



Status of Drug Use in the Department of Defense Personnel

Fiscal Year 2008 Drug Testing Statistical Report

Office of the Assistant Secretary of Defense for Health Affairs

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LIST OF ACRONYMS

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
FY—fiscal year
LIMS—laboratory information management system
MDA—3,4-methylenedioxyamphetamine, a drug of abuse
MDEA—N-ethyl MDA, a drug of abuse
MDMA—3,4-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 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) 2004 to Fiscal Year 2008. 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 FY 2008 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% positive rate goal set by DoD (Table 2), while the Services are testing over twice the DoD goal of 100% random testing (Table 3).
- While the positive rate for not on active duty Reserve personnel was below 2 percent (Table 7), the National Guard rate for personnel not on active duty exceeded 2 percent for the third year in a row (Table 11).
- While the DoD high risk population makes up 35 percent of the force it accounts for 69 percent of the positive specimens.
- The drug type distribution (Table 13) remains relatively constant over the past five years with marijuana remaining the primary drug of abuse. Heroin has shown an increasing trend over the past three years but remains a small percentage of the total positives.
- While the positive rate for DoD military personnel deployed was 0.25 percent, the test rate was relatively low at 42 percent (Table 14).
- The DoD positive rate for new recruits has shown a decreasing trend in the last five years to the current rate of 1.93% (Table 15).
- Out of the 164,420 DoD civilian Testing Designated Positions distributed across 15 DoD Agencies 75% percent were tested with an overall 0.28 percent positive rate (Table 16), a rate 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 Fiscal Year 2004 to Fiscal Year 2008.

The DoD deterrence program components include compulsory random drug testing with punitive consequences, anti-drug education and treatment. 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 positive rate goal is below 2%. This was recently adopted as "Wellness of the Force Indicator" goal in the March 3, 2008 memorandum signed by the Principal Deputy, Office of the 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

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>.

the second 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 survey² is conducted every three 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 treatment⁴.

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 percent⁵.

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

² 2005 Department of Defense Survey of Health Related Behaviors Among Military Personnel, http://www.ha.osd.mil/special_reports/2005_Health_Behaviors_Survey_1-07.pdf.

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>

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 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 between 18-25 years of age. 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. The laboratories do not know which samples are member specimens and which are AFIP blind proficiency samples, so they cannot remove them from the database. 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 *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)). 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 Fiscal Year 2005. Opiates (morphine, codeine, oxycodone, 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 Fiscal Year 2007 the term “*illicit drug(s)*” excludes specimens that were positive for codeine, morphine or amphetamine. 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 Fiscal Year 2007 there was no mechanism to input the results of the MRO review into the LIMS database. Leading up to Fiscal Year 2007 the Services, at the direction from the OASD(HA), implemented reporting procedures that required units to route MRO results back to DMDC. Starting with Fiscal Year 2007 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 Army, Navy, and Marine Corps primarily use unit military personnel to perform the administrative and collection operations as a collateral duty. The Air Force primarily uses civilian contract services. Specimens are processed and analyzed pursuant to DoD Instruction 1010.16⁶.

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>.

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 FY 2005, under mutual agreement between the Army and the Navy, Navy and Marine Corps, specimens collected in the Pacific Rim Area of Operations were shipped and analyzed at the Tripler Army Forensic Toxicology Drug Testing Laboratory. Additionally, during FY 2005 Army specimens were sent to the Navy Drug Screening Laboratory, Jacksonville, FL to better adjust for specific production demands on the Army Fort Meade Forensic Toxicology Drug Testing Laboratory. During FY 2008 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 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 U.S. Army Fort Meade Forensic Toxicology Drug Testing Laboratory 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 FY 2005, 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 system⁷. 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 just over 4.6 million specimens.
- All the laboratories met the DoD standard turn around time of 4 days for negative specimens and 6 days for positive specimens.
- Both the Army FTDTL at Tripler, HI, and the Navy FTDTL at Jacksonville, FL ended the year with historically significant production levels above one million specimens.
- All six laboratories met the 100 percent testing requirement for AMP, COC, and THC.

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.

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

Salient observations are as follows:

- Nine percent of the positive specimens were MRO unknown in FY08, an improvement over FY07.
- The DoD active duty positive rate has remained constant at one percent (Table 3).
- The DoD positive illicit drug rate for the active duty high risk population is almost twice the overall rate (Table 4).
- 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).
- The Army tests the high risk population at over 200% and the Navy and Marine Corps test this population at a ratio at over 300%, while the Air Force tests the high risk population at about 100% (Figure 4).
- While the high risk active duty population is 35% of the total force, they contribute to 69% of the positive specimens.

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 FY08 ten percent of the Reserve and National Guard positives are MRO unknown.
- The positive rate for both the Reserve and Guard personnel on active duty has shown a downward trend to below 1% (Table 5 and Table 9).
- While the not on active duty positive rate for the Reserves is below two percent (Table 7), the not on active duty Guard positive rate has exceeded the DoD goal of two percent for three consecutive years (Table 11).
- The not on active duty high risk Guard population had a FY08 positive rate almost two times the DoD positive rate goal (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 remarkable:

- 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 positive rate, although there is a slight increasing trend.

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 FY08 at 42 percent.
- All Components have a deployment positive rate for FY08 below 0.5 percent.

Military Entrance Processing Station (MEPS) Testing

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

Salient Observation:

- In FY08 the positive rate went below 2 percent for the first time in several years.

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 FY08 the DoD Agencies tested 75% of the total TDPs with an overall positive rate of 0.28%.

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. While the Reserves have made significant progress and have now met the 1.0 goal, the National Guard remains below the goal, although they show improvement.

Overall, the DoD has continued to meet the illicit drug positive rate goal of under 2 percent. However, the not on active duty National Guard has shown a five year increased trend and has remained above the 2 percent goal for the past three years. It is of particular concern that the not on active duty Army National Guard High Risk population had a positive rate of 3.75 percent in Fiscal Year 2008.

While the high risk population makes up 35 percent of the entire force this population accounts for 69 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 age⁸. 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 361,643 applicants 1.92 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. Furthermore, 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 Diagnostics⁹, one of the country’s largest drug testing laboratories. The Quest results represent over 1.2 million tests per year for test performed for clients with test designated positions that fall under the federally-mandated regulations and 7.2 million tests per year for tests conducted for the general U.S. workforce. The data shown are for amphetamines, cocaine, marijuana, opiates and PCP.

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>

While the Quest data do not reflect MRO review, the DoD plotted positive data does provide a rough comparison. While Fiscal Year 2008 DoD positive rate is comparable to other federally mandated programs, it is almost twice as low as the 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.

