
# Status of Drug Use in the Department of Defense Personnel

## Fiscal Year 2009 Drug Testing Statistical Report

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**AFMES**—Armed Forces Medical Examiners' System
**DoD—**Department of Defense
**DAF**—Department of the Air Force
**DCAA**—Defense Contract Audit Agency
**DCMA**—Defense Contract Management Agency
**DDRP—**Drug Demand Reduction Program
**DIA—**Defense Intelligence Agency
**DISA**—Defense Information Systems Agency
**DLA**—Defense Logistics Agency
**DHHS**-Department of Health and Human Services
**DMDC**—Defense Manpower Data Center
**DOA**—Department of the Army
**DODIG**—DoD Office of the Inspector General
**DON**—Department of the Navy
**DSS**—Defense Security Service
**DTRA**—Defense Threat Reduction Agency
**FTDTL** – Forensic Toxicology Drug Testing Laboratory
**FY**—fiscal year
**LIMS—**laboratory information management system
**MDA—**methylenedioxyamphetamine, a drug of abuse and a metabolite of MDMA.
**MDEA—**methylenedioxyethylamphetamine, a drug of abuse commonly called "Eve"
**MDMA**—Methylenedioxymethamphetamine, a drug of abuse commonly called "ecstasy"
**MEDCOM**-Medical Command
**MEPS—**Military Entrance Processing Station, conducts physical examinations and drug tests on applicants to any military Service
**NGA**—National Geospatial-Intelligence Agency
**NSA**—National Security Agency
**MRO**—Medical Review Officer
**OASD(HA)**—Office of the Assistant Secretary of Defense for Health Affairs
**ONDCP—**Office of National Drug Control Policy
**SAMHSA**—Substance Abuse and Mental Health Services Administration
**USUHS**—Uniform Services University of the Health Sciences
**WHS**—Office of the Secretary of Defense/Washington Headquarters Services

## Executive Summary

This report displays statistics on use of prohibited drugs within the Department of Defense (DoD) personnel from Fiscal Year (FY) 2005 to FY2009. These statistics are compiled from data in the Defense Manpower Data Center (DMDC) personnel database, the Department of Defense (DoD) drug testing Laboratory Information Management System (LIMS) and reports submitted by the various DoD Agencies. The most significant findings from FY2009 drug testing statistics are reflected below:

- Despite the pressures of increased operations tempo, the active duty forces continue to show an illicit drug positive rate below the 2% goal set by DoD (Table 2). The Services are testing over twice the DoD goal of 100% random testing (Table 3) for active duty specimens.
- The 2% goal was recently adopted as a quarterly reported metric ("Wellness of the Force Indicator") in the March 3, 2008 memorandum signed by the Principal Deputy Under Secretary of Defense for Personnel and Readiness. The 3% rate for FY2009 is consistent with the data from the previous four years when recalculated using the same annual format.
- A "high-risk population" is defined as enlisted males ages 18-25. While the overall Active Duty DoD, enlisted males ages 18-25, had an overall 1.76% positive rate (Table 4), the Army Active Duty, enlisted males ages 18-25, had a positive rate of 3% (Figure 5).
- The 3% illicit drug positive rate for active duty Army, high risk population must be addressed by the Service Component to identify and mitigate the risk inherent to this population.
- While the positive rate for Reserve Component, Not on Active Duty was below 2 percent (Table 7), the National Guard Component, Not on Active Duty exceeded 2 percent (Table 11) and the National Guard Component, Not on Active Duty, enlisted males ages 18-25, rate exceeded 4% (Table 12). As indicated above, the Service Component must address the nature of these positive rates to identify and mitigate the risks to these populations.
- While the overall DoD high risk population makes up only 36 percent of the force, it accounts for 70 percent of the overall DoD positive specimens.

- The drug type distribution (Table 13) has remained relatively constant over the past five years with marijuana remaining the primary drug of abuse. Heroin has shown an increasing trend over the past five years but remains a small percentage of the total positives.
- While the positive rate for DoD military personnel deployed was 0.19%, the test rate was relatively low at 47% (Table 14).
- The DoD positive rate for new recruits has shown a decreasing trend in the last five years to the current rate of 1.32% (Table 15).
- Out of the 177,417 DoD civilian Testing Designated Positions distributed across 15 DoD Agencies, 64.4% percent were tested with an overall 0.31% positive rate (Table 16). This rate is below the positive rate of the most recently available data for other federally regulated agencies (Figure 22).

## Introduction

Drug use is incompatible with Department of Defense (DoD) military and public service.[1] Prohibited drugs impair performance, and negatively impact the unique hazardous conditions associated with the military work environment and the safety and security of sensitive civilian positions. The current DoD Drug Demand Reduction Program (DDRP) was mandated in 1981 and given the mission to deter service members from using prohibited drugs. The DoD DDRP policy for military service members is promulgated in DoD Directive 1010.1 with detailed guidance concerning drug testing procedures contained in DoD Instruction 1010.16. General guidance for drug and alcohol abuse deterrence for DoD personnel is provided in DoD Directive 1010.4 along with the requirement for an annual report on the status of drug use in DoD personnel. This annual report presents statistics on drug use by members of the Armed Forces—Active Duty, Reserve, and National Guard—based on data from the DoD compulsory drug testing program showing an historical perspective from FY2005 to FY2009.

The DoD deterrence program components include compulsory random drug testing with punitive consequences, anti-drug education and prevention. The effectiveness of this program is measured by monitoring the prevalence of drug use from drug testing statistics and from triennial surveys. There are two primary established goals:

(1) The DoD random drug testing goal (DoDD 1010.1) is 100% of the Component's yearly assigned strength.

(2) Based on historical experience the DoD goal is a positive rate below 2%. This was recently adopted as "Wellness of the Force Indicator" goal in the March 3, 2008 memorandum signed by the Principal Deputy Under Secretary of Defense for Personnel and Readiness.

The DoD DDRP policy for civilian personnel drug testing is contained in DoD Directive 1010.9. The random testing rate goal for DoD civilian personnel testing is 100% of the yearly assigned strength given available resources. This is the third year that complete data has been available for the civilian drug testing program.

An additional assessment of the status of illicit substance use is the DoD Survey of Health Related Behaviors. This DoD survey[2] is conducted every three

[1] Department of Defense Directive 1010.1. *Military Personnel Drug Abuse Testing Program*. Reissued with Change 1, January 11, 1999. http://www.dtic.mil/whs/directives/corres/pdf/101001p.pdf.

[2] *2008 Department of Defense Survey of Health Related Behaviors Among Military Personnel,* http://www.tricare.mil/tma/ddrp/documents/2009.09%202008%20DoD%20Survey%20of%20Health%20Related%20Behaviors%20Among%20Active%20Duty%20Military%20Personnel.pdf.

years as one measure of effectiveness because it is independent from the drug testing program. The specific metric from the survey monitored is self-reported use of a prohibited drug within the past 30 days.

## Historical Perspective

In his final report "The Vietnam Drug User Returns"[3], author L. Robins states in an Action Office Monograph that approximately 42 percent of the U.S. Military personnel in Vietnam in 1971 had used opiates at least once, and half of these individuals were reported to be physically dependent at some time. On June 22, 1971, the Army instituted a stiffer policy on drug use. An amnesty program was coupled with mandatory urinalysis drug testing. The Pentagon reported that nearly 16,000 (14,736 were Army personnel) servicemen voluntarily identified themselves as heroin users and sought treatment[4].

The 1980 DoD Survey of Health Related Behavior Among Military Personnel showed that 27.6 percent of service members had used an illegal drug in the past 30 days and in some units, greater than 38 percent[5].

The drug problem was generally viewed as an Army problem until May 26, 1981. An aircraft accident aboard the USS Nimitz resulted in 14 killed, 48 injured, 7 planes destroyed, 11 planes damaged, at an estimated cost of $150M. The post accident investigation revealed that six of those that were fatally injured had marijuana metabolite in their bodies. The final conclusion was that illicit drug use may have been a contributing factor in the accident.

The DoD struggled to build a credible and effective drug deterrence testing program. Despite its best efforts, a 1983 commission headed by Dr. David Einsel reviewed the drug testing procedures and found the system broken. Procedures did not meet acceptable forensic standards. As a result, over 10,000 service members discharged for use of illegal drugs were offered reparations, including the option to return to active duty. Laboratory commanders were relieved or removed from the promotion list, and one brigadier general officer was forced to retire.

Since the Einsel report, DoD has provided close oversight of the drug testing program. State of the art analytical technology has been adopted and, in some

[3] Robins, LN. The Vietnam Drug User Returns. Special Action Office for Drug Abuse Prevention, Series A, Number 2, May, 1974.

[4] Elaine Casey, "History of Drug Use and Drug Users in the United States", Schaffer Library of Drug Policy, pg 29. http://www.druglibrary.org/schaffer/history/casey1.htm

[5] Reference In: Highlights, 2002 Department of Defense Survey of Health Related Behaviors Among Military Personnel, http://www.tricare.mil/main/news/dodsurvey.htm

cases, developed by the military drug testing laboratories. Effective DoD drug demand reduction policies have been crafted and executed. These efforts have resulted in a highly effective and credible work place drug testing program supported by a substantial amount of case law.

## Methods

### *High Risk Group*

The term "high risk group" is defined as enlisted males ages 18-25. The reasons for monitoring the high risk group are to emphasize DoD's target drug-using population and to normalize comparisons among the Services since each Service has a different proportion of enlisted vs. officers, males vs. females, and younger vs. older age groups, all risk factors for drug use. The Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health reports civilian statistics for United States males 18-25 years of age, allowing for comparison with civilian populations.

### *Defense Manpower Data Center (DMDC) Personnel Databases*

The DMDC Personnel Databases used to support the DoD DDRP include the Active Duty Personnel Master File, the Reserve Component Personnel Data System and the Military Drug Test File.

The Active Duty Personnel Master File provides an inventory of all individuals on active duty (excluding reservists on active duty for training) for the Army, Navy, Marine Corps, Air Force, Coast Guard, Public Health Service, and the National Oceanic and Atmospheric Administration Commissioned Corps at a point in time. It provides a standardized and centralized database of all present and past members of the active duty force. It was also the central file from which DMDC began its data acquisition strategy back in the mid-1970s. Complete longitudinal historical data (back to 1971) is available. File sources are from various personnel centers; their requirement to submit data to DMDC is covered under DoD Instruction 1336.5.

The Reserve Components Common Personnel Data System provides the Department of Defense with a standardized and centralized database containing personnel information on all current and past members of the Reserve Components in the Army National Guard, Army Reserve, Naval Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, and Coast Guard Reserve. The Office of the Assistant Secretary of Defense (Reserve Affairs) provides policy guidance to DMDC to insure that DMDC's administration of the data system conforms to the needs of the Reserve Components. The current data system has been the official source for Reserve Component strengths since its inception in July 1975. In July 1976, it became the official source for accession, loss, and reenlistment information throughout the Department of Defense.

In response to increased operational tempo, particularly for Army and Marine Corps personnel, the DMDC has responded to a request from the Deputy Assistant Secretary of Defense for Health Affairs to track illicit drug testing and positive drug rates in military personnel deployed in the Southwestern Asia theaters of operation. The DMDC has matched the information from the DoD Laboratory Information Management System (LIMS) with deployment records to produce deployment drug data statistics.

The efforts of DMDC provides the Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) with a timely, standardized and centralized database containing all positive and negative drug tests for each of the Services.

*Laboratory Information Management System (LIMS) Database*

LIMS is a computer network with independent servers in each of the six DoD drug testing laboratories and a central data repository located in San Antonio, TX, managed under a contract by the US Army Medical Command (MEDCOM). The LIMS' primary function is to control analytical operations, provide quality assurance, and forensic control for each drug testing laboratory. The system also collects data from laboratory testing, much of it through online data transmission, and stores the data in a computer file consisting of 150 data fields on each specimen tested in the drug testing program. Examples of the data fields are social security number of the donor, collection specimen number, collection unit, collection date, laboratory screening test results, laboratory confirmation test results, final test results, etc. Specimens are included in this statistical report based on the *date that drug testing laboratory results were reported, not the date of collection*. Usually these two dates are within one week of each other but there are occasions where this time difference is greater.

