

MILITARY DRUG PROGRAM HISTORICAL TIMELINE

1960's Vietnam era. Significant Service member use of marijuana and heroin common.

June 11, 1971–President Nixon directed military drug urinalysis program to identify service members returning from Vietnam for rehabilitation.

1972 – Department of Defense amnesty program results in over 16,000 military members admitting a drug abuse problem.

September 1973–Final Report. The Vietnam drug user returns, author L Robins. Special Action Office Monograph, US Gov Print Office 1974. Approximately 42% of U.S. military personnel in Vietnam in 1971 had used opioids at least once, and half of these individuals were reported to be physically dependent at some time.

April 4, 1974–DoD Instruction 1010.1 issued. Established random testing. Primarily a clinical program to identify users for treatment. The program did not deter drug use.

1980–DoD Survey of Health Related Behavior Among Military Personnel showed that 27.6% of service members had used an illegal drug in the past 30 days. Greater than 38% in some units.

May 26, 1981–Aircraft accident aboard the USS Nimitz. 14 killed, 48 injured, 7 planes destroyed, 11 planes damaged, estimated cost of \$150M. Six killed had marijuana metabolite in their bodies. Drugs were a contributing factor in the accident.

December 28, 1981–Deputy Secretary of Defense Carlucci issued a memorandum authorizing the Services to take punitive action, including courts martial and discharge, against service members who had a positive drug test. Drug testing included marijuana, cocaine, heroin (opiates), amphetamines, barbiturates, methaqualone and PCP.

December 1983–A commission headed by MG David Einsel reviewed Army/Air Force drug testing procedures and found the system was broken. Procedures did not meet forensic standards. Over 10,000 service members discharged for use of illegal drugs were offered reparations including the option to return to active duty. Several drug laboratory commanders were relieved, one removed from the promotional list and one brigadier general officer forced to retire.

1984–Department of Defense issued DoD Directive 1010.1 that formally defined forensic drug testing requirements and responsibilities for testing. Services established panels of active duty scientists to develop and implement forensically sound drug testing procedures.

1984–Methaqualone dropped from drug testing menu. This was based on information from the DoD Biochemical Testing Advisory Committee (BTAC), primary advisory group to ASD(HA) on drug policy, who determined that incidence of use was low.

April 25, 1985 – THC confirmation cutoff changed to 20 ng/mL from 75 ng/mL of delta-9-tetrahydrocannabinol-9-carboxylic acid. Screening cutoff remained at 100 ng/mL of cannabinoids. Cocaine cutoff set at 300 ng/mL of benzoylecgonine for both screening and confirmation.

June 1985–DoD Forensic Drug Testing Laboratories were required to confirm the presence of drugs in urine with gas chromatography/mass spectrometry (the current gold standard for drug identification). Previously gas chromatography was acceptable for confirmation.

1985–DoD Survey of Health Related Behavior Among Military Personnel showed that 8.9% of service members had used an illegal drug in the past 30 days.

April 12, 1986–THC cutoff changed to 15 ng/mL from 20 ng/mL of delta-9-tetrahydrocannabinol-9-carboxylic acid. Cocaine confirmation cutoff changed to 150 ng/mL from 300 ng/mL of benzoylecgonine.

September 15, 1986–President Reagan issued Executive Order 12564 mandating drug testing for all federal civilians.

October 23, 1987–DoD established testing for LSD and cutoff concentrations to be used by drug laboratories for reporting LSD positive results. For LSD Initial Test Level was 0.5 ng/mL and Confirmatory Test Level was 0.4 ng/mL.

January 1988–MEPS testing for THC and Cocaine started.

1988–DoD Survey of Health Related Behavior Among Military Personnel showed that 4.8 % of service members had used an illegal drug in the past 30 days.

1990–DoD IG report recommendations: 1) regionalize the drug testing laboratories, 2) implement tri-service testing, 3) more DoD oversight and control.

1991–Responsibility for drug testing shifted from Health Affairs to the Coordinator for Drug Enforcement Policy and Support (CDEPS), and ASD level position.

January 1, 1992–Following recommendations of the BTAC THC screening cutoff changed to 50 ng/mL from 100 ng/mL of cannabinoids. Confirmation cutoff remained at 15 ng/mL of the specific acid metabolite. Cocaine screening cutoff changed to 150 ng/mL from 300 ng/mL of benzoylecgonine. Cocaine confirmation cutoff changed to 100 ng/mL from 150 ng/mL of benzoylecgonine.

1992–DoD Survey of Health Related Behavior Among Military Personnel showed that 3.4% of service members had used an illegal drug in the past 30 days. Survey also reported that 51.9% of drug users said the drug testing program reduced the likelihood of their using drugs when they had an opportunity.

1993–BTAC, primary advisory group for the CDEPS, recommended monitoring for use of Ecstasy (European spelling), and emerging drug in Europe. Selected DoD laboratories began testing for Ecstasy.

1995–DoD Survey of Health Related Behavior Among Military Personnel showed that 3.0% of service members had used an illegal drug in the past 30 days.

