



Problematic Substance Use in the Military: Prevention, Treatment, and Research Efforts

In 1982, Congress enacted requirements for the Department of Defense (DOD), which is “using a secondary Department of War designation,” under Executive Order 14347 dated September 5, 2025, to “identify, treat, and rehabilitate members of the armed forces who are dependent on drugs or alcohol.” (10 U.S.C. §1090). Since then, Congress has held a sustained interest in understanding federal efforts and identifying options to address substance use and misuse, particularly among servicemembers.

The Uniform Code of Military Justice (10 U.S.C. §912a) and DOD policy generally prohibit the possession, distribution, sale, or use of certain substances and the misuse of certain substances. In light of this prohibition, DOD operates programs focused on prevention, treatment, and research to address illicit drug use and misuse of alcohol, prescription drugs, and other substances.

In April 2025, the Trump Administration published its *Statement of Drug Policy Priorities*, which outlines federal priorities and objectives to address “illicit drug use that plagues our Nation” and acknowledges “the complexity of substance use disorder and addiction.” These priorities, among others, seek to “Reduce the Number of Overdose Fatalities, with a Focus on Fentanyl,” “Prevent Drug Use Before It Starts,” “Provide Treatment That Leads to Long-Term Recovery,” and “Innovate in Research and Data to Support Drug Control Strategies.”

Terminology

Problematic substance use. A DOD term that refers to “the use of any substance in a manner that puts the user at risk of failing in their responsibilities to mission or family and that is considered unlawful by regulation, policy or law.” (DOD Instruction 1010.04)

Substance misuse. “A pattern of substance use marked by recurrent significant social, occupational, legal, or interpersonal adverse consequences.” (DOD Instruction 1010.04)

Substance use disorder. “A cluster of physiological, behavioral, and cognitive symptoms associated with the continued use of substances despite substance-related problems, distress, and/or impairment, such as impaired control and risky use.” (American Psychological Association)

Problematic Substance Use Trends in the Military

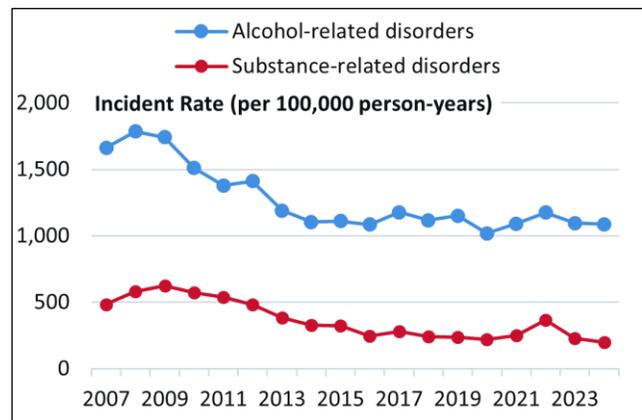
According to the 2018 DOD *Health-Related Behaviors Survey*, 1.3% of active duty servicemembers reported the use of any illicit drugs (marijuana, synthetic cannabis or stimulants, inhalants to get high, or other illegal drugs) in the past year. Servicemembers also reported the following substance use behaviors within the past year: misusing prescription drugs (1.4%), using nonprescription cough or

cold medicine to get high (0.4%), and using nonprescription anabolic steroids (0.2%). In addition, servicemembers reported binge drinking (34.0%) and heavy drinking (9.9%) in the past month.

The overall annual rates for new diagnoses (i.e., *incidence rates*) of alcohol or substance abuse disorders among active duty servicemembers have decreased from 2007 through 2024 (see **Figure 1**). The incidence rate for alcohol-related disorders decreased from 1,663 per 100,000 person-years in 2007 to 1,088 per 100,000 in 2024. The incidence rate for substance-related disorders decreased from 484 per 100,000 in 2013 to 200 per 100,000 in 2024. In 2022, DOD estimated that 2.1% of active duty servicemembers had a diagnosis of an alcohol or substance use-related disorder in the past year (i.e., *prevalence estimate*). Prevalence estimates ranged across the military services from 1.1% (Air Force) to 3.1% (Army) and were generally higher in males (2.2%) than females (1.6%).

Figure 1. Incidence Rates of Alcohol and Substance Abuse in Active Duty Servicemembers, 2007-2024

Figure is interactive in the HTML version of this report.



Source: CRS graphic based on analysis of Medical Surveillance Monthly Reports from March 2018, August 2021, December 2024, and December 2025.

Notes: Person-year is a measure of time a defined population is at risk for alcohol and substance abuse.

In 2024, DOD estimated that substance use disorders were among the primary reasons for medical encounters by active duty servicemembers, accounting for 2.7% of all outpatient visits and 15.5% of hospital bed days. In 2025, DOD reported that the number of fatal and nonfatal drug overdoses among servicemembers have “dropped by more than 40% from 2021 to 2023.” DOD also reported that between 2019 and 2023, the average fatal overdose rate among servicemembers was 4.4 per 100,000 and asserted that “nationally, that number is about 29.2.”

