ARMY CENTER FOR SUBSTANCE ABUSE PROGRAMS (ACSAP)

COMMANDER'S GUIDE & UNIT PREVENTION LEADER (UPL) URINALYSIS COLLECTION HANDBOOK

01 June 2006

** This manual serves as a commander's guide, a UPL handbook, and the student notes for the Unit Prevention Leader Certification Training Program (UPLCTP).

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PREFACE

A. Purpose

The purpose of this Guide is to assist commanders and Unit Prevention Leaders (UPLs) in developing and implementing a Unit Substance Abuse Program. It serves to standardize procedures for chain-of-custody collection and submission of urine specimens to the Forensic Toxicology Drug Testing Laboratory (FTDTL) for testing, provide prevention and training tools and resources for the commander and UPL, and provide UPLs with a student notebook to assist in their UPL Certification Training. It does not provide any individual with any right or privilege not otherwise afforded by law. This Guide is a ready reference guide for the Alcohol and Drug Control Officer (ADCO), the Unit Commander, and the Unit Prevention Leader (UPL) for the collection, handling, storage, and submission of urine specimens to the FTDTL, and contains prevention resources. Adherence to the procedures and guidelines listed herein will ensure a successful commander's Unit Substance Abuse Program.

This guidebook contains three sections:

- Section I: Commander's Guide to a Unit Substance Abuse Program – This section provides the commander with the Unit Substance Abuse Program requirements and provides a quick reference to his/her most frequent issues.

- Section II: UPL Handbook and UPL CTP Student Notebook - This section provides the UPL a valuable resource covering all of his/her duties from urine collection to prevention training. This section also serves as the notebook for the UPL Certification Training Program CD.

- Section III: UPL CTP practical exercises – This contains the practical exercises needed to complete the certification course.

B. General

The Army is firmly committed to the elimination of substance abuse by its members. Substance abuse within the Armed Forces has been dramatically reduced over the years as a result of leadership, education, prevention and biochemical testing.

C. Objective

Urinalysis testing is an important tool available to the commander to assist in preventing substance abuse within his/her command. How urinalysis testing is implemented and managed within a command is crucial to the success of the program. However, urinalysis testing alone will not eliminate substance abuse within the Armed Forces. A strong prevention and education training program is crucial to the overall success of our efforts.

D. Welcome to the UPL Certification Course

1. The G1 and the Director of the Army Center for Substance Abuse Programs (ACSAP) welcome you to the Unit Prevention Leader Certification Training Program (UPL CTP).

You are about to receive instruction in biochemical testing procedures, instructor training and prevention/training of alcohol and other illicit drugs. As the Unit Prevention Leader (UPL) you are expected to be the commander's subject matter expert on all areas within the Army Substance Abuse Program (ASAP), conduct flawless urinalysis collections, provide alcohol and other illicit drugs training to the unit, and assist the commander in running his/her drug testing and prevention programs.

2. The UPL Certification Training Program Version 2.21 provides additional guidance to units deployed in support of GWOT and includes the changes from Version 2.2 listed below:

a. The Army's new substance abuse prevention campaign "Warrior Pride". All substance abuse prevention and education should incorporate the Warrior Pride theme.

b. New substance abuse awareness slide presentations with lesson plans for unit training.

c. New testing requirements for Biological Surety and General Officers

E. Need Help? If you need more information, have a question or problem with the course now or in the future, follow these steps for help:

1. Contact your local garrison Army Substance Abuse Program office.

2. Find additional information on the ACSAP website at www.acsap.army.mil

3. Contact the ACSAP staff for assistance at the following e-mail address upl.acsap@acsap.army.mil.

F. References

1. AR 600-85, Army Substance Abuse Program, dated 1 October 2001

2. ACSAP's SOP for Installation/Community/ASG Collection, Handling, and Shipping of Urine Specimens.

3. DOD Directive 1010.1

4. DOD Instruction 1010.16

G. Glossary of Acronyms

6MAM	6-monacetyl morphine: The metabolite found in urine for heroin use.
ABMD	Alcohol Breath Measuring Device
ACSAP	Army Center for Substance Abuse Programs: The DA proponent for drug and alcohol abuse and prevention.
AD	Active Duty
ADAPCP	Army Drug and Alcohol Prevention Control Program: Former name of the ASAP
ADCO	Alcohol and Drug Control Officer: In charge of the non-clinical ASAP.
AFIP	Armed Forces Institute of Pathology
AO	Accident or mishap test
AGR	Active Guard & Reserve
AR	Army Regulation
ARIMS	Army Records Information Management System
ARNG	Army National Guard
ASAP	Army Substance Abuse Program: The Army's program for substance abuse and prevention. Each installation and command runs an ASAP.
AWOL	Absent With Out Leave
BAC	Blood Alcohol Content
BAT	Blood Alcohol Test or Breath Alcohol Technician
BZE	Benzoylecgonine: The metabolite found ion urine for cocaine use.
CDC	Center for Disease Control

Glossary of Acronyms

CO	Competence for Duty, Fitness for Duty or Command Direct test
COC	Cocaine
CID	Criminal Investigation Division
CDR	Commander
DA	Department of the Army
DCSPER	Deputy Chief of Staff for Personnel: Now known as the Army G-1, this person is responsible for all personnel functions Soldier programs within the Army.
DoD	Department of Defense
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
DTP	Drug Testing Program
DUI	Driving Under the Influence
DWI	Driving While Intoxicated
EAPC	Employee Assistance Program Coordinator: Assists civilian employee with problems to include substance abuse.
ELO	Enabling Learning Objective
EPA	Environmental Protection Agency
FDFA	Federation Drug Free America
FTDTL	Forensic Toxicology Drug Testing Laboratory: The DoD certified labs that conduct drug testing.
G-1	See DCSPER
GC/MS	Gas Chromatography/Mass Spectroscopy
IAW	In Accordance With

Glossary of Acronyms

IBTC	Installation Biochemical Test Coordinator: Runs the biochemical testing program for an installation.
IOM	Institute of Medicine
IO	Inspection Other test
IPT	Installation Prevention Team
IR	Inspection Random test
IU	Inspection Unit test
JAG	Judge Advocate General
LAN	Laboratory Accession Number
LCO	Laboratory Certifying Official
LIMS	Laboratory Information Management System: The computer database system used at drug laboratories.
LSD	Lysergic Acid Diethylamide
MDA	Methylenedioxyamphetamine
MDEA	Methylenedioxyethamphetamine
MDMA	Ecstasy (3,4-MethyleneDioxyMethAmphetamine)
MEPS	Military Entrance Processing Station
MFR	Memorandum for Record
ml	Milliliter – one thousandth of a liter (1000 ml = 1 L)
MO	Medical directed or physician directed test
MP	Military Police
MRO	Medical Review Officer
ng	Nanogram

NIDA	National Institute on Drug Abuse

Glossary of Acronyms

OSHA	Occupational Safety and Health Administration
OTSG	Office of the Surgeon General
PA	Privacy Act
PCP	Phencyclidine
PE	Practical Exercise
PM	Provost Marshall
PO	Probable Cause
PPE	Personal Protective Equipment
PPT	PowerPoint
PT	Physical Training
RCM	Rules for Courts Martial
RO	Rehabilitation Test
RRP	Risk Reduction Program
SAV	Site Assistance Visit
SJA	Staff Judge Advocate
SME	Subject Matter Expert
SOP	Standing Operating Procedure
SSN	Social Security Number
THC	11-nor-delta-9-tetrahydrocannabinol-9-carboxylic acid: The metabolite of marijuana in urine that is used to verify drug use.
TLO	Terminal Learning Objective

TOC	Table of Contents

Glossary of Acronyms

TOE	Table of Organization and Equipment
UADC	Unit Alcohol and Drug Coordinator: Former name for a UPL.
UCMJ	Uniform Code of Military Justice
UPL	Unit Prevention Leader
UPL CTP	Unit Prevention Leader Certification Training Program
UPP	Unit Prevention Plan
UPS	United Parcel Service
URI	Unit Risk Inventory
USAMEDCOM	United States Army Medical Command
USAP	Unit Substance Abuse Program
USAR	United States Army Reserve
USPS	Unites States Postal Service
VO	Volunteer or consent test

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SECTION I – Commander's Guide to a Unit Substance Abuse Program

A. Introduction:

This section of the Commander's Guide and Unit Prevention Leader (UPL) Handbook was designed to give commanders a quick reference and the tools needed to run a successful Unit Substance Abuse Program.

1. Drug use/abuse adversely affects the Army's ability to perform its mission. Drug use impacts directly on the safety of the drug user and the other Soldiers within his/her unit. It is every leader's responsibility to educate Soldiers, deter drug use, and detect illegal drug abusers.

2. Commanders must educate their Soldiers; fully embrace the tenants of "Smart Testing" by conducting aggressive and unpredictable urinalysis, and take appropriate administrative and punitive measures against identified drug abusers. In addition, commanders are reminded that they must refer all Soldiers with a verified positive drug test to the Army Substance Abuse Program Clinic for clinical evaluation.

B. References:

1. AR 600-85, Army Substance Abuse Program, 1 October 2001

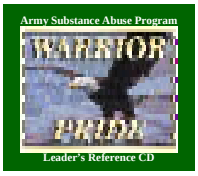
2. DoD Directive 1010.1, "Military Personnel Drug Abuse Testing Program ", 9 December 1994

3. DoD Instruction 1010.16, "Technical Procedures for the Military Personnel Drug Abuse Testing Program", 9 December 1994

C. Quick References and Tools for Commanders

1. **The "Commanders TOP 10 GUIDE to the Army Substance Abuse Program**" is a handy pocket or desk reference guide for commanders at all levels. This guide provides commanders with the information that they most readily need to know about the Army Substance Abuse Program.

2. "**A Guide to the Army Substance Abuse Program (ASAP)**" is an excellent desk reference that should be made available to all senior commanders. The brochure provides an introduction to the ASAP mission and functions, information on the roles and responsibilities of ASAP personnel and a preview of the services and products the ASAP offers.



3. **Army Substance Abuse Program "Warrior Pride" Leader's Reference CD** - The CD contains references, ASAP points of contact worldwide, information on drug testing in garrison and while deployed,

the limited use policy, the Risk Reduction Program, commander responsibilities, drug and alcohol information, and a commander's toolbox to help the commander setup his/her unit substance abuse program.

4. Army Center for Substance Abuse Programs (ACSAP) website, www.acsap.army.mil; provides commanders with up to date information on the ASAP, substance abuse issues, drug testing, deployment issues, and prevention products.

D. Responsibilities:

AR 600-85 paragraph 1-26 states that commanders will accomplish the following ten tasks:

Note: Bold print are quotes from AR 600-85, the remaining text provides information on how to accomplish the task.

1. Appoint an officer or noncommissioned officer (E-5 or above) on orders as the UPL who must be certified through required UPL training addressed in paragraph 2-6h(1) of this regulation. Recommend that a national back-ground check be accomplished on all UPL candidates. With information provided through background check, the unit commander will have final decision regarding UPL's eligibility.

a. Commanders should select two NCOs or officers that have integrity, maturity, attention to detail and maximum retainability to be the primary and alternate Unit Prevention Leader (UPL). The UPL acts as a unit level ASAP by collecting specimens, conducting training, assisting in prevention, and being your subject matter expert. Choosing good NCOs/officers will ultimately make your job easier!

(1) The UPL must be beyond reproach to bribes and looking the other way during a urinalysis test.

(2) The UPL must be able to professionally demonstrate and explain how to properly collect and directly observe both male and female Soldiers.

(3) The UPL must be trained and develop his/her technical and tactical proficiency in the following task (try to maintain your UPLs for at least a year at a time):

(a) Design, implement, and evaluate the unit prevention plan, and coordinate with the installation's Army Substance Abuse program (ASAP) to integrate the unit plan into the community's substance abuse prevention plan.

(b) Assist in the briefing of all new unit personnel regarding ASAP policies and services.

(c) Administer the unit biochemical-testing program.

(d) Inform the commander of the status of the ASAP and of trends in alcohol and other drug abuse in the unit.

(e) Maintain liaison with the servicing ASAP counseling center or medical unit when deployed.

(f) Develop, coordinate, and deliver informed prevention education and training to the unit.

(g) Develop command support for prevention activities by establishing an open, honest, and trusting relationship with the unit commanders and subordinate leaders.

(h) Advise and assist unit leaders on all matters pertaining to the ASAP.

b. The UPL must complete the ACSAP certified training program CD and local training through the Army Substance Abuse Program.

2. Implement a UnitB iochemical-Testing Program.

You and your UPL must work together to develop a biochemical testing program that is a real deterrent to drug use and alcohol abuse.

a. You must understand the concept of "Smart Testing" and ensure that all Soldiers in your unit believe that they may be tested on any given day at any given time (See Smart Testing in Section II of this manual).

b. Incorporate alcohol testing, if available, as well as drug testing into your program to reduce alcohol abuse and support the zero tolerance of underage drinking.

c. Show command support for the urinalysis program by being present for each unit urinalysis and giving your briefing.

d. Select observers who have the integrity and maturity to perform this necessary, but unpleasant duty.

e. Ensure that your UPL has access to a computer to utilize:

(1) The DoD Drug Testing Program (DTP) software that randomly selects the Soldiers to be tested and pre-prints all required documentation; This reduces the time necessary to do a collection, reduces errors that cause a specimen not to be tested, and speeds up the processing time at the testing laboratory.

(2) The UPL training CD that is used as a certification program and as a valuable resource tool for the UPL and you.

f. Ensure that you support the UPL in conducting forensically sound biochemical collections.

g. Take appropriate actions against Soldiers identified as drug or alcohol abusers.

3. Implement ASAP prevention and education initiatives addressed in paragraph 2-6 of this regulation. All Soldiers will receive a minimum of 4 hours of alcohol and other drug awareness training per year.

a. Work with your UPL and training NCO to schedule one hour per quarter of drug and alcohol awareness training. You can even break up the 1hr/QTR into 15 or 30-minute blocks of training provided at ranges or down times. Your UPL has numerous resources and can provide the required training.

b. Support your local ASAP with personnel and resources if available, especially during prevention campaigns such as Red Ribbon Week.

c. Post marketing posters and other prevention products on a bulletin board in an area where all Soldiers have access to them.

d. Support the Army's Warrior Pride substance abuse prevention campaign by using the Warrior Pride products and themes in training and safety briefings.

4. Ensure all newly assigned Soldiers are briefed on ASAP policies and services.

Every commander will ensure that newly assigned Soldiers are briefed on the unit's drug and alcohol polices and procedures. It shouldn't be difficult to incorporate your drug and alcohol policy into a newcomer's welcome and briefing and requires the Soldier to read your USAP SOP. Although it strongly encouraged that the commander give this briefing he/she may delegate the responsibility to the UPL. Note: Both the

Army Substance Abuse Program Leader's Reference CD and the UPL Certification Training Program CD contain a modifiable newcomers briefing.

5. Maintain liaison with ASAP clinical and non-clinical personnel.

You need to know and have the following personnel in your contact list:

a. Alcohol and Drug Control Officer (ADCO) – Main POC at the garrison ASAP for all substance abuse issues and the Risk Reduction Program.

b. Installation Biochemical Test Coordinator (IBTC) – The installation subject matter expert on urinalysis collections and scheduling of unit tests.

c. Clinical Director (CD) & unit assigned counselors – The CD runs the clinical ASAP. The clinical ASAP staff provides screening, evaluation and rehabilitation services for Soldiers identified with a substance abuse problem. You will also meet with these people as part of the rehab team meetings to discuss how your Soldiers are doing in rehabilitation.

d. Medical Review Officer (MRO) – The MRO is the physician who evaluates a positive urinalysis test that could be a result of prescription medication.

e. Staff Judge Advocate (SJA) – You will need to contact your assigned lawyer for issues concerning probable cause testing and filing charges against identified drug and alcohol abusers.

f. Criminal Investigation Division (CID) – You will need to contact CID whenever you receive a positive urinalysis for cocaine, THC, LSD, PCP, heroin, ecstasy or other designer amphetamines (MDMA, MDA, MDEA), or a MRO verified illegal use for opiates, barbiturates, or amphetamines/methamphetamines.

6. Maintain ASAP elements while deployed, to the maximum extent possible.

Your unit must be able to conduct urinalysis testing and handle positive results while deployed as you would while in garrison. Whether you are going to JRTC, NTC, Afghanistan, Iraq or any other deployment you will eventually want or need to conduct testing; the Army is conducting testing in all deployed areas of the world and your unit needs to be part of the testing. The following requirements need to be accomplished prior to your unit deploying:

a. Is a certified UPL deploying with the unit? If not then a UPL must be trained and certified at the local ASAP as soon as possible.

b. Consult with the ADCO and IBTC to determine:

(1) If your unit will ship specimens directly to the laboratory, turn-in specimens to an IBTC in the deployed area, or ship back to your installation IBTC.

(2) If you will use your Base Area Code or a Base Area Code for the deployed area.

(3) The amount of supplies, to include shipping supplies, to take with your unit; and where and how to get additional supplies once deployed.

(4) Who will receive the specimen results? Your installation, an IBTC in the deployed area or some other point of contact. Do you want to receive the results or do you want the rear detachment commander to receive the results, or both?

(5) How will you handle a positive specimen result on one of your Soldiers? Legal advice, CID, and possible treatment all need to be addressed along with points of contact in the deployed area.

7. Support positive and nonattributional approaches to Soldier risk reduction.

If a Soldier is identified as a drug or alcohol abuser carefully evaluate the Soldiers potential for continued service and retain those Soldiers who can be rehabilitated; ensure that the Soldier receives the training, education, and counseling that he/she needs to be successfully rehabilitated. The time a Soldier spends away from the unit rehabilitating is less than the time it takes to request, receive and train a new Soldier to fill that position.

8. Work with the Risk Reduction Coordinator and the IPT in designing and effecting prevention and intervention approaches.

Identify high-risk behaviors in your unit by utilizing the Risk Reduction Program (RRP), if available on your installation, or use the Unit Risk Inventory (URI) and Reintegration Unit Risk Inventory (R-URI) to identify these behaviors. Once the high-risk behaviors are identified take actions to reduce potential problems through prevention training and education.

9. Immediately report all offenses involving illegal possession, use, sale, or trafficking in drugs or drug paraphernalia to the Provost Marshal (PM) for investigation or referral to the USACIDC. This includes all (random/command directed) positive test results that do not require a medical review as directed by USAMEDCOM. Positive test that require MRO review as directed by USAMEDCOM will not be reported until receipt of the MRO's findings and coordination with the local staff judge advocate (SJA)/legal advisor. (See MRO and CID information in paragraph 5. above).

10. Assess programs and provide feedback to the Risk Reduction Coordinator and IPT for program improvements. Take the time to provide valid feedback to all

ASAP staff members and the Installation Prevention Team (IPT) when requested. The feedback you provide can only make the installation ASAP and IPT better able to serve your particular command needs.

E. Questions or need assistance

1. Ask your Unit Prevention Leader (UPL)– Your UPL received extensive training on the ASAP, his/her responsibilities and the command responsibilities.

2. Contact your local Alcohol and Drug Control Officer (ADCO) – your local ADCO can assist you with any problem or questions relating to substance abuse, drug and/or alcohol testing, prevention and treatment.

3. Contact ACSAP via e-mail at UPL.ACSAP@acsap.army.mil or by calling (703) 681-5557 or DSN 761-5557

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Section II – UPL Handbook and UPL CTP Student Notebook

As the Unit Prevention Leader you are expected to be the commander's subject matter expert on all areas within the Army Substance Abuse Program (ASAP), conduct flawless urinalysis collections, provide alcohol and other illicit drugs training to the unit, and assist the commander in running his/her drug testing and prevention programs.

This section will provide you with all the information and tools to successfully perform your duties as a UPL. To utilize this handbook as a student notebook while taking the UPL CTP you will need to refer to Section III prior to starting each new module of a track to see the objectives of the track. All practical exercise materials are in Section III.

Summary of Changes

he UPL Certification Training Program Version 2.21 provides additional guidance to units deployed in support of GWOT and includes the changes from Version 2.2 listed below:

A. The Army's new substance abuse prevention campaign "Warrior Pride". All substance abuse prevention and education should incorporate the Warrior Pride theme.

B. New substance abuse awareness slide presentations with lesson plans for unit training.

C. Updated reference materials

D. New testing requirements for Biological Surety and General Officers

E. New laboratory testing panels – removal of Barbiturates and the addition of OxyContin to the rotational drug testing Menu. Barbiturates may still be requested as a special test through the Armed Forces Institute of Pathology.

