referred for an assessment. When the problem meets the threshold for command notification, the evaluating provider will provide information about the SM's alleged problematic substance use and gambling immediately to the SM's commander.

(3) Commander/Supervisor Identification.

(a) When a commander or supervisor observes, suspects, or otherwise becomes aware of an SM whose job performance, interpersonal relations, physical or mental readiness, or health appears to be affected adversely by suspected problematic substance use or gambling disorder, they will refer the individual for assessment, as appropriate.

(b) When a commander or supervisor observes, suspects, or otherwise becomes aware of DoD civilian personnel whose job performance, interpersonal relations, physical or mental readiness, or health appears to be affected adversely by suspected problematic substance use, appropriate action will be taken in accordance with DoDI 1010.09.

b. Following identification of problematic substance use or gambling disorder, DoD personnel will report to the responsible security officer and responsible Component insider threat program DoD personnel assigned to national security positions (i.e., eligibility for access to classified information or assignment to sensitive duties) who are involved in:

(1) Misuse of substances in accordance with:

(a) Executive Order 12968.

(b) DoD Manual 5200.02.

(c) August 30, 2006, Under Secretary of Defense for Intelligence Memorandum.

(2) Illegal or improper use, possession, transfer, sale, or addiction to any controlled or psychoactive substance, narcotic, cannabis, or other dangerous drug in accordance with:

(a) Executive Order 12968.

(b) DoD Manual 5200.02.

(c) August 30, 2006, Under Secretary of Defense for Intelligence Memorandum.

c. Participating in illegal activities (e.g., forgery, fraud, theft) to fund or support ongoing gambling behaviors in accordance with:

(1) Executive Order 12968.

(2) DoD Manual 5200.02.

(3) August 30, 2006, Under Secretary of Defense for Intelligence Memorandum.

d. SUD and gambling disorder services will be provided to eligible MHS beneficiaries in a manner that recognizes cultural and gender-specific issues.

e. Treatment and referral services will be coordinated with other military programs serving populations at high risk for problematic substance use and gambling disorders, such as:

(1) Programs for child abuse and neglect and domestic abuse.

(2) Non-medical counseling services.

(3) Exceptional family member programs.

(4) Hospitals' medical and surgical services.

f. Coordination of care will be maximized between SUD and gambling disorder treatment and other forms of mental health care and non-medical services.

g. Treatments provided in MTFs, including behavioral modification practices, will employ evidence-based standard of care (e.g., CPGs) and services for SUD and gambling disorder.

4.3. ADHERENCE TO STANDARDS.

a. Administrative actions will be initiated against those SMs who do not meet retention standards established by the Military Services for mental health conditions, including SUD, in accordance with Volume 2 of DoDI 6130.03.

b. MILDEPS policies must distinguish between disciplinary and administrative actions resulting from one or more of the following:

(1) Violations of the law.

(2) Lack of adherence with treatment plans.

(3) Not meeting retention standards.

c. For offenses associated with use of an individual's own expired controlled substance prescription:

(1) The appointed installation medical review officer will review the offense.

(2) In consultation with the SM's commander, the medical review officer will determine whether the use of the controlled substance was part of a pattern of illicit substance misuse.

d. DoD military personnel diagnosed with a SUD or gambling disorder who do not adequately engage in treatment services as medically prescribed, or who persistently fail to attend appropriate follow-up or aftercare services and continue to be impaired by a SUD or gambling disorder, will be referred to their commander (or equivalent) for appropriate action.

4.4. COMMANDER, SUPERVISOR, AND FAMILY INVOLVEMENT IN CARE.

a. Commander or Supervisor Involvement.

The commanding officer for SMs or supervisor in conjunction with the treatment staff, should be involved in the SM's treatment program and engaged in their recovery support whenever necessary.

(1) When inpatient, partial hospitalization, or intensive outpatient treatment is indicated, the provider will educate the SM and commander or supervisor of the initial stage of treatment to be followed by individualized step-down or aftercare treatment.

(2) Command notification is not required for SMs who self-refer for SUD and/or gambling disorder education services, an assessment for SUD or gambling disorder, or routine outpatient alcohol treatment in accordance with DoDIs 1010.01 and 6490.08.

(3) It is the responsibility of the command to confer with SUD clinical personnel to determine if a referral for assessment should be made when a commander or supervisor suspects problematic substance use or gambling is having an adverse impact on:

(a) Individual job performance.

(b) Interpersonal relations.

