



Addressing the Substance Abuse Needs of Army National Guard Service Members

**National Association of State Alcohol and Drug Abuse Directors (NASADAD)
MAJ John Hinkell and Gail Taylor
ARNG Substance Abuse Program
28 June 2012**

Mission



- The Army National Guard Substance Abuse Program's (ARNG SAP) mission is to strengthen the overall fitness and effectiveness of Soldiers, conserve manpower, and enhance the combat readiness of Soldiers through alcohol and other drug abuse deterrence, prevention, education, and rehabilitation initiatives. The ARNG SAP will implement this mission through a public health approach by utilizing data for planning and employing evidenced based practices, programs and strategies to combat substance abuse in the ARNG population.



Situational Awareness

- The ARNG has experienced the highest increase in drug positives than any component. In 2010, the ARNG drug positives were 2.97%, the highest rate in 10 years. Currently, the ARNG has limited substance abuse treatment options for any substance abuse cases.
- 18- 25 year old pre-deployment Service Members test positive at higher rates than post deployment veterans. This population has less access to services due to the lack of insurance and non-eligibility for VA services.
- Post deployment veterans- more access to services through TRICARE, the VA and other services. Community response has been targeting this group.
- Drug testing will expand to include certain prescription drugs. This may change the landscape and the current target population.



Presenting Concerns

- Soldiers serving in the Army National Guard (ARNG) that have alcohol and substance abuse problems have to pay for treatment through private insurance or personal funds.
- The ARNG considers this lack of access to substance abuse care to be a readiness issue.
- There are approximately 275,000 Soldiers serving in an “M-Day” status.
- It is estimated that 16.7 percent of ARNG M-Day lacks health insurance (45,925 personnel total). (Based on civilian employment information data)
- In FY11, approximately 5,800 Soldiers were identified as needing a referral to treatment for illicit substance use. Soldiers are responsible for paying for treatment services from personal funds.
- ARNG has the highest illicit people positive rate in the comparison to the Army and Army Reserves.



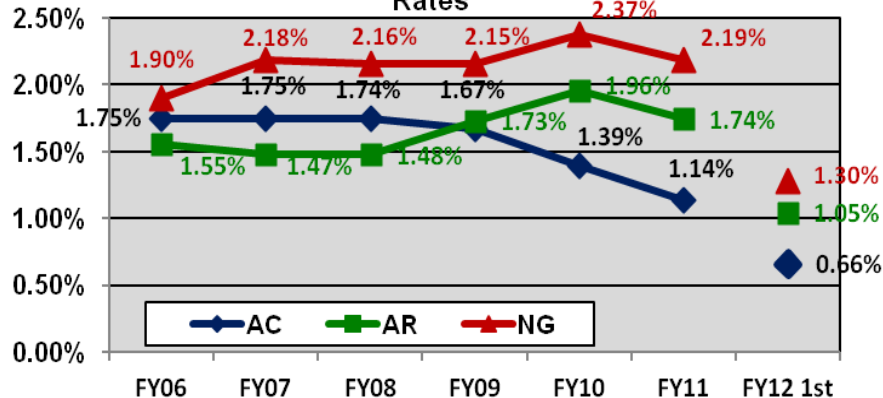
Army National Guard Substance Abuse Program

- Partnered with Army Center for Substance Abuse Programs (ACSAP) in the development of the Total Army Substance Abuse Concept Plan that:
 - ensures that ARNG requirements are validated in anticipation of the FY14-18 POM
 - supports the formalization of an Army National Guard Substance Abuse Program (ARNG SAP) to meet ARNG emerging needs as an Operational Reserve
 - Formalizes the ARNG SAP to improve core functions (prevention, education, training, risk reduction, and access to treatment and treatment support services).