Figure 1
Location of Service Operated Drug Screening Laboratories

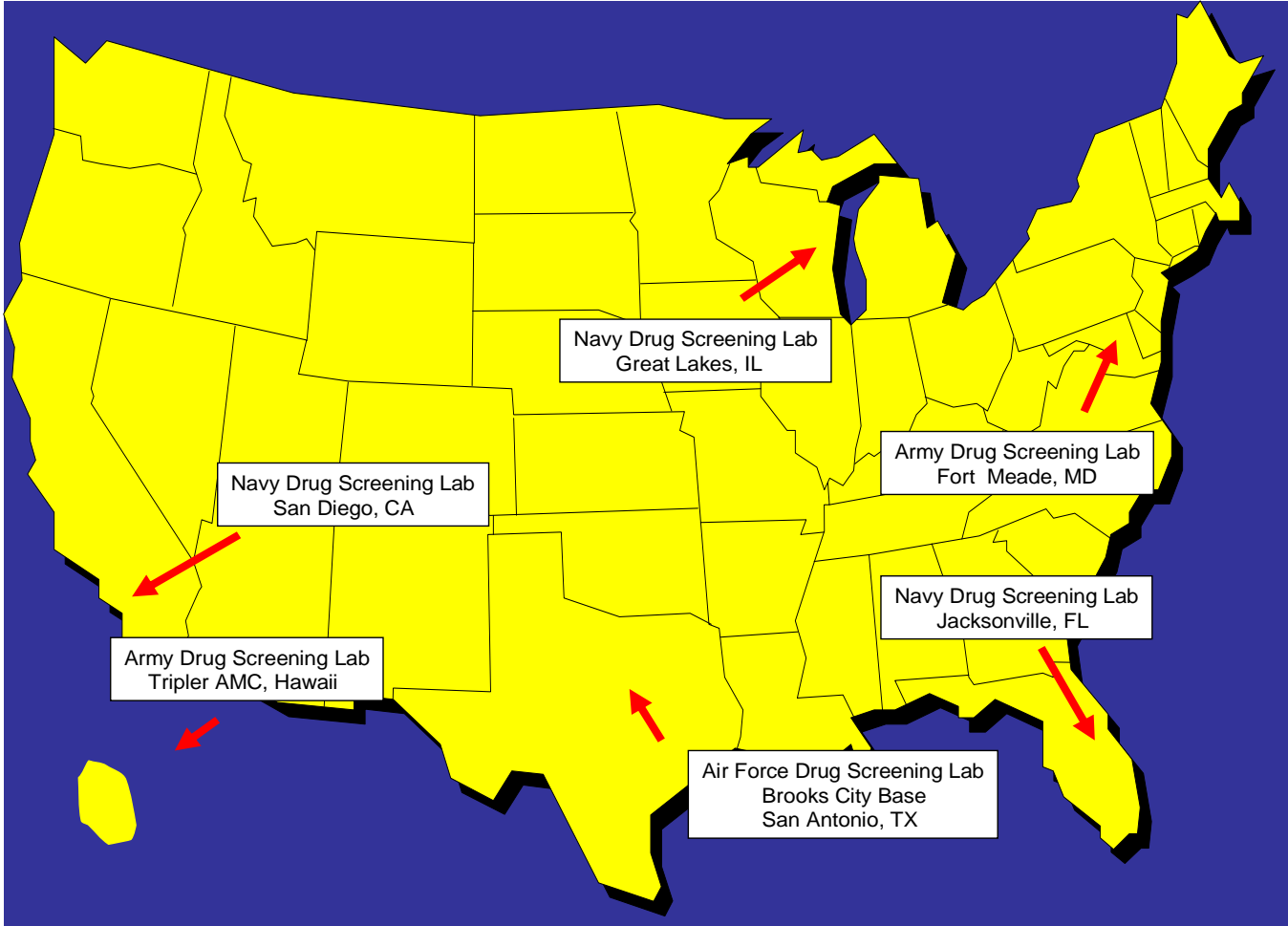


Figure 2
Active Duty Mean Test Ratios

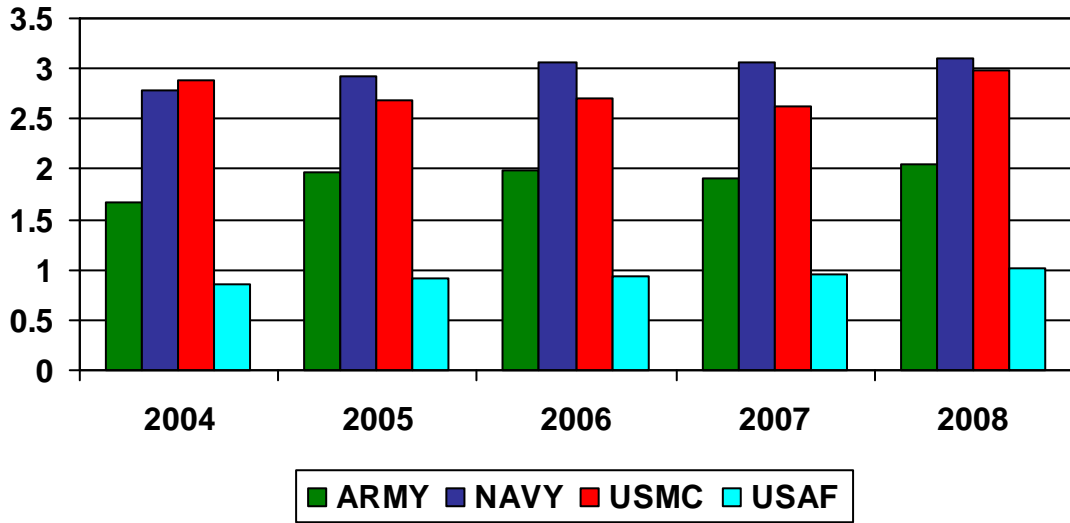


Figure 3
Active Duty Illicit Drug Positive Rates

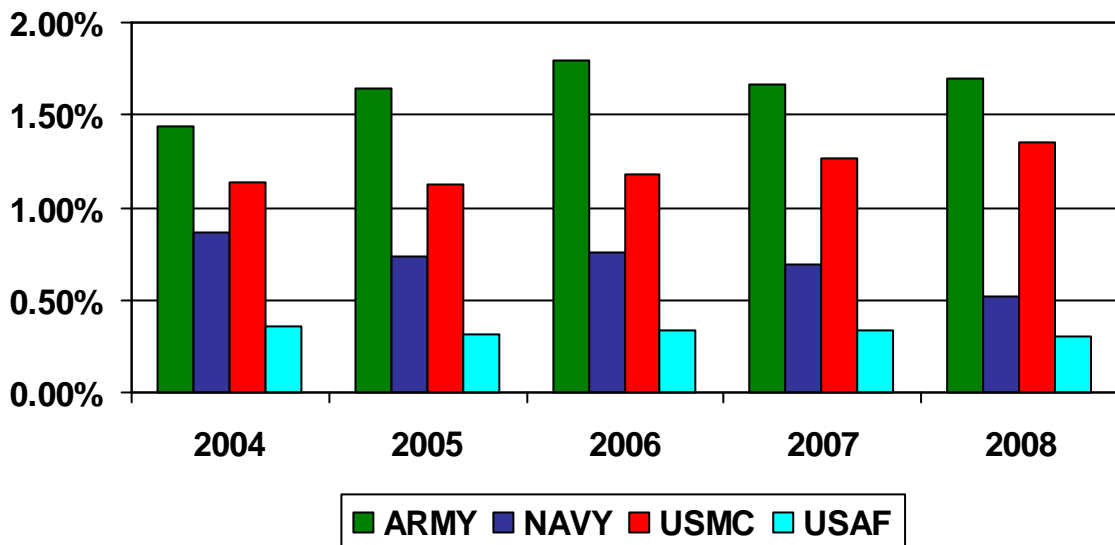


Figure 4
Active Duty High Risk Mean Test Ratios

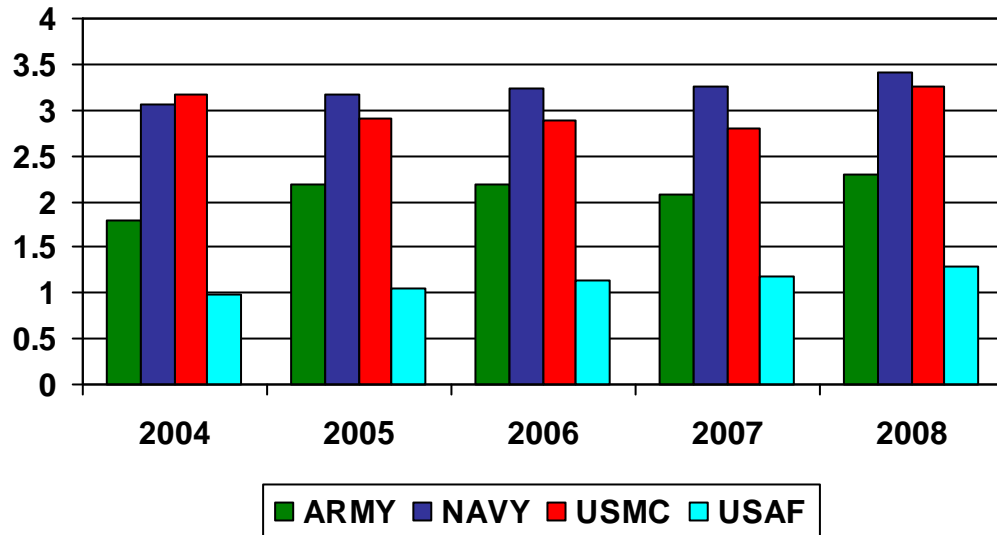


Figure 5
Active Duty High Risk Illicit Drug Positive Rates