The LIMS database also contains test results for Armed Forces Medical Examiners System (AFMES) blind proficiency samples, required by DoD Instruction 1010.16. These are samples prepared by AFMES with known amounts of drug and assigned social security numbers not currently in use (so-called "phantom personnel"). The samples are sent to each of the six DoD certified military laboratories under assumed unit return addresses from around the world and are unknowingly processed by laboratory personnel in parallel with service member specimens. In this manner the testing system is challenged to ensure that testing is conducted according to current Directives, Instructions and Standard Operating Procedures. AFMES has access to the LIMS and uses it to monitor test results on their blind proficiency samples. They produce a monthly summary drug testing quality control report for each laboratory. This system also permits the AFMES to monitor the overall quality assurance of the program and provide the OASD(HA) immediate notification as soon as irregularities are noticed by AFMES. MEDCOM working in conjunction with the AFMES removes these records before data are transmitted to the DMDC for inclusion in their Military Drug Testing File. AFMES sample results are excluded from this annual report.

*Defense Manpower Data Center Compiled Data*

The DMDC uses the databases described to produce quarterly and annual statistical data on drug use in the military. The OASD(HA) compiles the data from the DMDC to produce this annual report. Information in this report is used to evaluate drug demand reduction policy and to support changes to policy when justified.

*Metrics*

For the purposes of this report the *illicit drug positive rate* is calculated using the number of unique *positive personnel* divided by the number of *unique tests* performed on any given population. This method of calculating the drug positive rate takes into account that an individual may be tested more than once a year and that a test may be positive for more than one illicit drug. The term *total drug tests* is the total number of specimens collected and screened for any given population.

The *mean testing ratio* is calculated for each group, and is defined as the total drug tests during the year divided by the average endstrength. This ratio is a measure of testing frequency and used to determine if the Services meet the minimum requirements expressed in DoD Directive 1010.1 and DoD policy memoranda. The Directive requires a mean testing ratio of 100 percent for Active Duty forces and requires the Reserve and National Guard forces to test at a rate close to this number (limited by time and funding). If the mean testing ratio in a Service is 100 percent, one can say that the average Service member is tested once per year, but must realize that some individuals will be tested more than once and some not at all since DoD uses a *random selection system*.

*Biographical information* for each individual included in this statistical report is taken from the month preceding a drug test. This better reflects attributes such as the Service member's correct rank or unit status at the time of testing. Personnel information is usually submitted to the DMDC at the end of the month and some elements, such as rank, may change during the month following a positive drug test. For members who had more than one positive drug test, demographics for that individual are those associated with the earliest illicit drug positive result during the fiscal year. Endstrength numbers by rank and age represent the earliest rank and age for each member during the fiscal year.

*Drugs included*: The standard drug testing panel and associated cutoff values are provided in the appendix dated December 2006 (Appendix A). The DoD program screens 100 percent of the submitted acceptable specimens for marijuana, cocaine, and amphetamines (*d*-methamphetamine, *d*-amphetamine, methylenedioxymethamphetamine (MDMA,"Ecstasy"), methylenedioxyamphetamine (MDA), and methylenedioxyethylamphetamine (MDEA), a drug of abuse commonly called "Eve"). Because of the significant threat from heroin in the Afghanistan theater of operations, all the military laboratories were instructed to perform 100% screening for heroin starting in FY2005. Opiates (morphine, codeine, oxycodone, and oxymorphone), and phencyclidine (PCP) are tested on a "*pulse*" test basis defined as a rate of 20% of

the laboratories work load. Applicants at the Military Entrance Processing Stations (MEPS) are tested only for use of marijuana, cocaine and amphetamines pursuant to policy memorandum dated June 2006 (Appendix B).

For data reported prior to FY2007 the term "*illicit drug(s)*" excludes specimens that were positive for codeine, morphine, amphetamine, oxycodone, and oxymorphone. When these drugs are reported positive to the submitting unit, the results are checked by a Medical Review Officer (MRO) because there may be a legitimate medical explanation for the presence in a member's urine specimen. Until FY2007 there was no mechanism to input the results of the MRO review into the LIMS database. Leading up to FY2007 the Services, at the direction of the OASD(HA), implemented reporting procedures that required units to route MRO results back to DMDC. Starting with FY2007 all positive drug results that require an MRO have been validated otherwise they are listed as "MRO Unknown".

All of the drug abuse national indicators report that the use and availability for methamphetamine has been increasing since the mid-1990s. The psychoactive form of methamphetamine is referred to as the *d* form. All the military certified laboratories must confirm for *d*-methamphetamine as well as *d*-amphetamine.

**Military Laboratory Operations**

Counternarcotics funding supports the operations of six Service operated laboratories at the locations shown in Figure 1. There are no field drug screening activities for Active Duty, National Guard, or Reserve military members. All military urine specimens are obtained under observed collection conditions, maintaining strict chain of custody documentation and shipped to the supporting military laboratory.

Collection team staffing varies between the Services. The Navy and Marine Corps primarily use unit military personnel to perform the administrative and collection operations as a collateral duty. The Army and Air Force primarily use civilians and contractors. Specimens are processed and analyzed pursuant to DoD Instruction 1010.16[6].

Historically, drug testing at the separate laboratories has been restricted to individual Service support. DoD has recognized there is efficiency to be gained by moving the system towards "regionalized" testing. The primary reason that regionalization has not been practical has been largely due to the different result reporting systems unique to each Service. Significant improvements in the DoD LIMS, along with building a reliable internet reporting system, have removed a large part of the restrictions.

Starting in FY2005, under mutual agreement between the Army, Navy and Marine Corps, specimens collected in the Pacific Rim Area of Operations were

[6] Department of Defense Instruction 1010.16, Technical Procedures for the Military Personnel Drug Abuse Testing Program, December 9, 1994., http://www.dtic.mil/whs/directives/corres/pdf/101016p.pdf.

shipped and analyzed at the Tripler Army Forensic Toxicology Drug Testing Laboratory (FTDTL). Additionally, during FY2005 Army specimens were sent to the Navy Drug Screening Laboratory, Jacksonville, FL to better adjust for specific production demands on the Army Fort Meade FTDTL. During FY2008 the entire National Guard testing workload, both Army and Air National Guard, was moved to the US Air Force FTDTL to balance the work load across the DoD testing system. These efforts have proved very successful based on reduced cost, shorter specimen result turn around time, and overall customer satisfaction. Further LIMS improvement along with standardization in operating procedures, should result in further regionalization and program enhancement and optimization leading to a true joint service drug testing system.

The Navy Drug Screening Laboratory, Great Lakes, IL, primarily supports drug testing of all military applicants that are processed at the 65 Military Entrance Processing Stations (MEPS). During the applicants' initial processing at the MEPS they are tested only for marijuana, cocaine and amphetamines pursuant to the policy memorandum, "Pre-Accession Drug and Alcohol Testing" dated June 12, 2006 (Appendix B).

The Army Fort Meade FTDTL is the only drug testing laboratory in the country that holds dual certification. The laboratory is certified under DoD guidelines to conduct testing on military member specimens and is also certified by the Department of Health and Human Services' (DHHS) National Laboratory Certification Program to conduct testing of civilian specimens under DHHS guidelines. Prior to FY2005, the only civilian testing performed at Fort Meade was Department of the Army civilian personnel. To lower costs and to begin to capture DoD civilian drug testing data into the DoD LIMS, the entire civilian testing workload was shifted incrementally to Fort Meade by 1 October 2007.

During FY2008 the Naval Medicine Support Command contracted a comprehensive facilities analysis of the DoD drug testing system[7]. One of the final conclusions reached by the independent consultant group was that DoD saves an estimated $21 million per year by using government owned and managed FTDTLs as opposed to out-sourcing the laboratory support services.

## RESULTS AND SALIENT OBSERVATIONS

*Laboratory Performance*

Markers of laboratory performance for the six military drug testing laboratories are shown in Table 1. The salient observations are:

- The DoD laboratory system analyzed 4.89 million specimens.
- All the laboratories met the DoD standard turn around time of 4 days for negative specimens and all labs except the U.S. Air Force FTDTL met the

[7] "Engineering Study and Analysis of the DoD Drug Laboratories" Sherlock, Smith and Adams, October 2008.

DoD standard turn around time of 6 days for positive specimens. The U.S. Air Force FTDTL's positive turn around time of 7.8 days was due to a 44% increase in specimens from FY2008 to FY2009 resulting from the realignment of National Guard Bureau samples from the U.S. Army Tripler FTDTL.

- The Navy FTDTL at Jacksonville, FL ended the year with a historically significant production level above one million specimens.
- All six laboratories met the 100 percent testing requirement for AMP, COC, THC, and Heroin.
- Three of the six laboratories met the 20% testing requirement for opiates and oxycodone class drugs. Four of the six labs met the 20% requirement for PCP.

*DoD Testing Results*

The total Component drug testing metrics are shown in Table 2. Overall DoD attained the goal of a positive rate below 2% and a mean random test rate of 100% or greater.

*Active Duty Testing Results*

Active duty testing results and illicit drug positives are shown in Tables 3 and 4 and Figures 2 through 5.

Salient observations are as follows:

- Five percent of the positive specimens were MRO unknown in FY09, an improvement over FY08 (Table 3, calculated as MRO unknown/positive personnel).
- The DoD Active Duty positive rate has remained constant at one percent (Table 3).
- The Army continues to test at almost twice the DoD goal of 100% random testing, while the Navy and Marine Corps test at almost three times the DoD goal of 100% (Figure 2).
- While the high risk active duty population is 41% of the total active duty force, they contribute to 76% of the active duty positive specimens (Tables 3 and 4).
- The Army tests the enlisted males ages 18-25 at over 200% and the Navy and Marine Corps test this population at a ratio at over 300%, while the Air Force tests the same population at over 100% (Figure 4).
- The DoD positive illicit drug rate for Active Duty, enlisted males ages 18-25 (Table 4) is almost twice the positive rate for the overall active duty population (Table 3). As a result, the drug positive rate for the Active Duty, enlisted males ages 18-25, ranges from 0.5% for the United States

Air Force to 3% for the Army (Figure 5). The Army Active Duty, enlisted males ages 18-25, exceeded the DoD goal of a positive rate below 2%.

*National Guard and Reserve Testing Results*

National Guard and Reserve testing results and illicit drug positives are shown in Tables 5 through 12 and Figures 6 through 21.

Salient observations are as follows:

- For FY09 eleven percent of the Reserve and National Guard total positives are MRO unknown (includes active duty and not on active duty). In FY08, the rate was ten percent.
- The positive rate for both the Active Duty Reserve and National Guard Components has remained below 1% for the past five years (Table 5 and Table 9).
- While the Reserve Component, Not on Active Duty, is below two percent (Table 7), the National Guard Component, Not on Active Duty, positive rate has exceeded the DoD goal of a positive rate below 2% for four consecutive years (Table 11).
- The National Guard Component, Not on Active Duty, enlisted males ages 18-25, had a FY09 positive rate over two times the DoD goal of a positive rate below 2% (Table 12).

*DoD Drug Positive Distribution*

Table 13 shows the distribution of drug type of the MRO reviewed positive results. There was no attempt to account for multiple positive results so the table does reflect multiple counting. The following salient features are noted:

- The drug distribution has remained relatively constant over the past five years with marijuana the main contributor to the positive specimens followed by cocaine.
- Despite 100% screening for heroin, the positive rate remains significantly low relative to the overall drug positive rate. The heroin positive rate has incrementally increased over the past five years from less than 0.002% (1 positive in 62,600 samples tested in FY2005) to 0.005% (1 positive in 20,600 samples tested in FY2009).
- The rates for oxycodone and oxymorphone remain constant at approximately 1% and 1.8%, respectively. The drugs are pulse tested at a 20% frequency.

*Deployment Testing*

The results of deployment drug testing are shown in Table 14.

The salient observations are:

- The overall DoD deployment testing rate remains relatively low for FY09 at 47%.
- All Components have a deployment positive rate for FY09 below 0.3%.

*Military Entrance Processing Station (MEPS) Testing*

The results of the initial MEPS drug testing are shown in Table 15.

Salient Observation:

- In FY09 the overall DoD positive rate is the lowest it has been in the past five years at 1.32%.
- All Components had either a decrease in positive rate or remained the same from FY08 to FY09.
- Note: FY09 data includes amphetamine data which was previously not included in the annual report MEPS table.

*DoD Agency Drug Testing*

The results for the drug testing in the sixteen DoD agencies that have TDPs are shown in Table 16.

Salient Observation:

- In FY09 the DoD Agencies tested 65% of the total TDPs with an overall positive rate of 0.31%.

**Discussion and Conclusions**

Despite the pressures of increased operation tempo the active duty forces have continued to test at a mean test ratio of over twice the DoD goal of 1.0 random testing. However, the Reserve and National Guard remain below the goal, although they show improvement and have almost met the goal of 1.0.

