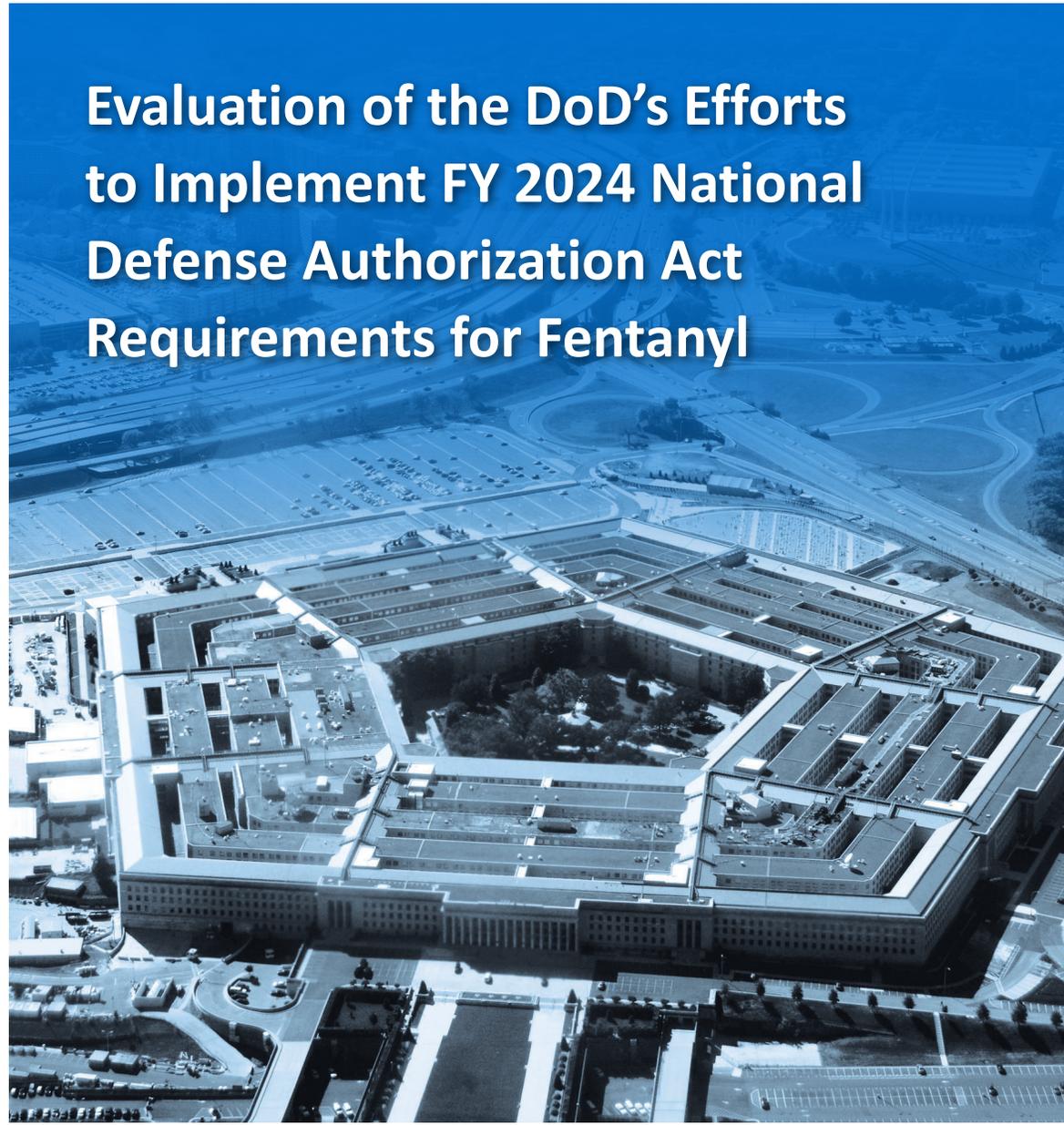




INSPECTOR GENERAL

U.S. Department of Defense

MARCH 11, 2026



Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act Requirements for Fentanyl





Results in Brief

Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act Requirements for Fentanyl

March 11, 2026

Objective

The objective of this evaluation was to determine the extent to which the DoD and Military Departments (MILDEPs) progressed toward: (1) having naloxone available on all military installations and in operational environments and (2) establishing a standardized tracking system for naloxone distribution and Service members' illegal use of fentanyl.

Background

Naloxone is a medication that reverses the effects of opioids when administered at the first sign of an overdose. Fentanyl is an opioid similar to heroin but 50 times more potent than heroin and 100 times more potent than morphine. According to the Assistant Secretary of Defense for Health Affairs, 277 overdoses related to fentanyl and 916 overdoses related to opioid use occurred among Service members from 2019 to 2023.

Finding

The DoD issued policy requiring that naloxone be available to all first responders on military installations and in DoD-controlled areas; however, the policy does not require DoD Components to ensure that naloxone is available in an operational environment, nor does it establish a standardized tracking system as required by section 706 of the FY 2024 National Defense Authorization Act (NDAA).

Although the DoD has not issued policy that fully complies with section 706 of the FY 2024 NDAA, DoD Components made progress in making naloxone readily available and tracking the illegal use of fentanyl.

Finding (cont'd)

However, DoD Components did not ensure that naloxone was consistently available for MILDEP Security Forces and in military retail locations. According to Army, Navy, and Air Force Security Forces personnel, this occurred because budgetary constraints made access to naloxone inconsistent even though Executive Branch and DoD policies require that it be available to first responders on military installations.

The Defense Health Agency (DHA) tracked pharmaceutical distribution of naloxone through Military Health System GENESIS, the military's electronic health record system, at all 11 installations we visited. However, DoD Components did not consistently track illegal fentanyl use. This occurred because Emergency Medical Services and MILDEP Security Forces are not required to discern or track illegal fentanyl use, and the DHA does not determine legality of fentanyl use. The DoD reported on fentanyl overdoses as required; however, the report may be incomplete. This occurred because, according to DoD Component personnel, they used various systems to track overdoses, if they tracked them at all.

As a result of the DoD's inconsistent availability of naloxone for MILDEP Security Forces and at military retail locations, Service members affected by opioids and personnel accidentally exposed to fentanyl may not receive prompt treatment.

Recommendations, Management Comments, and Our Response

We recommend that the following officials develop and implement policy and plans to increase naloxone availability. The following officials agreed with the recommendations, which are resolved but open.

- Under Secretary of Defense for Personnel and Readiness
- Under Secretary of Defense for Acquisition and Sustainment
- MILDEP Secretaries
- DHA Director



Results in Brief

Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act Requirements for Fentanyl

Recommendations (cont'd)

- The Office of the Under Secretary of Defense for Personnel and Readiness, Director of Morale, Welfare, Recreation, and Resale Policy.

We also recommend that the MILDEP Secretaries, in coordination with the Under Secretary of Defense for Personnel and Readiness, develop and implement a plan for tracking, identifying trends of, and analyzing data related to the illegal use of fentanyl. Senior officials, responding for MILDEP Secretaries, agreed with the recommendation. However, only the senior official

responding for the Secretary of the Army addressed the specifics of the recommendation; therefore, the recommendation is resolved and open for the Secretary of the Army but is unresolved for the Secretaries of the Navy and Air Force. We request that the Secretaries of the Navy and Air Force provide comments within 30 days in response to this recommendation.

Please see the Recommendations Table on the next page for the status of the recommendations.

Recommendations Table

Management	Recommendations Unresolved	Recommendations Resolved	Recommendations Closed
Secretary of the Army	None	2.a, 5.a	None
Secretary of the Navy	5.b	2.b	None
Secretary of the Air Force	5.c	2.c	None
Under Secretary of Defense for Personnel and Readiness	None	1	None
Director, Defense Health Agency	None	3	None
The Office of the Under Secretary of Defense for Personnel and Readiness, Director of Morale, Welfare, Recreation, and Resale Policy	None	4	None

Please provide Management Comments by April 10, 2026.

Note: The following categories are used to describe agency management’s comments to individual recommendations.

- **Unresolved** – Management has not agreed to implement the recommendation or has not proposed actions that will address the recommendation.
- **Resolved** – Management agreed to implement the recommendation or has proposed actions that will address the underlying finding that generated the recommendation.
- **Closed** – The DoD OIG verified that the agreed-upon corrective actions were implemented.





**OFFICE OF INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
4800 MARK CENTER DRIVE
ALEXANDRIA, VIRGINIA 22350-1500**

March 11, 2026

MEMORANDUM FOR SECRETARY OF THE ARMY
SECRETARY OF THE NAVY
SECRETARY OF THE AIR FORCE
UNDER SECRETARY OF DEFENSE FOR PERSONNEL
AND READINESS
DIRECTOR, DEFENSE HEALTH AGENCY
DIRECTOR, MORALE, WELFARE, RECREATION,
AND RESALE POLICY

SUBJECT: Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act Requirements for Fentanyl (Report No. DODIG-2026-068)

This final report provides the results of the DoD Office of Inspector General's evaluation. We previously provided copies of the draft report and requested written comments on the recommendations. We considered management comments in finalizing the report and included them in the report.

This report contains recommendations that are considered unresolved because senior officials responding for the Secretaries of the Navy and Air Force agreed with but did not fully address Recommendations 5.b and 5.c. Therefore, they will remain open. We will track these recommendations until management agrees to take actions that we determine to be sufficient to meet the intent of the recommendations and management officials submit adequate documentation showing that all agreed-on actions to implement the recommendations are complete.

DoD Instruction 7650.03 requires that recommendations be resolved promptly. Therefore, please provide us within 30 days your response concerning specific actions in process or alternative corrective actions proposed for the recommendation. Send your response to either [REDACTED] if unclassified or [REDACTED] if classified SECRET.

If you have any questions, please contact [REDACTED]. We appreciate the cooperation and assistance received during the evaluation.

Bryan Clark

Bryan T. Clark
Assistant Inspector General for Evaluations
Programs, Combatant Commands, and Operations

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Introduction

Objective

The objective of this evaluation was to determine the extent to which the DoD and Military Departments (MILDEPs) progressed toward: (1) having naloxone available on all military installations and in operational environments and (2) establishing a standardized tracking system for naloxone distribution and Service members' illegal use of fentanyl.¹

Background

Naloxone is a medication that reverses the effects of opioids when administered at the first sign of an overdose.² Fentanyl is an opioid similar to heroin but is 50 times more potent than heroin and 100 times more potent than morphine. According to the Assistant Secretary of Defense for Health Affairs (ASD[HA]), 277 overdoses related to fentanyl and 916 overdoses related to opioid use occurred among Service members from 2019 to 2023.³ The DoD implemented a policy in March 2019 to direct all Drug Demand Reduction Program (DDRP) labs to include fentanyl as part of the standard drug testing panel for Service members.⁴ In June 2019, all DDRP labs and the Special Forensic Toxicology Drug Testing Laboratory of the Armed Forces Medical Examiner System began testing for fentanyl.

