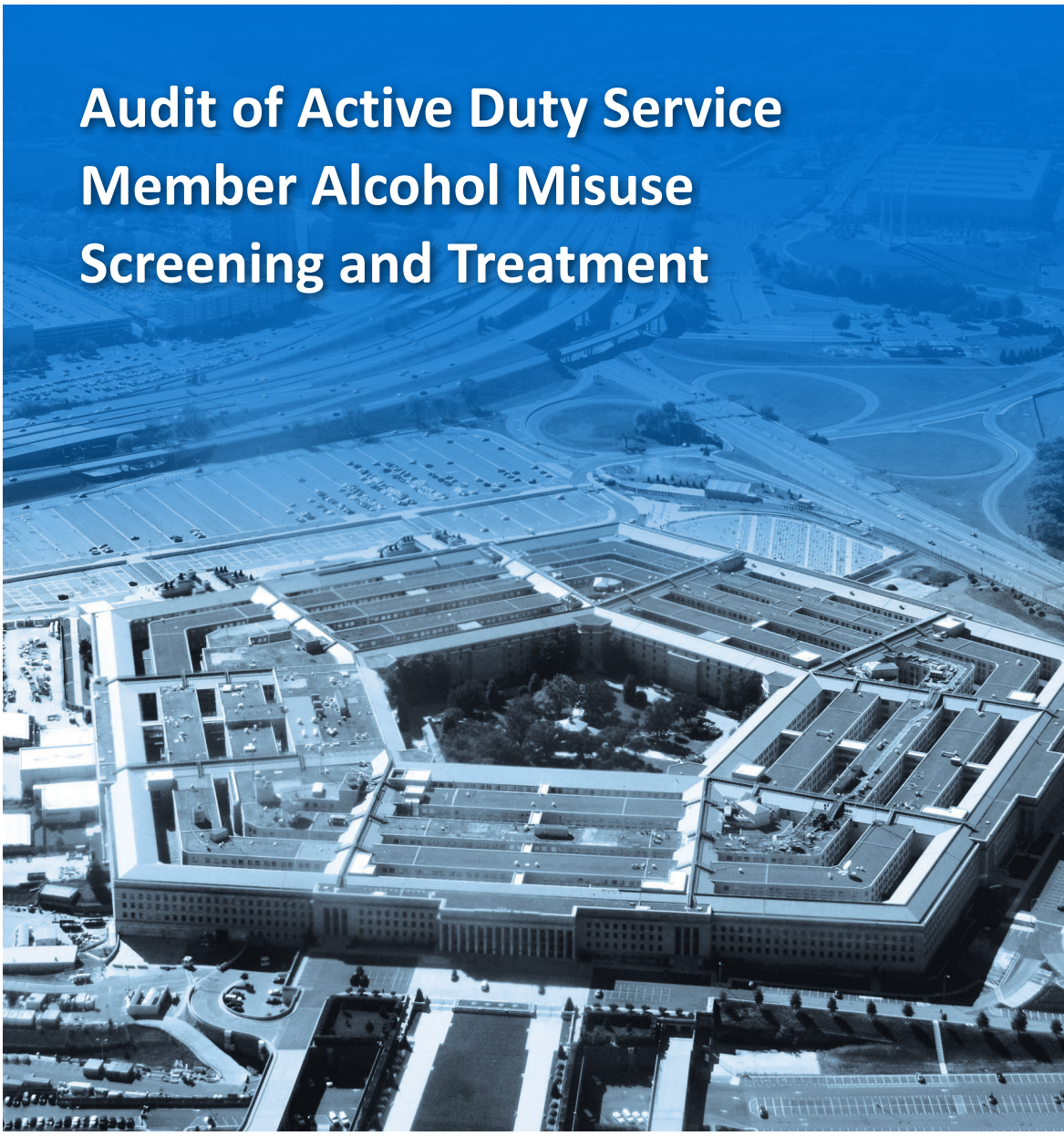
Report No. DODIG-2022-071

INSPECTOR GENERAL

U.S. Department of Defense

MARCH 10, 2022

Audit of Active Duty Service Member Alcohol Misuse Screening and Treatment



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INSPECTOR GENERAL
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Results in Brief

Audit of Active Duty Service Member Alcohol Misuse Screening and Treatment

March 10, 2022

Objective

The objective of this audit was to determine whether the Defense Health Agency (DHA) and Military Services screened and provided treatment of alcohol misuse in a timely manner according to DoD guidance.

Background

According to the National Institute on Alcohol Abuse and Alcoholism, heavy alcohol use is a significant problem in the military. Alcohol misuse is strongly associated with mental health problems, such as anxiety and depression, that according to the National Institute on Drug Abuse, Service members commonly experience after deployments. Alcohol use disorder, a subset of substance use disorders, is a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences.

DoD guidance requires the Alcohol Use Disorder Identification Test–Consumption (AUDIT-C) questionnaire at least annually to identify personnel who may be at risk for developing problems related to their alcohol use. Service members can receive their screening during their periodic health assessment (PHA) or during primary care encounters.

If Service members are concerned with their alcohol use or suspected of alcohol misuse, they can be referred to the substance abuse center, or the Service member can self-refer. Once referred, Service members undergo a comprehensive intake assessment

Background (cont'd)

to determine their alcohol use diagnosis and the appropriate level of treatment. DHA guidance requires that most behavioral and mental health care be scheduled using "future" or "specialty" appointment types, which provide appointments within 7 or 28 days, respectively. In addition to overall DHA guidance, each Military Service has its own policies governing the substance abuse program, including timeline requirements for alcohol misuse referrals, intake assessments, and treatment for alcohol use disorder.

Findings

Military Service health care providers did not perform annual AUDIT-C screenings for alcohol misuse in a timely manner for 163 of 210 Service members, in the 7 units we selected for review, according to DoD Instruction 1010.04. On average, the untimely AUDIT-C screenings in the units we reviewed were 66 to 200 days past the annual requirement. However, 15 Service members did not receive their alcohol screening for more than 300 days past the due date. Furthermore, personnel within the DoD medical treatment facilities, substance abuse centers, and units expressed concerns about the effectiveness of the alcohol screenings. Specifically, personnel interviewed stated that the AUDIT-C questionnaire relies on objective responses from Service members about their own alcohol use while Service members battle stigma around obtaining substance abuse treatment and the perceived negative effect on their careers. The Military Services did not perform timely alcohol screenings because providers conducted the AUDIT-C screening during a Service member's PHA, which DoD guidance allows providers up to 15 months to complete, 3 additional months than is allowed for the AUDIT-C screening. Furthermore, the Military Services did not have a standard mechanism to track the frequency of the Service member AUDIT–C screenings. As a result, the Military Services may not have identified and taken timely action to assist Service members who were at risk for alcohol use disorders.

Results in Brief

Audit of Active Duty Service Member Alcohol Misuse Screening and Treatment

Findings (cont'd)

We also found that the DHA and Military Services did not provide timely intake assessments or treatment for alcohol misuse in accordance with DHA or Service guidance. Specifically, of the 270 Service members we reviewed who received treatment for alcohol use disorder:

- 104 Service members did not have an intake assessment to diagnose an alcohol use disorder within DHA or Service-established timeframes;
- 98 Service members who were diagnosed with an alcohol use disorder did not receive their recommended treatment within 7 or 28 days; and,
- 3 Service members who were diagnosed with an alcohol use disorder did not receive their recommended treatment.

Furthermore, 103 of the 270 Service members we reviewed were involved in an alcohol-related incident. Of these 103 Service members, 31 were not referred for an intake assessment within the Army, Marine Corps, or Air Force timeline requirements. While the Navy did not have timeline requirements from 2018 through 2020, the Navy developed draft proposed timelines and 9 Navy Service members who we reviewed would not have met the proposed timelines.

Service members were not assessed and treated in a timely manner because guidance was unclear and inconsistent; Service members or their leadership deferred intake assessments or treatment because of operational requirements, legal actions, or other reasons; and Service substance abuse centers, medical treatment facilities, or residential treatment facilities were understaffed or unavailable.

As a result, Service members experienced delays in receiving alcohol use diagnoses required to determine the appropriate care, potentially affecting physical, social, psychological, familial, and employment health. In addition, without timely access to the appropriate level of care, the DoD risks the health and readiness of Service members who may benefit from treatment and are at an increased risk of harming themselves, others, or military operations.

Recommendations

We recommend that the Under Secretary of Defense for Personnel and Readiness (USD [P&R]) revise DoD Instruction 1010.04, DoD Instruction 6200.06, and DoD Instruction 6025.19 to align the frequency with which AUDIT-C screenings and periodic health assessments are conducted. In addition, we recommend that the DHA Director require a standardized mechanism that will track when Service members are due for their annual AUDIT-C screenings and the progress of Service members' substance use treatment. Furthermore, we recommend that the DHA Director, in coordination with the Military Services, review the civilian hiring and retention practices for substance abuse personnel and make applicable improvements to minimize vacant positions; establish a maximum number of days between a substance abuse referral and an intake assessment for a substance use disorder; and establish the maximum number of days to provide substance abuse treatment following a diagnosis of a substance use disorder.

We recommend that the Chief of Naval Operations and Director of the Army Resilience Directorate update Service policy to require commanders and other unit leadership to receive substance use training annually. Finally, we recommend that the Chief of Naval Operations, Commandant of the Marine Corps, Director of the Army Resilience Directorate, and Air Force Surgeon General update Service policy to require training components to review annually a sample of Service members to determine whether Service members received their required substance use training.

Results in Brief

Audit of Active Duty Service Member Alcohol Misuse Screening and Treatment

Management Comments and Our Response

The USD (P&R)'s comments and actions taken addressed the specifics of four of the six recommendations to the USD (P&R) and the DHA Director; therefore, the four recommendations are resolved but remain open. We will close the recommendations once we verify that the information provided and actions the USD (P&R) and the DHA Director take fully address the recommendations. The USD (P&R)'s comments did not fully address the specifics of two recommendations related to tracking AUDIT-C screenings and substance use treatment; therefore, we consider these recommendations unresolved. We request that the DHA Director provide additional comments in response to the final report for those two recommendations.

The Director, Special Assistant Health Affairs, Office of the Assistant Secretary of the Navy (Manpower and Reserve Affairs), responding for the Commandant of the Marine Corps, agreed with our recommendation to update Service policy to require training components to review annually a sample of Service members, and proposed an alternative corrective action. The Director stated that the Marine and Family Programs Division is currently monitoring compliance with the annual substance use training and that no updates to Marine Corps Order 5300.17A are necessary; however, the information provided did not meet the intent of our recommendation. Therefore, the recommendation is unresolved. We ask that the Commandant of the Marine Corps provide additional comments on the final report.

The Director, Special Assistant Health Affairs, Office of the Assistant Secretary of the Navy (Manpower and Reserve Affairs), responding for the Chief of Naval Operations; the Director of the Army Resilience Directorate; and the Medical Operations Director for the Office of the Air Force Surgeon General, responding for the Air Force Surgeon General, agreed with our recommendations and provided comments that resolved five recommendations, but the recommendations remain open. We will close the recommendations once we verify actions taken by management to update Service policies for substance use training.

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

Recommendations Table

Management	Recommendations Unresolved	Recommendations Resolved	Recommendations Closed
Under Secretary of Defense for Personnel and Readiness	None	A.1	None
Commandant of the Marine Corps	B.5	None	None
Chief of Naval Operations	None	B.4.a, B.4.b	None
Director, Defense Health Agency	A.2, B.2	B.1.a, B.1.b, B.1.c	None
Air Force Surgeon General	None	B.6	None
Director, Army Resilience Directorate	None	B.3.a, B.3.b	None

Please provide Management Comments by April 11, 2022.

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** – DoD OIG verified that the agreed upon corrective actions were implemented.

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

March 10, 2022

MEMORANDUM FOR UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS
DIRECTOR, DEFENSE HEALTH AGENCY
AUDITOR GENERAL, DEPARTMENT OF THE NAVY
AUDITOR GENERAL, DEPARTMENT OF THE ARMY
AUDITOR GENERAL, DEPARTMENT OF THE AIR FORCE

SUBJECT: Audit of Active Duty Service Member Alcohol Misuse Screening and Treatment (Report No. DODIG-2022-071)

This final report provides the results of the DoD Office of Inspector General's audit. We previously provided copies of the draft report and requested written comments on the recommendations. We considered management's comments on the draft report when preparing the final report. These comments are included in the report.

Of the 12 recommendations in our report, 9 are resolved and 3 remain unresolved because the USD (P&R) and the Commandant of the Marine Corps did not fully address the specifics of the recommendations. Therefore, as discussed in the Recommendations, Management Comments, and Our Response section of this report, the recommendations remain unresolved. We will track these recommendations until an agreement is reached on the actions that you will take to address the recommendations, and you have submitted adequate documentation showing that all agreed-upon actions are completed.

DoD Instruction 7650.03 requires that recommendations be resolved promptly. Therefore, we request that the DHA Director and the Commandant of the Marine Corps provide us within 30 days their responses concerning specific actions in process or alternative corrective actions proposed on the recommendations. Send responses to either followup@dodig.mil if unclassified or rfunet@dodig.smil.mil if classified SECRET.

If you have any questions, please contact me at [redacted].

Timothy M. Wimette
Deputy Assistant Inspector General for Audit
Acquisition, Contracting, and Sustainment

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Introduction

Objective

The objective of this audit was to determine whether the Defense Health Agency (DHA) and Military Services screened and provided treatment of alcohol misuse in a timely manner according to DoD guidance.