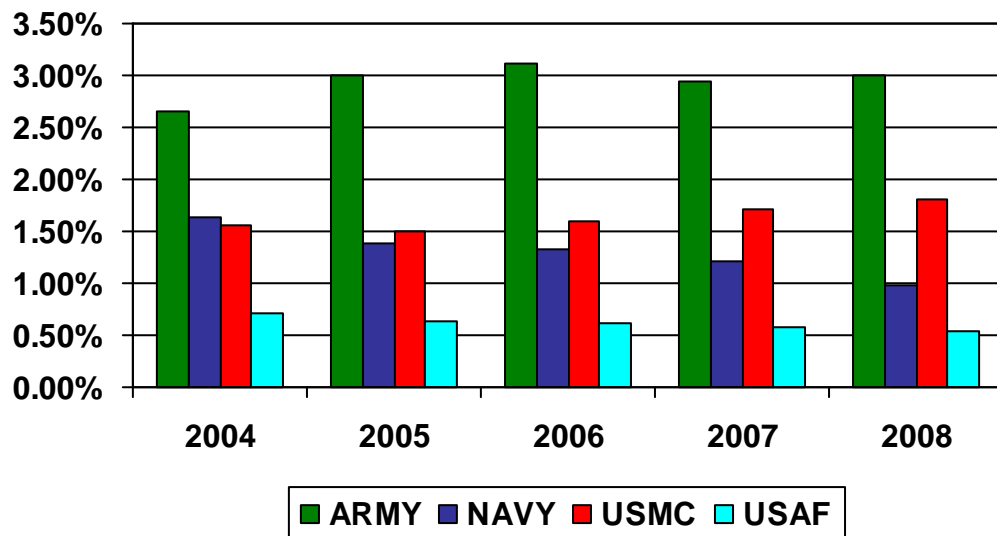


Figure 6
Active Duty Reserve Component Mean Test Ratios

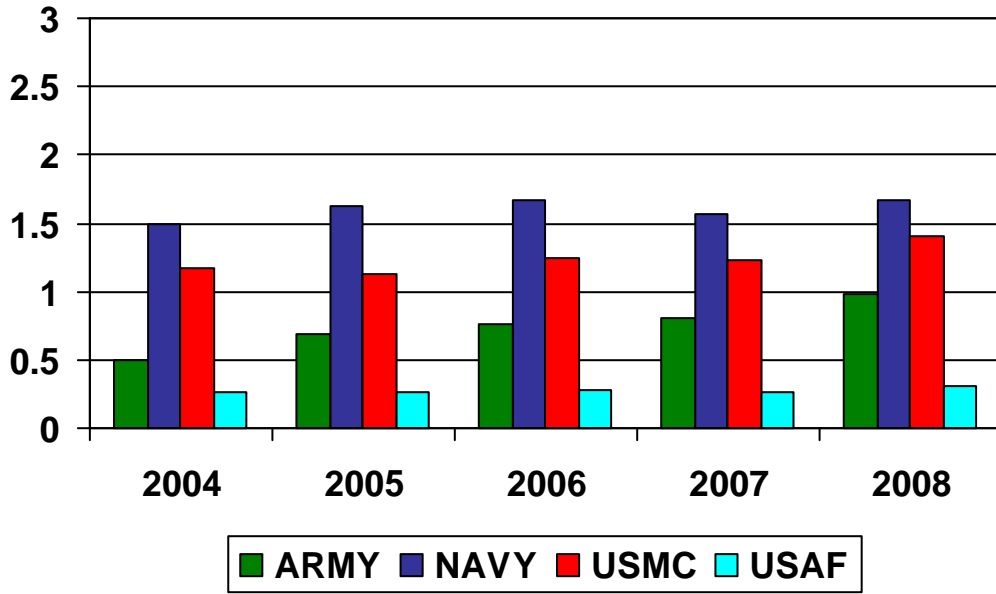


Figure 7
Active Duty Reserve Component Illicit Drug Positive Rates

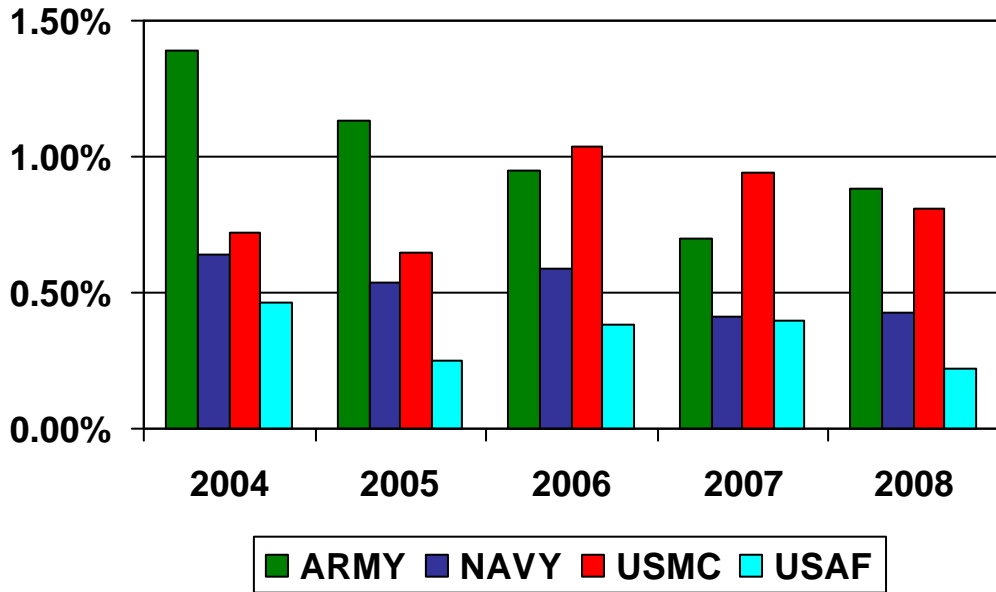


Figure 8
Active Duty Reserve High Risk Component Mean Test Ratios

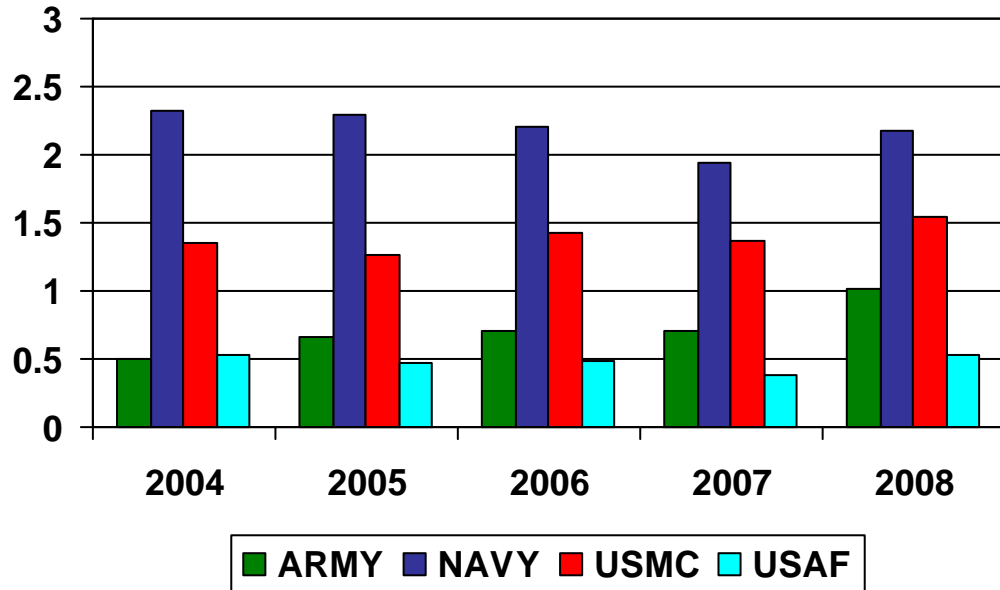


Figure 9
Active Duty Reserve High Risk Component Illicit Drug Positive Rates

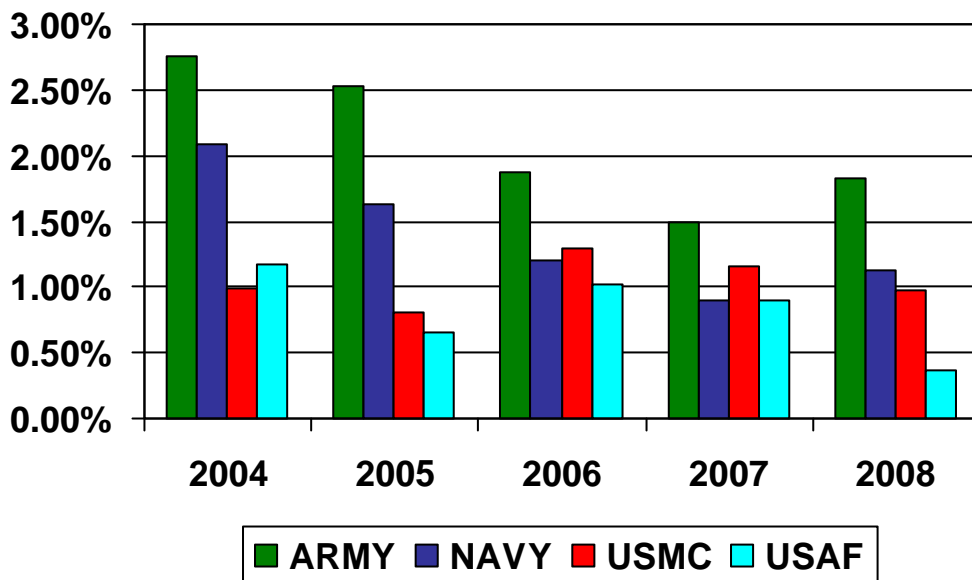