NDAA Requirement for Regulations Regarding Naloxone Availability

Congress established fentanyl-related requirements in section 706 of the FY 2024 National Defense Authorization Act (NDAA), which states that:

- a) Not later than January 1, 2025, the Secretary of Defense, in coordination with the Secretaries of the military departments shall prescribe regulations regarding naloxone and fentanyl on military installations. Such regulations shall—
 - 1) ensure that naloxone is available for members of the Armed Forces—
 - a) on all military installations; and
 - b) in each operational environment; and

¹ An operational environment is the dynamic composite of conditions, circumstances, and influences that affect where and how Service members train or fight.

² Defense Health Agency Procedural Instruction 6025.07, "Naloxone Prescribing and Dispensing by Pharmacists in Medical Treatment Facilities," June 19, 2018.

³ Assistant Secretary of Defense for Health Affairs Briefing, "Naloxone and Fentanyl: Regulations," April 2025.

⁴ Office of the Under Secretary of Defense for Personnel and Readiness Memorandum, "Update to the Department of Defense Drug Testing Panel," March 29, 2019.

- 2) establish a standardized tracking system—
 - a) for naloxone distributed under paragraph (1); and
 - b) of the illegal use of fentanyl and other controlled substances in the military departments.⁵

Stakeholders and Policies Related to Naloxone and Fentanyl

Several organizations are responsible for ensuring naloxone availability for Service members and tracking the distribution of naloxone and Service member's illegal use of fentanyl. DoD and Defense Health Agency (DHA) policies also address naloxone and fentanyl.

Under Secretary of Defense for Personnel and Readiness

The Under Secretary of Defense for Personnel and Readiness (USD[P&R]) is the principal staff assistant and advisor to the Secretary of Defense for Total Force management; health affairs; readiness and training; military and civilian personnel requirements; morale, welfare, and recreation; and quality of life matters. Additionally, the USD(P&R) is authorized to issue DoD policy in DoD instructions.

Assistant Secretary of Defense for Health Affairs

The ASD(HA) is the principal advisor to the Secretary of Defense and the USD(P&R) for all DoD health policies, programs, and activities. In carrying out these responsibilities, the ASD(HA) exercises authority, direction, and control through the DHA over DoD medical and dental personnel authorizations and policy, facilities, programs, funding, and other consolidated resources.

Defense Health Agency

The DHA, under the authority, direction, and control of the USD(P&R) through the ASD(HA), is responsible for the administration of the DoD military treatment facilities (MTFs). Additionally, the DHA manages TRICARE, integrating health care delivery under the direct and private sector care of the Military Health System (MHS), and supports the effective execution of the DoD medical mission. The DHA issued policy to enable naloxone availability at DoD installations and in MTFs for emergency use in case of opioid overdose.

MHS GENESIS is the MHS' modern electronic health record, providing a single health record for Service members, veterans, and their families. It standardizes clinical and business processes across the Military Services and MHS.

⁵ NDAA for FY 2024, Pub. L. No. 118-31, § 706. For purposes of this report, we focused on the illegal use of fentanyl.

DoD Office of Drug Demand Reduction

The DoD Office of Drug Demand Reduction (ODDR) is an office under the Office of the USD(P&R) that enables operational readiness, safety, and security of the Total Force by deterring illicit and prescription drug abuse through robust and dynamic drug testing; emerging drug threat surveillance; prevention, education, and outreach efforts; and development of new testing procedures. The ODDR is also responsible for the DoD's DDRP. The DDRP's mission is to deter DoD personnel from abusing illicit drugs or misusing prescription drugs. According to the DDRP, the use of illicit drugs can impair performance and readiness in the hazardous conditions unique to the military work environment. Illicit drugs have the potential to compromise national interests when used by individuals in security-sensitive positions.

DoD Instruction 1010.04, "Problematic Substance Use and Gambling Disorder"

DoD Instruction (DoDI) 1010.04, "Problematic Substance Use and Gambling Disorder," establishes policy, assigns responsibilities, and prescribes procedures for preventing, identifying, diagnosing, and treating problematic substance use and gambling disorder for DoD military and civilian personnel and eligible beneficiaries of the MHS.⁶ This instruction also describes the relationship between the DoD and Department of Veterans Affairs for treating problematic substance use and gambling disorder.

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

DoDI 1010.16, "Technical Procedures for the Military Personnel Drug Abuse Testing Program," establishes and updates policy, assigns responsibilities, and prescribes procedures for the Military Personnel Drug Abuse Testing Program and applies to all DoD entities.⁷ This instruction added fentanyl to the list of screened opioids as required by a March 2019 USD(P&R) memorandum, "Update to the Department of Defense Drug Testing Panel." Additionally, it promotes standardization and joint Service operations among all Service forensic toxicology drug testing laboratories.

⁶ DoDI 1010.04, "Problematic Substance Use and Gambling Disorder," January 17, 2025.

⁷ DoDI 1010.16, "Technical Procedures for the Military Personnel Drug Abuse Testing Program," June 15, 2020.

***Defense Health Agency Procedural Instruction 6025.07,
“Naloxone Prescribing and Dispensing by Pharmacists
in Medical Treatment Facilities”***

DHA Procedural Instruction (DHA-PI) 6025.07 establishes the DHA’s procedures for pharmacists in MTFs to prescribe and dispense naloxone to eligible beneficiaries on beneficiary request or “when a pharmacist determines a beneficiary meets the established criteria for being at risk for a life-threatening opiate overdose.” This instruction applies to the Defense agencies and DoD field activities.

Finding

DoD Components Made Progress in Naloxone Access and Fentanyl Tracking, but Revised Policy Is Needed to Fully Meet the Requirements of Section 706 of the FY 2024 NDAA

The DoD issued policy requiring that naloxone be available to all first responders on military installations and in DoD-controlled areas; however, the policy does not require DoD Components to ensure that naloxone is available in an operational environment or establish a standardized tracking system as required by section 706 of the FY 2024 NDAA.

Although the DoD has not issued policy that fully complies with section 706 of the FY 2024 NDAA, DoD Components made progress in making naloxone readily available and tracking the illegal use of fentanyl. Specifically, DoD Components made naloxone available at MTFs, pharmacies, and most Emergency Medical Services (EMS) and fire departments.⁸ However, DoD Components did not ensure that naloxone was consistently available for MILDEP Security Forces and in military retail locations.⁹ For example, only 4 of 11 MILDEP Security Forces and 2 of 9 Exchanges we visited had naloxone available.¹⁰ According to Army, Navy, and Air Force Security Forces personnel, this occurred because budgetary constraints made access to naloxone inconsistent even though Executive Branch and DoD policies require that it be available to first responders on military installations.

Although the DHA tracked pharmaceutical distribution of naloxone through MHS GENESIS at all 11 installations we visited, DoD Components did not consistently track illegal fentanyl use.¹¹ This occurred because EMS and MILDEP Security Forces are not required to discern or track illegal fentanyl use, and the DHA does not determine legality of fentanyl use. Instead, investigative agencies, in coordination with the installation command, determine whether a use of fentanyl was illegal. Although DoD Components did not consistently

⁸ For this report, DoD Components include the MILDEPs, Defense Commissary Agency, DHA, Pentagon Force Protection Agency, and Exchange Services.

⁹ For the purpose of this report, MILDEP includes the Pentagon Force Protection Agency. MILDEP Security Forces we reviewed include Army Military Police, Navy Master-at-Arms, Marine Corps Military Police, Air Force Security Forces, and the Pentagon Force Protection Agency.

¹⁰ The U.S. Army Garrison Stuttgart location includes Kelley Barracks, Patch Barracks, and Panzer Kaserne.

¹¹ According to 42 U.S.C. § 12111, the term “illegal use of drugs” means “the use of drugs, the possession or distribution of which is unlawful under the Controlled Substances Act.”

track illegal fentanyl use, the DoD reported on fentanyl overdoses as required by section 724 of the FY 2024 NDAA.¹² However, the reported information may be incomplete. This occurred because, according to DoD Component personnel, they used various systems to track overdoses, if they tracked them at all. In addition, although the ODDR tracks fentanyl overdoses through diagnosis codes in Service members' electronic medical records, none of the EMS and MILDEP Security Forces at the 11 installations we visited tracked fentanyl overdoses through a standardized system.

As a result of the DoD's inconsistent availability of naloxone for MILDEP Security Forces and at military retail locations, Service members affected by opioids or, for example, security personnel accidentally exposed to fentanyl, may not receive prompt treatment. Moreover, without a standardized system to track Service member fentanyl use, the DoD does not have the ability to identify trends across Services, career fields, and specific locations.

The DoD Issued Policy Related to Naloxone Availability, but Revised Policy Is Needed to Fully Meet the Requirements of Section 706 of the FY 2024 NDAA

The DoD issued policy requiring that naloxone be available to all first responders on military installations and in DoD-controlled areas; however, the policy does not require DoD Components to ensure that naloxone is available in an operational environment, nor does it establish a standardized tracking system as required by section 706 of the FY 2024 NDAA.

In response to Executive Order 13625, "Improving Access to Mental Health Services for Veterans, Service Members, and Military Families," the DoD issued policy related to naloxone availability for first responders and clarified roles and responsibilities related to its availability. This Executive Order established an interagency task force, including the Office of National Drug Control Policy, to improve mental health care for Service members and veterans with an emphasis on treating substance abuse and reducing stigma for those seeking mental health care.¹³ Subsequently, Executive Order 13625 led to Executive Action 15, "Expanding Access to Opiate Overdose Reversal Kits," which requires that opiate overdose reversal (naloxone) kits and associated training be available to all first responders on military installations and in DoD-controlled areas.¹⁴

¹² FY 2024 NDAA section 724, requires an annual report through December 2028 on the number of annual overdoses among Service members. According to the National Institute on Drug Abuse, an overdose occurs when an individual takes a higher drug dose than their body can handle.

¹³ Executive Order No. 13625, 77 Fed. Reg. 54,783 (2012).

¹⁴ Executive Action 15, "Expanding Access to Opiate Overdose Reversal Kits," August 26, 2024.

In 2016, the Deputy Secretary of Defense issued a memorandum that designated the DHA's Public Health Division as the lead for implementing this action.¹⁵ Further guidance from the USD(P&R) in 2016 clarified that DoD first responders encompassed EMS, law enforcement, and fire and emergency services personnel.¹⁶ In 2025, the Office of the ASD(HA) issued a memorandum that reiterated the naloxone requirements, assigned the MILDEPs responsibility for funding naloxone, and established that the DHA MTFs will conduct procurement.¹⁷ However, the policies the DoD issued do not fully address the requirements of section 706 of the FY 2024 NDAA. For example, the policies do not require that naloxone be available in operational environments, nor do they establish a standardized tracking system for the illegal use of fentanyl in the MILDEPs. Therefore, the USD(P&R), in coordination with the Under Secretary of Defense for Acquisition and Sustainment and Secretaries of the MILDEPs, should develop and implement policy that fully complies with the requirements of section 706 of the FY 2024 NDAA.

DoD Pharmacies, Operational Environments, and EMS Departments Generally Had Naloxone Available for Beneficiaries and Emergency Use

DoD Components made progress making naloxone available on all military installations and in operational environments. Specifically, DoD Components made naloxone available at the MTFs, pharmacies, and most EMS and fire departments.