TRACK I - Introduction

1-1: Course requirements

A. Non-Deployed Soldier

1. You must be an officer or NCO (E-5 or above) and not currently enrolled in the ASAP.

2. Complete Phase I of the certification Program. This CD ROM is Phase I.

a. You are expected to complete all training modules, practical exercises, and homework. They will be turned in at Phase II.

b. Final Exam: The final exam is a CLOSED BOOK exam that consists of 50 multiple-choice questions. You must score at least a 70% to pass Phase I of the course, which means that you can only miss 15 questions. Note: You may take the exam as part of Phase II.

3. Complete Phase II of the Certification Program – Phase II consists of training and testing at the local ASAP. As part of the training, UPL candidates will:

a. Have a practical exam on collection, packaging, and shipping procedures

b. Review the DTP software procedures/requirements

c. Turn-in your USAP SOP, appointment orders, and other homework

d. Meet additional standards IAW with local policies and procedures

4. You must pass practical exercise(s) at your local ASAP.

5. Students failing to meet the course requirements will have their commander notified of their deficiencies. The ASAP staff will determine the course of action to take on a case-by-case basis, but most Soldiers failing to meet minimum requirements will be required to retake the entire course.

NOTE: Depending on your local installation policies and procedures you may take both phases simultaneously at the ASAP.

B. Deployed Soldier

1. AR 600-85 directs commanders to maintain substance abuse program elements while deployed, to the maximum extent possible.

2. A 14 October 2003 ALARACT Message No. 125/2003 directs commanders to deploy with trained UPLs and the necessary supplies to conduct drug testing during deployments. (Click on the ALARACT to read it)

3. A 24 April 2006 ALARACT Message No. 087/2006 directs deployed units in support of the GWOT to utilize specific ASAP Program Managers in their AOR. (Click on the ALARACT to read it)

4. The Army Center for Substance Abuse Programs (ACSAP) developed a UPL distance learning and certification training program to assist deployed commanders who need to certify or recertify a UPL in order to conduct their unit drug testing program. In order to complete the UPL Certification Course you must follow the direction outlined in the Unit Prevention Leader (UPL) Distance Learning and Certification For Deployed Units LOI, dated 8 June 2006. An overview is provided below:

a. You must have been selected by your commander and meet the UPL requirements, listed in the next presentation.

b. Your commander must send an e-mail to upl.acsap@acsap.army.mil with the following information:

(1) ONLY the SSN of the UPL candidate. (For security reasons DO NOT send the UPL's name.) ACSAP will perform a drug and alcohol background check on the candidate and report the results to the commander via return email.

(2) The name of the division-level or Corps Support Command the company is under the command and control of while deployed.

(3) In-country mailing address

(4) Indicate whether the UPL candidate will take the UPL distance learning course via a CD mailed to the address provided, or on-line at a URL provided by ACSAP.

c. You must be given sufficient time to complete the training course and all required homework. The course should be completed within 14 days of the start date.

d. You must get a "GO" on the Practical Exercise (PE) provided; the PE must be administered by the commander, another officer, senior NCO (E-7 and above) or a certified UPL.

e. Your commander must sign your UPL appointment orders IAW AR 600-85 (One of your homework assignments).

f. Your commander must sign your Unit Substance Abuse Program SOP (another homework assignment).

g. Your commander must complete and e-mail a memorandum of verification (click title to view or print memorandum) to upl.acsap@acsap.army.mil certifying that you have successfully completed all required training, homework assignments and the practical exercise. In addition, the memorandum requests the certification exam. You must pass a CLOSED BOOK (50 Question) exam; either on-line or proctored by the commander or his/her representative.

h. **Re-certification:** To recertify a UPL within 90 days of certification expiration, the deployed commander/1SG must:

(1) Send an email to upl.acsap@acsap.army.mil with the following information: UPLs rank, name, certification date and Installation/RRC/State where certified or Provide a copy of the last Certificate of Training.

(2) Appoint the UPL on orders IAW AR 600-85 and review and/or sign the unit's deployment SOP.

(3) Email a recertification verification memorandum to ACSAP (click title to view or print memorandum) to request a certification exam.

Note: It is strongly recommended that the UPL review the distance learning course via CD or on-line at the URL provided by ACSAP prior to taking the exam.

1-2: UPL Requirements

A. Officer or NCO (E-5 or above)

B. Designated on appointment orders by the Company Commander – You will complete your orders as a homework assignment

C. Successful completion of the DA Unit Prevention Leader Certification Training Program (UPL CTP)

D. Not currently enrolled in the Army Substance Abuse Program (ASAP) receiving substance abuse treatment or counseling or under investigation for drug offenses All ASAPs will conduct a Drug and Alcohol Management Information System (DAMIS) background check to see previous drug test results and ASAP enrollment information.

NOTE: AR 600-85 recommends a National Background Check on all UPL candidates.

1-3: Introduction to the ASAP

1-3-1: The ASAP

A. Mission and Objectives

1. The ASAP's mission is to strengthen the overall fitness and effectiveness of the Army's total workforce and to enhance the combat readiness of its Soldiers.

2. The objectives of the ASAP are to:

a. Increase individual fitness and overall unit readiness.

b. Provide services, which are adequate and responsive to the needs of the total workforce and emphasize alcohol and other drug abuse deterrence, prevention, education, and treatment.

c. Implement alcohol and other drug risk reduction and prevention strategies that respond to potential problems before they jeopardize readiness, productivity, and careers.

d. Restore to duty those substance-impaired Soldiers who have the potential for continued military service.

e. Provide effective alcohol and other drug abuse prevention and education at all levels of command, and encourage commanders to provide alcohol and drug-free leisure activities.

f. Ensure all military and civilian personnel assigned to ASAP staffs are appropriately trained and experienced to accomplish their mission.

g. Achieve maximum productivity; reduce absenteeism and attrition among DA civilian employees by reducing the effects of the abuse of alcohol and other drugs.

h. Improve readiness by extending services to the total Army.

i. Ensure quality customer service.

B. ASAP Components: There are two major components of the Army Substance Abuse Program (ASAP) both at Department of the Army (DA) level and installation level:

1. The Army Center for Substance Abuse Programs (ACSAP) is the DA proponent for all non-clinical functions of the ASAP. ACSAP falls under the direction of the Human Resources Policy Directorate of the Army G-1.

2. The Office of the Surgeon General (OTSG) is the proponent for all clinical aspects of the ASAP and the drug testing laboratories.

3. The local (non-clinical) Garrison ASAP provides training and education, runs anti-drug and alcohol abuse campaigns and processes urine specimens to be shipped

to the drug testing laboratories. This is the office that you, as a UPL, will primarily deal with. The local garrison ASAP staff consists of the following staff positions:

a. Alcohol and Drug Control Officer (ADCO)

b. Prevention Coordinator (PC)

c. Installation Biochemical Test Coordinator (IBTC)

d. Employee Assistant Program Coordinator (EAPC)

4. The local clinical ASAP provides evaluation and treatment for Soldiers that have been identified as possible alcohol and/or other drug abusers. The local clinical ASAP staff consists of the Clinical Director (CD) and counselors.

5. The Medical Treatment Facility (MTF) also provides a Medical Review Officer (MRO) to ensure the validity of prescription related positive urinalysis.

1-3-2: Responsibilities

A. Alcohol and Drug Control Officer (ADCO) responsibilities:

1. Provide direct supervision, management, and administration over all non-clinical personnel staff and programs.

2. Manage and monitor the biochemical-testing program (military and civilian).

3. Serve as the coordinator of all substance abuse and risk reduction issues.

4. Provide commanders and supervisors with ASAP consultation to assist in the identification and referral of individuals suspected of alcohol and/or other drug abuse and in the non clinical functions of the Army's program.

5. Institute procedures and strategies designed to enhance the deterrent effect of drug testing.

6. Consult with the ASAP clinical staff, local law enforcement personnel, and other installation personnel in designing and implementing the Installation Prevention Plan (IPP).

7. Restrict notification of positive test results to the Soldier's unit commander, the garrison or similar level commander, and when requested, the supporting legal office.

B. Prevention Coordinator (PC) responsibilities: The PC is responsible for prevention and training on the installation and works for the ADCO. The PC's responsibilities include:

1. Promote ASAP services using marketing, networking, and consulting strategies.

2. Ensure all military and civilian personnel are provided prevention education services as required by AR 600-85.

3. Maintain liaison and coordination with the installation-training officer to assist in integrating the preventive education and training efforts into the overall installation-training program.

4. Design, develop, and administer target group-oriented alcohol and other drug prevention education and training programs in coordination with the ASAP staff and other installation prevention professionals.

5. Maintain liaison with schools serving military family members, civic organizations, civilian agencies, and military organizations to integrate the efforts of all community preventive education resources

6. Oversee the UPL Certification Training Program (CTP)

7. Address military community risk levels and work toward reducing the risk factors.

C. These are the Installation Biochemical Testing Coordinator (IBTC) responsibilities:

1. Operate a forensically secure installation biochemical testing program control point.

2. Serve as the installation subject matter expert on urinalysis collection and testing.

3. Augment the installation Inspector General inspection teams.

4. Ensure that unit urine collections are performed as required.

5. Provide technical assistance and support for the UPL Certification Training Program.

6. Advise unit commanders and ADCOs on program utilization and urinalysis results.

7. Manage expenditures and supplies

D. Commander's responsibilities:

1. Implement a unit biochemical-testing program.

2. Appoint two officers or noncommissioned officers (E-5 or above) on orders as the primary and alternate UPL who must be certified through the ASAP.

3. Select observers (E-5 or above) and a holding area NCO/officer for each urinalysis conducted.

4. Implement ASAP prevention and education initiatives. All Soldiers will receive a minimum of four (4) hours of alcohol and other drug awareness training per year.

5. Ensure that all newly assigned Soldiers are briefed on ASAP policies and services. A modifiable newcomers briefing is available on the UPL Certification and Training CD.

6. Maintain liaison with ASAP clinical and non-clinical personnel.

7. Maintain ASAP elements while deployed, to the maximum extent possible. Drug testing will occur in all deployed areas to include Afghanistan and Iraq.

8. Immediately report all offenses involving illegal possession, use, sale, or trafficking of drugs or drug paraphernalia to the Provost Marshal (PM) for investigation or referral to the USACIDC. This includes all (random/command directed) positive test results that do not require a medical review as directed by USAMEDCOM. Positive tests that require MRO review as directed by USAMEDCOM will not be reported to the PM until receipt of the MRO's findings and coordination with the local staff judge advocate (SJA)/legal advisor.

E. These are the UPL's responsibilities:

1. Administer the unit biochemical-testing program.

2. Assist in the briefing of all new unit personnel regarding ASAP policies and services.

3. Develop, coordinate, and deliver informed prevention education and training to the unit.

4. Advise and assist unit leaders on all matters pertaining to the ASAP.

5. Maintain liaison with the servicing ASAP counseling center or medical unit when deployed.

6. Inform the commander of the status of the ASAP and of trends in alcohol and other drug abuse in the unit.

7. Design, implement, and evaluate the unit prevention plan, and coordinate with the installation's PC to integrate the unit plan into the community's substance abuse prevention plan.

8. Develop command support for prevention activities by establishing an open, honest, and trusting relationship with the unit commanders and subordinate leaders.

F. These are the Observer's responsibilities:

1. Maintain eye contact with the specimen bottle from the time it is given to the Soldier until it is placed back in the collection box.

2. Directly observes urine leaving the donor's body and entering the specimen bottle.

3. Ensures that the donor does not contaminate or adulterate the specimen.

4. Controls the collection process at all times.

5. Signs the unit urinalysis ledger or testing register to verify he/she followed the correct collection procedure.

G. The Employee Assistance Program Coordinator (EAPC) is the point of contact for civilian employees who have any kind of problem and need assistance. The EAPC works for the ADCO.

H. The Clinical Director (CD) is the chief clinician within the clinical ASAP and supervises the drug and alcohol counselors. His/her responsibilities include:

1. Administer and manage the treatment and quality assurance functions of the ASAP.

2. Inform the ADCO of issues affecting the ASAP program.

3. Ensure ASAP screening, evaluations, and command consultations are performed as required.

I. The Medical Review Officer (MRO) is a physician that should be on appointment orders from the Medical Treatment Facility commander.

1. The MRO makes a determination if a Soldier's positive drug test was caused by a legitimate prescription or not. Only drug positives that may have a legitimate medical use, as determined by USAMEDCOM, are reviewed by the MRO.

2. The MRO reviews and signs all civilian drug test results.

1-3-3: Warrior Pride

A. What is Warrior Pride?

1. Warrior Pride is an Army-wide substance abuse campaign designed to reduce and deter drug use and alcohol abuse among Soldiers.

2. Soldiers are America's Warriors and should have Pride in themselves, their unit, and the United States Army.

3. Soldiers should take pride in theirjob, uniform, physical fitness and a lifestyle that's free from drug use and alcohol abuse.

4. Warrior Pride provides educational products for leaders and Soldiers and includes posters, pamphlets, leader reference CDs – for commanders, training and educational materials.

B. The Pride in Warrior Pride stands for 5 of the Army Values

1. **P**ersonal Courage: Possess the personal courage not to use drugs or abuse alcohol and to notify the chain of command of Soldiers that do.

2. **R**espect: Show your Respect to the Army, your unit, fellow Soldiers, and yourself by staying drug free and drinking responsibly.

3. **I**ntegrity: Stay true to Army Values and the Warrior Ethos by supporting the Army's drug and alcohol policies.

4. **D**uty: Do your duty as a Soldier and stay physically and mentally tough by not using drugs or abusing alcohol.

5. **E**xcellence: Exhibit honorable behavior on and off duty – Don't be a substance abuser!

C. The Warrior Pride campaign also incorporates the Warrior Ethos

1. ***I will always place the mission first.*** A Soldier must place the mission first and always be ready by not using drugs or abusing alcohol.

2. ***I will never accept defeat***. A Soldier will never give in to social pressures to use drugs or abuse alcohol.

3. ***I will never quit***. A Soldier will never quit following Army and federal laws and regulations and therefore never use drugs or abuse alcohol.

4. ***I will never leave a fallen comrade behind*** A Soldier will always watch out for his/her comrades and not leave them behind at a bar or a party to fend for themselves. Arrive and leave together and watch out for each other to ensure all return home safely.

D. Warrior Pride Goals

1. Provide a logo (symbol) that Soldiers will identify with Army Values, the Warrior Ethos, and the Army Substance Abuse Program

2. Standardize and incorporate Army Values and the Warrior Ethos in all substance abuse awareness training

3. Instill and reinforce the belief that drug use and alcohol abuse violate Army Values and the Warrior Ethos – Incompatible with military service

4. Reduce drug use and alcohol abuse by Soldiers

D. UPL Goals:

1. Educate your unit that Warrior Pride and Soldier Values are incompatible with drug use and alcohol abuse.

2. Post the Warrior Pride posters in common areas.

3. Encourage your commander to emphasize Warrior Pride during Safety Briefings, unit urinalyses, field problems, deployments, and other appropriate times. Soldiers know what is important to their commander. A commander who regularly emphasizes that drug use and alcohol abuse will not be tolerated and takes actions against violators will send a strong message to the troops. If the chain of command thinks it's important, then the Soldiers will too!

E. Warrior Pride Messages:

1. Example messages – use these or make up your own!

2. Maintain your Warrior Pride – Don't Drink and Drive!

3. Don't leave a Soldier behind on the battlefield, in a bar or at a party.

4. I am a Warrior - I am Drug Free.

5. Warrior Pride 0-0-1: Warriors have ZERO DUIs, ZERO underage drinking incidents, and don't drink more than ONE drink per hour

F. Summary:

1. Abuse of Alcohol or the use of illicit drugs by Soldiers is inconsistent with Army Values and the standards of performance, discipline, and readiness necessary to accomplish the Army's Mission (AR 600-85 1-31a).

2. Soldiers who use drugs and abuse alcohol miss more hours of work and are less productive at work.

3. The decision to remain drug free and not abuse alcohol is based on an individual's values, knowledge, and beliefs.

4. Educate and train your Soldiers.

5. Teach Army Values, the Warrior Ethos and Warrior Pride!

1-3-4: UPL Values

Backbone of the Drug and Alcohol Program

• As a UPL you are the backbone and leader of the Substance Abuse Program within your unit
• You must set the example and be drug free
• You must be technically and tactically proficient at unit urinalysis and providing drug and alcohol training
• You are the Subject Matter Expert (SME) and must assist the commander with the Substance Abuse Program
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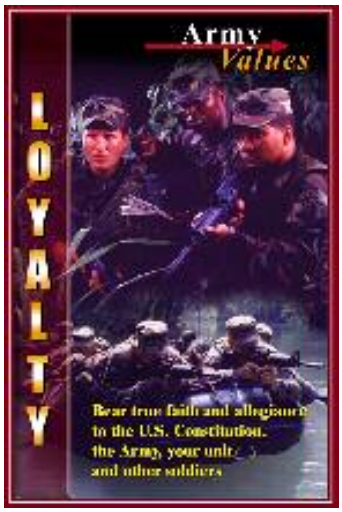
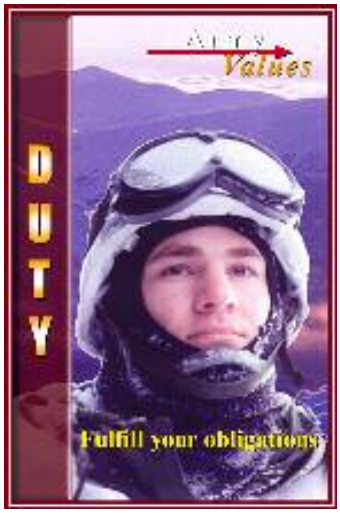


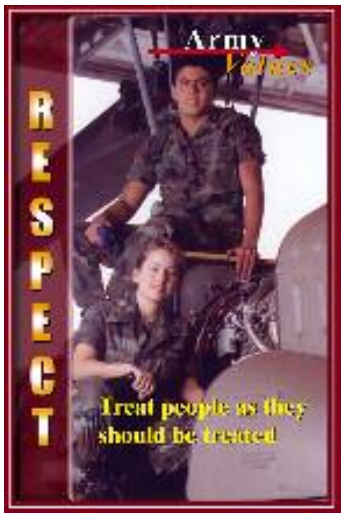
Drug Free Fighting Force

• As a UPL you show your loyalty to your unit and the Army by:
  – Educating the Soldiers within your command on drugs and alcohol.
  – Deterring drug abuse by ensuring the commander conducts regular "Smart" unit urinalysis.
  – Detecting drug abusers by performing legally sound urinalysis testing with proper chains of custody.
• This ensures you have drug free Soldiers to perform required missions.
• Your pledge should be to ensure that no Soldier within your unit causes personal injury to themselves or others because of drug or alcohol abuse.



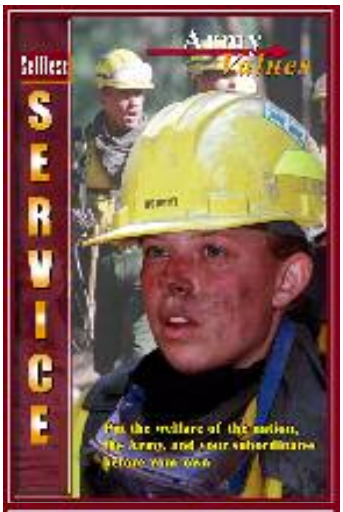
Your Duty as a UPL

• Conduct Unit urinalysis IAW AR 600-85 and the Commander's Guide and UPL Handbook.
• Ensure observers perform their duties correctly and professionally.
• Assist the commander in fulfilling his/her duties and responsibilities in regard to the Substance Abuse Program.



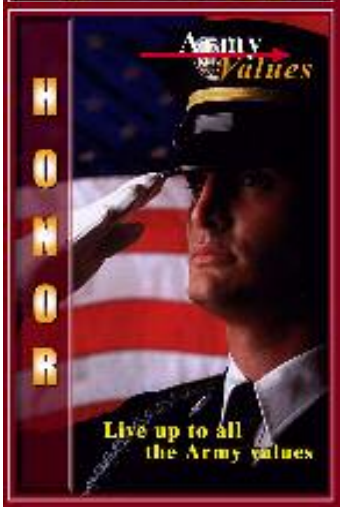
Treat Other Soldiers Like You Would Like to Be Treated

• Treat all Soldiers with respect and dignity.
• Ensure observers treat donors with maximum respect and as much privacy as is allowed.
• Keep personal information about medications, medical conditions, Soldiers in rehab, and positive results obtained between you and the commander.