Figure 10
Not on Active Duty Reserve Component Mean Test Ratios

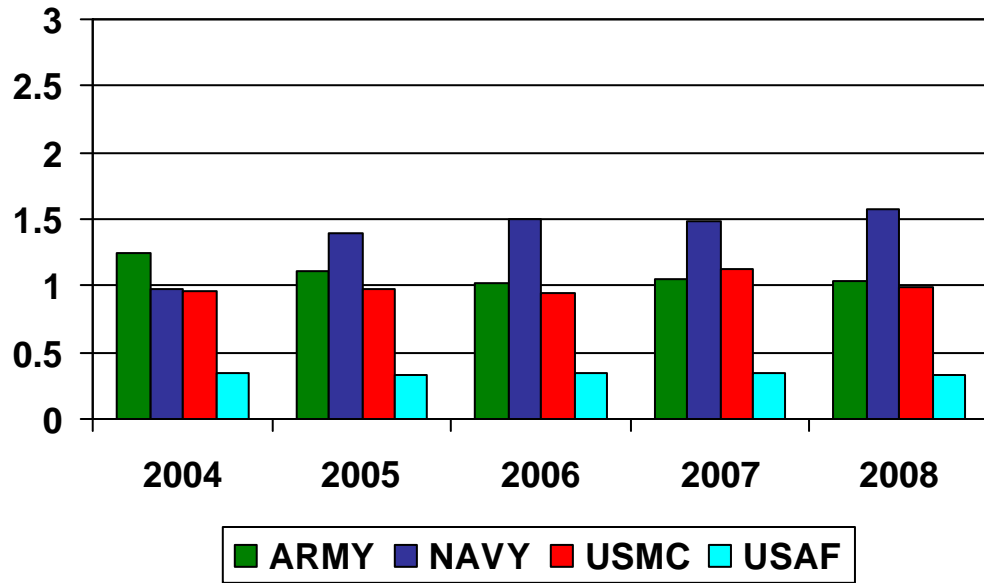


Figure 11
Not on Active Duty Reserve Component Illicit Drug Positive Rates

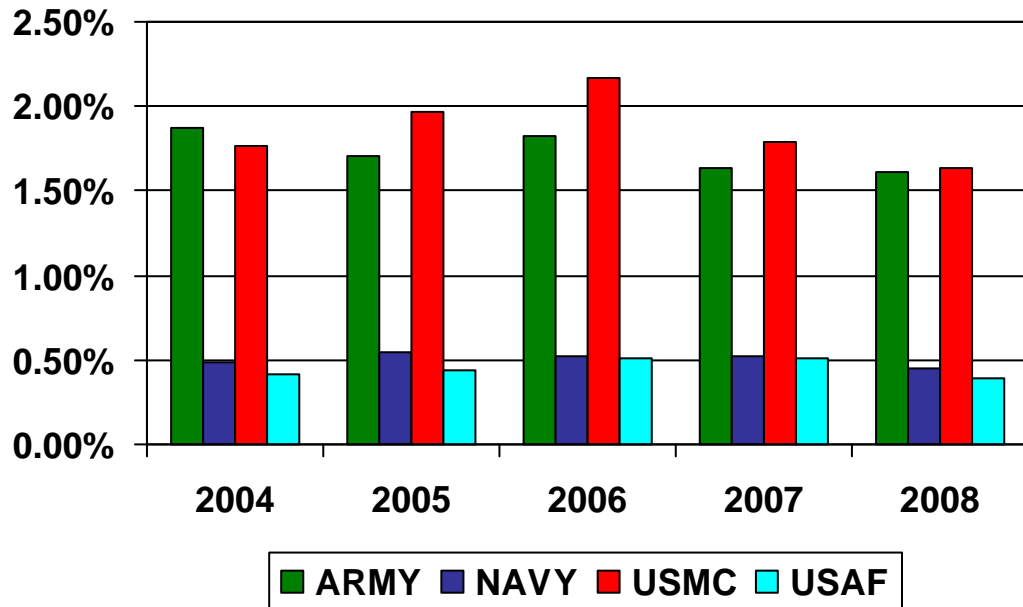


Figure 12
Not on Active Duty Reserve High Risk Component Mean Test Ratios

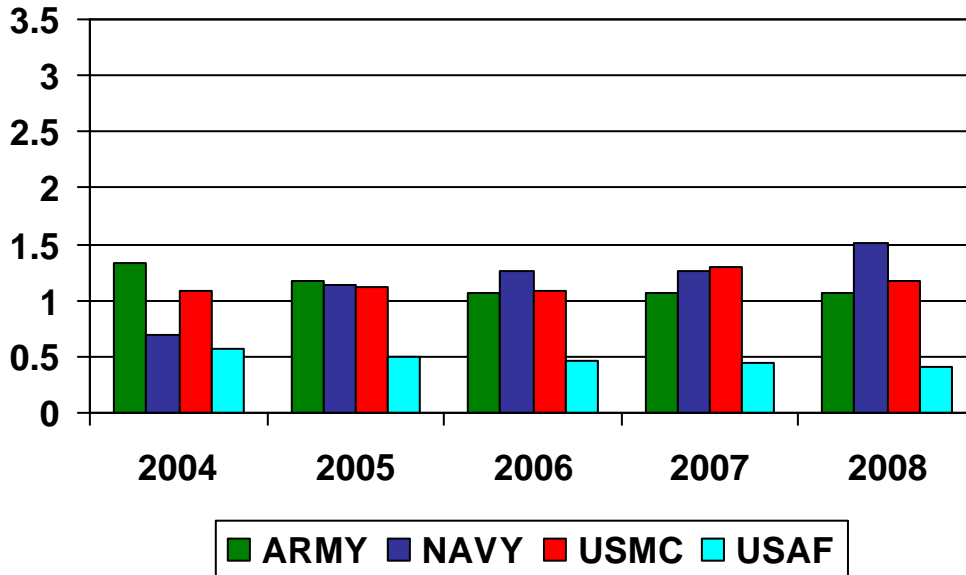


Figure 13
Not on Active Duty Reserve High Risk Component Illicit Drug Positive Rates

