



UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

MAR 13 2012

PERSONNEL AND  
READINESS

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS  
CHAIRMAN OF THE JOINT CHIEFS OF STAFF  
UNDER SECRETARY OF DEFENSE FOR POLICY  
CHIEF, NATIONAL GUARD BUREAU  
DIRECTORS OF THE DEFENSE AGENCIES

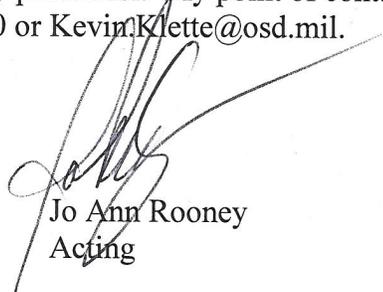
SUBJECT: Update to the Department of Defense Drug Testing Panel

Drug abuse by Service members is a safety and readiness issue and the Department must adapt our detection and deterrence program to reflect new and emerging drug trends.

Beginning May 1, 2012, we will make the following changes to the Department of Defense (DoD) drug testing panel: hydrocodone and hydromorphone will be added to the panel, and phencyclidine (PCP) will be removed. Attached are the cutoff concentrations for reporting positive results for these new substances, as well as for other substances on the drug testing panel. Results must also be reported and compliant with guidance from DoD Directive 1010.16, *Technical Procedures for the Military Personnel Drug Abuse Testing Program*, and will be subject to a medical review process. This will ensure no adverse disciplinary action will be administered to those who possess a valid medical prescription.

Although the DoD Forensic Toxicology Drug Testing Laboratories will no longer screen for PCP, commanders requiring a PCP analysis based on probable cause, command direction, or investigative purposes may forward a specimen to the Armed Forces Medical Examiner System.

The Drug Demand Reduction Program will continue to conduct prevalence testing to monitor any change in PCP abuse by military personnel. My point of contact for this action is CAPT Kevin Klette, USN, at (703) 693-5230 or [Kevin.Klette@osd.mil](mailto:Kevin.Klette@osd.mil).

  
Jo Ann Rooney  
Acting

Attachment:  
As stated

cc:  
Assistant Secretary of Defense for Health Affairs