(c) Physical or mental health and readiness.

(4) Commanders who refer SMs for assessment will be informed of the results of the assessment, as permitted by regulation except where an exception applies as provided for in DoD Manual 6025.18.

b. Family Involvement.

(1) When appropriate and authorized by the patient, family involvement should be encouraged.

(2) Initial patient assessment must include family data and an initial plan covering if and how family will be involved in treatment and recovery support. The patient must be aware of this initial plan before entry into treatment.

(3) Lack of participation by family members will not preclude treatment for personnel affected with a SUD or gambling disorder. Within the limitations of existing regulations, the family member will receive administrative support and assistance if being air transported for treatment, consistent with DoDI 4515.13.

4.5. DOCUMENTATION, CONFIDENTIALITY, CONSENT FOR TREATMENT, AND RELEASE OF INFORMATION.

a. Documentation.

In accordance with DoDI 6040.45 and related implementation guidance, the DoD electronic health record (EHR) will be used to document care, including all SUD and gambling disorder medical treatment regardless of the level of care provided to SMs and MHS beneficiaries.

b. Confidentiality.

(1) Subject to any limits of confidentiality imposed by law or regulation, confidentiality is respected and maintained at all times.

(2) The limitations of confidentiality in accordance with relevant regulations should be clearly stated at the initial meeting with the SM and beneficiaries. The SM completes the most

current limits of confidentiality and consent for treatment before being seen. Any paper forms will be scanned into the DoD EHR.

(3) Providers will review the limits of confidentiality with SMs and annotate within the DoD EHR that this policy was discussed with the SM.

c. Consent for the Disclosure of Confidential Substance Use Information.

In accordance with DoDI 6025.18, covered entities must comply with the special rules protecting the confidentiality of SUD patient records in federally assisted SUD programs. Those rules are under the authority of the Substance Abuse and Mental Health Services Administration and appear at Part 2 of Title 42, CFR. To the extent those rules apply to protected health information of the DoD covered entity:

(1) The DoD covered entity must comply with both those rules and DoDI 6025.18. To the extent any use or disclosure is authorized by this issuance but prohibited by Part 2 of Title 42, CFR, the prohibition supersedes any use or disclosure.

(2) For any use or disclosure that is authorized by Part 2 of Title 42, CFR, but prohibited by DoDI 6025.18, the prohibition in DoDI 6025.18 supersedes any use or disclosure under Part 2 of Title 42, CFR to the extent not inconsistent with this issuance.

4.6. RESOURCE SHARING.

a. The DoD, in conjunction with the VA, must share resources in accordance with Public Laws 96-22 and 97-174, when beneficial and feasible.

(1) SMs in transition between facilities, services, or from the DoD healthcare system to the VA healthcare system or the TRICARE PSC system should include a transition plan that promotes continuity of care and coordination among providers.

(2) Healthcare teams should work jointly to provide assessment and services to patients within this transitioning population. Management should be reviewed throughout the transition process, and there should be clarity about who is the lead clinician to promote continuity of care.

(3) If there is not a clear transition process, then an effort must be made to construct a functional transition process that supports patient-centered care.

b. The DoD, in collaboration with the VA, implements programs to enable coordinated SUD and gambling disorder treatment for activated Reserve Component personnel who are demobilizing or who are diagnosed with a Service-connected (i.e., in the Line of Duty) SUD or gambling disorder.

SECTION 5: EVIDENCE-BASED BEST PRACTICES AND STANDARDS OF CARE REPORTING

5.1. ANNUAL REPORTING.

a. Annual reporting will enable DoD ASMAC to oversee DoD Component program measures to evaluate the extent to which prevention and treatment services meet organizational needs and program goals.

b. The annual report will:

(1) Be for the previous calendar year (January 1 through December 31) and must be provided to the ASD(HA) by June 1 of the following year to provide adequate time for review.

(2) Track that each MTF has appointed an addiction medicine personnel and an alternate, that they actively attend monthly continuing education calls, that they are certified to prescribe buprenorphine for opioid use disorder within 4 months of assuming the role, and that adequate full time equivalent (FTE) time is provided for their task according to installation size and is cumulatively:

(a) No less than (NLT) 0.2 FTE for installations <10,000 SMs.

(b) NLT 0.4 FTE for installations <20,000 SMs.

(c) NLT 0.6 FTE for installations <30,000 SMs.