Background

According to the National Institute on Alcohol Abuse and Alcoholism, heavy alcohol use is a significant problem in the military. Alcohol misuse is strongly associated with mental health problems, such as anxiety and depression, that according to the National Institute on Drug Abuse, Service members commonly experience after deployments. Additionally, the National Institute on Drug Abuse noted that Service members with deployments, combat exposure, and combat injuries are at an increased risk of developing substance use problems. The National Institute on Drug Abuse also noted that zero-tolerance policies and stigma remain barriers to identifying and treating substance use problems in military personnel. The military prohibits the illegal use of illicit and prescription drugs, such as opioids, but alcohol is a readily available substance that is legal when consumed responsibly at the appropriate age.

Alcohol Use Disorder

Substance use disorders occur when the recurrent use of alcohol or drugs causes impairments, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, recognizes substance-related disorders resulting from the use of 10 separate classes of drugs, including opioids and alcohol.[1] Alcohol use disorder, a subset of substance use disorders, is a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. It encompasses the conditions that people refer to as alcohol abuse, alcohol dependence, alcohol addiction, and alcoholism.

According to the Substance Abuse and Mental Health Services Administration, in 2019, approximately 14.5 million people in the United States, age 12 and older, had an alcohol use disorder.[2] According to the National Institute on Alcohol Abuse

[1] Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, May 22, 2013.

[2] Substance Abuse and Mental Health Services Administration, "Results from the 2019 National Survey on Drug Use and Health," September 2020.

and Alcoholism, alcohol misuse frequently occurs among combat veterans who experience combat-related traumatic stress. For example, an article by the National Institutes of Health stated that 12 to 15 percent of veterans who returned from Operation Iraqi Freedom admitted to problematic alcohol use in the 3 to 6 months following their return from combat.[3] According to the National Institute on Alcohol Abuse and Alcoholism, most people with an alcohol use disorder can benefit from some form of treatment, and about one-third of people who are treated for alcohol problems have no further symptoms 1 year later.

DHA and Military Service Responsibilities for Substance Use Disorders

DoD Instruction 1010.04 is the primary DoD policy that addresses problematic substance use in the DoD, including alcohol use disorders.[4] The Instruction assigns the Under Secretary of Defense for Personnel and Readiness (USD [P&R]) responsibility for developing and distributing policies to prevent and detect problematic substance use by DoD military personnel. On March 27, 2019, the Office of the USD (P&R) issued a memorandum to clarify the roles and responsibilities of the DHA and Military Services.[5] Specifically, substance abuse prevention and treatment is a shared responsibility between the DHA and Military Services.

Each Military Service established its own substance abuse program to assess the severity of Service member alcohol misuse and determine how to treat it. These programs include the:

- Navy Substance Abuse Rehabilitation Program,
- Marine Corps Substance Abuse Program,
- Army Substance Use Disorder Clinical Care program, and
- Air Force Alcohol and Drug Abuse Prevention and Treatment Program.

AUDIT-C Screening Requirements

The joint Department of Veterans Affairs (VA)/DoD Clinical Practice Guideline for the Management of Substance Abuse (VA/DoD Clinical Practice Guideline) recommends that patients in general medical and mental health care settings be screened annually using the AUDIT-C questionnaire to identify unhealthy

[3] National Institute on Alcohol Abuse and Alcoholism, "Alcohol and Stress in the Military," Volume 34, Issue Number 4. https://pubs.niaaa.nih.gov/publications/arcr344/401-407.htm.

[4] DoD Instruction 1010.04, "Problematic Substance Use by DoD Personnel," February 20, 2014, Incorporating Change 1, Effective May 6, 2020.

[5] Office of the Under Secretary of Defense for Personnel and Readiness memorandum, "Alignment of Operational and Installation-Specific Medical Functions and Responsibilities with Section 702 of the National Defense Authorization Act for Fiscal Year 2017, and Sections 711 and 712 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019," March 27, 2019.

alcohol use and provide alcohol counseling to reduce drinking.[6] Alcohol misuse is not necessarily alcohol dependence or addiction, but it can lead to alcohol use disorder, so it is important to detect unhealthy alcohol use early. DoD Instruction 1010.04 requires the AUDIT-C questionnaire at least annually to identify personnel who may be at risk for developing problems related to their alcohol use. Service members can receive their screening during their periodic health assessment (PHA) or during primary care encounters.

Alcohol Use Disorder Diagnosis and Treatment Levels

If Service members are concerned with their alcohol use or are suspected of alcohol misuse, they can be referred to the substance abuse center or they can self-refer. The Service member's leadership, health professionals, or others who work with or know the Service member, can make referrals. Once referred, Service members undergo a comprehensive intake assessment to determine their alcohol use diagnosis and the appropriate level of treatment.[7] Considered a brain disorder, alcohol use disorder can be diagnosed as mild, moderate, or severe based on diagnostic criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders. To designate the Service member's level of recommended treatment, the Military Services use the following levels of care designated by the American Society of Addictive Medicine.

- Level 0.5: Early Intervention Services
- Level 1: Outpatient Services
- Level 2: Intensive Outpatient (Partial Hospitalization) Services
- Level 3: Residential Inpatient Services
- Level 4: Medically Managed Intensive Inpatient Services

Requirements for Access to Care for Alcohol Use Disorder Treatment

In addition to overall DHA guidance, each Military Service has its own policies governing the substance abuse program, including timeline requirements for alcohol misuse referrals, intake assessments, and treatment of alcohol use disorder.

[6] "VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders," Version 3.0, December 2015.

[7] Intake assessments may include documenting the reason for the referral or enrollment; educating the Service member on the limits of confidentiality and required notification of Service member's leadership in accordance with applicable DoD policy; and, assessing the level of acute intoxication and withdrawal potential, medical conditions and complications, additional medical or psychological conditions that complicate treatment or require separate medical treatment, readiness to change, risk of harm to self or others, and the nature of the recovery environment. The intake process also includes obtaining consent from the Service member to allow for supervisory participation in the treatment plan.

Alcohol-Related Incident to Referral Timeline Requirements

The Military Services required the following timelines to submit a referral to the substance abuse center following an alcohol-related incident.[8]

- Army: 5 duty days[9]
- Navy: No time requirement from FY 2018 through FY 2020[10]
- Marine Corps: 48 hours
- Air Force: 7 calendar days, or the next duty day if the incident involves driving under the influence or driving while intoxicated

Referral to Intake Assessment Timeline Requirements

The Army and Air Force required the substance abuse centers to assess Service members for an alcohol use disorder within the following timelines following a referral.

- Army: 12 duty days or 28 calendar days[11]
- Air Force: 7 calendar days[12]

The Navy and Marine Corps did not have Service-specific guidance requirements for an intake assessment following a referral. However, DHA guidance requires that most behavioral and mental health care should be booked using "future" or "specialty" appointment types, which require offering an appointment within 7 or 28 days, respectively.[13]

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[8] An alcohol-related incident is a criminal act or episode of misconduct punishable under the Uniform Code of Military Justice or civilian authority where the consumption of alcohol was a contributing factor to the misconduct, such as driving while intoxicated, underage drinking, or incidents of intoxication and misconduct.

[9] Army Regulation 600-85, "The Army Substance Abuse Program," November 28, 2016, identified that alcohol-related incident referrals should happen 5 duty days after the incident. Army Regulation 600-85 was updated on July 23, 2020, and stated that alcohol-related incident referrals should happen 5 days after the incident unless the referral was the result of a breathalyzer or investigation, in which case the requirement is 5 duty days.

[10] The Navy did not have a required timeline for a referral following an alcohol-related incident during the period of our review, FY 2018 through FY 2020. The Chief of the Navy Substance Abuse Rehabilitation Program at the Navy Bureau of Medicine and Surgery stated that the Office of the Chief of Naval Operations Instruction 5350.4D, "Navy Alcohol and Drug Abuse Prevention and Control," June 4, 2009, is being revised and will impose a 5-working day referral timeline for shore and non-deployed commands. For deployed commands, the revised guidance will require Service member leadership to refer Service members as soon as practicable following an alcohol-related incident.

[11] Army Regulation 600-85 (November 28, 2016) required providers to perform intake assessments within 12 duty days of referral. The July 23, 2020 update of the Army guidance removed the 12-day requirement; therefore, for assessments performed after July 23, 2020, we used DHA Interim Procedures Memorandum 18-001, "Standard Appointing Processes, Procedures, Hours of Operations, Productivity, Performance Measures and Appointment Types in Primary, Specialty, and Behavioral Health Care in Medical Treatment Facilities (MTFs)," July 3, 2018 (updated February 4, 2020), which requires 28 days for specialty care appointments.

[12] Air Force Instruction 44-121, "Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program," July 18, 2018, incorporating Change 1 November 21, 2019, Corrective Actions Applied December 19, 2019.

[13] DHA Interim Procedures Memorandum 18-001, "Standard Appointing Processes, Procedures, Hours of Operation, Productivity, Performance Measures and Appointment Types in Primary, Specialty, and Behavioral Health Care in Medical Treatment Facilities (MTFs)," July 3, 2018 (updated February 4, 2020).

Access to Treatment Timeline Requirements

DHA guidance requires that most behavioral and mental health care be scheduled using future or specialty appointment types, which provide appointments within 7 or 28 days, respectively.[14] DHA categorizes substance abuse specialty care under the behavioral and mental health specialty; therefore, we evaluated access to care for treatment using the 28-day standard unless the specific appointment type was noted in the medical records and required fewer days according to DHA guidance.

Because we measured access for different points in the process for treating alcohol misuse, we calculated access using the actual days from referral to the Service member's intake assessment and from the Service member's diagnosis to treatment, instead of the first available appointment. Therefore, the number of days calculated in the report may include delays outside of a substance abuse center's control, such as treatment delays requested by Service members or their leadership.

Samples for Alcohol Screenings and Access to Care

We nonstatistically selected nine installations for review based on multiple factors, including locations with high alcohol consumption rates according to the National Institute on Alcohol Abuse and Alcoholism, joint Service installations, installations with DoD MTFs within DHA-established markets, and installations that offered inpatient treatment services. From those nine installations, we selected seven units with high-stress occupations or frequent deployments because, according to the National Institute on Drug Abuse, stress and deployments are associated with increased drinking. To determine whether annual AUDIT-C screenings were performed, we obtained a listing of all active duty Service members assigned to the seven units from FY 2018 through FY 2020 and selected a statistical sample of 30 Service members from each unit.

From the sample of nine installations, we also selected nine substance abuse centers that assessed or treated Service members with potential alcohol use disorders. To measure access to care metrics, we obtained a listing of all active duty Service members who were assessed, were diagnosed with an alcohol use disorder, and received level 1 treatment or higher from FY 2018 through FY 2020, and selected a statistical sample of 30 Service members from each substance abuse center. For each Service member, we measured the timeliness of the Service member's intake assessment following a referral and treatment provided after the Service member received a diagnosis of an alcohol use disorder. In addition, if

[14] DHA Interim Procedures Memorandum 18-001, "Standard Appointing Processes, Procedures, Hours of Operation, Productivity, Performance Measures and Appointment Types in Primary, Specialty, and Behavioral Health Care in Medical Treatment Facilities (MTFs)," July 3, 2018 (updated February 4, 2020).

the Service member was involved in an alcohol-related incident, we measured the timeliness for the Service member's leadership to submit a command referral for an intake assessment.

Review of Internal Controls

DoD Instruction 5010.40 requires DoD organizations to implement a comprehensive system of internal controls that provides reasonable assurance that programs are operating as intended and to evaluate the effectiveness of the controls.[15] We identified internal control weaknesses with the DHA's and Military Services' screening and access to care for the treatment of alcohol use disorder as it relates to the substance abuse program. Specifically, the DHA and Military Services did not have monitoring mechanisms to track required AUDIT-C screenings for Service members or delays when Service members had an intake assessment or entered a recommended level of treatment. Additionally, unit leaders were not referring Service members in a timely manner in accordance with guidance to ensure that Service members received the recommended level of treatment for an alcohol use disorder. We will provide a copy of the report to the senior official responsible for internal controls in the DHA and Military Services.

[15] DoD Instruction 5010.40, "Managers' Internal Control Program Procedures," May 30, 2013.

Finding A

The Military Services Did Not Perform Timely Screenings for Service Members for Alcohol Misuse

Military Service health care providers did not perform annual AUDIT-C screenings for alcohol misuse in a timely manner for 163 of 210 Service members in the seven units we selected for review, according to DoD Instruction 1010.04.[16] On average, the untimely AUDIT-C screenings in the units we reviewed were 66 to 200 days past the annual requirement. However, 15 Service members did not receive their alcohol screening for more than 300 days past the due date. Furthermore, personnel within the MTFs, substance abuse centers, and units expressed concerns about the effectiveness of the alcohol screenings. Specifically, personnel interviewed stated that the AUDIT-C questionnaire relies on objective responses from Service members about their own alcohol use while Service members battle stigma around obtaining substance abuse treatment and the perceived negative effect on their careers.

The Military Services did not perform timely alcohol screenings because providers conducted the AUDIT-C screening during a Service member's PHA, which guidance allows providers 15 months to complete, 3 additional months than is allowed for the AUDIT-C screening. Furthermore, the Military Services did not have a standard mechanism to track the frequency of Service member AUDIT-C screenings. As a result, the Military Services may not have identified and taken timely action to assist Service members who were at risk for alcohol use disorders.

Service Members Were Not Screened for Alcohol Misuse in a Timely Manner

Of the 210 Service members' records we reviewed, the Military Services did not screen 163 Service members for alcohol misuse in a timely manner from FY 2018 through FY 2020.

Of the 210 Service members' records we reviewed, the Military Services did not screen 163 Service members for alcohol misuse in a timely manner from FY 2018 through FY 2020. Specifically, we reviewed electronic health care and readiness records for 210 Service members to determine

[16] The AUDIT-C questionnaire is a modified version of the 10-question AUDIT instrument. It contains three questions to help identify personnel who are hazardous drinkers or have active alcohol use disorders (including alcohol abuse or dependence).

whether health care providers performed the AUDIT-C screenings at least annually for each Service member, in accordance with DoD Instruction 1010.04. DoD Instruction 1010.04 requires the AUDIT-C screening at least annually for Service members during their PHA or during primary care encounters. Table 1 shows the number of Service members we reviewed for each of the seven units we selected, and whether health care providers performed the AUDIT-C screenings within the annual requirement.