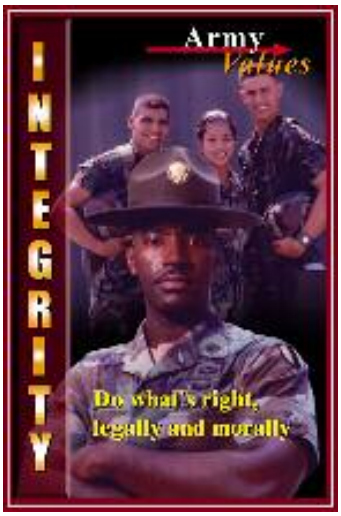
Selfless Service to a Drug Free Army

• Take the time to learn what you can about drugs and alcohol, so you can educate your unit and truly be a subject matter expert for the commander.
• Complete unit urinalysis IAW regulations, handbooks, and SOPs despite the time it takes away from other duties.
• The Selfless Service you provide could save countless lives.



Honor Your Freedom

• Honor America, the Army, your unit, and your fellow Soldiers by helping to make our Army Drug Free.
• Educate your unit and help others make honorable decisions not to use drugs or abuse alcohol.
• Demonstrate honorable behavior on and off duty and set the example for others to follow in regard to alcohol and drug abuse.



Make the Right Choices

• Make the right decisions about drug and alcohol:

– Don't use drugs
– Don't drink and drive
– Report users so they can get help

• Ensure all Soldiers within the unit are treated equally when providing a specimen

Do the Right Thing

• Do the right thing despite possible repercussions from others
• Have the personal courage to:
  • Say no to drugs and/or alcohol
  • Report other Soldiers who are abusing drugs or alcohol
  • Inform the chain of command of problems or concerns about the Substance Abuse Program
  • Ensure the collection standards are applied equally regardless of rank or position

TRACK II – Biochemical Testing I

2-1: Introduction

2-1-1: Introduction to Biochemical Testing

1. Biochemical testing within the military is defined as the chemical analysis of urine for specific drugs or the analysis of breath or blood for alcohol.

2. Biochemical testing is used to:

a. Deter Soldiers from abusing drugs (including illegal drugs, other illicit substances and prescribed medication).

b. Facilitate the early identification of alcohol and/or other drug abuse.

c. Enable commanders to assess the security, military fitness, good order and discipline of their units.

d. Monitor the rehabilitation of those enrolled for alcohol and/or other drug abuse.

e. Collect data on the prevalence of alcohol and/or other drug abuse within the Army.

2-1-2: Regulatory Requirements

1. Regulations governing biochemical testing:

a. AR 600-85 - Army Substance Abuse Program (ASAP)

b. DoD Directive (DoDD)1010.1 - Drug Abuse Testing Program

c. DoD Instruction (DoDI) 1010.16 - Technical Procedures for the Military Personnel Drug Testing Program

2. Requirement for Testing

a. DoDD 1010.1 p.8 and AR 600-85 8-2a state that the minimum rate of testing is one random sample per active duty member each year.

b. For Reserve and National Guard, "as close as possible to rates established for the active forces"; consistent with available resources and constraints on training time.

c. <u>The minimum rate of testing is</u> – this means that commanders at any level can increase or mandate a higher testing rate.

d. One random sample per active duty member each year – This means that if your unit has 120 Soldiers assigned, then the commander must randomly select a minimum and you must test a minimum of 120 Soldiers during the year. Because the Soldiers are randomly selected, some Soldiers will provide more than one specimen and others may provide none.

NOTE: 100% unit testing, also called units sweeps or inspection unit (IU), do not meet the requirements of random testing. A commander MUST conduct enough random tests to equal or exceed his/her unit strength regardless of the number of unit sweeps that are conducted. Therefore, a commander who conducts only 100% testing will not meet the regulatory testing requirements.

3. Annual testing required per AR 600-85 chapter 7:

a. Aviation personnel.
b. Nuclear, chemical, and biological Personnel Reliability Program (PRP)
c. Chemical surety personnel
d. Military Police
e. Additional personnel as mandated by commanders at any level

NOTE: The annual testing requirement for Military Police was erroneously removed from the regulation; this requirement will be put back in the regulation as part of the next update. Check with your local ASAP to see if it is still a local requirement

4. DoD Drug Demand Reduction Policy (Available on the ACSAP website) states that Flag Officers will be tested at least once per year. If not randomly selected throughout the year, then they must be tested during the 12th month.

5. AR 600-85 paragraph 1-35c states that all ARNG and USAR Soldiers ordered to active duty will be tested at their reception station.

Quota Management

a. ACSAP is required to report to the Office of The Surgeon General (OTSG) the estimated number of samples that will be sent to each laboratory each month. This estimate is used to help the laboratories order and maintain required supplies and reagents that may have a short shelf life.

b. Prior to each fiscal year each installation gives a monthly estimate of its testing to their supporting Region/MACOM (gathered from testing policies or brigade/battalion commanders). The data is rolled up at the Region/MACOM and submitted to ACSAP, where it is coordinated with OTSG.

c. Some installations, brigades or battalions will set the quota for a particular unit. This **quota is an estimate** of what the unit should collect that month, and should be based on testing requirements. If a commander's quota is 15 and he selects 10% of his/her unit and gets 17 names selected, but 4 personnel are TDY, then he tests 13 personnel. The Soldiers who were TDY should be tested at a later date.

d. Commanders may adjust their quota (up or down) if necessary, by contacting their local ADCO. In some cases coordination may be necessary with battalion, brigade Regions or MACOM commanders.

e. Some months, commanders will exceed their quota and some months they won't meet their quota, but by the end of the FY the commander should have tested within 5% of their quota/adjusted quota and met the DoD/Regional/MACOM/installation testing requirements.

2-1-3: Types of Testing

1. COMMANDER DIRECTED

a. Probable Cause (PO) – Commander has sufficient evidence to believe that if he/she tests the Soldier that the Soldier will be positive. Commander should always check with the local SJA before ordering this test.

b. Command Direct (Competence or Fitness for Duty) (CO) – The Commander believes the Soldier is on a drug because of unusual or bizarre behavior. The commander orders a test to ensure the safety of the Soldier and his/her coworkers.

c. Rehabilitation (RO) – The commander orders a test as part of theSoldier s rehabilitation program for drug or alcohol abuse.

d. Inspection – The commander orders a test to measure the good order and fitness of the unit.

(1) Inspection Random (IR) - Part of unit (Random selection of personnel)
(2) Inspection Unit (IU) - Entire unit (100% of the unit is tested)
(3) Inspection Other (IO) - Testing based on a commanders written policy, such as all personnel taking more than 20 days leave will be tested upon their return to duty.

2. ACCIDENT/MISHAP (AO) – A test is ordered because of an accident that destroys property or causes injuries to personnel.

3. CONSENT (VO) – The Soldier volunteers to provide a sample; i.e. to clear up rumors about drug use. (Must be voluntary)

4. PHYSICIAN DIRECTED (MO) – A doctor orders a test after examining a Soldier and feels the Soldier is abusing drugs.

2-2: Bio-safety

2-2-1: Introduction to Bio-safety

1. An awareness of bio-safety issues has significantly increased since AIDS, Hepatitis B, Streptococcus and "Killer" E. Coli outbreaks have been published.

2. Recent regulatory requirements have led to an increased need for documentation of safety program requirements and compliance with those requirements.

3. Regulatory agencies involved in the safety of bio-hazardous products include the following:

a. Occupational Safety and Health Administration (OSHA)

b. Environmental Protection Agency (EPA)

4. Goal of a bio-safety program:

a. To prevent disease, disability and death associated with the handling of potentially biologically hazardous materials (urine and blood).

b. The bio-safety goal is accomplished through the successful identification and removal of hazardous conditions by:

(1) Effective communication – communicating possible hazards and prevention measures to all personnel.

(2) Proper training of personnel in bio-safety procedures.

(3) Provision and use of Personal Protective Equipment (PPE) to all personnel who handle potentially hazardous materials.

(4) Identifying and changing of habitual behaviors (like chewing on ink pens tips, etc).

c. How do you reach this goal? Answer: Identify and remove your bio-hazards.

(1) What is your bio-hazard?

- The urine that you process during a unit collection.

(2) How do you remove the hazard?

- Ensure that you use your PPE (wear gloves on both hands)

- Ensure that you follow the precautions given in this lesson.

5. General Precautions

a. No eating, drinking, smoking or applying cosmetics or contact lenses in the work area.

b. All food and drinks are stored separately outside the restricted area. Do not eat or drink during a collection.

c. Personnel are instructed to avoid touching face, ears, mouth or nose with hands or other objects when wearing gloves.

d. Wash your hands after you remove your gloves.

e. If a partial specimen is collected, make the donor dump his/her own urine in the commode or urinal and rinse out the bottle with tap water.

f. Ensure that any bottle that may have contained urine is rinsed prior to its destruction.

g. All areas and surfaces used for specimen storage or packing should be covered with a non-porous (will not allow liquids to soak in) material and disinfected after use. (Primarily your UPL station)

h. Pens used by you during the collection process should be disinfected after use.

i. Check with your local military treatment facility for possible hepatitis vaccinations you may take.

2-2-2: Wearing and Removing Gloves

1. Wearing Latex Gloves

- Gloves should be used when tasks are likely to involve body fluids.

2. The Center for Disease Control (CDC) recommends that gloves be worn when:

a. The worker judges that hand contamination with body fluids may occur.

b. The worker has cuts, scratches or other breaks in their skin.

c. Handling open containers or specimens.

d. Cleaning up a spill or handling waste material.

3. Guidelines for safe use of gloves:

a. Change gloves if torn, punctured or contaminated.

b. Use gloves only when needed.

c. Avoid touching clean surfaces, i.e. phones, computer terminals, etc.

d. Change your gloves every 1 - 2 hours.

e. Wash hands with warm water and soap after removing gloves.

f. Do not wash or disinfect gloves for reuse.

g. Avoid touching your face or body parts with gloved hands.

4. Removal of Gloves

a. With hands gloved, use the index finger, middle finger, and thumb on your right hand pinch the glove on the left hand near the wrist and peal the left glove off pulling toward the fingers on the left hand. Make sure to only touch the outside of the gloves and not touch your bare skin.

b. With the ungloved left hand, place two fingers (index and middle) under the cuff of the glove of the right hand, strip the glove off making sure to not touch the outside portion of the glove with your bare hand.

c. Dispose of the gloves.

d. Wash your hands.

2-2-3: Hand Washing

1. The single most important action anyone can take to prevent the transmission of diseases.

2. Pathogens (germs that cause disease) generally do not penetrate intact skin.

3. Hands should be washed:

a. After exposure to body fluids.

b. After removal of gloves.

c. Any time hands become dirty.

d. Before leaving a contaminated work area.

e. After contact with a specimen or test procedure.

f. After using restroom.

4. How to properly wash your hands:

a. Avoid wearing rings other than a plain band. Remove your wristwatch or push it to the middle of your forearm.

b. Stand before the sink, keeping your hands and clothing away from the sink surface.

c. Turn on the water and adjust the temperature to warm.

d. Wet your hands and wrists thoroughly under the running water.

e. Keep your hands and forearms lower than your elbows to prevent water from flowing from the most to the least contaminated area.

f. Apply 3 to 5 ml of liquid soap to your hands and lather thoroughly. (If you must use bar soap, rinse it before and after you use it.)

g. Using plenty of lather and friction, wash your hands for 10 to 15 seconds. Vigorously wash the palms and backs of your hands, each finger, the areas between your fingers, your knuckles, and wrists. Wash at least 1 inch above any area of possible contamination.

h. Clean under your fingernails.

i. Keeping your hands down, rinse your hands and wrists thoroughly.

j. With a clean paper towel, blot your hands from the fingers toward your wrists and forearms.

k. Turn off the water; if using a hand-operated faucet, cover it with a paper towel to avoid contaminating your hands.

l. Discard the paper towel in a proper receptacle after you open the bathroom door with the paper towel. Many people do not wash their hands and bathroom door handles carry germs.

2-2-4: Disinfection

1. Disinfection

a. Although, normal urine is sterile in a fully healthy person, it is a great environment for bacteria and other pathogens to live and reproduce. Therefore, any item that comes in contact with urine should be disinfected after use in case the Soldier had an infection or bacteria began to grow in the urine environment.

b. Disinfection is defined as destroying harmful microorganisms or to make free from infection.

c. A disinfectant frees inanimate objects like your work surface and ink pens from infection or germs.

2. When to Disinfect

a. At a minimum, disinfect daily or after use, all work areas, surfaces and reusable equipment that are used for processing the specimens.

b. Periodically wipe down all work surfaces used on a regular basis.

3. Disinfection solutions:

a. 10% bleach solution, freshly made within 8 hours of use.

- Mix 1 part bleach with 9 parts water (1/2 cup bleach with 4-1/2 cups of water).

b. Spray disinfectant such as LYSOL or similar type – make sure that the product states that it is a disinfectant.

c. 70% or higher alcohol solution of methanol or ethanol. Do not use isopropyl alcohol. Ensure you let the surface air-dry.

d. Germicidal Agents – Make sure that whatever product you use is a germicide.

4. Any time a spill involving urine occurs it should be treated as potentially hazardous and cleaned up immediately. The correct procedure is:

a. Put on your gloves – this protects you!

b. Put enough paper towels over the spill, so that it is totally absorbed – this contains the spill, so it cannot spread any further.

c. Spray or pour your disinfectant over the paper towels. Ensure all the paper towels are saturated with disinfectant.

d. Allow the disinfectant to work for 10 minutes.

e. Wipe-up area with additional paper towels.

f. Clean the area with a regular detergent.

g. Dispose of all paper towels in regular trash.

Immunization for Hepatitis B: Check with your Community Health Nurse for information.

Hazardous waste

a. Each state has its own requirements for disposal of hazardous waste. Check with your post Safety Office, IBTC or the Community Health Nurse for local requirements.

b. In most states, used urine bottles (emptied) are not considered hazardous waste. Pour urine down toilet, rinse bottle with tap water, destroy bottle to prevent any use, and place in trash.

c. For cleaning up spills, paper towels may be put directly into trash.

d. Each procedure needs to be written in your local or unit SOP or referenced to a SOP that everyone would have access to.

2-3: Biochemical Testing Procedures

2-3-1: Smart Testing

1. Definition of Smart Testing: The process where biochemical testing is conducted in such a manner that it is not predictable to the testing population. If your unit is conducting smart testing then every Soldier should believe that he/she can and may be tested on any given day at any given time.

2. Do's of Smart Testing

a. Back-to-back testing

- Friday/Monday – Some Soldiers believe that if a test is conducted on Friday that they are safe to use drugs over the weekend. It only takes an occasional back-to-back test to make Soldiers aware that it could happen, and they will think twice about using drugs over a weekend after a test.

b. Weekend/Holiday sweeps

(1) Unit safety brief prior to holidays. Soldiers have become accustomed to having safety briefs before a long weekend, and then being tested on their return. Switch it up on them; test them before or during the weekend.

(2) Most units have to test their alert system periodically; this is a great way to test the system and the Soldiers on a Saturday.

c. Pre- and post-deployment testing – The army deploys Soldiers all over the world and many of these places have an increased availability for drugs. Many Soldiers also believe that they won't be tested prior to deployment because of other tasks to be accomplished. Remember, test Soldiers when they least expect it.

d. Test during field exercises

(1) Chow line – Select every fourth person in the chow line and test them after they eat.
(2) POL point – Select every third vehicle and test all occupants of that vehicle.

e. Test at the end of the duty day

(1) Recall formation
(2) Afternoon PT

f. Test throughout the month

(1) Not just first or last week of month.
(2) Alternate the weeks and days that you test.
(3) Avoid having a set pattern.

3. Don'ts of Smart Testing

a. Don't ask for volunteers.

(1) May invalidate the randomization of the collection process.
(2) Could lead to challenge or defeat in court.

b. Don't post testing on training schedule; it defeats the entire purpose of testing, i.e. unpredictability.

c. Don't let the Soldiers who say they can't go, "shy bladders", off the hook.

(1) Provide liquids and a reasonable time limit for collection process, i.e. 4 hours.

(2) Medical evaluation may be required. You cannot catheterize a Soldier to get a sample; but if a Soldier has been drinking water (8oz every 30 minutes) he/she should be able to provide 30 ml of urine within 4 hours or they may need to be seen by a physician for a medical problem.

d. Don't announce testing the day before.

(1) Giving Soldiers prior notice gives them time to flush their system with lots of water. This will make their urine very dilute (clear) and could result in a laboratory result below the DoD cutoff, which results in a negative test.

(2) Give Soldiers no more than 6 hours, but preferably less than 2 hour notice.

e. Don't walk through the unit with your supplies prior to test.

- Either maintain enough supplies at your unit to conduct a monthly test and pick up new supplies when you turn in your specimens or keep the supplies in your car until the test day.

f. Don't stop testing because it is the end of the duty day. If you always stop at 1700 then Soldiers will just hold it that long; and if you tell them you will collect them the next day then they have prior notice.

g. If you select them, then collect them. If you select 20 names for a collection, but your quota is only 12, don't stop collecting specimens when you get to 12; collect all 20 people. If a Soldier is using drugs he/she will wait until you have reached your 12 specimens then be released without providing. You missed your chance to catch that Soldier.

4. Keys to a Successful Smart Testing Unit Urinalysis Drug Testing Program

a. Be creative in how and when you conduct urinalysis testing, as drug abusers are good at avoiding your detection.

b. Select only motivated and capable UPLs and observers. Ensure they are properly trained and rewarded for a job well done.

c. Demand flawless collections; a Soldier's career and the integrity of the program are at stake.

d. Treat all Soldiers with respect and dignity.

e. Monitor those Soldiers who seem to avoid giving, who are always running off to a meeting, an appointment, or who "just went to the bathroom". Suggest commanders document "excuses" and confront Soldiers as appropriate.

f. Adopt a command policy that requires the UPL to provide a specimen whenever he/she conducts a urine collection. Consider testing UPLs and observers at the ASAP.

g. Adopt a command policy that requires all Soldiers coming back from TDY, training, and leave to provide a specimen within 72 hours of returning to duty; to include all new Soldiers reporting for duty. (Test all Soldiers arrested for any offense.)

h. Ensure that only "certified UPLs and designated/trained observers" conduct the test.

i. Test often, increased frequency results in increased deterrence.

j. Maintain adequate supplies for testing at the unit.

k. Support UPLs with leaders to assist in monitoring and controlling Soldiers.

5. Random Selection

Random selection is used to identify Soldiers to be tested. It allows commanders a way to test only part of their unit and ensures fairness throughout the unit. It is important to remember that all personnel selected will be tested; even if the number selected exceeds your quota. The collection procedure cannot be terminated when a certain number of specimens are collected. All specimens from personnel available will be collected. Excusing Soldiers or getting volunteers can invalidate the randomization and thus invalidate the test results.

It is imperative that you and the commander ensure that any random selection test is truly random or you risk the chance of a positive test being thrown out of court.

6. Random Selection Methods Include:

a. Computer generated random selection programs **Drug Testing Program (DTP) – DoD Program (Tri-service). This is the preferred method of selection by DoD and the Army. If unable to use DTP then you may use another method of random selection listed below.**

b. SSN: Use a ten sided die or draw numbers (0-9) from a hat, all personnel whose SSN ends with that number is selected to test. Remember that next month all numbers are used again, so the number 2 could be drawn two (2) months in a row.

c. Write every Soldiers name on a 3 x 5 card, shuffle and draw the names from a deck of cards.

(1) This method is best utilized by small units of less than 100 assigned Soldiers.

(2) All members of a unit have their names placed on a card the size of a regular playing card.

(3) Prior to the selection process. The UPL sits down with a senior NCO or above and verifies against the alpha roster that every member of the unit has a name card.

(4) The cards are then given to the Commander or First Sergeant and they are shuffled in front of the command at a unit formation.

(5) After shuffling, the Commander or First Sergeant passes amongst the assembled Soldiers and has individuals select a card from the deck. Those names selected are then told to report to the collection area for urinalysis testing.

d. Every third person in a chow line or every fourth vehicle at a POL point during field exercises.

e. Utilization of Duty Section - The Company Commander may randomly select a duty section, platoon, or work unit for testing.