Pharmacies Had Naloxone Available to Prescribe and Dispense

All 13 pharmacies we visited throughout the National Capital Region, Germany, and Hawaii had naloxone available to prescribe and dispense to beneficiaries in accordance with DHA-PI 6025.07. According to the DHA-PI, pharmacists must offer naloxone to individuals who are prescribed an opioid and have been identified as being at risk for overdose. According to officials from the pharmacy at Fort Belvoir, Virginia, patients who score above 32 on the Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression scale are automatically provided a naloxone prescription, but pharmacists can provide a naloxone prescription even if the patient scores 32 or below. The DHA-PI further states that if an individual requests naloxone without an opioid prescription, the pharmacist will use a standing order to dispense the naloxone. Standing orders allow pharmacists to dispense naloxone when the pharmacist determines a beneficiary meets the criteria for

¹⁵ Deputy Secretary of Defense Memorandum, "Department-Wide Support of Mental Health Executive Actions," February 24, 2016.

¹⁶ USD(P&R) Memorandum, "Department-Wide Support of Presidential Executive Action, 'Expanding Access to Opiate Overdoes Reversal Kits,'" August 10, 2016.

¹⁷ Office of the ASD(HA) Memorandum, "Purchase of Opiate Overdose Reversal/Naloxone Kits," February 14, 2025.

being at risk for a life-threatening opioid overdose. According to officials from the pharmacy at Fort Belvoir, standing orders allow individuals to receive naloxone if they request it. In this situation, the pharmacist becomes the ordering provider. Figure 1 shows naloxone hydrochloride nasal spray on the shelf in the Patch Barracks Pharmacy at U.S. Army Garrison Stuttgart, Germany.

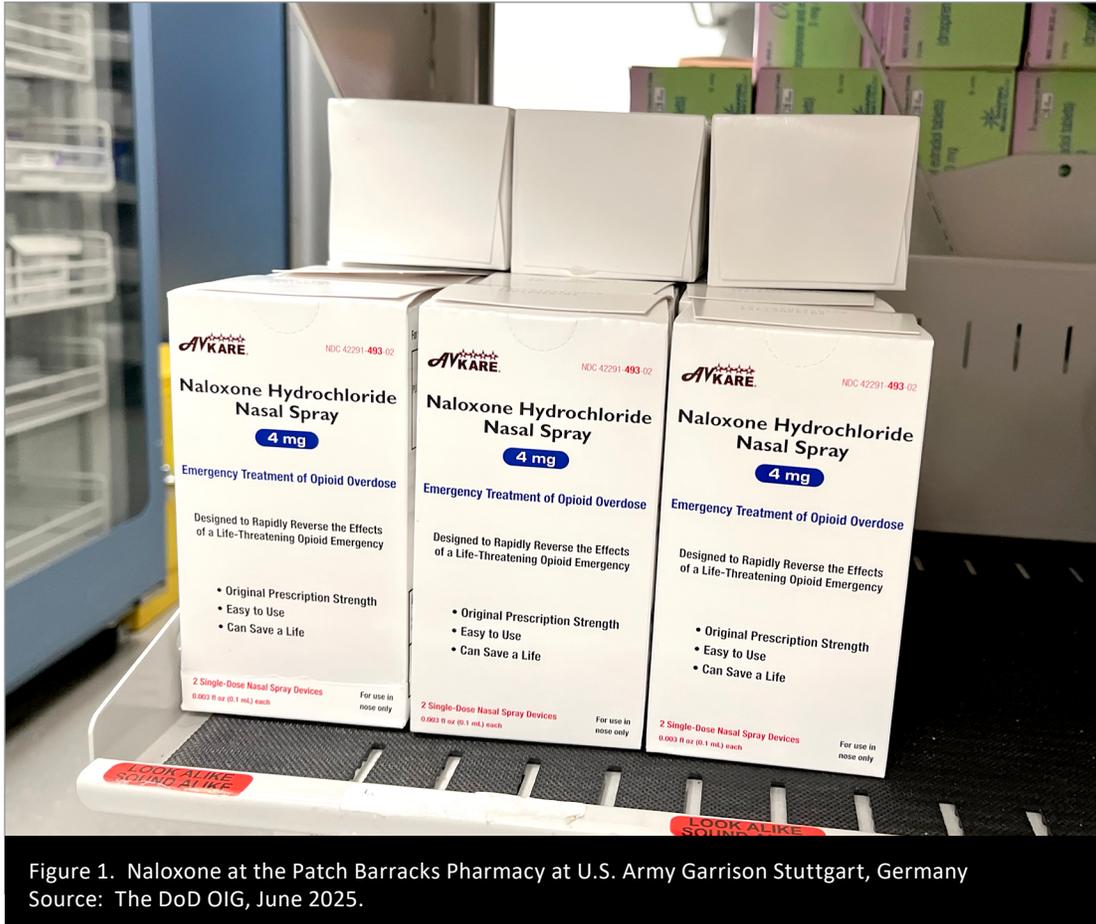


Figure 1. Naloxone at the Patch Barracks Pharmacy at U.S. Army Garrison Stuttgart, Germany
Source: The DoD OIG, June 2025.

The MILDEPs Configure Unit Deployment Medical Sets with Naloxone, Assuring That Naloxone Is Available in Operational Environments

MILDEP guidance requires that medical personnel have naloxone in their deployable medical materiel packages and bring these packages to the operational environment. We reviewed packing and requirement lists and determined that the MILDEPs implemented these requirements. We also verified that naloxone was included in the Army's Medical Sets, Kits, and Outfits; Navy and Marine Corps' Authorized Medical Allowance Lists; and Air Force's Medical Unit Type Code Sets, which should ensure that naloxone is available in an operational environment. Specifically, according to an official from the U.S. Army Medical Command, the

U.S. Army Medical Materiel Agency makes naloxone available with sets and kits for deploying units. According to an official from the Navy Bureau of Medicine and Surgery, naloxone is available in the Navy's operational environments through the Authorized Medical Allowance Lists, which are documents that identify the exact supplies a unit must carry.

Most EMS Departments Had Naloxone Available for Opioid Incidents

We visited 11 installations throughout the National Capital Region, Germany, and Hawaii, and 10 of these installations had EMS departments. Of the 10 installations with EMS or fire departments, 9 had naloxone available for opioid incidents, as seen in Figure 2. The installation without a traditional EMS department, the Pentagon, relies on its own clinic, which had naloxone readily available during business hours and at local, off-installation EMS during non-business hours. Fire department officials from the U.S. Army Garrison Stuttgart stated that they do not have an established medical program authorizing them to store, carry, or administer naloxone. As a result, the U.S. Army Garrison Stuttgart relies on the EMS of the host nation (Germany). Therefore, although naloxone was available through the U.S. Army Garrison Stuttgart's pharmacy, it was not available through its fire department.



Figure 2. Naloxone at Emergency Medical Services, Fort Belvoir, Virginia
Source: The DoD OIG, June 2025.

DoD Components Did Not Make Naloxone Consistently Available for MILDEP Security Forces and at Military Retail Locations

Military Service Security Forces and military retail locations did not consistently make naloxone available. Therefore, DoD Components could improve the availability of naloxone for fire departments, EMS, and MILDEP Security Forces on DoD installations and in military retail locations. We found that 4 of 11 MILDEP Security Forces and 2 of 9 Exchange locations we visited had naloxone available. Furthermore, we called an additional 16 Exchange locations to determine naloxone availability and found that 5 of the 16 locations had naloxone available. Additionally, we reviewed Exchange websites to determine naloxone availability and found that the Army and Air Force Exchange website had naloxone available, but the Navy, Marine Corps, and Coast Guard Exchange websites did not.

MILDEP Security Forces Had Inconsistent Naloxone Availability Because of Budgetary Constraints

Of the 11 installations we visited, 4 of the MILDEP Security Forces had naloxone available, as seen in Figure 3. According to the August 2016 USD(P&R) memorandum, first responders encompass EMS, law enforcement, and fire and emergency services. Additionally, the February 2025 Office of the ASD(HA) memorandum states that naloxone kits and associated training must be available to every first responder on military installations or other areas under DoD control. In May 2025, the Department of the Army Office of the Provost Marshal General (OPMG) issued a memorandum to all Army Provost Marshal Offices and Installation Directorates of Emergency Services outlining the expectation that all first responders will carry naloxone and that it will be procured through local MTFs or similar DHA facilities.¹⁸

¹⁸ Department of the Army OPMG Memorandum, "Opiate Overdose Reversal Kit Procurement Process for Army Police," May 7, 2025.



Figure 3. Naloxone at MILDEP Security Forces, Marine Corps Base Quantico, Virginia
Source: The DoD OIG, June 2025.

Of the four installations where MILDEP Security Forces had naloxone available, Marine Corps Base Quantico, Virginia, had naloxone available only for the protection of security personnel in the event of accidental exposure. The other three locations—Scholfield Barracks, Hawaii; Joint Base Andrews, Maryland; and the Pentagon—had naloxone available both for individuals experiencing an overdose and MILDEP Security Forces personnel exposed to fentanyl.

According to Army, Navy, and Air Force Security Forces personnel, the availability of naloxone varied by installation because of budgetary constraints. For example, an Air Force Security Forces captain stated that the Government created grants to provide naloxone to law enforcement entities but that those grants did not include military law enforcement. The Chief of Police at an Army installation stated that they have not implemented the requirement to have naloxone available

because of budgetary constraints. However, Executive Branch and DoD policies require that opiate overdose reversal (naloxone) kits and associated training be available to every first responder on military installations or other areas under DoD control. Those policies also require the MILDEPs to fund naloxone.¹⁹

MILDEP Security Forces personnel at three installations expressed concern that they did not have access to naloxone but need it to respond to overdose and exposure incidents.²⁰ Underscoring their concern, we identified two instances in which MILDEP Security Forces personnel were exposed to fentanyl and had to rely on EMS to receive naloxone for those exposures. Therefore, to ensure compliance with section 706 of the FY 2024 NDAA and Executive Action 15 and to protect personnel from opioid overdose and accidental fentanyl exposure, the Secretaries of the MILDEPs, in coordination with the DHA Director, should develop and implement a plan with milestones to make naloxone available to MILDEP Security Forces.

Military Retail Locations Had Inconsistent Naloxone Availability Because of Low Sales Volume and a Lack of DoD Policy

We conducted site visits to military installations in the National Capital Region, Germany, and Hawaii and found that 10 of 24 military Exchanges sold naloxone but did not always have it in stock, and the other 14 did not sell it. For example, Army and Air Force Exchange Services in the National Capital Region and Germany sold naloxone, but it was not always in stock. Additionally, only three of five Navy Exchanges sold naloxone and had it in stock. However, the Marine Corps Exchanges do not sell naloxone. Furthermore, we visited seven commissaries on military installations in the National Capital Region and found that they neither sold nor stocked naloxone. Finally, we reviewed military Exchange retail websites and determined that naloxone was available online through only the Army and Air Force Exchange Service websites. Naloxone was not available online through the Navy, Marine Corps, or Coast Guard Exchanges.

We found that naloxone was not consistently available at retail locations for several reasons. According to the Associate Director of the Business Policy Morale, Welfare, Recreation, and Resale Policy Office, minimal naloxone sales at military retail locations did not justify carrying it (49 units sold since fall 2024).²¹ Also, we found that no DoD policy requires that naloxone be available at retail locations. Specifically, the Associate Director stated that the DoD has not issued

¹⁹ Executive Order 13625; Executive Action 15; Office of the ASD(HA) February 2025 Memorandum.