Overall, the DoD has continued to meet the goal of an illicit drug positive rate below 2%. However, both the Army Active Duty, enlisted males ages 18-25, and the National Guard Component, Not on Active Duty, were above the 2% goal. It is of particular concern that the Army National Guard, Not on Active Duty, enlisted males ages 18-25, positive rate has remained above 3% for the past five years (4.11 percent in FY2009). Moreover, the Army Active Duty, enlisted males ages 18-25, illicit positive rate has remained at approximately 3% for the past five years. Additional queries to the FY2005-2009 data set will be accomplished to attempt to identify the location and personnel category associated with the illicit positive members of these populations. The data will be forwarded to the service components to address and mitigate the underlying cause.

While the high risk population makes up 36 percent of the entire force, this population accounts for 70 percent of all the illicit drug positives. This would support the strategic approach taken by all the Services with their active duty populations to target their drug testing resources on this group. This is consistent with national drug use statistics that show that rates of drug use vary substantially by age[8]. The national survey completed in 2003 showed past month illicit drug use peaks between ages 18 and 20 years of age with 23.3% of the respondents reporting using an illicit drug in the past 30 days.

Out of a total of 383,778 applicants 1.32 percent tested positive at the MEPS. This rate has remained relatively constant over the past five years. The rate is rather remarkable when one considers that the applicants are briefed that they will be drug tested when they report to the MEPS. Moreover, both the Army and Navy have policies that allow their recruiters to use "desk side" drug screening tests prior to sending applicants to the MEPS.

Figure 22 provides a perspective on the DoD DDRP data with respect to United States work place drug testing. The chart compares DoD testing results compared to the most recent data available from Quest Diagnostics[9], one of the country's largest drug testing laboratories. The Quest results represent over 680 thousand tests from January through June 2009 for tests performed for clients with test designated positions that fall under the federally-mandated regulations and over 2.8 million tests from January through June 2009 for tests conducted for the combined general U.S. workforce. The data shown are for amphetamines, cocaine, marijuana, opiates and PCP. While the Quest data do not reflect MRO review, the DoD plotted positive data does provide a rough comparison. While FY2009 DoD positive rate is slightly lower than other federally mandated programs, it is more than two times lower than the combined general U.S. workforce.

When compared to national surveys of illicit drug use and to civilian work place drug testing programs, the DoD military drug testing program is successfully deterring drug use among military members. Irrespective of these favorable comparisons, DoD must continue to remain diligent in its efforts to deter military members from illicit drug use. History has shown that degradation of the DDRP program success directly affects good order and discipline in the force which could ultimately impact on national security.

[8] U.S. Department of Health and Human Services, 2003 National Survey on Drug Use and Health: National Findings, http://www.oas.samhsa.gov/nhsda/2k3nsduh/2k3Results.htm

[9] Quest Diagnostics Inc., 1290 Wall Street West, Lyndhurst, NJ 07071, http://www.questdiagnostics.com