2-3-2: Drug Testing Program (DTP)

1. Objectives of DTP

a. Increase deterrence of drug use – by truly randomly selecting Soldiers for testing.

b. Reduce manual errors – all forms are pre-printed.

c. Make the UPL's job easier.

d. Reduce collection time.

e. Reduce processing time at the drug testing laboratories by utilizing the bar-coded specimens and forms.

2. DTP Utilization

a. In FY01 the Department of the Army stated the DTP utilization goal was 85%.

b. In FY03 ACSAP began reporting DTP Utilization rates through the Installation Management Agency (IMA) to the installations.

c. The DTP utilization rate is part of the Installation Status Report (ISR). Your 85% or higher usage rate helps to ensure a green rating for the installation.

3. DTP Software

a. Versions:

(1) DTP Full version – Preferred version

(2) DTP Lite

b. Both versions are approved by the Army G-6 for use.

c. DTP LITE is on the UPL CTP CD

d. Both versions are available on the ACSAP website with instructions (www.acsap.army.mil).

4. DTP is flexible for you

a. Can add hand written entries

b. Void entries where a Soldier is not available for testing because he/she is TDY, on leave or at a school.

c. Specimen numbers are onDTP label

d. Forms can be printed by SSN or alphabetically

e. Preprint Forms

f. CDR can test whenever he/she desires by a percentage or a specific number of personnel.

g. Permits all types of testing.

5. DTP prints your documents

a. DD Forms 2624

b. Unit Ledgers (Called Testing Register in DTP)

c. Specimen Bottle Labels

d. Rosters

e. Notification Letters – Full version only

f. Reports – Full version only

g. Saves forms and allows for printing later – Full version only

6. Highlights of Full DTP Version

a. Personnel Tracking System permits:

(1) Tracking who was tested and/or selected

(2) Testing random no-shows

(3) Tracking test results

b. Analysis Module provides data on:

(1) Number of personnel selected, tested, positive.

(2) SSN specific testing history

(3) Group history (e.g., SSNs not tested in last 12 months)

(4) Roster alterations

7. System Requirements

a. Hardware:

(1) Minimum speed requirements: 200

(2) MHZ Operating System: Windows 98 or higher

(3) Laser printer needed for printing forms

b. Supplies: Avery 5163 labels - available through SSSC or impact credit card.

8. As the UPL, you will be challenged by unit personnel on how the program selects personnel; and you should be able to explain or show the Soldier how the software works. How does the DTP select personnel by %?:

a. Probability of any person being selected on a test day equals the requested percentage. Example: If you want 10% of yourunit tested then the threshold is set at 0.10.

b. The program creates a list of all eligible personnel for this test.

c. A random number is generated by the computer between 0 and 1.00 for each person on the roster; If the number is less than or equal to the threshold then that person is selected, if it's greater than the threshold then that person is not selected.

d. This is a truly random system, so you may get more or less than the requested percentage.

(1) You must understand that 10% of a unit of 100 Soldiers may give anywhere from approximately 7 -14 selected Soldiers.

(2) Statistically the average will prevail over time; meaning that over a year you will average 10% per month.

(3) If the unit size is relatively small then its possible that zero Soldiers will be selected

9. Selection by Personnel Number (Suggested Method)

a. Gives an exact number of selected personnel

b. The number of personnel that you desire to be selected, such as 10, 12 or 20.

c. The program randomly creates a list of all personnel. This is equivalent to mixing up the names in a hat, then picking the names one at a time and placing them on a list.

d. The program then assigns each person on the list a number starting at one through the last person on the list. Example: If there are 50 Soldiers then they are numbered from 1 to 50.

e. The program will then generate a random number between 1 and the total number of names.

f. The program will count down from the top of the list until it reaches the number selected. That name will be placed in the selected list and removed from the original list.

g. The count of the names is reduced by 1 and the process is repeated until the desired number of selected personnel is reached.

10. Summary: You will be required to download and use the DTP Lite software. This will give you a basic introduction to using DTP; however your local ASAP will determine the version that you will use, as the UPL. Your local ASAP will provide additional training on the DTP full version if you are required to use it.

11. Make sure you complete the DTP Lite practical exercise by clicking on the Homework button on the UPL CTP CD.

2-3-3: Pre-collection Procedures

1. Date and % of unit to test selection: Commander and UPL determine a date for a unit urinalysis and the percent of the unit to test.

a. The Biochemical Testing Program is a commander's program, which means that the commander may determine when, where and how much testing he/she does, as long as the minimum DoD testing rates and other higher command policies are followed. A commander should be aware of smart testing procedures and be alert to possible pattern testing. The commander needs to vary the day and week of the month that he/she performs testing.

b. The commander may delegate the responsibility of selecting the date and percent tested to the UPL and/or the 1SG; but the commander must still order the test.

c. The commander may choose not to inform the UPL of the test date until the day before or the day of the test.

2. Schedule test with IBTC: UPL/commander notifies IBTC of test date and number of personnel to be tested.

NOTE: Although, the urinalysis program is a commander's program and the commander should be allowed to test when he/she feels it is necessary, most installation IBTCs require the UPL or commander to schedule a specimen turn-in date. This is required by the IBTC so he/she can manage workload and quotas. The commander can still test on the day he/she desires, but specimens may have to be stored at the unit until they can be turned in (check with your local IBTC and installation SOP for further instructions).

3. Obtaining supplies: UPL ensures collection supplies are available (See Appendix A for a list).

a. At a minimum the UPL should maintain enough supplies to conduct 12 specimens at any time for probable cause or competence for duty.

b. ACSAP recommends that units maintain enough supplies to conduct a 100% unit sweep (Inspection Unit) and then replenish the used supplies at turn-in.

c. Some installations require the UPL to pick-up supplies from the IBTC prior to each unit urinalysis.

NOTE: Check with your IBTC and installation SOP for guidance.

4. CDR selects personnel to be tested.

a. The commander selects personnel to be tested by utilizing a random selection method. The preferred selection method is the DOD Drug Testing Program (DTP). Whichever method the commander utilizes **MUST** be written in the unit SOP. The commander should also have a policy for testing personnel who are TDY, at school, etc.; personnel selected for a random test (IR) must be tested either upon their return or during the next unit collection.

b. The commander may delegate this responsibility to the UPL or 1SG.

c. Personnel selection may be conducted prior to the actual test date.

d. Use of the DTP software for random selection of personnel is the preferred selection method. If a method other than DTP is used, ensure that the selection process is truly random. Note: If the UPL is selected then an alternate UPL must perform the test; UPLs cannot handle their own specimen.

5. Donor notification procedures: CDR ensures selected personnel are notified

a. Preferably with less than 2 hours notice, but no more than 6 hours notice.

b. Ideally personnel are notified and called out at a formation (morning, PT, recall, etc).

c. An alert can be called to notify personnel, but remember not to tell the Soldiers that it's a urinalysis. Also, if your unit only calls an alert for a urinalysis then give the Soldiers less than 2 hours to report.

6. Set-up UPL Station: UPL obtains collection supplies and sets up UPL station.

a. Ensure you have sufficient supplies for the number of specimens you will collect plus 10%.

b. You should set up the table in a non-carpeted area with your back to a wall.

c. The UPL station should be as close as possible to the latrine(s) that will be used for the collection.

d. The UPL station may be the same area as the holding area, although having separate areas is preferred. The UPL should try to setup his/her table away from the holding area; this reduces distractions by personnel waiting.

e. You should have a table with sufficient space to perform assigned duties.

f. The desk will be of non-absorbent material or covered with a waterproof backed absorbent covering.

g. The testing area should be a controlled area; only testing personnel, command personnel and donors should be in the area (see Appendix B for signs)

h. In addition to supplies, the following should be available at the UPL station:

(1) Copy of AR 600-85

(2) Copy of installation, and unit SOPs

(3) Copy of MACOM and/or installation policy letters

(4) UPL appointment orders

(5) Disinfectant and materials for a possible spill

7. Latrine Inspection: UPL inspects the latrine(s):

a. UPL checks the latrine(s) before the collection starts.

b. Ensure all cleaning agents (cleansing powder, bleach, etc) are removed from the area.

c. Ensure paper towels and hand soap are available at the washbasin for donors to wash their hands after providing a specimen.

d. Place "OFF LIMITS" sign on latrine for non-testing personnel (Appendix B).

8. Holding Area: The UPL sets up the holding area

a. The commander is responsible for selecting the holding area NCO or officer, but may delegate this responsibility to you or the 1SG.

b. The holding area should be near the UPL Station.

c. If the personnel are in a formation and called out for testing or are in the immediate area and are informed that they must test, the individuals will proceed directly to the holding area.

d. In cases in which individuals are not in a formation or must get transportation to the test site, they will report within 2 hours.

e. Non-testing personnel are barred from the holding area.

f. A source of water should be supplied in the holding area. Donors should drink one 8 oz glass of water every half hour, not to exceed 40 ounces.

NOTE: Other sources of fluid are acceptable, i.e. coffee, juice, soda etc.

g. Personnel will remain in the holding area until ready to provide a specimen.

h. Personnel are not allowed to leave the holding area until they have donated an acceptable specimen.

i. In exceptional cases an individual with an NCO/officer escort and permission of the 1SG or commander may leave for a brief period.

j. Personnel in the holding area should not be allowed to lounge and/or sleep. If you keep them busy, then they will provide a specimen sooner. Try providing Alcohol & Drug Training by an alternate UPL or some other training activity.

9. Selection of Observers

a. The commander is responsible for the selection of the observers, and holding area supervisor. The commander needs to be careful when selecting NCOs and officers for these potentially sensitive positions.

b. This is a commander's responsibility but may be delegated to the UPL or 1SG.

NOTE: Observers may be selected prior to the test date, but should not be notified of this duty until the selected Soldiers are notified. The fewer Soldiers that are aware of the urinalysis the better the smart testing will be.

c. Criteria for Observers:

(1) NCO or Officer (E-5 or above).

(2) Same gender as the personnel being observed.

(3) Possess sufficient maturity and integrity to preserve the dignity of the Soldier being observed.

(4) Not be currently enrolled within the ASAP Rehabilitation Program or currently be under investigation for any substance abuse related offense.

10. Briefing of Observers: UPL briefs observers

a. The UPL will verbally brief each observer on the collection process and demonstrate how to properly directly observe a Soldier.

b. The UPL will ensure that each observer reads and signs an observer's memorandum (see Appendix C). Their signature on thememorandum signifies that they understand and will comply with their duties and responsibilities

11. Commander's Briefing - The commander should always brief the unit prior to the collection process; this ensures that all personnel understand what the commander's intent is and that Soldiers are being ordered to provide a urine specimen.

a. Commander briefs selected personnel (See Appendix D for a copy of the briefing).

b. The commander's briefing is the order for a Soldier to provide a specimen, and states why the commander is testing the selected Soldiers.

c. Although command presence is strongly encouraged and preferred, the commander may delegate the UPL or 1SG to give this briefing.

12. UPL's Unit Briefing: UPL briefs selected personnel, preferably in holding area (See Appendix E for a copy of the Briefing). The UPL will ensure that all personnel selected for testing receive the briefing. Soldiers that arrive after the test starts should be read the instructions by the holding area NCO/officer, the commander or the 1SG.

13. Selected personnel will test

a. Soldiers selected for testing and present for duty WILL provide a specimen.

b. Excusing anyone selected could invalidate the collection process.

c. Frequent excuses: Below is a list of some of the frequent excuses used by Soldiers. None of these reasons are valid to exempt a Soldier from a test or change the reason for the test.

(1) "I'm pregnant."
(2) "I'm on my period."
(3) "I'm taking medication that turns my pee orange (blue)."
(4) "I'm taking prescription medication."
(5) "I have to dispatch a truck."
(6) "I want to self-refer myself, I have a problem."
(7) "I am enrolled in the ASAP, it should be a rehabilitation test"

NOTE: If a Soldier enrolled in ASAP is selected randomly or on a 100% test it is not a rehabilitation test, it is an inspection test.

2-3-4: Collection Procedures

The preferred method of conducting a unit urinalysis involves using the DoD Drug Testing Program (DTP) software. Occasionally a computer will malfunction or the UPL doesn't have access to the DTP software, therefore every UPL must still be able to perform a urinalysis by completing the paperwork manually. The UPL Certification Training Program (UPLCTP) CD ROM has a pictorial explanation of the collection Process for both the DTP and manual collection procedures. The procedure listed here incorporates both manual and DTP procedures.

The following steps are the standardized and regulatory procedures for the collection, handling and submission of urine specimens. These procedures have been designed to ensure legal defensibility in a court of law and **MUST** be followed exactly as written. Do not take short cuts to speed up the process, you may invalidate the test.

The UPL station should be setup and the UPL is ready to start processing donors. All Supplies to include two black or blue pens, the Unit SOP and references, and either blank or pre-printed (DTP) forms and labels are available. **Note**: The work station should be neat and clean - avoid table-top clutter. The UPL will not start collecting specimens until he/she puts on disposable rubber gloves.

1. Soldier approaches the UPL desk with ID card when prepared to give a urine specimen. If the Soldier does not have an ID card in his/her possession, an alternate reliable method for verifying the SSN of the Soldier is required.

2. Soldier will hand the UPL his/her ID Card. If the Soldier does not have an ID card in his/her possession, an alternate reliable method will be used to verify the SSN (see Unusual Circumstances module 2-3-6).

3. Soldier will be instructed to remove excess outer garments (BDU Jacket, coats, etc) if he/she has not already done so.

4. The UPL initiate the collection paperwork. NOTE: Only <u>Blue</u> or <u>BLACK</u> ballpoint pen should be used in filling out the collection paperwork; roller ball, felt tip pens and pencils will not be used. Writing on the collection paperwork:

   a. Avoid slashing zeros (Ø); use 0
   b. Avoid European sevens (7); use 7
   c. Avoid European ones (1); use l
   d. Avoid double circle eight's (8);use 8
   e. Avoid closed fours (4); use 4
   f. use **0, I, 2, 3, 4, 5, 6, 7** 8 , 9

5. If an error is made while completing the paperwork, then it must be corrected in a forensic manner so it will stand up court. The Proper method of making corrections on

the DD Form 2624, the bottle label, or the Unit Ledger (see Appendix I for complete instructions on Making Corrections)

(1) Line through the error, initial, date, and enter correct entry near the incorrect entry. Example: ~~HR~~ IU MCB 4/26/05

(2) No other method of correction is authorized except by a memorandum titled "Certificate of Correction" (Discussed in post collection procedures and Appendix J).

6. If DTP is utilized the UPL will use the ID Card to verify that the information on the specimen bottle label, DD Form 2624 and Testing Register (Unit Ledger) and make any forensic corrections as required. (Steps 7-9 below are for a manual collection only)

7. The UPL prepares Specimen bottle label (See Appendix F for instructions on completing a label).

8. The UPL will initiate the DD Form 2624. One DD Form 2624 is required for each batch up to 12 specimens. If less than 12 specimens are collected on a batch, then leave the remaining blocks blank (See Appendix G for instructions on completing the DD Form 2624).

9. The UPL will initiate the Unit Ledger also called the Testing Register by DTP (See Appendix H for instructions on completing the Unit Ledger)

10. The UPL directs the Soldier to verify the information on the Unit Ledger, DD Form 2624, and bottle label.

11. The Soldier will then initial the bottle label. His/her initials are verification that the data on the label, DD Form 2624 and unit ledger is correct.

12. The UPL will remove a new collection bottle from the box in front of the Soldier and replace it with the Soldier's ID Card.

13. The UPL will then affix the Specimen label to the bottle, in full view of both the Soldier and the observer.

14. The UPL will then hand the labeled bottle to the Soldier

15. The Soldier will ensure that the observer has full view of the bottle at all times until the UPL takes custody of the specimen. At no time will the observer take custody of the urine specimen or bottle.

16. If the Soldier is female, the optional wide mouth collection cup will be issued to the Soldier at this time.

17. The Soldier and observer will move to a secure latrine, the bottle will be held by the Soldier above his/her shoulder as to keep it in full view of the observer.

18. The observer will keep the collection bottle in sight at all times.

Donor Testing – Male & Female

19. Once in the latrine, the observer will direct the Soldier to wash his/her hands without the use of soap.

20. The Soldier will then move to the appropriate facility to collect the specimen.

21. Collection procedures for Males and females

Donor Testing – Male	Donor Testing - Female
The Soldier will remove the cap of the bottle in full view of the observer, and will hold it or place it face up on a clean surface. The bottle cap must be in full view of the observer.	The Soldier will remove the cap from the collection cup (if capped), and provide the specimen in the collection cup. The observer will keep the collection cup and the specimen bottle in full view and directly observe urine leaving the body and entering the cup.
The Soldier will then fill the bottle with at least 30ml of urine (approximately half the specimen bottle). The observer must see urine leaving the body and entering the bottle.	The Soldier opens the specimen bottle, and pours the urine from the cup into the bottle. The specimen bottle must contain at least 30 ml of urine. Any remaining urine in the collection cup will be dumped into the commode.
The Soldier will recap the bottle in full view of the observer.	The Soldier will recap the bottle in full view of the observer. The collection cup will be rinsed with tap water and thrown in the trash.
The observer will watch this entire procedure.	The observer will watch this entire procedure.

22. The Soldier may wash his/her hands with soap after recapping the specimen, but the Soldier and observer MUST keep the specimen in full view.

23. The observer and the Soldier will return to the UPL table.

24. The Soldier will walk in front with the bottle held above his/her shoulder.

25. The observer will keep the bottle in sight at all times.

26. The Soldier will hand the bottle containing his/her specimen to the UPL; both the Soldier and observer will continue to keep the bottle in sight at all times until the UPL places the specimen in the collection box.

27. The UPL will take the bottle, verify that the cap is secure, and inspect the specimen for quantity and for possible adulteration.

28. If less than 30 ml of urine is collected (includes no specimen collected at all) then:

a. The entire specimen will be dumped, the SSN on the label will be blackened out or the label removed and the specimen bottle will be destroyed.

b. The Soldier will be sent back to the holding area until he/she can provide a full specimen.

c. Procedure will begin at the beginning of the collection process.

d. Original entries on the DD Form 2624 and Unit ledger may be utilized for the second specimen collected.

29. Adulteration – substituted specimen or a specimen with an additive

If adulteration is suspected, secure the specimen bottle and it's contents.

- Complete the collection process, but do not release the donor.
- Have another observer or NCO get the commander.
- Explain the circumstances to the commander.
- The Commander may order a Probable Cause (PO) specimen to be collected under separate chain-of-custody and the Soldier held in a holding area until such time as a specimen is provided.
- The Observer should be replaced immediately for not properly observing the collection of the specimen.
- The commander should contact the local installation SJA and CID for further guidance.

30. The UPL will then place tamper evident tape across the bottle cap. The tape will be one continuous piece that touches the label on both ends without obscuring any information and runs across the top of the bottle.

31. The UPL will then initial the bottle label. The UPL's initials signify that he/she:

a. Received the specimen from the Soldier.

b. Checked the specimen for possible adulteration.

c. Ensured the cap was secure.

d. Placed tamper evident tape across the cap.

32. The UPL will place the specimen in the collection box in the correct location (see Appendix K), removing the Soldier's ID Card.

Note: The specimen boxes will remain with the UPL at all times.

33. The observer will then sign the unit ledger in front of the UPL and Soldier. The observer's signature verifies that he/she:

a. Complied with the collection process.

b. Directly observed the Soldier provide the sample.

c. Maintained eye contact with the specimen until it was sealed with tamper evident tape and placed in the collection box.

34. The Soldier will then sign the unit ledger in front of the observer and UPL. The Soldier's signature verifies that he/she:

a. Provided the urine in the specimen bottle.

b. Observed the specimen being sealed with tamper evident tape.

c. Observed the specimen being placed in the collection box.

35. The ID Card will be returned to the Soldier at this time, and he/she is released from testing.

36. This completes the process for one donor. The process continues until all specimens are collected.

Note: The UPL may use up to three observers at the same time.

Note: The UPL will NEVER have custody or touch his/her own specimen. An alternate UPL or personnel from the local ASAP will collect and handle the UPL's specimen.

DO NOT allow a Soldier to collect a specimen unless the bottle has a label affixed to it which includes the base area code, collection date, Soldier's SSN and the Soldier's initials.

2-3-5: Post Collection Procedures

1. Donor Testing: After all specimens have been collected the UPL will:

a. Verify that all SSN's on the Unit Ledger, DD Form 2624 and bottle labels match (See Annex L for a Quality Control Checklist).

b. Ensure that all required information, signatures, and initials are on the bottle labels, unit ledgers, and DD Forms 2624 as required

c. Ensure that each specimen has tamper evident tape applied.

d. Ensure specimens are placed in the collection boxes in order (See appendix K for proper placement of specimens).

e. Place the DD Forms 2624 and Unit Ledgers in their respective collection boxes.

f. Dispose of all waste materials.

g. Disinfect the work area.