²⁰ The three installations included Joint Base Pearl Harbor-Hickam, Fort Belvoir, and Naval Support Activity Bethesda.

²¹ The Morale, Welfare, Recreation, and Resale Policy Office is under the Office of the USD(P&R).

guidance or regulations on how to implement section 706 or make naloxone available to Armed Forces personnel. Furthermore, according to the Associate Director, military retail locations also fall outside the DoD medical enterprise and lack the structure, authority, and resources to support emergency medical response functions, distribute medications on behalf of commands, or participate in over-the-counter tracking systems. Lastly, according to pharmacy staff at the 13 pharmacies we visited, pharmacies enter naloxone requests into an individual's electronic health record. As a result, some Service members and their families may be reluctant to request naloxone from military pharmacies.

DoD guidance directing military retail locations to have naloxone available would increase the availability of naloxone to Service members and their families. In addition, having naloxone available at military retail locations would also serve as an additional supply channel for EMS, fire departments, and MILDEP Security Forces. Therefore, to promote the availability of naloxone in accordance with section 706 of the FY 2024 NDAA, the DHA Director should annually provide data of beneficiaries' prescription opioid use from MTFs to the Director of Morale, Welfare, Recreation, and Resale Policy. We also recommend that the Director of Morale, Welfare, Recreation, and Resale Policy use the data provided annually by the DHA Director to develop and implement a plan with milestones to make naloxone products available for online and in-store purchases, as appropriate.

DoD Components Tracked the Pharmaceutical Distribution of Naloxone but Did Not Consistently Track Illegal Fentanyl Use

Although the DHA tracked pharmaceutical distribution of naloxone through MHS GENESIS at all 11 installations we visited, DoD Components did not consistently track illegal fentanyl use. This occurred because EMS and MILDEP Security Forces are not required to discern or track illegal fentanyl use, and the DHA does not determine legality of fentanyl use. Instead, investigative agencies, in coordination with the installation command, determine whether a use of fentanyl was illegal.

Although DoD Components did not consistently track illegal fentanyl use, the DoD reported on fentanyl overdoses as required by section 724 of the FY 2024 NDAA.²² However, the reported information may be incomplete. This occurred because, according to DoD Component personnel, they used various systems to track

²² According to the National Institute on Drug Abuse, an overdose occurs when an individual takes a higher drug dose than their body can handle.

overdoses, if they tracked them at all. In addition, although the ODDR tracks fentanyl overdoses through diagnosis codes in Service members' electronic medical records, none of the EMS and MILDEP Security Forces at the 11 installations we visited tracked fentanyl overdoses through a standardized system.

Pharmacies Tracked the Pharmaceutical Distribution of Naloxone

All 13 pharmacies we visited in the National Capital Region, Germany, and Hawaii used MHS GENESIS to document the pharmaceutical distribution of naloxone to DoD beneficiaries. After visiting 13 pharmacies and interviewing pharmacists and staff, we determined that all sites track naloxone prescriptions in MHS GENESIS, indicating progress toward establishing a standardized tracking system for naloxone distribution. For example, officials at the Fort Belvoir pharmacy stated that naloxone prescriptions are listed on the patient's health profile in MHS GENESIS. Additionally, a pharmacist at Marine Corps Base Quantico stated that all naloxone prescriptions are entered into MHS GENESIS, and they provide training and an informational pamphlet to patients on how to use naloxone.

EMS and MILDEP Security Forces Do Not Have a Standardized System for Tracking Illegal Fentanyl Use or Overdose Incidents or a Requirement to Track Naloxone Use

EMS and MILDEP Security Forces do not track fentanyl-related incidents through a standardized system. EMS personnel use various systems to track fentanyl overdoses, which may not be recorded in MHS GENESIS, and MILDEP Security Forces use their own separate systems for identifying overdose incidents. At all 11 installations we visited, we found that EMS and MILDEP Security Forces did not track the administration of naloxone in response to fentanyl exposure through a standardized tracking system.

We also found that EMS personnel are not required to track illegal use of fentanyl, only to follow their routine reporting procedures for all EMS incidents. According to the DHA's Assistant Director for Healthcare Administration, the DHA may or may not receive paper or electronic documentation from EMS. If the EMS documentation is received, it is uploaded into MHS GENESIS. However, according to EMS personnel we interviewed, the reports are not always entered into MHS GENESIS because personnel use other systems, such as the Patient Care Report and emergency management software. These systems are used to track emergency incidents when a Service member may be overdosing on fentanyl and EMS personnel administer naloxone to that individual. However, these systems do not directly report into MHS GENESIS.

EMS personnel are not required to discern or track illegal fentanyl use because their primary role is providing medical care to patients in emergencies. One EMS official stated, “They do not make assumptions as to whether a situation where naloxone was used was related to illegal use of fentanyl.” Additionally, responding MILDEP Security Forces personnel use standard law enforcement reporting procedures to track overdose incidents. These are internal systems, not a centralized tracking system. For example, Pentagon Police and the Pentagon Force Protection Agency use the Record Management System, the Navy uses the Consolidated Law Enforcement Operations Center, and the Army uses the Law Enforcement Reporting and Tracking System. The Air Force follows Air Force Manual 71-102, “Air Force Criminal Indexing,” which details when unit commanders are required to report incidents to the Criminal Justice Information Center.²³ An Army Military Police investigator told us that these reporting procedures include notification to Service investigative agencies, such as the Air Force Office of Special Investigations, Naval Criminal Investigative Service, and Army Criminal Investigation Division (CID). These agencies, in coordination with the installation command, determine whether a use of fentanyl was illegal. According to the Military Police investigator, if an indication of illegal drug use exists, the Provost Marshal is supposed to (and the command should) refer the information to the Army CID to open a case. Therefore, the Secretaries of the MILDEPs, in coordination with the USD(P&R), should develop and implement a plan for tracking, identifying trends of, and analyzing data related to the illegal use of fentanyl in accordance with requirements in section 706 of the FY 2024 NDAA.

The Office of Drug Demand Reduction Tracked Fentanyl Overdoses Using Standardized Methods, but EMS and MILDEP Security Forces Did Not

Section 724 of the FY 2024 NDAA required the DoD to produce an annual report on the number of fatal and nonfatal overdoses among Service members. Over the last 3 fiscal years, the ODDR for the Office of the USD(P&R) tracked 156 overdoses attributed to fentanyl through diagnosis data in patients’ electronic health care records. The ODDR is responsible for collecting and analyzing data related to drug use among Service members from the DoD’s drug testing program. Table 1 shows that 109 fatal and 47 nonfatal overdoses were attributed to fentanyl among active duty Service members from FY 2021 through FY 2023, with the number of overdoses declining over those years. In a briefing to Congress related to the reporting requirements of the FY 2024 NDAA, the Office of the ASD(HA) noted that it does not have access to personnel data related to the use of fentanyl or other controlled substances.

²³ Air Force Manual 71-102, “Air Force Criminal Indexing,” July 21, 2020 (Updated September 15, 2025).

Table 1. Fatal and Nonfatal Fentanyl Overdoses Among Active Duty Service Members

Overdose Type	Fiscal Year			Total
	2021	2022	2023	
Fatal Fentanyl	56	35	18	109
Fentanyl only	23	18	6	47
Fentanyl poly-drug*	33	17	12	62
Nonfatal Fentanyl	14	13	20	47
Fentanyl only	8	10	9	27
Fentanyl poly-drug*	6	3	11	20
Total:	70	48	38	156

* These drugs involve fentanyl and one or more additional drugs.

Source: The ODDR.

According to an ODDR official, more recent data related to fentanyl overdoses would not be ready until October 2025 because a full-time case manager reviews all death records and death certificates. A data analyst must analyze all fatal and nonfatal drug testing data, and, as of July 2025, the data was incomplete. However, the official anticipated that the number of fentanyl overdoses would decline based on the trends their office saw as of July 2025.

The Drug Demand Reduction Program supports collection, testing, and reporting of more than 4 million Service member specimens annually, which includes over 20,000 collection sites, 6 drug testing laboratories, and a drug testing panel of 28 drugs. In 2019, the ODDR added fentanyl and its metabolite, norfentanyl, to the drug testing panel. Table 2 shows the methods the ODDR uses to track illegal use of fentanyl and other controlled substances.

Table 2. ODDR Methods for Tracking Controlled Substances

Surveillance Testing	Advana Dashboard*	Large Language Model
<ul style="list-style-type: none"> • Program data informs policy decisions, including changes to the military drug testing panel • Enables systematic monitoring of drug tests for over 500 drugs, including newer synthetic drugs, commonly abused prescriptions, over-the-counter drugs, and other illicit drugs 	<ul style="list-style-type: none"> • The ODDR hosts a restricted-access dashboard for the drug testing program and includes data from the military drug testing program, surveillance testing data, and seized material testing data • Working to integrate fatal and nonfatal drug overdoses • Post-accident/investigation testing 	<ul style="list-style-type: none"> • Centralized prevention, education, and outreach (PEO) program (in development) provides an agile PEO tool to inform leadership and Service members of new and emerging drug threats • Uses machine learning to monitor the cyber environment for terms, images, ads, language, and behaviors that may indicate a new illicit street drug

* Advana is the DoD’s enterprise data and analytics environment. It provides DoD users with data from more than 400 DoD business systems, along with tools, services, and analytics to enable data-based decision-making.

Source: The ODDR.

After reviewing the ODDR’s April 2025 “Annual Report Regarding Overdoses by Certain Members of the Armed Forces,” we determined that the ODDR tracked overdoses in accordance with section 724 of the FY 2024 NDAA, which required the DoD to produce an annual report on the number of fatal and nonfatal overdoses among Service members. However, the data may be incomplete because EMS and MILDEP Security Forces do not track emergency responses to fentanyl. Additionally, according to an official from the ODDR, the Advana dashboard is used to help track illegal fentanyl use. However, as of June 2025, the ODDR was working to integrate additional investigative data to better track the illegal use of fentanyl and other controlled substances in accordance with section 706 of the FY 2024 NDAA.

Improving Naloxone Availability Could Enhance Military Service Readiness and Response to Fentanyl Incidents

Section 706 of the FY 2024 NDAA required DoD Components to, by January 1, 2025, prescribe regulations to ensure that naloxone is available on all installations and in operational environments and establish a standardized tracking systems for naloxone distribution and illegal fentanyl use. The DoD’s inconsistent availability of naloxone for MILDEP Security Forces personnel and at military retail locations may hinder the timely treatment of Service members affected by opioids or, for example, security personnel who are accidentally exposed to fentanyl.

Improving naloxone availability for Service members could enhance Service readiness and response to fentanyl incidents. Furthermore, without consistent tracking of cases of Service member fentanyl use, the DoD does not have the ability to identify trends across Services, career fields, and specific locations. As a result, the DoD faces limitations addressing illegal use of fentanyl in the future.

Recommendations, Management Comments, and Our Response

Recommendation 1

We recommend that the Under Secretary of Defense for Personnel and Readiness, in coordination with the Under Secretary of Defense for Acquisition and Sustainment and Secretaries of the Military Departments, develop and implement policy that fully complies with the requirements of section 706 of the FY 2024 National Defense Authorization Act.

