

AD-A269 422



# Department of Defense INSTRUCTION

September 10, 1986  
NUMBER 1010.14

"Directives Division Master Copy"

ASD(HA)

**SUBJECT:** Prevention, Early Identification and Treatment of Alcohol and Other Drug Impairment in DoD Health Care Providers

- References:
- (a) Public Law 97-295, Section 1(15)(A), (96 Stat. 1287, 1290), as amended, October 12, 1982
  - (b) DoD Directive 1010.4, "Alcohol and Drug Abuse by DoD Personnel," August 25, 1980
  - (c) DoD Directive 6025.3, "DoD Health Care Provider Conduct," August 24, 1984
  - (d) DoD Directive 6025.4, "Credentialing of Health Care Providers," February 11, 1985
  - (e) DoD Instruction 1010.6, "Rehabilitation and Referral Services for Alcohol and Drug Abusers," March 13, 1985
  - (f) Public Law 98-24, (97 Stat. 175, 182), "Alcohol and Drug Abuse Amendments of 1983," April 26, 1983

## A. PURPOSE

This Instruction:

1. Establishes policies, prescribes procedures and assigns responsibilities regarding the prevention, early identification, intervention, and treatment of alcohol and other drug impairment in DoD health care providers.
2. Emphasizes that alcohol and drug dependence requires treatment, P.L. 97-295, Section 1(15)(A) (reference (a)) and that health care providers are at particular risk for these illnesses.

## B. APPLICABILITY AND SCOPE

This Instruction:

1. Applies to the Office of the Secretary of Defense (OSD) and the Military Departments.
2. Issues guidance regarding the prevention, early identification, intervention, and treatment of alcohol and other drug impairments in DoD health care providers.

## C. DEFINITIONS

1. Alcohol and Other Drug Abuse. As defined in DoD Directive 1010.4 (reference (b)), the use of alcohol or other drugs to an extent that it has an adverse effect on the user's health or behavior, family, community, or the Department of Defense and/or the illegal use of such substances.

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2. Alcohol and Other Drug Dependence. As defined in reference (b), the reliance on alcohol or other drugs following administration on a periodic or continuing basis. Dependence may be psychological or physical, or both.

3. Alcohol and Other Drug Impairment. Adverse effect on some facet of a person's life caused by abuse of or dependence on alcohol or other drugs.

4. DoD Health Care Providers. All DoD active duty military officer, warrant officer, and civilian employee equivalent health care personnel who are licensed or credentialed and who provide direct patient care or supervise those who provide direct patient care.

#### D. POLICY

1. To ensure continued quality patient care and retain the maximum number of highly trained health care personnel, the Military Services shall develop and implement initiatives for the prevention, identification, treatment and follow-up of those health care providers impaired as a result of abuse of or dependence on alcohol or other drugs.

2. All health care providers are responsible for helping colleagues whose performance is impaired by alcohol and/or other drug dependence. The prognosis for recovery for many impaired health care providers can be favorable if appropriate treatment, monitoring, and follow-up are provided, particularly in the early stages of dependence.

3. Education about alcohol and other drug dependence shall be provided to all DoD health care providers as a part of ongoing inservice training. Such training shall include recognition of early stage symptoms, effective intervention strategies, and therapeutic techniques. Alcohol and other drug dependence represents a professional hazard for medical personnel who are sometimes no better educated about alcoholism and other addictive disorders than are their nonmedical peers. In addition, denial of the problem is the hallmark of these illnesses, and this form of resistance to clinical intervention is further compounded by the silence of supervisors, colleagues, family, and even patients.

4. Early identification, intervention and treatment of alcohol and other drug impaired health care providers shall comply with medical quality assurance programs as required by DoD Directive 6025.3 (reference (c)) and DoD Directive 6025.4 (reference (d)). Other military programs serving populations at high risk for alcohol and other drug impairments need to be aware of their responsibilities in identifying these individuals.

5. DoD policies related to standards of military behavior, performance and discipline as they relate to alcohol and drug abuse must be firmly maintained in accordance with DoD Directive 1010.4 (reference (b)). Alcohol and/or other drug dependence, by itself, shall not necessarily be considered grounds for disciplinary action. Appropriate action taken in cases of breaches of discipline involving alcohol and other drug dependence shall be based upon all the facts and circumstances for each case. Consideration shall be given to the judicious use of suspended punishment to channel an alcohol or other drug dependent person into an effective treatment program.

E. RESPONSIBILITIES

1. The Assistant Secretary of Defense (Health Affairs) (ASD(HA)) shall monitor the implementation of this Instruction.
2. The Secretaries of the Military Departments, or their designees, shall ensure compliance with this Instruction.
3. The Surgeons General of the Military Departments shall ensure compliance with this Instruction within their respective Military Department's medical and dental treatment facilities.

F. PROCEDURES

1. The Military Services shall develop and implement initiatives for the prevention and early identification of alcohol and other drug impairments in DoD health care providers. Health care providers, especially those working with pharmaceuticals of addictive potential and those in psychiatry, family medicine, primary health care, and emergency medicine shall be educated about all aspects of prevention, early identification and treatment of alcohol, and other drug abuse. All health care providers shall become thoroughly familiar with the risks of alcohol and drug abuse, the content of alcohol and drug abuse programs and should, when feasible, participate in a didactic and experiential orientation at a residential treatment facility.
2. The Military Services shall require that health care providers report suspected alcohol and other drug impaired providers to the appropriate credentials committee so appropriate intervention can be initiated.
3. The Military Services shall make provisions for the alcohol and other drug impaired health care provider to receive treatment as mandated in P.L. 97-295, Section 1(15)(A) (reference (a)). Treatment shall be according to identified needs. Family involvement as required by DoD Instruction 1010.6 (reference (e)) shall be an integral part of the treatment plan.
4. The Military Services shall ensure that follow-up care is provided to alcohol and other drug impaired health care providers who are treated and retained on active duty. Careful follow-up and aftercare are essential in the return of the health care providers to the work environment and shall be in compliance with the requirements of confidentiality as required in P.L. 98-24 (reference (f)).
  - a. Close monitoring of the recovering provider shall be carried out by such staff as the hospital commander may appoint for this function. Regular reports of this function shall be provided to the chair of the Credentials Committee. Regular urine screening shall be done on any drug dependent provider staff member retained on active duty.
  - b. Gradual restoration of suspended privileges shall be granted by the Commanding Officer only after careful evaluation and recommendation by the Credentials Committee.

G. EFFECTIVE DATE AND IMPLEMENTATION

This Instruction is effective immediately. Forward two copies of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days.

*William Mayer, M.D.*  
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Assistant Secretary of Defense  
(Health Affairs)

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