

**BY ORDER OF THE
SECRETARY OF THE AIR FORCE**

AIR FORCE INSTRUCTION 44-121

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Medical

**ALCOHOL AND DRUG ABUSE
PREVENTION AND TREATMENT
(ADAPT) PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This Air Force Instruction implements Air Force Policy Directive 44-1, *Medical Operations*. It establishes guidance for the United States Air Force Alcohol and Drug Abuse Prevention and Treatment Program. This instruction provides guidance for the identification, treatment and management of personnel with substance use disorders and describes Air Force policy regarding alcohol, prescription drug, and illicit drug misuse, as well as other addictive behaviors. This instruction applies to all active duty United States Air Force members, and to members of the United States Air Force Reserve Command and Air National Guard whenever eligible for Department of Defense medical services. The Air Force Reserve Command and Air National Guard do not have separate systems to provide behavioral health treatment, including substance use disorder treatment. Clarification about Air Force Reserve specific policies, processes, and/or procedures should be directed to Headquarters Air Force Reserve Command/Surgeon General's Mental Health Consultant at Robins AFB, GA. When not eligible for Department of Defense medical services, Air Reserve Component members will obtain, when needed, non-military substance use disorder services at their own expense.

This Instruction requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by Title 10, United States Code (U.S.C.) 8013, 42 U.S.C.290dd-2, et seq., and Executive Order 11478, Executive Order 9397, Numbering System for Federal Accounts Relating to Individual Persons, November 22, 1943 as amended by Executive Order 13478, Amendments to Executive Order 9397 Relating to Federal Agency Use of Social Security Numbers, November 18, 2008. The applicable SORN System of Records Notice F044 Air Force Surgeon General, Alcohol and Drug Abuse Prevention and Treatment Program,

applies and is available at: <http://dpclid.defense.gov/Privacy/SORNsIndex/>. This publication may be supplemented at any level, but all supplements must be routed to the Office of Primary Responsibility listed above for coordination prior to certification and approval. Refer recommended changes and questions about this publication to the office of primary responsibility listed above using the Air Force Form 847, *Recommendation for Change of Publication*; route Air Force Forms 847 from the field through the appropriate chain of command. The authorities to waive wing/unit level requirements in this publication are identified with a Tier (“T-0, T-1, T-2, T-3”) number following the compliance statement. See Air Force Instruction 33-360, *Publications and Forms Management*, Table 1.1. for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication office of primary responsibility for non-tiered compliance items. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule located in the Air Force Records Information Management System. The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed.

Chapter 1— ROLES AND RESPONSIBILITIES	5
1.1. The Air Force Surgeon General.....	5
1.2. Air Force Medical Operations Agency, Mental Health Division (SGHW), Alcohol and Drug Abuse Prevention and Treatment Branch.	5
1.3. The Judge Advocate General of the Air Force.	6
1.4. Air Force Director of Security Forces.	6
1.5. Major Command Surgeon Generals and Direct Reporting Units.	6
1.6. Major Command Behavioral Health Consultant/Major Command 4C0X1 Functional Manager.	6
1.7. Installation Commander.....	6
1.8. Medical Treatment Facility/Commander.....	7
1.9. Alcohol and Drug Abuse Prevention and Treatment Program Manager.	7
1.10. Certified Alcohol and Drug Counselor.	10
1.11. Installation Defense Force Commander.....	11
1.12. Geographically Separated Unit Commanders.....	11

1.13.	Air Force Reserve Command and Air National Guard Commanders.....	12
Chapter 2— MENTAL HEALTH RECORDS FOR ALCOHOL AND DRUG ABUSE PREVENTION AND TREATMENT PROGRAM PARTICIPANTS		13
2.1.	Managing Records.	13
2.2.	Records Disposition.....	13
Chapter 3— Air Force Alcohol and Drug Abuse Prevention and Treatment Program		14
3.1.	Alcohol Misuse.....	14
3.2.	Illicit Drug Use.	14
3.3.	Addictive Behaviors.	14
3.4.	Alcohol and Drug Abuse Prevention and Treatment Program Overview.....	14
3.5.	Information Disclosures.....	15
3.6.	Eligibility.	16
3.7.	Substance Misuse Prevention Strategies.....	16
Table 3.1.	Substance Abuse and Misuse Education.....	17
3.8.	Referral Types: Self-Identification, Command Referrals, Medical Referrals, and Addictive Behavior Referrals.	17
3.9.	Documentation (Prevention, Treatment, and Continuing Care (Aftercare)).....	21
3.10.	Patient Assessment and Diagnostic Responsibilities.	21
3.11.	Disclosure.	23
3.12.	Level 0.5: Requirements for Early Intervention (Alcohol Brief Counseling).....	24
3.13.	Treatment Program Guidelines.....	24
3.14.	Referrals made by Alcohol and Drug Abuse Prevention and Treatment Program staff.	26
3.15.	Treatment Team Composition, Roles, and Function.	26
3.16.	Withdrawal Management.....	28
3.17.	Continuity of Care in Treatment.	28
3.18.	Continuing Care (Aftercare) Program.	29
3.19.	Program Completion and Program Failure.....	29
3.20.	Additional Treatment and Continuing Care (Aftercare) Considerations.	31
3.21.	Special Duty Assignments or Designations\Members on Flight Status\Providers.	32

3.22.	Program Evaluation.	32
3.23.	Training.....	32
Attachment 1— GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION		34
Attachment 2— SAMPLE MEMORANDUM FOR TRAINING		39

Chapter 1

ROLES AND RESPONSIBILITIES

1.1. The Air Force Surgeon General. Air Force/Surgeon General oversees policy and implementation of the Alcohol and Drug Abuse Prevention and Treatment Program.

1.2. Air Force Medical Operations Agency, Mental Health Division (SGHW), Alcohol and Drug Abuse Prevention and Treatment Branch.

1.2.1. Develops, implements, and manages the Alcohol and Drug Abuse Prevention and Treatment Program operations to support established policies.

1.2.2. Manages programming and execution of Air Force Alcohol and Drug Abuse Prevention and Treatment budget.

1.2.3. Develops and publishes detailed standards to ensure standardization and compliance.

1.2.4. Coordinates with Headquarters Air Force and Field Operating Agencies involved in Alcohol and Drug Abuse Prevention and Treatment Programs.

1.2.5. Communicates with other Department of Defense, Air Force, and civilian agencies that have collateral Alcohol and Drug Abuse Prevention and Treatment responsibilities and interests.

1.2.6. Prepares policy and operational guidance and clarification to Major Commands.

1.2.7. Convenes and attends conferences and other professional forums that address Alcohol and Drug Abuse Prevention and Treatment-related issues and determines appropriate Air Force representation at these events.

1.2.8. Advises the mental health Enlisted Career Field Manager in manpower and personnel issues regarding Alcohol and Drug Abuse Prevention and Treatment Programs.

1.2.9. Responds to Alcohol and Drug Abuse Prevention and Treatment-related complaints and suggestions, Congressional and high-level inquiries, and Freedom of Information Act requests.

1.2.10. Serves as Office of Collateral Responsibility on drug deterrence.

1.2.11. Monitors the training requirements for Certified Alcohol and Drug Counselors.

1.2.12. Develops procedures for managing and documenting Alcohol and Drug Abuse Prevention and Treatment activities.

1.2.13. Develops and prepares Alcohol and Drug Abuse Prevention and Treatment statistical data and reports for program management and policy development.

1.2.14. Collects data for the Alcohol and Drug Abuse Prevention and Treatment Program and prepares reports as required by Department of Defense and Air Force higher headquarters.

1.2.15. Reviews inspection reports and other assessments. Reports trends and recommends process improvements to the field.

1.3. The Judge Advocate General of the Air Force. Air Force Judge Advocate provides legal opinions, instructions, guidance and assistance regarding Alcohol and Drug Abuse Prevention and Treatment programs and policies.

1.4. Air Force Director of Security Forces. Ensures that Security Forces provides Law Enforcement sensitive data to Alcohol and Drug Abuse Prevention and Treatment Staff on alcohol or other drug related misconduct incidents.

1.5. Major Command Surgeon Generals and Direct Reporting Units.

1.5.1. Ensures that each installation in the command establishes and maintains Alcohol and Drug Abuse Prevention and Treatment in accordance with Department of Defense and Defense Health Agency guidance, and this Air Force Instruction.

1.5.2. Appoints a Major Command Behavioral Health Consultant and a 4C0X1, Mental Health Service, Major Command Functional Manager.

1.6. Major Command Behavioral Health Consultant/Major Command 4C0X1 Functional Manager.

1.6.1. Will refer Alcohol and Drug Abuse Prevention and Treatment related issues to the Air Force Medical Operations Agency Alcohol and Drug Abuse Prevention and Treatment Branch Chief.

1.6.2. Ensures installation mental health technicians working in Alcohol and Drug Abuse Prevention and Treatment receive on-going, formal training and guidance, and certification processes are performed in accordance with Air Force policy.

1.6.3. Responds to applicable substance abuse and misuse related complaints, suggestions, and Congressional and higher level inquiries.

1.6.4. Provides assistance and guidance to base-level mental health Flights regarding Alcohol and Drug Abuse Prevention and Treatment- related issues.

1.6.5. In addition to the above duties, the Major Command 4C0X1 Functional Manager will also:

1.6.5.1. Monitor the enlisted health and manning of the Alcohol and Drug Abuse Prevention and Treatment programs within their Major Command and elevate concerns to Air Force Personnel Center and the Air Force Career Field Manager.

1.6.5.2. Coordinate and manage command training and enlisted personnel issues across their Major Command Alcohol and Drug Abuse Prevention and Treatment programs.

1.6.5.3. Advise the Alcohol and Drug Abuse Prevention and Treatment Program Manager and Non-Commissioned Officer in Charge on effective training programs, technician utilization, and budget spending.

1.6.5.4. Disseminate Air Force and career field policies and Alcohol and Drug Abuse Prevention and Treatment program requirements throughout their Major Command.

1.7. Installation Commander.

1.7.1. Responsible for the installation Alcohol and Drug Abuse Prevention and Treatment Program.

1.7.2. Designates the Medical Treatment Facility Commander to administer and monitor the installation Alcohol and Drug Abuse Prevention and Treatment Program.

