

Army Delays Confidential Alcohol Counseling Program



Despite high rates of alcohol abuse, the Army has delayed for nearly three years a plan to offer all soldiers access to confidential counseling for drinking problems, a move that leaders in alcohol abuse treatment say is a mistake.

The Army began a pilot program in 2009 for confidential treatment, but it continues debating what to do next because of a high dropout rate. One in four GIs now have a drinking problem, and alcohol has been linked to record numbers of suicides, sexual assaults and domestic abuse cases, Army research shows.

Many refuse to seek counseling for alcohol abuse because military policy requires that their commanders be notified, says Col. John Stasinios, addiction consultant to the Army Surgeon General.

Confidential counseling for alcoholism has for decades been a routine part of civilian employee-assistance programs. Without confidentiality, those who abuse alcohol delay seeking help until the problem becomes more serious, says H. Westley Clark, head of the Center for Substance Abuse Treatment at the federal Substance Abuse and Mental Health Services Administration.

"The confidential option...is absolutely, critically important," says Robert Lindsey, president and CEO of the National Council on Alcoholism and Drug Dependence.

The Army in 2009 became the first service to set up a pilot program allowing confidential counseling for alcohol abuse, at three installations in Hawaii, Washington and Alaska.

"Folks who have an investment in a career won't come within 100 yards of (Army counseling) because they're afraid it's going to damage their career," says Stasinios, an architect of the pilot program.

The program was expanded in 2010 to three more bases in Colorado, Missouri and Kansas.

Last year, the Army postponed expanding the program to all 60 Army bases because the dropout

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rate was 70%, says Les McFarling, head of the Army Substance Abuse Program.

An effort to encourage soldiers to stay in the program was introduced last year, and new dropout data are pending, McFarling says. The Army wants to see the rate fall to 30% before expanding, he says.

Clark and Lindsey say a 30% dropout rate goal is unreasonable. High dropout rates are common among civilian treatment programs, Clark says, adding that even a limited amount of counseling can be beneficial.

They said confidentiality is crucial for encouraging soldiers to seek help early.

"You don't want to wait until someone is totally dysfunctional...becoming very depressed or suicidal," Clark says.

Source: [USA Today](#)

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