### Recovery Dialects

<table>
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<tr>
<th></th>
<th>Mutual Aid Meetings</th>
<th>In Public</th>
<th>With Clients</th>
<th>Medical Settings</th>
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<tr>
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IN MY PRESENTATION I WILL SOMETIMES USE ADDICTION SYNONYMOUS WITH SUBSTANCE USE DISORDER
✓ “The military does an excellent job of compressing civilians into soldiers, but does little or nothing to decompress soldiers into civilians.”  LTC Scott Adams, ARNG

(Some veterans never see combat, yet have difficulty adjusting to civilian life.)
“Most Airmen (+) associate the ADAPT (*) Program with punitive measures. This misperception is the main barrier that prevents people from seeking help.”

(D. Davis, Drug Program Adm Mgr. 45th Space Wing Bulletin. October 2015)

(+ Insert Sailor, Soldier, Marine ....

(*) Insert ASAP, SACCO, DAPA, SARP......
Air Force Instruction 44-121 states: “any member who voluntarily discloses personal drug use or possession specifically to the unit commander, first sergeant, military medical personnel or a substance abuse evaluator with the intent of entering drug treatment will be granted limited protection under the UCMJ.”
Referral Types

(1) Self Identification (Alcohol Only)

a. To CC, First Sgt, Medical Staff, or MHP

b. Cannot be under investigation or notification

c. No SUD Dx, then no report to Chain of Command

d. To Nearest ADAPT for assessment, Tx Pln
Referral Types

(2) Command Referral

a. Misconduct/DWI, Spouse/child abuse, JAG referral w/i 24 hrs, ADAPT referral, Drug assessment (prn) only after charge sheet signed

b. Immediate supervisor provides duty and off duty performance report

c. CC may not use voluntary disclosures under UCMJ as characterization of separation

d. Treatment as per assessment
Referral Types

(2) Command Referral - cont’d

e. A unit CC will refer all service members for assessment when substance use or misuse is suspected to be a contributing factor in any misconduct.
Referral Types

(3) Medical Referral
   a. When SA/SUD is observed or suspected, must notify CC and ADAPT PM, or when treated for suspected SA-related

   b. If suspected abuse of Rx or illicits

   c. If admitted for detoxification

   d. Unless pt. is self-referral, information may be used in Court Martial proceedings.
EVERYONE KNOWS THE U.S. NAVY WILL HAVE THIS PROGRAM SHIP-SHAPE AND SQUARED AWAY
“Treatment programs shall adhere to the principals of a continuum of care model outlined in current edition of The American Society of Addiction Medicine (ASAM) Patient Placement Criteria for the Treatment of Substance-Related Disorders”
Abbreviated ASAM PPC Levels:

a. Early Intervention. Level 0.5. No SUD Dx. Periodic OP Group Education IAW pt’s rate of comprehension

b. Outpatient. Level I. Organized nonresidential services. 9 or less/more hrs/wk, Substance related d/o, may be “front-loaded” *
Abbreviated ASAM PPC Levels:

c. **Intensive Outpatient. Level II** program provides a structured day or evening program to individuals diagnosed with substance use disorders, 4> hr blocks, 3-5 x/wk, no 24-hr supvn, “in situ” practice with follow up group discussions, skills achievement = step down to Level I.
Abbreviated ASAM PPC Levels:

d. Clinically Monitored/Residential. Level III program – SUD Dx, Tx Pln requires safe, structured, 24 hr environment to acquire recovery skills, LOS not to exceed 5 weeks.

e. Medically Managed. Level of care is an inpatient/hospital tx for pts requiring constant medical services for detox and/or other medical complications.
COMMONALITIES OF DOD SUD PROGRAMS

1. PREVENTION and EDUCATION
2. AWARENESS OF POTENTIAL PROBLEM
3. REFERRAL: DAPA, C of C, Chaplain, Incident, Accident, Medical, JAG, FAMILY SVCS
4. SCREENING: SAC, ASAP, SACCO, Med
5. ASSESSMENT/DIAGNOSIS: LIP
6. ASAM LEVEL OF CARE
DIFFERENT BUT THE SAME - TERMINOLOGY