1.7.3. Will ensure allocation of adequate space for provision of substance misuse classroom education and treatment services. (T-3)

1.7.4. Will ensure Alcohol and Drug Abuse Prevention and Treatment Program receives adequate funding to support counseling, treatment, prevention and outreach efforts. (T-1) Although non-clinical prevention, education and continuing care (aftercare) are not funded through the Defense Health Program, resources will be provided by the Program Element (PE) 88723F funds (i.e. "line" funding) to support these programs. (T-1)

1.7.5. Will make funding available in PE 88723 (Substance Abuse Program) for continuing education and training for Certified Alcohol And Drug Abuse Counselors to meet International Certification and Reciprocity Consortium requirements. (T-0)

1.7.6. Where required, will sign authorization for Alcohol and Drug Abuse Prevention and Treatment Program Manager office to receive Law Enforcement Sensitive information (e.g. blotter entries) identifying all alcohol and drug related misconduct. (T-1)

1.8. Medical Treatment Facility/Commander.

1.8.1. Serves as the Office of Primary Responsibility for substance use disorder issues.

1.8.2. Will appoint a privileged mental health provider as Alcohol and Drug Abuse Prevention and Treatment Program Manager by assigning the duty title consistent with the Air Force Medical Service flight path, when the Mental Health Provider is not licensed, a licensed supervisor will be required to co-sign those functions designated in Department of Defense Instruction 1010.04. (T-0)

1.8.3. Shall ensure substance use disorder clinical services meet current quality assurance standards and comply with relevant accreditation standards. (T-0)

1.8.4. Ensures substance use assessments are conducted in accordance with this Air Force Instruction.

1.8.5. Will ensure all medical personnel, working in direct patient care, or clinical supervisory roles either receive annual training in substance use disorders and chemical dependency, or demonstrate proficiency via a "test out" option (see [Table 3.1](#)). (T-1)

1.8.6. Shall provide or arrange for medical assessment, detoxification, residential and non-residential treatment for referred members and those properly diagnosed with a substance use disorder, including patient and family psychoeducational programs at substance use disorder treatment facilities. (T-2)

1.8.7. If a psychiatrist or psychiatric mental health nurse practitioner is not on staff, will appoint a physician as the Alcohol and Drug Abuse Prevention and Treatment Medical Director. (T-3)

1.8.8. Provides or arranges for aeromedical evacuation or civilian transportation of members in inpatient status for substance use disorder, and family members attending treatment programs when necessary.

1.9. Alcohol and Drug Abuse Prevention and Treatment Program Manager.

1.9.1. Manages the installation Alcohol and Drug Abuse Prevention and Treatment Program in accordance with current guidance, including Department of Defense, and the Defense Health Agency, and provides clinical supervision to the Alcohol and Drug Abuse Prevention and Treatment Program staff.

1.9.2. Will coordinate clinic resources to provide effective education, identification, assessment and treatment programs, as well as coordinates with other mental health Flight, installation, and off-base assets and resources to provide substance use-related prevention efforts. (T-0)

1.9.3. Ensures Alcohol and Drug Abuse Prevention and Treatment budget resources (PE 88723F) are properly used for community prevention and outreach, and Certified Alcohol and Drug Abuse Counselor continuing education. Requests Defense Health Program funds from the local Medical Treatment Facility resource management office for expenses related to patient treatment and education, clinic supplies, and staff development.

1.9.4. Ensures substance use disorders workload reporting is completed using Medical Expenses Performance Report Services code BFFA (Ambulatory Care and Partial Hospitalization Program - Alcohol and Drug Abuse Prevention and Treatment).

1.9.5. Must be a privileged mental health provider. (T-0) Where the Alcohol and Drug Abuse Prevention and Treatment Program Manager is not licensed, those functions requiring a licensed provider (as indicated in Department of Defense Instruction 1010.04) must be verified and co-signed by a licensed mental health provider. (T-0)

1.9.6. Attends Alcohol and Drug Abuse Prevention and Treatment Program Manager training prior to, or within six months of, assuming Alcohol and Drug Abuse Prevention and Treatment Program Manager duties.

1.9.7. Assists commanders, first sergeants and supervisors with identifying and referring individuals needing Alcohol and Drug Abuse Prevention and Treatment services.

1.9.8. Chairs Treatment Team Meetings.

1.9.9. Ensures that all care and services provided by non-privileged personnel are supervised in accordance with Air Force Instruction 44-119, *Medical Quality Operations*, and other applicable Air Force policy.

1.9.10. Ensures non-privileged Alcohol and Drug Abuse Prevention and Treatment personnel receive continuous substance use disorder training and are certified or actively participating in the certification process.

1.9.11. The Alcohol and Drug Abuse Prevention and Treatment Program Manager is responsible for the clinical practice of Certified Alcohol and Drug Abuse Counselors. To ensure ongoing training and competency assessment for Certified Alcohol and Drug Abuse Counselors, the Alcohol and Drug Abuse Prevention and Treatment Program Manager, or designee, must observe and assess the Certified Alcohol and Drug Abuse Counselor, at least two times per month for a total of at least two hours monthly. (T-2) At least one supervisory session will involve the observation of direct patient care. Other supervision may be conducted through record reviews, group or individual case consultation, or element meetings that involve planning for prevention activities. (T-2) Competency assessments will

be documented in the Certified Alcohol and Drug Abuse Counselor's Air Force Training Record (see [Attachment 2](#) for sample memorandum to track training). (T-2)

1.9.12. Ensures development and implementation of Alcohol and Drug Abuse Prevention and Treatment education and prevention programs.

1.9.13. Conducts required reviews of the patient's medical records and all documentation provided by the Alcohol and Drug Abuse Prevention and Treatment Program staff.

1.9.14. Observes the patient's general physical and mental condition during the assessment. Makes referrals for additional medical, psychiatric, or laboratory examinations as needed.

1.9.15. Helps geographically separated units with Alcohol and Drug Abuse Prevention and Treatment-related issues as outlined in the local host-tenant agreement or memoranda of understanding.

1.9.16. Markets Alcohol and Drug Abuse Prevention and Treatment Programs to installation leadership and base population.

1.9.17. Ensures Air Force Reserve Command and Air National Guard members who have been evaluated by the Alcohol and Drug Abuse Prevention and Treatment Program staff but are not eligible for Department of Defense medical services are given information on how to obtain follow-up care by a qualified non-military provider for substance use disorder treatment.

1.9.18. Collaborates and communicates with Reserve Medical Unit and Guard Medical Unit personnel, and Air Reserve Component Commanders, when required by Air Force and Department of Defense policy, regarding any Air Force Reserve Command or Air National Guard member who presents to the Alcohol and Drug Abuse Prevention and Treatment Program for services.

1.9.19. Provides fitness for duty or status recommendations to Air Reserve Component Commanders for Air Reserve Component members who have been referred by the Alcohol and Drug Abuse Prevention and Treatment Program Manager and seen by non-military providers for substance use disorder evaluation and/or treatment. (T-1)

1.9.20. Coordinates with non-military providers for Air Reserve Component members who have been referred by the Alcohol and Drug Abuse Prevention and Treatment Program staff to non-military providers for treatment to ensure treatment records are available to the Alcohol and Drug Abuse Prevention and Treatment Program staff. (T-1) The member will ensure the records are available for review by the Alcohol and Drug Abuse Prevention and Treatment provider for status recommendation at appropriate times as determined by the Commander, in consultation with an Alcohol and Drug Abuse Prevention and Treatment provider. (T-1) The member must be on orders to be seen in Alcohol and Drug Abuse Prevention and Treatment for any appointments associated with status recommendations. (T-1)

1.9.21. Provides Personnel Reliability Program status recommendations to the Personnel Reliability Program Competent Medical Authority or Medical Group Personnel Reliability Program monitor, and return to duty recommendations to the flight surgeon as required by relevant governing instructions. (T-1)

1.10. Certified Alcohol and Drug Counselor. Mental health technicians serve in clinical roles as Certified Alcohol and Drug Abuse Counselors in the Alcohol and Drug Abuse Prevention and Treatment Program. (Note: The International Certification and Reciprocity Consortium is the parent organization of the Air Force Substance Abuse Counselor Certification Board. The Air Force Substance Abuse Counselor Certification Board issues the certification and has the authority to revoke, suspend, or put in abeyance any individual's certification for cause. The guidance for the Air Force certification program is detailed in the Air Force Substance Abuse Counselor Certification Handbook.

1.10.1. Education and Certification/Recertification Requirements:

1.10.1.1. Eligibility for certification. Air Force personnel who are currently performing duties related to Alcohol and Drug Abuse Prevention and Treatment are eligible to apply for certification if they meet the standards outlined in the current Air Force Substance Abuse Counselor Certification Handbook. An electronic copy of the handbook can be obtained from the Alcohol and Drug Abuse Prevention and Treatment Branch staff at Air Force Medical Operations Agency/SGHW.

1.10.1.1.1. Have a signed agreement to practice under strict Air Force ethical guidelines.

1.10.1.1.2. Pass a recognized written examination administered by the Air Force or another International Certification and Reciprocity Consortium sanctioned board.

1.10.1.1.3. Verify that Certified Alcohol and Drug Abuse Counselor credential information is entered into the Centralized Credentials Quality Assurance System by the local credentialing office.

1.10.1.2. Recertify every three years, according to guidance outlined by the Air Force Substance Abuse Counselor Certification Handbook. See handbook for additional information regarding entire certification process.

1.10.1.3. Maintaining Certification. Individuals certified through the Air Force Substance Abuse Counselor Certification Board will maintain their certification. (T-1) Certified Alcohol and Drug Abuse Counselors are responsible for ensuring they maintain their competencies and continuing education requirements to maintain their certification.

1.10.1.4. Individuals initially certified by the Air Force Substance Abuse Counselor Certification Board who are in a special duty, cross-flowed or cross-trained into another career field, can be recertified if all requirements are met. All continuing education for these individuals will be accrued at member's/unit's expense. (T-1)

1.10.1.5. Expired Certified Alcohol and Drug Abuse Counselors: Certified technicians that do not recertify before their credential expires will enter into "Inactive" status. (T-1) Once credential is Inactive, expired Certified Alcohol and Drug Abuse Counselors will function as non-Certified Alcohol and Drug Abuse Counselor mental health technicians until recertification is complete (see Air Force Substance Abuse Counselor Certification Handbook for further details). (T-1)

1.10.2. Scope of Practice/Supervision. Certified Alcohol and Drug Abuse Counselors may perform functions as outlined in the Air Force Enlisted Classification Directory and may perform these functions independently where allowed and as directed by the Alcohol and

Drug Abuse Prevention and Treatment Program Manager. For initial assessment, development of or changing a treatment plan, and crisis intervention, privileged mental health providers are responsible for “eyes on” supervision of Certified Alcohol and Drug Abuse Counselors. “Eyes-on” supervision consists of the Mental Health Provider meeting with the patient for a sufficient duration and assessment to determine the diagnosis, the appropriateness of the treatment plan or changes to the treatment plan, and to address crises to ensure safety. Supervising privileged mental health providers must document supervision in the medical record following each episode supervised. (T-0)

1.10.2.1. Responsibilities include oversight and supervision of non-Certified Alcohol and Drug Abuse Counselor mental health technicians to help them develop the skills and competencies required for certification.

1.10.2.2. Removal of Certified Alcohol and Drug Abuse Counselors from duties due to adverse actions. See Air Force Instruction 44-119, regarding removing unlicensed technicians from clinical practice.

1.10.2.3. When a Certified Alcohol and Drug Abuse Counselor is removed from care it may also be necessary to report adverse activities to the Air Force Substance Abuse Counselor Certification Board, which may conduct a concurrent process to review the status of the member’s certification.