## Figure 1
## Location of Service Operated Drug Screening Laboratories

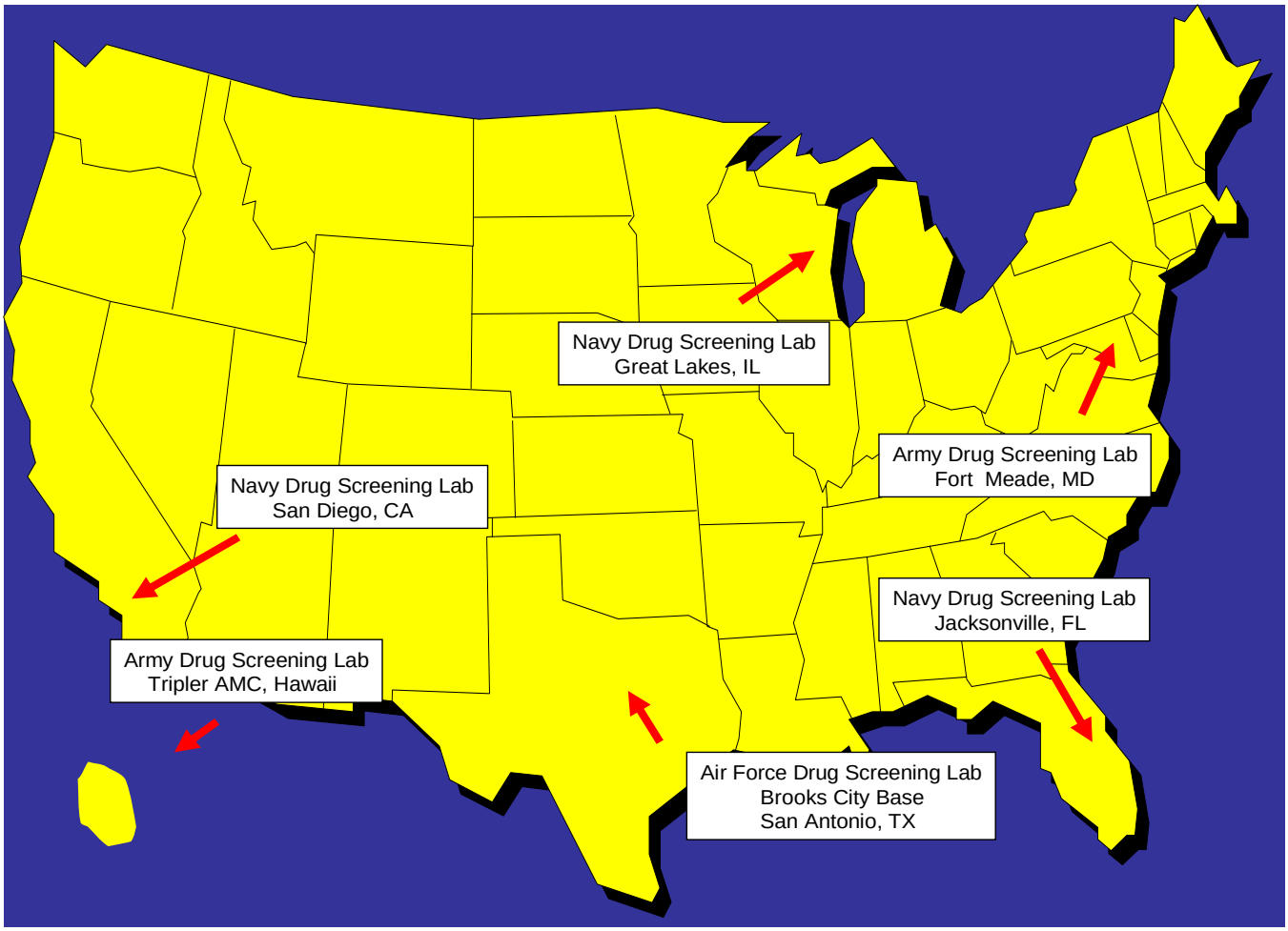


**Figure 2**
**Active Duty Mean Test Ratios**

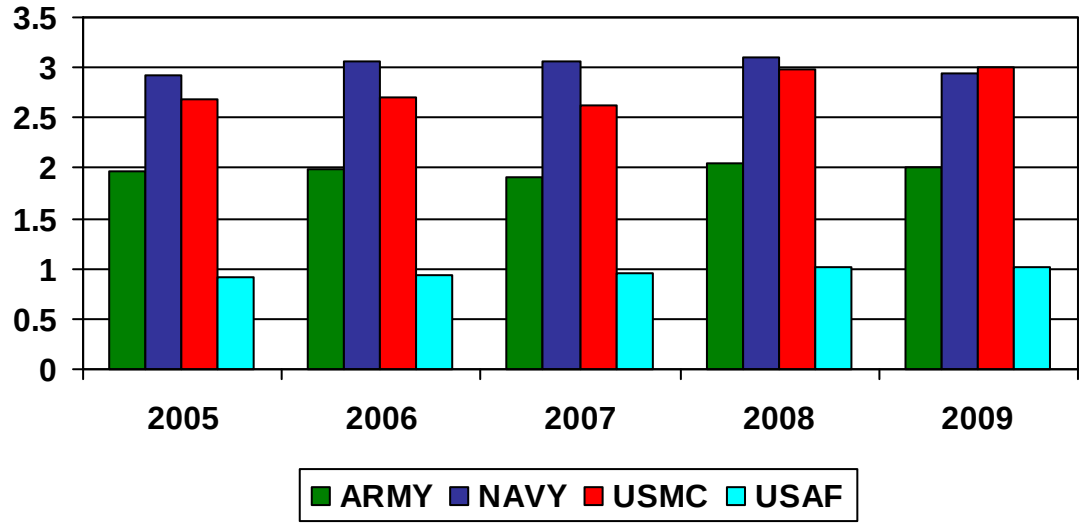



**Figure 3**
**Active Duty Illicit Drug Positive Rates**

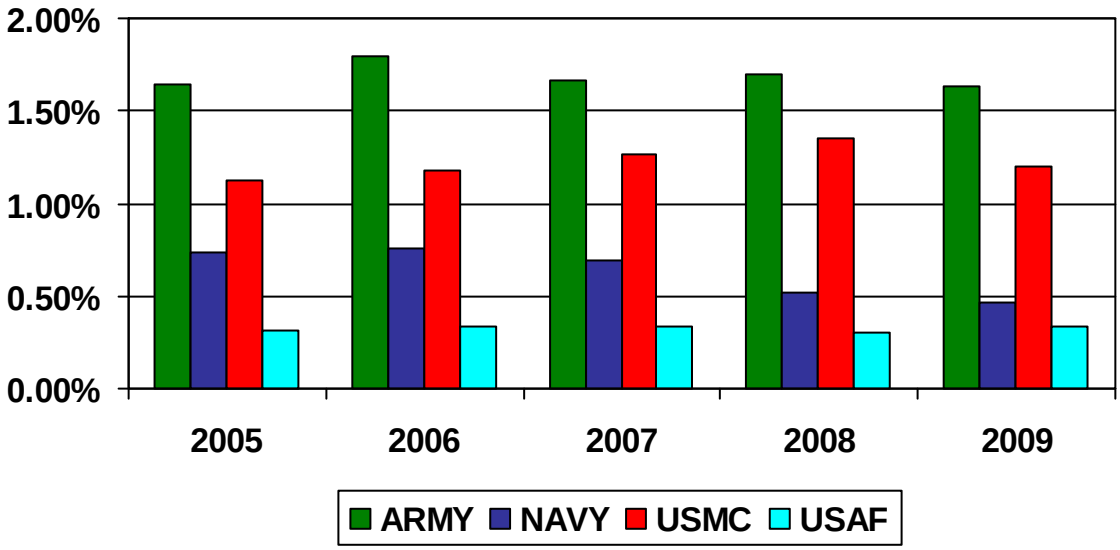


**Figure 4**
**Active Duty, Enlisted Males Ages 18-25, Mean Test Ratios**

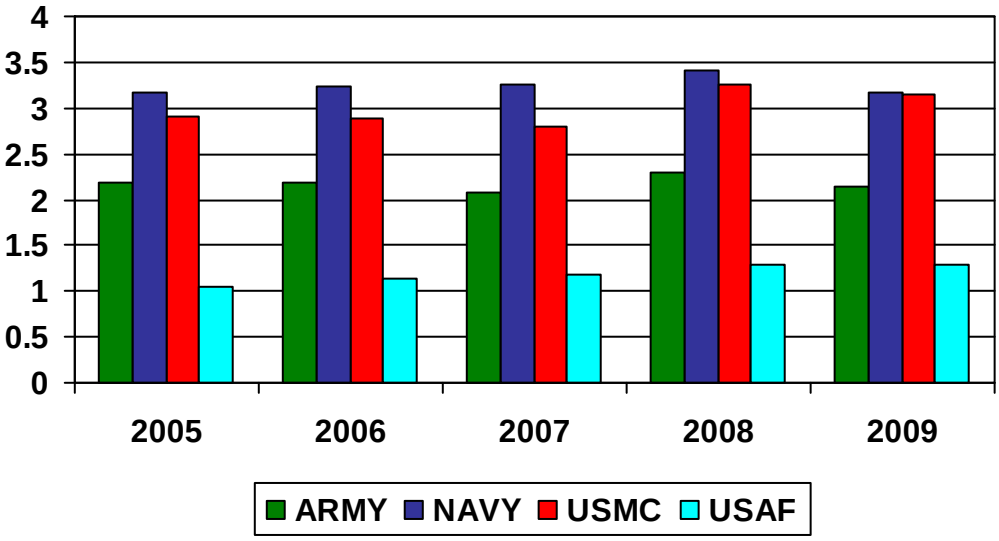



**Figure 5**
**Active Duty, Enlisted Males Ages 18-25, Illicit Drug Positive Rates**

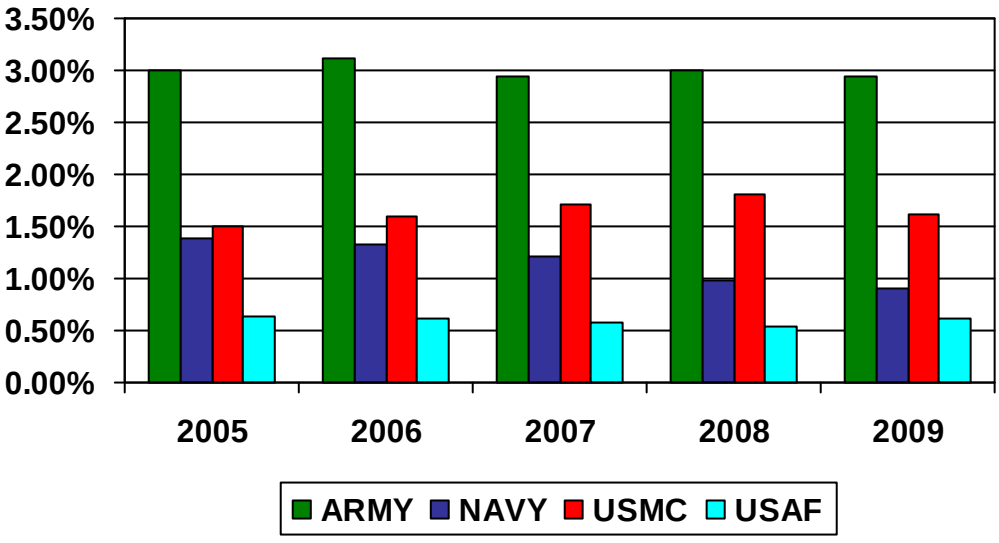


**Figure 6**

**Reserve Component, Active Duty, Mean Test Ratios**

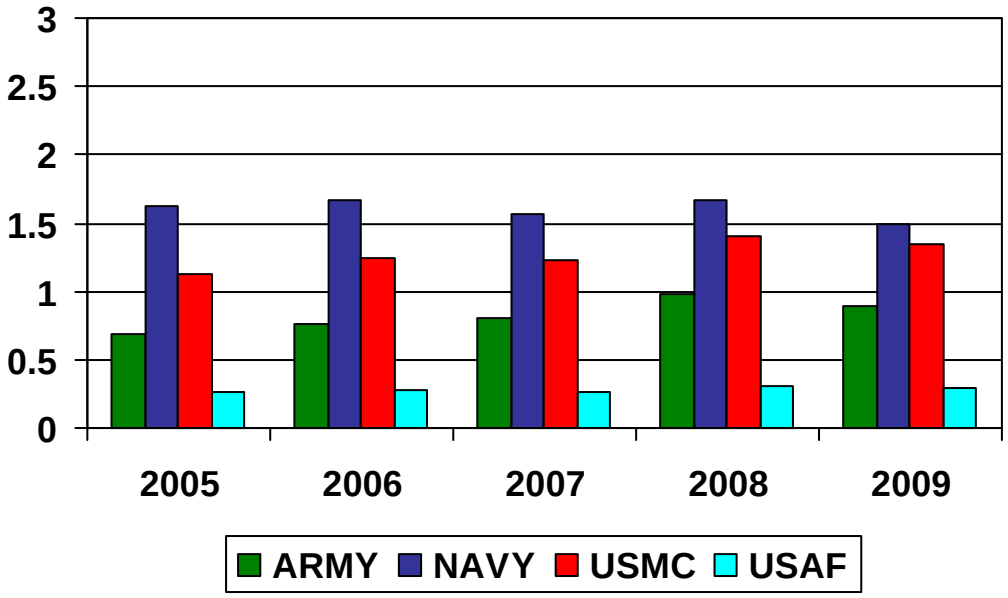



**Figure 7**

**Reserve Component, Active Duty, Illicit Drug Positive Rates**

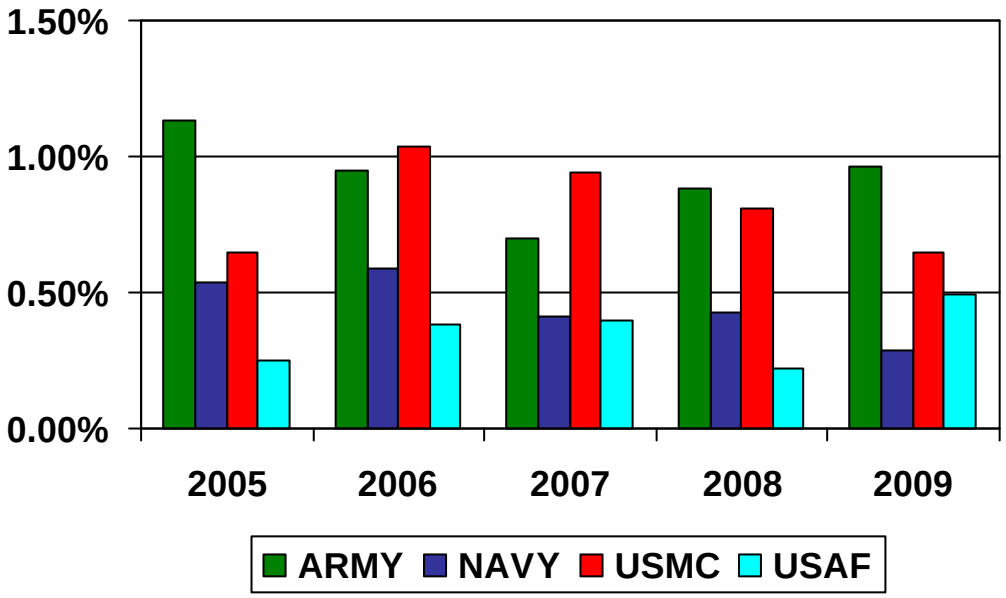


**Figure 8**

**Reserve Component, Active Duty, Enlisted Males Ages 28-25, Mean Test Ratios**

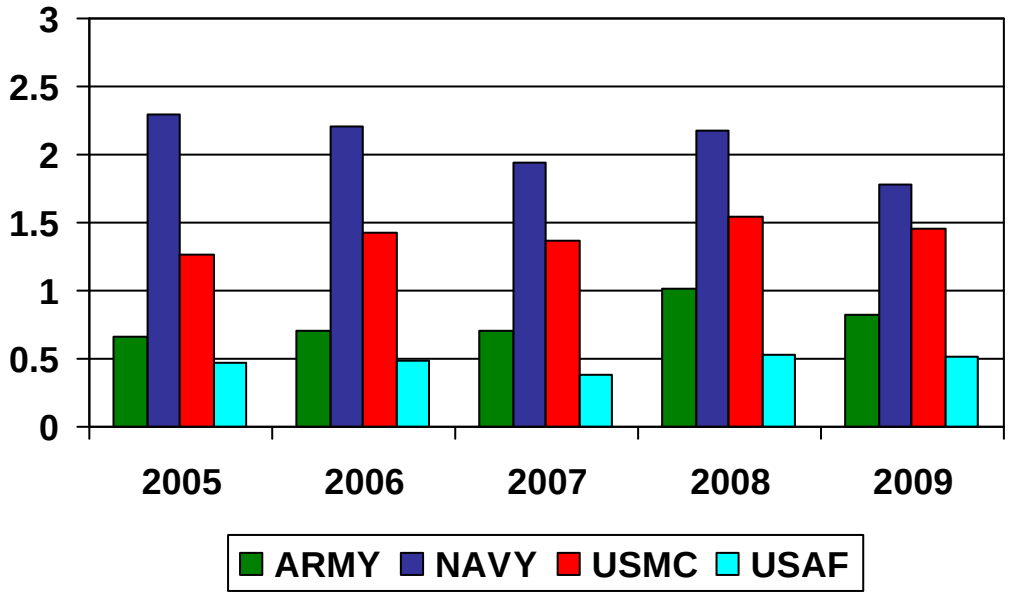



**Figure 9**

**Reserve Component, Active Duty, Enlisted Males Ages 28-25, Illicit Drug Positive Rates**

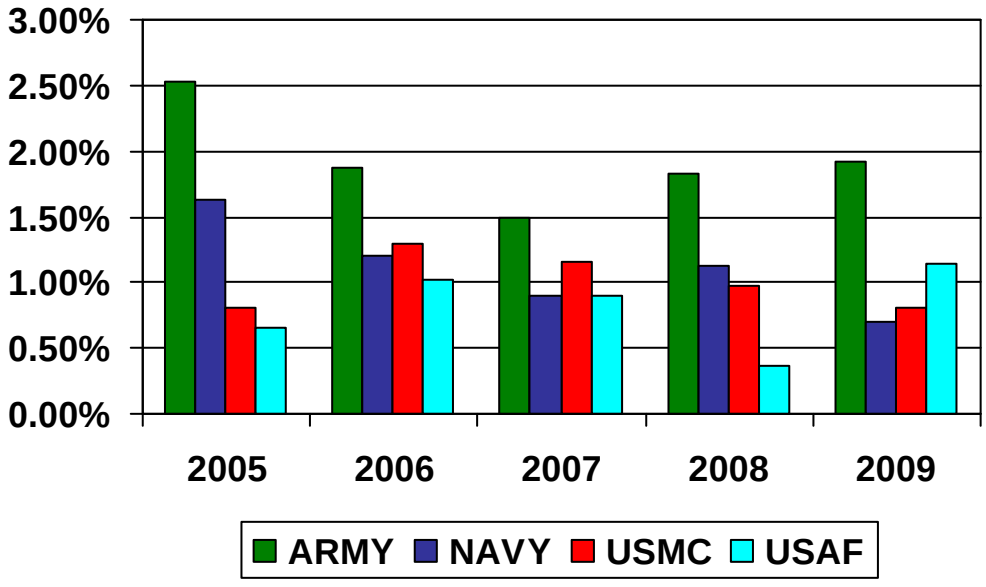


**Figure 10**

**Reserve Component, Not on Active Duty, Mean Test Ratios**

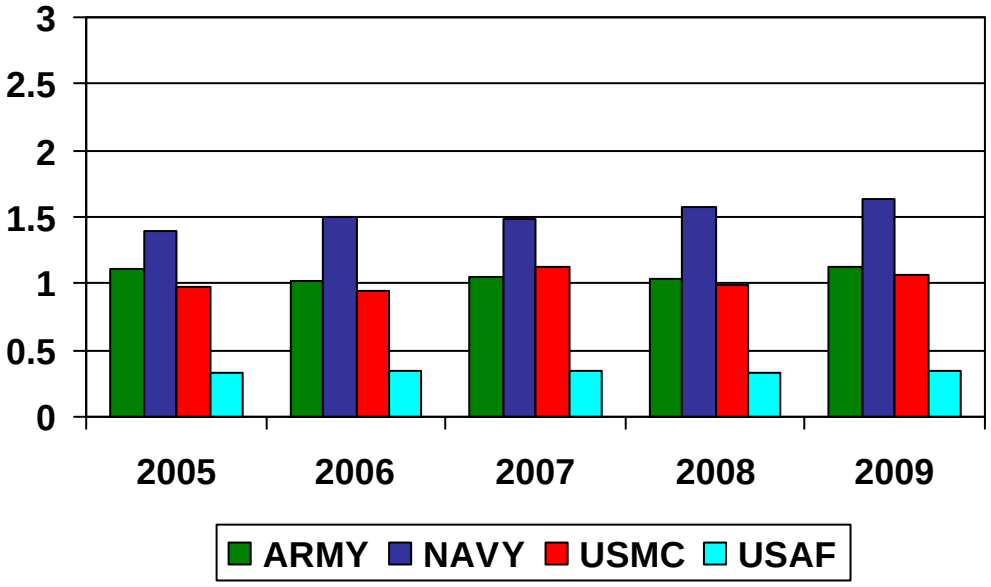



**Figure 11**

**Reserve Component, Not on Active Duty, Illicit Drug Positive Rates**

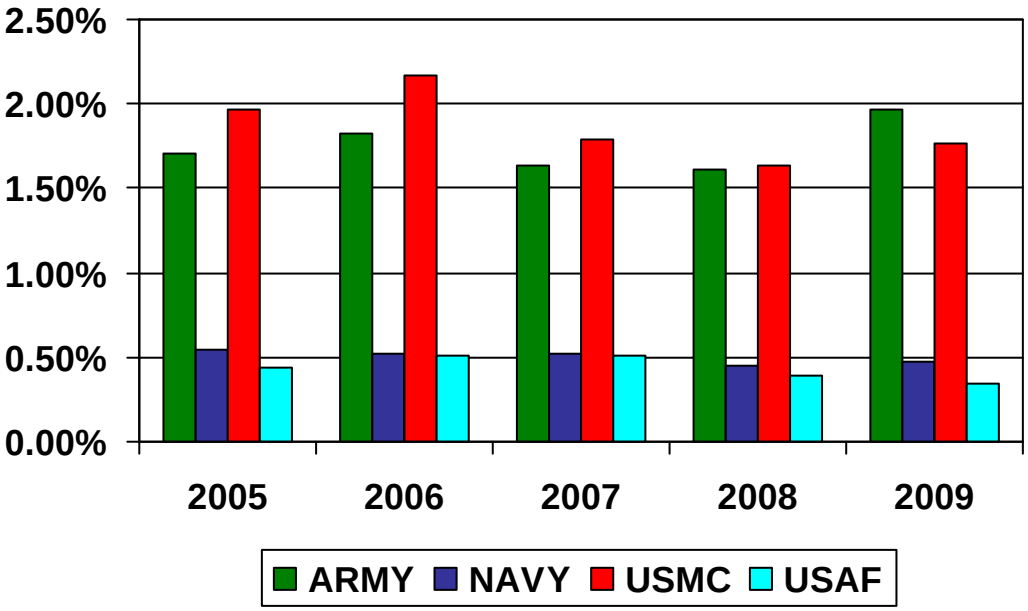


**Figure 12**

**Reserve Component, Not on Active Duty, Enlisted Males Ages 18-25, Mean Test Ratios**

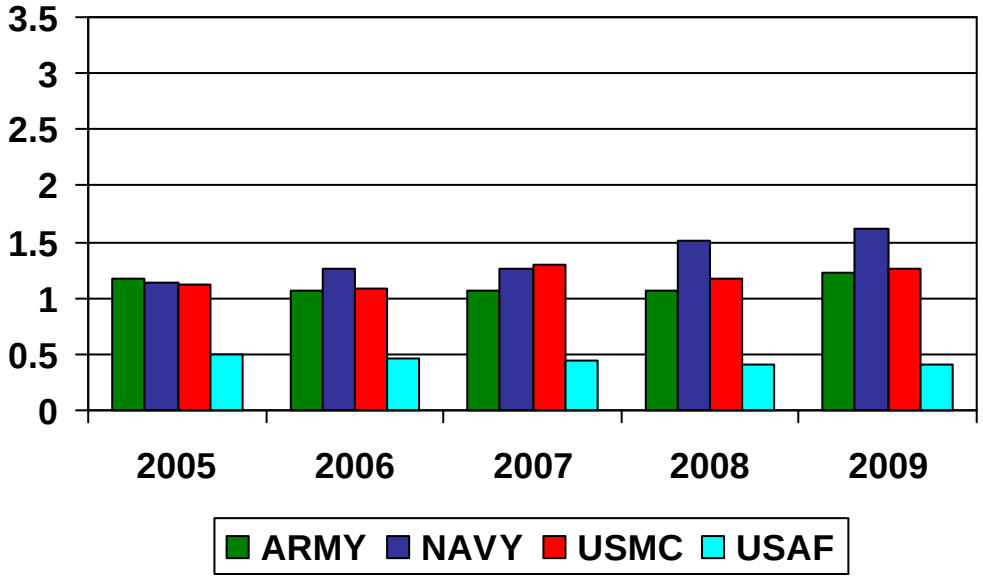