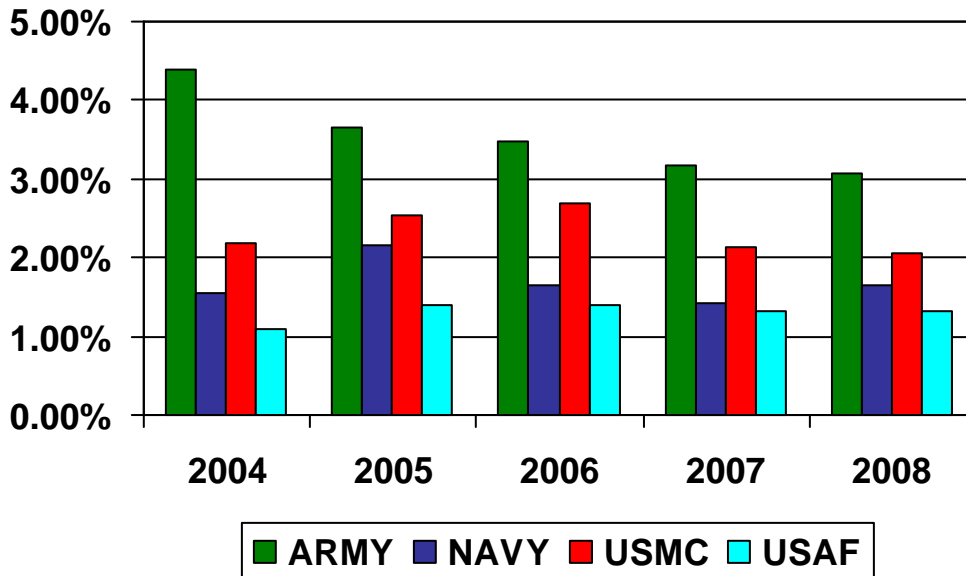


Figure 14
Active Duty National Guard Component Mean Test Ratios

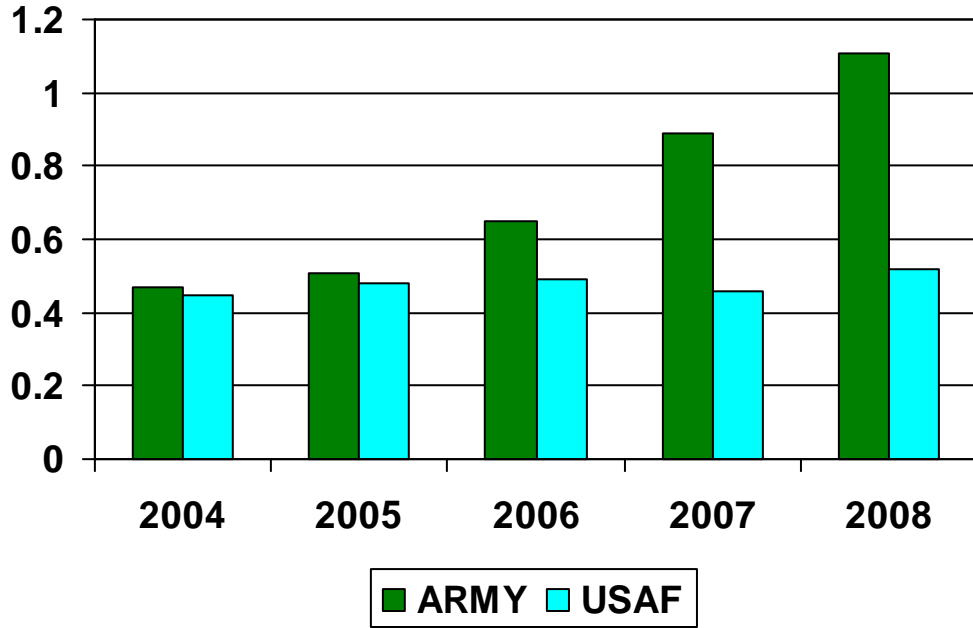


Figure 15
Active Duty National Guard Component Illicit Drug Positive Rates

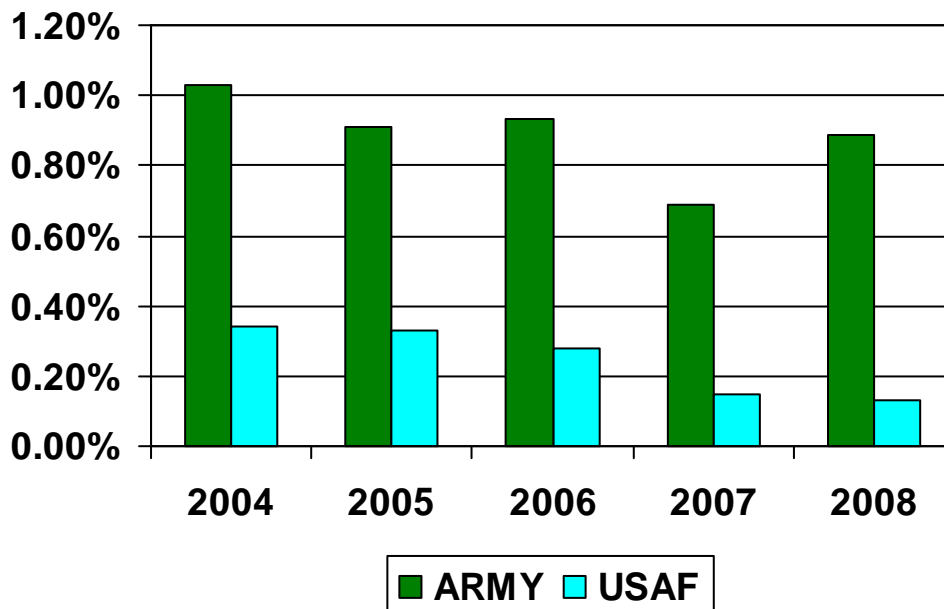


Figure 16
Active Duty National Guard High Risk Component Mean Test Ratios