Problematic Substance Use and Military Readiness

Problematic substance use can create negative effects on military readiness. These effects can include impacts to servicemember health and deployability, cognitive functioning, and workplace safety. Extended absences or unplanned attrition can impact a unit’s mission by creating staffing and capability gaps, disrupting unit cohesion, reducing morale, and perpetuating mental health stigma.

DOD Problematic Substance Use Prevention, Compliance, and Disciplinary Policies

Table 1 lists selected aspects of DOD’s problematic substance use policies, which are implemented by various DOD components and military services. These policies focus on administrative and medical approaches to prevention, screening, treatment, compliance, and retention or separation procedures.

Table 1. Selected Aspects of DOD Problematic Substance Use Policies

<ul style="list-style-type: none"> • Conduct substance use education and awareness activities • Implement a urinalysis drug and breath alcohol testing program • Conduct regular and systematic medical screening for at-risk problematic substance use and gambling disorders • Provide evidence-based substance use disorder services to eligible servicemembers • Return servicemembers to full duty following substance use disorder treatment, if feasible • Separate servicemembers who knowingly misuse drugs
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Sources: CRS analysis of DOD Instruction 1010.01, “Military Personnel Drug Abuse Testing Program,” 2025; DOD Instruction 1010.04, “Problematic Substance Use and Gambling Disorder,” 2025; and DOD Instruction 1010.16, “Technical Procedures for the Military Personnel Drug Abuse Testing Program,” 2025.

Prevention Efforts

DOD policy mandates that servicemembers receive annual training and information on the “prevention, identification, and awareness of problematic substance use and gambling disorder risks to health, and military readiness.” Each military service operates an integrated primary prevention program that provides a range of education and training services for servicemembers, health care providers, and unit commanders. Prevention efforts also include the anonymous Drug Take Back program at “all military pharmacies in [the] United States,” active health surveillance for at-risk servicemembers, prescription drug monitoring program, naloxone distribution program, and annual screenings for problematic substance use behaviors.

Treatment Options

Servicemembers may receive treatment for substance use disorders at certain military treatment facilities (MTFs) or through civilian health care providers participating in TRICARE. Federal statute (10 U.S.C. §1079(a)(12)) authorizes TRICARE to cover services or supplies unless determined “not medically or psychologically necessary.” These services may include inpatient care, intensive outpatient programs, office-based outpatient treatment, partial hospitalization programs, and residential programs. Evaluation and treatment for substance use or misuse can be self-initiated, or referred by a supervisor, co-worker, or

family member. To reduce stigma when servicemembers voluntarily access mental health care and substance misuse treatment, DOD policy authorizes MTF health care providers to notify a member’s supervisor only when consent is provided or under a limited set of “exigent circumstances” (e.g., risks of self-harm, harm to others, or harm to mission; designated personnel, inpatient admission/discharge; command-directed evaluation; or other special circumstances).

Medical Research Efforts

DOD has conducted medical research on the clinical aspects of substance use or misuse, its impact on military readiness, and its comorbidity with other health issues (e.g., post-traumatic stress disorder or traumatic brain injury). Congress has funded many of these research efforts through the Congressionally Directed Medical Research Programs (CDMRP). Between FY2014 and FY2025, Congress appropriated a total of \$40 million to DOD for “alcohol and substance abuse disorders” research under the CDMRP. These research projects have typically focused on new treatment targets, novel and repurposed medications, vaccines and other immunotherapies, drug-drug combinations, and approaches to counteract opioid-related overdose. For FY2026, Congress appropriated \$4 million for CDMRP-funded research on “alcohol and substance abuse disorders.” DOD may also use other research funds appropriated to other accounts (e.g., Defense Advanced Research Projects Agency or the military departments) to conduct substance use disorder research.

Considerations for Congress

Congress may pursue several lines of inquiry in considering problematic substance use in the military and support congressional oversight of DOD programs and initiatives to prevent substance use and misuse.

- Section 724 of P.L. 118-31 required DOD to provide an annual report (for five years after enactment) to the House and Senate armed services committees on the number of annual overdoses (including demographic and utilization data) among members of the Air Force, Army, Marine Corps, Navy, and Space Force. Do these reports adequately support congressional oversight efforts on problematic substance use in the military?
- In 2020 and 2024, the DOD Inspector General identified MTF staffing shortages as a contributor, among other factors, to beneficiary challenges with accessing mental health care. How has DOD addressed these staffing shortages?
- The UCMJ and DOD policy mandate disciplinary actions, including separation from military service, for servicemembers who knowingly misuse certain substances. Should the military services offer servicemembers more or less opportunities to obtain treatment prior to initiating disciplinary action?
- What mental health or care coordination services, if any, does DOD offer to servicemembers—and those transitioning to civilian life—with problematic substance use?

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