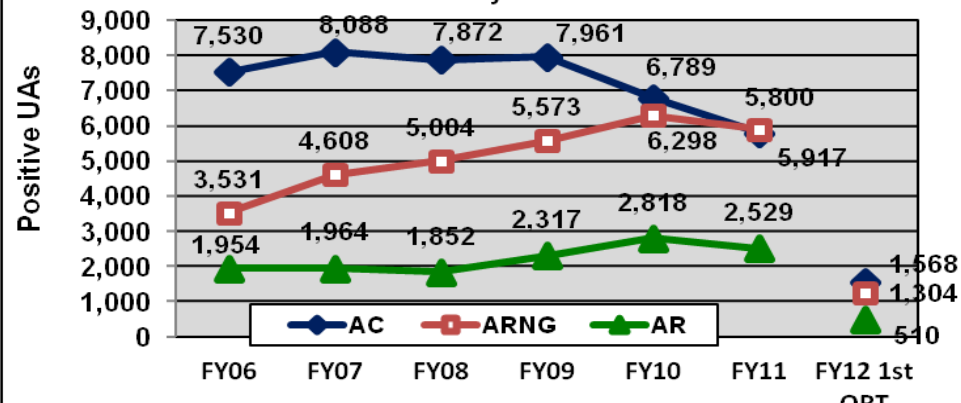
Drug Testing Comparison Numbers



Soldier Illicit Positive Rates



Soldier Illicit Positive Urinalysis



ACTIVE

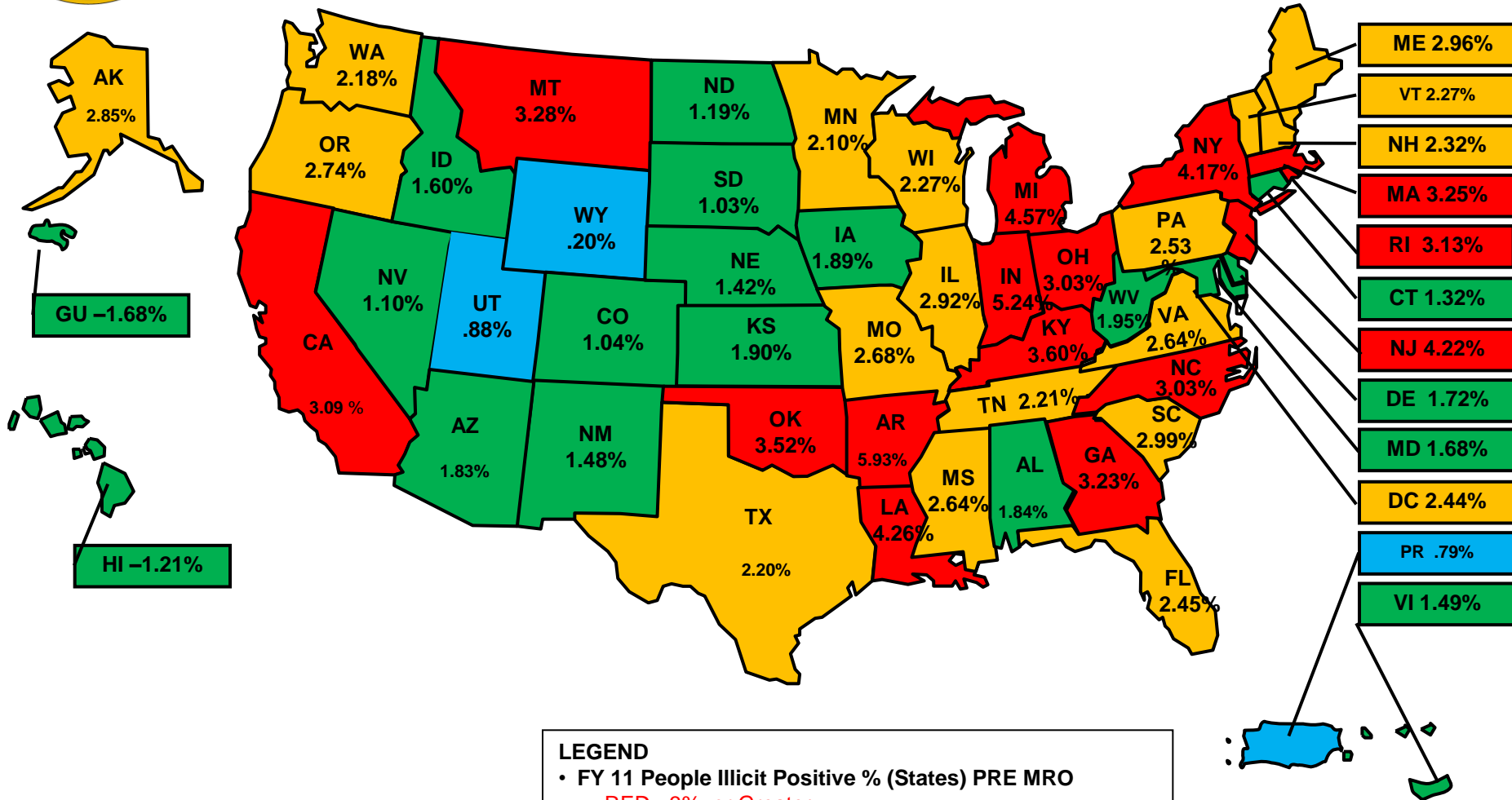
GUARD

RESERVES

Fiscal Year	Soldier Tested	Illicit Positives	Illicit Positive Rate	Pending MROs	Fiscal Year	Soldier Tested	Illicit Positives	Illicit Positive Rate	Pending MROs	Fiscal Year	Soldier Tested	Illicit Positives	Illicit Positive Rate	Pending MROs
FY06	430,422	7,530	1.75%	0	FY06	186,273	3,531	1.90%	0	FY06	125,709	1,954	1.55%	14
FY07	462,173	8,088	1.75%	15	FY07	211,330	4,608	2.18%	7	FY07	133,158	1,964	1.47%	8
FY08	451,600	7,872	1.74%	2	FY08	231,912	5,004	2.16%	3	FY08	125,146	1,852	1.48%	33
FY09	478,063	7,961	1.67%	0	FY09	258,811	5,573	2.15%	38	FY09	133,857	2,317	1.73%	42
FY10	487,064	6,789	1.39%	2	FY10	265,221	6,298	2.37%	140	FY10	144,005	2,818	1.96%	119
FY11	510,529	5,800	1.14%	33	FY11	269,998	5,917	2.19%	408	FY11	145,061	2,529	1.74%	317
FY12 1st QTR	238,101	1,568	0.66%	20	FY12 1st QTR	100,162	1,304	1.30%	327	FY12 1st QTR	48,755	510	1.05%	146

