AF Substance Abuse Policy and Programs

30 March 2011
IOM Committee on Prevention, Diagnosis, Treatment, and Management of Substance Use Disorders
Overview

- SUD Policies
- SUD Programs
- Assessment techniques and standards
- Incidence and Prevalence
- Medication accountability and dispensing
- Access to services for the Reserve Component
- Access to services for dependents
SUD Policies: Prevention & Education

- Per AFI 44-121, substance abuse education is mandated for:
  - Member arriving at first permanent duty assignment
  - Every new assignment for grades E-1 through E-4
  - Health care professionals (annually)
  - All levels of professional military education
  - Commanders & First Sergeants
  - AD with alcohol related misconduct incidents (counseling)
SUD Policies: Prevention & Education

- All individuals referred to the ADAPT Program who have had an alcohol related misconduct incident or who self-identify will be receive targeted prevention education (Alcohol Brief Counseling)

- Other prevention programs include
  - DoD’s “That Guy” Campaign
  - Red Ribbon Week
  - Culture of Responsible Choices (CoRC)
  - Enforcing Underage Drinking Laws (EUDL) Program
  - Drug Education for Youth (DEFY)
SUD Policies: Detection and Assessment

- Alcohol misuse screening occurs at multiple points
  - Periodic Health Assessment (PHA) for active duty
  - Deployment Health Assessments (1x pre & 3x post)
  - All primary care visits (all beneficiary categories)

- Medical referral to ADAPT is mandatory if:
  - Provider suspects AD member is abusing substances
  - Alcohol related injury or illness
  - AD member is suspected of being under the influence of alcohol or drugs during a medical visit

- Drug testing (random & probable cause)
  - 100% active duty (targeted)
  - Civilians in testing designated positions
SUD Policies: Treatment

- Treatment
  - AD are encouraged to self-ID for treatment
  - Dependents are seen on a space available basis
  - Treatment is provided IAW ASAM criteria (MTF or network care) and collaboration with the Treatment Team
  - Alcohol treatment failures are considered for separation
  - Treatment for drug disorders is provided pending separation
SUD Policies: Consequences

- Consequences
  - Drug use is incompatible with service in the AF
    - Places the member's continued service in jeopardy.
    - Can lead to criminal prosecution
  - Self-ID of drug use to obtain treatment provides some limited protections to AD
AF Provider Qualifications

- Clinical Social Workers (masters or doctoral level)
  - Licensed/certified for independent practice (2 years post-degree experience)
  - Entry level, working under supervision of a licensed provider (typically 24 months after degree)

- Clinical Psychologists (doctoral level)
  - Licensed for independent practice
  - Unlicensed and working under supervision of a licensed provider (typically 20 months after degree)
  - Degree incomplete (all but dissertation) without privileges
Air Force Substance Abuse Counselor Qualifications

- The Air Force Substance Abuse Counselor Certification Program issues the certification and has the authority to revoke certification for cause.

- International Certification and Reciprocity Consortium (IC&RC) standards are used

- Experience, education and supervision related to the 8 ADC domains
  - 270 hours of education specific to the ADC domains (tech school)
  - 6000 hours of supervised work experience
  - One year working in the ADAPT Program
  - Attend 5 support groups and 5 aftercare sessions
  - Follow at least one diagnosed patient from beginning to end
  - Complete required reading
Alcohol Misuse Prevalence: ADAF

- Alcohol Abuse
  - Binge drinking: 39%
  - Positive screen for at-risk drinking (AUDIT): 24%
    - Hazardous Drinking: 19%
    - Harmful Drinking: 2%
    - Possible Dependent: 2%

Source:
2008 DoD Survey on Health Related Behaviors
Alcohol Related Misconduct (ARM) Referrals

USAF annual rate per 1,000

- Total ARMs for AF
- Total ARMs for AF without underage drinking

2008: Blue bar for Total ARMs for AF, Green bar for Total ARMs for AF without underage drinking
2009: Blue bar for Total ARMs for AF, Green bar for Total ARMs for AF without underage drinking
2010: Blue bar for Total ARMs for AF, Green bar for Total ARMs for AF without underage drinking
Elicit drug use has dropped dramatically since the early 1980s.

Recent surveys (‘05 & ’08) indicate rate has remained at about 1% reporting use on anonymous surveys.

Random drug test data are consistent with low drug use:
- Elicit drug positives <0.33%
- Prescription drug positives .11%

% Anonymously Reporting Elicit Drug Use in Past 30 Days
(DoD Survey of Health Related Behavior)
ADAF with Positive Drug Tests
(Rate per 1K mbrs tested)
Medication Accountability and Dispensing

- AF Pharmacy screens controlled substance (CS) prescriptions for drug-seeking behaviors:
  - Unusually large quantities or multiple providers
  - Patient usage which exceeds provider’s instructions
- All CS dispensed in an MTF carries Federal Warning label
- Patients advised on proper disposal of unused medication
- AF MTFs maintain 100% accountability of all CS inventory to help prevent drug diversion
  - This exceeds the civilian standard, which requires exact count of schedule II drugs only
Medication Accountability and Dispensing

- MTF pharmacy vault has controlled access
- Disinterested party inventory of controlled substances occurs monthly
- Independent Duty Medical Technicians and Flight Surgeons can be issued meds from a P&T Committee approved list
  - Dispensing is logged, monitored and regularly audited
  - Controlled substances are accounted for daily
Access to Services for the Air Reserve Component (ARC)

- No separate ARC substance abuse services
- When on orders, ARC members and their dependents have same access to SA services as the active component
- Unit commanders are encouraged to place ARC members suspected of SA on orders to receive an initial assessment
  - ARC members who have been evaluated by ADAPT but are not eligible for DoD medical care are given guidance for obtaining follow-up care by a qualified non-military provider
- If not placed on orders, the commander will refer those ARC members who are suspected of SA to a non-military MH provider for a SA assessment and any recommended treatment
- Services obtained by ARC member when not on orders are at their own expense
Access to Services for Dependents

- ADAPT evaluation, education and treatment services are available to dependents on a space available basis.
- At most AF installations, SA care for dependents is provided through the Tricare network.
Questions