Table 1. Service Member AUDIT-C Screenings Reviewed for FY 2018 Through FY 2020

Unit Name	Total Service Members Reviewed	Number of Service Members Who Were Not Timely Screened	Average Days Screenings Were Past Annual Requirement
436th Security Forces Squadron (Dover Air Force Base, Delaware)	30	26	102
39th Security Forces Squadron (Incirlik Air Force Base, Turkey)	30	24	66
312th Military Intelligence Battalion (Fort Sam Houston, Texas)	30	23	120
3rd Battalion, 509th Parachute Infantry Regiment (Fort Richardson, Alaska)	30	13	140
Patrol Squadron 10 (VP-10) (Naval Air Station Jacksonville, Florida)	30	29	79
Navy Medical Readiness and Training Command Okinawa (Camp Foster, Okinawa, Japan)	30	23	92
2nd Battalion, 5th Marine Regiment (Marine Corps Base Camp Pendleton, California)	30	25	200
Total	**210**	**163**	**106***

* Overall average does not equal average of table values. The average applies only to the sample of 30 individuals per unit and does not apply across all the individuals at the installations.

Source: The DoD OIG.

As shown in Table 1, the AUDIT-C screenings that exceeded the annual requirement were, on average, 66 to 200 days late. However, 15 Service members did not receive their AUDIT-C screening for more than 300 days past the due date. For example, one Marine Corps Service member received an AUDIT-C screening during his Pre-Deployment Health Assessment on March 16, 2018. However, the Service member did not have another AUDIT-C screening until April 9, 2020, which was 755 days after his previous screening, or 390 days past the annual AUDIT-C

The Service member did not have another AUDIT-C screening until 755 days after his previous screening, or 390 days past the annual AUDIT-C screening requirement.

screening requirement. Although we found a PHA documented in the Service member's medical record on February 6, 2019, the unit's medical provider could not provide the PHA with an AUDIT-C screening or a reason why an AUDIT-C was not conducted in 2019.

The DoD screened Service members using the AUDIT-C questionnaire that is recommended by the VA/DoD Clinical Practice Guideline. However, substance abuse counselors, MTF personnel, and unit leadership all expressed concerns with the AUDIT-C questionnaire's reliance on Service members providing objective answers. Specifically, they stated that the AUDIT-C questionnaire is intuitive and allows Service members to answer in a way that may avoid detection of alcohol misuse. Although the DoD has issued policy to address stigma, unit and substance abuse center personnel stated that stigma still exists surrounding the acceptance of behavioral health treatment and its perceived negative effect on a Service member's career.[17] This perception is supported by the August 2021 VA/DoD Clinical Practice Guideline, which states that getting Service members to come forward for treatment for alcohol misuse is complicated by DoD guidance that substance use treatment must occur during a formal enrollment in mandatory care with the Service member's commander, who is also their legal authority, being involved in treatment.[18]

The DoD is working to further increase anonymity for Service members who require substance abuse treatment and are concerned about the effects it may have on their career. According to the Office of the Assistant Secretary of Defense (Health Affairs), Health Services Policy and Oversight, as of February 4, 2022, the DoD was staffing significant changes to DoD Instructions 1010.04 and 6490.08 with the Acting Under Secretary of Defense for Personnel and Readiness. One of the changes in DoD Instruction 1010.04 is that a Service member's leadership should not be notified of the Service member's self or medical referral to a substance abuse program unless the Service member meets standards outlined in DoD Instruction 6490.08, "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members."[19]

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

[18] "VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders," Version 4.0, August 2021.

[19] These instances include: (1) harm to self, (2) harm to others, (3) harm to mission, (4) special personnel, (5) inpatient care, (6) acute medical conditions interfering with duty, (7) substance abuse treatment program, (8) command-directed mental health evaluation, and (9) other special circumstances.

DoD Guidance Was Not Consistent on Timing of AUDIT-C Screenings

The DHA and Military Services did not screen 163 Service members for alcohol misuse within the DoD-established timeframes because DoD guidance for PHAs and AUDIT-C screenings did not align on when to perform AUDIT-C screenings. Specifically, DoD Instruction 1010.04 states that screening and intervention for at-risk alcohol use in adults will be performed at least annually using the AUDIT-C questionnaire. To meet the annual AUDIT-C requirement for Service members, the DoD incorporated the alcohol screening into the annual PHA requirement. Although the AUDIT-C screening can also be performed in primary care encounters, according to the DHA Health Assessment Program Manager, the PHA process ensures that the AUDIT-C is performed because it is formal, standardized, and tracked.

DoD guidance for PHAs and AUDIT-C screenings did not align on when to perform AUDIT-C screenings.

However, although Service members are required to receive a PHA annually, DoD Instruction 6025.19 and DoD Instruction 6200.06 allows for a 3-month "grace" period past the annual PHA due date, allowing providers 15 months to perform the PHA.[20] For example, when applying a 3-month grace period, a PHA due in October 2019 would not be considered overdue until the last day in January 2020. According to the DHA Health Assessment Program Manager, the additional 3-month grace period accounts for the challenges of completing the PHA on time, such as competing operational and training requirements, frequent permanent change of station orders, and provider availability. For example, a Navy Flight Surgeon expressed challenges with performing PHAs, flight physicals, and AUDIT-C screenings in a deployment-heavy unit, while also trying to meet the demand for sick call and appointments.

In addition to the PHA grace period allowed by DoD guidance, some units we reviewed also had Service guidance that made different allowances for the PHA during the coronavirus disease–2019 (COVID-19) pandemic. For example, a Navy Flight Surgeon stated that during the COVID-19 pandemic, the Navy issued guidance that extended PHAs for 4 months past the annual due date. In addition, an Army hospital issued guidance that did not require providers to perform the AUDIT-C screening during virtual PHA visits conducted during the pandemic. Because of operational and administrative requirements, as well as the COVID-19 pandemic,

[20] DoD Instruction 6025.19, "Individual Medical Readiness," June 9, 2014 (Incorporating Change 1 effective May 12, 2020); DoD Instruction 6200.06, "Periodic Health Assessment (PHA) Program," September 8, 2016.

health care providers performed many PHAs—and the accompanying AUDIT-C screenings—outside of the annual requirement. Therefore, the Under Secretary of Defense for Personnel and Readiness should revise DoD Instruction 1010.04, DoD Instruction 6200.06, and DoD Instruction 6025.19 to align the frequency with which AUDIT-C screenings and periodic health assessments are required.

The DoD Did Not Have an Effective Mechanism to Track Required AUDIT-C Screenings

The Military Services did not have an effective mechanism to track AUDIT-C compliance outside of PHA compliance.

The Military Services did not screen for alcohol misuse in Service members in a timely manner because they did not have an effective mechanism to track AUDIT-C compliance outside of PHA compliance. Specifically, the electronic health record did not alert primary care providers when AUDIT-C screenings were coming due or were overdue. Furthermore, providers did not always perform Service member's annual PHA, which is the primary mechanism used to perform the AUDIT-C screening for Service members. If a provider does not complete a Service member's PHA, the Service member does not receive an annual AUDIT-C screening unless recognized during a primary care appointment with the Service member. AUDIT-C screenings can be performed at several different appointment types, such as the PHA, primary visits, and pre- or post-deployment assessments, so a provider would have to open each of the Service member's individual appointment records to determine when the screening was last performed.

One Air Force Medical Home Element Chief stated that there was no standardization in the frequency of AUDIT-C screenings performed at primary care encounters. For example, she stated that some facilities performed alcohol screenings during every primary care appointment, while others performed screenings annually during preventive care visits. The Chief stated that alcohol screenings were often medical technician- or provider-dependent, and there was a lack of training for front line staff in primary care for alcohol screening requirements.

The DoD is deploying MHS GENESIS, a new electronic health record system, to have one centralized MHS database to facilitate the continuum of care for Service members and a centralized repository of medical records. According to a MHS GENESIS subject matter expert, currently cloud-based health registries are not available in MHS GENESIS to allow providers to track AUDIT-C screening compliance. However, the expert stated that there are plans to implement this feature in MHS GENESIS in the future. He stated that until the feature is implemented, providers can set a manual reminder in MHS GENESIS to complete the AUDIT-C screening, or they can access a dashboard that displays a Service

member's AUDIT-C score across a continuum of care. The Program Executive Office for Defense Healthcare Management Systems is deploying MHS GENESIS to groups of MTFs approximately every 3 months, and plans to have it fully deployed across all MTFs by the end of 2023.[21] Therefore, the DHA Director should require a standardized mechanism that will track when Service members are due for their annual AUDIT-C screenings, until this capability is implemented in MHS GENESIS and fully deployed to all MTFs, to ensure that Service members are screened appropriately.

Service Members At Risk of Not Being Identified for Alcohol Use Disorders

The DHA and Military Services may not have identified Service members at risk for alcohol use disorders to prevent and treat problematic substance use in the DoD. The National Institute on Alcohol Abuse and Alcoholism identified alcohol use screening as a prevention priority for U.S. adults. According to the Substance Abuse and Mental Health Services Administration, universal screening ensures that providers can identify the appropriate level of care based on a patient's risk factors.[22] Furthermore, the World Health Organization stated that alcohol screening is of utmost importance because people who are not dependent on alcohol may stop or reduce their alcohol consumption with appropriate assistance and effort. Opportunities exist to increase AUDIT-C screening compliance, and consistency in the frequency with which AUDIT-C screenings are administered at primary care encounters to help ensure that Service members who are potentially abusing alcohol are assessed and treated appropriately. Without timely screening to identify Service members with alcohol misuse, the DoD risks the health and readiness of Service members who need treatment.

Without timely screening to identify Service members with alcohol misuse, the DoD risks the health and readiness of Service members who need treatment.

[21] The Program Executive Office, Defense Healthcare Management Systems, is an acquisition organization with a direct reporting relationship to the Office of the Under Secretary of Defense for Acquisition and Sustainment, and administratively attached to the DHA.

[22] The Substance Abuse and Mental Health Services Administration is an agency within the U.S. Department of Health and Human Services established by Congress to make substance use and mental disorder information, services, and reach more accessible.

Recommendations, Management Comments, and Our Response

Recommendation A.1

We recommend that the Under Secretary of Defense for Personnel and Readiness revise DoD Instruction 1010.04, "Problematic Substance Use by DoD Personnel," February 20, 2014, DoD Instruction 6200.06, "Periodic Health Assessment (PHA) Program," September 8, 2016, and DoD Instruction 6025.19, "Individual Medical Readiness," June 9, 2014, to align the frequency with which Alcohol Use Disorder Identification Test–Consumption screenings and periodic health assessments are conducted.

Under Secretary of Defense for Personnel and Readiness Comments

The USD (P&R) partially agreed with the recommendation, stating that updating DoD Instruction 1010.04 alone will satisfy the intent of the recommendation. The Under Secretary stated that DoD Instruction 1010.04 requires annual screening and updates are underway. Furthermore, the Under Secretary stated that as the substance use screening is completed as part of the PHA, updates to the Instruction will align substance use screening requirements with PHA timelines. The Under Secretary also stated that procedures for the PHA and deployment health assessment are provided in DoD Instruction 6200.06, "Periodic Health Assessment (PHA) Program," and DoD Instruction 6490.03, "Deployment Health," and that revising DoD Instruction 1010.04 alone would accomplish the intent of the recommendation. The Under Secretary estimated that the revision would be completed by January 2024.

Our Response

Although the USD (P&R) partially agreed, the comments provided addressed the specifics of the recommendation; therefore, the recommendation is resolved but remains open. We agree that revising DoD Instruction 1010.04 should accomplish the intent of the recommendation. We will close the recommendation when we verify that the updates made to DoD Instruction 1010.04 align the frequency of substance use screening requirements with PHA timelines.

Recommendation A.2

We recommend that the Defense Health Agency Director require a standardized mechanism that will track when Service members are due for their annual Alcohol Use Disorder Identification Test–Consumption screenings, until this capability is implemented in Military Health System GENESIS and fully deployed to all medical treatment facilities.

Defense Health Agency Comments

The USD (P&R) partially agreed with the recommendation, stating that the DHA has partially met the recommendation. The USD (P&R) agreed that it is important to follow screening recommendations and ensure all Service members are screened regularly for alcohol misuse. The USD (P&R) stated that the MHS GENESIS deployment is ongoing and is scheduled to be complete by the end of FY 2023 for installations in the continental United States and by March 2024 for installations outside the continental United States. The USD (P&R) stated that given the time it would take to develop and deploy a new, separate tracking system, then train users on it, it was unlikely that the cost of the effort would outweigh the benefit. Finally, the USD (P&R) stated that MTFs would be expected to use MHS GENESIS capabilities to ensure timely alcohol screening once the scheduled deployment was complete.

Our Response

The USD (P&R) comments partially addressed the recommendation; therefore, the recommendation is unresolved. While we acknowledge that the MHS GENESIS deployment is ongoing and the DHA has estimated deployment completion dates for MTFs, currently there is no standardized mechanism that actively monitors annual AUDIT-C screenings for Service members. As a result, Service members may continue to be overlooked for annual screenings and will be put at risk for not receiving critical treatment for an alcohol use disorder. Additionally, the MHS GENESIS schedule has previously been delayed because of system problems and the COVID-19 pandemic. MHS GENESIS could experience additional delays, putting Service members at further risk of undetected alcohol use disorders. Although the USD (P&R) considers that a new, separate tracking system and efforts to train users would be costly and time-consuming, we disagree that the cost of developing and deploying a new tracking mechanism would outweigh the benefit of identifying and treating Service members with alcohol use disorders. We request that the DHA Director reconsider how the DHA could address the recommendation. Specifically, we request that the DHA Director provide comments on the final report that address a standardized mechanism to ensure Service members are screened annually until the MHS GENESIS is fully deployed, and in a manner that efficiently uses DHA resources.