USD(P&R) Comments

The ASD(HA), responding for the USD(P&R), agreed and stated that they will meet the statutory requirements referenced in the recommendation in FY 2028.

Our Response

Comments from the ASD(HA) addressed all specifics of the recommendation; therefore, it is resolved but will remain open. We will close the recommendation when the USD(P&R) provides us with the completed policy that fully complies with the requirements of section 706 of the FY 2024 NDAA.

Recommendation 2

We recommend that the Secretaries of the Military Departments, in coordination with the Director of the Defense Health Agency, develop and implement a plan with milestones to make naloxone available to Military Department Security Forces in accordance with the requirements of section 706 of the FY 2024 National Defense Authorization Act and Executive Action 15.

- a. Secretary of the Army**
- b. Secretary of the Navy**
- c. Secretary of the Air Force**

Army Comments

The Assistant Deputy for Health Affairs from the Office of the Assistant Secretary for Manpower and Reserve Affairs, responding for the Secretary of the Army, agreed with the recommendation. The Assistant Deputy stated that the OPMG published a memorandum, “Opiate Overdose Reversal Kit Procurement Process for Army Police,” which established policy to ensure Army Police receive training and naloxone kits to carry on duty. The Assistant Deputy also stated that the U.S. Army Medical Command (MEDCOM) will continue supporting the training needs of the OPMG and Directorate of Emergency Services/Provost Marshal Offices (DES/PMO). Additionally, the Assistant Deputy stated that the Army Criminal Investigation Division (CID) will conduct a review of current policies and procedures related to the use of naloxone kits to ensure it addresses all requirements by March 31, 2026. According to the Assistant Deputy, the CID recommends that the Military Criminal Investigative Organizations (MCIOs) be included in the implementation plan to make naloxone available to CID special agents in addition to the Security Forces.

OPMG Comments

Although not required to comment, the Division Chief for the Law Enforcement Division of the OPMG agreed with the contents of this report. The Division Chief stated that the OPMG is coordinating with the Installation Management Command (through the DES/PMO) to ensure coordination with the DHA or local MTFs to obtain naloxone kits for every Army Police patrol. The Division Chief also stated that all DES/PMOs will report 100 percent compliance with the naloxone carry requirement. Additional OPMG actions taken and planned were incorporated into the Assistant Deputy’s response.

MEDCOM Comments

Although not required to comment, the Director of Healthcare Operations for the Army Office of the Surgeon General/MEDCOM agreed with the contents of this report. The Director also stated that MEDCOM, in coordination with the OPMG, DHA, Installation Management Command, Army CID, and Army Materiel Command, will develop and implement a corrective action plan for issues identified in the report. MEDCOM’s additional planned actions were incorporated into the Assistant Deputy’s response.

CID Comments

Although not required to comment, the CID Assistant Director of the Investigations and Operations Department agreed with the contents of this report. The Assistant Director also stated that the CID will coordinate with MCIOs to identify temporary solutions to ensure that naloxone kits are readily available for MCIO personnel until further DHA guidance is provided. In addition, the Assistant Director stated that if gaps are identified during their planned review of current policies and procedures related to the naloxone kits addressing all requirements, the CID will draft revised policies and procedures in 2026. Additional CID planned actions were listed in the Assistant Deputy's response.

Our Response

Comments from the Assistant Deputy for Health Affairs addressed the specifics of the recommendation; therefore, it is resolved but will remain open. We will close the recommendation when the Secretary of the Army: (1) provides us with documentation supporting that the actions taken and planned are complete and (2) demonstrates that they made naloxone available to MILDEP Security Forces in accordance with the requirements of section 706 of the FY 2024 NDAA and Executive action 15.

Navy Comments

The Director of Physical Security of the Office of the Chief of Naval Intelligence and Security, responding for the Secretary of the Navy, agreed with the recommendation. The Director stated that the Office of the Chief of Naval Intelligence and Security will support the DHA Director in developing and implementing a program enabling Security Forces to be equipped with naloxone to comply with section 706 of the FY 2024 NDAA. The Director also stated that in the interim, the Department of the Navy will support the implementation of an FY 2024 NDAA compliance plan based on budgetary constraints.

Our Response

Comments from the Director addressed all specifics of the recommendation; therefore, it is resolved but will remain open. We will close the recommendation when the Department of the Navy provides us with documentation supporting that the planned actions are complete and demonstrates that they made naloxone available to MILDEP Security Forces in accordance with the requirements of section 706 of the FY 2024 NDAA and Executive Action 15.

Air Force Comments

The Deputy Surgeon General of the Air Force, responding for the Secretary of the Air Force, agreed with the recommendation. The Deputy Surgeon General stated that Security Forces units at each installation will coordinate with the DHA to establish a process to budget for funds from Air Force funding lines and use these funds to procure naloxone from their servicing installation medical unit (MTF) by creating an external Defense Medical Logistics Standard Support account to improve access to naloxone for Security Forces personnel in their first responder role. The Logistics, Engineering, and Force Protection Directorate (HAF/A4), as the Office of Primary Responsibility for implementation, with support from the Air Force Surgeon General and the DHA, will oversee the implementation and execution of this plan.²⁴

Our Response

Comments from the Deputy Surgeon General addressed all specifics of the recommendation; therefore, it is resolved but will remain open. We will close the recommendation when the Department of the Air Force provides us with documentation supporting that the planned actions are complete and demonstrates that they made naloxone available to MILDEP Security Forces in accordance with the requirements of section 706 of the FY 2024 NDAA Act and Executive Action 15.

Recommendation 3

We recommend that the Director of the Defense Health Agency annually provide the Director of Morale, Welfare, Recreation, and Resale Policy with data of beneficiaries' prescription opioid use from military treatment facilities.

DHA Comments

The Deputy Assistant Director for Healthcare Operations of the DHA, responding for the DHA Director, agreed with the recommendation. The Deputy Assistant Director stated that they planned to provide their first report to the Director of Morale, Welfare, Recreation, and Resale Policy by February 2, 2026, and that annual reports will be sent annually by October 31 of the respective year.

²⁴ HAF/A4 is the Headquarters Air Force Logistics, Engineering, and Force Protection Directorate.

Our Response

Comments from the Deputy Assistant Director addressed all specifics of the recommendation; therefore, it is resolved but will remain open. We will close this recommendation after the DHA Director provides us with the submitted report and we verify that the information provided in the February 2026 report and any other actions that the DHA Director takes fully address the recommendation.

Recommendation 4

We recommend that the Director of Morale, Welfare, Recreation, and Resale Policy, who reports to the Under Secretary of Defense for Personnel and Readiness, apply the beneficiaries' prescription opioid use data provided annually by the Director of the Defense Health Agency to develop and implement a plan with milestones to make naloxone products available for online and in-store purchases, as appropriate.

USD(P&R) Comments

The ASD(HA), responding for the USD(P&R), agreed with the recommendation, stating that a plan will be implemented within 120 days after the receipt of the annual prescription opioid use data from the DHA.

Our Response

Comments from the ASD(HA) addressed all specifics of the recommendation; therefore, it is resolved but will remain open. We will close the recommendation after we verify that the actions the USD(P&R) takes to make naloxone products available for online and in-store purchases fully address the recommendation.

Recommendation 5

We recommend that the Secretaries of the Military Departments, in coordination with the Under Secretary of Defense for Personnel and Readiness, develop and implement a plan for tracking, identifying trends of, and analyzing data related to the illegal use of fentanyl in accordance with the requirements of section 706 of the FY 2024 National Defense Authorization Act.

- a. **Secretary of the Army**
- b. **Secretary of the Navy**
- c. **Secretary of the Air Force**

Army Comments

The Assistant Deputy for Health Affairs of the Office of the Assistant Secretary for Manpower and Reserve Affairs, responding for the Secretary of the Army, agreed and stated that the OPMG and MEDCOM participate in Service-level working

groups to coordinate reporting requirements using existing processes and systems, ensuring accurate accountability of illegal fentanyl use. Additionally, the Assistant Deputy stated that the OPMG will begin coordination with the MCIOs to identify best practices for ensuring consistent data collection from criminal investigations related to the illegal use of fentanyl and other illegal substances by March 31, 2026. The Assistant Secretary also stated that the CID will participate in working groups with Headquarters Department of the Army and DoD organizations to develop and implement a plan for tracking, identifying trends of, and analyzing data related to the illegal use of fentanyl in accordance with the requirements of section 706 of the FY 2024 NDAA. In addition, the CID has ongoing efforts with the Federal Law Enforcement Training Center training staff to develop a Basic Narcotics Investigations Course to introduce new narcotics investigators to basic concepts and principles related to narcotics investigations.

OPMG Comments

Although not required to comment, the Chief of the OPMG's Law Enforcement Division agreed with the contents of this report. The OPMG's planned actions were incorporated into the Assistant Deputy's response.

MEDCOM Comments

Although not required to comment, the Director of Healthcare Operations for the Army Office of the Surgeon General/MEDCOM agreed with the contents of this report. MEDCOM's additional planned actions were incorporated into the Assistant Deputy's response.

CID Comments

Although not required to comment, the CID Assistant Director of the Investigations and Operations Department agreed with the contents of this report. The CID's planned actions were incorporated into the Assistant Deputy's response.

Our Response

Comments from the Assistant Deputy addressed all specifics of the recommendation; therefore, it is resolved but will remain open. We will close the recommendation after we verify that the actions the Secretary of the Army takes fully address the recommendation.

Navy Comments

The Principal Deputy Assistant Secretary of the Navy for Manpower and Reserve Affairs, responding for the Secretary of the Navy, agreed with but did not comment on the recommendation.

Our Response

Comments from the Principal Deputy Assistant Secretary did not address the specifics of the recommendation; therefore, it is unresolved. We request that the Secretary of the Navy provide additional comments within 30 days in response to the final report that include a plan for coordinating with the USD(P&R) to develop and implement a plan for tracking, identifying trends of, and analyzing data related to the illegal use of fentanyl in accordance with the requirements of section 706 of the FY 2024 NDAA.

Air Force Comments

The Deputy Surgeon General of the Office of the Air Force Surgeon General, responding on behalf of the Secretary of the Air Force, agreed with the intent of the recommendation, stating that the execution of this recommendation falls outside of the DAF medical community under the purview of HAF/A4, Security Forces, HAF Judge Advocate General (HAF/JA), and the Air Force Office of Special Investigations.

Our Response

Comments from the Deputy Surgeon General did not address the specifics of the recommendation; therefore, the recommendation is unresolved. We request that the Secretary of the Air Force provide comments within 30 days in response to the final report that include a plan for coordinating with the USD(P&R) to develop and implement a plan for tracking, identifying trends of, and analyzing data related to the illegal use of fentanyl in accordance with the requirements of section 706 of the FY 2024 NDAA.

Appendix

Scope and Methodology

We conducted this evaluation from May through December 2025 in accordance with the “Quality Standards for Inspection and Evaluation,” published in December 2020 by the Council of the Inspectors General on Integrity and Efficiency. Those standards require that we adequately plan the evaluation to ensure that objectives are met and that we perform the evaluation to obtain sufficient, competent, and relevant evidence to support the findings, conclusions, and recommendations. We believe that the evidence obtained was sufficient, competent, and relevant to lead a reasonable person to sustain the findings, conclusions, and recommendations.