**Figure 13**

**Reserve Component, Not on Active Duty, Enlisted Males Ages 18-25, Illicit Drug Positive Rates**

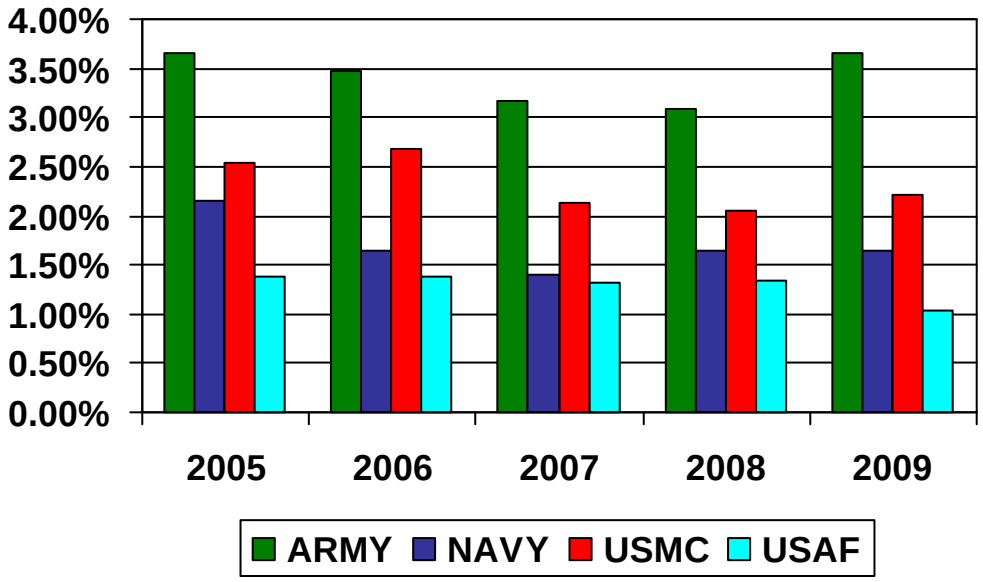


**Figure 14**

**National Guard Component, Active Duty, Mean Test Ratios**

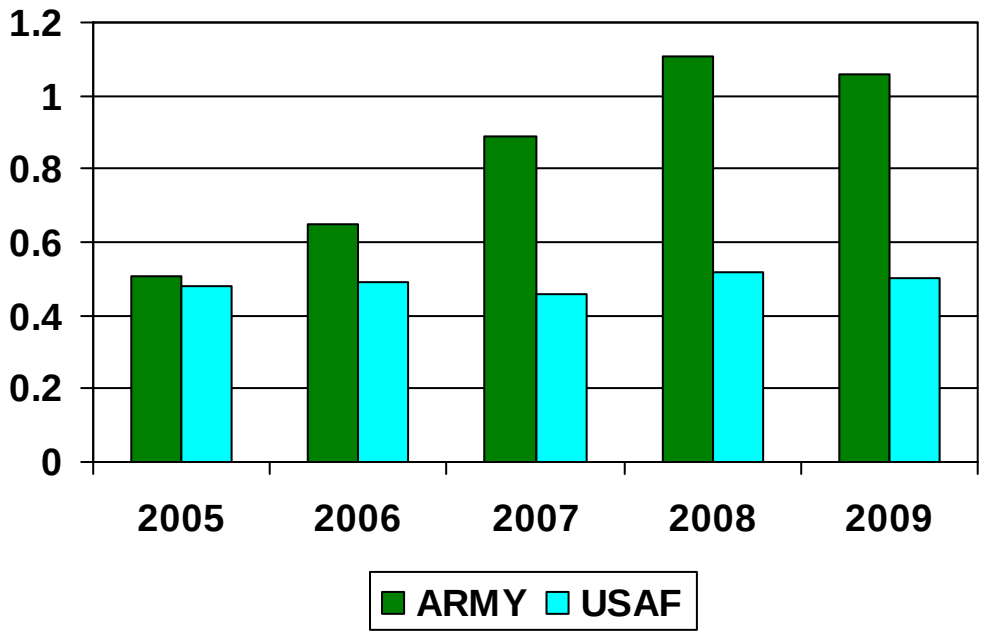



**Figure 15**

**National Guard Component, Active Duty, Illicit Drug Positive Rates**

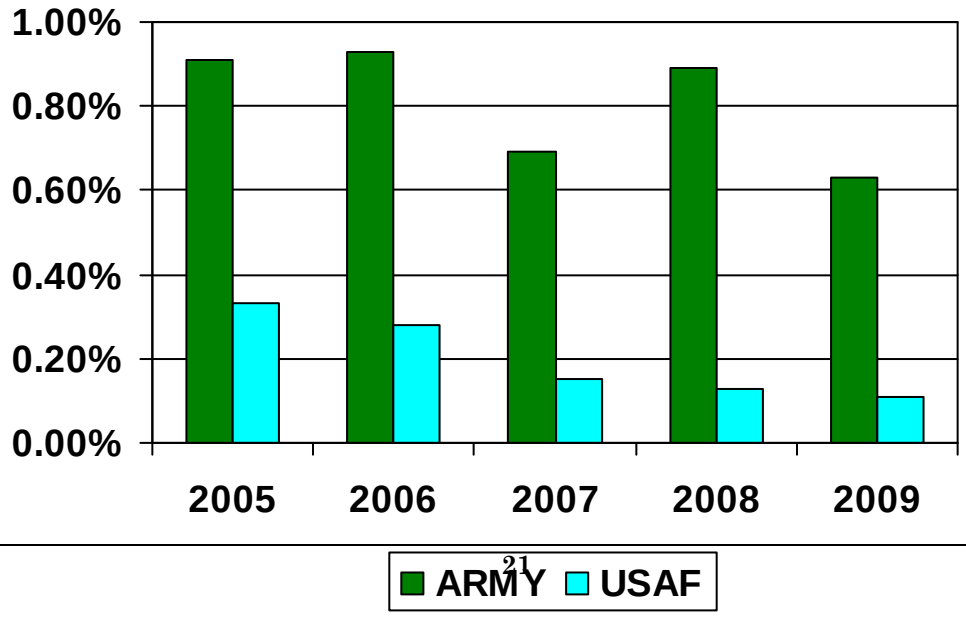


**Figure 16**

**National Guard Component, Active Duty, Enlisted Males Ages 18-25, Mean Test Ratios**

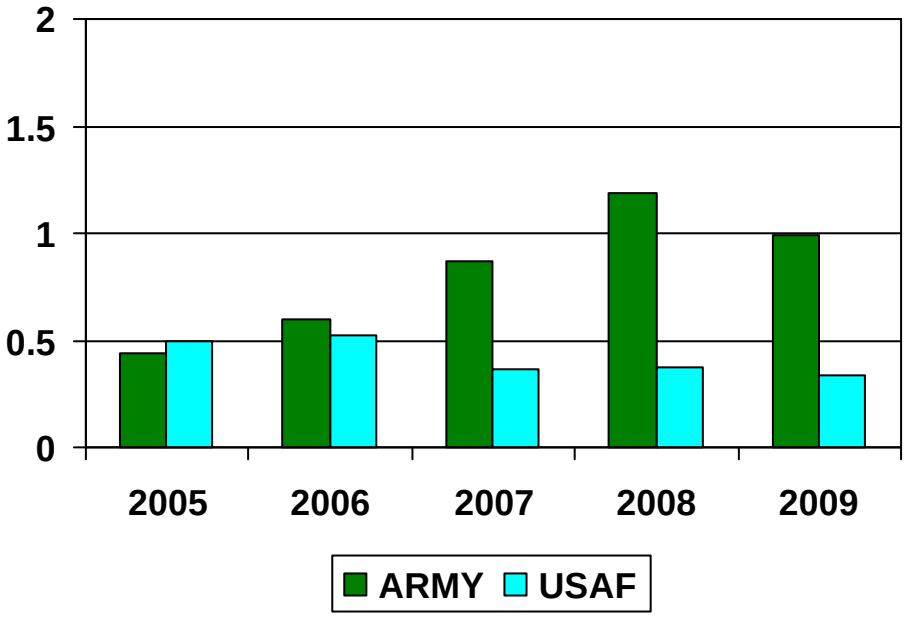



**Figure 17**

**National Guard Component, Active Duty, Enlisted Males Ages 18-25, Illicit Drug Positive Rates**

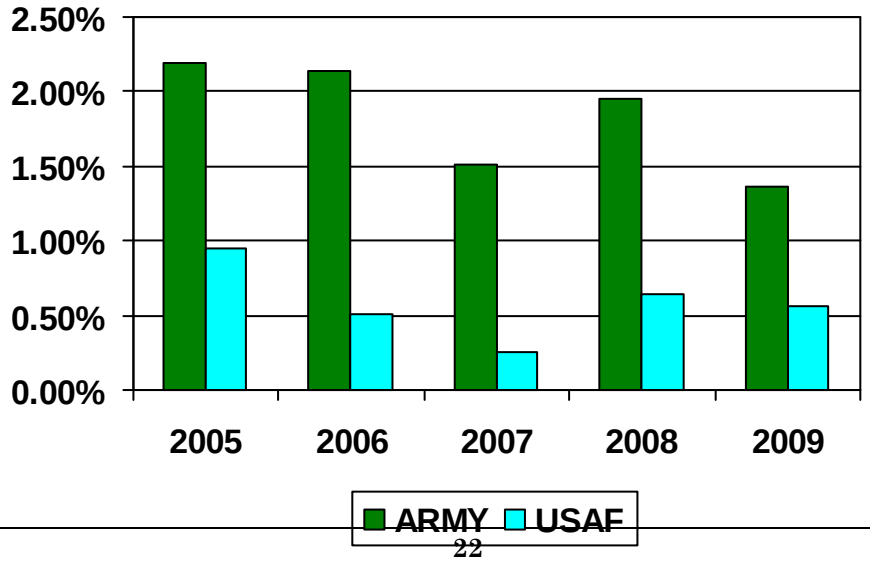


**Figure 18**

**National Guard Component, Not on Active Duty, Mean Test Ratios**

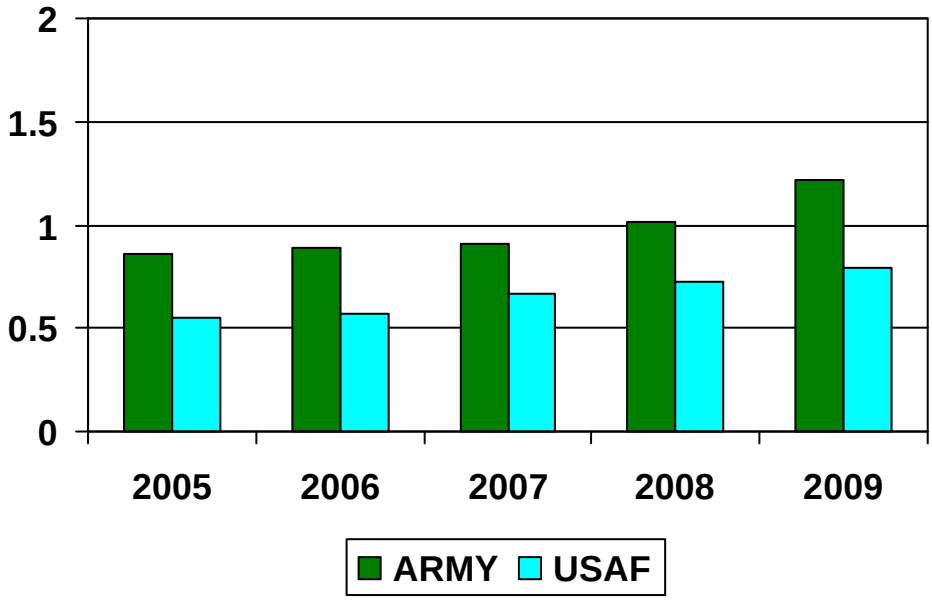



**Figure 19**

**National Guard Component, Not on Active Duty, Illicit Drug Positive Rates**

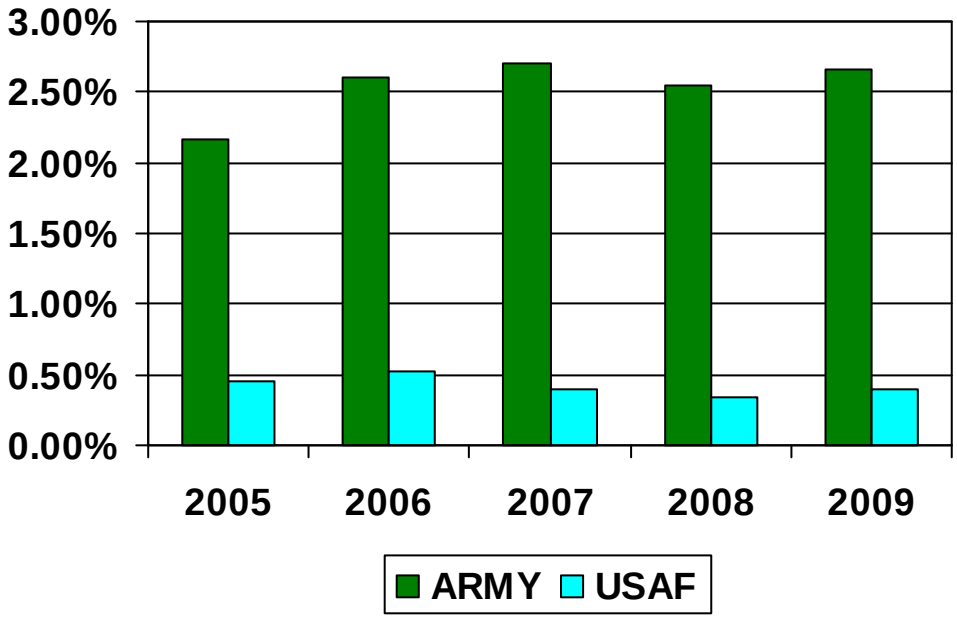


**Figure 20**

**National Guard Component, Not on Active Duty, Enlisted Males Ages 18-25, Mean Test Ratios**

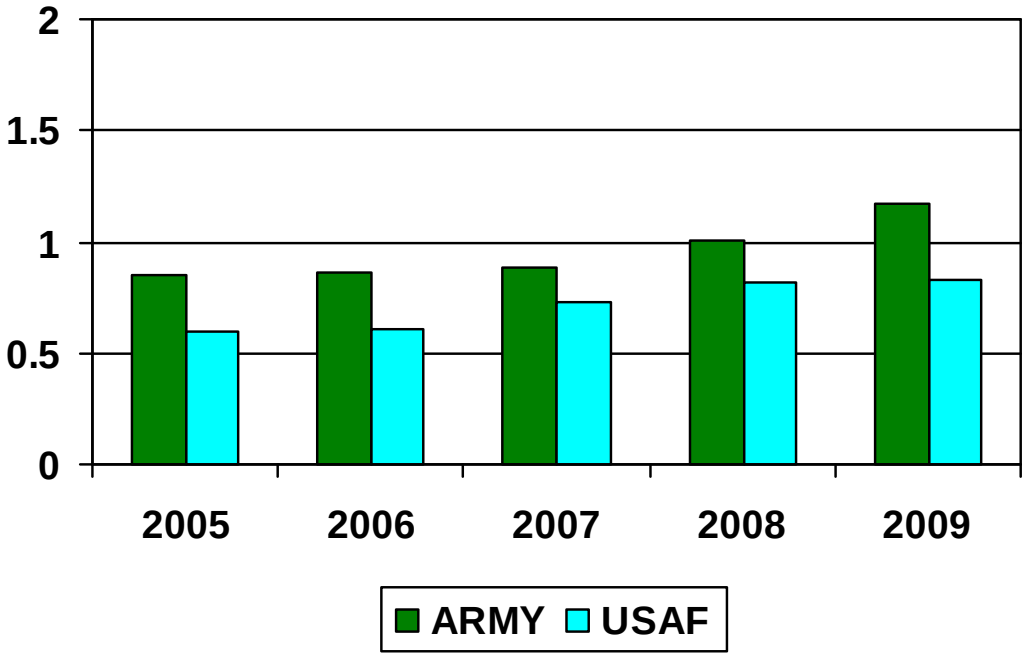



**Figure 21**

**National Guard Component, Not on Active Duty, Enlisted Males Ages 18-25, Illicit Drug Positive Rates**

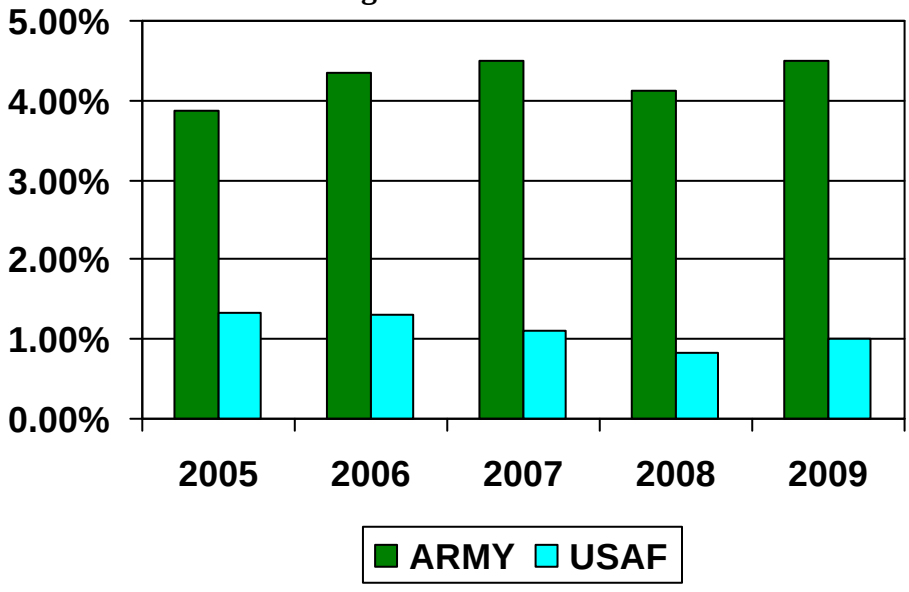
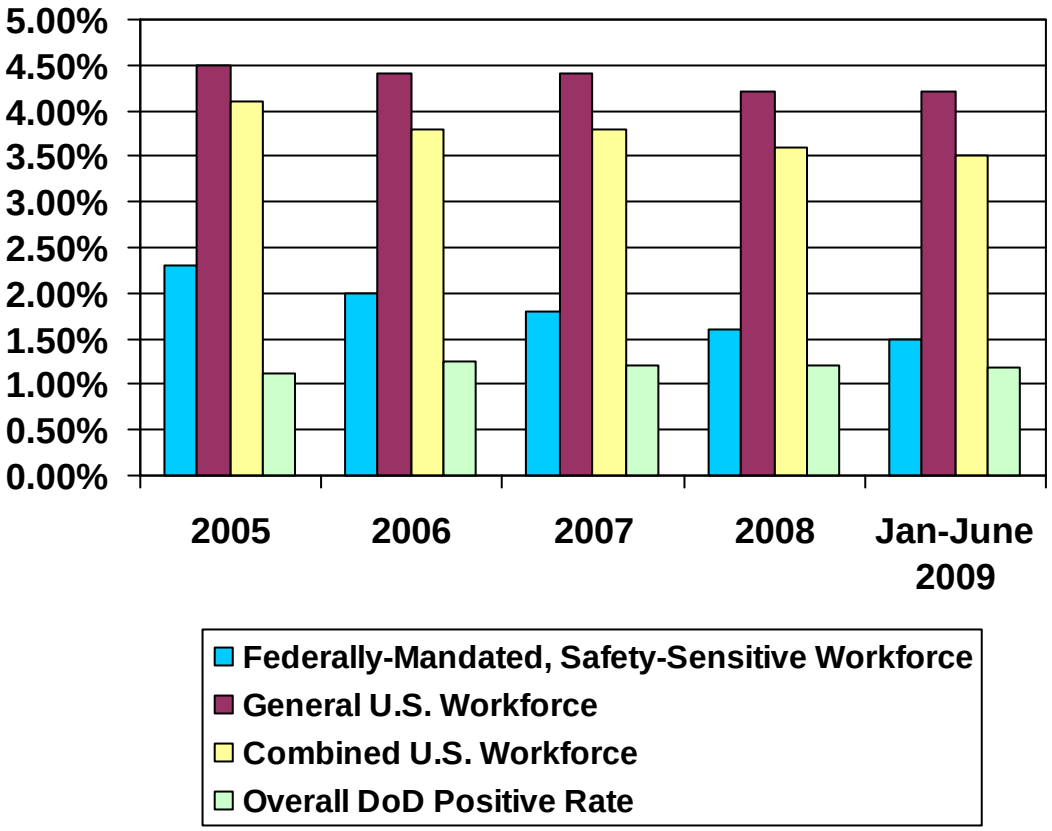