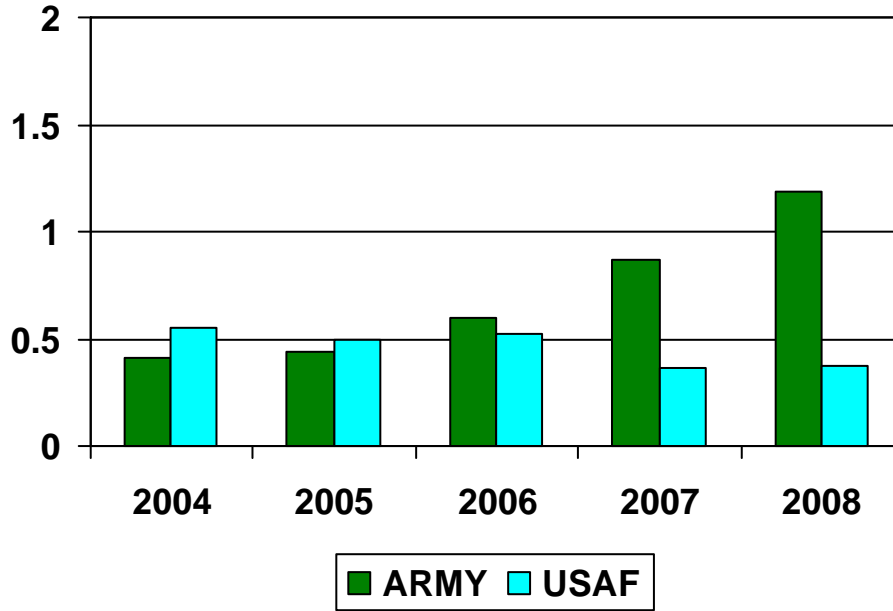


Figure 17
Active Duty National Guard High Risk Component Illicit Drug Positive Rates

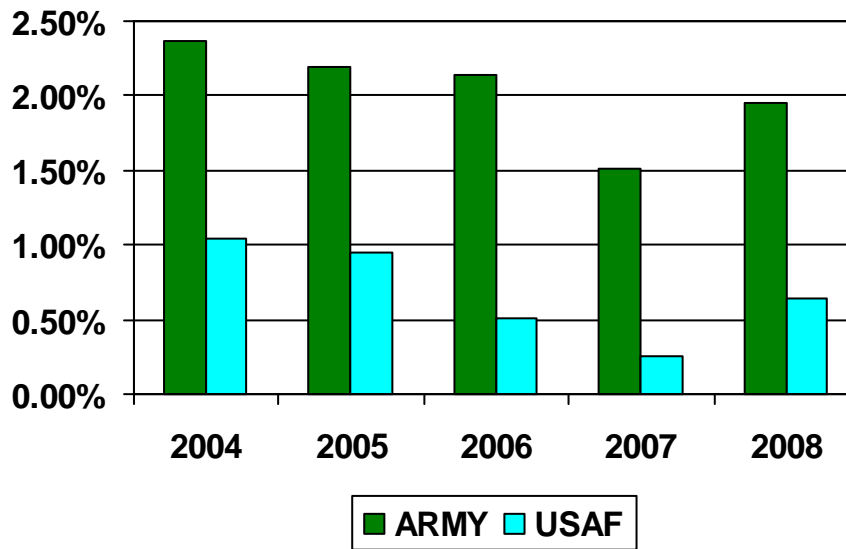


Figure 18
Not on Active Duty National Guard Component Mean Test Ratios

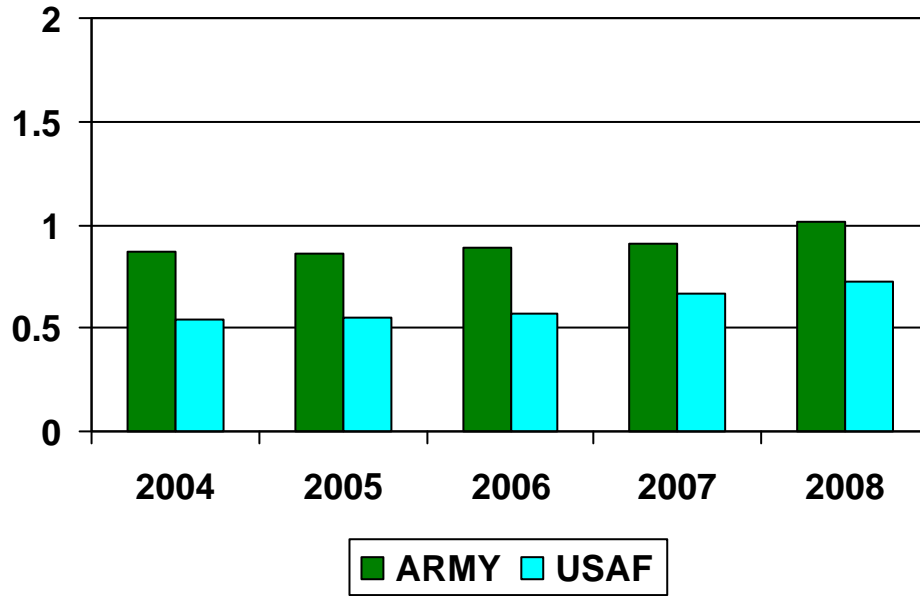


Figure 19
Not on Active Duty National Guard Component Illicit Drug Positive Rates