Review of Guidance and Engagement Documentation

We reviewed Federal laws, DoD regulations, and Executive Branch guidance to determine the extent to which the DoD and MILDEPs implemented section 706, paragraph A, of the FY 2024 NDAA to: (1) ensure that naloxone is available for Service members on all military installations and in operational environments and (2) establish a standardized tracking system for distributed naloxone and illegal fentanyl use. Specifically, we obtained and reviewed the following criteria.

- Executive Order 13625, “Improving Access to Mental Health Services for Veterans, Service Members, and Military Families”
- Executive Action 15, “Expanding Access to Opiate Overdose Reversal Kits”
- 31 U.S.C. § 706
- DoD Instruction 1010.04, “Problematic Substance Use and Gambling Disorder”
- DoD Instruction 1010.16, “Technical Procedures for the Military Personnel Drug Abuse Testing Program”
- DHA Procedural Instruction 6025.07, “Naloxone Prescribing and Dispensing by Pharmacists in Military Treatment Facilities”

To determine the extent to which the DoD and MILDEPs implemented section 706 of the FY 2024 NDAA, we submitted requests for information to the following organizations to obtain memorandums related to fentanyl and naloxone, guidance related to the purchase of opiate overdose reversal (naloxone) kits, policies and procedures on pain management and opioid safety, regulations on medical logistics support, reports on naloxone availability, and annual DoD overdose reports.

We used these documents to develop our findings and conclusions.

- Office of the Under Secretary of Defense for Personnel and Readiness
- Office of the Under Secretary of Defense for Acquisition and Sustainment

- Office of the Assistant Secretary of Defense for Health Affairs
- Defense Health Agency
- Defense Logistics Agency
- U.S. Army Medical Command
- Navy Bureau of Medicine and Surgery
- U.S. Fleet Forces Command
- Air Force Medical Service
- DoD Office of Drug Demand Reduction Program

We performed site visits and interviewed officials from the following locations to determine the extent to which naloxone was available and how officials tracked naloxone distribution and illegal fentanyl use.

- Naval Support Activity Bethesda, Bethesda, Maryland*
- Pentagon, Arlington, Virginia
- Fort George G. Meade, Maryland*
- Washington Navy Yard, Washington, D.C.
- Marine Corps Base Quantico, Quantico, Virginia*
- Fort Belvoir, Virginia
- Joint Base Andrews, Maryland*
- Joint Base Pearl Harbor-Hickam, Oahu, Hawaii*
- Marine Corps Base Hawaii, Kaneohe Bay, Oahu, Hawaii*
- Schofield Barracks, Oahu, Hawaii*
- U.S. Army Garrison Stuttgart, Stuttgart, Germany
 - Kelley Barracks, Stuttgart, Germany
 - Patch Barracks, Stuttgart, Germany
 - Panzer Kaserne, Stuttgart, Germany

* Indicates site visits to locations that include both Exchanges and commissaries.

We contacted, and documented the responses from, the customer service of 16 military Exchanges across four Services to determine if naloxone was available for in-store purchase.

- Army
 - Fort Belvoir, Virginia
 - Joint Base San Antonio, Texas
 - Grafenwöhr, Germany
 - Fort Novosel (now Fort Rucker), Alabama

- Navy
 - Naval Station Great Lakes, Illinois
 - Jacksonville Naval Air Station, Jacksonville, Florida
 - Naval Support Activity Bethesda, Bethesda, Maryland
 - Naval Base San Diego, San Diego, California
- Air Force
 - Ramstein Air Force Base, Ramstein, Germany
 - Travis Air Force Base, Fairfield, California
 - Andersen Air Force Base, Yigo, Guam
 - Wright–Patterson Air Force Base, Ohio
- Marine Corps
 - Marine Corps Base Quantico, Quantico, Virginia
 - Marine Corps Base Camp Pendleton, Oceanside, California
 - Marine Corps Air Ground Combat Center, Twentynine Palms, California
 - Marine Corps Base Camp Lejeune, Jacksonville, North Carolina

Prior Coverage

During the last 5 years, the DoD Office of Inspector General (DoD OIG) and Government Accountability Office (GAO) each issued one report related to narcotics.

Unrestricted DoD OIG reports can be accessed at <http://www.dodig.mil/reports.html/>. Unrestricted GAO reports can be accessed at <http://www.gao.gov>.

DoD OIG

Report No. DODIG-2024-036, “Audit of Defense Health Agency Controls to Monitor Opioid Prescription Compliance with Federal and DoD Opioid Safety Standards,” December 7, 2023

The audit found that although the DHA established policies and programs to monitor opioid prescriptions: (1) potential overprescribing patterns remained, (2) providers did not follow or meet Federal and DoD opioid safety recommendations and requirements, and (3) beneficiaries were not monitored or reviewed through established DHA programs. In addition, the DHA, MTFs, and managed care support contractors did not provide adequate medical documentation for 10 of 19 beneficiaries to support whether the DHA and providers complied with Federal and DoD opioid safety recommendations and requirements. The report made eight recommendations, including a

recommendation that the DHA Director develop and implement procedures to review compliance with DHA opioid safety policies and programs. The report also recommended that the DHA Director coordinate with the TRICARE Pharmacy contractor to ensure that the algorithms used to identify at-risk beneficiaries were adequate.

GAO

Report No. GAO-24-10628, "Counternarcotics: DoD Should Improve Coordination and Assessment of Its Activities," April 16, 2024

The report found that funding for the DoD's counternarcotics/counter-transnational organized crime activities changed over time and primarily supported detection and monitoring activities. In addition, inconsistent data and unclear roles affected coordination of counternarcotics/counter-transnational organized crime activities, and the DoD's performance measurement system did not enable it to fully assess the effectiveness of counternarcotics/counter-transnational organized crime activities. The report made four recommendations, including that the DoD develop a plan to assess agency-wide progress.

Management Comments

Secretary of the Army



DEPARTMENT OF THE ARMY
OFFICE OF THE ASSISTANT SECRETARY
MANPOWER AND RESERVE AFFAIRS
111 ARMY PENTAGON
WASHINGTON, DC 20310-0111

SAMR-MP-HA

05 January 2026

MEMORANDUM FOR DEPARTMENT OF DEFENSE INSPECTOR GENERAL

SUBJECT: Army Assistant Secretary for Manpower and Reserve Affairs (ASA M&RA) Response to DoD Office of the Inspector General Draft Report "Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act Requirements for Fentanyl" (Project No. D2025-DEV0HD-0112.000)

1. Office of the Provost Marshal General (OPMG), Office of the Surgeon General (OTSG) and Army Criminal Investigation Division (CID) in coordination with Defense Health Agency (DHA), Installation Management Command (IMCOM), and Army Materiel Command (AMC) will develop and implement a corrective action plan for issues identified in this report.

2. ASA (M&RA) equities exist in recommendation number two (2) and five (5):

a. **RECOMMENDATION 2:** The DOD OIG recommends that the Secretaries of the Military Departments, in coordination with the Director of the Defense Health Agency (DHA), develop and implement a plan with milestones to make naloxone available to Military Department Security Forces in accordance with the requirements of section 706 of the FY 2024 NDAA and Executive Action 15.

b. **RESPONSE:** Concur. The Office of the Provost Marshal General (OPMG) published a Memorandum titled, "Opiate Overdose Reversal Kit Procurement Process for Army Police" establishing policy aligned to ensure Army Police receive training and Naloxone kits to be carried on duty. OPMG agrees that the inconsistent availability of naloxone presents a risk to our Soldiers and our Military Police professionals. MEDCOM acknowledges that OPMG published a Memorandum titled, "Opiate Overdose Reversal Kit Procurement Process for Army Police" establishing policy aligned to ensure Army Police receive training and Naloxone kits to be carried on duty. MEDCOM agrees that the inconsistent availability of naloxone presents a risk to our Soldiers and our Military Police professionals. CID concurs with comment to the Recommendation. CID recommends the Military Criminal Investigative Organizations (MCIOs) be included in the implementation plan to make Naloxone available to Special Agents, in addition to the Security Forces. For this report, the MILDEP Security Forces did not include the MCIOs. In addition, CID recommends DHA evaluate the safety measures and equipment required while handling substances suspected of containing Fentanyl, such as required Personal Protection Equipment and how to make it available to the Security Forces and MCIOs.

Secretary of the Army (cont'd)

SUBJECT: Army Assistant Secretary for Manpower and Reserve Affairs (ASA M&RA) Response to DoD Office of the Inspector General Draft Report "Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act Requirements for Fentanyl" (Project No. D2025-DEV0HD-0112.000)

(1) Milestone 1: OPMG will coordinate with IMCOM who controls installation Directorate of Emergency Services/Provost Marshal Offices (DES/PMO) in ensuring coordination with DHA or local Military Treatment Facilities (MTFs) to obtain Naloxone kits for every Army Police patrol. MEDCOM will continue supporting the training needs of OPMG and Directorate of Emergency Services (DES)/Provost Marshal Offices (PMO) as they obtain Naloxone kits for their personnel. CID will conduct a review with the field elements to identify current availability of Naloxone kits available to CID agents by 31 Mar 26.

(2) Milestone 2: All DES/PMOs will report 100% compliance with the naloxone carry requirement. CID will coordinate with the MCIOs to identify temporary solutions to ensure that Naloxone kits are readily available for the MCIO personnel until further guidance is provided by DHA.

(3) Milestone 3: CID will conduct a review of current policies and procedures related to the use of Naloxone kits to ensure they address all requirements by 31 Mar 26. If gaps are identified, CID will draft revised policies and procedures within calendar year 2026.

c. **RECOMMENDATION 5:** The DODIG recommends that the Secretaries of the Military Departments, in coordination with the Under Secretary of Defense for Personnel and Readiness, develop and implement a plan for tracking, identifying trends of, and analyzing data related to the illegal use of fentanyl in accordance with the requirements of section 706 of the FY 2024 NDAA.

d. **RESPONSE:** Concur. OPMG participates in Service level working groups to coordinate reporting requirements using existing processes and systems ensuring accurate accountability of illegal use of fentanyl. MEDCOM participates in Service level working groups to coordinate reporting requirements using existing processes and systems ensuring accurate accountability of illegal use of fentanyl.

(1) Milestone 1: OPMG will update policy within Army Regulation 190-45, Law Enforcement Reporting as required based on any new guidance. Begin coordination with the MCIOs to identify best practices for ensuring consistent data collection of criminal investigations related to the illegal use of fentanyl, and other illegal substances by 31 Mar 26.

(2) Milestone 2: CID Participate in working groups with HQDA and DOW equities to develop and implement a plan for tracking, identifying trends of, and analyzing data related to the illegal use of fentanyl in accordance with the requirements of section 706 of the FY 2024 NDAA. Pending additional guidance from the Under

Secretary of the Army (cont'd)

SUBJECT: Army Assistant Secretary for Manpower and Reserve Affairs (ASA M&RA) Response to DoD Office of the Inspector General Draft Report "Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act Requirements for Fentanyl" (Project No. D2025-DEV0HD-0112.000)

Secretary of Defense for Personnel and Readiness (USD P&R), prior to the services identifying milestones and timelines.