(d) NLT 0.8 FTE for installations >30,000 SMs.

c. The annual report will:

(1) Provide a status update regarding the adherence of mental health professionals with current standard of care based on evidence-based best practices, such as CPGs, CPGs of the DoD and the VA, and prescribing guidelines published by the Centers for Disease Control and Prevention and the Food and Drug Administration, as appropriate for their patient, for:

(a) Opioid prescribing.

(b) Medications for AUDs.

(c) Medications for opioid use disorders.

(2) Include metrics to allow the DHA enterprise to monitor and limit the overprescribing of opioids and to monitor the co-prescribing of overdose reversal drugs.

(3) Track progression towards reduced levels of opioid use and include an identification of best practices established by the DoD.

(4) Include analysis of data to permit internal assessment and review of:

(a) Prevalence and incidence of SUD and gambling disorder.

(b) The number of active duty DoD military personnel receiving treatment, set apart by diagnoses.

(c) Active duty retention status (e.g., return to duty, separated) at time of discharge from treatment.

(d) Program referral type (e.g., self, command, medical).

(e) Regular adult screening with an empirically validated instrument for at-risk alcohol use as determined by the ASMAC.

(f) Substance use trends, as determined by the ASMAC.

(g) Gambling disorder trends, as determined by the ASMAC.

(h) Primary prevention activities for substance use and gambling disorder.

GLOSSARY

G.1. ACRONYMS.

ACRONYM	MEANING
ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASMAC	Addictive Substance Misuse Advisory Committee
AUD	alcohol use disorder
CFR	Code of Federal Regulations
CPG	clinical practice guideline
DHA	Defense Health Agency
DoDI	DoD instruction
EHR	electronic health record
ELO	enabling learning objective
FTE	full time equivalent
MHS	Military Health System
MILDEPS	Military Departments
MTF	military medical treatment facility
NLT	no less than
PSC	private sector care
SM	Service member
SUD	substance use disorder
TLO	terminal learning objective
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
VA	Department of Veterans Affairs

G.2. DEFINITIONS.

Unless otherwise noted, these terms and their definitions are for the purpose of this issuance.

TERM	DEFINITION
ASMAC	The committee that serves as the central point for information analysis and integration, program coordination, identification of policy needs and problem solving on Military Service issues involving policies and programs regarding legal and illegal addictive substance use, SUDs, and gambling disorder in those served by the MHS.
at-risk	Standards that define problematic use of a substance or engagement in a behavior based on the dose, tolerance, behavior patterns, and negative consequences associated with such use.
beneficiary	An individual who has been determined to be eligible for TRICARE benefits, as defined in Title 32, CFR, and Title 10, U.S.C.
community prevention programs	Prevention interventions focus on population health and, in addition, may address changes in the social and physical environment, involve intersectoral action, highlight community participation and empowerment, emphasize context, or include a systems approach.
DoD personnel	Civilian. Civil service personnel of the DoD Components (including Reserve technicians and Reserve Component military Reserve technicians, unless in a military duty status); nonappropriated fund personnel (including Navy Exchange and Army Air Force Exchange Service personnel; excluding military personnel working part-time to avoid dual reporting); Corps of Engineers civil works personnel; Youth or Student Assistance Program personnel; foreign nationals employed by the DoD Components; Navy civil service mariners with the Military Sealift Command. Military. All U.S. military personnel on active duty, Reserve or National Guard personnel on active duty or performing inactive-duty training, Service academy cadets, officer candidates in Officer Candidate School and Aviation Officer Candidate School, Reserve Officer Training Corps cadets when engaged in directed training activities, and foreign national military personnel assigned to the DoD Components.
drug	Any substance, other than food, that a person inhales, injects, consumes, or introduces into their body in any manner, to alter mood or function.

TERM	DEFINITION
drug paraphernalia	All equipment, products, and materials of any kind that are used, intended for use, or designed for use, in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling or otherwise introducing into the human body a controlled substance in violation of Section 801 of Title 21, U.S.C.
ELO	A subset of the skills, knowledge, or attitudes students must reach to successfully complete the TLO and: Allows the TLO to be broken down into smaller, more manageable objectives. Supports the TLO and measures an element of the TLO, and addresses knowledge, skill, or attitude gaps. Is identified when designing the lesson plan. Is optional based on analysis of the TLO and when used, there must be a minimum of two.
gambling disorder	Gambling behavior that is persistent, recurrent, and continued despite impairment and negative consequences.
illegal drug use	The use of drugs, the possession or distribution of which is unlawful under Chapter 13 of Title 21, U.S.C., also known as the "Controlled Substances Act," or prohibited by the Uniform Code of Military Justice. Such a term does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provisions of Federal law.
illicit drug	A drug or other substance that is prohibited by law or DoD policy.
prescription drug misuse	The use of a medication without a prescription, in a way other than as prescribed, or for the experience or feelings elicited.
prevention programs	Activities designed to influence participants to avoid problematic substance use or to encourage individuals to seek early assistance.
problematic substance use	The use of any substance in a manner that puts the user at risk of failing in their responsibilities to mission or family and that is considered unlawful by regulation, policy, or law. This includes substance use that results in negative consequences to the health and well-being of the user or others or meets the criteria for an SUD.