**Figure 22***

**DoD Military Positive Rates vs. U.S. Workforce Rates**




*** Data for U.S. workforce obtained from http://www.questdiagnostics.com/employersolutions/dti/2009_11/dti_index.html. Data for DoD positive rate is calculated by fiscal year. All other data calculated by calendar year.**

## Table 1
## FY2009 Military Drug Testing Laboratory Performance Measures

| | Tripler[1] | Meade[2] | JAX[3] | SD[4] | GL[5] | Brooks[6] |
|---|---|---|---|---|---|---|
| Specimens Tested | 876,038 | 848,702 (695,255military) (153,447civilian) | 1,035,052 | 858,306 | 533,091 (132,943 military) (400,148 MEPS) | 742,386 |
| Positive TAT[7] | 4.44 | 6.0 | 4.48 | 3.55 | 2.44 | 7.78 |
| Negative TAT | 1.56 | 2.71 | 2.17 | 1.07 | 0.2 | 3.97 |
| **Test Rates** | | | | | | |
| AMP | 100% | 100% | 100% | 100% | 100% | 100% |
| COC | 100% | 100% | 100% | 100% | 100% | 100% |
| OPI | 21.33% | 15.79% | 21.16% | 35.1% | 18.02% | 15.44% |
| PCP | 21.03% | 15.79% | 21.36% | 65.88% | 22.52% | 15.44% |
| THC | 100% | 100% | 100% | 100% | 100% | 100% |
| HEROIN | 100% | 100% | 100% | 100% | 100% | 100% |
| OXY | 15.32% | 15.79% | 21.09% | 29.34% | 22.52% | 15.44% |

[1] Army Drug Screening Laboratory, Tripler Army Medical Center, Honolulu, HI

[2] Army Drug Screening Laboratory, Fort Meade, MD, testing rates are calculated using military specimens only

[3] Navy Drug Screening Laboratory, Jacksonville, FL

[4] Navy Drug Screening Laboratory, San Diego, CA

[5] Navy Drug Screening Laboratory, Great Lakes, IL, testing rates are calculated using military specimens only

[6] Air Force Drug Screening Laboratory, Brooks City Base, San Antonio, TX

[7] Turn Around Time – Days from receipt at lab to day specimen result reported.