(3) Milestone 3: CID HQs, Investigations and Operations Department, is working with the Federal Law Enforcement Training Center (FLETC) Training Staff to develop a Basic Narcotics Investigations Course which aims to introduce new narcotics investigators to basic concepts and principles related to narcotics investigations with an emphasis and focus on special agent safety regarding investigative strategy, tactics, and the handling of dangerous substances such as fentanyl. This is an on-going effort with no completion date.

3. The POC for this action is the undersigned, [REDACTED].

PRESTON.SAMUE L.L.III. [REDACTED] Digitally signed by PRESTON.SAMUE L.L.III. [REDACTED]
Date: 2026.01.07 16:19:04 -0500

SAMUEL L PRESTON
COL, MC
Assistant Deputy for Health Affairs
(ASA M&RA)

U.S. Army Medical Command



DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

DASG-G3

05 January 2026

MEMORANDUM FOR DEPARTMENT OF DEFENSE INSPECTOR GENERAL

SUBJECT: Medical Command (MEDCOM) General Response to DoD Office of Inspector General Draft Report, "Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act Requirements for Fentanyl" (Project No. D2025-DEV0HD-0112.000)

1. This is the Army Medical Command (MEDCOM) response to the DoD Office of Inspector General (DoD OIG) draft report, "Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act (NDAA) Requirements for Fentanyl" (Project No. D2025-DEV0HD-0112.000). The MEDCOM has reviewed the findings and recommendations (2 and 5) and concurs with the report as written.

2. MEDCOM in coordination with the Office of the Provost Marshal General (OPMG), Defense Health Agency (DHA), Installation Management Command (IMCOM), Department of the Army Criminal Investigation Division (DACID), and Army Materiel Command (AMC) will develop and implement a corrective action plan for issues identified in this report.

3. MEDCOM equities exist in recommendation number two (2) and five (5):

a. **RECOMMENDATION 2:** The DOD OIG recommends that the Secretaries of the Military Departments, in coordination with the Director of the Defense Health Agency (DHA), develop and implement a plan with milestones to make naloxone available to Military Department Security Forces in accordance with the requirements of section 706 of the FY 2024 NDAA and Executive Action 15.

b. **RESPONSE:** Concur. MEDCOM acknowledges that OPMG published a Memorandum titled, "Opiate Overdose Reversal Kit Procurement Process for Army Police" establishing policy aligned to ensure Army Police receive training and Naloxone kits to be carried on duty. MEDCOM agrees that the inconsistent availability of naloxone presents a risk to our Soldiers and our Military Police professionals.

(1) Milestone 1: MEDCOM will continue supporting the training needs of OPMG and Directorate of Emergency Services (DES)/Provost Marshall Offices (PMO) as they obtain Naloxone kits for their personnel.

U.S. Army Medical Command (cont'd)

DASG-G3

SUBJECT: Medical Command (MEDCOM) General Response to DoD Office of Inspector General Draft Report, "Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act Requirements for Fentanyl" (Project No. D2025-DEV0HD-0112.000)

c. **RECOMMENDATION 5:** The DODIG recommends that the Secretaries of the Military Departments, in coordination with the Under Secretary of Defense for Personnel and Readiness, develop and implement a plan for tracking, identifying trends of, and analyzing data related to the illegal use of fentanyl in accordance with the requirements of section 706 of the FY 2024 NDAA.

d. **RESPONSE:** Concur. MEDCOM participates in Service level working groups to coordinate reporting requirements using existing processes and systems ensuring accurate accountability of illegal use of fentanyl. MEDCOM is not the principal official for tracking, identifying trends, and analyzing data requirement based on the purview of investigation into drug crimes residing in DACID.

4. Point of contact for this memorandum is [REDACTED].

LOZANO, ELIAS
IB. [REDACTED] Digitally signed by
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Date: 2026.01.05 13:00:29 -05'00'

ELI LOZANO
COL, MS
OTSG/MEDCOM G-3

Army Criminal Investigation Division



DEPARTMENT OF THE ARMY
CRIMINAL INVESTIGATION DIVISION
27130 TELEGRAPH ROAD
QUANTICO VA 22134-2253

CIDD-IOD

5 January 2026

MEMORANDUM FOR DEPARTMENT OF DEFENSE INSPECTOR GENERAL

SUBJECT: Department of the Army Criminal Investigation Division Response to DoD Office of Inspector General Draft Report, "Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act Requirements for Fentanyl" (Project No. D2025-DEV0HD-0112.000)

1. General. This is the Department of the Army Criminal Investigation Division's (CID) response to the DoD Office of Inspector General (DoD OIG) draft report, "Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act (NDAA) Requirements for Fentanyl" (Project No. D2025-DEV0HD-0112.000). CID has reviewed the findings and recommendations (2 and 5) and concurs with comment.

2. CID will work with the respective agencies within the HQDA and DOW to develop and implement action plans to address the recommendations. CID has equities in recommendations two and five:

a. RECOMMENDATION 2: The DOD OIG recommends that the Secretaries of the Military Departments, in coordination with the Director of the Defense Health Agency (DHA), develop and implement a plan with milestones to make naloxone available to Military Department Security Forces in accordance with the requirements of section 706 of the FY 2024 NDAA and Executive Action 15.

b. RESPONSE TO RECOMMENDATION 2: CID concurs with comment to the Recommendation. CID recommends the Military Criminal Investigative Organizations (MCIOs) be included in the implementation plan to make Naloxone available to Special Agents, in addition to the Security Forces. For the purpose of this report, the MILDEP Security Forces did not include the MCIOs. In addition, recommend DHA evaluate the safety measures and equipment required while handling substances suspected of containing Fentanyl, such as required Personal Protection Equipment and how to make it available to the Security Forces and MCIOs.

(1) Milestone 1: CID will conduct a review with the field elements to identify current availability of Naloxone kits available to CID agents by 31 Mar 26.

(2) Milestone 2: CID will coordinate with the MCIOs to identify temporary solutions in an effort to ensure that Naloxone kits are readily available for the MCIO personnel until further guidance is provided by DHA.

(3) Milestone 3: CID will conduct a review of current policies and procedures related to the use of Naloxone kits to ensure they address all requirements by 31 Mar 26. If gaps are identified, CID will draft revised policies and procedures within calendar year 2026.

Army Criminal Investigation Division (cont'd)

CIDD-IOD

SUBJECT: Department of the Army Criminal Investigation Division Response to DoD Office of Inspector General Draft Report, "Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act Requirements for Fentanyl" (Project No. D2025-DEV0HD-0112.000)

c. RECOMMENDATION 5: The DODIG recommends that the Secretaries of the Military Departments, in coordination with the Under Secretary of Defense for Personnel and Readiness, develop and implement a plan for tracking, identifying trends of, and analyzing data related to the illegal use of fentanyl in accordance with the requirements of section 706 of the FY 2024 NDAA.

d. RESPONSE TO RECOMMENDATION 5: CID concurs with the Recommendation; however, this will need to be a coordinated effort with the respective entities with HQDA as well as DOW.

(1) Milestone 1: Begin coordination with the MCIOs to identify best practices for ensuring consistent data collection of criminal investigations related to the illegal use of fentanyl, and other illegal substances by 31 Mar 26.

(2) Milestone 2: Participate in working groups with HQDA and DOW equities to develop and implement a plan for tracking, identifying trends of, and analyzing data related to the illegal use of fentanyl in accordance with the requirements of section 706 of the FY 2024 NDAA. Pending additional guidance from the Under Secretary of Defense for Personnel and Readiness (USD P&R), prior to the services identifying milestones and timelines.

(3) Milestone 3: CID HQs, Investigations and Operations Department, is working with the Federal Law Enforcement Training Center (FLETC) Training Staff to develop a Basic Narcotics Investigations Course which aims to introduce new narcotics investigators to basic concepts and principles related to narcotics investigations with an emphasis and focus on special agent safety regarding investigative strategy, tactics, and the handling of dangerous substances such as fentanyl. This is an on-going effort with no completion date.

3. The point of contact is the undersigned at [REDACTED]

HARTSOE.TEENA.M
ARIE: [REDACTED]
Teena Hartsoe
Assistant Director, GS-15
Investigations and Operations Department

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Date: 2026.01.05 15:47:39 -05'00'

Army Office of the Provost Marshal General



CUH

DEPARTMENT OF THE ARMY
OFFICE OF THE PROVOST MARSHAL GENERAL
2800 ARMY PENTAGON
WASHINGTON, DC 20310-2800

DAPM-MPO-LE

15 December 2025

MEMORANDUM FOR DEPARTMENT OF DEFENSE INSPECTOR GENERAL

SUBJECT: Office of the Provost Marshal General Response to DoD Office of Inspector General Draft Report, "Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act Requirements for Fentanyl" (Project No. D2025-DEV0HD-0112.000)

1. This is the Office of the Provost Marshal General (OPMG) response to the DoD Office of Inspector General (DoD OIG) draft report, "Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act (NDAA) Requirements for Fentanyl" (Project No. D2025-DEV0HD-0112.000). The OPMG has reviewed the findings and recommendations (2 and 5) and concurs with the report as written.
2. The OPMG in coordination with Defense Health Agency (DHA), Installation Management Command (IMCOM), Department of the Army Criminal Investigation Division (DACID), and Army Materiel Command (AMC) will develop and implement a corrective action plan for issues identified in this report.
3. OPMG equities exist in recommendation number two (2) and five (5):
 - a. **RECOMMENDATION 2:** The DOD OIG recommends that the Secretaries of the Military Departments, in coordination with the Director of the Defense Health Agency (DHA), develop and implement a plan with milestones to make naloxone available to Military Department Security Forces in accordance with the requirements of section 706 of the FY 2024 NDAA and Executive Action 15.
 - b. **RESPONSE:** Concur. The Office of the Provost Marshal General (OPMG) published a Memorandum titled, "Opiate Overdose Reversal Kit Procurement Process for Army Police" establishing policy aligned to ensure Army Police receive training and Naloxone kits to be carried on duty. OPMG agrees that the inconsistent availability of naloxone presents a risk to our Soldiers and our Military Police professionals.
 - (1) Milestone 1: OPMG will coordinate with IMCOM who controls installation Directorate of Emergency Services/Provost Marshal Offices (DES/PMO) in ensuring coordination with DHA or local Military Treatment Facilities (MTFs) to obtain Naloxone kits for every Army Police patrol.
 - (2) Milestone 2: All DES/PMOs will report 100% compliance with the naloxone carry requirement.

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Army Office of the Provost Marshal General (cont'd)

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DAPM-MPO-LE

SUBJECT: Office of the Provost Marshal General Response to DoD Office of Inspector General Draft Report, "Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act Requirements for Fentanyl" (Project No. D2025-DEV0HD-0112.000)

c. **RECOMMENDATION 5:** The DODIG recommends that the Secretaries of the Military Departments, in coordination with the Under Secretary of Defense for Personnel and Readiness, develop and implement a plan for tracking, identifying trends of, and analyzing data related to the illegal use of fentanyl in accordance with the requirements of section 706 of the FY 2024 NDAA.

d. **RESPONSE:** Concur. OPMG participates in Service level working groups to coordinate reporting requirements using existing processes and systems ensuring accurate accountability of illegal use of fentanyl. OPMG is not the principal official for tracking, identifying trends, and analyzing data requirement based on the purview of investigation into drug crimes residing in DACID.

