THE ASSISTANT SECRETARY OF DEFENSE
1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

APR 20 2007

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510-6050

Dear Mr. Chairman:

This letter is in response to Senate Report 109-292 that requests the Department to report on the current organizational structure of alcohol and drug programs and related policies within the Department of Defense no later than March 1, 2007.

The Department welcomes the opportunity to report on this initiative. In an effort to provide a comprehensive report, the TRICARE Management Activity has compiled information from U.S. Army, Navy and Air Force drug and alcohol programs. Each Service has a comprehensive program to prevent alcohol misuse and drug use among its service members. Programs are designed to reduce substance abuse through identification and deterrence, education and prevention, and medical treatment. If prevention fails, all Services enforce individual disciplinary measures to preserve overall readiness. The Department maintains visibility through advisory and coordinating structures such as the Prevention Safety and Health Promotion Council and the Alcohol and Tobacco Advisory Council. These structures allow the exploration of policies and programs of joint importance and coordinated problem solving on cross-Service issues.

Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member

Department of Defense Alcohol and Drug Programs

A report to Congress on the current organizational structure of alcohol and drug programs and related policies within the Department of Defense

Alcohol and Drug Programs and Related Policies

In the Department of Defense

This report was requested by Senate Report 109-292, accompanying the proposed Department of Defense Appropriation Act, 2007.

TABLE OF CONTENTS

ORGANIZATION OF UNITED STATES ARMY SUBSTANCE ABUSE PROGRAM 4

ORGANIZATION OF UNITED STATES NAVY ALCOHOL AND DRUG PREVENTION PROGRAMS 6

ORGANIZATION OF UNITED STATES AIR FORCE ALCOHOL AND DRUG ABUSE PREVENTION AND TREATMENT PROGRAMS 7

SUMMARY 10

ACRONYMS 11

The Department of Defense (DoD) Directive 1010.4

The DoD policy regarding substance abuse is to prevent and eliminate drug and alcohol abuse and dependence, which is deemed incompatible with readiness and the maintenance of high standards of performance and military discipline. The Department also recognizes that alcohol dependence is a chronic illness that affects the entire family and is both preventable and treatable. Therefore, it is the Department's policy to deter and identify drug and alcohol abuse and dependence that exists on installations and facilities under DoD control.

The Army, Navy, and Air Force have instituted individual substance abuse programs and have implemented policies directed towards prevention and elimination of alcohol and drug use disorders. In addition, the Department, through the Office of the Assistant Secretary for Defense for Health Affairs, convenes a cross representational advisory group on the issues of alcohol and tobacco use in the military. The organizational structure and policies of that group as well as the Service substance abuse programs are described below.

Office of the Assistant Secretary for Defense for Health Affairs/TRICARE Management Activity

The Department of Defense Prevention, Safety and Health Promotion Council (PSHPC) established the Alcohol and Tobacco Advisory Council (ATAC). The ATAC exists to support DoD compliance with Title 10 USC Chapter 55 Section 1090 and 32 CFR Part 85. The ATAC is established as a standing advisory council to provide expert

advice to the DoD on issues related to the supply, responsible use, and demand reduction of alcohol and tobacco products. The ATAC makes recommendations for policy development and assists in coordination of policy related to the impact of the supply, prevention, and use of alcohol and tobacco products. Recommendations of the ATAC are passed for consideration to the Department's Medical Personnel Council (MEDPERS), as well as to other decision making bodies within the Department depending on the nature of the recommendations.

The ATAC members represent the Services' alcohol, substance abuse and health promotion programs, as well as their medical departments, the Department's Office of Personnel and Readiness, the Office of the Chief Medical Officer, and a number of other related and interested DoD offices.

United States Army

Substance Abuse Program

The purpose of the Army Substance Abuse Program (ASAP) is to strengthen the overall fitness and effectiveness of the Army and to enhance readiness by providing for the operation, resourcing and management of all elements of the program. The ASAP command consists of the Army Center for Substance Abuse Programs, the United States Army Medical Command and the Installation Management Command. The Deputy Chief of Staff for Personnel, G1, is the lead proponent for the Army Substance Abuse Program (ASAP).

ASAP policies and oversight of garrison functions are under the direction of the Army Center for Substance Abuse Programs (ACSAP). The Installation Management

Command has responsibility for the execution of the garrison ASAP mission. The ASAP in the National Guard in each state is under the operational control of each state's adjutant generals with oversight control by the National Guard Bureau. The US Army Reserve ASAPs are under the operational control of Reserve commands with oversight control by the Major Reserve Commands.

Drug and Alcohol Abuse Policies

AR 600-85 is the regulation for the Army Substance Abuse Program. The drug use policy states that solders identified as drug abusers (using illegal drugs, using another soldier's prescribed drugs or abusing their own prescription), regardless of rank or time in service, must be:

- Flagged.
- Referred for screening at the clinical ASAP.
- Considered for disciplinary action under the Uniform Code of Military Justice (UCMJ).
- Processed for administrative separation.