1992-96–Following CDEPS recommendations Army closed on drug laboratory and Navy closed two laboratories. Urine testing was consolidated into the remaining laboratories.

1996–Defense Reform Initiative directed DoD to determine if all drug testing within DoD could be transferred to commercial sources to reduce costs. OMB A76 study of National Guard/Coast Guard testing and Military Entrance Processing testing (pre-accession testing), which were accomplished by commercial laboratories, demonstrated the opposite. That is, military laboratories were less expensive and more efficient. All active duty, National Guard, reserve and pre-accession testing was brought into active duty laboratories.

April 23, 1997–CDEPS mandated drug testing for MDMA (Ecstasy), MDA and MDEA.

1997–DoD in collaboration with European toxicologists pushed manufacturers to develop a better screening test for Ecstasy.

1998–DoD Survey of Health Related Behavior Among Military Personnel showed that 2.7% of service members had used an illegal drug in the past 30 days.

October 26, 1999–Biochemical Testing Advisory Board (BTAB) recommended unanimously that DoD authorize testing for 2-oxo-3-hydroxyLSD in urine by LC/MS or LC/MS/MS to identify LSD users.

2000–DoD issued a formal solicitation to purchase a newer, more sensitive screening reagent to detect Ecstasy use.

May 11, 2000–SecDef reduces reapplication waiting time from 180 days to 45 days for marijuana positive applicants.

July 31, 2002 – DepSecDef DoD Counternarcotics Policy Memorandum Drug Demand Reduction Program initiatives include: expanded testing of Reserves and National Guard, consistent Service and Defense Agency policies regarding drug use, expanded community outreach programs for Department dependents, and expanded use of Reserve and National Guard demand reduction programs.

December 18, 2002 – Assistant Secretary of Defense (Special Operations /Low Intensity Conflict) policy response to DepSecDef 31 July 2002 Memorandum initiated the following salient initiatives: 100% random testing for Service, Components and DoD

Civilian Testing Designated Positions, ensure selected senior Department members in random testing positions are tested at least once a year, mandatory drug testing for military entrants from the delayed entry program within 72 hours of entering active duty, process military members who knowingly use a prohibited drug for separation from military service, move laboratory testing towards a joint service system, and add amphetamine testing to military applicant testing.

January 1, 2004 – Tri-Service Standing Operating Procedures implemented.

October 22, 2004 – Assistant Secretary of Defense (Special Operations/Low Intensity Conflict) memorandum for mandatory random drug testing of all military members in Afghanistan for more than 60 days. Memorandum also required all significant drug abuse events to be reported to the Deputy Assistant Secretary of Defense for Counternarcotics as soon as possible.

April 1, 2005 – Deputy Assistant Secretary of Defense for Counternarcotics Memorandum prohibiting the use of non-instrumented testing devices for field drug testing.

August 10, 2005 – Secretary of Defense Memorandum directing that the Drug Demand Reduction Program be moved to the Undersecretary of Defense for Personnel and Readiness

August 11, 2005 – Assistant Secretary of Defense (Special Operations/Low Intensity Conflict) Memorandum change to standard drug panel for the following: add screening for oxycodone and oxymorphone, requirement for dl-amphetamine isomer confirmation, and eliminated the requirement for barbiturate screening.

January 12, 2006 - Deputy Assistant Secretary of Defense for Counternarcotics Memorandum changed the amphetamine concentration cutoff from 500ng/mL or a least 20% d-isomer to a confirmation cutoff of 100 ng/mL or greater d-isomer for both amphetamine and methamphetamine.

June 12, 2006 - Assistant Secretary of Defense (Special Operations/Low Intensity Conflict) Memorandum changed the Pre-Accession Drug and Alcohol Testing Policy as follows: cocaine positive applicant can be only retested once, and added the amphetamine testing to the military accession screening panel.

July 5, 2006 - Assistant Secretary of Defense (Special Operations/Low Intensity Conflict) Memorandum rescinded the requirement in the 18 December 2002 policy that required Senior DoD members to be testing at least once a year non-randomly, at the advice of the Department of Justice.

December 20, 2006 - Deputy Assistant Secretary of Defense for Counternarcotics Memorandum eliminated LSD screening from the DoD Standard Drug Screening Panel.

January 24, 2007 – Deputy Secretary of Defense Memorandum effectively transferring the Demand Reduction Program from the Undersecretary of Defense for Policy to the Undersecretary of Defense for Personnel and Readiness.

July 26, 2007 – Director for Administration and Management Memorandum to transfer the issuance authority for DoD Directive 1010.1, 1010.4, 1010.9 and 1010.16.

August 30, 2007 – Under Secretary of Defense for Personnel and Readiness Memorandum delegation of authority for the Drug Demand Reduction Program to Director, TRICARE Management Activity.

September 27, 2007 – Memorandum allowing the Services to use the U.S. Army Fort Meade Forensic Toxicology Drug Testing Laboratory's National Laboratory Certification Program certified validity testing services.

January 10, 2008 – Director TRICARE Management Activity Memorandum delegation of authority for the Drug Demand Reduction Program to the Deputy Director TRICARE Management Activity.