Finding B

The DHA and Military Services Did Not Provide Timely Intake Assessments and Treatment for Alcohol Misuse

The DHA and Military Services did not provide timely intake assessments or treatment for alcohol misuse in accordance with DHA or Service guidance. Specifically, of the 270 Service members we reviewed who were recommended for treatment for alcohol use disorders:

- 104 Service members did not have an intake assessment to diagnose an alcohol use disorder, following a referral, within DHA or Service-established timeframes,
- 98 Service members who were diagnosed with an alcohol use disorder did not receive their recommended treatment within 7 or 28 days, and
- 3 Service members who were diagnosed with an alcohol use disorder did not receive their recommended treatment.

Furthermore, 103 of the 270 Service members we reviewed were involved in an alcohol-related incident. Of the 103 Service members involved in an alcohol-related incident, 31 were not referred for an intake assessment within the Army, Marine Corps, or Air Force timeline requirements. While the Navy did not have timeline requirements from 2018 through 2020, the Navy has developed draft proposed timelines, and nine Navy Service members who we reviewed would not have met the proposed timelines.

In many cases, substance abuse center, MTF, and unit personnel could not provide specific reasons why Service members did not receive timely services for alcohol use disorders because reasons were not documented in the patient's files and the personnel who rendered the care no longer worked at the substance abuse center. However, medical records and interviews with substance abuse center and MTF personnel provided the following most common reasons for why Service members did not receive timely assessments or treatment for an alcohol use disorder.

- Guidance was unclear and inconsistent for substance abuse specialty care.
- Service members or their leadership deferred intake assessments or treatment because of operational requirements, legal actions, or other reasons.
- Service substance abuse centers, MTFs, or residential treatment facilities were understaffed or unavailable.

In addition, Service members were not referred for intake assessments following an alcohol-related incident in accordance with Service guidance because Service member leadership encouraged Service members to self-refer instead of submitting a command referral, and Service member leadership was not familiar with refrral timelines.

As a result, Service members experienced delays in receiving alcohol use diagnoses required to determine the appropriate care, potentially affecting physical, social, psychological, familial, and employment health.[23] In addition, without timely access to the appropriate level of care, the DoD risks the health and readiness of Service members who may benefit from treatment and are at an increased risk of harming themselves, others, or military operations.

The DHA and Military Services Did Not Assess and Treat Service Members for Alcohol Use Disorders Within Established Timeframes

Of the 270 Service members we reviewed, the DHA and Military Services did not assess 104 Service members, or treat 98 Service members within DHA and Service-established timeframes. Specifically, we reviewed the electronic health care and substance abuse center records of 270 Service members who were diagnosed and recommended for treatment for an alcohol use disorder to determine the amount of time between a referral and intake assessment, and alcohol use disorder diagnosis and substance abuse treatment. Table 2 shows the number of Service members we reviewed for each of the nine substance abuse centers we selected, and whether the substance abuse centers assessed and treated Service members within DHA and Service-established timeframes.

Of the 270 Service members we reviewed, the DHA and Military Services did not assess 104 Service members, or treat 98 Service members within DHA and Service-established timeframes.

[23] According to DoD Instruction 1010.04 and the VA/DoD Clinical Practice Guideline, employment health is part of the DoD's treatment program goal to restore personnel from the harmful effects of a substance use disorder, such as unemployment or underemployment.

Table 2. Service Member Alcohol Intake Assessments and Treatment Reviewed for FY 2018 Through FY 2020

Installation Where Substance Abuse Center is Located	Number of Service Members Reviewed	Number of Service Members Who Exceeded Referral to Intake Assessment Timeline Requirements	Average Number of Days Intake Assessments Exceeded Timeline Requirements	Number of Service Members Who Exceeded Diagnosis to Treatment Timeline Requirements	Average Number of Days Treatment Exceeded Timeline Requirements
Dover Air Force Base	30	12	20	2	23
Incirlik Air Base	30	5	11	4	6
Fort Sam Houston	30	4	30	14	12
Fort Richardson	30	5	7	7	3
Naval Air Station Jacksonville[4]	30	4	33	7	18
Navy Medicine Readiness and Training Command Okinawa[1,4]	30	28	32	26	47
Camp Butler[2,3]	30	30	31	25	47
Camp Pendleton[2,3]	30	14	12	8	69
Fort Belvoir	30	2	9	5	4
Total	**270**	**104**	**25[5]**	**98**	**34[5]**

[1] The Navy substance abuse center is within Navy Medicine Readiness and Training Command Okinawa, which is located on a Marine Corps installation, Camp Foster.

[2] Results reported for the Marine Corps substance abuse centers are Service members who were initially referred to the Marine Corps substance abuse center and were subsequently referred, assessed, and treated at the Navy substance abuse center in accordance with Marine Corps Order 5300.17A and a memorandum of understanding between the Marine Corps and the Navy. Results represent assessments or treatment provided by the Navy, not the Marine Corps substance abuse center.

[3] Three Service members assessed at Marine Corps substance abuse centers and referred to Navy substance abuse centers for treatment did not receive treatment. These Service members are not captured in the number of Service members who did not meet the diagnosis to treatment standards.

[4] We could not calculate referral to intake assessment timelines for three Service members referred to Navy substance abuse centers because no referral date was documented in the Service member's medical record and the substance abuse center could not provide one.

[5] Overall average does not equal average of table values. The average applies only to the sample of 30 individuals per unit and does not apply across all the individuals at the installations.

Source: The DoD OIG.

The DHA and Military Services Did Not Assess and Treat Service Members Within Required Timelines

The DHA and Military Services did not assess Service members for an alcohol use disorder within DHA- or Service-required timelines. Of the 270 Service members we reviewed who were referred for suspected alcohol misuse, 104 were not assessed within Service- or DHA-required timelines. Specifically, the Army required Service members with suspected alcohol misuse to be assessed within 12 duty days of a referral, and the Air Force required the intake assessment within 7 calendar days.[24] For example, a Service member self-referred to an Army substance abuse center on October 25, 2017, but the substance abuse center did not perform an intake assessment until November 27, 2017, or 24 days later. The Navy and Marine Corps did not have a Service-specific timeline for intake assessments; therefore, we used the DHA access to care standard based on appointment type, including 28 days for specialty care appointments.[25] For example, a Service member seen by a Navy substance abuse center did not receive an intake assessment for 89 days following her referral, which was more than three times the DHA standard of 28 days for specialty care.[26]

A Service member seen by a Navy substance abuse center did not receive an intake assessment for 89 days following her referral, which was more than three times the DHA standard of 28 days for specialty care.

In addition, the DHA and Military Services did not treat Service members for an alcohol use disorder within the DHA-required timelines. Specifically, 98 of the 270 Service members we reviewed who were diagnosed with an alcohol use disorder did not receive their recommended level of treatment within 7 or 28 days as required by DHA guidance. For example, an Army Service member was arrested for driving while intoxicated on May 16, 2020. The Service member's leadership referred her for an intake assessment on May 19, 2020. However, the Army substance abuse center did not perform her intake assessment until September 16, 2020, or 120 days after she was referred by leadership. According to the Service member's records, the Service member stated that she contacted

[24] Army Regulation 600-85, "The Army Substance Abuse Program" (November 28, 2016), identified that intake assessments should happen 12 duty days after the referral. Army Regulation 600-85 was updated on July 23, 2020, removing this requirement. Therefore, we applied the DHA Interim Procedures Memorandum 18.001 specialty appointment standard of 28 days.

[25] DHA Interim Procedures Memorandum 18-001, "Standard Appointing Processes, Procedures, Hours of Operation, Productivity, Performance Measures and Appointment Types in Primary, Specialty, and Behavioral Health Care in Medical Treatment Facilities (MTFs)," July 3, 2018 (updated February 4, 2020). Assistant Secretary of Defense (Health Affairs), "TRICARE Policy for Access to Care," February 23, 2011.

[26] DHA Interim Procedures Memorandum 18-001, "Standard Appointing Processes, Procedures, Hours of Operation, Productivity, Performance Measures and Appointment Types in Primary, Specialty, and Behavioral Health Care in Medical Treatment Facilities (MTFs)," July 3, 2018 (updated February 4, 2020).

the substance abuse center and was told that someone would contact her, but no one did, even after she attempted to set up appointments several times. Substance abuse center personnel stated that the Service member's initial counselor left and the Service member's new counselor did not contact the Service member.

Three Service members who were referred to Navy substance abuse centers for treatment never attended the recommended level of treatment.

In addition, 3 of the 270 Service members we reviewed with an alcohol use disorder did not receive their recommended treatment. Specifically, three Service members who were referred to Navy substance abuse centers for treatment never attended the recommended level of treatment. For example, on August 4, 2018, a Marine Corps Service member drank excessively to the point of blacking out, cut himself, and then started a fire in his room. The Service member's command referred him to the Marine Corps substance abuse center for an assessment. On August 8, 2018, a Navy psychology clinic assessed the Service member and referred the Service member to the Navy substance abuse center.[27] On September 7, 2018, the Navy substance abuse center diagnosed the Service member with a severe alcohol use disorder and recommended the Service member for level 2, or intensive outpatient (partial hospitalization), treatment. However, the provider noted in the patient's medical record that the Service member was scheduled to transfer to another Marine Corps base on September 22, 2018. Based on the Service member's medical record, he did relocate and eventually separated from the military in July 2021, but he never attended his recommended treatment or any followup visits with the substance abuse center at his new location before separating.

While the substance abuse centers did not always provide timely access to the recommended level of treatment, some centers did provide some form of interim or lower level of care until the Service members were able to obtain the recommended level of treatment. For example, an Army Service member began to receive level 1 outpatient therapy sessions 2 days after his intake assessment, until the time he was enrolled in the recommended level of treatment at a residential treatment facility 30 days after his diagnosis. In another example, an Air Force Service member who was recommended to attend a level 3 inpatient residential treatment facility stateside was provided with outpatient level 1 services until he was able to attend the recommended residential treatment 12 days after his diagnosis. In addition, a Marine Corps Service member did not receive his

[27] Based on Marine Corps Order 5300.17A, the Marine Corps substance abuse center provides diagnostic impressions with a recommendation for a Service member's disorder and treatment; however, according to the memorandum of understanding between the Marine Corps and the Navy, the Navy substance abuse center is responsible for confirming the Marine Corps' recommended diagnosis and providing any medical treatment for any substance use disorders classified as moderate or severe.

recommended level 2 treatment until 139 days after diagnosis. According to personnel from the Navy substance abuse center, the Service member's treatment was delayed because the Service member missed an appointment and the substance abuse center had access issues. However, the Navy substance abuse personnel provided interim care three different times until the Service member received his recommended treatment.

Service Member Leadership Did Not Submit Referrals Within Service-Required Timelines

Service member leadership did not refer 31 of the 103 Service members involved in alcohol-related incidents that we reviewed within their Service-required timelines.

Service member leadership did not refer 31 of the 103 Service members involved in alcohol-related incidents that we reviewed within their Service-required timelines. Specifically, the Military Services require leaders to refer Service members for an initial intake assessment at the substance abuse center or MTF following an alcohol-related incident within the following times.

- Army: 5 duty days.[28]
- Marine Corps: 48 hours.[29]
- Air Force: 7 calendar days or no later than the next duty day for incidents with legal involvement, such as driving under the influence or driving while intoxicated.[30]
- Navy: Did not have timeline requirements from 2018 through 2020, although the Navy has since updated its guidance to include a 5-working day requirement.[31]

Although the Army, Marine Corps, and Air Force had Service-specific requirements for referring Service members following an alcohol-related incident, unit leadership did not always refer Service members in a timely manner. For example, leadership for an Air Force Service member who was involved in an alcohol-related suicide attempt

[28] Army Regulation 600-85, "The Army Substance Abuse Program," November 28, 2016, identified that alcohol-related incident referrals should happen 5 duty days after the incident. Army Regulation 600-85 was updated on July 23, 2020, and stated that alcohol-related incident referrals should happen 5 days after the incident unless the referral was the result of a breathalyzer or investigation, in which case the requirement is 5 duty days.

[29] Marine Corps Order 5300.17A, "Marine Corps Substance Abuse Program," June 25, 2018.

[30] Air Force Instruction 44-121, "Alcohol and Drug Abuse Prevention and Treatment Program," July 18, 2018, (Incorporating Change 1 November 21, 2019).

[31] Office of the Chief of Naval Operations Instruction 5350.4D, "Navy Alcohol and Drug Abuse Prevention and Control," June 4, 2009.

on February 8, 2018, did not refer him for an intake assessment until he was involved in a second alcohol-related suicide attempt on March 28, 2018, or 48 days after his first alcohol-related incident. Substance abuse personnel noted in the Service member's health record that "the delay in referral resulted in the second alcohol-related incident."

Substance abuse personnel noted in the Service member's health record that "the delay in referral resulted in the second alcohol-related incident."

Table 3 shows the number of Service members involved in alcohol-related incidents for the Army, Air Force, and Marine Corps and whether their leadership met Service-required referral timelines following an alcohol-related incident.