Soldiers identified as having an alcohol-related incident are:

- Referred for screening at clinical ASAP.
- Considered for disciplinary action under the UCMJ.
- An administrative separation action will be processed for soldiers involved in two serious incidents of alcohol related misconduct in a year.
- Alcohol related incidents (misconduct) include being impaired on duty, DWI/DUI, underage drinking, providing alcohol to someone under the age of 21

and other negative incidents involving alcohol (e.g., fighting, child or spousal abuse).

United States Navy

Alcohol and Drug Abuse Prevention Program

The purpose of the Navy Alcohol and Drug Abuse Prevention (NADAP) Program is to develop and implement an effective program that will enhance Fleet operational readiness by reducing substance abuse through detection and deterrence, expanded prevention and education, and providing sailors and their family members with accurate information on the adverse consequences of substance abuse. The NADAP functional components consist of the Deputy Chief of Naval Operations, the Commander of Navy Personnel Command and the Chief, Bureau of Medicine and Surgery (BUMED). The Deputy Chief of Naval Operations (Manpower and Personnel) is responsible for the NADAP policy and interacts with the DoD and other agencies. The Navy Personnel Command is the designated program sponsor and is responsible for implementing the program (i.e., providing subject matter experts; developing, establishing and maintaining all non-clinical Navy training and education requirements and objectives; establishing Navy urinalysis requirements; maintaining the Alcohol and Drug Management Information and Tracking System (ADMITS); documenting and reporting alcohol-related education, referrals, incidents, screenings and treatment; monitoring all incidents related to drug and alcohol abuse and misuse Navy-wide; and providing training for all command level Drug and Alcohol Program Advisors (DAPAs)). The Chief, BUMED, is

responsible for developing, implementing and monitoring the medical aspects of the program.

Drug and Alcohol Abuse Policies

OPNAVINST 5350.4C provides comprehensive alcohol and other drug abuse prevention and control policies and procedures for all Navy personnel, and establishes regulations to enforce that policy. The Navy's Drug Abuse Policy is "zero tolerance." Navy members determined to be using drugs, in violation of the UCMJ, Federal, state or local statutes, shall be disciplined as appropriate for administrative separation (ADMINSEP).

The alcohol abuse policy is "responsible use." Commands will discipline as appropriate and process for ADMINSEP those members whose alcohol-related misconduct is severe, who are repeat offenders, or who do not respond favorably to treatment. Members who are involved in an alcohol incident, at any time in their careers, after having received treatment that resulted from a previous alcohol incident, will be processed for ADMINSEP, unless a written waiver is received.

United States Air Force

Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program

The Air Force Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program's primary objective is to promote readiness, health and wellness through the prevention and treatment of substance abuse; to minimize the negative consequences of substance abuse to the individual, family and organization; to provide comprehensive education and treatment to individuals who experience problems attributed to substance

abuse; and to return identified substance abusers to unrestricted duty status or to assist them in their transition to civilian life, as appropriate.

The Air Force Office of the Surgeon General, Air Force Headquarters, major commands and the installation each have a vital role in the implementation of the ADAPT Program. The Air Force Surgeon General (HQ USAF/SG) oversees policy and implementation of the ADAPT program through the Air Force Medical Operations Agency. The Headquarters for the US Air Force's Judge Advocate General provides legal opinions, instructions, guidance, and assistance regarding ADAPT programs and policies. The major commands (MAJCOM) implement, coordinate, evaluate and report Air Force ADAPT policies at the MAJCOM field operating agencies and the direct reporting unit level. The installation houses the installation commander, military treatment facility commander and the ADAPT program manager. The commanders are responsible for the development and implementation of the program by providing adequate funding, space and medical services. The program manager manages local ADAPT programs in accordance with current policies and guidance.

Drug and Alcohol Policies

AFPD 44-1 is the Air Force Policy Directive that provides guidance for the identification, treatment and management of personnel with substance abuse problems and describes Air Force policy regarding alcohol and drug abuse. The instruction applies to all active duty Air Force members and to members of the Air Force Reserve Command (AFRC) and Air National Guard (ANG) when activated longer than 30 days. The AFRC and ANG do not provide direct treatment to service members with substance use disorders.

Drug abuse policy states that the illegal or improper use of drugs by an Air Force member is a serious breach of discipline and is incompatible with service in the Air Force. The Air Force does not tolerate such conduct and states that drug use can lead to criminal prosecution resulting in punitive discharge or administrative actions including separation or discharge under "other than honorable" conditions.

The policy is to prevent abuse among personnel. If prevention fails, the Air Force is responsible for identifying, treating and disciplining those individuals. The policy also prohibits Air Force members from possessing or selling drugs and for using drug paraphernalia.

Air Force policy related to alcohol use includes a focus on prevention. The policy is to prevent alcohol abuse and alcoholism among its personnel and their family members. Air Force members must maintain standards of behavior, performance and discipline. Failure to meet these standards is a breach in conduct and performance rather than looking solely at the use of alcohol.

Summary

Each Service has a comprehensive program to prevent alcohol misuse and drug use among its service members. Programs are designed to reduce substance abuse through identification and deterrence, education and prevention and medical treatment. If prevention fails, all Services enforce individual disciplinary measures to preserve overall readiness. The Department maintains visibility through advisory and coordinating structures such as the PSHPC and the ATAC. These structures allow the exploration of

policies and programs of joint importance and promote coordinated problem solving on cross-Service issues.