



## UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

MAR 14 2012

PERSONNEL AND  
READINESS

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS  
CHAIRMAN OF THE JOINT CHIEFS OF STAFF  
UNDER SECRETARIES OF DEFENSE  
DEPUTY CHIEF MANAGEMENT OFFICER  
COMMANDERS OF THE COMBATANT COMMANDS  
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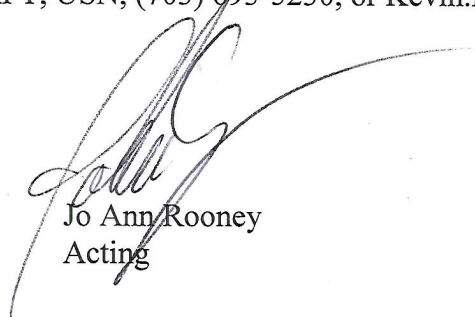
SUBJECT: Department of Defense Civilian Drug Testing Policy

Deterring the use of illegal drugs is essential to a safe, effective, and ready workplace. The current program has been very successful, with only 0.30% of the tested civilian population being positive for illegal drugs. This rate is well below the Department of Defense (DoD) goal of 1.0%, as well as the rates of many other non-DoD agencies. This memo reaffirms policy initially issued by the Under Secretary of Defense (Personnel & Readiness) in the memo dated March 2011.

Given this success we can now effectively extend the time between random testing events while still maintaining a vital drug abuse deterrent. Therefore, effective immediately, the DoD random testing rate for civilians in testing designated positions will be 100% over a two year period, or 50% of the workforce per year. Note that these are average probabilities for the entire sampling distribution. Individuals may find they are tested more frequently than the average because selection remains random. Because the threat of random testing remains credible, we do not anticipate that the policy change described above will change.

This policy change does not affect pre-employment, follow up, suspicious, and accident testing, which will remain at 100% annually. The new civilian testing rate will allow us to broaden effectively our drug testing program as suggested by the Chairman of the Joint Chiefs of Staff in his recent memo (attached).

The Secretaries of the Military Departments and the heads of the other Defense Components will continue to discipline civilian personnel who knowingly use illegal drugs as appropriate. If anyone in your respective organizations has any further questions or concerns, please forward them to Kevin L. Klette, CAPT, USN, (703) 693-5230, or [Kevin.Klette@osd.mil](mailto:Kevin.Klette@osd.mil).

A handwritten signature in black ink, appearing to read 'Jo Ann Rooney', with a long, sweeping horizontal line extending to the right.

Jo Ann Rooney  
Acting

Attachment:  
As stated



CHAIRMAN OF THE JOINT CHIEFS OF STAFF

WASHINGTON, D.C. 20318-9999

CM-1238-10

1 November 2010

MEMORANDUM FOR THE UNDER SECRETARY FOR PERSONNEL AND  
READINESS

Subject: A Systems Approach to Drug Demand Reduction in the Force

1. This memorandum is in follow up to our ongoing discussions on suicide, deployment stress, and associated problems. I believe that drug abuse represents both a symptom and a problem that fuels the worsening of other conditions. After receiving multiple briefings from scientists and line leaders about a growing concern about drugs, I have come to the conclusion that reducing the use of illicit drugs, unprescribed pharmaceuticals, and excess alcohol requires an integrated approach. Senior military leaders have been aware of the acute need to gain better controls on the inappropriate use of drugs. However, until recently, we have been unaware of the hurdles faced by their subordinate commanders and by the DOD drug testing community. We realize that drug demand reduction operates within a larger system of readiness and is therefore of great importance to the Chiefs.
2. A number of drug testing and enforcement programs were started in the early 1980s in response to the realization that drug abuse was out of control and severely hindering readiness. By all accounts, these programs clearly had the intended effect of reducing drug abuse and giving commanders assurance that they had a sober and ready force. These programs focused on the detection of illicit drugs, and laboratory thresholds were set to detect at levels higher than expected for the simple casual user. With only minor changes, the testing programs we have today are very similar to those highly effective ones launched in the 1980s.
3. We are, however, facing a growing series of problems that risk making our drug testing paradigms ineffective. Despite growing concerns among commanders that drug use is a problem within the ranks, the DOD drug testing programs have remained at budget flat line for the past several years and are facing an estimated 11 million dollar shortfall. While the abuse of prescription drugs has grown substantially since the beginning of the wars, we have only been capable of testing a fraction of these compounds. The main DOD drug testing program is positioned under TMA while its budget is under OSD Policy (DASD Counternarcotics and Global Threats) within the Counternarcotics Central Transfer Account creating a dual loyalty conflict.
4. Compared to the 1980s, there has been a substantial reduction in commanders' willingness to take urinalysis positive individuals to adjudication. This was certainly a concern heard by VCSA Chiarelli during his visits to installations for a suicide prevention task force review. Commanders indicated the competing demands of filling ranks for deployment and removing drug

using troops made random urinalysis untenable for many. Furthermore, the adjudication process is often long and is perceived to distract leaders from deployment specific tasks. Rising rates of legal narcotics prescriptions without a seamless capability to quickly verify the prescription means that these actually cloak the real extent of the problem.

5. Recommendations:

- a. Subsume the DOD drug testing efforts directly under Readiness and fully fund the program to the required levels.
- b. Complete the Prescription Drug Verification Portal (the portal that would allow drug testing labs to instantly verify narcotics prescriptions in the TRICARE database).
- c. Make drug prosecution statistics part of regular unit readiness reporting.
- d. Designate several independent drug testing teams (similar to the approach used by the UK MOD) as mobile units that can independently obtain specimens at random. This encourages commanders to remain compliant and introduces a new variable that is likely to improve deterrence.
- e. Fund the expansion of drug testing to include the most common prescription drugs of abuse (particularly benzodiazepines e.g. Valium, this is estimated by the Drug Demand Reduction Program Office to be a 20 million dollar shortfall).
- f. Preface these changes with an announcement to the force encouraging drug counseling and treatment 90 days prior to any launch of a new testing regimen. The objective of the program should be to drive inappropriate drug use to their lowest possible levels.
- g. Regularly exchange information between the DoD Drug Demand Reduction Program and the ongoing suicide prevention programs and the DoD Joint Pain Task Force.



M.G. MULLEN  
Admiral, U.S. Navy

Copy to:

Chief of Staff, U.S. Army  
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Chief of Staff, U.S. Air Force  
Commandant of the Marine  
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