Table 3. Service Member Alcohol-Related Incident Referrals Reviewed for FY 2018 Through FY 2020

Installation Where Service Member Was Assessed	Number of Service Members Reviewed Who Were Involved in an Alcohol-Related Incident	Total Number of Service Members Whose Assessment Referral Exceeded Service Timeline Requirements	Average Number of Days that Referrals Exceeded Service Timeline Requirements
Dover Air Force Base	13	5	34
Incirlik Air Base	12	1	9
Fort Sam Houston	15	1	27
Fort Richardson	23	5	3
Camp Butler	19	8	5
Camp Pendleton	11	6	5
Fort Belvoir	10	5	11
Total	**103**	**31**	**11***

* Overall average does not equal average of table values. The average applies only to the sample of individuals reviewed in each unit and does not apply across all the individuals at the installations.

Source: The DoD OIG.

During the period of our review, the Navy did not have a required timeline for a referral following an alcohol-related incident. However, the Chief of the Navy Substance Abuse Rehabilitation Program at the Navy Bureau of Medicine and Surgery stated that the Office of the Chief of Naval Operations Instruction 5350.4D is being revised and will impose a 5-working day referral timeline to be screened for shore and non-deployed commands.[32] For deployed commands, the revised guidance will require Service member leadership to refer Service members as

[32] Office of the Chief of Naval Operations Instruction 5350.4D, "Navy Alcohol and Drug Abuse Prevention and Control," June 4, 2009.

soon as practicable following an alcohol-related incident. On February 4, 2022, personnel from the Navy's Drug and Alcohol Deterrence branch stated the Navy Instruction was in the Chief of Naval Personnel's office for review and signature.

Although the Navy did not have a time requirement in place for referrals following alcohol-related incidents during the period of our review, FY 2018 through FY 2020, we applied the 5-working day requirement that is being proposed for the Office of the Chief of Naval Operations Instruction 5350.4D to determine whether Navy unit leaders would have met the proposed requirement. Based on the Navy-proposed requirements for timelines between an alcohol-related incident and alcohol intake assessment, 9 of 28 Service members would not have been referred within the proposed guidelines. Specifically, 4 Service members involved in 12 alcohol-related incidents who were treated at Naval Air Station Jacksonville, and 5 Service members involved in 16 alcohol-related incidents who were treated at Navy Medicine Readiness and Training Command Okinawa would not have been referred within the proposed 5-day requirement.

Inconsistent Guidance, Deferrals, and Understaffing or Unavailability Caused Delays in Assessments and Treatment

Service members did not receive intake assessments or treatment for an alcohol use disorder in a timely manner because guidance did not always clearly identify what timeline requirements applied for substance abuse specialty care. Additionally, Service members or their leadership deferred the initial assessment or treatment appointment because of operational requirements, legal actions, or other reasons; and substance abuse centers, MTFs, or residential treatment facilities were understaffed or did not have availability.

Service Guidance Was Unclear or Inconsistent

Service members did not receive timely assessments or treatment because guidance did not clearly identify which timeline requirements applied for substance abuse specialty care.

Service members did not receive timely assessments or treatment because guidance did not clearly identify which timeline requirements applied for substance abuse specialty care. DHA guidance stated that most behavioral and mental health care should be booked using future or specialty appointment types, which require offering an appointment within 7 or 28 days, respectively.[33] Substance abuse specialty care falls under the behavioral and mental health

[33] DHA Interim Procedures Memorandum 18-001, "Standard Appointing Processes, Procedures, Hours of Operation, Productivity, Performance Measures and Appointment Types in Primary, Specialty, and Behavioral Health Care in Medical Treatment Facilities (MTFs)," July 3, 2018 (updated February 4, 2020).

specialty. However, when authority, direction, and control of the MTFs transitioned from the Military Services to the DHA, the Military Services chose to retain substance abuse care as a Service function because it affects Service member readiness.

One clinical director of an Army substance abuse center stated that it would be helpful if someone would clarify what guidance specifically applies to the substance abuse centers. For example, the director stated that the new Army guidance, revised in July 2020, removed the 12-day requirement for an intake assessment following a referral. Therefore, the director stated that the substance abuse center was now following Army Medical Command guidance, which requires the substance abuse center to complete an intake assessment within 30 days from referral although the DHA guidance states that specialty care should be offered within 28 days.

Furthermore, guidance for substance abuse center access standards varied among the Military Services. For example, during the period of our review, Army guidance required intake assessments to be completed within 12 duty days or 28 calendar days after a referral, Air Force guidance required within 7 calendar days, and the Navy and Marine Corps did not have established access to care standards for intake assessments. Completing the intake assessment quickly is important to determine whether a Service member has an alcohol use disorder and to recommend the appropriate level of care for the Service member. To ensure that Service members receive timely diagnosis and alcohol treatment, the DHA Director, in coordination with Military Services, should establish a maximum number of days between a substance abuse referral and an intake assessment for a substance use disorder. In addition, the DHA Director, in coordination with the Military Services, should establish a maximum number of days to provide substance abuse treatment following a diagnosis of a substance use disorder.

Intake Assessment or Treatment Was Deferred by Service Members or Their Leadership

Service members and their leadership were, at times, the cause of delays in intake assessments and treatment. Specifically, Service members or their leadership deferred the initial assessment appointments or treatment because of operational requirements, legal actions, and other reasons.

Service member leadership deferred intake assessments and treatment for operational reasons. For example, a Marine Corps substance abuse center provider recommended a Marine Corps Service member for inpatient treatment at a residential treatment facility on September 10, 2018, because of an incident involving underage drinking. The Service member received only early intervention

While deployed, the Service member had another underage drinking incident and was sent back to his original duty station. He began level 3 treatment 183 days after he was initially recommended for level 3 treatment.

counseling in August 2018, and subsequently deployed overseas in November 2018. While deployed, the Service member had another underage drinking incident on December 31, 2018, and was sent back to his original duty station. He began level 3 treatment 183 days after he was initially recommended for level 3 treatment.

In other examples, Service members were diagnosed but received permanent change of station orders before beginning treatment. Once the Service members relocated, they did not receive their recommended treatment or have followup visits with the substance abuse centers at the new locations. When a Service member transfers to a new installation, there is no standardized or electronic process to ensure that the receiving substance abuse center is aware of a Service member's alcohol use disorder and planned treatment. The director of one of the Marine Corps substance abuse centers we interviewed stated that the substance abuse center is often notified that a Service member is transferring only days before or after a Service member is transferred.

Service members and their leadership also deferred intake assessments and treatment for legal reasons. Specifically, Service members may defer an intake assessment to avoid providing information that can be used against the Service member in a court-martial or other administrative discharge. In addition, leadership may defer an assessment or treatment because they want the Service member available to respond to legal investigations without affecting continuity of care provided by the substance abuse center. Therefore, Service members may not have their intake assessments or treatment provided for weeks or even months following an alcohol-related incident. For example, a medical provider referred one Service member to an Air Force substance abuse center because of a domestic violence alcohol-related incident. The Service member deferred completing his intake assessment for legal reasons and was later hospitalized because of consumption of alcohol. Once the Service member was discharged from the hospital, the substance abuse clinic did not complete an assessment. Eventually the Service member did receive treatment for his alcohol use; however, the substance abuse center could not explain why it did not perform an intake assessment. In another example, a Marine Corps Service member was involved in an alcohol-related incident on December 29, 2017, but his leadership did not refer him to the Marine Corps substance abuse center for an assessment until March 27, 2018, or 88 days after the incident, because of pending legal actions.

Finally, Service members may defer intake assessments and treatment for other reasons, such as leave and hospitalizations. For example, a Marine Corps Service member was involved in a moped accident involving alcohol and was hospitalized. A medical provider at the hospital medically referred the Service member to the Navy substance abuse center, but the Service member's intake assessment was delayed 39 days because of hospitalization. Additionally, a medical provider from the Navy substance abuse center recommended the Service member for level 1 treatment, but the treatment was delayed 77 days because of pending legal actions. Therefore, to ensure that Service members receive the care they need, the DHA Director should require substance abuse centers to implement a standardized tracking mechanism in the electronic health care record to track the progress of Service members' substance use treatment, including uploading referrals, documenting delays in intake assessments and treatment, and transferring treatment when Service members have a permanent change of station.

Substance Abuse Centers Were Understaffed or Did Not Have Availability

Service members did not receive timely intake assessments or treatment because Service substance abuse centers, MTFs, or residential treatment facilities were understaffed or did not have availability. This was primarily a concern for locations outside of the continental United States. However, there were also treatment delays at facilities based in the continental United States, especially during the COVID-19 pandemic. For example, a Service member self-referred to a Marine Corps substance abuse center outside of the continental United States with staffing shortages on December 2, 2019. The Marine Corps substance abuse center assessed the Service member and referred him to a Navy substance abuse center on December 10, 2019, for diagnosis and treatment. The Navy did not assess or diagnose the Service member until March 13, 2020, or 94 days after the Marine Corps substance abuse center referred the Service member. The Service member was then not scheduled to begin level 1 treatment until June 29, 2020, or 108 days after being diagnosed with an alcohol use disorder by the Navy substance abuse center. However, because of shutdowns related to the COVID-19 pandemic, his treatment was delayed until August 10, 2020, or 150 days from diagnosis to treatment.

Staff members from a Navy substance abuse center stated that shortages of alcohol drug counselors played a role in the longer access to care times. The Navy substance abuse center personnel explained that the alcohol drug counselors are stationed for 2 years for overseas locations but are permitted to obtain a waiver to extend up to an additional 3 years if the counselor desires and the counselor's first and second level supervisors approve. The substance abuse center personnel

stated that although the DoD regulation allows for another 2-year extension totaling 7 years, leadership above the local command never granted the waiver.[34] In addition, according to staff members from an Army substance abuse center, outlying areas have incredible difficulty in replacing civilian substance abuse center staff, with at least a 6-month delay to have them replaced because of difficulties related to the civilian hiring practices. The staff members stated that more substance abuse center staff would be beneficial, especially with the current staffing shortages that have led to frustration, burnout, and desperation among the substance abuse center staff. The DHA Director, in coordination with the Military Services, should review the civilian hiring and retention practices for substance abuse personnel and make applicable improvements to minimize vacant positions.

The staff members stated that more substance abuse center staff would be beneficial, especially with the current staffing shortages that have led to frustration, burnout, and desperation among the substance abuse center staff.

Service Member Leadership Did Not Refer Service Members in a Timely Manner After Alcohol-Related Incidents

Service members did not receive timely referrals for an intake assessment following alcohol-related incidents in accordance with Service guidance because their leadership encouraged Service members to self-refer before, or instead of, a command referral, and Service leadership did not receive adequate training regarding the program for alcohol misuse and its requirements.

Service Member Leaders Encouraged Self Referrals and Lacked Adequate Training

Unit leadership did not refer Service members for intake assessments in a timely manner or, in some cases, at all because they did not follow established guidance. Specifically, according to the medical records we reviewed and unit leadership we interviewed, leadership encouraged Service members to self-refer instead of submitting a command referral following an alcohol-related incident or suspected alcohol misuse. According to personnel from one substance abuse center, commanders have a misconception that the impact on a Service member's career will be less severe if the Service member self-refers. Personnel from another substance abuse center stated that there is stigma associated with the overall

[34] DoD Instruction 1400.25, Volume 1230, "DoD Civilian Personnel Management System: Employment in Foreign Areas and Employee Return Rights," July 26, 2012.

substance abuse program and there is a belief that Service members will be more motivated to change and receive treatment if they self-refer before a command or medical referral forces them to seek help. However, the substance abuse personnel stated that when left to the Service members to self-refer, the Service members do not always choose to go to the substance abuse center.

Substance abuse personnel stated that when left to the Service members to self-refer, the Service members do not always choose to go to the substance abuse center.

An Army Service member who was assessed on May 2, 2018, stated that she chose to come to the substance abuse center on her own even though she was arrested for drunk and disorderly conduct on April 15, 2018. According to Army guidance at the time of the incident, unit leadership should have referred the Service member within 5 duty days. However, the Service member's provider noted that at the time of her intake assessment, which was 13 duty days following the alcohol-related incident, her leadership still had not submitted a referral.

In another example, an Air Force Service member who self-referred to the substance abuse center reported during the initial assessment that his leadership encouraged him to self-refer because of changes in behavior and energy at work. In a later meeting between the substance abuse center and the Service member's leadership, the Service member's leadership reported that this was the Service member's fourth substance abuse evaluation, and the third time he was referred to inpatient treatment since 2013. The Service member's leadership informed the substance abuse center that there were concerns that the Service member had been drinking heavily because of his behavior at work, and explained that they provided the Service member with the ultimatum that if he did not self-refer, he would be command-referred. Ultimately, the unit leadership relied on the Service member to seek help instead of submitting a command referral.

Unit leadership plays an essential role in the substance abuse program, and part of leadership's role is ensuring that Service members with suspected substance abuse problems are assessed for potential diagnoses to obtain the necessary treatment. While a Service member's willingness to change and obtain help is important for successful rehabilitation, relying on Service members to refer themselves can result in delays in rehabilitation. In addition, in cases where a Service member's leadership does not submit a referral and relies solely on the Service member to self-refer, it removes accountability and provides Service members an opportunity to avoid assessment. While some substance abuse centers have established relationships with the installation and external law enforcement, not all centers are notified of alcohol-related incidents involving Service members to ensure that Service members are assessed and potentially diagnosed.

DoD Instruction 1010.04 requires DoD Component heads to ensure that commanders receive annual training on how to identify, assess, and refer personnel displaying signs of problematic substance use and the services that are available for treatment. However, while Army and Navy guidance requires commanders to receive substance use training, it does not require it annually.[35] In addition, although Air Force and Marine Corps guidance requires annual substance use training, unit leadership we interviewed stated that they did not receive adequate training to familiarize themselves with the alcohol misuse program and its requirements.[36] Specifically, one Army unit leader stated that he received no training, and another stated that he received only a small amount of instruction during a leadership course. An Air Force unit leader stated that there is no formalized training related to alcohol referrals and that the leaders learn by asking questions and observing others. Therefore, to familiarize commanders with signs of problematic substance use and substance use referral requirements, the Director of the Army Resilience Directorate and Chief of Naval Operations should update Service policy to require commanders and other unit leadership to receive substance use training annually. In addition, to ensure that unit leadership is receiving the required training, the Director of the Army Resilience Directorate, the Commandant of the Marine Corps, the Chief of Naval Operations, and the Air Force Surgeon General should update Service policy to require training components to review annually a sample of Service members to determine whether Service members have received their required substance use training.