1.10.2.4. Non-certified 3-level mental health technicians who are in training may work within the Air Force Enlisted Classification Directory scope of practice when supervised by a Certified Alcohol and Drug Abuse Counselor or privileged Mental Health Provider and must have direct supervision during the entire Alcohol and Drug Abuse Prevention and Treatment patient contact. (T-0) A privileged Mental Health Provider is responsible for “eyes-on” evaluation of the patient before the patient, seen by a non-Certified Alcohol and Drug Abuse Counselor, departs the appointment. The privileged Mental Health Provider who performed this supervision must co-sign the note in the patient record. (T-0)

1.10.2.5. Non-Certified Alcohol and Drug Abuse Counselor mental health Technicians: Skills and education required for Certified Alcohol and Drug Abuse Counselor are crucial for all mental health technicians. All non-Certified Alcohol and Drug Abuse Counselor technicians and their supervisors must have a written plan to develop these competencies in accordance with expectations for their current skill level. (T-2) Topics could include: American Society of Addiction Medicine, Four Domains/12 Core Functions, Motivational Interviewing, and Ethics.

1.11. Installation Defense Force Commander . Provides the base Alcohol and Drug Abuse Prevention and Treatment Program personnel Law Enforcement Sensitive information (e.g. blotter entries) identifying Alcohol-Related Misconducts.

1.12. Geographically Separated Unit Commanders. Geographically Separated Unit Commanders will refer individuals to the nearest Alcohol and Drug Abuse Prevention and Treatment Program for assessment when substance use or misuse is suspected to be a contributing factor in misconduct or when an individual is suspected of having a problem with alcohol or other drugs. (T-1)

1.12.1. Treatment of substance use disorders for patients assigned to Geographically Separated Units may include services through local (civilian) resources with on-going case-management provided through the Alcohol and Drug Abuse Prevention and Treatment Program Manager at the nearest Medical Treatment Facility unless services are available via tele-health or another more practical means provided by an MTF.

1.13. Air Force Reserve Command and Air National Guard Commanders.

1.13.1. in accordance with Air Force Instruction 48-123, *Medical Examinations and Standards*, and Air Force Instruction 36-2254-V1, *Reserve Personnel Participation* (Paragraph 1.6.), unit Commanders are encouraged to place the member suspected of having a substance use disorder on orders to receive the initial assessment and treatment recommendation from the Alcohol and Drug Abuse Prevention and Treatment Program (evaluation only).

1.13.2. If the Commander chooses not to place a member on orders, the Commander will refer those Air Reserve Component members (e.g., Traditional Reservists, Air Reserve Technicians, Individual Mobilization Augmentees, or Drill Status Guardsmen) who are suspected of having a substance use disorder to a non-military Mental Health Provider for a substance use disorder assessment and any recommended treatment. (T-1) The non-military provider must be a licensed Mental Health Provider or a Certified Alcohol and Drug Abuse Counselor. (T-1) Air National Guard members who have not been entered into the Alcohol and Drug Abuse Prevention and Treatment Program will ensure the civilian substance use disorder records are available for review by the Guard Medical Unit. (T-1) Air National Guard members who have not been entered into the Alcohol and Drug Abuse Prevention and Treatment Program are encouraged to follow up with the Director of Psychological Health for case management services.

Chapter 2

MENTAL HEALTH RECORDS FOR ALCOHOL AND DRUG ABUSE PREVENTION AND TREATMENT PROGRAM PARTICIPANTS

2.1. Managing Records.

2.1.1. Alcohol and Drug Abuse Prevention and Treatment Program treatment information will be maintained in accordance with Air Force Instruction 44-172, *Mental Health*. (T-1) The Alcohol and Drug Abuse Prevention and Treatment record will thoroughly reflect findings during the initial assessment, intake and patient orientation, diagnosis, treatment plan, course of treatment, referrals, case management activities, progress reviews, and status upon termination. (T-2)

2.1.2. Providers will document care in the patient's medical record in accordance with Air Force Instruction 44-172, and Air Force Instruction 41-210, *TRICARE Operations and Patient Administration Functions*. (T-1)

2.2. Records Disposition.

2.2.1. Maintain and dispose of all records created by processes prescribed in this publication in accordance with Air Force Records Disposition Schedule in the Air Force Records Information Management System, especially Table 41-12 Rule 12.00, the records disposition schedule for Substance Abuse Records (Active Duty, Retired and Family Members).

Chapter 3

AIR FORCE ALCOHOL AND DRUG ABUSE PREVENTION AND TREATMENT PROGRAM

3.1. Alcohol Misuse.

3.1.1. The Air Force policy recognizes that alcohol misuse negatively affects individual behavior, duty performance, and/or physical and mental health. The Air Force provides comprehensive clinical assistance to Active Duty Service Members, and will support referral coordination for other eligible beneficiaries, seeking help for an alcohol problem.

3.2. Illicit Drug Use.

3.2.1. The Air Force does not tolerate the illegal or improper use of drugs by Air Force personnel. Such use is a serious breach of discipline; is incompatible with service in the Air Force; automatically places the member's continued service in jeopardy; can lead to criminal prosecution resulting in a punitive discharge or administrative actions, including separation or discharge under other than honorable conditions.

3.3. Addictive Behaviors.

3.3.1. The Air Force recognizes that addiction diagnoses such as Gambling Disorder and other non-substance addictions are problematic, may impact readiness, and should be treated as a mental health concern. Alcohol and Drug Abuse Prevention and Treatment providers may treat individuals for these concerns, but the members will not be subject to the requirements of Alcohol and Drug Abuse Prevention and Treatment to include Treatment Teams and command notification, except as outlined in Air Force Instruction 44-172. (T-1)

3.4. Alcohol and Drug Abuse Prevention and Treatment Program Overview.

3.4.1. The primary objectives of the Alcohol and Drug Abuse Prevention and Treatment Program are to: promote readiness, health, and wellness through the prevention and treatment of substance misuse and abuse; to minimize the negative consequences of substance misuse and abuse, to the individual, family, and organization; to provide comprehensive education and treatment to individuals who experience problems attributed to substance misuse or abuse; and to restore function and return members to unrestricted duty status, or to assist them in their transition to civilian life, as appropriate. These objectives are met through four levels of activities:

3.4.1.1. Universal (Primary) Prevention and Education: This includes population-based outreach, education, prevention programs, screening, and consultation. Community-based prevention and education efforts will be delivered by Alcohol and Drug Abuse Prevention and Treatment staff through coordinated efforts with other community agencies. Clinic-based services, screening and consultation will be delivered through the Alcohol and Drug Abuse Prevention and Treatment Program.

3.4.1.2. Selective (Targeted) Prevention: This involves global screenings for alcohol misuse, as well as initiatives to prevent future alcohol misuse, prescription drug misuse, or drug use with individuals who are identified as high risk or are suspected of substance misuse. Selective prevention includes screening, assessment, education, brief preventive

counseling, and tailored feedback in specific individuals or groups identified as moderate to high risk.

3.4.1.3. Indicated Prevention: This is indicated for those who are engaging in risky drinking but have not yet developed problems associated with their drinking. Individuals in this group can be identified through screening in primary care or other appropriate setting. The majority of these individuals are best served through motivational interviewing and brief advice. This focuses on those who are already in the early stages of alcohol and substance use.

3.4.1.4. Treatment and Continuing Care (Aftercare): Provide evidence-based substance use disorder treatment for individuals who are abusing or are dependent on alcohol or drugs that follows the clinical practice guidelines. The primary aim should be restoring function, improving quality of life, and returning members to productive and unrestricted duty, or to assist them in their transition to civilian life, as appropriate. All installations will provide Level 1.0 care, other higher level care can be provided by civilian or military facilities with a referral from the provider. (T-2)

3.4.2. Use of evidence-based services.

3.4.2.1. Alcohol and Drug Abuse Prevention and Treatment Program will provide evidence-based substance use disorder services that adhere to this instruction, clinical practice guidelines, as well as other Department of Defense/Veterans Affairs sanctioned task force and/or accredited professional organizations specializing in the treatment of substance use disorders. (T-0)

3.4.3. The American Society of Addiction Medicine Treatment Criteria will be utilized by every installation Alcohol and Drug Abuse Prevention and Treatment Program to match personnel to the appropriate level of care. (T-1) The American Society of Addiction Medicine Treatment Criteria describes treatment on a continuum of five basic levels of care. Every installation will provide the following at a minimum:

3.4.3.1. Level 0.5: Early Intervention (Alcohol Brief Counseling, Selective Prevention and Education). (T-1)

3.4.3.2. Level 1.0: Outpatient Services. (T-1)

3.5. Information Disclosures.

3.5.1. Alcohol and Drug Abuse Prevention and Treatment Program treatment information collected and maintained as a part of Alcohol and Drug Abuse Prevention and Treatment active treatment or continuing care (aftercare) services is maintained in accordance with 42 U.S.C. 290dd-2 and Air Force Instruction 33-332. These records are protected from public disclosure, and are released only under the circumstances listed in 42 U.S.C. 290dd-2(b) and (c). (T-0)

3.5.2. Alcohol and Drug Abuse Prevention and Treatment Program treatment information may be disclosed or released to other offices or agencies within the Armed Forces. This information can be disclosed for use within the Armed Forces for treatment purposes. Alcohol and Drug Abuse Prevention and Treatment Program treatment information may also be released or disclosed to components of the Department of Veterans' Affairs furnishing health care to veterans. (T-0)

3.5.3. If in the course of the initial assessment, treatment or continuing care (aftercare) in the Alcohol and Drug Abuse Prevention and Treatment Program, information is disclosed about child abuse or neglect, or spousal abuse will be reported to appropriate authorities, civilian or military, to the extent necessary to comply with military, state or local child abuse and child neglect reporting requirements. (T-1)

3.6. Eligibility.

3.6.1. All beneficiaries are eligible for treatment, following TRICARE guidelines for access. Eligible beneficiaries shall receive substance use disorder services as offered through their selected health care option. (T-0)

3.6.2. Civilian employees will be seen for a substance use disorder assessment in accordance with Air Force Instruction 90-508, *Air Force Civilian Drug Demand Reduction Program*, (Paragraph 2.18. (T-1)

3.7. Substance Misuse Prevention Strategies.

3.7.1. Substance misuse prevention efforts are geared toward enhancing individual and unit resiliency, both of which can be compromised by hazardous alcohol use and substance use disorders. Prevention strategies must be comprehensively structured to educate and inform the overall population as well as specifically target higher risk populations. (T-0)

3.7.1.1. In collaboration with other Integrated Delivery System members, the Alcohol and Drug Abuse Prevention and Treatment staff works to develop and implement prevention programs geared towards increasing organizational and individual awareness of substance use disorder issues, including misuse and abuse of prescription medications, illegal and illicit drug abuse, trends, and threat to mission readiness.

3.7.2. Substance abuse and misuse prevention and education programs will, at a minimum, meet the objectives listed in **Table 3.1.** of this Air Force Instruction, Department of Defense Instruction 1010.04, and be tailored to meet the specific needs of the organization. (T-0)

3.7.3. Alcohol Use Screening and Evaluation in Primary Care Clinics: All AD personnel are screened at least annually for alcohol misuse in the Primary Care Clinics. All TRICARE beneficiaries are also screened for alcohol misuse during appointments in Primary Care. Individuals are typically screened using the Alcohol Use Disorders Identification Test or Alcohol Use Disorders Identification Test-C. If an individual screens positive for alcohol misuse, the Primary Care provider may provide a brief intervention, refer the individual to a behavioral health optimization program provider, or refer to the Alcohol and Drug Abuse Prevention and Treatment Program for an evaluation for specialty treatment depending on what the screening results indicate from the Veterans Affairs/Department of Defense Clinical Practice Guidelines. See Module A of Veterans Affairs/Department of Defense Clinical Practice Guideline.