NOTE: While cleaning up the work area the UPL must maintain eye contact with all specimen containers.

h. Will transport all specimens to the Installation Biochemical Collection Point (IBCP) as soon as possible (normally the same duty day).

i. If unable to transport to the IBCP immediately, the specimens, containers and paperwork will be placed in temporary storage.

2. Temporary Storage of Specimens

a. A safe, secure filing cabinet or metal wall locker will be used to store specimens.

b. The storage container must be in a lockable room.

c. The safe, filing cabinet or wall locker:

(1) Must weigh at least 500 pounds.

(2) Or be attached to the structure of the building by a chain or bolted to the wall/floor.

d. If a filing cabinet is used:

(1) A metal bar hasp that runs entire height of the cabinet will be used.

(2) A hasp may be welded to top drawer, but then only top drawer may be used for storage.

e. The safe, filing cabinet, or wall locker will have the hasp secured with a key padlock (series 200) with two (2) keys.

(1) One key will be issued to primary UPL.

(2) The second key will be issued to commander's safe in a sealed envelope.

f. All opening and closing of the container will be annotated on SF 702.

g. It is extremely important that UPLs complete the chain of custody (back of DD Form 2624) properly when placing specimens in and out of temporary storage.

(1) When specimens are placed in temporary storage, the back of the DD Form 2624 will be annotated with the following:

(a) DATE: Date specimens are placed in container.

(b) RELEASED BY: UPL's printed name and signature.

(c) RECEIVED BY: Write in the building number and room in which the storage container is located.

(d) PURPOSE OF CHANGE/REMARKS: Write in "Placed in TEMPORARY STORAGE".

(2) When specimens are removed from the temporary storage container, the back of the DD Form 2624 will be annotated with the following:

(a) DATE: Date specimens removed from container.

(b) RELEASED BY: Write in the building number and room in which the storage container is located.

(c) RECEIVED BY: UPL's printed name and signature.

(d) PURPOSE OF CHANGE/REMARKS: Write in "Removed from TEMPORARY STORAGE".

h. Under extreme circumstances, the alternate UPL may remove specimens from the storage container (i.e. the primary UPL goes on emergency leave, is

hospitalized etc.). Annotate the reason on a Memorandum for Record and maintain it in your files.

3. Receipt of specimens by IBTC

a. At the Installation Biochemical Collection Point (IBCP) the IBTC will check the following:

(1) Do you have a valid UPL Certification (good for 1 year)?

(2) Do you have your unit ledgers, DD Forms 2624, and specimens?

(3) Then the IBTC will do a Quality Control inspection on the specimens

Note: If you do not have an IBCP or an IBTC (such as recruiters, reserve units, and some deployed units) then you will need to check all documentation carefully and make corrections like an IBTC.

b. Quality Control Inspection

(1) The IBTC will review the DD Forms 2624, unit ledgers and bottle labels for completeness.

(2) The IBTC will ensure that the information contained on the front side of the DD Form 2624 is correct and corresponds with the information on the bottle label and unit ledger.

(3) The IBTC will ensure that, at a minimum, approximately 30 ml of urine is contained in each bottle.

(4) The IBTC will ensure the specimen does not appear adulterated.

(5) The IBTC will ensure that an unbroken piece of tamper evident tape is correctly placed on each bottle.

(6) If a discrepancy is found during the check, the IBTC shall initiate appropriate action to correct the discrepancy or error, if possible. All discrepancies that can be corrected must be explained in a memorandum titled, "Certificate of Correction". The memorandum titled, "Certificate of Correction" will explain:

(a) The discrepancy

(b) The circumstances

(c) The corrective action

(d) All personnel involved, including the person(s) who made the error, must sign this certificate. If the error is a missed entry or an incorrect entry on the bottle label or on the DD Form 2624, corrections will **NOT** be made on the label or on the form. The evidence that a correction was made will be the memorandum titled, "Certificate of Correction". The memorandum titled, "Certificate of Correction" will be appended to the original and all copies of the DD Form 2624. The memorandum titled "Certificate of Correction" will remain attached to the IBTC's DD Form 2624 until its destruction date.

(7) If no discrepancies are noted, or all discrepancies have been corrected with a Certificate of Correction, the UPL will:

(a) Enter the date the specimens were delivered in block 12a.

(b) Print his/her name and sign their payroll signature in block 12b.

(c) Print, "Specimens released by UPL to IBTC" in block 12d.

(d) Ensure that the IBTC prints and signs their payroll signature in block 12c to document receipt of specimens.

Note: Blank and example Certificates of Correction are at Appendix J

Note: In most cases only UPLs who do not have access to an IBTC for a quality control check will use Certificates of Correction; however check with your local ASAP.

(8) UPLs that ship directly to the laboratory (those UPLs without IBTCs) will not sign the specimens over to another person, but will sign the specimens over to the mail carrier, such as USPS, FedEx, UPS, or DHL.

(a) Enter the date the specimens were mailed in block 12a.

(b) Print his/her name and sign their payroll signature in block 12b.

(c) Print the method of mail transport in 12c such as the United States Postal Service (USPS), FedEx, UPS, or DHL. The mail carrier does NOT sign the DD Form 2624.

(d) Print, "Specimens mailed to FTDTL by [mail method]" in block 12d.

(9) To assist you in performing your quality control inspections, a Quality Control (QC) checklist is available on the UPL CTP CD ROM and at Appendix L.

4. Prepare for shipment

Note: Only UPLs without IBTCs will ship their own specimens to the laboratory; however every UPL must be familiar with the packaging requirements for the following reasons:

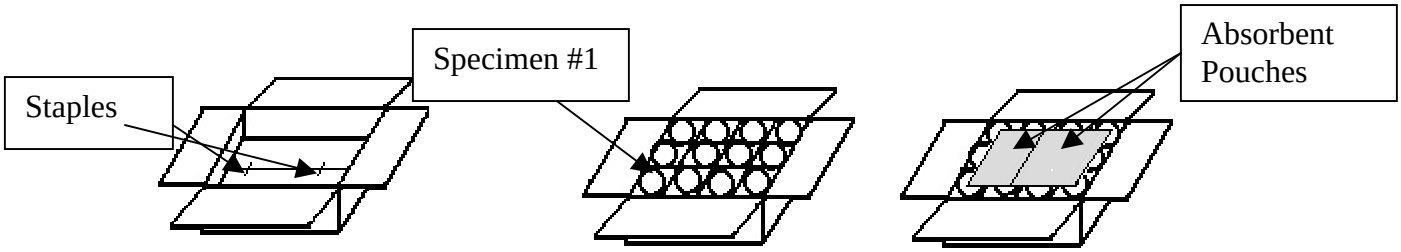
- Your unit may deploy and then you will have to ship your own specimens.

- AR 600-85 gives the IBTC the option of having the UPL package the specimens or to package the specimens themselves.

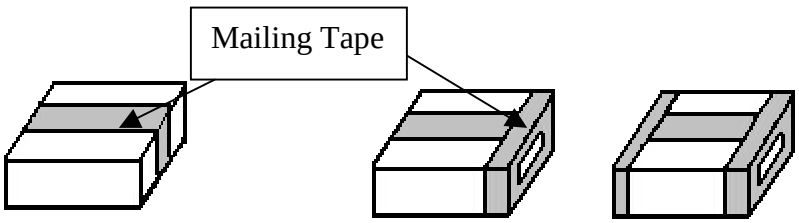
These steps may be completed by either the UPL or the IBTC as determined by local SOP.

a. Examine the staples inside the collection box, under bottles #5 and #8; ensure that the staples are flat. If the staples are sticking up, then flatten them with a hammer or remove them and tape the bottom closed. (Newer boxes are taped not stapled)

b. Liquid absorbent pads will be placed in each specimen box (containing up to 12 specimens) to absorb any leakage that may occur.



c. The specimen box will be sealed with adhesive tape (use a mailing type tape, not scotch tape) over all open sides, edges and flaps.

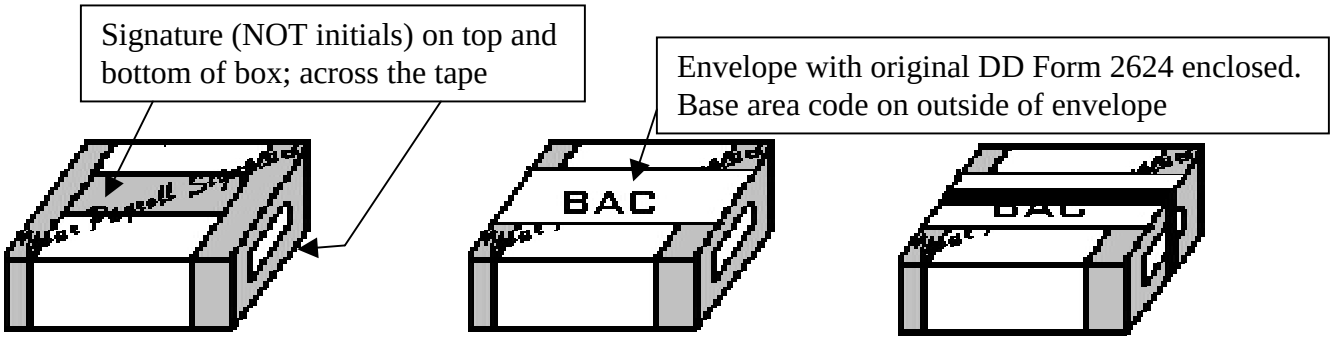


NOTE: Do not use 100 mile an hour tape (Duct Tape).

d. The UPL or the IBTC then signs his or her payroll signature across the tape on the TOP AND BOTTOM of each container

e. The UPL or the IBTC secures a plain white business envelope (with 1" wide tape, not scotch), with the original DD Form 2624 enclosed, UNSEALED, to the outside of the specimen container. Your Base Area Code (BAC) will be written in large letters

on the outside of the envelope.



5. Shipment of urine specimens

a. All urine specimens will be forwarded to the supporting FTDTL.

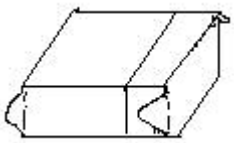
b. Sign each DD Form 2624 releasing it to one of the authorized modes of transportation, i.e. "Released to USPS". (USPS is the United States Postal Service)

c. Prepare the specimen boxes as required for shipment.

d. Ensure that each original DD Form 2624 remains inside the envelope taped to the specimen container. Make suspense copies of DD Forms 2624 and Certificates of Corrections for your files.

e. DO NOT SEND UNIT LEDGERS TO THE LAB!

f. Place specimen container inside a leak proof bag and seal (White plastic leak-proof bag, NSN 6530-01-304-9762).



g. Wrap the container IAW your carrier's requirements. Some mail services require that the box be wrapped in brown paper before shipment.

h. Multiple specimen boxes may be combined into larger boxes for shipment, but each specimen box must be wrapped as stated above to include a leak proof bag. There are no specific taping instructions for the larger box.

Note: Do not combine more than ten (10) collection boxes into a larger box

i. Ship containers to the FTDTL by transportation priority one. One of the following transportation modes will be used:

(1) US Postal Service by First Class Mail.

(2) Hand-carried by surface transportation.

(3) Military aircraft transportation system.

(4) US flag commercial airfreight, air express, and airfreight forwarder.

(5) FedEx or UPS.

(6) When none of the above satisfies the movement required, by foreign flag air carrier.

J. Mail to your servicing Forensic Toxicology Drug Testing Laboratory (FTDTL):

(a) Fort Meade FTDTL
BLDG 2490, Wilson & Llewellyn Streets
Fort George G. Meade, MD 20755-5235

(b) Tripler AMC FTDTL
1 Jarrett White Road
Attn: MCHK-FT
Tripler AMC, HI 96859-5000

NOTE: Do not do any wrapping until all bottle labels and DD Forms 2624 have been verified and Certificates of Correction (if required) have been prepared. All documents must be copied before packaging begins.

2-3-6: Unusual Circumstances

1. Unusual circumstances are anything out of the normal procedures and include:

a. Soldier with no ID card

b. Short specimen to include no specimen

c. Possible adulteration

d. Broken tamper evident tape

2. Any unusual circumstance should be annotated in the "Remarks" section of the unit ledger and/or on a Memorandum for Record (MFR).

3. Soldier with no ID card

a. If a Soldier approaches the UPL desk without an ID card, some alternate method of identification will be used such as:

(1) Identity verified by 1SG or CDR and SSN taken from alpha roster.

(2) Identity verified from picture ID (such as driver license) and then SSN taken from alpha roster.

(3) The use of ID tags is not considered a valid ID of a Soldier.

b. Whichever method your unit decides upon or your installation mandates must be in the SOP.

c. You will annotate that the Soldier had no ID card and how the ID was verified in the "Remarks" section of the Unit ledger and/or in a MFR that is attached to the unit ledger.

4. Short or No Specimen: If a donor goes to the latrine to provide his/her specimen and produces less than 30 ml or is unable to provide any specimen at all then:

a. The label will be removed from the bottle or at a minimum the SSN will be obliterated.

b. Any urine in the specimen bottle will be dumped in the commode or urinal by the Soldier in view of the observer.

c. The specimen bottle will be rinsed with tap water and then crushed.

d. The UPL (you) will annotate on the Unit Ledger that the specimen was short on the first attempt.

e. The Soldier will return to the holding area and be instructed to drink water.

f. The original entries on the unit ledger and DD Form 2624 are still good and will be utilized when a good specimen is provided.

5. Possible Adulteration

a. When the observer suspects that the Soldier tampered with his/her specimen, then the observer will notify the UPL after the Soldier hands the specimen to the UPL.

(1) The UPL will finish processing the specimen and then have the Soldier stand fast and ensure that the commander is notified.

(2) The commander, in consultation with SJA/CID, will determine any additional testing, etc.

b. If you, the UPL, believe that a specimen appears to be adulterated in your initial inspection of the specimen then you will:

(1) Finish processing the specimen and then have the Soldier and observer stand fast and ensure that the commander is notified.

(2) The commander, in consultation with SJA/CID, will determine any additional testing etc.

(3) The observer should be immediately replaced.

NOTE: In both cases mentioned the specimen will be saved; it is evidence that the Soldier attempted to adulterate his/her specimen. The local CID and SJA will determine if the specimen is shipped to the FTDTL or shipped to a special laboratory for adulterant testing.

6. Refusal to provide a specimen

- If a Soldier refuses to provide a specimen, the appropriate command authority will be notified. The Soldier's chain of command should give the Soldier a direct order to provide a specimen. If the Soldier then refuses, it will be a violation of a direct order. Violation of a lawful order is subject to disciplinary action under UCMJ. Possible actions include courts-martial proceedings and processing for separation.

NOTE: Menstruation, pregnancy, or taking medication for a urinary track infection do not excuse a Soldier from providing a specimen.

7. Broken Tamper Evident Tape

a. Occasionally when applying the tamper evident tape, the tape breaks in such a fashion that it does not touch both sides of the bottle label. If this happens then:

b. Apply a second piece of tape 90 degrees from the first.

c. Annotate on Unit Ledger that you applied a 2nd piece of tape and that the Soldier observed this process; do a MFR and/or Certificate of Correction after the collection and attach to the original DD Form 2624.

8. Other Unusual Circumstances: This lesson listed a few of the most common unusual circumstances. The more collections you perform the greater the chances that something unusual will occur. Your requirement is to annotate these circumstance and the actions that you took in the "Remarks" Section of the unit ledger or in an MFR that is attached to the ledger.

2 - 4: The Laboratory

2-4-1: Laboratory Procedures

A. DoD Drug Testing Laboratories

1. The Armed Forces Institute of Pathology (AFIP) located in Rockville, MD certifies the six drug testing laboratories for DoD.

a. The Navy has three laboratories.

b. The Air Force has one laboratory.

c. The Army has two laboratories

2. Each laboratory tests their own service's specimens.

3. TRI-service command specimens are tested by the service that is directed as the servicing agent. (Southern Command specimens are tested by the Army)

4. All new accession testing (MEPS testing) is conducted at the Navy laboratory in Great Lakes, IL.

Note: DoD and the services are working to regionalize the six certified laboratories to allow each lab to test all military specimens in their geographical area; an implementation date has not yet been determined.

B. Army Drug Testing Laboratories. The Army has two laboratories called Forensic Toxicology Drug Testing Laboratories (FTDTLs):

a. Tripler Army Medical Center, HI tests specimens for:

(1) The Army National Guard

(2) The Coast Guard

(3) Army specimens from the Pacific Region, Korea, and primarily the installations west of the Mississippi river.

b. Fort Meade, MD tests Specimens for:

(1) The Army Reserves

(2) Army specimens from Europe, and installations east of the Mississippi river.

(3) Department of the Army Civilian specimens

c. Special testing or circumstances:

(1) Deployed units should consult their installation ASAP or higher headquarters to determine where to send their specimens.

(2) All specimens that are to be tested for steroids are sent to the Fort Meade laboratory for processing (Steroid testing will be discussed in more detail in a later lesson)

(3) Special test requests for Valium, mushrooms (psilocybin), etc are tested at AFIP.

C. Drug testing menu for all DoD laboratories

1. ALL specimens are tested for Cocaine, Amphetamines, THC and currently Heroin.

Note: In 2004, DoD directed the laboratories to test ALL specimens for Heroin.

2. In addition, specimens are tested for at least one of the rotational drugs - Opiates, LSD, PCP, and Oxycodone/oxymorphone.

3. Other Tests Performed

a. MDMA, MDEA, MDA (Designer drugs such as ecstasy) on all positive Amphetamines.

b. Morphine and Codeine on all positive Opiates. **Note** : Prior to DoD directing heroin testing on all specimens, Heroin testing was performed on all positive Opiates.

Note: DoD determines the testing menu for the drug labs and can changed the menu at anytime based on needs of the force. As mentioned the drug labs ceased testing for barbiturates in Jun 05 and will began testing specimens for synthetic opiates (Oxycodone and Oxymorphone) in 1st quarter FY06.

D. Laboratory testing methodologies: Before a specimen is reported as positive it must test positive three times and by two different testing methods:

1. Immunoassay on a chemical analyzer – initial screening test and re-screening test.

2. GC/MS (Gas Chromatography/Mass Spectroscopy) – confirmation test. GCMS is considered the gold standard in drug testing.

E. Laboratory Procedures

1. Specimen Processing

a. Specimens are received at the lab normally via USPS, FedEx, UPS or DHL.

b. The Specimen Processing Section:

(1) Opens the boxes.

(2) Inspects the DD Forms 2624 and specimens and annotates any discrepancies (Specimens receiving fatal discrepancies will be destroyed).

(3) Each specimen bottle receives a bar-coded Laboratory Accession Number (LAN).

(4) An aliquot (a small portion of the specimen poured into a test tube) is poured on all specimens.

c. The LAN is used to identify the specimen and its associated aliquots as they travel throughout the lab. The actual bottle never leaves the specimen processing section, only aliquots.

(1) Negative specimens are destroyed.
(2) Positive specimens saved for 1 year in a freezer.
(3) Intra-Laboratory Chain of Custody started on bottle and all aliquots.

2. Laboratory Procedures: Screening

a. The Aliquots are tested for up to 7 drugs on a chemical analyzer (immunoassay methodology)

(1) Good drug specificity & low metabolite sensitivity

Note: Metabolite – the remnants of the initial drug after the body breaks it down to be excreted it in the urine. THC is a metabolite of marijuana.

(2) Moderate tolerance to interference

(3) Moderate technician expertise

(4) Fast & Cheap

(5) Used to screens out the negative specimens - about 98% of all specimens are negative

b. Specimens that test negative are destroyed and reported as negative

c. Specimens that testPositive have a new aliquot poured for next test.

5. LaboratoryProcedures: Re -screening

a. New aliquot poured from original bottle for testing in specimen processing.

b. Tested By Immunoassay, same as initial screen

c. Specimens are only tested for the drug(s) that initially screened positive.

d. Water blanks in between each aliquot. To prevent carryover from the previous specimen.

e. Specimens that test negative are destroyed and reported as negative.

f. Specimens that test Positive have a new aliquot poured for next test.

6. Laboratory Procedures: Confirmation

a. Extractions

(1) New aliquot poured from original bottle.

(2) Drug or drug metabolite is extracted from the urine.