## Table 2

## DoD Illicit Drug Testing Performance Metrics

| Fiscal Year | 2005 | 2006 | 2007 | 2008 | 2009 |
|---|---|---|---|---|---|
| Illicit Drug Positive Rate | 1.12% | 1.25% | 1.21% | 1.20% | 1.18% |
| Mean Testing Ratio | 1.57 | 1.62 | 1.61 | 1.73 | 1.72 |

## Table 3
## Active Duty Illicit Drug Positive and Testing Rates

| Fiscal Year | Average End Strength | Unique Tests | Positive Personnel | MRO Unknown | Positive Rate | Total Specimens Tested | Mean Test Ratio |
|---|---|---|---|---|---|---|---|
| 2009 | 1,564,445 | 1,222,488 | 12,368 | 639 | 1.01% | 3,355,435 | 2.14 |
| 2008 | 1,486,687 | 1,204,331 | 12,856 | 1,049 | 1.07% | 3,259,019 | 2.19 |
| 2007 | 1,555,074 | 1,194,159 | 12,866 | 1,252 | 1.08% | 3,206,041 | 2.06 |
| 2006 | 1,556,884 | 1,196,678 | 13,376 | N/A | 1.12% | 3,262,563 | 2.10 |
| 2005 | 1,573,987 | 1,207,695 | 12,536 | N/A | 1.04% | 3,218,431 | 2.04 |

## Table 4
## Active Duty, Enlisted Males Ages 18-25, Illicit Drug Positive and Testing Rates

| Fiscal Year | Average End Strength | Unique Tests | Positive Personnel | MRO Unknown | Positive Rate | Total Specimens Tested | Mean Test Ratio |
|---|---|---|---|---|---|---|---|
| 2009 | 637,929 | 533,622 | 9,398 | 255 | 1.76% | 1,563,679 | 2.45 |
| 2008 | 588,850 | 529,524 | 9,749 | 375 | 1.84% | 1,522,064 | 2.58 |
| 2007 | 634,420 | 523,984 | 9,666 | 567 | 1.84% | 1,486,999 | 2.34 |
| 2006 | 637,049 | 524,549 | 9,906 | N/A | 1.89% | 1,521,678 | 2.39 |
| 2005 | 646,954 | 531,080 | 9,842 | N/A | 1.85% | 1,525,775 | 2.36 |

## Table 5

## Reserve Component, Active Duty, Illicit Drug Positive and Testing Rates

| Fiscal Year | Average End Strength | Unique Tests | Positive Personnel | MRO Unknown | Positive Rate | Total Specimens Tested | Mean Test Ratio |
|---|---|---|---|---|---|---|---|
| 2009 | 195,821 | 102,524 | 781 | 81 | 0.76% | 187,791 | 0.96 |
| 2008 | 158,880 | 94,274 | 700 | 119 | 0.74% | 171,353 | 1.08 |
| 2007 | 170,277 | 89,322 | 590 | 133 | 0.66% | 158,833 | 0.93 |
| 2006 | 171,927 | 81,505 | 700 | N/A | 0.86% | 159,883 | 0.93 |
| 2005 | 181,164 | 81,362 | 704 | N/A | 0.87% | 153,066 | 0.84 |

## Table 6

## Reserve Component, Active Duty, Enlisted Males Ages 18-25, Illicit Drug Positive and Testing Rates

| Fiscal Year | Average End Strength | Unique Tests | Positive Personnel | MRO Unknown | Positive Rate | Total Specimens Tested | Mean Test Ratio |
|---|---|---|---|---|---|---|---|
| 2009 | 59,368 | 34,875 | 467 | 18 | 1.34% | 63,926 | 1.08 |
| 2008 | 45,293 | 31,842 | 436 | 19 | 1.37% | 59,350 | 1.31 |
| 2007 | 49,222 | 28,813 | 354 | 24 | 1.23% | 53,051 | 1.08 |
| 2006 | 49,270 | 26,630 | 395 | N/A | 1.48% | 54,215 | 1.10 |
| 2005 | 53,531 | 26,855 | 427 | N/A | 1.59% | 52,971 | 0.99 |

## Table 7

## Reserve Component, Not on Active Duty, Illicit Drug Positive and Testing Rates

| Fiscal Year | Average End Strength | Unique Tests | Positive Personnel | MRO Unknown | Positive Rate | Total Specimens Tested | Mean Test Ratio |
|---|---|---|---|---|---|---|---|
| 2009 | 250,008 | 164,539 | 2,392 | 181 | 1.45% | 266,864 | 1.07 |
| 2008 | 268,160 | 167,518 | 2,043 | 253 | 1.22% | 265,664 | 0.99 |
| 2007 | 274,659 | 168,456 | 2,154 | 285 | 1.28% | 269,530 | 0.98 |
| 2006 | 276,525 | 159,680 | 2,171 | N/A | 1.36% | 266,154 | 0.96 |
| 2005 | 277,944 | 166,837 | 2,096 | N/A | 1.26% | 275,696 | 0.99 |

## Table 8

## Reserve Component, Not on Active Duty, Enlisted Males Ages 18-25, Illicit Drug Positive and Testing Rates

| Fiscal Year | Average End Strength | Unique Tests | Positive Personnel | MRO Unknown | Positive Rate | Total Specimens Tested | Mean Test Ratio |
|---|---|---|---|---|---|---|---|
| 2009 | 60,290 | 46,876 | 1,384 | 48 | 2.95% | 72,829 | 1.21 |
| 2008 | 65,396 | 46,005 | 1,188 | 38 | 2.58% | 70,106 | 1.07 |
| 2007 | 66,653 | 46,039 | 1,212 | 76 | 2.63% | 70,907 | 1.06 |
| 2006 | 53,557 | 39,371 | 1,173 | N/A | 2.98% | 64,925 | 1.21 |
| 2005 | 58,590 | 38,461 | 1,199 | N/A | 3.12% | 62,881 | 1.07 |

## Table 9

## National Guard Component, Active Duty, Illicit Drug Positive and Testing Rates

| Fiscal Year | Average End Strength | Unique Tests | Positive Personnel | MRO Unknown | Positive Rate | Total Specimens Tested | Mean Test Ratio |
|---|---|---|---|---|---|---|---|
| 2009 | 187,916 | 112,799 | 625 | 194 | 0.55% | 176,092 | 0.94 |
| 2008 | 148,172 | 97,923 | 759 | 145 | 0.78% | 143,000 | 0.97 |
| 2007 | 156,773 | 85,703 | 509 | 183 | 0.59% | 122,210 | 0.78 |
| 2006 | 192,612 | 76,462 | 610 | N/A | 0.80% | 118,211 | 0.61 |
| 2005 | 211,246 | 70,425 | 555 | N/A | 0.79% | 106,690 | 0.51 |

## Table 10

## National Guard Component, Active Duty, Enlisted Males Ages 18-25, Illicit Drug Positive and Testing Rates

| Fiscal Year | Average End Strength | Unique Tests | Positive Personnel | MRO Unknown | Positive Rate | Total Specimens Tested | Mean Test Ratio |
|---|---|---|---|---|---|---|---|
| 2009 | 42,391 | 25,136 | 328 | 36 | 1.30% | 38,112 | 0.90 |
| 2008 | 30,638 | 22,797 | 425 | 33 | 1.86% | 32,441 | 1.06 |
| 2007 | 33,029 | 18,062 | 248 | 30 | 1.37% | 25,385 | 0.77 |
| 2006 | 45,674 | 16,180 | 301 | N/A | 1.86% | 26,628 | 0.58 |
| 2005 | 52,497 | 14,786 | 289 | N/A | 1.95% | 23,749 | 0.45 |

## Table 11

## National Guard Component, Not on Active Duty, Illicit Drug Positive and Testing Rates

| Fiscal Year | Average End Strength | Unique Tests | Positive Personnel | MRO Unknown | Positive Rate | Total Specimens Tested | Mean Test Ratio |
|---|---|---|---|---|---|---|---|
| 2009 | 339,625 | 254,818 | 5,735 | 580 | 2.25% | 382,004 | 1.12 |
| 2008 | 362,274 | 246,671 | 5,330 | 392 | 2.16% | 342,987 | 0.95 |
| 2007 | 365,416 | 234,453 | 5,408 | 713 | 2.31% | 313,514 | 0.86 |
| 2006 | 319,177 | 198,318 | 4,482 | N/A | 2.26% | 260,839 | 0.82 |
| 2005 | 290,300 | 176,050 | 3,256 | N/A | 1.85% | 228,368 | 0.79 |

## Table 12

## National Guard Component, Not on Active Duty, Enlisted Males Ages 18-25, Illicit Drug Positive and Testing Rates

| Fiscal Year | Average End Strength | Unique Tests | Positive Personnel | MRO Unknown | Positive Rate | Total Specimens Tested | Mean Test Ratio |
|---|---|---|---|---|---|---|---|
| 2009 | 122,143 | 90,226 | 3,711 | 183 | 4.11% | 137,213 | 1.12 |
| 2008 | 123,057 | 85,727 | 3,219 | 127 | 3.75% | 121,051 | 0.98 |
| 2007 | 125,224 | 79,584 | 3,293 | 256 | 4.14% | 108,204 | 0.86 |
| 2006 | 103,120 | 63,625 | 2,579 | N/A | 4.05% | 85,945 | 0.83 |
| 2005 | 86,473 | 52,884 | 1,903 | N/A | 3.60% | 70,475 | 0.81 |

## Table 13
## Total DoD Drug Positive Distribution (%)

| Drug | FY05 | FY06 | FY07 | FY08 | FY09 |
|---|---|---|---|---|---|
| Amphetamine | | | | | |
| *d*-Amphetamine | N/A | 9.7% | 2.5% | 4.3% | 5.0% |
| *d*-Methamphetamine | 6.4% | 6.4% | 1.7% | 3.4% | 3.2% |
| Cocaine | 27.1% | 27.5% | 28.2% | 22.4% | 14.7% |
| Ecstasy | 3.6% | 3.6% | 2.6% | 2.8% | 2.9% |
| Marijuana | 60.4% | 50.9% | 59.9% | 62.2% | 68.3% |
| MDA | 2.2% | 1.6% | 1.2% | 1.4% | 1.5% |
| Phencyclidine* | 0.1% | 0.0% | 0.1% | 0.0% | 0.0% |
| Opioids* | | | | | |
| Codeine | N/A | N/A | 0.5% | 0.3% | 0.4% |
| Morphine | N/A | N/A | 0.2% | 0.2% | 0.6% |
| Heroin | 0.2% | 0.2% | 0.3% | 0.4% | 0.6% |
| Oxycodone | N/A | N/A | 1.0% | 0.9% | 0.9% |
| Oxymorphone | N/A | N/A | 1.8% | 1.6% | 1.8% |

*phencyclidine, codeine, morphine, oxycodone, oxymorphone are tested at a pulse rate of 20%.