(1) Milestone 1: OPMG will update policy within Army Regulation 190-45, Law Enforcement Reporting as required based on any new guidance.

3. The point of contact [REDACTED] GS-14, Program Manager, LE OPS,
[REDACTED]

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Date: 2025.12.19 15:30:47 -05'00'

Eugenia K. Guilmartin
Division Chief, GS-15
Law Enforcement Division

2

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Secretary of the Navy



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL INTELLIGENCE AND SECURITY
1000 NAVY PENTAGON
WASHINGTON DC 20350 - 1000

6 February 2026

MEMORANDUM FOR DEPARTMENT OF DEFENSE INSPECTOR GENERAL

SUBJECT: Office of the Chief of Naval Intelligence and Security Response to DoD Office of Inspector General Draft Report, "Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act Requirements for Fentanyl" (Project No. D2025-DEV0HD-0112.000)

This is the Office of the Chief of Naval Intelligence and Security (OCNI&S) for Security response to the DoD Office of Inspector General (DoD OIG) draft report, "Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act Requirements for Fentanyl" (Project No. D2025-DEV0HD-0112.000). The OCNI&S concurs with the report as written as it pertains to recommendation number (2) and welcome the opportunity to support the Director (DIR) of the Defense Health Agency (DHA) in developing and implementing a program enabling security forces to be equipped with naloxone in accordance with section 706 of the FY 2024 National Defense Authorization Act (NDAA).

RECOMMENDATION 2: We recommend the Secretaries of the Military Departments, in coordination with the Director of the Defense Health Agency, develop and implement a plan with milestones to make naloxone available to Military Department Security Forces in accordance with the requirements of section 706 of the FY 2024 National Defense Authorization Act and Executive Action 15.

RESPONSE: The OCNI&S concurs with the recommendation as written. The OCNI&S will support DIR DHA in the development and implementation of a plan to comply with the NDAA of 2024. In the interim the Department of the Navy will support implementation as feasible based on budgetary constraints.

The point of contact for this matter is Le'Ron Lawrence, Director, Physical Security, Office of the Chief of Naval Intelligence and Security, who can be reached by phone at [REDACTED] or via email at [REDACTED]

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N.ANTHONY
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LAWRENCE LE'RON ANTHONY.
Date: 2026.02.06 14:36:37 -0500

Le'Ron A. Lawrence
Director, Physical Security

Attachment(s):
None

Secretary of the Navy (cont'd)

UNCLASSIFIED



DEPARTMENT OF THE NAVY
 OFFICE OF THE ASSISTANT SECRETARY
 (MANPOWER AND RESERVE AFFAIRS)
 1000 NAVY PENTAGON
 WASHINGTON, D.C. 20350-1000

6 Feb 2026

MEMORANDUM FOR DEPARTMENT OF DEFENSE INSPECTOR GENERAL

SUBJECT: Department of the Navy Response to DoD Office of Inspector General Draft Report, "Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act Requirements for Fentanyl" (Project No. D2025-DEV0HD-0112.000)

1. This is the Department of the Navy response to the DoD Office of Inspector General (DoD OIG) draft report, "Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act Requirements for Fentanyl" (Project No. D2025-DEV0HD-0112.000).
2. The Department of the Navy, in coordination with the Director of the Defense Health Agency will correct issues identified in this recommendation as outlined below.

RECOMMENDATION 5: Copy DoD OIG recommends that the Secretaries of the Military Departments, in coordination with the Under Secretary of Defense for Personnel and Readiness, develop and implement a plan for tracking, identifying trends of, and analyzing data related to the illegal use of fentanyl in accordance with the requirements of section 706 of the FY 2024 National Defense Authorization Act."

RESPONSE: The Department of the Navy concurs with recommendation 5.

3. The point of contact [REDACTED] Military Assistant, Assistant Secretary of the Navy for Manpower and Reserve Affairs [REDACTED] or via email at [REDACTED]

Jennifer A. LaTorre
 Principal Deputy Assistant Secretary of the
 Navy (Manpower and Reserve Affairs)

UNCLASSIFIED

Secretary of the Air Force



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS DEPARTMENT OF THE AIR FORCE
WASHINGTON DC

21 January 2026

MEMORANDUM FOR DEPARTMENT OF DEFENSE INSPECTOR GENERAL

FROM: Office of the Surgeon General of the Air Force (AF/SG)
Defense Health Headquarters
7700 Arlington Blvd.
Falls Church, VA 22042

SUBJECT: Department of the Air Force Response to DoD Office of Inspector General Draft Report, Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act Requirements for Fentanyl (D2025-DEV0HD-0112.000)

This is the Department of the Air Force (DAF) response to the DoD OIG Draft Report, Evaluation of the DoD's Efforts to Implement FY 2024 National Defense Authorization Act Requirements for Fentanyl (D2025-DEV0HD-0112.000) The DAF agrees with intent of this report as written.

The DAF in coordination with AF/SG will correct issues identified in this report, and develop and implement a corrective action plan outlined in the following recommendations:

RECOMMENDATION 2: The DoD OIG recommends the Secretaries of the Military Departments, in coordination with the Director of the Defense Health Agency, develop and implement a plan with milestones to make naloxone available to Military Department Security Forces in accordance with the requirements of section 706 of the FY 2024 National Defense Authorization Act and Executive Action 15.

DAF RESPONSE: AF/SG concurs with the recommendation. Security Forces units at each installation will coordinate with DHA and establish a process to budget for Line of the AF funds and use these funds to procure naloxone from their servicing installation medical unit (Military Medical Treatment Facility) by creating an external Defense Medical Logistics Standard Support (DMLSS) account. This will improve access to naloxone for Security Forces personnel in their first responder role. Implementation of this plan and execution of the plan will be overseen by HAF/A4, and they should be the OPR for implementation with AF/SG and the DHA supporting.

RECOMMENDATION 5: The DoD OIG recommends that the Secretaries of the Military Departments, in coordination with the Under Secretary of Defense (now War) for Personnel and Readiness, develop and implement a plan for tracking, identifying trends of, and analyzing data related to the illegal use of fentanyl in accordance with the requirements of section 706 of the FY 2024 National Defense Authorization Act.

DAF RESPONSE: AF/SG agrees with the intent of this recommendation; however, understands the execution of this recommendation falls outside of the DAF medical community

Secretary of the Air Force (cont'd)

under the purview of HAF/A4, Security Forces, HAF Judge Advocate General (HAF/JA), and the Air Force Office of Special Investigations (AFOSI). The AF/SG's role is focused on treating patients who may overdose or use opioids outside of the recommendations of the prescribing provider and documenting any necessary care in the DoD Electronic Health Record (MHS Genesis) vs. making legal determinations about the use of opioids or tracking that activity.

The AF/SG point of contact is [REDACTED] SG3C, [REDACTED] or via email [REDACTED]

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EN.M. [REDACTED] MOUNTS.STEPHEN.M. [REDACTED]
STEPHEN M. MOUNTS, SES, FACHE Date: 2026.01.21 11:26:58 -05'00'
Deputy Surgeon General

Assistant Secretary of Defense for Health Affairs



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF WAR

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

MEMORANDUM FOR THE DEPARTMENT OF DEFENSE OFFICE OF THE INSPECTOR GENERAL

SUBJECT: Assistant Secretary of War for Health Affairs Response to Department of Defense Office of Inspector General Draft Report, "Evaluation of the DoD's Efforts to Implement Fiscal Year 2024 National Defense Authorization Act Requirements for Fentanyl" (Project No. D2025-DEV0HD-0112.000)

Responses to recommendations 1 and 4 from the subject report are provided below.

RECOMMENDATION 1: The DoD OIG recommends that the Under Secretary of Defense for Personnel and Readiness, in coordination with the Under Secretary of Defense for Acquisition and Sustainment and Secretaries of the Military Departments, develop and implement policy that fully complies with the requirements of section 706 of the Fiscal Year (FY) 2024 National Defense Authorization Act.

RESPONSE: Health Affairs concurs with Recommendation 1. The Department will meet the statutory requirements referenced in the recommendation. Estimated completion date is FY 2028.

RECOMMENDATION 4: The DoD OIG recommends that the Director of Morale, Welfare, Recreation, and Resale Policy apply the beneficiaries' prescription opioid use data provided annually by the Director of the Defense Health Agency to develop and implement a plan with milestones to make naloxone products available for online and in-store purchases, as appropriate.

RESPONSE: The Morale, Welfare, and Recreation and Resale Policy Office concurs with Recommendation 4. Per the Office, a plan will be implemented no later than 120 days after receipt of the annual prescription opioid use data from the Director of the Defense Health Agency.

The point of contact for this matter is [REDACTED] who may be reached at [REDACTED]

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Date: 2025.02.10
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For Keith M. Bass

Defense Health Agency



Healthcare Operations

DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

MEMORANDUM FOR PROGRAM DIRECTOR FOR EVALUATIONS AND
HEALTHCARE, DEPARTMENT OF DEFENSE, OFFICE OF
INSPECTOR GENERAL

SUBJECT: Department of Defense Office of the Inspector General Draft Report for
"Evaluation of the DoD's Efforts to Implement FY 2024 National Defense
Authorization Act Requirements for Fentanyl" (Project No. D2025-DEV0HD-
0112.000) dated December 09, 2025

The Agency's response to recommendation 3 from subject report is provided below.

Recommendation 3: We recommend that the Director of the Defense Health Agency annually provide the Director of Morale, Welfare, Recreation, and Resale Policy with data of beneficiaries' prescription opioid use from military treatment facilities.

Response: We concur with the recommendation and are developing a report to provide to the Director of Morale, Welfare, Recreation, and Resale Policy with data of beneficiaries' prescription opioid use from military treatment facilities. The first report will be coordinated through appropriate channels and provided to the Director of Morale, Welfare, Recreation, and Resale Policy by February 02, 2026. Subsequent reports will be sent annually by October 31 of the respective year.

My point of contact for this matter is [REDACTED] who may be reached at [REDACTED]

JULIAN.REGINA
.M. [REDACTED]
Regina M. Julian, MHA, MBA, FACHE
Deputy Assistant Director
Healthcare Operations

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JULIAN.REGINA.M.
Date: 2025.12.30 16:12:50 -0500'

Acronyms and Abbreviations

ASD(HA)	Assistant Secretary of Defense for Health Affairs
CID	Army Criminal Investigation Division
DDRP	Drug Demand Reduction Program
DES/PMO	Director of Emergency Services/Provost Marshal Offices
DHA	Defense Health Agency
DHA-PI	Defense Health Agency Procedural Instruction
DoDI	DoD Instruction
EMS	Emergency Medical Services
HAF/A4	Headquarters Air Force/Logistics, Engineering, and Force Protection Directorate
MCIO	Military Criminal Investigative Organization
MEDCOM	U.S. Army Medical Command
MHS	Military Health System
MILDEP	Military Department
MTF	Military Treatment Facility
NDAA	National Defense Authorization Act
ODDR	Office of Drug Demand Reduction
OPMG	Office of the Provost Marshal General
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

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U.S. DEPARTMENT OF DEFENSE

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