- Separates the drug or the drug metabolite from the rest of the urine.
- Chemically changes the drug or metabolite for better identification in the last test (GC/MS).

b. Gas Chromatography/Mass Spectroscopy (GC/MS):

(1) Identifies and quantifies the drugs

(2) High metabolite specificity & sensitivity

(3) High level technician expertise

(4) Slow and expensive

(5) This is the gold standard in the industry. The instrument identifies drugs or metabolites like a fingerprint. If it identifies a drug as LSD then it is LSD.

c. Metabolites Confirmed by GC/MS

(1) 11-nor-delta-9-tetrahydrocannabinol-9-carboxylic acid (THC metabolite)

(2) Benzoylecognine (Cocaine metabolite)

(3) 6-Acetylmorphine (Heroin metabolite)

(4) The rest of the drugs are identified as the drug. (LSD is LSD)

d. Specimens that do not confirm as a specific drug are reported as negative and the specimen is destroyed.

e. Specimens that confirm as a drug, but below the established DoD cutoff are destroyed and reported as negative. Example: A 14 nanogram per milliliter (ng/mL) THC is reported as negative because the cutoff for THC is 15 ng/mL. The table below lists the DoD cutoff levels.

DRUG	CONFIRMATION (ng/mL)
Amphetamines/methamphetamines	100
Barbiturates (prior to Jun 05)	200
THC	15
Cocaine (Benzoylecgonine)	100
Lysergic Acid Diethylamide (LSD)	0.2
Opiates (Codeine)	2000
(Morphine)	4000
Synthetic Opiates (Oxycodone)	100
(Oxymorphone)	100
Heroin (6-Acetylmorphine)	10
Phencyclidine (PCP)	25

f. Drug DetectionT imes

(1) Most drugs that are used on an occasional basis will be eliminated from the body in about 1 – 3 days. Therefore the drug detection time is usually limited to 1-3 days.

(2) The detection time does vary with:

(a) Amount of drug taken –higher doses and increased frequency of use can increase detection times.

(b) Food/drink consumed – Drugs are eliminated just like any food or liquid is from the body. The more water consumed in food/drinks the faster the drug is flushed from the body.

(c) Body type of individual – Metabolism

(d) The Table below lists the average time after a Soldier uses a drug that the drug will confirm as a positive test.

Drug	Confirm
THC	1-3 days
Cocaine	1-3 days
Amphetamines	1-2 days
Opiates (Morphine)	1-2 days
(Codeine)	1-2 days
(Heroin)	12-18 hrs
Synthetic Opiates (Oxycodone)	2-3 days
(Oxymorphone)	2-3 days
LSD	8-12 hrs
PCP	1-3 days
Barbs	1-3 days

7. Laboratory Procedures: Certification - Laboratory Certifying Official (LCO)

a. Reviews all Specimen Result data including: Screening data, Confirmation data, Chain of Custody, and DD Form 2624

b. Testify as expert witness when required

8. Laboratory Procedures: Results Reporting - Laboratory results are posted on a secure website where the IBTC or ADCO retrieves results from website and then Commander or UPL of the results.

9. Laboratory Turn Around Time.

a. The specimens are sent by the IBTC or UPL to the FTDTL. Most installations use FedEX, but specimens can take up to 3 weeks to arrive at the FTDTL from some deployed areas.

b. The Specimen Processing section opens and logs in the specimens and then the clock starts.

c. The specimens are processed and the results are posted on the FTDTL's secure website. This ends the clock for the laboratory turnaround time.

d. Laboratory turnaround time averages 1 2 days for negative results and 5-6 days for positive results.

NOTE: Some drugs such as designer Amphetamines, Methamphetamine, Heroin, and LSD require additional testing that may slightly increase turnaround time.

NOTE: Steroid testing takes 6-8 weeks.

e. The time between a urinalysis and a unit receiving their test results includes the time it takes from collection to shipment, shipment time, laboratory turnaround time, and reporting time from the IBTC to your unit.

10. Positive Specimen Storage

a. Length of time normally is one (1) year

b. Memo from commander required requesting an extension.

11. Retests

a. A retest is conducted usually at the request of the Soldier who is claiming that the lab must have made a mistake – "retest my sample".

b. Reports presence only, does not have a cut-off value

c. Requested by JAG, MRO, commander, orSoldier (through the commander or SJA)

d. At any DoD Lab free of charge

e. At a NIDA Certified Civilian Lab at the Soldier's expense

2-4-2: Adulterants

A. Reasons for adulterant use:

1. To provide a substituted specimen that will test negative

2. To mask the presence of drug in the specimen so it will test negative

3. To interfere with the testing methodology and/or instrument function, resulting in a non-testable or negative specimen.

B. Types of adulterants:

1. Taken internally (Dilution or Masking). This is why un-announced, random testing is important. If Soldiers don't know when they are going to be tested then they can't take an adulterant.

2. Used externally (Added or Substituted). This is why direct observation is important. If the observer does his/her job then the Soldier cannot substitute or add something to the specimen.

C. Common Adulterants

1. Taken internally. The following examples make you drink a lot of water and flush your system: Golden Seal, Urine Aid, vinegar, diuretics (makes you urinate). This is adulteration by dilution.

2. Used externally. Most of these are substitutes and the specimen will be identified as adulterated and the Soldier can be prosecuted: Water, fruit juice, baking soda, soap, perfume, cleaning solvents, nitrates, (i.e. bleach, detergent, Drano).

a. A few of these are additives that mask certain drugs, but most of these additives have been identified and the laboratory can clean up the specimen and still get the positive result.

b. Substituted "CLEAN" urine. Some Soldiers will try to substitute their specimen with purchased "CLEAN" urine or urine from a buddy. In addition to using substituted urine, they will also try to fool the observer by using a prosthetic device to appear to actually be urinating in the specimen bottle.

D. Summary: Soldiers who believe that they will test positive will try to beat the test by adulterating the specimen. If Soldiers do not have prior notice of a urinalysis then they do not have time to flush their system. The holding area also stops Soldiers from flushing their system. Proper observation stops Soldiers from substituting or using additives.

2-4-3: Special Testing

A. There are three basic types of special test requests:

1. Ensure you test this/these specimens for one of the rotational drugs (PCP, LSD, Opiates, and OxyContin when it becomes available in 1st quarter FY06).

2. Test this specimen for anabolic steroids

3. Test this specimen for some other drug (Valium, Ketamine, barbiturates mushrooms, (psilocybin) etc.)

B. Testing for a rotational Drug

1. If a commander wants to ensure that his Soldiers are tested for LSD, because there has been an increase in LSD positives on post and warnings about new microdots in the civilian community then the commander:

a. Submits a copy of a memorandum requesting that the specimens be tested for LSD with each batch of specimens submitted. The memorandum cannot state the Soldier's name, only his/her SSN.

(1) Attach the memo to the DD Form 2624.

(2) Maintain File Copy

b. The specimens will be tested for at least THC, Cocaine, Amphetamine, Heroin and LSD.

C. Steroid Testing

1. Steroid testing will only be performed on a **Probable Cause** test basis.

2. A memorandum from the commander requesting a steroid test is required. The memorandum cannot state the Soldier's name, only his/her SSN.

a. Attach the memo to the DD Form 2624.

b. Maintain File Copy

3. The specimen bottle must be completely full (60 mL minimum).

4. Only one bottle per DD Form 2624 is allowed.

5. The specimen will only be tested for steroids and no other drugs.

6. All specimen requests for steroids must be sent to the Fort Meade laboratory. The Fort Meade lab will then send a portion to the UCLA laboratory for steroid testing. It will take 6 –8 weeks to get a result.

D. Other Special Tests - Valium, Rohypnol, Mushrooms (Psilocybin) and other requested drugs are not tested at the regular laboratory; they are tested at the Armed Forces Institute of Pathology (AFIP).

1. If your commander has **probable cause** that someone is abusing mushrooms or another drug not normally tested for, then contact the ADCO or IBTC before collecting a specimen.

2. A memorandum from the commander stating why he/she needs this test will accompany the specimen. The memorandum cannot state the Soldier's name, only his/her SSN. Maintain file copy of memo in your records.

3. May require a different chain of custody form (not DD Form 2624); AFIP uses a different chain of custody.

4. May require special collection, handling, and/or shipping procedures.

Track 3: BIOCHEMICAL TESTING 2

3-1: Receipt of Results

3-1-1: Negative Specimens

Note: For the purpose of this block of instruction the IBTC may be a National Guard State Program Manager/ADCO, MACOM ADCO, or Reserve command ADCO.

A. The IBTC will receive the negative results from the FTDTL web portal.

Note: The electronic results from the DoD web portal along with the IBTC's suspense copy of the DD Form 2624 are sufficient for administrative action and non-judicial punishment.

B. Many installations and commands follow a "No News is Good News" philosophy, which means if you don't hear from us within 2 weeks, then assume that the specimens you collected were negative. Although this is acceptable, the preferred method is for installations and commands to notify all units of their test results. Check with your IBTC, ADCO, or command for the specific negative reporting policy used.

C. Negative results on specimens that have a test basis of Probable Cause (PO), Competence/Fitness for Duty/Command Direct (CO), or Rehabilitation (RO) are required to be reported back to the commander. Rehabilitation (RO) specimen results will also be reported to the counseling center.

D. Whatever method is used to notify your command of the negative results you need to:

1. Annotate the negative results on a copy of your Unit Ledger.

2. File the negative result ledgers for one year plus the current year.

3-1-2: Discrepancies

A. The FTDTL specimen processing section performs a Quality Control (QC) inspection on all specimens received. The QC inspection includes:

1. Packaging requirements

2. Specimen quantity and quality

3. Bottle label: completeness, accuracy, and legibility

4. DD Form 2624: completeness, accuracy, and legibility

5. The technician will annotate any and all discrepancies based on a discrepancy list. The discrepancy list was developed by DA, the FTDTL, and OTJAG.

B. Types of Discrepancies - The IBTC, State Program Manager, MACOM ADCO, or Reserve Command will notify your unit of both fatal and non-fatal discrepancies

1**. Fatal discrepancy** (specimen will not be tested and is destroyed) – A discrepancy is noted that would ultimately invalidate the test results, Examples: Insufficient specimen, SSN on the specimen and DD Form 2624 do not match, etc

2. **Non-Fatal discrepancy** (specimen is still tested) - A discrepancy is noted that would not invalidate the test results, but should have been corrected by the UPL or IBTC, and may discredit the UPL and/or IBTC in a courts martial. Examples: Invalid test basis code, corrections to DD Form 2624 or label not IAW AR 600-85, etc.

C. Non-Fatal Discrepancies

1. Although the specimen is still tested when it receives a non-fatal discrepancy, you should try and prevent the error from occurring on future specimens you send to the laboratory.

2. A positive result that goes to court, that receives a non-fatal discrepancy, may allow the defense to attack your qualifications, work ethic, and the credibility of the test.

D. Fatal Discrepancies:

1. When you are notified of a fatal discrepancy inform your commander of the specimen(s) that were not tested and why. The commander's WRITTEN policy should dictate the procedure to follow on un-tested specimens.

2. If written in your Unit Substance Abuse Program SOP, the commander may require soldiers whose specimens are not tested to submit to a new specimen. Annotate on the Unit Ledger that the specimen was not tested and why.

3-1-3: The IBTC Dumped the Specimen

Prior to the specimens being shipped to the FTDTL the IBTC, State Program Manager, or other appointed individualwill perform a quality assurance check on the specimens that you collected. If that person finds an error that would result in a non-testable discrepancy, then he/she may destroy that specimen.

1. You will be notified of the dumped/destroyed specimens either on the spot or as soon as possible.

2. You will annotate that the specimen was destroyed/dumped, who destroyed it, and why on a copy of your Unit Ledger.

3. You will inform the commander of the specimen(s) that were destroyed and why. The commander's WRITTEN policy should dictate the procedure to follow on destroyed/dumped specimens. The commander may require all of those Soldiers to re-test.

3-1-4: Positive Specimens

Note: For the purpose of this block of instruction the IBTC may be a National Guard State Program Manager/ADCO, MACOM ADCO, or Reserve command ADCO.

A. The IBTC will receive the positive results from the FTDTL web portal.

Note: The electronic results from the DoD web portal along with the IBTC's suspense copy of the DD Form 2624 are sufficient for administrative action and non-judicial punishment.

1. The IBTC will notify the commander or rear detachment commander of the positive result.

2. The commander will be called with the information that he/she has a positive result to pick up at the ASAP (**Note**: Some results are sent to the commander by certified mail or FedEx). If the commander is not available, a designated person may pick up the result. This designation must be included in the installation SOP.

3. Once the commander receives a positive result, he/she will need to initiate some actions. The actions the commander initiates will depend on which drug the Soldier tested positive for.

4. Certain drugs that are tested for can be positive because of prescription medication. Soldiers that test positive for these drugs must have their medical records reviewed and possibly be interviewed by a Medical Review Officer (MRO) prior to any actions being taken against them.

B. MRO's Responsibilities: The MRO will:

1. Make a medical determination of whether the Soldier was legally using prescription medication or if the Soldier was using drugs illegally.

2. Complete and forward a copy of the SF 513 to the commander, and the ASAP.

3. Maintain a copy of the SF 513 for his/her files.

4. The table on the next page lists which drug positives require MRO Review.

Positives that require MRO review	
DRUG	MRO Review?
THC, Cocaine, LSD & PCP	NO
Amphetamines	
- Amphetamines & Methamphetamines	**YES**
- MDMA (Ecstasy), MDEA, MDA	NO
Opiates	
- Codeine & Morphine	**YES**
- 6 MAM (heroin)	NO
Barbiturates (prior to testing that ended Jun 05)	
- Phenobarbital, Butalbital, & Secobarbital	**YES**
Synthetic Opiates (when testing begins)	
- Oxycodone, Oxymorphone	**YES**

C. Commander's Responsibilities:

1. The commander must ensure Soldiers who test positive for a drug that requires MRO review are seen by the MRO as soon as possible.

2. The commander cannot take any unfavorable action against the Soldier prior to the MRO's determination.

3. The commander may, however, temporarily limit a Soldiers access to classified material or remove them from certain duties. These are unit level decisions and are preventive measures until the MRO makes a determination.

4. If the MRO determines the positive drug test was due to legitimate use of prescription drugs then no action is taken against the Soldier and any temporary restrictions applied at the unit are lifted.

5. If the MRO determines illegal use then the Soldier is treated the same as any other illegal substance abuser.

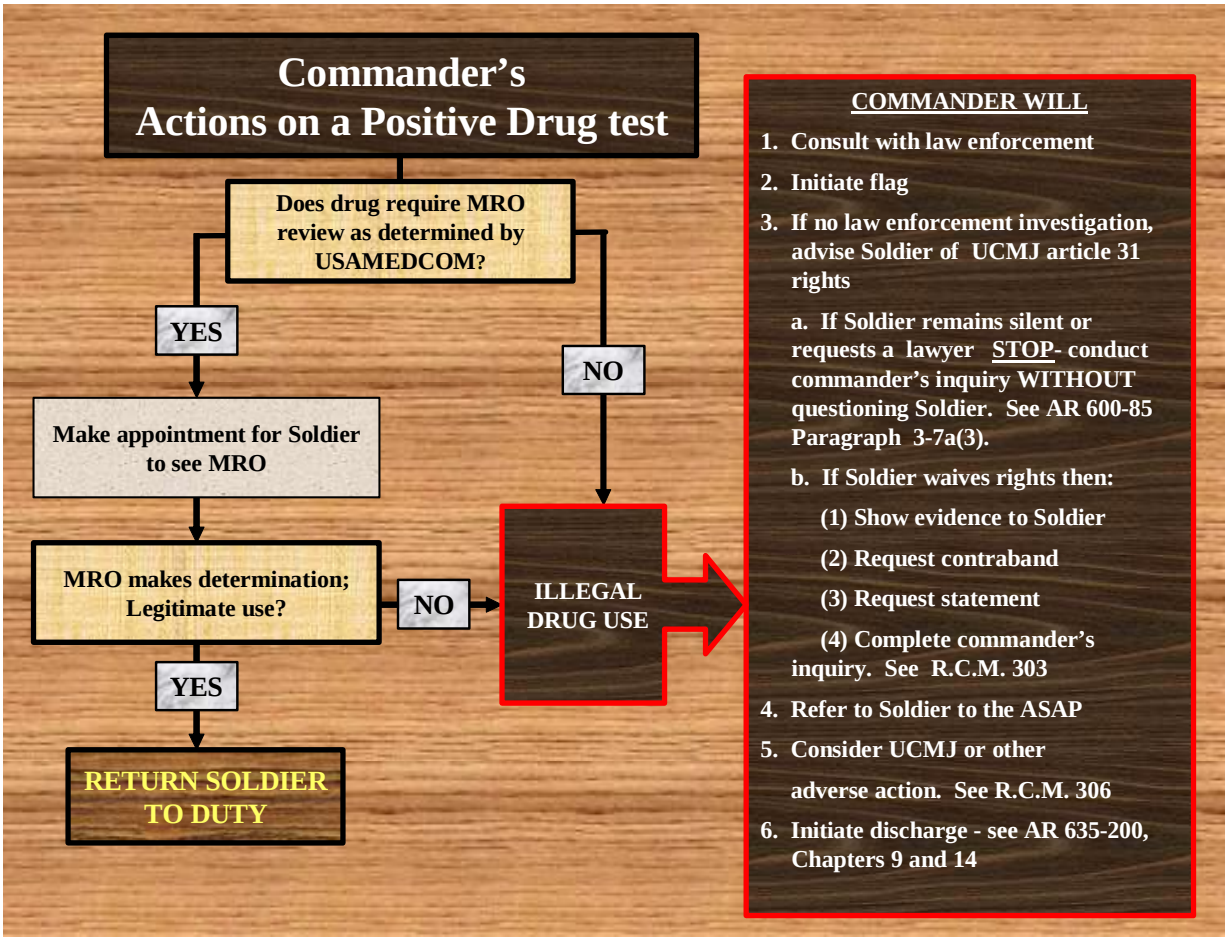
6. All illegal substance abusers will be screened by the clinical ASAP to determine the need for rehabilitation.

7. All illegal substance abusers E-1 and above will have a discharge initiated on them. This doesn't mean that they will be discharged, but that the commander must initiate the paperwork and forward it to the appropriate authority.

NOTE: The use of someone else's prescription medication to include a spouse's is considered illegal use.

NOTE: AR 600-85 paragraph 1-35d. states "the ingestion of hemp seed oil or products made with hemp seed oil is prohibited." Failure to comply is a violation of Article 92, UCMJ.

The responsibilities of the commander are outlined on the chart below.



3-1-5: Nanogram Levels

A. DoD Established Cutoffs for a confirmed Positive Results

1. The Department of Defense established the cutoff level for each drug that the lab tests for. Some of the levels were set based on scientific study, while others were based on technology from 20 years ago.

2. Regardless of how the cutoff was set, any specimen that tests below the cutoff level is reported as negative. For example, the cutoff for cocaine is 100 ng/mL, so if a specimen result is 99 ng/mL then it is reported as a negative specimen.

3. The nanogram (ng/mL) levels are reported to the IBTC (or whoever receives your results) when the laboratory reports the results. The nanogram level on a positive specimen for THC does not necessarily indicate how much marijuana a Soldier used.

4. The fact that the urine contains a drug or metabolite in excess of the DoD cutoff makes a specimen positive - not the amount the Soldier went over the cutoff.

B. Example: A 150 ng/mL THC level is not "more positive" nor does it indicate that the Soldier used more marijuana than another Soldier who is positive at 15 ng/mL.

What youDON'T know is:

a. How long ago each Soldier used the drug; was it 8 hours before the urinalysis or 30 hours before the urinalysis?

b. Each Soldier's metabolism - Does this Soldier metabolize THC more quickly than the other Soldier?

c. How much water each Soldier drank prior to providing a specimen. One Soldier may have provided his/her first morning specimen while the other Soldier drank water for 3 hours before providing a very clear specimen.

d. How was them arijuana ingested; was it eaten in brownies or smoked in a joint?

e. How potent (THC concentration) was the marijuana used

What you DO know is: <u>both Soldiers used illegal drugs.</u>

3 - 2: Administration

3-2-1: Maintaining Files

A. Army Records Information Management System (ARIMS)

1. Army Records Information Management System (ARIMS) AR 25-400-2: The Army's system for maintaining records

2. Within the ARIM system, records are identified and filed by the number of the primary directive, usually an AR, which prescribes their creation, disposition, maintenance, and use.