Drug Testing Data as of 30 March 2012

FY 10 ARNG Illicit Positives % by State

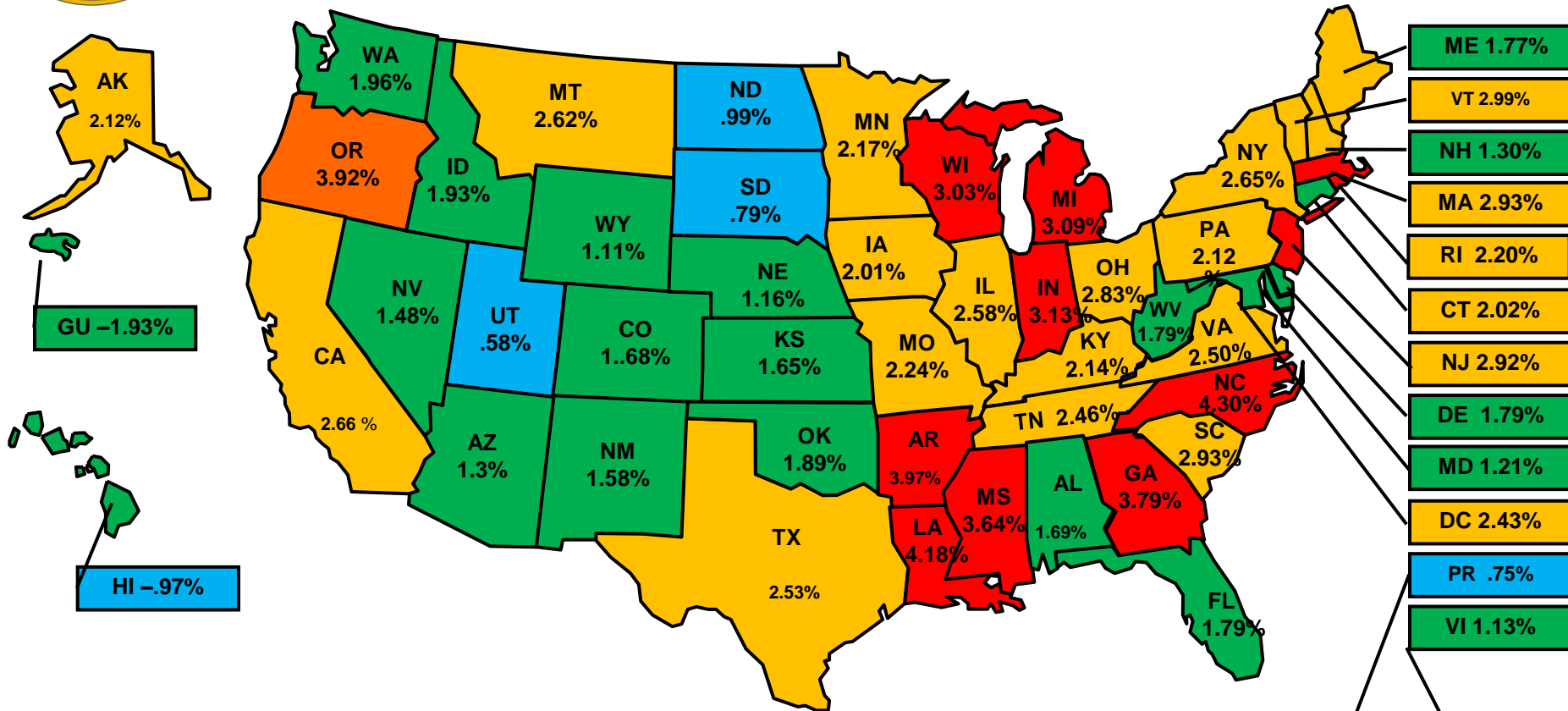


LEGEND

- FY 11 People Illicit Positive % (States) PRE MRO
- RED - 3% or Greater
- AMBER - 2% - 2.99%
- GREEN - 1% - 1.99%
- Blue- less than 1%