Unit leadership we interviewed stated that they did not receive adequate training to familiarize themselves with the alcohol misuse program and its requirements.

Service Members May Be at Risk for Alcohol Use Disorders

Service members experienced delays obtaining timely access to intake assessments and treatment for alcohol use disorders, potentially affecting physical, social, psychological, familial, and employment health. According to the Centers for Disease Control and Prevention, counseling interventions decrease drinking

Service members experienced delays obtaining timely access to intake assessments and treatment for alcohol use disorders, potentially affecting physical, social, psychological, familial, and employment health.

[35] Army Regulation 600-85, "The Army Substance Abuse Program, July 23, 2020; Office of the Chief of Naval Operations Instruction 5350.4D, "Navy Alcohol and Drug Abuse Prevention and Control," June 4, 2009.

[36] Air Force Instruction 44-121, "Alcohol and Drug Abuse Prevention and Treatment Program," July 18, 2018, (Incorporating Change 1 November 21, 2019); Marine Corps Order 5300.17A, "Marine Corps Substance Abuse Program," June 25, 2018.

behaviors by as much as 25 percent, which reduces risk to patients. Therefore, Service members need to be referred, diagnosed, and treated quickly to ensure that they obtain the help they need. Without timely access to treatment, the DoD risks the health and readiness of Service members who need treatment.

Recommendations, Management Comments, and Our Response

Recommendation B.1

We recommend that the Defense Health Agency Director, in coordination with the Military Services, should:

a. Establish a maximum number of days between a substance abuse referral and an intake assessment for a substance use disorder.

Defense Health Agency Comments

The USD (P&R) agreed with the recommendation, stating that DHA Interim Procedures Memorandum 18-001 establishes the maximum days from referral for a non-urgent condition to an evaluation. Additionally, the USD (P&R) stated that the Deputy Assistant Director for Healthcare Operations is rewriting instructions that will standardize access to care guidance, and the Deputy Assistant Director for Medical Affairs is developing guidance for the provision of substance misuse evaluation and treatment. The USD (P&R) stated that he expects guidance to be released by July 2022.

Our Response

The USD (P&R) comments addressed the specifics of the recommendation; therefore, the recommendation is resolved but remains open. We will close the recommendation when the DHA provides updated guidance that identifies a maximum number of days between a substance abuse referral and an intake assessment for a substance abuse disorder.

b. Establish a maximum number of days to provide substance abuse treatment following a diagnosis of a substance use disorder.

Defense Health Agency Comments

The USD (P&R) partially agreed with the recommendation, stating that treatment for medical conditions is subject to several variables, including the patient's willingness to participate, the urgency of the needed treatment, the severity of the condition, the availability of resources, and other competing demands, such as duty or family requirements. The USD (P&R) also stated that treatment planning and goal development is a complex task performed jointly between the patient

and provider, and that substance abuse patients can often be difficult to engage. The USD (P&R) stated that DHA agreed that treatment guidelines are appropriate, and providers must minimize delays and fully document treatment decisions in the medical record. Finally, the USD (P&R) stated that the Deputy Assistant Director for Medical Affairs is developing guidance for mental health and substance abuse treatment, which will provide expected timelines for substance abuse care. The USD (P&R) stated that he expects the guidance to be released by January 2023.

Our Response

Although the USD (P&R) partially agreed, the comments provided addressed the specifics of the recommendation; therefore, the recommendation is resolved but remains open. We will close the recommendation when the DHA provides a copy of the guidance for substance abuse treatment, including expected timelines for the provision of substance abuse care.

c. Review the civilian hiring and retention practices for substance abuse personnel and make applicable improvements to minimize vacant positions.

Defense Health Agency Comments

The USD (P&R) agreed with the recommendation, stating that the Military Services are currently transferring Human Resource functions related to the provision of health care to the DHA and that the transfer will include substance abuse personnel. The Military Services plan to complete the transfer of human resources to the DHA by November 2022. The USD (P&R) stated that once the transfer is complete, the DHA will be able to review and make corrections to hiring and retention practices as needed. Additionally, the USD (P&R) stated that the Deputy Assistant Director for Medical Affairs and the Military Services are reviewing factors affecting behavioral health (including substance abuse) personnel hiring and retention, such as national shortages in behavioral health personnel, sparsely populated or less desirable work locations, pay and benefits, and quality of life factors, in an effort to begin mitigation efforts. Finally, the USD (P&R) stated that wherever possible, the DHA is taking steps to address and mitigate these factors in order to attract, hire, and retain qualified behavioral health personnel. The USD (P&R) stated that there is no expected completion date for mitigation efforts, given the complex and dynamic nature of these issues.

Our Response

The USD (P&R) comments addressed the specifics of the recommendation; therefore, the recommendation is resolved but remains open. We will close the recommendation when the DHA provides documentation that demonstrates the DHA reviewed the civilian hiring and retention practices for substance abuse personnel and that summarizes the decisions made to minimize vacant positions.

Recommendation B.2

We recommend that the Defense Health Agency Director require substance abuse centers to implement a standardized tracking mechanism in the electronic health care record to track the progress of a Service member's substance use treatment, including uploading referrals, documenting delays in intake assessments and treatment, and transferring treatment when Service members have a permanent change of station.

Defense Health Agency Comments

The USD (P&R) agreed with the recommendation, stating that DHA Procedures Manual 6025.02, DoD Health Record Lifecycle Management, Volume 1: General Principles, "Custody and Control, and Inpatient Records, Volume 1," November 23, 2021, states:

> All health records, regardless of medium, must contain enough information to identify the patient; identify the name(s) of those involved in providing the care, treatment, and service; support the diagnosis/condition; justify the care, treatment, and service; accurately document the results of care, treatment and service rendered; and promote continuity of care.

The USD (P&R) further stated that DoD Instruction 6040.45, "DoD Health Record Life Cycle Management," November 16, 2015, Incorporating Change 1, April 11, 2017, provides additional, more specific guidance for documentation in the medical record. The USD (P&R) also stated that the Deputy Assistant Director for Medical Affairs is developing guidance specific to the provision of mental health and substance abuse treatment and that the guidance will provide procedural requirements for transferring care when Service members have a change in duty location. The USD (P&R) stated that he expects guidance to be released by January 2023.

Our Response

The USD (P&R) comments partially addressed the specifics of the recommendation; therefore, the recommendation is unresolved. Although the DHA Procedures Manual and DoD Instruction that the USD (P&R) cited provide guidance for uploading and documenting information in the medical record, we found instances during our review where health care personnel did not upload referrals or document information in the medical record. We request that the DHA Director provide additional comments in response to the final report, identifying specific actions that require substance abuse centers to track that referrals are uploaded and delays in intake assessments and treatment are documented in the electronic health care record, to ensure that Service members are getting the recommended treatment.

Recommendation B.3

We recommend that the Director of the Army Resilience Directorate should update Army Regulation 600-85, "The Army Substance Abuse Program, July 23, 2020, to:

a. Require commanders and other unit leadership to receive substance use training annually.

Director of the Army Resilience Directorate Comments

The Director of the Army Resilience Directorate agreed with the recommendation, stating that the Army Resilience Directorate will update Army Regulation 600-85 to require commanders and other unit leadership to receive substance use training annually. Specifically, the Director stated that the Army Resilience Directorate will work with the Army Material Command, which is responsible for the execution of the Army Substance Abuse Program, to develop and administer annual substance use training to leaders. The Director stated that annual training will consist of how to identify, assess, and refer personnel displaying signs of problematic alcohol and substance use and services that are available for treatment. The Director estimated that the annual training requirement would be implemented within 90 days, or by April 11, 2022.

Our Response

The Director's comments addressed the specifics of the recommendation; therefore, the recommendation is resolved but remains open. We will close the recommendation when we receive an updated copy of Army Regulation 600-85 requiring annual substance abuse training for commanders and other unit leadership.

b. Require training components to review annually a sample of Service members to determine whether Service members have received their required substance use training.

Director of the Army Resilience Directorate Comments

The Director of the Army Resilience Directorate agreed with the recommendation, stating that the Army Resilience Directorate will update Army Regulation 600-85 to require training components to review annually a sample of Service members to determine whether Service members received their required training. Specifically, the Director stated that the Army Material Command, which is responsible for the execution of the Army Substance Abuse Program, will review the annual sample of leaders to determine whether the substance abuse training was delivered. The Director stated that the new requirement will be published within 90 days, or by April 11, 2022.

Our Response

The Director's comments addressed the specifics of the recommendation; therefore, the recommendation is resolved but remains open. We will close the recommendation when we receive an updated copy of Army Regulation 600-85 requiring an annual sample of substance use training.

Recommendation B.4

We recommend that the Chief of Naval Operations update Office of the Chief of Naval Operations Instruction 5350.4D, "Naval Alcohol and Drug Abuse Prevention and Control, June 4, 2009, to:

a. Require commanders and other unit leadership to receive substance use training annually.

Chief of Naval Operations Comments

The Director, Special Assistant Health Affairs, Office of the Assistant Secretary of the Navy (Manpower and Reserve Affairs), responding for the Chief of Naval Operations, agreed with the recommendation, stating that the recommendation has been incorporated into the draft Office of the Chief of Naval Operations Instruction 5350.4E. The Director anticipates that the draft Instruction will be published in March 2022.

Our Response

The Director's comments addressed the specifics of the recommendation; therefore, the recommendation is resolved but remains open. We will close the recommendation when we receive a published copy of Office of the Chief of Naval Operations Instruction 5350.4E requiring annual substance abuse training for commanders and other unit leadership.

b. Require training components to review annually a sample of Service members to determine whether Service members have received their required substance use training.

Chief of Naval Operations Comments

The Director, Special Assistant Health Affairs, Office of the Assistant Secretary of the Navy (Manpower and Reserve Affairs), responding for the Chief of Naval Operations, agreed with of our recommendation, stating that the recommendation has been incorporated into the draft Office of the Chief of Naval Operations Instruction 5350.4E. The Director anticipates that the draft Instruction will be published in March 2022.

Our Response

The Director's comments addressed the specifics of the recommendation; therefore, the recommendation is resolved but remains open. We will close the recommendation when we receive a published copy of Office of the Chief of Naval Operations Instruction 5350.4E requiring an annual sample of substance use training.

Recommendation B.5

We recommend that the Commandant of the Marine Corps update Marine Corps Order 5300.17A, "Marine Corps Substance Abuse Program," June 25, 2018, to require training components to review annually a sample of Service members to determine whether Service members have received their required substance use training.

Commandant of the Marine Corps Comments

The Director, Special Assistant Health Affairs, Office of the Assistant Secretary of the Navy (Manpower and Reserve Affairs), responding for the Commandant of the Marine Corps, agreed with our recommendation and proposed an alternative corrective action. Specifically, the Director stated that no updates were necessary to Marine Corps Order 5300.17A because the Headquarters Marine Corps, Marine and Family Programs Division, has been monitoring compliance with annual

substance use training since October 2021, with the outcomes of the compliance review reported three times per year to the Marine and Family Compliance Oversight Review Board.

Our Response

The Director's comments partially addressed the specifics of the recommendation; therefore, the recommendation is unresolved. While Marine Corps representatives stated that they have been monitoring compliance with annual substance use training since October 2021, which addresses the aspect of the recommendation for an annual review, however, the recommendation also included updating Marine Corps guidance with the requirement to perform annual reviews. The audit team requested additional documentation from the Marine Corps related to the Compliance Oversight Review Board to determine whether the actions taken resolved the recommendation. Based on documentation provided, the audit team determined that the Compliance Oversight Review Board reviews program compliance issues, and targets areas for further analysis and response. The board reported issues with substance use training during its October 2021 review; however, based on Marine and Family Programs Division Order 5200.24C, the board is not required to continue monitoring substance use training, which is the intent of our recommendation. Without a documented requirement for an annual review, there is no mechanism to ensure that the Marine Corps will continue its compliance reviews. We request that the Commandant reconsider establishing a requirement for an annual sample of substance use training to ensure that the Marine Corps continues to monitor compliance.

Recommendation B.6

We recommend that the Air Force Surgeon General update Air Force Instruction 44-121, "Alcohol and Drug Prevention and Treatment (ADAPT) Program," July 18, 2018, to require training components to review annually a sample of Service members to determine whether Service members have received their required substance use training.

Air Force Surgeon General Comments

The Medical Operations Director for the Office of the Air Force Surgeon General, responding for the Air Force Surgeon General, agreed with the recommendation, stating that the Alcohol and Drug Prevention and Treatment program plans to add a Management Internal Control Toolset item requiring bases to document compliance with all required alcohol use and misuse education outlined in Air Force Instruction 44--121, Table 3.1. The Medical Operations Director stated that the Air Force will issue an interim guidance memorandum by

May 2022, to require an annual compliance audit by the Major Commands until Air Force Instruction 44-121 is revised. The Medical Operations Director stated that the recommended policy changes will be incorporated into the next Air Force Instruction draft with an estimated completion date of January 2023.

Our Response

Comments from the Medical Operations Director addressed all specifics of the recommendation; therefore, the recommendation is resolved but remains open. We will close the recommendation after we verify that the Air Force has updated Air Force Instruction 44-121 requiring an annual sample of substance use training.