3. The file number is the key to ARIMS.

a. It identifies the records for filing and retrieval.

b. The basic ARIMS file number coincides with the same number as the related Army Regulation (600-85).

c. For ASAP files the complete ARIMS file number also includes a two character alphanumerical suffix (a1, b2, c1,…). Example file numbers: 600-85a1, 600-85e2.

4. Filing Procedures:

a. Use file guides to separate files and to identify subdivisions thus making filing and retrieving a particular file easier.

b. A file guide is nothing more than a dummy folder, a blank folder with ARIMS information but no records. The use of file guides is required. Use folders to consolidate, retrieve, and protect the records.

5. Labeling Procedures for Files:

a. Label all folders and containers used to store official records.

b. Labels will include the following information (Example below):

(1) File number
(2) File title
(3) Year of accumulation (The Calendar or Fiscal Year).
(4) Privacy Act system notice number (if applicable).
(5) The disposition instructions a "K" or a "T" followed by a number with cutoff date and Destruction date

c. If there are several folders under one number, only the label on the first folder of the series must show all of the required label information.

NOTE: ACSAP has consulted with the ARIMS proponent and received additional guidance on proper filing of records. The files discussed in this lesson and their disposition instructions are correct. You should use the example at the end of this lesson to create your files.

EXAMPLE LABEL

600-85e1 Alcohol and Drug Abuse (03)
Testing Files – Positive Results

PA SYS A0600-85 DAPE

Disposition:"T1" COFF 30 Sep 03, DEST Oct 06

Example of files (by Fiscal year)

600-85e1 Positive Results (03)
January 03

600-85e1 Positive Results (03)
December 02

600-85e1 Positive Results (03)
November 02

600-85e1 Positive Results (03)
October 02

600-85e1 Alcohol and Drug Abuse Urinalysis (03)
Testing Files – Positive Results

PA SYS: A0600-85DAPE

DISPOSITION: "T1" COFF 30 Sep 03, DEST Oct 06

This is the File Guide

6. Arrangement of files can be accomplished by any of the following methods:

a. Date arrangement - chronologically.

b. Simple number arrangement-simple numerical sequence - such as unit designation or project number.

c. Alphabetical arrangement - by subject and name.

B. Files Commonly Used by UPLs

1. **File Number**: 600-85a2

a. **Title**: Alcohol and Drug Abuse Management Files
Privacy Act: Not applicable

Description: Information reflecting implementation and status of the Alcohol and Drug Abuse Program. Included are reports, lessons learned, and other information relating to prevention, identification, treatment, rehabilitation, evaluation, and research and development.

Disposition: "K6": Destroy after 2 years.

b. UPL will file the following under AR 600-85a2:

(1) Unit SOPs
(2) Memorandums titled "Certificates of Correction"
(3) Special test request memorandums
(4) Copies of inspection reports
(5) Appointment orders

2. **File Number**: 600-85b3

a. **Title**: Alcohol and Drug Abuse Statistics
Privacy Act: Not applicable
Description: Information reflecting statistics related to the Alcohol and Drug Abuse Program. Included are compilations and related information.
Disposition: "K6": Destroy after 5 years

b. UPL will file the following under AR 600-85b3:

(1) Any statistics maintained or provided to the command from the ASAP.
(2) Risk Reduction Statistics, if the Risk Reduction Program is utilized at your installation.

3. **File Number**: 600-85e1

a. **Title**: Alcohol and Drug Abuse Testing Report Files – Positive Results
Privacy Act: A0600-85DAPE
Description: Copies of DD Form 2624, Specimen Custody Document - Drug Testing, and related documents pertaining to urinalysis testing.
Disposition: "T3", Destroy after 3 years

b. UPL will file the following under AR 600-85e1:

(1) Copies of DD Form 2624 with positive results
(2) Unit Ledgers with positive results
(3) Results of alcohol testing (positive)
(4) Memorandums titled "Certificates of Correction" on specimens with a positive result

4. **File Number**: 600-85e2

a. **Title** : Alcohol and Drug Abuse Testing Report Files – Negative Results
Privacy Act: A0600-85DAPE
Description: Copies of DD Form 2624, Specimen Custody Document - Drug Testing, and related documents pertaining to urinalysis testing.
Disposition: "T1", Destroy after 1year

b. UPL will file the following under AR 600-85e2:

(1) Copies of DD Form 2624 with negative results
(2) Unit Ledgers with negative results
(3) Results of alcohol testing (negative)
(4) Memorandums titled "Certificates of Correction" on specimens with a negative result

NOTE: You will have to make copies of unit ledgers and DD Forms 2624 that have positive results so that you can place a copy in the positive file (600-85e1) and another copy in the negative file (600-85e2).

3-2-2: Unit Substance Abuse Program Standing Operating Procedure

A. It is an ACSAP requirement that units have a Unit Substance Abuse Program Standing Operating Procedures (USAP SOP) that is reviewed and approved by the commander.

B. Your unit SOP should include (unless mandated in the installation SOP):

1. Random selection process normally used and an alternate; DTP should be the primary method and a ten sided die or number out of a hat as the alternate method in case of a computer problem.

2. Procedures for testing of personnel when not available for testing because of leave, TDY, etc.

a. Do you test them within 3 days of return?

b. Do you test them at the next unit test?

c. Do you just not test them at all?

3. Required Means of Identification to include an alternate reliable method for verifying the SSN of the Soldier, if the Soldier does not have a ID Card in his/her possession.

4. Collection Procedure – this should be in your installation SOP

5. All Required Briefings – Commander's, Observer's, and UPL's

6. Unusual circumstances and how to handle them

7. Bottle Destruction– proper method

8. Disinfecting Procedure

9. Unit Prevention Plan – module 4-3-3

C. Policy letters may be utilized in lieu of USAP SOPs. Although this is acceptable, the policy letter must address all unit specific procedures and information that is not mandated in the Installation Military Collection SOP.

D. The USAP SOP, installation SOP, Region/MACOM SOP, policy letters and AR 600 85 should be present during every collection you perform.

E. USAP SOP Homework

1. To fulfill the USAP SOP requirement, you must present a copy of your USAP SOP (signed by your commander) to the ASAP.

2. A modifiable USAP SOP is available on the UPL CTP CD ROM and on the ACSAP website.

3-2-3: Deployment SOP

A. It is an ACSAP requirement that units obtain an Installation Deployment Testing SOP that has been reviewed and approved by the installation ADCO.

B. The Deployment Testing SOP is really an extension of an installation SOP and includes the procedures that must be followed when your unit is deployed.

C. Activated NGB and USAR units should contact the installation ASAP that supports the first active component unit in their chain of command to receive a copy of the Deployment Testing SOP and establish communication.

D. The Deployment SOP includes:

1. Pre-deployment coordination requirements with the ASAP to ensure deploying units will be able to conduct testing and receive testing results while deployed.

2. UPL training requirements (pre-deployment)

3. Information on the BAC to use while deployed.

4. Where and how to ship your specimens – either to your installation ASAP or directly to the laboratory.

5. Refresher training on conducting an in depth quality control checks of the specimens before shipping.

6. How to request supplies

E. The Deployment Testing SOP is a living document. As services and support in a deployment area increase, the testing, handling, quality control and shipping requirements may change. Therefore it is imperative that:

1. Active Component units maintain contact with their home ASAP and share information with attached or subordinate activated units

2. Activated units contact their higher headquarters for guidance and POCs then establish communication with their supporting ASAP

3-2-4: Appointment Orders

A. It is a requirement that all primary and alternate UPLs be placed on appointment orders signed by the commander. You will need the original and at least five copies of the appointment orders:

1. The original for the companies appointment order file/book

2. 1-copy for each (Primary/Alternate UPL) – at least 2 copies

3. 1-copy for the ASAP files

4. 1-copy for your Unit Substance Abuse Program SOP.

B. Course Required Homework

1. To fulfill the appointment order requirement, you must provide a copy of your appointment orders (signed by your commander) to the ASAP.

2. To assist you in meeting DA and Course requirements, ACSAP has developed a modifiable appointment order. The modifiable appointment order can be obtained from the UPL CTP CD ROM or downloaded from the ACSAP website. Change all information that is italicized and bold. Print the document on unit letterhead paper and have the commander sign it. Turn in a copy to the ASAP.

3-3: Legal Issues

3-3-1: Limited Use Policy

A. This lesson will not make you a legal expert! It is designed to give you a basic understanding of the Limited Use Policy, so you can assist the commander and explain the policy to other Soldiers.

B. The commander should ALWAYS consult with SJA concerning whether or not the Limited Use Policy applies

C. Objectives of the "Limited Use Policy":

1. To facilitate the identification of alcohol and other drug abusers by encouraging identification through self-referral.

2. To facilitate the treatment and rehabilitation of those abusers who demonstrate the potential for rehabilitation and retention.

D. What does the Limited Use Policy do?

1. Prohibits the use by the government of Protected Evidence (Evidence of certain positive drug results, or certain types of information about illegal drug or alcohol use) against a Soldier in a courts-martial, UCMJ or for an unfavorable characterization of service.

2. If a commander identifies a Soldier as a drug abuser through self-referral then the commander is not required to initiate separation action.

3. A Soldier can still be administratively discharged for a positive drug test that is covered by the Limited Use Policy but the Soldier will receive an Honorable Discharge.

E. What is Protected Evidence?

1. Results of a command directed/competence for duty (CO) urine or alcohol test or a rehabilitation test (RO) as part of ASAP treatment plan.

2. A Soldier's self-referral to ASAP. Information concerning drug or alcohol abuse or possession of drugs for personnel use occurring prior to a Soldier's self-referral. This information is provided by the Soldier as part of their initial entry into the ASAP.

3. Information concerning drug or alcohol abuse or possession of drugs for personnel use, and biochemical tests results collected as a result of a Soldier's emergency medical care for an actual or possible alcohol or drug overdose. This does not include medical care resulting from apprehension of law enforcement or if the initial

hospital admission was for other than alcohol or drug abuse (i.e. traffic accident injuries).

4. Biochemical test results of a Soldier who self-refers and who is tested prior to the drug being eliminated from his body.

a. Example: A Soldier self refers on Monday after using cocaine on Sunday; the commander ordered a 100% test on Tuesday. The test result is protected by the Limited Use Policy because the Soldier was positive from the previously admitted use. (Cocaine is detectable up to 72 hours after use).

b. Example: If the above Soldier self-referred after hearing that the commander had ordered a test on Monday morning then limited use does not apply because the Soldier most likely self-referred to avoid UCMJ action.

F. Limited Use Policy does not apply to the following evidence:

1. A positive test that results from law enforcement activities.

2. A positive urine rehabilitation test on a Soldier who is enrolled for alcohol abuse.

3. Illegal drug use or possession after enrollment into the ASAP.

4. Information concerning drug or alcohol abuse or possession of drugs for personal use occurring AFTER a Soldier's self-referral.

5. A positive urine test on a Soldier conducted as an inspection (IO, IR, or IU) after the Soldier is enrolled in ASAP.

Example: A Soldier self-enrolls on Monday for cocaine abuse, he is tested the following Monday on a 100% test and comes up positive for cocaine. Cocaine is only detectable for about 72 hours, therefore the Soldier must have used cocaine again after he self-enrolled.

6. If a Soldier self refers after being notified of a urinalysis, then that test is not covered by the limited use policy.

Example: CPL Snuffy smoked marijuana on Saturday night . On Monday morning the commander orders a 10% random urinalysis and CPL Snuffy is selected to provide a specimen. CPL Snuffy approaches the UPL desk and says "I want to self refer, I have a problem". This test will still be coded as an IR and is not covered by the limited use policy. After providing a specimen, CPL Snuffy would be directed to see the commander for a referral to the ASAP.

G. It is imperative that UPLs code a urine specimen with the correct test basis to ensure that the Limited Use Policy is applied only when appropriate.

H. There is a lot of confusion among Soldiers and commanders about the Limited Use Policy, so remember: The commander should ALWAYS consult with SJA concerning whether or not the Limited Use Policy applies.

3-3-2: Seizure of Urine: We will discuss each of the following in this block of instruction: Probable Cause, Inspections, Fitness for Duty, Consent, Rehabilitation, and Medical Catheterization

A. Probable Cause (PO). What is "Probable Cause"?

1. Probable Cause exists "when there is a reasonable belief that the person, property or evidence sought is located in the place or on the person to be searched." Rules of Courts Martial (RCM) 315(f)(2).

2. Basically, a commander must have reliable information that a Soldier used a drug and the information must be given to the commander within the time frame that a particular drug can still normally be found in a person's urine that used that drug (retention time).

a. Example: A commander receives an unknown note that SPC Snuffy was smoking marijuana at a party on Saturday – This is <u>not probable cause</u> because the note cannot be verified as a reliable source.

b. Example: A commander is told by two SFC's that they saw SPC Snuffy taking Ecstasy at a concert 3 weeks ago – this is <u>not probable cause</u> because although the information is reliable the drug is only found in the urine for about 72 hours after use.

c. Example: A SFC states that he saw SPC Snuffy smoking marijuana at a concert 2 nights ago – This is probable cause.

3. Commanders should always consult with their local SJA office prior to ordering a probable cause test. The SJA will let the commander know if he/she truly has probable cause or not.

Note: Many commanders call both a fitness for duty test and a probable cause test a command direct. If the commander tells you to "Collect a command direct on SPC Snuffy"; then you should ask the commander if he/she means a probable cause or a competence/fitness for duty. It is extremely important to code the test properly.

B. Fitness or Competence for Duty or Command Direct (CO)

1. During an evaluation of a Soldier, the commander may direct a urinalysis to determine a Soldier's competence for duty or need for counseling, rehabilitation, or other medical treatment.

2. The commander questions the Soldier's competence for duty based on unusual, peculiar, bizarre, or uncharacteristic behavior, breaches of discipline, or other similar behavior.

3. Based on less than probable cause.

4. Positive test results are covered by the Limited Use Policy.

C. Inspections. A commander may direct the seizure of urine, like other evidence, based upon the authority to inspect to determine the health and welfare of unit members. Such as:

1. May be 100% of unit – Inspection Unit (IU)

2. Parts of the unit based on random selection (Use of computer for random selection is legally defensible). – Inspection Random (IR)

3. Selected individuals based on a commander's written policy that is equitable to all Soldiers. Such as a policy of testing all Soldiers upon return from AWOL status or after 15 or more days leave. – Inspection Other (IO)

D. Consent or Voluntary (VO)

1. Consent must be totally voluntary. If the commander were to say, "you either volunteer or I will order you to give a specimen", then it is NOT a voluntary test.

2. If Soldier asks "What will happen if I don't consent?", then the Soldier may be told that the commander <u>may</u> order a test anyway. This is still a voluntary test.

3. A refusal to consent by the Soldier does not imply that the Soldier used drugs. The refusal has no bearing on the Soldiers presumed innocence or guilt. It <u>does not</u> give the commander probable cause.

E. Rehabilitation Test

1. A rehabilitation test is ordered as part of a Soldier's enrollment and treatment in the ASAP.

2. The frequency and quantity of rehabilitation tests are determined by the commander and the Soldier's counselor.

3. Results are covered by the Limited Use Policy.

F. Catheterization

1. Forced extraction of urine purely for a drug test is prohibited. Neither the commander nor a physician can catheterize a Soldier to obtain a urine sample for a drug test.

2. However, when it is determined by a physician that a urine specimen is required for a valid medical procedure, then catheterized urine may also be collected for a required drug test.

3-3-3: Other Legal Issues

A. Documentation (must be complete)

1. Ensure the DD Form 2624 and Unit Ledger are completely and accurately filled out.

2. Ensure that the chain of custody accurately reflects all changes in custody, such as temporary storage.

3. Ensure that all deviations from proper procedures in the documentation, collection, handling, or shipment of the specimen are documented either on the Unit Ledger or on an MFR attached to the Unit Ledger.

B. Being a Witness – As a UPL you may have to testify about a urinalysis at a Courts Martial.

1. What to expect: You will answer questions regarding your interaction with the donor, the specimen and the documentation.

2. How to prepare: Have all relevant SOPs available and BE HONEST.

C. Being a Witness: Collection

1. Ensure that during your collection process that you complete the procedure exactly the same way every time on everySoldier , regardless of rank.

2. When you testify about the collection process on PVT G. I. Joe, you probably won't remember collecting his specimen 6 months ago, but you can say "I always do my collections the same way and this is how I do them:…"

D. Being a Witness: Preparation

1. Ensure that your Class A Uniform is cleaned, pressed, and that your awards and decorations are placed on it correctly.

2. Review your SOP, your Unit Ledger, and any MFRs relating to the particular collection.

3. Both the prosecution and the defense lawyers will probably speak with you prior to your testifying, this is normal. Answer honestly and only to the facts as you know them.

E. Dereliction of Duty

1. ALL personnel in the collection process can be held legally accountable for their performance of duty, including: Observers and UPLs

2. Failure to perform your required duties or the failure of the observer to do so can result in a charge for dereliction of duty.

F. Possible UCMJ Action for Improperly Conducted Urinalysis

1. DONOR:

a. ARTICLE 9: Willfully disobeying a lawful order of his/her superior commander by not providing a urine sample as directed.

b. ARTICLE 107: Making a false official statement by signing the Unit Urinalysis Ledger, acknowledging the submission of a sample as only urine.

2. OBSERVER:

a. ARTICLE 92: Knowingly failing to obey a lawful general order or regulation by not maintaining direct line of sight of the urine into the bottle.

b. ARTICLE 107: Making a false official statement by signing the Unit Urinalysis Ledger and the DD Form 2624, acknowledging the urination process was directly observed and no tampering occurred.

3. UPL:

a. ARTICLE 92: Being derelict in the performance of one's duties in allowing a non-urine or adulterated sample to be submitted for testing.

b. ARTICLE 134: Wrongful interference with an adverse administrative proceeding

NOTE: These UCMJ actions are shown here not to try and scare you, but to let you know that this is serious business and willful dereliction or apathy in the performance of your duties will not be tolerated.

3-4: Alcohol Testing

3-4-1: Legal Limits

A. Commanders may conduct alcohol testing for the same reasons as they do drug testing. Soldiers may be tested:

1. As part of inspection or random selection

2. Probable cause

3. Competence/Fitness for duty

4. Rehabilitation

B. Legalalcohol Limits for personnel on duty

1. Per AR 600-85 paragraph 1-34b: A Soldier with a Blood Alcohol Content (BAC) of greater than or equal to 0.05% is considered to be impaired on duty and is subject to UCMJ action.

a. The Soldier **MUST** have known that he/she was schedule for duty at the time of the test.

b. Example: A Soldier goes out drinking on Thursday night until about 2400 hours. She knows that PT is at 0630 hours on Friday morning. The commander calls an alert at 0330 and all Soldiers must report within 1 hour. She is alcohol tested when she reports and her BAC 0.06 %. She is not subject to UCMJ because she was unaware of the 0430 report time and her alcohol content would be below 0.05% at 0630.

2. Legal Limits for personnel:

a. Soldiers within the continental United States must be 21 years old to drink or they are subject to underage drinking laws and UCMJ. On special occasions installation commanders may authorize all Soldiers to drink, on the installation only.

b. Soldiers outside the United States may normally drink at age 18, but installation commanders may dictate a higher age.

3. Required Action: An administrative separation action will be initiated and processed to the separation authority for decision of Soldiers involved in 2 serious incidents of alcohol related misconduct in a year.

3-4-2: Evidentiary vs Non-Evidentiary

A. Definitions:

1. **Evidentiary** simply means that the test results can be used in a board or courts martial.

2. **Non-evidentiary** means that the test results cannot be used in a board or courts martial.

B. Evidentiary Requirements. For an alcohol test result to be considered evidentiary it must meet the following requirements:

1. The test must have chain of custody documentation.

2. The instrument used must be calibration.

3. The instrument operator must be certified, usually by the manufacturer, usually on an annual basis.

4. Quality control samples (samples with known alcohol concentrations) must be ran to validate the instrument is working properly prior to any real specimen.

5. A printout of all test data must be printed to include calibration, quality control and the Soldier's specimen data.

6. If **any** of the evidentiary requirements are not met then a test will be considered non-evidentiary.

C. Getting an Evidentiary Test

1. Your installation may have devices for you to conduct screening tests at your unit for alcohol. If the Soldier tests positive ($\geq$ 0.05%) then the commander may order a probable cause or fitness for duty test depending on if the Soldier smells of alcohol or shows signs of impairment. (The commander should check with the local SJA).

