



SECRETARY OF THE ARMY  
WASHINGTON

25 MAR 2019

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army Directive 2019-12 (Policy for Voluntary Alcohol-Related Behavioral Healthcare)

1. References:

- a. Department of Defense (DoD) Instruction 1010.04 (Problematic Substance Use by DoD Personnel), February 20, 2014.
- b. DoD Instruction 6490.08 (Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members), August 17, 2011.
- c. DoD Manual 6025.18 (Implementation of the Health Insurance Portability and Accountability Act (HIPPA) Privacy Rule in DoD Health Care Programs), March 13, 2019.
- d. Army Directive 2016-04 (Realignment of the Substance Abuse Program's Clinical Care), 1 March 2016.
- e. Army Regulation 380-67 (Personnel Security Program), 24 January 2014.
- f. Army Regulation 600-85 (The Army Substance Abuse Program), 28 November 2016.

2. Purpose. The provisions of this directive describe command notification requirements for healthcare providers treating Soldiers who are voluntarily seeking alcohol-related behavioral healthcare. By distinguishing voluntary behavioral healthcare from mandatory enrolled substance abuse treatment, the Army will encourage Soldiers to seek help earlier and will improve readiness by decreasing unnecessary enrollment and deployment limitations.

3. Applicability. This directive applies to the Regular Army, Army National Guard/Army National Guard of the United States, and U.S. Army Reserve.

4. Policy

- a. Effective immediately, Soldiers meeting specific criteria may voluntarily receive alcohol-related behavioral healthcare and may proactively reenter behavioral

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healthcare, as needed, without being enrolled mandatorily in substance abuse treatment.

b. Soldiers receiving voluntary alcohol-related behavioral healthcare are not required to participate in treatment or follow mandatory enrolled substance abuse treatment policies and procedures, as described in Army Regulation 600-85 (reference 1f).

c. Consistent with requirements for other behavioral health conditions, healthcare providers will continue to communicate information relating to safety and mission readiness to commanders in accordance with references 1b and 1c.

5. The proponent for this policy is The Surgeon General. The Surgeon General will coordinate with the Deputy Chief of Staff, G-1 to incorporate the guidance in this directive into reference 1f within 2 years from the date of this directive. The Surgeon General will coordinate revisions with the proponents of other applicable regulations.

6. This directive is rescinded upon publication of the updated regulations.



Mark T. Esper

Encl

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## **POLICY FOR VOLUNTARY ALCOHOL-RELATED BEHAVIORAL HEALTHCARE**

1. Purpose. This directive establishes policies and procedures for voluntary alcohol-related behavioral healthcare, as distinguished from mandatory enrolled substance abuse treatment that requires formal enrollment and mandated treatment. This directive allows Soldiers who meet specific criteria to receive care without notification to their commanders, as long as the criteria for nonnotification are met and maintained throughout voluntary care. The criteria for mandatory treatment and voluntary care are described in paragraph 4.

### **2. Background**

a. Following a comprehensive and multidisciplinary study, in March 2016 the Secretary of the Army directed a realignment of the clinical component from the Army Substance Abuse Program (ASAP) overseen by U.S. Army Installation Management Command to U.S. Army Medical Command and integrated substance abuse care into the Army Behavioral Health System of Care, known as Substance Use Disorder Clinical Care (reference 1d).

b. The Army's review of substance abuse treatment policies identified several barriers to Soldiers receiving substance abuse care. Current Army policy (reference 1f) requires that Soldiers be formally enrolled in mandatory substance abuse treatment if they wish to receive care. Combatant command guidance categorizes enrolled substance abuse treatment as a nondeployable condition. Therefore, current policy renders all Soldiers seeking substance abuse care nondeployable, regardless of the severity of their condition or occupational effect. Current policy also limits the number of enrollments permitted during a Soldier's career, preventing the Soldier from seeking more support at a later date without risk of administrative separation. This policy discourages Soldiers from seeking help early before an alcohol-related effect on good order and discipline occurs. Data from 2015 health assessment surveys indicates that more than 90,000 Soldiers a year report potentially problematic alcohol use. However, only about 11,000 Soldiers were enrolled in formal substance abuse treatment during 2016, likely because of the aforementioned consequences of seeking care.