Appendix

Scope and Methodology

We conducted this performance audit from November 2020 through December 2021 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

To determine whether the DHA and Military Services, specifically the Army, Marine Corps, Navy, and Air Force, screened and provided treatment of alcohol misuse in a timely manner according to DoD guidance, we met with officials from the following organizations to gain an understanding of the screening and treatment programs, identify roles and responsibilities, or obtain documentation.

- Defense Health Agency
- U.S. Army Medical Command
- U.S. Army Installation Management Command
- U.S. Navy Bureau of Medicine and Surgery
- U.S. Air Force Medical Readiness Agency
- Marine and Family Programs Division, Headquarters Marine Corps, Manpower and Reserve Affairs
- Navy Drug and Alcohol Deterrence Branch
- Navy Manpower and Reserve Affairs

We nonstatistically selected nine installations based on multiple factors, including locations with high alcohol consumption rates according to the National Institute on Alcohol Abuse and Alcoholism, joint Service installations, installations with DoD MTFs within DHA-established markets, and installations that offered inpatient treatment services. From those installations, we selected seven units with high-stress occupations or frequent deployments. From these units, we obtained a listing of all active duty Service members assigned to the unit from FY 2018 through FY 2020 to sample for the AUDIT-C screening. From the installations, we also selected nine substance abuse centers that assessed Service members with potential alcohol use disorders. We obtained a listing of all active duty Service members who were assessed, diagnosed with an alcohol use disorder, and recommended for level 1 treatment or higher from FY 2018 through FY 2020 to

measure the number of days until Service members obtained treatment. We did not project our findings across our populations of Service members; we applied our findings and conclusions to only the Service members we reviewed.

We met with the DHA and the selected Military Service substance abuse centers to discuss policies, issues, alcohol screenings, treatment, and systems related to alcohol screening and access to care for treatment of active duty Service members. Specifically, for screening, we reviewed any health care encounters that may potentially include an alcohol screening, including:

- DD Forms 3024, "Annual Periodic Health Assessment";
- primary encounters;
- pre- and post-deployment health assessments; and
- Military Entrance Processing Station forms.

Because the AUDIT-C screenings are not performed by fiscal year or calendar year, but rather every 365 days from their last screening, we considered all AUDIT-C screenings performed during the scope of our review from FY 2018 through FY 2020. We calculated the duration between any health care encounters that included an AUDIT-C (for example, PHAs or primary care or specialty care encounters) performed for the Service members during the period of our review. We selected the assessments that resulted in the shortest timeframe between AUDIT-C screenings performed for Service members.

For treatment, we obtained:

- Service/command referral forms, such as DA Form 8003, "Command Referral for a Substance Use Disorder Evaluation";
- health records documenting intake assessments;
- health records documenting encounters at the emergency department, an inpatient stay, or detox;
- health records documenting a discharge summary;
- health records documenting treatment or rehabilitation team meetings; and
- health records documenting the first encounter of a recommended treatment session.

Because we measured access for different points in the alcohol use disorder treatment process, we calculated access using the actual days from referral to the substance abuse center to the Service member's intake assessment, and from diagnosis to treatment, instead of the first available appointment. Therefore, days calculated in the report may include delays outside the substance abuse

center's control, such as treatment delays requested by the Service member or their leadership. Results reported for the Marine Corps substance abuse centers are Service members that were initially referred to the Marine Corps substance abuse center and were subsequently referred, assessed, and treated at the Navy substance abuse center in accordance with Marine Corps Order 5300.17A and a memorandum of understanding between the Marine Corps and the Navy. Results do not represent assessments or treatment provided by the Marine Corps substance abuse center.

We reviewed a statistical sample of 30 Service members from each of the seven units we selected, for a total of 210 Service members, to determine whether they were screened annually for potential alcohol misuse using the AUDIT-C. Personnel from the DoD Office of Inspector General (DoD OIG) Quantitative Methods Division pulled this sample from Service member listings provided by the units, totaling 9,788 Service members from FY 2018 through FY 2020. In addition, we reviewed a statistical sample of 30 Service members from each of the nine substance abuse centers, totaling 270 Service members, to determine whether they received timely access to intake assessments and treatment. Quantitative Methods Division personnel also pulled this sample from listings provided by the substance abuse centers, totaling 2,003 Service members who were diagnosed with an alcohol use disorder and received level 1 treatment or above from FY 2018 through FY 2020.

We reviewed the following DoD and Service guidance related to substance abuse programs.

- DoD Instruction 1010.04, "Problematic Substance Use by DoD Personnel," February 20, 2014, Incorporating Change 1, Effective May 6, 2020
- DoD Instruction 6490.08, "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members," August 17, 2011
- DHA Procedural Instruction 6490.02, "Behavioral Health (BH) Treatment and Outcomes Monitoring," July 12, 2018
- DHA Interim Procedures Memorandum 18-001, "Standard Appointing Processes, Procedures, Hours of Operation, Productivity, Performance Measures and Appointment Types in Primary, Specialty, and Behavioral Health Care in Medical Treatment Facilities (MTFs)," July 3, 2018, February 4, 2020
- DHA Procedural Instruction 6025.15, "Management of Problematic Substance use by DoD Personnel," April 16, 2019
- Department of Veterans Affairs and DoD, "VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders," December, 2015

- Air Force Instruction 44-121, "Alcohol and Drug Abuse Prevention and Treatment Program," July 18, 2018, (Incorporating Change 1 November 21, 2019)
- Army Regulation 600-85, "The Army Substance Abuse Program," November 28, 2016, July 23, 2020
- U.S. Army Medical Command, "Substance Use Disorder Clinical Care Operations Manual for Outpatient Care," Version 2, September 23, 2019
- Navy Bureau of Medicine and Surgery Instruction 5350.4A, "Navy Medicine Alcohol and Drug Prevention Program," August 26, 2015
- Office of the Chief of Naval Operations Instruction 5350.4D, "Navy Alcohol and Drug Abuse Prevention and Control," June 4, 2009
- Navy Bureau of Medicine and Surgery Instruction 5353.4B, "Standards for Provision of Substance Related Disorder Treatment Services," July 6, 2015
- Marine Corps Order 5300.17A, "Marine Corps Substance Abuse Program," June 25, 2018
- Secretary of the Navy Instruction 5300.28F, "Military Substance Abuse Prevention and Control," April 23, 2019
- Office of the Chief of Naval Operations Instruction 5350.8, "Use of Hand-Held Alcohol Detection Devices," January 22, 2013
- Navy Bureau of Medicine and Surgery Instruction 5350.6, "Use of Hand-Held Alcohol Detection Devices," August 12, 2013
- DoD Instruction 6025.19, "Individual Medical Readiness," June 9, 2014 (Incorporating Change 1 effective May 12, 2020)
- DoD Instruction 6200.06, "Periodic Health Assessment (PHA) Program," September 8, 2016

Internal Control Assessment and Compliance

We assessed internal controls and compliance with laws and regulations necessary to satisfy the audit objective. In particular, we assessed controls over monitoring and the control environment related to the program for screening and access to care for treatment of alcohol use disorder. Monitoring includes establishing and operating monitoring activities to assess the quality of performance over time and promptly resolve any findings. During our audit work, we noted that the DHA and Military Services' substance abuse programs did not have monitoring mechanisms to track required AUDIT-C screenings for Service members or delays when Service members had an intake assessment or entered a recommended level of treatment. The control environment is a foundation for an internal control system that provides the discipline and structure to help an entity achieve its objectives, such as enforcing accountability. We found that unit leaders were not referring Service

members in a timely manner in accordance with guidance to ensure that Service members received the recommended level of treatment. However, because our review was limited to these internal control components and underlying principles, it may not have disclosed all internal control deficiencies that may have existed at the time of this audit.

Use of Computer-Processed Data

We relied on computer-processed data provided by our audit clients to select a sample of Service members assigned to selected units we reviewed, as well as Service members diagnosed and treated for alcohol use disorder at the selected substance abuse centers from FY 2018 through FY 2020. Specifically, to assess the AUDIT-C screening timeliness, we reviewed unit rosters from the Army Personnel Status Report, Army Medical Protection System, Base Level Service Delivery Model, and internally developed rosters. To assess access to treatment for alcohol use disorder, we reviewed data from the Drug and Alcohol Management Information System, Armed Forces Health Longitude Technology Application, and spreadsheets developed by the substance abuse centers. To assess the reliability of the data to ensure that Service members were within our scope, we compared the Service members in the listings to information reported in the Service member's medical record. We determined that the data used were sufficiently reliable to support the Service member sample we reviewed in this report. We did not rely on computer-processed data to determine AUDIT-C screening frequency or days to referral, intake assessment, or treatment. For the calculation of days between AUDIT-C screenings and access to intake assessments and alcohol treatment, we relied on the source documents uploaded, or dates recorded, in the patient's readiness and electronic health care records.

Use of Technical Assistance

The DoD OIG Quantitative Methods Division provided the sample of 30 personnel from each selected unit to assess whether AUDIT-C screenings were performed annually, as well as a sample of 30 personnel who received alcohol use disorder treatment from each selected substance abuse center to assess access to care.

Prior Coverage

No prior coverage has been conducted on the DoD's management of alcohol use disorder during the last 5 years. However, the DoD OIG issued similar evaluations concerning access to care for behavioral health. The Veterans Affairs Office of Inspector General (VA OIG) issued an evaluation concerning screening and followup care concerning alcohol use in the primary care setting.

Unrestricted DoD OIG reports can be accessed at http://www.dodig.mil/reports.html/. Unrestricted VA OIG reports can be accessed at https://www.va.gov/oig/apps/info/OversightReports.aspx.

DoD OIG

Report No. DODIG-2020-112, "Evaluation of Access to Mental Health Care in the Department of Defense," August 2020

> This report found that the DoD did not consistently meet outpatient mental health care standards for active duty Service members and their families, in accordance with law and applicable DoD policies. In addition, 9 of 13 MTFs reported the inability to meet evidence-based treatment or monitor the prescribed behavioral health treatment dosage in accordance with DHA Procedural Instruction 6490.02, which means that the patient's followup treatment may have been delayed or did not occur.

Report No. DODIG-2019-091, "Evaluation of the DoD's Management of Opioid Use Disorder for Military Health System Beneficiaries," June 2019

> This report found that the DoD had policies and programs in place to manage the treatment of opioid use disorder; however, Marine Corps Substance Abuse Counseling Center counselors made substance use disorder diagnoses in violation of DoD and Navy Bureau of Medicine and Surgery policies.

VA OIG

Report No. 15-01296-203, "Evaluation of Alcohol Use Disorder Care at Community Based Outpatient Clinics and Other Outpatient Clinics," June 2016

> The VA Office of Inspector General Office of Healthcare Inspections conducted a systematic review of the Veterans Health Community Based Outpatient Clinics and other outpatient clinics to evaluate for compliance with selected Veterans Health Administration requirements regarding alcohol use screening and followup in the primary care setting.

Management Comments

Office of the Under Secretary of Defense for Personnel and Readiness and Defense Health Agency

PERSONNEL AND READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

FEB 15 2022

MEMORANDUM FOR INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE

SUBJECT: Department of Defense Inspector General Draft Report D2021-D000AW-0036.000, "Audit of Active Duty Service Member Alcohol Misuse Screening and Treatment"

This is the DoD response to the DoD Inspector General Draft Report on Project No. D2021-D000AW-0036.000, "Audit of Active Duty Service Member Alcohol Misuse Screening and Treatment."

Thank you for the opportunity to review and comment on the Draft Report. Overall, I concur with the findings contained in the Draft Report. Timely screening, evaluation, and treatment of Service members for alcohol misuse is of importance to the DoD. My specific responses to the Conclusion and Recommendations are attached.

My points of contact on this issue are [redacted] (Functional) who can be reached at [redacted] or [redacted] or [redacted] (Audit Liaison) at ([redacted] or [redacted]

Gilbert R. Cisneros, Jr.

Attachment:
As stated

Office of the Under Secretary of Defense for Personnel and Readiness and Defense Health Agency (cont'd)

DOD IG DRAFT REPORT DATED DECEMBER 17, 2021
D2021-D000AW-0036.000

"AUDIT OF ACTIVE DUTY SERVICE MEMBER ALCOHOL MISUSE SCREENING AND TREATMENT"

OFFICE OF UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (OUSD(P&R)) AND DEFENSE HEALTH AGENCY (DHA) RESPONSE TO THE DOD IG RECOMMENDATIONS

Recommendation A.1: We recommend that the Under Secretary of Defense for Personnel and Readiness revise DoD Instruction 1010.04, "Problematic Substance Use by DoD Personnel," February 20, 2014, DoD Instruction 6200.06, "Periodic Health Assessment (PHA) Program," September 8, 2016, and DoD Instruction 6025.19, "Individual Medical Readiness," June 9, 2014, to align the frequency with which Alcohol Use Disorder Identification Test–Consumption screenings and periodic health assessments are conducted.

OUSD(P&R) RESPONSE: OUSD(P&R) partially concurs. Although the IG recommended updating three issuances, in our view, updating Department of Defense Instruction (DoDI) 1010.04, satisfies the intent of the recommendation and updates to the issuance are already underway. DoD 1010.04, "Problematic Substance Use by DoD Personnel," establishes policies, assigns responsibilities, and prescribes procedures for problematic alcohol and drug use prevention, identification, diagnosis, and treatment for military personnel, and is the DoDI that requires annual screening. As the substance use screening is completed as part of the PHA, updates will align substance use screening requirements with PHA timelines. Procedures for the PHA and deployment-related health assessments are provided in DoDI 6200.06, "Periodic Health Assessment (PHA) Program," and DoDI 6490.03, "Deployment Health," respectively. Revising DoDI 1010.04 alone will accomplish the intent of the DoDIG recommendation. Estimated time to completion: January 2024.