DoD

USANG

SACO

DAPA

ASAP

ADAPT

C of C

SARP

MTF

SUDCC

CEM

ADSM

RTC

RTX

DOWNRANGE

OIF

NCOIC
DETOX’ED, DIAGNOSED AND TREATMENT RX MAY NOT BE ENOUGH FOR ACTIVE DUTY

“This here is where the course starts getting a lot tougher.”
There are unique aspects of military organizations and culture that may affect help-seeking and utilization of services. Unlike in civilian settings, military leadership may determine: a) when someone will receive help for a psychological or substance use problem, b) when a possible problem will be professionally evaluated, and, if treatment is needed, and c) when the service member can return to duty.
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c) when the service member can return to duty
FROM A COMMANDER’S PERSPECTIVE

(Institutional Obstacles)

- No Personnel Loss can be tolerated (at this time)
- Commander’s multiple Options/Prerogatives
- Stigma that treatment indicates loss of control
- Timing is wrong (operational commitments, Geo-location, tolerance of “functional SUD”)
- General Anti-stigma Education is weak and treatment value is filled with hearsay
DIFFERENT BUT THE SAME - STIGMA

Truth

Knowledge

Belief
<table>
<thead>
<tr>
<th>Joe six-pack PERCEPTION</th>
<th>FACT</th>
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</thead>
<tbody>
<tr>
<td>Substance Abuse is a criminal behavior</td>
<td>Addictive Disorders are a brain disease/disorder</td>
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<tr>
<td>Substance Abuse is a result of moral weakness</td>
<td>Addictive Disorders have genetic components</td>
</tr>
<tr>
<td>Substance Abuse is a personal choice</td>
<td>Addictive Disorders are the result of “hijacked brains”</td>
</tr>
<tr>
<td>Addiction is an acute condition</td>
<td>Addiction is a chronic, relapse-prone and treatable disease that is frequently co-morbid with other Mental Health Disorders</td>
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DIFFERENT BUT THE SAME - CULTURE
Army - Loyalty, Duty, Respect, Selfless Service, Honor, Integrity, and Personal Courage (in leadership)

Navy and Marine Corps - Honor, Courage, and Commitment

Air Force - Integrity First, Service Before Self, and Excellence in All We Do

Coast Guard - Honor, Respect, and Devotion to Duty
SERVICE PERSONNEL (SMVF) HAVE ACCEPTED A DIFFERENT PERSPECTIVE ON LIFE
NEW PERCEPTION OF LIFE

Uniformity
Anonymity
Depersonalization
Expendability
Hard Work
Boredom

Teamwork
Camaraderie
Stoicism
Loneliness
Trust
Orderliness

THIS IS AT ODDS WITH HOW THEIR PEERS ARE BEHAVING

Hsu, 2010
THINGS TO CONSIDER WITH VETERANS

• Generational differences
• WWII, Korea, Vietnam, Cold War, Gulf War, Iraq, and Afghanistan (Sand Box Vets) DON’T ALL BOND
• Veterans are not terrorists (check your bias)
• You do not have to comprehend what they have been through, but at least know the difference between a ground pounder and a zoomie.
• If you don’t know what they are saying about their service in the military, ask them
• Vets do not easily nor quickly trust
• If you can’t grasp it, get the Veteran to someone who does
REINTEGRATION CONFLICTS

**Down Range**
Cohesion with buddies
Accountability and Control
Targeted Aggression
Tactical Awareness
Lethally Armed
Emotional Control
Non-defensive Driving
Discipline and obeying orders
**Clear “chain of command”**

**Home**
Withdrawal from Others
Lack of Control
Inappropriate Aggression
Hypervigilance
“Locked and loaded” **24x7**
Detached and Uncaring
Aggressive Driving
Giving orders = conflict
**No clear “chain of command”**
OVERVIEW OF ADDICTION

HOW IT MUST FEEL, WHEN CLIENTS SAY “YOU DON’T UNDERSTAND”
(My SUD or my feelings)
The committee noted different branches tend to operate their SUD services with minimal direction and accountability to DOD, therefore the DOD should:

1. Acknowledge the current levels of substance use and misuse among military personnel and their dependents constitute a public health crisis.