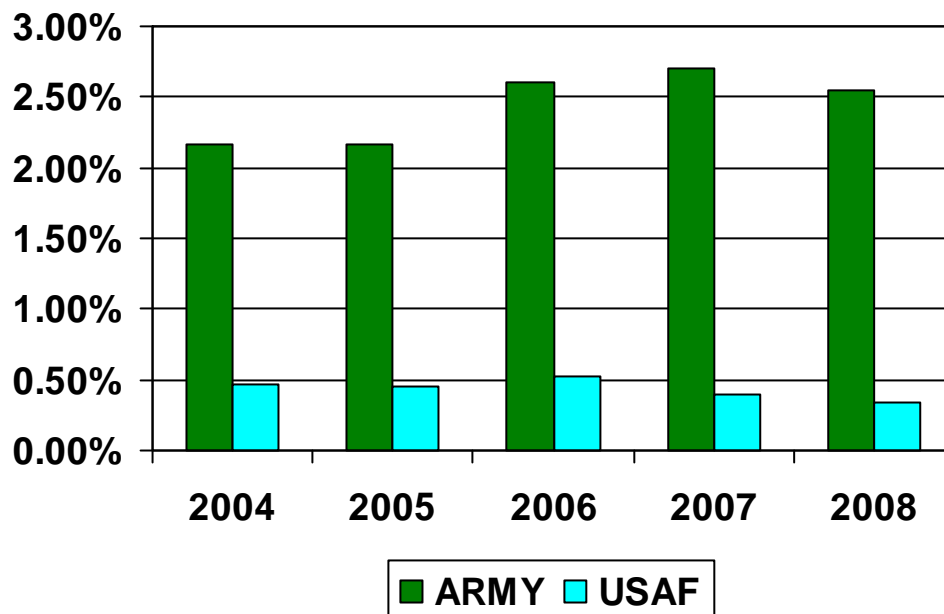


Figure 20
Not on Active Duty National Guard High Risk Component Mean Test Ratios

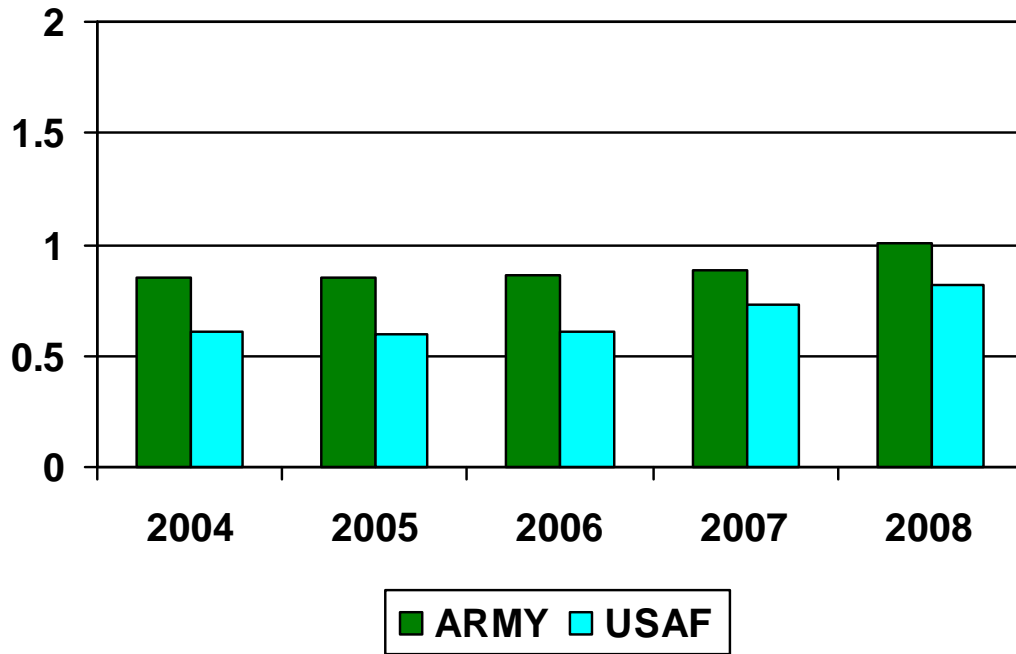


Figure 21
Not on Active Duty National Guard High Risk Component Illicit Drug Positive Rates

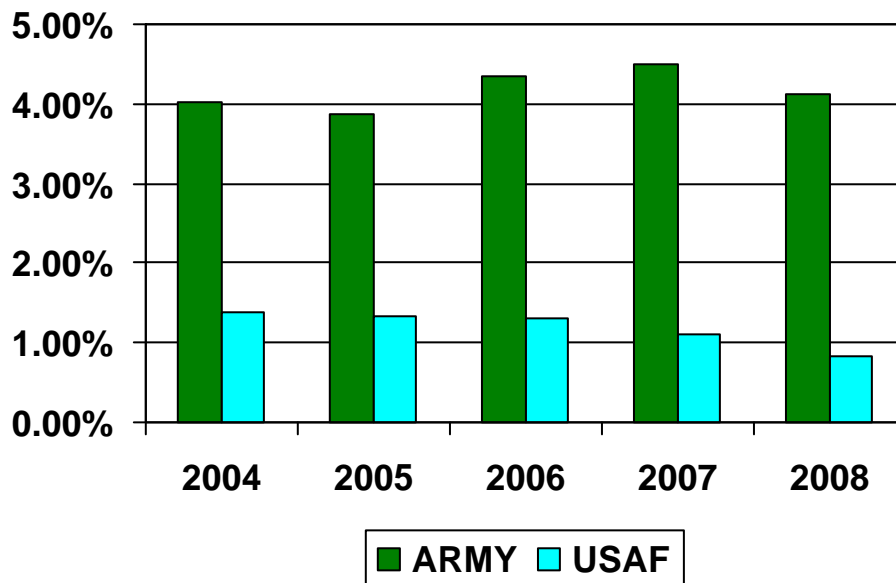
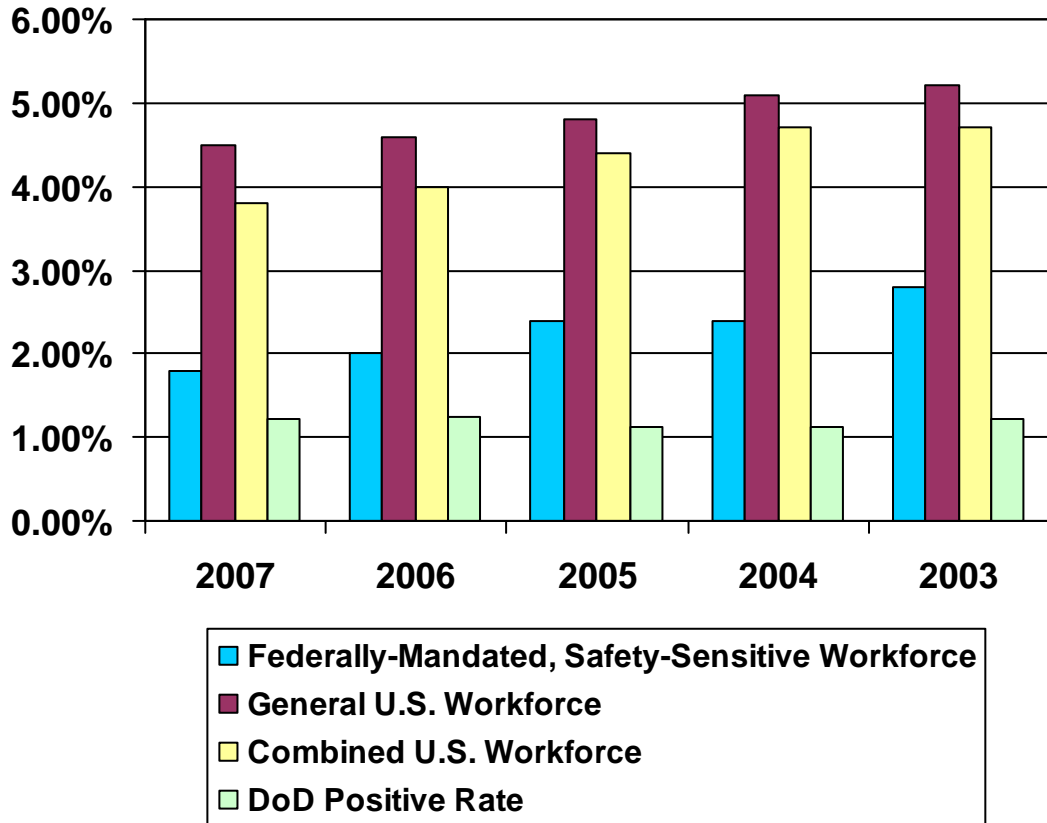