Table 3.1. Substance Abuse and Misuse Education.

	If the individual is...	then the required training...
1	a military member (enlisted or officer) on his/her first permanent duty assignment	will focus on prevention of substance abuse and misuse, standards, desire for peer acceptance, role models, responsible behavior, healthy alternatives, and legal/ administrative consequences of substance abuse and misuse.
2	a military member in the grade of E1 through E4 on a second or subsequent permanent change of station	will be conducted within 60 days after Permanent Change of Station and shall emphasize standards, healthy lifestyles, responsible behavior and consequences of substance abuse and misuse to self and career.
3	a health care professional who provides direct patient care (to include providers, nurses and technicians)	will emphasize identification, assessment, and referral of personnel displaying signs of problematic substance use and misuse, and the services that are available for treatment. Training, or evidence of mastery, will be provided annually as part of in-service training events.
4	an Airmen Leadership School or NCO Academy student	will focus on responsibilities of leaders in substance abuse and misuse prevention, identification and referral of substance abusers, the education and counseling processes, substance use disorder treatment programs, intervention, and the impact of substance use disorder on the mission. Curriculum developed in accordance with Air Force Handbook 36-2235, Information for Designers of Instructional Systems.
5	an Air University student attending Professional Military Education Course; Senior Non-Commissioned Officer Academy; Squadron Officers School; Air Command and Staff College; Air War College	will focus on roles and responsibilities of senior leaders in the substance abuse and misuse prevention program; effects of substance abuse and misuse on mission, morale, readiness, and health and wellness; the education, counseling, referral, and follow-up process; influence of senior leaders attitudes on substance use; and the benefits of the service's prevention and treatment programs. Curriculum developed in accordance with Air Force Handbook 36-2235.
6	commander, senior enlisted advisor, first sergeant, and other senior personnel	will emphasize the early identification of substance abusers, assessment, and referral of personnel displaying signs of problematic substance use and misuse, the services that are available for treatment. Training should also emphasize the need for active support for substance abuse and misuse prevention programs, fostering help-seeking behavior, and reducing the stigma associated with substance use disorder treatment. Training, or evidence of mastery, will be provided annually as part of in-service training events.

3.8. Referral Types: Self-Identification, Command Referrals, Medical Referrals, and Addictive Behavior Referrals.

3.8.1. Self-Identification. Air Force members with substance abuse and misuse problems are encouraged to seek assistance from their unit Commander, first sergeant, a military medical professional, or mental health provider. Following the assessment, the Alcohol and Drug

Abuse Prevention and Treatment Program Manager will consult with the Treatment Team when indicated and determine an appropriate clinical course of action. (T-1)

3.8.1.1. Alcohol. Commanders should provide sufficient incentive to encourage members to seek help for problems with alcohol without fear of negative consequences.

3.8.1.2. Self-identification is reserved for members who are not currently under investigation or pending action as a result of Alcohol-Related Misconduct.

3.8.1.3. Self-identified members who enter the Alcohol and Drug Abuse Prevention and Treatment assessment process will be held to the same standards as others entering substance abuse and misuse education, counseling and treatment programs. (T-0) However, if the member is not diagnosed with a substance use disorder, the member's chain of command will not be notified. (T-0)

3.8.1.4. Drugs.

3.8.1.4.1. An Air Force member may voluntarily disclose evidence of personal drug use or possession to the unit commander, first sergeant, Alcohol and Drug Abuse Prevention and Treatment staff member, or other military medical professional.

3.8.1.4.2. Commanders will grant limited protection for members who reveal this information with the intention of obtaining treatment. (T-0)

3.8.1.4.3. Commanders will not use voluntary disclosure against a member in an action under the Uniform Code of Military Justice or when weighing characterization of service in a separation. (T-0)

3.8.1.4.4. Disclosure is not voluntary if the Air Force member has previously been:

3.8.1.4.4.1. Apprehended for drug involvement.

3.8.1.4.4.2. Placed under investigation for drug abuse. The determination of "placed under investigation" status is made on the circumstances of each individual case. Consult with appropriate medical legal consultant, if one is available, or other legal and/or investigative authorities regarding any questions.

3.8.1.4.4.3. Ordered to give a urine sample as part of the drug-testing program in which the results are still pending or have been returned as positive.

3.8.1.4.4.4. Advised of a recommendation for administrative separation for drug abuse.

3.8.1.4.5. The limited protection under this section for self-identification does not apply to:

3.8.1.4.5.1. The introduction of evidence for impeachment or rebuttal purposes in any proceeding in which the evidence of drug abuse (or lack thereof) has been first introduced by the member.

3.8.1.4.5.2. Disciplinary or other action based on independently derived evidence (other than the results of commander-directed drug testing), including evidence of continued drug abuse after the member initially entered the treatment program.

3.8.2. Command Referral: Commander's Identification and Associated Roles and Responsibilities.

3.8.2.1. In accordance with this instruction and applicable Department of Defense Instructions, a unit Commander will refer all service members for assessment when substance use or misuse is suspected to be a contributing factor in any misconduct, e.g., driving under the influence/driving while intoxicated, public intoxication, drunk and disorderly, spouse/child abuse and maltreatment, underage drinking, positive drug test, or when notified by medical personnel under [paragraph 3.8.3.](#) of this instruction. (T-0) Commanders who fail to comply with this requirement place members at increased risk for developing severe substance problems and jeopardize the mission. Commanders may also refer service members for assessment whenever a problem with substance use or misuse that impacts the member's performance, health, or welfare is suspected, even when misconduct is not present.

3.8.2.2. Commander or first sergeant closely examines all Air Force Forms 3545, *Incident Report*, for evidence of Alcohol-Related Misconduct, or substance abuse or misuse.

3.8.2.3. After coordination with the Staff Judge Advocate, unit Commanders will direct drug testing within 24 hours of episodes of aberrant or bizarre behavior, or where there is reasonable suspicion of drug use and the member refuses to provide consent for testing. (T-0) Commanders are also encouraged to ensure that blood alcohol content is taken as soon after a suspected Alcohol-Related Misconduct as possible to determine the level and intensity of alcohol involvement.

3.8.2.4. The unit Commander contacts the installation's Alcohol and Drug Abuse Prevention and Treatment staff within seven (7) calendar days of the misconduct to initiate the assessment process. In incidents of driving under the influence/driving while intoxicated, due to the added risk and stress that legal involvement may cause the member, the commander will refer the individual to the Alcohol and Drug Abuse Prevention and Treatment Program within 24 hours whenever possible, but no later than the next duty day. (T-1)

3.8.2.4.1. Referrals for Service Members in Deployed Locations or during a temporary duty assignment (Non-Deployed Locations) will be managed in accordance with this instruction. (T-1) Given limited resources in theater, every effort should be made to evaluate members suspected of substance abuse or misuse prior to deployment.

3.8.2.5. Commander refers individuals under investigation for drug abuse for assessment after the commander prefers charges (that is, signs DD Form 458, *Charge Sheet*), or after consulting with the base legal office. Commanders who elect not to prefer charges but suspect the individual of drug abuse must refer members for a substance use disorder assessment as soon as possible. (T-1)

3.8.2.6. The Commander provides information to the Alcohol and Drug Abuse Prevention and Treatment staff to assist in the assessment (e.g. Blood Alcohol Content results), including comments on observed performance and behavior to the Alcohol and Drug Abuse Prevention and Treatment staff before the assessment appointment.

3.8.2.7. The Commander directs the member's immediate supervisor to contact the Alcohol and Drug Abuse Prevention and Treatment staff before the assessment to provide pertinent information on the patient's duty performance, on and off duty behavior, or other misconduct.

3.8.2.8. The Commander tells the member the following:

3.8.2.8.1. The reason for the assessment.

3.8.2.8.2. That the assessment is not punitive in nature.

3.8.2.8.3. That the member must report in uniform for the initial assessment at the appointed date and time.

3.8.2.9. The Commander ensures the assessment and treatment of personnel is not delayed by ordinary leave or Temporary Duty's.

3.8.2.10. The commander is responsible for all personnel/administrative actions pertaining to patients involved in the Alcohol and Drug Abuse Prevention and Treatment Program, to include assignment availability, promotion eligibility, reenlistment eligibility, Personnel Reliability Program, security clearance, etc. Application of administrative restrictions should be based on the establishment of an Unfavorable Information File (UIF) or control roster resulting from the member's unacceptable behavior and not solely based on their involvement in the Alcohol and Drug Abuse Prevention and Treatment Program.

3.8.2.11. The Commander and/or first sergeant will actively participate on the Treatment Team by providing input to treatment decisions. (T-0) Command involvement is critical to a comprehensive treatment program, as well as during continuing care (aftercare) and follow-up services. The Commander shall also provide command authority to implement the treatment plan when the member does not voluntarily comply with the Treatment Team's decisions. (T-0)

3.8.3. Medical Care Referrals.

3.8.3.1. Medical Personnel will make Alcohol and Drug Abuse Prevention and Treatment referrals for further assessment when the circumstances listed in 3.8.3.1.1. through 3.8.3.1.4. occur, as well as when indicated by elevated screening assessment that a medical provider is unable to reconcile as clearly not involving a substance use disorder or warranting prevention and education. Medical Personnel will act under the assumption of not making command notifications for referrals to Alcohol and Drug Abuse Prevention and Treatment in accordance with Department of Defense Instruction 6490.08, *Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members*. Exceptions will apply to members who are under special monitoring as part of an identified program (i.e. Personnel Reliability Program, Presidential Support Program, etc.) as directed by specific guidance. In addition, medical personnel must notify the member's unit commander and the Alcohol and Drug Abuse Prevention and Treatment Program Manager when a member of the armed forces:

3.8.3.1.1. Is observed, identified, or suspected to be under the influence of drugs or alcohol during a medical appointment. (T-1)

3.8.3.1.2. Receives treatment for an injury or illness that may be the result of substance use. (T-1)

3.8.3.1.3. Is suspected of having a Substance Use Disorder Diagnosis. (T-1)

3.8.3.1.4. Is admitted as a patient for alcohol or drug withdrawal management. (T-1)

3.8.3.2. Upon receiving notification of any of the above from a medical provider, Alcohol and Drug Abuse Prevention and Treatment staff shall consider this a medical referral and schedule an assessment for the member. (T-2) The Alcohol and Drug Abuse Prevention and Treatment staff will not wait for a referral from the Commander. (T-3)

3.8.4. Addictive Behavior referrals.

3.8.4.1. Referrals for Addictive Behaviors must be either self-referrals or medical referrals. (T-0) If a commander desires an evaluation for a non-substance related Addictive Behavior, and the member is not willing to voluntarily seek services, the Commander must initiate a Command Directed Evaluation in accordance with Air Force Instruction 44-172. (T-0)