## Table 14

## Deployment Drug Testing*

| Service | Fiscal Year | Total Deployed | Unique Tests | Positive Personnel | MRO Unknown | Positive Rate | Total Specimens Tested | Mean Test Ratio |
|---|---|---|---|---|---|---|---|---|
| Total DoD | 2009 | 655,064 | 186,930 | 362 | 181 | 0.19% | 302,519 | 0.47 |
| | 2008 | 638,959 | 169,535 | 422 | 193 | 0.25% | 269,115 | 0.42 |
| | 2007 | 604,777 | 150,729 | 308 | 142 | 0.20% | 241,308 | 0.40 |
| | 2006 | 606,389 | 127,391 | 339 | N/A | 0.27% | 190,372 | 0.31 |
| | 2005 | 576,743 | 133,562 | 348 | N/A | 0.26% | 189,726 | 0.33 |
| Army | 2009 | 291,367 | 96,356 | 219 | 132 | 0.23% | 149,756 | 0.52 |
| | 2008 | 285,466 | 90,174 | 315 | 131 | 0.35% | 134,466 | 0.47 |
| | 2007 | 267,514 | 70,523 | 188 | 108 | 0.27% | 101,632 | 0.38 |
| | 2006 | 258,641 | 58,816 | 204 | N/A | 0.35% | 79,464 | 0.31 |
| | 2005 | 224,899 | 56,131 | 164 | N/A | 0.29% | 72,011 | 0.32 |
| Navy | 2009 | 94,824 | 41,792 | 26 | 8 | 0.06% | 78,523 | 0.78 |
| | 2008 | 100,866 | 44,081 | 42 | 34 | 0.10% | 87,057 | 0.86 |
| | 2007 | 93,699 | 47,215 | 50 | 7 | 0.11% | 93,540 | 1.00 |
| | 2006 | 84,532 | 37,797 | 49 | N/A | 0.13% | 69,506 | 0.82 |
| | 2005 | 77,903 | 39,211 | 39 | N/A | 0.10% | 67,498 | 0.87 |
| USMC | 2009 | 75,647 | 21,331 | 60 | 1 | 0.28% | 35,665 | 0.42 |
| | 2008 | 85,316 | 14,474 | 23 | 0 | 0.16% | 21,898 | 0.26 |
| | 2007 | 82,326 | 11,478 | 28 | 0 | 0.24% | 17,984 | 0.22 |
| | 2006 | 79,889 | 14,204 | 31 | N/A | 0.22% | 21,898 | 0.27 |
| | 2005 | 84,938 | 17,484 | 37 | N/A | 0.21% | 25,240 | 0.30 |
| USAF | 2009 | 91,046 | 2,155 | 2 | 0 | 0.09% | 2,494 | 0.03 |
| | 2008 | 90,636 | 2,864 | 3 | 1 | 0.10% | 3,108 | 0.03 |
| | 2007 | 86,562 | 4,326 | 6 | 0 | 0.14% | 4,543 | 0.05 |
| | 2006 | 83,961 | 4,693 | 4 | N/A | 0.09% | 4,914 | 0.06 |
| | 2005 | 80,769 | 2,545 | 1 | N/A | 0.04% | 2,724 | 0.03 |

| Service | Fiscal Year | Total Deployed | Unique Tests | Positive Personnel | MRO Unknown | Positive Rate | Total Specimens Tested | Mean Test Ratio |
|---|---|---|---|---|---|---|---|---|
| NGB | 2009 | 102,180 | 25,296 | 55 | 40 | 0.22% | 36,081 | 0.47 |
| | 2008 | 76,675 | 17,942 | 39 | 27 | 0.22% | 22,586 | 0.29 |
| | 2007 | 74,676 | 17,187 | 36 | 27 | 0.21% | 23,609 | 0.32 |
| | 2006 | 99,366 | 11,881 | 51 | N/A | 0.43% | 14,590 | 0.15 |
| | 2005 | 108,234 | 18,191 | 107 | N/A | 0.59% | 22,253 | 0.21 |

*Note: All Service figures include both Active Duty and Reserve data

**Table 15**

**Military Accession Illicit Drug Testing Positive Rate**

| Applicant Source | FY05 | FY06 | FY07 | FY08 | FY09* |
|---|---|---|---|---|---|
| Army | 2.67% | 2.59% | 2.55% | 1.93% | 1.18% |
| Navy | 2.38% | 1.54% | 1.41% | 1.05% | 1.05% |
| USMC | 3.88% | 3.82% | 3.69% | 2.51% | 1.54% |
| USAF | 0.90% | 0.91% | 1.09% | 0.87% | 0.79% |
| NGB | 3.19% | 3.31% | 3.42% | 2.81% | 2.11% |
| DoD | 2.69% | 2.54% | 2.53% | 1.92% | 1.32% |

*Note: FY09 data includes amphetamine data which is not included in FY05-FY08 data.

## Table 16

## FY2009 DoD Agencies Drug Testing Results

| Agency | Total TDP | TDP Tested[1] | Percent TDP Tested[2] | Tested Positive[3] | FY2008 Percent Positive[4] | FY2009 Percent Positive[4] |
|---|---|---|---|---|---|---|
| DAF | 32,925 | 22,838 | 69.4% | 41 | 0.20% | 0.16% |
| DCAA | 1,140 | 871 | 76.4% | 0 | 0.10% | 0.00% |
| DCMA | 3,500 | 3 | 0.1% | 0 | 0.10% | 0.00% |
| DIA | 3,500 | 2,620 | 74.9% | 2 | 0.17% | 0.04% |
| DISA | 2,900 | 692 | 23.9% | 7 | 0.15% | 0.66% |
| DLA | 12,147 | 6,763 | 55.7% | 92 | 0.89% | 0.95% |
| DOA | 45,500 | 37,185 | 81.7% | 144 | 0.38% | 0.30% |
| DODIG | 1,540 | 849 | 55.1% | 1 | 0.08% | 0.09% |
| DON | 42,000 | 25,104 | 59.8% | 83 | 0.23% | 0.33% |
| DSS | 728 | 612 | 84.1% | 2 | 0.00% | 0.24% |
| DTRA | 1,250 | 0 | 0 | 0 | 0.00% | 0.00% |
| NGA | 7,800 | 762 | 9.8% | 4 | 0.02% | 0.18% |
| NSA | 18,000 | 13,178 | 73.2% | 59 | 0.01% | 0.41% |
| USUHS | 97 | 104 | 107.2% | 0 | 0.00% | 0 |
| WHS | 4,390 | 2,632 | 60.0% | 6 | 0.26% | 0.15% |
| TOTAL DOD CIVILIANS | 177,417 | 114,213 | 64.4% | 441 | 0.28% | 0.31% |

[1]TDP Tested is the number of random tests only. Does not include applicant testing.

[2]Only includes random testing. Does not include applicant testing.

[3]Includes both random and applicant positives.

[4]Includes both random and applicant positives.

# Appendix A

# CUTOFF CONCENTRATIONS IN THE MILITARY DRUG ABUSE TESTING PROGRAM

## INITIAL TESTING CUTOFF CONCENTRATIONS

| Drug Class | Cutoff Concentration (ng/mL) |
|---|---|
| Amphetamines | 500 |
| Cannabinoids | 50 |
| Cocaine Metabolites | 150 |
| Designer Amphetamines | 500 |
| Phencyclidine | 25 |
| Opiates (Morphine/Codeine) | 2000 |
| Opiate (6-monoacetylmorphine) | 10 |
| Opiates (Oxycodone/Oxymorphone) | 100 |

## CONFIRMATION CUTOFF CONCENTRATIONS

| Initial Presumptive Positive Test | Confirmation Drug/ Metabolite | Cutoff (ng/mL) | Reported Drug Use |
|---|---|---|---|
| Amphetamines | Amphetamine | 100 | d-Amphetamine |
| | Methamphetamine | 100 | d-Methamphetamine |
| Designer Amphetamines | Methylenedioxymethamphetamine | 500 | MDMA |
| | Methylenedioxyamphetamine | 500 | MDA |
| | Methylenedioxyethylamphetamine | 500 | MDEA |
| Cannabinoids | Tetrahydrocannabinol-carboxylic acid | 15 | THC |
| Cocaine Metabolites | Benzoylecgonine | 100 | Cocaine |
| Phyencyclidine | Phencyclidine | 25 | PCP |
| Opiates Codeine/Morphine | Morphine | 4000 | Morphine |
| | Codeine | 2000 | Codeine |
| | 6-monoacetylmorphine | 10 | Heroin[1] |
| Opiates 6-monacetylmorphine | 6-monoacetylmorphine | 10 | Heroin |
| Opiates Oxycodone/ Oxymorphone | Oxycodone | 100 | Oxycodone |
| | Oxymorphone | 100 | Oxymorphone |

[1] Morphine concentration must be equal to or greater than 4000 ng/mL

## Appendix B

## Pre-Accession Drug and Alcohol Testing Implementation Guidance

This Appendix provides implementation guidance for the policy governing the qualification and disqualification of all applicants for military service participating in drug or alcohol testing including such testing at Military Entrance Processing Stations (MEPS). Military applicants must test negative for drugs and alcohol prior to entering active duty, the reserve components, or the National Guard. A positive drug test constitutes use.

When applicants test positive for cannabis (marijuana) and/or alcohol the following policy applies:

a. Disqualification Period (First Positive Test). Applicants testing positive for the first time are not eligible for military service for a period of 45 days from the date of the test. Applicants may, at Service discretion, return for subsequent testing and MEPS processing, if appropriate, on the 46$^{th}$ day following the date of the first positive test.

b. Disqualification Period (Second Positive Test): Applicants testing positive on a subsequent test are not eligible for military service for a period of 24 months (730 days) from the date of the second positive test. Applicants may, at Service discretion, return for subsequent testing and MEPS processing, if appropriate, on the 731$^{st}$ day following the date of the second positive test.

c. Disqualification Period (Third Positive Test): Applicants testing positive on a third drug test will be permanently disqualified for military service.

d. Grandfathering Provision: None.

e. The Services may implement more restrictive standards of applicant qualification and disqualification for use of cannabis (marijuana) or alcohol. If an applicant tests positive for both alcohol and cannabis on the same day, this will be counted as one positive test. An applicant testing positive for alcohol on one day and positive for marijuana on a subsequent day (or visa versa), will be counted as two positive tests.

When applicants test positive for cocaine, amphetamine, methamphetamine, methylenedioxymethamphetamine (MDMA, Ecstasy), and/or methylenedioxyamphetamine (MDA), the following policy applies:

a. Disqualification Period (First Positive Test): Applicants testing positive for the first time are not eligible for military service for a period of 12 months (365 days) from the date of the initial positive test. Applicants may or may not, at Service discretion, return for subsequent testing and MEPS processing, if appropriate, on the 366th day following the date of the first positive test.

b. Disqualification Period (Second Positive Test): Applicants testing positive on a subsequent test shall be permanently disqualified for military service.

c. Grandfathering Provision: Those applicants with two prior positive cocaine tests, and who are eligible to provide a subsequent specimen in accordance with the May 11, 2000 policy memorandum, must provide a specimen for testing no later than July 31, 2007. If the applicant with two prior positive cocaine tests does not provide another specimen by this deadline and if this specimen or any subsequent specimen tests positive for any tested drug, the applicant will be permanently disqualified.

d. The Services may implement more restrictive standards of applicant qualification and disqualification for cocaine and/or amphetamine(s).

Combination positive testing will be processed as follows:

a. An applicant testing positive for cannabis in combination with cocaine and/or any amphetamine(s) on one specimen will be counted as one positive test and processed under the cocaine/amphetamine(s) standard.

b. An applicant testing positive for alcohol and/or cannabis (marijuana) on one specimen (at any time) and who subsequently tests positive for cocaine and/or selected amphetamines(s) (from the effective date of this policy memorandum forward), will be disqualified for 730 days; if the applicant provides a third positive specimen, whether alcohol, and/or cannabis (marijuana), and/or cocaine, and/or amphetamines(s), the applicant will be permanently disqualified for military service.

c. An applicant with one positive cocaine test prior to the effective date of this memorandum and who becomes eligible for subsequent testing after this policy is adopted:

i. will be permanently disqualified if a subsequent test is positive for cocaine and/or amphetamine(s).

ii. will be disqualified for 730 days if the subsequent test is positive for alcohol and/or marijuana; if an additional subsequent test is positive for any tested drug, the applicant will be permanently disqualified.

d. An applicant who tested positive for alcohol and/or marijuana on two specimens (at any time) and subsequently tests positive for any tested drug on a third specimen (at any time) will be permanently disqualified.

Implementation responsibilities are as follows:

a. The Secretaries of the Military Departments will not process applicants in the Delayed Entry Program (DEP) for military service if they are deemed ineligible under the policies set forth herein. Guidelines for in-service testing programs remain unchanged by this policy memorandum.

b. The Commander, U.S. Military Entrance Processing Command (USMEPCOM) will coordinate with the DoD-approved testing laboratory to maximize efficiency of testing. The USMEPCOM will notify applicants of positive results and encourage the applicant to seek treatment and provide them with a list of appropriate resources.