FY 11 ARNG Illicit Positives % by State



LEGEND

- FY 11 People Illicit Positive % (States) PRE MRO
- RED - 3% or Greater
- AMBER - 2% - 2.99%
- GREEN - 1% - 1.99%
- Blue- less than 1%



Presenting Concerns

- URI Results -

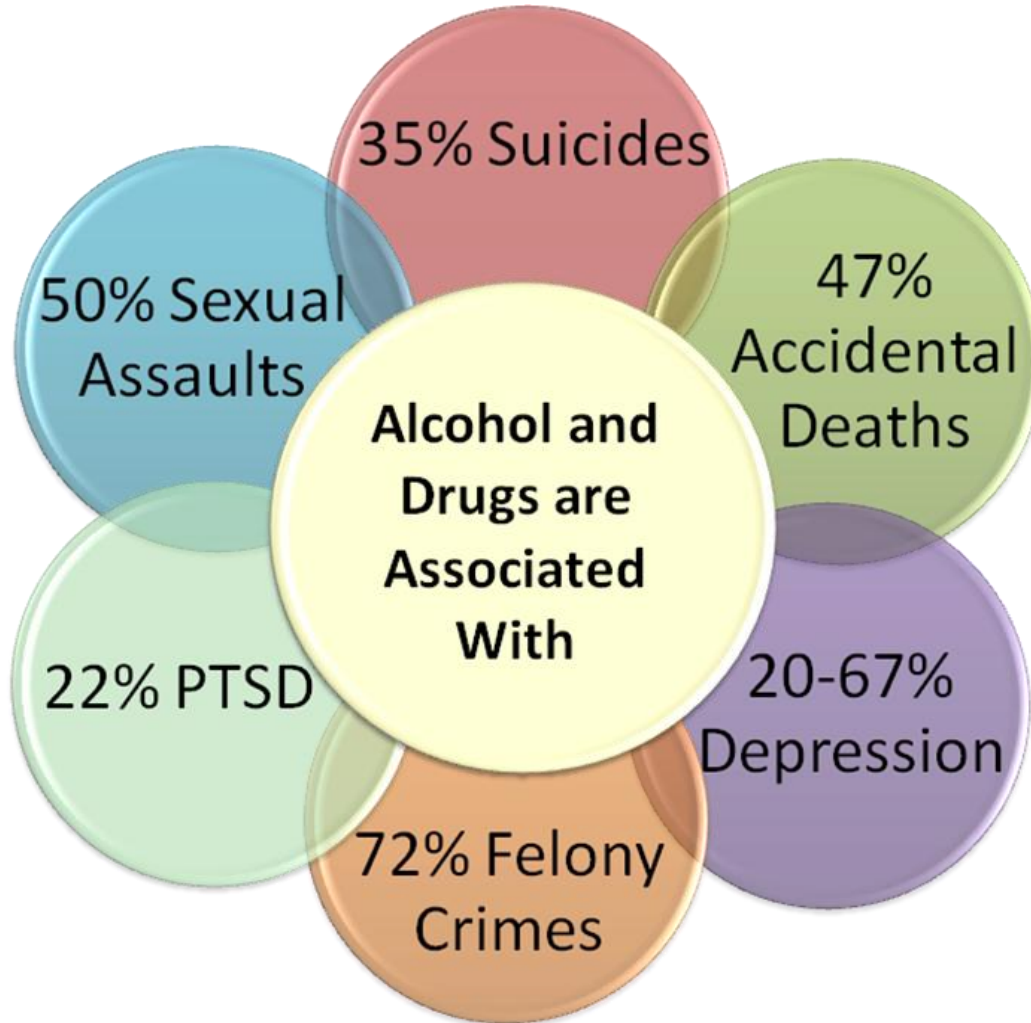
FY10 - 8684 ARNG Service Members reporting