3.8.4.2. While the Alcohol and Drug Abuse Prevention and Treatment staff may have more experience with Addictive Behaviors, non-substance related Addictive Behaviors will be treated in the Mental Health Clinic (under Medical Expenses Performance Report Services code BFDA), patients with non-substance related Addictive Behaviors will not be formally entered into the Alcohol and Drug Abuse Prevention and Treatment program. (T-0) The level of treatment will still be derived from American Society of Addiction Medicine Treatment Criteria. (T-1)

3.8.4.3. Command notifications for Addictive Behaviors will take place in the same manner as for any mental health condition in accordance with Air Force Instruction 44-172. (T-0)

3.9. Documentation (Prevention, Treatment, and Continuing Care (Aftercare)).

3.9.1. Alcohol and Drug Abuse Prevention and Treatment staff will document reason for referral and conduct the substance-related assessment within seven (7) calendar days of the referral. (T-1) This includes self, medical, and command referrals. (T-1) If the member is in leave status or otherwise unavailable for assessment within the seven day window, reason for the delay (i.e. incarceration, hospitalization etc.), along with the anticipated date for assessment will be documented in the member's health record. (T-2)

3.9.2. If the patient is on Temporary Duty, the Temporary Duty location Alcohol and Drug Abuse Prevention and Treatment staff will contact the member's home station and inform command of the substance-related event and the status of the assessment process. Alcohol and Drug Abuse Prevention and Treatment staff will document in the record any delays of the assessment. (T-1)

3.9.3. Documentation for selective prevention, treatment, and continuing care (aftercare) will be placed in the member's electronic health record in accordance with Air Force Instruction 44-172. (T-1)

3.10. Patient Assessment and Diagnostic Responsibilities.

3.10.1. Treatment or prevention counseling should be individually tailored in accordance with American Society of Addiction Medicine criteria and based on thorough assessment, clinical interview, collection of collateral data as appropriate, and determination of risk.

3.10.2. Evaluation for specialty treatment requires a thorough biopsychosocial assessment that adheres to evidence based clinical practice guidelines from Veterans Affairs/Department of Defense. Additionally, in accordance with Department of Defense Instruction 1010.04, reasonable effort should be made to include collateral information from the member's family, after obtaining appropriate release from the member.

3.10.2.1. When treating Alcohol and Drug Abuse Prevention and Treatment patients, providers and technicians must do a complete review of the individual's medical history, including a thorough medication reconciliation. (T-1) This can help providers uncover potential poly-substance abuse disorders, identify drug-seeking behaviors, and target therapy appropriately. Throughout treatment, providers should periodically monitor any changes in the patient's medical diagnoses or medication regimen in order to identify unrecognized prescription medication abuse.

3.10.3. Legal Deferment. Should a member indicate, after receiving the informed consent notification, that he/she has been advised by legal counsel not to participate in the intake assessment the member will be considered to be in a legal deferment status. (T-2)

3.10.3.1. The member's Commander is the only one who can compel the member to complete an assessment, and if the Commander desires to compel the member to submit for assessment, it is recommended to consult with judge advocate prior to ordering this evaluation.

3.10.3.2. Due to the vital role of the Commander in legal deferments the Alcohol and Drug Abuse Prevention and Treatment Program Manager must notify the Commander within 24 hours of the member asserting legal deferment. (T-3)

3.10.3.3. The Alcohol and Drug Abuse Prevention and Treatment staff must track all members in a legal deferment status and maintain at a minimum bi-weekly (every other week) contact with members to assess their current risk level, coping strategies, and the status of their legal circumstances. (T-3)

3.10.3.3.1. These appointments are to be considered mandatory appointments as with any other Alcohol and Drug Abuse Prevention and Treatment appointment.

3.10.3.3.2. The focus of these sessions should be on risk assessment, managing stress and basic coping skills.

3.10.3.3.3. The Alcohol and Drug Abuse Prevention and Treatment Program Manager or Certified Alcohol and Drug Abuse Counselor may wish to discuss the value of holding a Treatment Team to ensure that all parties are informed regarding the way ahead, along with the expectation of a comprehensive Alcohol and Drug Abuse Prevention and Treatment assessment after legal concerns have been resolved.

3.10.3.4. While the member is in Legal Deferment Status, if the member is seen in any other clinic in the Mental Health Flight, they will be considered Multi-clinic patients and will be entered onto the Multi-Clinic Case Conference list and discussed weekly. (T-2)

3.10.3.5. Once the legal concerns have met a final disposition, the member will again be scheduled for a comprehensive Alcohol and Drug Abuse Prevention and Treatment intake evaluation and services will proceed accordingly. (T-2)

3.10.4. Information gathered during the assessment will form the basis for patient diagnosis, treatment planning, and delivery of substance use disorders-related services. (T-0)

3.10.5. Except in cases of self-identification, information the patient provides in response to assessment questions may be used in a court-martial and to characterize service at the time of discharge. Such evidence may be introduced for other administrative purposes or for impeachment or rebuttal purposes in any proceeding in which the patient introduced evidence of substance use disorder (or lack thereof). Consult with appropriate medical legal consultant, if one is available, or other legal and/or investigative authorities regarding any questions.

3.10.6. Privileged mental health providers are responsible for diagnostic decisions, treatment/change plan, and case disposition.

3.11. Disclosure.

3.11.1. Before eliciting information from the patient, Alcohol and Drug Abuse Prevention and Treatment staff will brief the patient about:

3.11.1.1. Stipulations of self-identification, if applicable. (T-0)

3.11.1.2. Limits of confidentiality. (T-0)

3.11.1.3. Privacy Act and Health Insurance Portability and Accountability Act (HIPAA) provisions. (T-0)

3.11.1.4. Overview of Alcohol and Drug Abuse Prevention and Treatment Program, to include patient rights and responsibilities. (T-0)

3.11.1.5. The responsibilities of the respective members of the Alcohol and Drug Abuse Prevention and Treatment Program staff engaged in assessment, education, brief preventive counseling, or treatment. (T-0)

3.11.1.6. The purpose, access, and disposition of mental health records. (T-0)

3.11.1.7. The potential consequences of refusing assessment, preventive counseling, and/or treatment. (T-0)

3.11.2. If the referral is from the command or the result of an Alcohol-Related Misconduct, the Alcohol and Drug Abuse Prevention and Treatment staff must explain the following to the patient prior to assessment:

3.11.2.1. The requirement that the supervisor provide information on the patient's duty performance and on- and off-duty behavior. (T-1)

3.11.2.2. The expected time requirements for the member to complete the assessment. (T-1) Time requirements for secondary prevention and treatment services should be explained after the assessment, when recommended level of care has been determined.

3.11.2.3. Limits of confidentiality. (T-0)

3.11.2.4. The counselor's responsibilities. (T-1)

3.11.3. When a member of the Alcohol and Drug Abuse Prevention and Treatment staff becomes aware that a member is being considered or processed for separation and the command has informed the patient of this intent, they must brief the member about the member's entitlement to substance use disorder treatment with the Veterans Affairs. (T-0) Services will continue to be provided, according to member needs, until separation occurs. (T-0)

3.12. Level 0.5: Requirements for Early Intervention (Alcohol Brief Counseling).

3.12.1. Overview. Selective prevention strategies focus on individuals who have been identified or are suspected of high risk use of substances but do not meet criteria (according to the most recent version of the Diagnostic and Statistical Manual of Mental Disorders) for a substance use disorder diagnosis. The goal of clinical prevention and education activities should be reducing misuse of alcohol or other drugs by increasing awareness and understanding of consequences, as well as, developing a plan for positive change. All individuals referred, either by self, Commander, or medical, to the Alcohol and Drug Abuse Prevention and Treatment Program who do not receive a substance use disorder diagnosis will receive Alcohol Brief Counseling (Alcohol Brief Counseling). If the referral is related to the use of substances other than alcohol, Alcohol Brief Counseling's will still be conducted, but will be modified to address the patient's concerns. (T-1) Civilians will be seen for an initial assessment, Alcohol Brief Counseling, and other services in accordance with Air Force Instruction 90-508. (T-1)

3.12.2. For members who are not diagnosed with a substance use disorder, the intensity of preventative counseling services should be based on evaluation of risk.

3.12.3. Early Intervention: Alcohol Brief Counseling. Refer to the Alcohol and Drug Abuse Prevention and Treatment Alcohol Brief Counseling Manual for additional information. An electronic copy of the manual can be obtained from the Alcohol and Drug Abuse Prevention and Treatment Branch staff at Air Force Medical Operations Agency/SGHW. The Alcohol Brief Counseling process requires eliciting patient response to identified risks and concerns, as well as identifying possible areas for behavior change.

3.12.4. Members who are only being evaluated or treated for non-substance related Addictive Behaviors, will not receive Alcohol Brief Counseling.

3.12.5. Alcohol Brief Counseling interventions are prevention and do not constitute treatment. As such appropriate non-Certified Alcohol and Drug Abuse Counselor technicians may be supervised by a Certified Alcohol and Drug Abuse Counselor for these sessions.

3.13. Treatment Program Guidelines.

3.13.1. Overview. After being diagnosed with a substance use disorder, patients will be placed in the appropriate level of care in accordance with American Society of Addiction Medicine Treatment Criteria. (T-0) To make the appropriate placement, Alcohol and Drug Abuse Prevention and Treatment staff will utilize the American Society of Addiction Medicine Service Planning and Level of Care Placement Criteria. (T-0)

3.13.2. At every level of care, the treatment program will reflect a multi-disciplinary approach to assist the patient to achieve full recovery, free of the negative effects of the substance use disorder. (T-0)

3.13.3. It is important to note that command involvement is critical to a comprehensive substance use disorder treatment program, prevention and early intervention stages, as well as during continuing care (aftercare).

3.13.4. The treatment plan must be developed in accordance with American Society of Addiction Medicine Treatment Criteria. (T-0) American Society of Addiction Medicine Treatment Criteria reflects the philosophy of placing patients in the least intensive/restrictive treatment environment, appropriate to their therapeutic needs. Variable lengths of stay/duration of treatment shall be provided within a variety of treatment settings. (T-0)

3.13.5. Personnel will undergo substance use monitoring during the course of all levels of substance use disorder treatment in Department of Defense facilities. (T-0) Medically-directed drug tests will be used to determine an individual's adherence to treatment goals. (T-0) Testing for alcohol use during treatment will be conducted when clinically indicated. (T-0) In order to determine patients level of program adherence, random labs should be ordered throughout the course of treatment. The following labs should be considered: Complete Blood Count, Comprehensive Metabolic Panel, Gamma-glutamyl Transpeptidase (GGT), Carbohydrate Deficient Transferrin, Hemoglobin A1c (HbA1c), and Blood Alcohol Content. HIV testing will be ordered when a patient is diagnosed with any substance use disorder, and entered into a treatment program, to include local Level 1 treatment programs. (T-1) Patients should have random labs ordered throughout treatment, commensurate with the diagnosis.