TERM	DEFINITION
PSC	Refers to the "Purchased Care System," and includes civilian providers (including individuals, groups, hospitals, and clinics) who have agreed to accept the DoD and uniformed services beneficiaries enrolled in the regional managed care program authorized by the ASD(HA). Providers in the purchased care system deliver healthcare at negotiated rates, adhere to provider agreements, and follow other requirements of the managed care program.
recovery support	Social support services, linkages to and coordination among allied service providers, and a full range of human services that facilitate recovery and wellness contributing to an improved quality of life.
rehabilitation	The process of restoring a person who is impaired by the use of alcohol or other drugs to an effective functioning level.
substance misuse	A pattern of substance use marked by recurrent significant social, occupational, legal, or interpersonal adverse consequences.
SUD	Defined in American Psychiatric Association, "Diagnostic and Statistical Manual of Mental Disorders," current edition.
TLO	The main objective of a lesson. The performance required of the student to demonstrate appropriate knowledge, skills, and attitudes required of the performance requirement in the material being taught. Describes exactly what the student must be capable of performing under the stated conditions to the prescribed standard on lesson completion.

REFERENCES

American Psychiatric Association, "Diagnostic and Statistical Manual of Mental Disorders (DSM)," current edition

Code of Federal Regulations, Title 32

Code of Federal Regulations, Title 42, Part 2

Code of Federal Regulations, Title 49

DoD 5400.11-R, "Department of Defense Privacy Program," May 14, 2007

DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008, as amended

DoD Instruction 1010.01, "Military Personnel Drug Abuse Testing Program (MPDATP)," September 13, 2012, as amended

DoD Instruction 1010.09, "DoD Civilian Employee Drug-Free Workplace Program," June 22, 2012, as amended

DoD Instruction 1010.16, "Technical Procedures for the Military Personnel Drug Abuse Testing Program," June 15, 2020

DoD Instruction 4515.13, "Air Transportation Eligibility," January 22, 2016, as amended

DoD Instruction 5400.11, "DoD Privacy and Civil Liberties Programs," January 29, 2019, as amended

DoD Instruction 6025.18, "Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs," March 13, 2019

DoD Instruction 6040.45, "DoD Health Record Life Cycle Management," November 16, 2015, as amended

DoD Instruction 6130.03, Volume 1, "Medical Standards for Military Service: Appointment, Enlistment, or Induction," May 6, 2018, as amended

DoD Instruction 6130.03, Volume 2, "Medical Standards for Military Service: Retention," September 4, 2020, as amended

DoD Instruction 6400.09, "DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm," September 11, 2020

DoD Instruction 6400.11, "DoD Integrated Primary Prevention Policy for Prevention Workforce and Leaders," December 20, 2022, as amended

DoD Instruction 6490.08, "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members," August 17, 2011

DoD Manual 5200.02, "Procedures for the DoD Personnel Security Program (PSP)," April 3, 2017, as amended

DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019

Executive Order 12564, "Drug-Free Federal Workplace," September 15, 1986

Executive Order 12968, "Access to Classified Information" August 4, 1995, as amended

Public Law 111-84, Section 596, "The National Defense Authorization Act for Fiscal Year 2010," October 28, 2009

Public Law 116-92, "National Defense Authorization Act for Fiscal Year 2020," December 20, 2019

Public Law 96-22, "Veterans Health Care Amendments of 1979," June 13, 1979

Public Law 97-174, "Veterans Administration and Department of Defense Health Resources Sharing and Emergency Operations Act," May 4, 1982

Under Secretary of Defense for Intelligence Memorandum, "Implementation of Adjudicative Guidelines for Determining Eligibility for Access to Classified Information" August 30, 2006

United States Code, Title 5, Chapter 75

United States Code, Title 21