- 20% of ARNG Soldiers self-identified as problem drinkers
- 23% report have ridden with a driver under the influence
- 16% report have driven under the influence
- 8% Do not say their leaders treat driving while intoxicated as a serious offense
- 2% Have been detained/arrested in conjunction with drug/alcohol use
- 6% Have committed an illegal act while drinking
- 3% Have used illegal drugs

FY11 - 18146 ARNG Service Members reporting

- 18% of ARNG Soldiers self-identified as problem drinkers
- 20% report have ridden with a driver under the influence
- 16% report have driven under the influence
- 7% Do not say their leaders treat driving while intoxicated as a serious offense
- 2% Have been detained/arrested in conjunction with drug/alcohol use
- 5% Have committed an illegal act while drinking
- 3% Have used illegal drugs

Drug and Alcohol Abuse Second and Third Order Effects





Current Priority Target Areas

- 18- 25 year old Service Members
- States with the highest Illicit positives-

North Carolina

Georgia

Arkansas

Oregon

Mississippi

Louisiana

Indiana

New Jersey

Massachusetts

Michigan

Wisconsin



Army National Guard Substance Abuse Program (ARNG SAP)



Strategy: Capacity Building

- Infrastructure Development
- Partnerships with Key Stakeholders
- Workforce
- Training and Technical Assistance



Partnerships

Formal Partnerships

- Army Center for Substance Abuse Programs (ACSAP)
- North Carolina Single State Authority (SATI)

Pending Partnerships

- Georgia Single State Authority (SATI)
- Arkansas Single State Authority (SATI)
- Oregon Single State Authority (SATI)

Potential Partnerships

- National Association of State Alcohol/Drug Abuse Directors (NASADAD)
- National Prevention Network (NPN)
- Community Anti-Drug Coalitions of America (CADCA),

Workforce



- NGB SAP Team

MAJ John Hinkell – ARNG Section Chief

SFC Janet Richards – ARNG SAP Program Manager

Keith Mabry – SATI, Subject Matter Expert (SME)

Gail Taylor- SAP Program Manager, Subject Matter Expert (SME)

- Prevention Coordinators (PCs) – 54 PCs one in every state/territory

- Training and Technical Assistance



Practices

- URI-RURI Data Collection
- Strategic planning

Unit Risk Inventory and Reintegration Unit Risk Inventory (URI and R-URI)



- The URI (non-deployed troops) is a fifty-three question anonymous survey designed to screen for high risk behaviors and attitudes that compromise unit readiness.
- The URI is implemented annually to at least 50% of the unit and minimally be administered no later than 30 days prior to deployment.
- The URI is an effective tool for incoming commanders to assess the climate within their new unit and used to adjust training and prevention efforts within the unit to reduce high risk behaviors.
- The surveys can give a snapshot into 15 risk factors including accidents, injuries, substance abuse, suicide gestures and attempts, death, sexually transmitted diseases, AWOL, drug offenses, traffic violations, crimes against persons, crimes against property, and spouse abuse.

Unit Risk Inventory and Reintegration Unit Risk Inventory (URI and R-URI)



- The R-URI is an eighty question anonymous survey designed to screen for high risk behaviors and attitudes affecting unit readiness and personal well being that may have occurred during deployment or since reintegration. This survey is administered between the 60-180 days after redeployment.
- The survey data furnishes commanders with a picture of a unit's self report on high risk behavior.
- The surveys can give a snapshot into 15 risk factors including accidents, injuries, substance abuse, suicide gestures and attempts, death, sexually transmitted diseases, AWOL, drug offenses, traffic violations, crimes against persons, crimes against property, and spouse abuse. Equipped with this information, commanders can quickly identify problem areas and respond with proper training and services.
- The R-URI will be administered to 100% of all reintegrating units.