3.13.6. Profiles: When patients are diagnosed with a substance use disorder and entered into the Alcohol and Drug Abuse Prevention and Treatment Program, the Alcohol and Drug Abuse Prevention and Treatment Program Manager will enter the demographic data, annotate that the member is not qualified for World Wide Duty, check the Mobility Restriction box check code 31(for most Alcohol and Drug Abuse Prevention and Treatment patients), and enter a release date on the Air Force Form 469, *Duty Limiting Conditions Report*, in Aeromedical Services Information Management System. (T-1) Only specific limitations will be entered. (T-1) Diagnoses will not be recorded on the comment or limitation section of this form. (T-1) Complete profile in accordance with Air Force Instruction 48-123 and Air Force Instruction 10-203, *Duty Limiting Conditions*. (T-1)

3.13.7. Individuals diagnosed with an alcohol use disorder will refrain from the use of alcohol or other drugs during treatment. (T-0) During continuing care (aftercare), abstinence may be an important goal; however, responsible drinking goals can also be considered for continuing care (aftercare). A return to drinking during continuing care (aftercare) is not uncommon and should not, in itself, be considered unsatisfactory progress or program failure.

3.13.8. Commanders are responsible for the administrative determination about the service member and can concur or non-concur with the medical determination, and then take the action they deem appropriate.

3.13.9. Involvement in self-help recovery groups (e.g. 12-step, Rational Recovery, etc.) is encouraged as an adjunct to treatment. The frequency of attendance is determined by the Treatment Team with the patient.

3.13.10. Determinations about a patient's availability for Permanent Change of Station or Temporary Duty will be coordinated through the Treatment Team. (T-3) Generally, patients diagnosed with substance use disorders are restricted from worldwide duty for their first six months of treatment.

3.13.11. When patients Permanent Change of Station, (while receiving care) the Alcohol and Drug Abuse Prevention and Treatment staff will forward one copy of the AD patient's outpatient mental health record (if a hard copy record exists) to the gaining base's outpatient mental health clinic to ensure continuity of care is maintained. (T-2) See Air Force Instruction 44-172 for additional details.

3.14. Referrals made by Alcohol and Drug Abuse Prevention and Treatment Program staff.

3.14.1. Referral to mental health. When indicated, Alcohol and Drug Abuse Prevention and Treatment Program staff will refer patients to outpatient mental health for treatment of co-morbid concerns. (T-1)

3.14.2. Referral to Medical. Alcohol and Drug Abuse Prevention and Treatment Program staff will coordinate any referrals to Primary Care or Flight Medicine (for members on flight status) for medical conditions or coordinate with a medical provider, when a Mental Health Provider privileged to prescribe pharmacological treatments is not on staff, for the use of clinical pharmacological treatments in conjunction with Alcohol and Drug Abuse Prevention and Treatment and continuing care (aftercare). (T-1)

3.14.3. Referral to Family Advocacy Program (FAP). If information is revealed that indicates child maltreatment, or spousal/intimate partner maltreatment, then Alcohol and Drug Abuse Prevention and Treatment Program staff will make the appropriate referral to the FAP and other appropriate authorities. (T-0)

3.15. Treatment Team Composition, Roles, and Function.

3.15.1. The primary objective of the Treatment Team is to guide the clinical course of treatment of the patient after reviewing relevant information. The Treatment Team will be held within 14 calendar days of the initial assessment appointment. (T-1)

3.15.1.1. The Alcohol and Drug Abuse Prevention and Treatment Program Manager, in consultation with the Treatment Team, makes a treatment decision(s) within 14 calendar days of the patient's assessment in the Alcohol and Drug Abuse Prevention and Treatment Program. Reasons for delays must be documented in the health record and conveyed to the commander. (T-1)

3.15.2. Membership of Treatment Team includes:

3.15.2.1. Commander and/or First Sergeant.

3.15.2.2. Patient's immediate supervisor (the member who supervises the patient's day to day activities).

3.15.2.3. Alcohol and Drug Abuse Prevention and Treatment Program Manager (or delegated mental health provider) chairs the Treatment Team and determines the clinical course of treatment for patients in the Alcohol and Drug Abuse Prevention and Treatment Program with input from the team.

3.15.2.4. Certified Alcohol and Drug Abuse Counselors, non-credentialed mental health technicians, or privileged mental health providers involved in the case.

3.15.2.5. Medical providers (e.g. primary care managers). If the patient is on flight status, a flight surgeon will be included in the Treatment Team. (T-1) Refer to Air Force Instruction 48-123 for further guidance.

3.15.2.5.1. Primary Care Managers (PCMs) are invited to attend Treatment Team Meetings, and if not in attendance will be notified of Treatment Team outcome for continuity of care. (T-2)

3.15.2.6. Other individuals as deemed necessary by concurrence of the Treatment Team.

3.15.2.7. The patient, unless deemed clinically inappropriate, or unavailable due to inpatient treatment incarceration etc. In this case, the patient will be briefed on the treatment decisions of the Treatment Team. (T-1)

3.15.3. Commander (or First Sergeant) and supervisor must be involved at program entry, termination, and any time there are significant treatment concerns with the patient. (T-0) Alcohol and Drug Abuse Prevention and Treatment staff must brief Commanders (or First Sergeant) on patient progress at least quarterly, either telephonically, individually, or within the Treatment Team. (T-0) Per Department of Defense guidance, the Commander must be involved in the patient's treatment and continuing care (aftercare) program (T-0)

3.15.4. Treatment Teams must be mindful of protecting patient privacy to the greatest extent possible while still allowing for meaningful review. (T-0) Only information pertinent to treatment decisions should be shared with the Treatment Team. The patient should be informed about the purpose of the Treatment Team and the nature of the information to be shared.

3.15.5. Treatment Planning. The primary purpose of the treatment plan is to establish the frame work for the patient's treatment and recovery. The treatment plan documents the level and intensity of care, incorporates issues, problem areas, life skill deficits, and goals identified during the biopsychosocial assessment, and identifies appropriate treatment resources to be utilized during the patient's course of treatment.

3.15.5.1. The treatment plan will be comprehensive, individualized to the patient's needs, and stated in behavioral terms. (T-0)

3.15.5.2. The treatment plan serves as the basis for determining when a patient is ready or should be moved to after-care or requires some other level or mode of care.

3.15.5.3. Treatment plans will be reviewed at each individual session to ensure that the plan reflects status of the patient's progress toward effective substance use disorder recovery and stabilization of other identified clinical issues. (T-1)

3.15.5.4. Patients will adhere to the treatment plan developed by the Treatment Team. (T-1)

3.16. Withdrawal Management.

3.16.1. Patients being referred for inpatient treatment will be assessed to determine the level of withdrawal management services required (e.g. Level 1-WM – Level 4-WM). (T-0) When medically indicated, and when available, patient detoxification may be managed on an outpatient basis prior to inpatient or residential treatment.

3.16.2. Patients assessed as requiring medically managed withdrawal management (inpatient) will be entered into an appropriate medical facility. (T-0)

3.16.3. All patients utilizing aeromedical evacuation services must have 72 hours of monitored abstinence (inpatient or outpatient) prior to departure. (T-1)

3.17. Continuity of Care in Treatment.

3.17.1. Alcohol and Drug Abuse Prevention and Treatment Program staff will communicate weekly with any Intensive Outpatient, Partial Hospitalization Program, residential, or inpatient treatment facility (regardless of whether such facility is civilian or an Medical Treatment Facility) to ensure continuity of care before, during and after any treatment received and document interaction in the Alcohol and Drug Abuse Prevention and Treatment patient record. (T-1) When in-person or telephonic contact is not feasible, other electronic means are acceptable, though not preferred. Regardless of format the contact must be documented in the Electronic Health Record. (T-1)

3.17.2. Local patients referred to a Partial Hospitalization Program, residential, or inpatient program may begin treatment immediately, if the history, physical examination, and other documentation indicate that the patient can safely begin treatment. If, however, the patient experiences symptoms of apparent withdrawal, he or she will be re-assessed and a withdrawal management protocol initiated. (T-0)

3.17.3. Considerations following Intensive Outpatient, Partial Hospitalization Program, Residential or Inpatient Treatment Completion.

3.17.3.1. Patients will be seen for a face-to-face visit the same day whenever possible, but no later than the next duty day after discharge from any higher level of care to include both Department of Defense and civilian facilities. (T-1) At a minimum, a relapse prevention plan will be created (or reviewed if created prior to discharge) and agreed upon. (T-1) Suicide risk will also be assessed at this visit and a follow-up visit will be scheduled. (T-1) Patients discharged from inpatient, residential or Partial Hospitalization Program will be placed on High Interest and monitored over a sufficient period of time to assess clinical stability, at which time the patient may be removed from High Interest. (T-1) There is no minimum amount of time for patient to be labeled High Interest. If a face-to-face visit cannot be accomplished on the same day of discharge, the Alcohol and Drug Abuse Prevention and Treatment Program staff must document the reason(s) why the evaluation did not occur (e.g. discharged on Saturday or holiday weekend, transferred to general medical unit afterwards, etc.). (T-1)

3.17.3.2. Patients returning from an Intensive Outpatient, Partial Hospitalization Program, residential or inpatient treatment facility will have a Treatment Team meeting convened within 14 calendar days of return to assess the patient's progress during inpatient or residential treatment and design a continuing care (aftercare) plan. (T-1)

Decisions regarding continuing care (aftercare) services will be based on a current assessment of status and will include establishment of a continuing care treatment plan identifying specific goals, interventions, and means to assess interventions. (T-0)

3.17.3.3. The Alcohol and Drug Abuse Prevention and Treatment staff will request a summary from the treatment facility and include it in the record in accordance with Air Force Instruction 44-172 and advise the command of all relevant treatment outcomes. (T-1)

3.17.4. Use of pharmacological treatments, such as Naltrexone, Disulfiram, Acamprostate, etc., will be monitored by the prescribing provider, and/or the Alcohol and Drug Abuse Prevention and Treatment Medical Director. (T-1)

3.17.5. Long-Term Inpatient/Residential Substance Use Treatment. Whenever possible and appropriate, military inpatient or residential substance use treatment facilities will be used for service members requiring long-term treatment. (T-0)

3.18. Continuing Care (Aftercare) Program.

3.18.1. Upon completion of the treatment phase of the Alcohol and Drug Abuse Prevention and Treatment Program (e.g. Outpatient, Intensive Outpatient, Partial Hospitalization Program, etc.), the member will begin a period of continuing care (aftercare). (T-0) A Treatment Team will convene to create a continuing care (aftercare) plan. (T-0) All patients who completed treatment will participate in continuing care (aftercare) as part of the Alcohol and Drug Abuse Prevention and Treatment Program. (T-0)

3.18.2. Movement of patients into continuing care (aftercare) is not determined simply by completing the outpatient, Intensive Outpatient, Partial Hospitalization Program, inpatient or residential treatment. Continuing care (aftercare) does not begin until the majority of treatment plan goals with all substance related goals of the treatment plan are met. Once these goals are met, the patient is moved into continuing care (aftercare).

3.18.3. Continuing Care (Aftercare) requirements.

3.18.3.1. Patient's progress will be monitored by the Alcohol and Drug Abuse Prevention and Treatment staff at least every 30 days while the patient is in continuing care (aftercare). (T-0)

3.18.3.2. The goal of continuing care is to ensure any new goals are addressed, the patient does not need to be returned to treatment, and a relapse prevention plan is implemented and proceeding smoothly.

3.18.4. Commanders will ensure that AD personnel with a drug history undergo monthly, random drug testing for one year following their most recent discharge from a treatment program. (T-0) Those with special duty requirements may have additional drug monitoring standards imposed by professional boards or Department of Defense policy.