Recommendation A.2: We recommend that the Defense Health Agency (DHA) Director require a standardized mechanism that will track when Service members are due for their annual Alcohol Use Disorder Identification Test–Consumption screenings, until this capability is implemented in Military Health System (MHS) GENESIS and fully deployed to all medical treatment facilities.

DHA RESPONSE: DHA partially concurs and has partially met this recommendation. DHA agrees it is important to follow screening recommendations and ensure all Service members are screened regularly for alcohol misuse. However, MHS GENESIS deployment is ongoing and is scheduled to be complete by the end of Fiscal Year 2023 for continental United States installations and March 2024 for outside continental United States installations. As of January 2022, approximately one-half of installations had converted to MHS GENESIS. Given the time it would take to develop and deploy a new, separate tracking system then train users on it, it is likely the cost of the effort would outweigh the benefit. Once military medical treatment

Office of the Under Secretary of Defense for Personnel and Readiness and Defense Health Agency (cont'd)

facilities convert, they will be expected to utilize the capabilities within MHS GENESIS to ensure timely alcohol screening.

Recommendation B.1: We recommend that the DHA Director, in coordination with the Military Services, should:
a. Establish a maximum number of days between a substance abuse referral and an intake assessment for a substance use disorder.
b. Establish a maximum number of days to provide substance abuse treatment following diagnosis of a substance use disorder.
c. Review the civilian hiring and retention practices for substance abuse personnel and make applicable improvements to minimize vacant positions.

DHA RESPONSE: DHA generally concurs and is already working to implement these recommendations.

a. Concur. DHA Interim Procedures Memorandum 18-001 establishes the maximum days from referral for a non-urgent condition to evaluation. As noted in the report, the Army and Air Force had previously implemented shorter access to care timelines, while the Navy used previously established access to care standards. As DHA implements policies for the provision of healthcare, these timelines will be standardized. Currently, the Deputy Assistant Director for Healthcare Operations is in the process of rewriting instructions that will standardize access to care guidance, and the Deputy Assistant Director for Medical Affairs (DAD-MA) is developing guidance for the provision of substance misuse evaluation and treatment. Guidance is expected to be released by July 2022.

b. Partially Concur. While many examples of delays in care cited in the report seem far too long, treatment for medical conditions is subject to several variables including the patient's willingness to participate, the urgency of the needed treatment, the severity of the condition, availability of resources, and other competing demands such as duty or family requirements. Treatment planning and goal development is a complex task performed jointly between the patient and provider, and substance abuse patients can often be challenging to engage. DHA agrees that treatment guidelines are appropriate, and providers must ensure treatment decisions and delays are minimized and documented fully in the medical record. The DAD-MA is currently developing guidance for the provision of mental health and substance abuse treatment which will provide expected timelines for the provision of substance abuse care. Expected release is January, 2023.

c. Concur. The Military Services are in the process of transferring human resource (HR) functions related to the provision of healthcare to DHA. This will include the transfer of substance abuse personnel. Once the transfer is complete, DHA will be able to review and make corrections to hiring and retention practices, as needed. Additionally, the DAD-MA and the Military Services are reviewing factors affecting behavioral health (including substance abuse) personnel hiring and retention, such as national shortages in behavioral health personnel, sparsely populated or less desirable work locations, pay and benefits, and quality of life factors in an effort to begin mitigation efforts. Wherever possible, DHA is taking steps to address and mitigate these forces in order to attract, hire, and retain qualified behavioral health personnel.

Office of the Under Secretary of Defense for Personnel and Readiness and Defense Health Agency (cont'd)

Expected HR transfer completion date is November, 2022. There is no expected completion date for mitigation efforts given the complex and dynamic nature of these issues.

Recommendation B.2: We recommend that the DHA Director require substance abuse centers to implement a standardized tracking mechanism in the electronic health care record to track the progress of a Service member's substance use treatment, including uploading referrals, documenting delays in intake assessments and treatment, and transferring treatment when Service members have a permanent change of station.

DHA RESPONSE: Concur. Enclosure 4, paragraph 1 of DHA Procedures Manual (DHA-PM) 6025.02, Volume 1, "DoD Health Record Lifecycle Management, Volume 1: General Principles, Custody and Control, and Inpatient Records," November 23, 2021, states: "All health records, regardless of medium, must contain enough information to identify the patient; identify the name(s) of those involved in providing the care, treatment, and service; support the diagnosis/condition; justify the care, treatment, and service; accurately document the results of care, treatment and service rendered; and promote continuity of care." Enclosure 3, paragraph 2 of DoDI 6040.45, "DoD Health Record Life Cycle Management," November 16, 2015, Incorporating Change 1, April 11, 2017, provides additional, more specific guidance for documentation in the medical record. Finally, the DAD-MA is developing guidance specific to the provision of mental health and substance abuse treatment which will provide procedural requirements for transferring care when Service members have a change in duty location. Guidance is expected to be released by January 2023.

3

Headquarters Marine Corps and Office of the Chief of Naval Operations

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

MEMORANDUM FOR DEPARTMENT OF DEFENSE INSPECTOR GENERAL

SUBJECT: Formal Coordination Request for Department of Defense Inspector General's Draft Report "Audit of Active Duty Service Member Alcohol Misuse Screening and Treatment"

The Department of the Navy (DON) appreciates the opportunity to review and provide comments on the draft report, "Audit of Active Duty Service Member Alcohol Misuse Screening and Treatment."

The Navy agrees with recommendations B.4.a and B.4.b. The recommendations have been incorporated into the draft Office of the Chief of Naval Operations (OPNAV) Instruction 5350.4E with anticipated publication in March 2022. Closure of these recommendations is requested upon policy publication.

Headquarters Marine Corps (HQMC) is proposing an alternate course of action for recommendation B.5. HQMC Marine and Family Programs Division (MF) Substance Abuse Program began monitoring the Unit Marine Awareness and Prevention Integrated Training effective October 2021; the outcomes of the compliance review, which encompasses substance misuse training, are reported three times per year to the MF Compliance Oversight Review Board. It is proposed that no updates to Marine Corps Order 5300.17A are necessary due to HQMC leadership's involvement in monitoring substance use training compliance. Based on the corrective actions implemented to date, it is requested that recommendation B.5 is closed as complete.

Additional comments from the Navy and Marine Corps, as well as the security marking review forms, are attached. My point of contact for this matter is [redacted] at [redacted] or [redacted]

HOLCOMB.MATTH
EW.J [redacted]

Matthew J. Holcomb
Captain, Medical Service Corps, U.S. Navy
Director, Special Assistant Health Affairs

Attachments:
As stated

Headquarters Marine Corps and Office of the Chief of Naval Operations (cont'd)

DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON, DC 20350 2000

5200
Ser N17/V001
13 Jan 22

From: Deputy Director, 21st Century Sailor Office (N17)
To: Assistant Secretary of the Navy for Manpower and Reserve Affairs (Attn: [redacted]

Via: Chief of Naval Personnel (BUPERS 00IG)

Subj: AUDIT OF ACTIVE DUTY SERVICE MEMBER ALCOHOL ABUSE SCREENING AND TREATMENT (D2021-D000AW-0036.000)

Ref: (a) DODIG Report DN2021-D000AW-0036.000 of 17 Dec 21

1. In line with draft OPNAVINST 5350.4E Navy Alcohol and Abuse Prevention and Control, N17 concurs. The draft instruction is with the Chief of Naval Personnel for final review and signature which includes the recommended changes. Anticipate release in March 2022. We will consider this closed once policy is published.

2. My point of contact [redacted] or email: [redacted]

FIRST ENDORSEMENT

From: Chief of Naval Personnel
To: Assistant Auditor General for Manpower and Reserve Affairs Audits

1. Forwarded approved.

[redacted]

2

Headquarters Marine Corps and Office of the Chief of Naval Operations (cont'd)

DODIG DRAFT REPORT DATED DECEMBER 17, 2021
PROJECT NO. D2021-D000AW-0036.000

"AUDIT OF ACTIVE DUTY SERVICE MEMBER ALCOHOL MISUSE SCREENING AND TREATMENT"

UNITED STATES MARINE CORPS COMMENTS TO THE DODIG RECOMMENDATION

RECOMMENDATION B.5: DODIG recommends that the Commandant of the Marine Corps update Marine Corps Order 5300.17A, "Marine Corps Substance Abuse Program," June 25, 2018, to require training components to review annually a sample of Service members to determine whether Service members have received their required substance use training.

USMC RESPONSE: Agree with alternative corrective action. Effective Oct 2021, HQMC Marine and Family Programs Division (MF) Substance Abuse Program reviews training completion rates by installation for Unit Marine Awareness and Prevention Integrated Training (UMAPIT), which includes training components for substance use training, for 100% of Marines on Active Duty. The review is completed three times per year and reported to the MF Compliance Oversight Review Board (CORB), chaired by the MF Director and with membership including the MF Branch Heads, Legal Counsel and Compliance Manager. UMAPIT training rates are reviewed for follow-up between MF management and the field to ensure compliance and accuracy. Due to HQMC leadership involvement in training compliance ensuring that Marines receive their required substance use training, no updates to MCO 5300.17A are required. Based on corrective actions completed via the UMAPIT reporting of training rates at the CORB, the Marine Corps requests that DODIG close recommendation B.5 as complete.

Office of the Air Force Surgeon General

Final Report Reference

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

MEMORANDUM FOR DEPARTMENT OF DEFENSE INSPECTOR GENERAL

FROM: AF/SG3/4
7700 Arlington Boulevard
Falls Church, VA 22042

SUBJECT: Air Force Response to DoD Office of Inspector General Draft Report, "Audit of Active Duty Service Member Alcohol Misuse Screening and Treatment" (Project No. D2021-D000AW-0036.000)

This is the Department of the Air Force response to the DoDIG Draft Report "Audit of Active Duty Service Member Alcohol Misuse Screening and Treatment" (Project No. D2021-D000AW-0036.000). I concur with the report as written and welcome the opportunity to address auditing of required substance use training.

We will correct issues identified in this report, and develop and implement a corrective action plan outlined in the following recommendation:

RECOMMENDATION 1: The Air Force Surgeon General update Air Force Instruction 44-121, "Alcohol and Drug Prevention and Treatment (ADAPT) Program," July 18, 2018, to require training components to review annually a sample of Service members to determine whether Service members have received their required substance use training.

Although management listed Recommendation 1 in its response, the actual recommendation is Recommendation B.6.

AIR FORCE RESPONSE: Concur with recommendation. AFI 44-121, Table 3.1 outlines all required alcohol use and misuse education. At present there is no mechanism to track compliance or aggregate completion data. ADAPT plans to add a Management Internal Control Toolset (MICT) item(s) requiring bases to document compliance with Table 3.1. An interim guidance memorandum (IGM) will be generated to require an annual audit by the MAJCOMs to ensure compliance as AFI 44-121 is revised. MICT items and IGM estimated completion in May 2022. Recommended policy changes will be incorporated into the next AFI draft with estimated completion of January 2023.

My point of contact is [redacted], [redacted], DSN [redacted], or via email at [redacted].

BANNISTER.SHARON.RUSCH.[redacted]

SHARON R. BANNISTER
Major General, USAF, DC
Office of the Air Force Surgeon General

Army Resilience Directorate

DEPARTMENT OF THE ARMY
OFFICE OF THE DEPUTY CHIEF OF STAFF G-1
300 ARMY PENTAGON
WASHINGTON DC 20310-0300

DAPE-AR 11 January 2022

MEMORANDUM FOR INSPECTOR GENERAL DEPARTMENT OF DEFENSE

SUBJECT: Audit of Active Duty Service Member Alcohol Misuse Screening and Treatment

1. Army Resilience Directorate concurs with the recommendations of the Department of Defense Inspector Generals (IG) Audit of Active Duty Service Member Alcohol Misuse Screening and Treatment.

Recommendation B.3
Recommend that the Director of Army Resilience Directorate should update Army Regulation 600-85, The Army Substance Abuse Program, July 23, 2020, to:

a. Require commanders and other unit leadership to receive substance use training annually.

b. Require training components to review annually a sample of Service members to determine whether Service members have received their required substance use training.

2. Army Resilience Directorate (ARD) responses to IG recommendations:

Army Regulation 600-85, Army Substance Abuse Program, July 2020 will be updated to include the two recommendations (B.3, a. and b). Prior to the completion of updating AR 600-85, ARD will work with Army Material Command (AMC), who is responsible for the execution of the ASAP, to develop and administer annual substance use training to leaders. Annual training will consist of how to identify, assess, and refer personnel displaying signs of problematic alcohol and substance use and services that are available for treatment. Army Material Command will annually review a sample of leaders to determine if substance abuse training was delivered with fidelity. Prescribed changes will be formally disseminated to the field within 90 days of this memorandum.

Army Resilience Directorate (cont'd)

SUBJECT: Audit of Active Duty Service Member Alcohol Misuse Screening and Treatment

3. The HQDA, G-1, Army Resilience Directorate (ARD), Deterrence Program POC is [redacted], [redacted], [redacted].

JAMES A. HELIS, Ph.D.
Director, Army Resilience Directorate

Acronyms and Abbreviations

AUDIT-C	Alcohol Use Disorder Identification Test–Consumption
COVID-19	Coronavirus Disease–2019
DHA	Defense Health Agency
MHS	Military Heath System
MTF	Medical Treatment Facility
PHA	Periodic Health Assessment
USD (P&R)	Under Secretary of Defense for Personnel and Readiness
VA	Department of Veterans Affairs


INSPECTOR GENERAL
INTEGRITY
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DEPARTMENT OF DEFENSE

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For more information about DoD OIG reports or activities, please contact us:

Congressional Liaison
703.604.8324

Media Contact
public.affairs@dodig.mil; 703.604.8324

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4800 Mark Center Drive
Alexandria, Virginia 22350-1500
www.dodig.mil
DoD Hotline 1.800.424.9098