Strategic Plan

- Utilizing data to develop a comprehensive strategic plan that includes:
 - a shared vision and mission
 - measurable goals and objectives
 - effective strategies directly and logically linked to goals/objectives
- Targets efforts and resources to identified “hotspots”/ priority targets
- Resources are maximized and utilized more efficiently



PROGRAMS

- Substance Abuse Treatment Initiative (SATI)
- Team Readiness



Substance Abuse Treatment Initiative - SATI

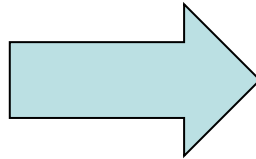
The Substance Abuse Treatment Initiative (SATI) is designed to provide a continuum of substance abuse services to include: prevention, assessment, counseling, and treatment services to Soldiers that will achieve and maintain ARNG Soldier Readiness. The SATI will support and ensure the Substance Abuse services are presented in a way that decreases stigma associated with seeking help, as well as, improve access to qualified service providers at the critical point when ARNG Soldiers recognize the need for substance abuse help. Through the Substance Abuse Treatment Initiative, ARNG Soldiers will receive high quality substance abuse services with continuity of care that will provide ARNG Commanders with a tool to enhance readiness throughout the Army Force Generation (ARFORGEN) deployment lifecycle.



ARNG Treatment Model

Substance Abuse Treatment Initiative - SATI

Develop a Memorandum of Agreement with the State Single State Authority (SSA) for substance abuse prevention and treatment services within each state awarded the SATI. The SSA and its affiliate providers will provide support services for the ARNG in the area of Substance Abuse Prevention/Treatment within the State(s)/Territory(s). Services will be initially piloted in Georgia and North Carolina.



Why Partner with the SSA?

- Existing infrastructure within every state/territory that is deemed to provide community based substance abuse treatment/prevention services
- Recipient of and monitored by federal agency- Substance Abuse and Mental Health Administration (SAMHSA)
- Established geographically dispersed network of SA treatment/prevention providers that are monitored by the SSA
- Existing infrastructure to include call centers and data collection systems



SATI Implementation

- **ARNG Prevention Coordinator** – refers Soldiers with illicit positives to Call Center
- **Call Center**- takes Soldier referrals and links them to the appropriate substance abuse service provider
- **SSA**- affiliated provider network will provide substance abuse services and provide reporting to NGB
- **NPN**- support PC in providing prevention education and *Team Readiness*
- **USPFO**- disseminates resources to the partners
- **NGB**- Provides resources



Team Readiness

- NGB SAP has adapted a science-based, Substance Abuse and Mental Health Services Administration (SAMHSA) Model program, for the National Guard entitled ***Team Readiness***.
- The curriculum has been established to enhance communication and support within guard units/wings by addressing (behavioral and health) risks associated with reduced readiness, particularly risks for substance abuse. Prevention Coordinators have been certified as ***Team Readiness*** facilitators.
- ***Team Readiness*** consists of five mini modules that are designed to provide a fast paced, engaging, and brief 20-30 minute presentation. Those units/wings that are indentified as at high risk can choose one or more modules to be delivered to unit by the Prevention Coordinator as part of the four hours annual substance abuse education requirement.

Anticipated ARNG SAP Outcomes



- Decrease in illicit positives by SMs
- Increase in SMs self referring for services
- Decrease in SMs self-identified as problem drinkers
- Decrease in SMs riding with a driver under the influence
- Decrease in SMs reporting driven under the influence
- Decrease in SMs reporting their leaders do not treat driving while intoxicated as a serious offense
- Decrease in SMs detained/arrested in conjunction with drug/alcohol use
- Decrease in SMs committing an illegal acts while drinking
- Decrease in SMs using illegal drugs

NGB SAP CONTACT INFO



- MAJ John Hinkell – ARNG SAP Section Chief
John.Hinkell@us.army.mil
Office- 703.696.5254
- Gail Taylor- ARNG Subject Matter Expert (SME)
gtaylor@capefox-ps.com
Office- 703.696.5245