3.19. Program Completion and Program Failure.

3.19.1. Program Completion. Patients will not be considered to have successfully completed the Alcohol and Drug Abuse Prevention and Treatment Program until the patient has completed treatment and continuing care (aftercare). (T-0) The Treatment Team determines, based on Veterans Affairs/Department of Defense Clinical Practice Guidelines for

Management of Substance Use Disorders, current Diagnostic and Statistical Manual of Mental Disorders criteria and American Society of Addiction Medicine criteria, patient's progress towards agreed upon goals and/or issues as stated in the treatment and continuing care (aftercare) plans, when the patient no longer requires program resources.

3.19.1.1. Air National Guard members who are referred by the Alcohol and Drug Abuse Prevention and Treatment Program Manager to a non-military provider/agency for substance use disorder treatment will not be considered to have successfully completed the Alcohol and Drug Abuse Prevention and Treatment Program until the member has completed treatment and continuing care (aftercare). (T-2) This determination will be made based on documentation provided from the civilian provider/agency (T-2) The Treatment Team determines, in coordination with Guard Medical Unit personnel, based on Veterans Affairs/Department of Defense Clinical Practice Guidelines for Management of Substance Use Disorders, current Diagnostic and Statistical Manual of Mental Disorders criteria and American Society of Addiction Medicine Patient Placement Criteria, patient's progress towards agreed upon goals and/or issues as stated in the treatment and continuing care (aftercare) plans, when the patient no longer requires program resources.

3.19.1.2. Air National Guard members who have not been entered into the Alcohol and Drug Abuse Prevention and Treatment Program will ensure the civilian substance use disorder records are available for review by the Guard Medical Unit (T-1) These members will be referred to the Director of Psychological Health for case management services. (T-1)

3.19.2. Program Failure. The Treatment Team determines a patient to have failed the program based on a demonstrated pattern of unacceptable behavior, unwillingness to engage with the Alcohol and Drug Abuse Prevention and Treatment Program after having an Alcohol-Related Misconduct, inability or unwillingness to comply with their treatment plan, or involvement in Alcohol-Related Misconducts after receiving initial treatment. The determination that a patient has failed treatment is based on the patient's repeated failure to meet and maintain Air Force standards (behavior), rather than solely on the use of alcohol. Individuals who have been determined as failing the Alcohol and Drug Abuse Prevention and Treatment Program shall be considered for administrative separation by their Commander. (T-0)

3.19.2.1. If a patient is failed from the Alcohol and Drug Abuse Prevention and Treatment Program and is awaiting discharge from the Air Force, the patient will be offered transition counseling services until discharged. (T-1) These visits would be used to support patients in their transition to the civilian world and help ensure safety of the patient during a stressful time. If the patient refuses this continued support, the command shall be notified so leadership can ensure safety of the individual. (T-1)

3.19.2.2. A member that has previously failed the Alcohol and Drug Abuse Prevention and Treatment Program and has a subsequent Alcohol-Related Misconduct is not mandated to enter the program again. The member will, however, be referred to Alcohol and Drug Abuse Prevention and Treatment in order for a safety assessment to be completed and to allow the Treatment Team to discuss an appropriate disposition, the referral is also key for the tracking of data. (T-0) Entering the program will be at the

discretion of the Treatment Team, with the ultimate decision made by the Commander. (T-1) If the Treatment Team determines that the member will re-enter Alcohol and Drug Abuse Prevention and Treatment a new assessment will be completed. (T-1) At a minimum, Alcohol and Drug Abuse Prevention and Treatment staff will conduct a safety assessment, and if needed, further services will be provided in regards to patient safety. (T-1)

3.19.2.3. Individuals (including eligible Air National Guard members) being processed for separation will be provided appropriate medical care prior to separation. (T-0) Separation action will not be postponed because of a member's participation in the Alcohol and Drug Abuse Prevention and Treatment Program. (T-0)

3.19.2.4. For Air National Guard, the Treatment Team will be convened telephonically with the Air National Guard Behavioral Health Consultant to determine if a patient has failed the program based on a demonstrated pattern of unacceptable behavior, unwillingness to engage with the Guard Medical Unit or Alcohol and Drug Abuse Prevention and Treatment Program after having an Alcohol-Related Misconduct, inability or unwillingness to comply with their treatment plan, or involvement in Alcohol-Related Misconducts after receiving initial treatment. (T-1) The Alcohol and Drug Abuse Prevention and Treatment Program Manager will coordinate with non-military providers for Air National Guard members who have been referred for treatment to determine program outcome. (T-1) Air National Guard members who have been determined as failing the Alcohol and Drug Abuse Prevention and Treatment Program shall be considered for administrative separation by their Commander. (T-1)

3.20. Additional Treatment and Continuing Care (Aftercare) Considerations.

3.20.1. Airmen who are in treatment and continuing care (aftercare) should be carefully assessed by the Treatment Team for mobility restrictions. Any patient with a substance use disorder diagnosis will be placed on a mobility restricting profile during treatment. (T-1) It is recommended that during the early stages of continuing care (aftercare) the patient remain on a mobility restriction until such time as the Treatment Team determines otherwise. If the Treatment Team determines, after a period of stability in continuing care (aftercare), the patient could deploy without access to follow-up services, then the profile may be removed. The final recommendation on mobility status is made by the Alcohol and Drug Abuse Prevention and Treatment Program Manager.

3.20.1.1. Aeromedical Services Information Management System (ASIMS) will be used to monitor Clients' Profiles in Treatment. (T-1) The Alcohol and Drug Abuse Prevention and Treatment Program Manager will ensure that any mobility restrictions are noted and that profiles recommendations are completed in accordance with Air Force Instruction 10-203 and Air Force Instruction 48-123. (T-1)

3.20.2. Permanent Change of Station. Patients making minimal or unsatisfactory progress in recovery should not be allowed to proceed on Temporary Duty's or a Permanent Change of Station, except for mandatory Permanent Change of Station moves. The Treatment Team will recommend to the commander that the individual not be released. (T-1) At times, exceptional circumstances may warrant other approaches.

3.20.3. Transferring Alcohol and Drug Abuse Prevention and Treatment Information and Coordination of Care at the Time of Permanent Change of Station. The Alcohol and Drug Abuse Prevention and Treatment Program will follow the guidelines for the transfer of mental health records and coordination of care established in accordance with Air Force Instruction 44-172. (T-1)

3.21. Special Duty Assignments or Designations\Members on Flight Status\Providers.

3.21.1. Special Duty Assignments or Designations. Decisions regarding access to classified material, security clearances, Personnel Reliability Program, Presidential Support Program, or other special duty (other than flying) will be determined by governing instructions for each program (e.g. Department of Defense Directives (Department of Defense Directives), Department of Defense Instructions, Air Force Instructions, etc.). (T- 0)

3.21.2. Flight Status. When a flight surgeon suspects a member on flying status of having a substance use problem, he or she is required to inform the member's commander and to refer him/her to Alcohol and Drug Abuse Prevention and Treatment for an evaluation. (T-1) If the member is diagnosed with a substance use disorder, there are specific guidelines that must be followed including completion of treatment and continuing care (aftercare) program meeting timeframe requirements. (T-1) See Air Force Instruction 48-123 and Air Force Waiver Guide for additional information and guidance.

3.21.3. Impaired Privileged/Non-Privileged Providers. A provider may seek assistance for issues involving the abuse or misuse of substances. Impaired providers typically require a specialized treatment program given the unique requirements of being a healthcare provider receiving treatment for a substance use disorder. If there is an Alcohol-Related Misconduct and the provider is seen in Alcohol and Drug Abuse Prevention and Treatment or if the provider is diagnosed with a substance use disorder, there are specific guidelines regarding Air Force credentialing that must be followed, as well as state licensing issues that must be considered. (T-1) See Air Force Instruction 44-119 for additional information and guidance.

3.22. Program Evaluation.

3.22.1. Each Alcohol and Drug Abuse Prevention and Treatment Program will monitor the Alcohol-Related Misconducts rate for their installation, to include number and type of referrals, as well as diagnostic category. (T-1) This information will be reported to the Community Action Team and the Community Action Board for discussion on evaluation and enhancement of prevention services. (T-3) Reporting will occur in accordance with instruction governing Community Action Team and Community Action Board, or when a significant trend makes reporting and discussion relevant. (T-3)

3.22.2. In addition to aid the Defense Health Agency to monitor program benefits and outcomes, Alcohol and Drug Abuse Prevention and Treatment programs will administer the Brief Addiction Measure to all patients at intake and at a minimum every thirty days, during both treatment and continuing care (aftercare). (T-0) When patients are not available for administration every thirty days the Alcohol and Drug Abuse Prevention and Treatment Program Manager will document the reason in the patient's health record. (T-0)

3.23. Training.

3.23.1. Training Mission. The Alcohol and Drug Abuse Prevention and Treatment Program's mission includes oversight and management of substance use disorder treatment education for mental health staff who are currently working in Alcohol and Drug Abuse Prevention and Treatment or mental health technicians who are expected to rotate through Alcohol and Drug Abuse Prevention and Treatment.

3.23.2. Alcohol and Drug Abuse Prevention and Treatment Program Managers.

3.23.2.1. Alcohol and Drug Abuse Prevention and Treatment Program Managers are responsible for ensuring they are competent for their duties. This means they must obtain the appropriate education and supervision needed to develop and maintain competency in substance misuse assessment, prevention, and treatment. (T-0) Competency will be defined by the provider's experience, consultation with supervisors, training and their own ethical and licensure requirements. (T-0)

3.23.2.2. Lack of clinical experience or course work in substance misuse does not preclude a provider from working in the Alcohol and Drug Abuse Prevention and Treatment Program. In this situation, the provider and their supervisor will be responsible for establishing a training plan to develop competency and ensure appropriate oversight until competency is attained. (T-1)

3.23.2.3. If additional Alcohol and Drug Abuse Prevention and Treatment Program Manager education is required, the written training plan may include, but is not limited to, review of the research, peer consultation, supervision, computer-based learning, and continuing education opportunities.