Figure 22*

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



* Data for U.S. workforce obtained from www.questdiagnostics.com

Table 1
FY2008 Military Drug Testing Laboratory Performance Measures

	Tripler ¹	Meade ²	JAX ³	SD ⁴	GL ⁵	Brooks ⁶
Specimens Tested	1,079,422	755,231	1,006,270	829,815	520,228	419,186
Positive TAT ⁷	5.93	4.67	5.45	3.13	2.11	4.32
Negative TAT	3.25	1.55	2.43	0.97	0.24	1.79
Test Rates						
AMP	100%	99.99%	100%	100%	100%	100%
COC	100%	99.99%	100%	100%	100%	100%
OPI	15.55%	33.72%	22.65%	20.11%	0%	34.44%
PCP	21.13%	33.72%	35.52%	79.94%	6.02%	55.1%
THC	100%	99.99%	100%	100%	100%	100%
HEROIN	100%	79.56%	100%	99.97%	24.53%	100%

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

² Army Drug Screening Laboratory, Fort Meade, MD (Reflects both military and DoD civilian specimens)

³ Navy Drug Screening Laboratory, Jacksonville, FL

⁴ Navy Drug Screening Laboratory, San Diego, CA

⁵ Navy Drug Screening Laboratory, Great Lakes, IL

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	2004	2005	2006	2007	2008
Illicit Drug Positive Rate	1.13%	1.12%	1.25%	1.21%	1.20%
Mean Testing Ratio	1.47	1.57	1.62	1.61	1.73

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
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
2004	1,607,616	1,198,191	12,077	N/A	1.01%	3,079,733	1.92

Table 4
Active Duty High Risk 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
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
2004	666,552	531,206	9,559	N/A	1.80%	1,483,946	2.23

Table 5

Active Duty Reserve 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
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
2004	215,652	80,506	857	N/A	1.06%	145,252	0.67

Table 6

Active Duty Reserve High Risk 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
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
2004	63,998	27,726	531	N/A	1.92%	54,441	0.85

Table 7

Not on Active Duty Reserve 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
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
2004	265,222	161,265	2,160	N/A	1.34%	249,295	0.94

Table 8

Not on Active Duty Reserve High Risk 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
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
2004	49,674	35,296	1,193	N/A	3.38%	54,561	1.10

Table 9

Active Duty National Guard 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
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
2004	217,542	69,785	614	N/A	0.88%	101,407	0.47

Table 10

Active Duty National Guard High Risk 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
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
2004	52,993	14,954	311	N/A	2.08%	23,030	0.43

Table 11

Not on Active Duty National Guard 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
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
2004	291,009	180,631	3,385	N/A	1.87%	231,040	0.79

Table 12

Not on Active Duty National Guard High Risk 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
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
2004	85,742	53,565	2,018	N/A	3.77%	70,412	0.82

Table 13
Total DoD Drug Positive Distribution (%)

Drug	FY04	FY05	FY06	FY07	FY08
Amphetamine					
<i>d</i> -Amphetamine	N/A	N/A	9.7%	2.5%	4.3%
<i>d</i> -Methamphetamine	3.1%	6.4%	6.4%	1.7%	3.4%
Cocaine	26.6%	27.1%	27.5%	28.2%	22.4%
Ecstasy	2.4%	3.6%	3.6%	2.6%	2.8%
Marijuana	66.2%	60.4%	50.9%	59.9%	62.2%
MDA	1.5%	2.2%	1.6%	1.2%	1.4%
Opioids					
Codeine	N/A	N/A	N/A	0.5%	0.3%
Morphine	N/A	N/A	N/A	0.2%	0.2%
Heroin	0.1%	0.2%	0.2%	0.3%	0.4%
Oxycodone	N/A	N/A	N/A	1.0%	0.9%
Oxymorphone	N/A	N/A	N/A	1.8%	1.6%
Phencyclidine	0.1%	0.1%	0.0%	0.1%	0.0%

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	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
	2004	576,275	75,094	347	N/A	0.46%	105,835	0.18
Army	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
	2004	260,400	32,646	229	N/A	0.70%	43,065	0.17
Navy	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
	2004	73,325	28,841	45	N/A	0.16%	45,388	0.62
USMC	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
	2004	69,588	8,778	30	N/A	0.34%	12,028	0.17
USAF	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
	2004	84,346	1,739	5	N/A	0.29%	1,943	0.02

Service	Fiscal Year	Total Deployed	Unique Tests	Positive Personnel	MRO Unknown	Positive Rate	Total Specimens Tested	Mean Test Ratio
NGB	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
	2004	88,616	3,090	38	N/A	1.23%	3,411	0.04

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

**Table 15
Military Accession Illicit Drug Testing Positive Rate**

Applicant Source	FY04	FY05	FY06	FY07	FY08
Army	3.08	2.67%	2.59%	2.55%	1.93%
Navy	2.66%	2.38%	1.54%	1.41%	1.05%
USMC	3.39%	3.88%	3.82%	3.69%	2.51%
USAF	0.88%	0.90%	0.91%	1.09%	0.87%
NGB	3.03%	3.19%	3.31%	3.42%	2.81%
DoD	2.74%	2.69%	2.54%	2.53%	1.92%

Table 16
FY2008 DoD Agencies Drug Testing Results

Agency	Total TDP	TDP Tested ¹	Percent TDP Tested ²	Tested Positive ³	FY2008 Percent Positive ⁴	FY2007 Percent Positive ⁴
DAF	27,857	24,612	88.4%	52	0.20%	0.20%
DCAA	1,180	932	79.0%	1	0.10%	0.00%
DCMA	5,147	5	0.1%	1	0.10%	0.15%
DIA	3,500	1,408	40.2%	5	0.17%	0.00%
DISA	2,887	332	11.5%	1	0.15%	0.72%
DLA	12,147	7,373	60.7%	93	0.89%	0.62%
DOA	39,290	33,421	85.1%	167	0.38%	0.70%
DODIG	1,399	791	56.5%	1	0.08%	0.00%
DON	39,185	37,585	95.9%	102	0.23%	0.32%
DSS	585	293	50.1%	0	0.00%	0.00%
DTRA	1,365	0	0.0%	0	0.00%	0.00%
NGA	7,500	3,469	46.3%	1	0.02%	0.04%
NSA	18,121	11,678	64.4%	1	0.01%	0.02%
USUHS	105	104	99.0%	0	0.00%	0.91%
WHS	4,152	801	19.3%	5	0.26%	0.18%
TOTAL DOD CIVILIANS	164,420	122,804	74.7%	430	0.28%	0.35%

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

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

³Includes both random and applicant positives.

⁴Includes 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	Methylenedioxyamphetamine	500	MDMA
	Methylenedioxyamphetamine	500	MDA
	Methylenedioxyethylamphetamine	500	MDEA
Cannabinoids	Tetrahydrocannabinol-carboxylic acid	15	THC
Cocaine Metabolites	Benzoylcegonine	100	Cocaine
Phencyclidine	Phencyclidine	25	PCP
Opiates Codeine/Morphine	Morphine	4000	Morphine
	Codeine	2000	Codeine
	6-monoacetylmorphine	10	Heroin ¹
Opiates 6-monoacetylmorphine	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 46th 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 731st 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.