### **3. Responsibilities**

a. The Surgeon General will ensure clinical decisions are based on medical judgment and applicable laws, regulations, and policies.

b. Commanders will ensure unit and personnel safety and readiness, and maintain good order and discipline.

Enclosure

#### 4. Policy

##### a. Types of Care

(1) Mandatory Enrolled Substance Abuse Treatment. Soldiers who meet the criteria in paragraph 4b are required to enroll and participate in mandatory substance abuse treatment. Mandatory treatment will be administered in accordance with this directive. Failure to progress in mandatory treatment continues to serve as a basis for administrative separation, pursuant to reference 1f. The evaluation for mandatory treatment must include collateral information, as appropriate, and involve command consultation as permitted by Department of Defense and/or Army policy to support the Soldier's treatment needs, including level of care, pursuant to references 1a and 1f. Commanders will be informed of Soldiers' progress in treatment as outlined in reference 1f.

(2) Voluntary Alcohol-Related Behavioral Health Care. Soldiers who do not meet the criteria for mandatory enrolled substance abuse treatment described in paragraph 4b may voluntarily receive alcohol-related behavioral healthcare without enrollment in mandatory substance abuse treatment. Before the start of voluntary alcohol-related behavioral healthcare, Soldiers will be informed of the criteria for command notification and enrollment in mandatory substance abuse treatment.

b. Criteria for Mandatory Substance Abuse Treatment. Behavioral health providers will conduct a complete clinical assessment to determine that a substance use disorder diagnosis is present. The Soldier will be enrolled in mandatory substance abuse treatment, with notification to the Soldier's command, when any of the following conditions are present:

(1) The Soldier has a substance use disorder diagnosis related to illegal drug use, including illicit use of prescription drugs.

(2) The Soldier's alcohol use is identified through military or civilian law enforcement investigation and/or apprehension, and/or an alcohol breath or blood test indicates alcohol impairment while the Soldier is on duty, and a diagnostic assessment confirms the presence of a substance use disorder.

(3) The Soldier is receiving more extensive treatment than standard outpatient behavioral healthcare, including an addiction medicine intensive outpatient program, a partial hospitalization program, an inpatient program, or a residential treatment program.

(4) The Soldier's substance use affects his or her judgment, reliability, or trustworthiness, or presents a clear risk to safety, security, occupational functioning, or mission. Providers will notify commanders of any concerns related to safety and/or mission readiness consistent with command notification requirements for other behavioral health conditions pursuant to reference 1b. Commanders are responsible for

notifying their security managers when these conditions arise, pursuant to references 1a and 1e.

c. Parameters of Voluntary Alcohol-Related Behavioral Health Care. Alcohol-related behavioral healthcare will follow the procedures applicable to all other types of behavioral healthcare. The Soldier will be eligible to receive voluntary alcohol-related behavioral healthcare when the behavioral health provider conducts a complete clinical assessment and determines that an alcohol-related behavioral health condition is present, but the Soldier does not meet any of the criteria for enrollment in mandatory substance abuse treatment described in paragraph 4b. In addition, the following procedures and guidelines apply:

(1) The components of the behavioral healthcare treatment plan, such as frequency and type of visits, will be tailored by the healthcare provider in collaboration with the Soldier and to meet the Soldier's clinical needs.

(2) If at any time a Soldier receiving voluntary alcohol-related behavioral healthcare meets any of the criteria for enrollment in mandatory substance abuse treatment as described in paragraph 4b, the provider will notify the Soldier's commander and the Soldier will be enrolled in mandatory substance abuse treatment.

(3) Voluntary alcohol-related behavioral healthcare will not prevent subsequent placement in mandatory substance abuse treatment.

(4) Discontinuation of voluntary alcohol-related behavioral healthcare for any reason will not be considered a rehabilitation failure. A history of voluntary alcohol-related behavioral healthcare, including discontinuation of this care, cannot be used as a basis for administrative separation.

d. Personnel Actions. Soldiers in any type of substance abuse care, whether voluntary or mandatory, are subject to any personnel action their commander deems appropriate, except as noted in paragraph 4c(4).

e. Other. The limited use exception prescribed in reference 1f is not affected by this directive.