2. Require consistent implementation of prevention, screening, and treatment services, and -

3. Assume the leadership necessary to achieve the goal.
- Listing of Referral Sources
- Summary of effectiveness of psychosocial interventions with various SUDs
- Sedative Hypnotic Conversion Tables
- COWS (Clinical opiate w/d screening)
- CIWA Ar (Objective Etoh w/d Screen)
- AUDIT – C (3 item Etoh Screen)
- SASQ (Single item Etoh Screen)
Pharmacotherapy for AUD/OUD – SUBOXONE, VIVATROL, TREXAN, METHADONE, CHANTIX

Table of Recommendations regarding choice of screening tools and outcome /referrals - SBIRT, DAST, ASI, ASAM, TWEAK, SASSI, CAGE

Grid of engagement strategies – CBT, MI, GROUP, PSYCHOEDUCATION,
As of April 2016, overall Rx misuse is low and on the decline.

DOD/VA are committed to provider training on EBP for prevention, screening, evaluation, and treatment of SUD.

DOD is committed to increasing availability of DEA waiver trained providers.

DOD/VA have begun updated Pain Management and Rx abuse training.

Provide tools and infrastructure to support CPG research and advancements.
Increased emphasis on substance misuse and treatment availability during PHA’s and pre-deployment preps

Continue/increase de-glamorization and availability of all substances of abuse

Promote acceptance of CBT and Contingency management therapeutic tools with SUD treatment

Develop application of resilience to effects of SUD risk factors/adverse conditions as a protective factor in enhancing ability to cope, thrive, and resist stress
April 18, 2017-Congress Passed the Bill to extend the Choice Program
By signing of Public Law 115-26, the sunset date of the Choice Act was eliminated. This ensures Veterans have certainty and continuity of care through this program. www.va.gov

“VA Secretary Shulkin has warned that without congressional action, the Choice Program will run out of money by mid-August “ AP News- 07/22/17 9/17 Choice was extended.
REALITY = WORKFORCE NUMBERS

- 135,000 - Estimated number of fulltime staff in the substance abuse treatment workforce, along with 45,000 part-time staff and 22,300 contracted staff.

- 5,000 - Number of new substance abuse and mental health counselors needed annually for net replacement and growth.

- 50% - Annual turnover rate among addictions treatment management staff. Additionally, treatment counselors have a two-year turnover rate. The age at which most people enter the addictions treatment workforce is their Mid 30s, often as a second or even third career.

(Powell, 2006, HHS Recruiting and Hiring Manual)
MORE BUMPS IN THE TREATMENT ROAD
The 5 Types of Military Discharge

- Honorable discharge (*)
- General discharge under honorable conditions (*)
- Other than honorable (OTH) discharge
  - Bad conduct discharge (issued by special court martial or general court martial) a.k.a. “big chicken dinner”
  - Dishonorable discharge, and
  - Entry-level separation.
- (* TRICARE VA Benefits

SUD Treatment Services from the VA
An OTH discharge means that you had some serious departures from the conduct and performance expected in DOD. Some examples of when you may receive this discharge include:

- security violations
- serious misconduct that endangers other members of the military, or
- use of deliberate force to seriously hurt another person.
A client is not likely to be eligible to receive any veteran benefits after an OTH discharge, but the Department of Veterans Affairs (VA) will examine the circumstances of an OTH discharge to determine revised eligibility status.
1. Transitional Assistance management Program (TAMP)
   a. 180 days premium-free
   b. Honorably discharged
   c. Nat Guard or Reserve sometimes eligible

2. Continued Health Care Benefit Program (CHCBP)
   a. Premium-based
   b. 18-36 months validity
   c. Minimal essential coverage
   d. May also apply to spouse and dependents
   e. Some families of deceased SM are eligible
USE VALIDATED TESTING INSTRUMENTS

ARE YOU DRUNK?

☐ YES
☐ NO

X