3.23.2.4. Alcohol and Drug Abuse Prevention and Treatment Program Manager may develop written training and education plans to assist Alcohol and Drug Abuse Prevention and Treatment technicians in meeting educational requirements as designated in the 4C Career Field Education and Training Plan and the Air Force Substance Abuse Counselor Certification Handbook. The Alcohol and Drug Abuse Prevention and Treatment Program Manager will develop written training and education plans to maintain education currency of existing Alcohol and Drug Abuse Prevention and Treatment technicians and to promote substance-related skill development in new providers and technician staff. (T-2)

3.23.2.4.1. Education plans and goals will be tailored to individual needs. (T-2)

3.23.2.4.2. Content will focus on evidence-based assessment, prevention and treatment approaches to reduce alcohol and drug misuse. (T-2)

DOROTHY A. HOGG
Lieutenant General, USAF, NC
Surgeon General

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

- 10 U.S.C. 8013, Secretary of the Air Force
- 10 U.S.C. 1090, Identifying and treating drug and alcohol dependence
- 42 U.S.C. 290dd-2, Confidentiality of records
- Alcohol Brief Counseling Manual
- Air Force Substance Abuse Counselor Certification Board Governance Policy Manual
- Air Force Substance Abuse Counselor Certification Handbook, 13 October 2016
- AFH 36-2235, *Information for Designers of Instructional Systems*, 2 September 2002
- Air Force Instruction 10-203, *Duty Limiting Conditions*, 20 November 2014
- Air Force Instruction 31-501, *Personnel Security Program Management*, 27 January 2005
- Air Force Instruction 33-332, *Air Force Privacy and Civil Liberties Program*, 12 January 2015
- Air Force Instruction 33-360, *Publications and Forms Management*, 1 December 2015
- Air Force Instruction 36-2254, *Volume 1, Reserve Personnel Participation*, 26 May 2010
- Air Force Instruction 36-2254, *Volume 2, Reserve Personnel Training*, 9 June 2010
- Air Force Instruction 41-210, *TRICARE Operations and Patient Administration Functions*, 6 June 2012
- Air Force Instruction 44-119, *Medical Quality Operations*, 16 August 2011
- Air Force Instruction 44-172, *Mental Health*, 13 November 2015
- Air Force Instruction 48-123, *Medical Examinations and Standards*, 5 November 2013
- Air Force Instruction 90-501, *Community Action Information Board and the Integrated Delivery System*, 15 October 2013
- Air Force Instruction 90-507, *Military Drug Demand Reduction Program*, 22 September 2014
- Air Force Instruction 90-508, *Air Force Civilian Drug Demand Reduction Program*, 28 August 2014
- Air Force POLICY DIRECTIVE 44-1, *Medical Operations*, 9 June 2016
- Air Force Records Disposition Schedule in Air Force Records Information Management System, T 41-12 R 12.00, records disposition schedule for Substance Abuse Records (Active Duty, Retired and Family Members), 22 June 2010
- Air Force Waiver Guide, 4 April 2013
- ASD (HA) Policy OSD (HA) Memorandum on TRICARE Substance Abuse Treatment, 13 February 1997

Assistant Surgeon General Health Care Operations Memorandum, *Long-Term Inpatient/Residential Substance Use Treatment*, September 27, 2012

Department of Defense Directive 5400.07, *Department of Defense Freedom of Information Act (FOIA) Program*, January 2, 2008

Department of Defense Instruction 1010.04, *Problematic Substance Use by Department of Defense Personnel*, 20 February 2014

Department of Defense Instruction 1010.09, *Department of Defense Civilian Employee Drug-Free Workplace Program*, 22 June 2012

Department of Defense Instruction 6490.08, *Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members*, Aug 17, 2011

Department of Defense Manual 5210.42_Air Force MANUAL 13-501, *Nuclear Weapons Personnel Reliability Program (Personnel Reliability Program)*, 9 March 2017

Department of Defense Manual 6010.13-M, *Medical Expense and Performance Reporting System For Fixed Military Medical and Dental Treatment Facilities Manual*, April 9, 2008

Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, 2013

Executive Order 9397, *Numbering System for Federal Accounts Relating to Individual Persons* 22 Nov, 1943

Executive Order 11478, *Equal Employment Opportunity in the Federal Government*, August 8, 1969

National Defense Authorization Act for Fiscal Year 2010 (NDAA 2010), Section 596

Surgeon General NOTAM 10-014, *Recognition & Treatment of Impairment in Medical Professionals*, November 2010

The American Society of Addiction Medicine Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd Edition, 2013

Veterans Affairs/Department of Defense Clinical Practice Guideline: *Management of Substance Use Disorders* (2009)

Veterans Affairs/Department of Defense Substance Use Disorder Pocket Guide (2011)

Prescribed Forms

None.

Adopted Forms

Standard Form 600, *Medical Record – Chronological Record of Medical Care*

Air Force Form 3545, *Incident Report*

Air Force Form 469, *Duty Limiting Conditions Report*

Air Force Form 847, *Recommendation for Change of Publication*

Terms

Abstinence—The practice of refraining from the consumption or use of alcohol and other intoxicating substances.

Active Guard/Reserve (AGR)—National Guard or Reserve Members who are on voluntary AD providing full-time support to National Guard, Reserve, and Active Component organizations for the purpose of organizing, administering, recruiting, instructing, or training the Reserve Components. Although they continue to be members of the Reserve Components, they are in a different federal status than traditional part-time Army Reserve Component or Air Reserve.

Component members (including full—time Army Reserve Technician and Air Reserve Technician Program members) called to Active Duty for training, special work, operational support to the Active Component, or mobilized for contingency operations. ACTIVE GUARD/RESERVE personnel also receive the same benefits and entitlements as Army and Air Force Active Component military personnel.

Air Reserve Components—All units, organizations, and members of the Air National Guard and the United States Air Force Reserve (USAFR).

Air Reserve Technician—Air Reserve Technicians are the core managers and trainers conducting day-to-day Air Reserve Component unit operations. They serve as full-time civil service employees of the United States Air Force and serve as Traditional Reservists in the same unit.

Alcohol Abuse—See Diagnostic and Statistical Manual of Mental Disorders-IV-TR for diagnostic criteria.

Alcohol Dependence—See Diagnostic and Statistical Manual of Mental Disorders-IV-TR for diagnostic criteria.

Alcohol—Related Misconduct —This type of conduct includes driving while intoxicated, public incidents of intoxication and misconduct, underage drinking, or similar offenses and is a breach of discipline.

Alcoholics Anonymous (AA)—A fellowship of men and women who share with each other their experience, strength, and hope that they may solve their common problem and help others to recover from alcoholism.

Centralized Credentials Quality Assurance System—A web based software application for credentials, privileging, adverse action and risk management database utilized within Department of Defense . The CENTRALIZED CREDENTIALS QUALITY ASSURANCE SYSTEM software assists the credentials and risk managers with the control of credentials, managing the credentialing/privileging process, adverse actions, medical malpractice claim process, report generation, letter generation, Medical Treatment Facility to Medical Treatment Facility transfer of the electronic PCF, and inter-facility transfer briefs. Medical Treatment Facility credentials and risk managers use CENTRALIZED CREDENTIALS QUALITY ASSURANCE SYSTEM information for generating Department of Defense and congressional reports, personnel management, quality assurance, and for performance improvement activities.

Certified Alcohol and Drug Counselor—In the United States Air Force, they are typically mental health technicians who serve in clinical roles in the Alcohol and Drug Abuse Prevention and Treatment Program (formerly referred to as Certified Alcohol and Drug Abuse Counselors).

Certified Alcohol and Drug Abuse Counselors can also be officers. They provide services in the following 12 core functions outlined by the International Certification and Reciprocity Consortium: screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, education, referral, report and record keeping, and consultation. See the Air Force Alcohol and Drug Counselor Certification Handbook for additional requirements to become a Certified Alcohol and Drug Abuse Counselor.

Clinical Treatment—Services designed for the treatment of patients diagnosed with alcohol abuse or alcohol dependence. These services include a wide range of programs including Intensive Outpatient, Partial Hospitalization Program, residential and inpatient programs.

Detoxification—A planned management of alcohol and drug withdrawal. Patients usually undergo medical detoxification on inpatient. Detoxification includes keeping alcohol and other drugs of abuse away from the individual and providing indicated medical and psychological support.

Drill Status Guardsmen—Air National Guard members who are committed to serving one weekend a month and two weeks a year. These members hold civilian jobs (typically) outside of the military.

Drug—Any controlled substance included in Schedules I, II, III, IV, and V in 21 U.S.C. 812, including anabolic or androgenic steroids, or any intoxicating substance other than alcohol, that is inhaled, injected, consumed, or introduced into the body in any manner to alter mood or function.

Drug Abuse—The illegal, wrongful, or improper use, possession, sale, transfer, or introduction onto a military installation of any drug defined in this instruction.

Eyes-on supervision—Direct contact with the patient of sufficient length and interaction to validate the assessment and recommendation before the patient departs the appointment.

Individual Mobilization Augmentee (IMA)—Reservists who are assigned to AD units to do jobs that are essential in wartime, but do not require full-time manning during peace time. IMAs report for duty a minimum of one day a month and 12 additional days a year.

Intervention—The process of helping the member recognize at the earliest possible moment that he or she needs treatment for self-destructive drinking or drug abuse. This professionally structured event includes significant others in the member's life.

Intoxication—Maladaptive behavior, such as aggressiveness, impaired judgment, and manifestation of impaired social or occupational functioning, because of recent ingestion, inhalation, or injection of any substance into the body. Characteristic physiological and psychological signs include flushed face, slurred speech, unsteady gait, nystagmus, lack of coordination, impaired attention, irritability, euphoria, or depression.

Patient placement criteria (PPC)—Standards of, or guidelines for, alcohol or other drug abuse treatment that describe specific conditions under which patients should be admitted to a particular level of care (admission criteria), under which they should continue to remain in that level of care (continued stay criteria), and under which they should be discharged or transferred to another level (discharge/transfer criteria). PPC generally describe the settings, staff, and services appropriate to each level of care and establish guidelines based on alcohol or other drug diagnosis and other specific areas of patient assessment.

Privileged Mental Health Provider—Military (Active or Reserve component) and civilian personnel (civil service and providers working under contractual or similar arrangement) granted privileges to diagnose, initiate, alter, or terminate healthcare treatment regimens within the scope of his or her license, certification, or registration.

Privileges—Permission to provide medical and other patient care services in the granting institution within defined limits based on the individual's education, professional license, experience, competence, ability, health, and judgment.

Relapse—A return to drinking or drug use after a period of abstinence.

Responsible Center/Cost Center (RC/CC)—Identifies a specific base organization responsible for the management of financial resources.

Selective prevention (from Institute of Medicine)—For those who may have a higher likelihood of developing unhealthy drinking habits as a result of particular risk factors.

Substance—Alcohol and other mind or mood altering drugs, including illicit drugs, prescribed medications, and over-the-counter medications.

Substance Abuse—See Diagnostic and Statistical Manual of Mental Disorders-IV-TR for diagnostic criteria.

Substance Dependence—See Diagnostic and Statistical Manual of Mental Disorders-IV-TR for diagnostic criteria.

Substance Misuse—The use of any illicit drug or the misuse of any prescribed medication or the abuse of alcohol.

Attachment 2

SAMPLE MEMORANDUM FOR TRAINING

MEMORANDUM FOR TRAINING (Competency Assessment for Certified Alcohol and Drug Abuse Counselor)

FROM: [Squadron/Flight]

SUBJECT: Certified Alcohol and Drug Abuse Counselor Observation

1. I _____ observed _____ conduct _____
(Provider/Alcohol and Drug Abuse Counselor Name) (Certified Alcohol and Drug Abuse Prevention and Treatment Program Manager)

_____ on _____ and _____ on _____ .
(12 Core Function) (Date) (12 Core Function) (Date)

2. Requirements were/were not met in accordance with Air Force Instruction 44-119, *Medical Quality Operations*.

3. Time Spent Observing: _____

4. Strengths:

5. Areas for Improvement:

(Certified Alcohol and Drug Abuse Counselor Signature)
Manager Signature)

(Provider/Alcohol and Drug Abuse Prevention and Treatment Program