2. Most installations have two possible evidentiary tests available; check with your local SOP and ASAP for procedures:

a. An evidentiary breath test conducted by the Military Police.

b. An evidentiary blood test conducted at the Medical Treatment Facility.

Note National Guard, Army Reserve, and activities not located near installations (i.e. recruiters) should consult with the Region/MACOM for guidance on memorandums of agreement with local law enforcements or other possible agencies.

3-4-3: Types of Alcohol Tests

A. Specimens for Alcohol Testing. There are 5 basic specimens that can be used to test for alcohol:

1. Saliva:

a. Non-evidentiary

b. Some of your installations may have and use these disposal test kits to screen Soldiers.

c. A swab is saturated by the Soldier with saliva and the saliva is tested for a color change. If the saliva test is positive then the Soldier may be tested using an evidentiary method.

2. Breath – Since breath is one of the most commonly used specimens for alcohol testing, the devices have their own acronym: Alcohol Breath Measuring Devices (ABMD).

a. These tests <u>may or may not</u> be evidentiary.

b. Blow tube:

(1) This is a non-evidentiary device that you may have on your installation.

(2) The Soldier blows through a plastic tube, if the end of the tube turns blue then its positive. There are numerous manufacturers and slight variations to the test, but they are all non-evidentiary.

c. Breathalyzer: This is an instrument that measures alcohol concentration.

(1) The Soldier blows through a tube attached to the instrument and then a LED readout displays the concentration.

(2) These AMBD may be portable or non-portable (hand held to table top in size), Evidentiary or non-evidentiary. Some meet the evidentiary requirements.

3. Blood Alcohol Test (BAT):

a. Legal - evidentiary requirements met.

b. Medical - evidentiary requirements not met because a calibration is not conducted when the sample is processed.

4. Urine – Medical uses only; no direct correlation to a breath or blood alcohol concentration.

5. Spinal Fluid- Usually only performed on corpses during an autopsy.

Track 4: PREVENTION

4 -1: Introduction

4-1-1: Prevention Definitions

1. Definition of Prevention: A proactive process, which empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles (U.S. Health and Human Services, Center for Substance Abuse Prevention).

2. Alcohol and other drug abuse prevention include all measures to deter and reduce the abuse or misuse of alcohol and other drugs to the lowest possible level (AR 600-85).

3. Prevention for Readiness involves the commitment of command resources, policies, installation organizations, and community members to create and foster conditions that promote mission readiness and enhance well-being for the total Army (AR 600-85).

4-1-2: Prevention Model

Prevention efforts can target various groups within your unit. In 1994, the Institute of Medicine (IOM) introduced several levels of prevention intervention, based on the size and type of group you wish to target.

Note: The word intervention in this model refers to a well- planned education, training, and/or marketing campaign to reduce abuse by teaching the population to make informed and educated decisions about their own alcohol and other drug use.

1. Universal Prevention: Interventions that are targeted to the entire population. For our purposes, the "population" group is all Soldiers in your particular unit. Messages and programs are created in order to prevent alcohol and drug abuse. This is the strategy you will most likely use in your Unit Prevention Plan. Strategies include:

a. The required four (4) hours of substance abuse education for all Soldiers.

b. Media and public awareness campaigns associated with national efforts like Red Ribbon Week.

c. Posters, pamphlets and bulletin boards

d. Random drug and alcohol testing – Drug testing is a deterrence measure and is for all Soldiers, therefore it is universal prevention.

2. Selective Prevention: Interventions that focus efforts on smaller groups of the total population. These groups are seen as "at risk" for substance abuse. Examples include but are not limited to:

a. Drug threat classes to Soldiers deploying to certain geographical areas of the world

b. Underage Drinking classes to all Soldiers under 21

c. Responsible drinking classes to Soldiers 25 and under

d. Date Rape drug classes to female Soldiers

e. Substance abuse and Post Traumatic Stress Disorder (PTSD) to Soldiers that recently returned from combat areas.

3. Indicated Prevention: Interventions that prevent substance abuse in individuals who show the most signs of substance abuse. Commander should refer Soldiers who have an alcohol or drug related incident to the ASAP for screening and evaluation. Examples:

a. DUI/DWI

b. Impaired on duty

c. Fighting or injured when drinking

d. Domestic problems when Soldier had been drinking

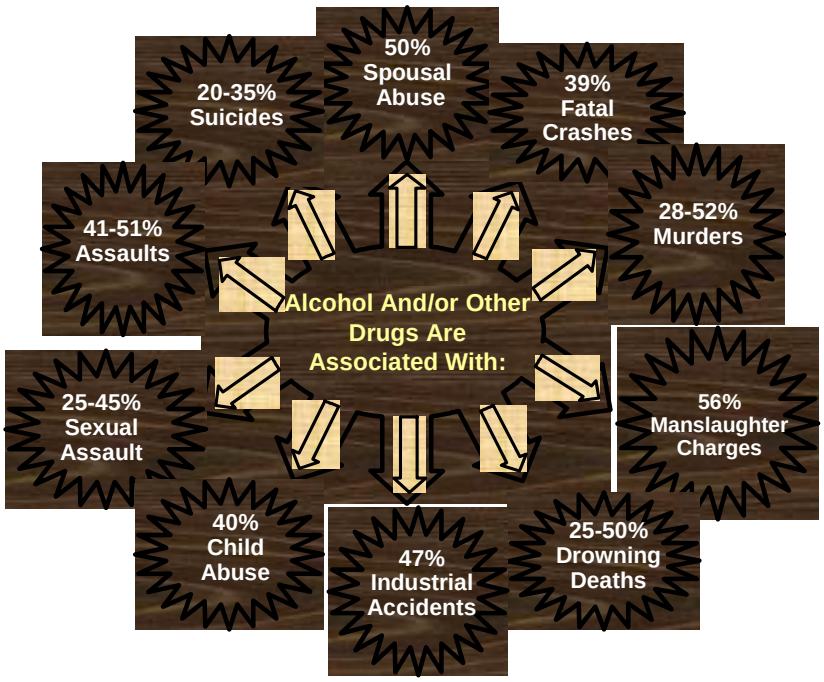
e. Warning signs may include workplace difficulties, depression, family problems, etc.

An effective prevention program should include all three types of interventions; this will provide: basic information and education to all Soldiers, specific information and education to selected groups relating to their high risks, and In-depth needed information to Soldiers who are demonstrating signs of abuse. When developing your unit's prevention plan make sure you incorporate all types of prevention; consult with your Prevention Coordinator if you need assistance.

4-1-3: Risk Reduction Program

1 As a UPL you will not be significantly involved with the Risk Reduction Program (RRP), but you should understand its function and how it could impact upon the prevention efforts you provide to the unit.

2. Data shows a relationship between negative behavior, social problems and substance abuse. The chart below shows the relationship between substance abuse and some of these high-risk behaviors.



3. The Risk Reduction Program is designed to assist commanders in identifying high risk behaviors and attitudes that compromise unit readiness.

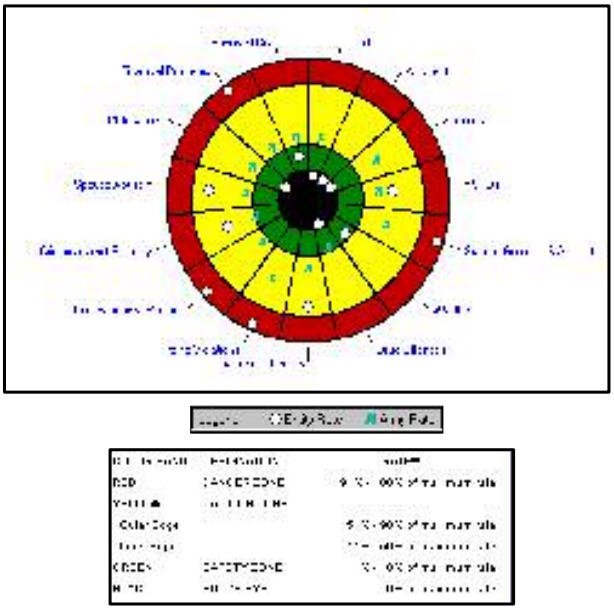
4. High risk behavior and attitude data are compared to installation data and to the average of Army wide participants.

5. Commanders can use their reports to quickly identify potential problem areas and determine courses of action to reduce identified high risk behaviors and attitudes.

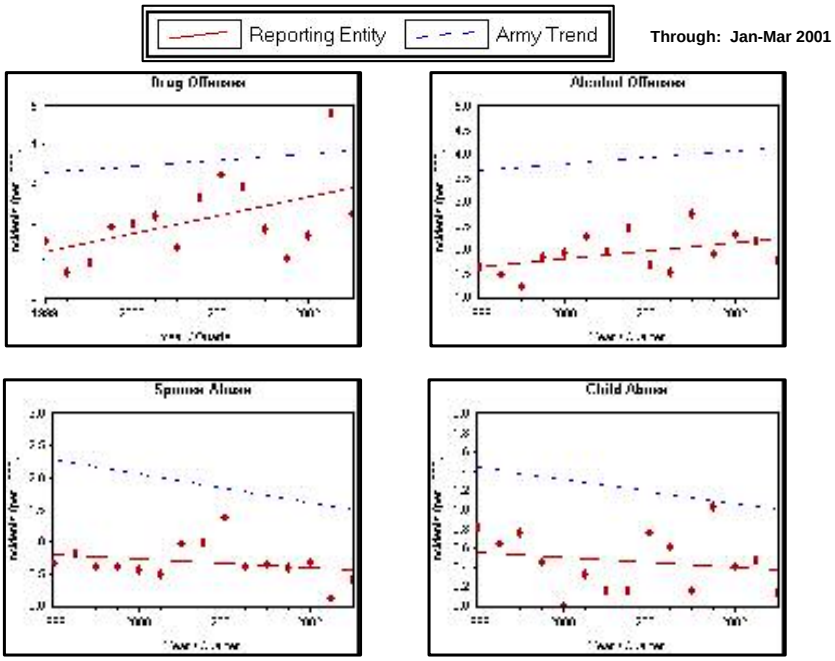
6. The RRP provides three primary tools to commanders:

a. Quarterly Shot Group and Trend Reports of actual reported high risk behaviors – Normally available to BN commanders and higher. This is the most recognizable tool in the RRP and the most utilized.

Shot Group Report



Trend Graphs From RRP Data



b. Unit Risk Inventory (URI) – A command climate survey normally administered at company level to measure high risk behaviors and attitudes.

(1) The 53 item questionnaire assesses unit propensity for risk in Alcohol/Drug use, Command Factors, Stress Levels, Self Perceptions, Relationships, Safe sex practices, Child/spouse abuse, Violence/Crimes, Suicide, and Financial Problems

(2) The URI is a Army Approved Command Climate Survey that's designed for use at the Company level. It takes only 30 minutes to complete at no cost to the Installation or Units.

Note: 90% of Unit personnel need to complete the survey for it to be valid

c. Reintegration Unit Risk Inventory (R-URI) – A command climate survey administered 90 - 120 days after redeployment to measure high risk behaviors and attitudes occurring during and since returning from a deployment.

(1) The 79 item questionnaire assesses unit propensity for risk in Combat & Post Combat Experiences, Alcohol and Drug use, Command Factors, Stress Levels, Self Perceptions, Relationships, Safe sex practices, Child/spouse abuse, Violence/Crimes, Suicide and Financial Problems.

(2) The R-URI is required by DCS CONPLAN to be administered 90-120 days after redeployment.

(3) It is designed for use at the Company level . It takes only 30 minutes to complete at no cost to the Installation or Units.

Note: 90% of Unit personnel need to complete the survey for it to be valid

4-2: Substance Abuse

4-2-1: Introduction to Drug Abuse

1. Terminology

a. What is a drug? A drug is any substance that when ingested into the body changes the way the organism functions.

b. Tolerance: A stage of drug abuse in which the brain and body get used to a drug, causing a person to have to take more and more of the drug to get the same "HIGH".

c. Dependence: A stage of drug abuse in which a person needs a drug just to feel okay (normal).

d. Withdrawal: A stage of drug abuse when a drug "wears off" because the user stops taking the drug or use of the drug is discontinued. The user is often in physical pain and may suffer from depression, hallucinations or delusions.

e. Addiction: A style of living characterized by compulsive use and overwhelming involvement with a drug. A stage of drug abuse in which the user cannot stop taking the drug despite serious negative consequences; the drug takes control of the brain and overpowers the body's natural signals.

2. Modes of Ingestion

a. Orally	20 - 30 Minutes
b. Inhaling	07 - 10 Seconds
c. Injecting	15 - 30 Seconds – Intravenously (IV) 03 - 05 Minutes – Intramuscularly (IM)
d. Snorting	03 - 05 Minutes
e. Skin Contact	03 - 05 Minutes

4-2-2: How Substance Abuse Develops

1. Understanding how substance abuse develops will increase your confidence in taking an active role in prevention. This section demonstrates risk factors, early indicators, and late indicators of substance abuse problems.

a. Risk factors are circumstances or characteristics that predispose someone to having a substance abuse problem.

b. Early indicators of substance abuse are subtle symptoms or other outward signs that someone may have a substance abuse problem.

c. Late indicators are more obvious symptoms or signs of substance abuse and include physical illness or damage from substance abuse or problems with the law.

2. Risk factors, early indicators, and late indicators lie on a continuum from "No substance abuse Problem" to "Severe substance abuse Problem." Everyone falls somewhere along this continuum.

3. Possible Risk Factors for Substance Abuse Problems: Prevention of substance abuse takes place before a problem occurs. Risk Factors, such as those seen here, are clues that prevention is appropriate:

a. Marital Problem or geographical separations

b. Stress at work or deployments

c. Family Problems

d. Previous drug usage

e. Family member with substance abuse problem

f. Concern about own substance abuse

4. Early Symptoms of Substance Abuse Problems: Early Indicators, such as those listed here, are clues that substance abuse may have started. Intervention, such as referral to the clinical ASAP for an assessment of a possible problem, may be appropriate.

a. Frequent absences from work

b. Difficulty eating and/or sleeping

c. Mood swings

d. Depression

e. DWI/DUI or positive urinalysis

f. Sudden poor job performance

5. Late Symptoms of Substance Abuse Problems: Late Indicators such as those listed here mean that treatment is appropriate. It is usually easier and much less costly to prevent substance abuse than it is to treat it.

a. Liver damage

b. Overdose

c. Repeat DWI/DUI

d. Arrest for possession or sale of drugs

e. Repeat urinalysis positive

f. Fired from job or discharged due to substance abuse

5. Stages of Chemical Dependency

a. STAGE 1: Experimentation. This is the beginning of drug abuse; it is just a rare taking of the drug. No changes are normally noticed in these individuals.

(1) Tried drug out of curiosity, media, peer pressure or to find out what it does to us.
(2) Uses in social settings or alone.
(3) Occasional to infrequent use.
(4) Begin to "look forward to the buzz" of the drug of choice.

b. STAGE 2: User. Most of the drug abusers in the Army fall into this area. It is very difficult to notice changes in behavior or job performance.

(1) Party weekend use.
(2) Uses to socialize, not to have fun.
(3) Controlled use, avoids getting wasted or drunk.
(4) Experience few, if any, significant consequences with their jobs, relationships with others, or the law.

c. STAGE 3: Abuser. If a Soldier falls into this category a supervisor or co-worker should have already noticed the problem.

(1) Changes in peer group – develop new friends who are involved with drugs.
(2) Experiences memory loss from use (passing out, blackouts).
(3) Family and friends become suspicious and concerned about abuse.
(4) Increasing tolerance – quantity and frequency up!
(5) Mood changes from abuse – anger, irritability, and depression.
(6) Significant health problems begin – weight loss, hair and tooth loss, acne, liver problems, poor personal hygiene.
(7) Consequences from abuse – work, home and legal issues.
(8) Changes in interests – partying more important than work, health, family, etc.
(9) Increased problems at work – chronic tardiness and absences, accidents, poor performance.

d. STAGE 4: Chemical Dependency (Addiction)

(1) Continued misuse despite serious consequences at work, home and with the law (loss of job, debt, DUI, relationship problems).
(2) Often enabled by family and friends to continue to stay in addiction.
(3) Demonstrates lying patterns; value system changes.
(4) Loss of interest in work, family and formerly enjoyed activities.
(5) Severely poor nutrition and health; preoccupation with chemicals.
(6) Rationalizes behavior to hide drug use.
(7) Increased isolation and paranoid and suicidal feelings.
(8) Experiences withdrawal symptoms when drug is not consumed.

(9) Cycle can only be stopped by recovery (abstinence) or death.

4-2-3: Signs and Symptoms

This lesson will give you a better understanding of the behavior and personality changes that you may see when a Soldier is abusing alcohol and/or other drugs. It will also give examples of the signs and symptoms users may experience WHILE under the influence of alcohol or another drug.

1. Behavior Changes

a. Changes in peer group: Association with known abusers and disassociation from old friends and family

b. Argumentative

c. Unusual borrowing of money

d. Stealing

e. Secretive behavior

f. Avoids attention

g. Decline in personal hygiene / physical appearance

h. Trouble with the police (DUI, domestic dispute, etc)

2. Changes in Work Habits

a. Frequent tardiness

b. On-the-job absenteeism – especially Mondays

c. Avoiding supervisors or coworkers

d. Numerous personal problems or illnesses

e. Neglecting details

f. Continued procrastination

g. Changes in attitude

h. Withdrawal from responsibility

3. Signs and Symptoms – Alcohol (beer, wine, wine coolers, liquors)

   a. Odor of alcohol

   b. Glazed over eyes

   c. Poor hygiene / physical appearance

   d. Degradation of work quality

   e. Absenteeism (especially Mondays)

   f. Flushed skin

   g. Loss of memory (blackouts)

4. Signs and Symptoms – Marijuana, hashish/hash oil, and sensimillia

   a. Changes in speech

   b. Rapid / Loud Talking

   c. Bursts of Laughter

   d. Forgetfulness during conversation

   e. *Red Eye* or inflammation in the whites of the eyes

   f. Extreme hunger (the "munchies")

   g. Distinct body odor similar to the smell of burnt rope

5. Signs and Symptoms – Stimulants including Cocaine/Crack, Amphetamines, Methamphetamines (crank, ice, crystal meth, Ecstasy)

   a. Dilated pupils

   b. Dry mouth (chapped lips)

   c. Frequent runny nose / nose bleeds

   d. Difficulty sitting / standing still

   e. Lack of appetite

   f. Very talkative, but changes subjects quickly

g. Irritable / argumentative

6. Signs and Symptoms – Depressants (barbiturates, tranquilizers)

a. Lack of facial expression

b. Flaccid appearance

c. Slurred speech

d. Glazed over eyes

e. Flushed skin

f. Lack of short term memory

7. Signs and Symptoms – Narcotics (heroin, opium, morphine, codeine**)**

a. Lethargic

b. Drowsiness ("nodding")

c. Lack of concentration

d. Slurred speech

e. Constricted (small) pupils

f. Itchy skin

g. Tracks, or scars, on the inner arms

8. Signs and Symptoms – Inhalants such as glue, vapor producing solvents ("whip-its"), (household cleaners), propellants, nitrous oxide (laughing gas)

a. Runny nose

b. Watering eyes

c. Lack of muscle control

d. Loss of hearing

e. Loss of coordination

f. Body tremors or shaking

g. Emotional instability (irritable / argumentative)

9. Signs and Symptoms – Hallucinogens: LSD, mescaline, psilocybin (mushrooms)

a. Extremely dilated pupils

b. Excessive perspiration

c. Mood / behavior changes

d. Distorted sense of sight

e. Impaired judgment

f. Nausea / vomiting

g. Frequent anxiety attacks

4-2-4: How to Refer a Soldier

1. Before a Soldier can be referred to the ASAP assessment and/or treatment, he/she must be identified as a possible drug or alcohol abuser. Identification occurs through:

a. Self-identification (Voluntary)

b. Commander/supervisor identification

c. Biochemical identification

d. Medical identification

e. Investigation and/or apprehension

We will briefly discuss each of these methods of identification.

2. Voluntary Identification (Self Referral)

a. Voluntary or self-identification is the most desirable method of identifying a substance abuser.

b. A Soldier may request assistance from the commander or the ASAP (the ASAP will still notify the commander).

c. A Soldier that seeks emergency medical attention for an actual or possible drug or alcohol overdose, not subsequent to a traffic violation or criminal offense, is considered self/voluntary identification.

d. Soldier referrals from other than medical, command, or law enforcement; such as chaplains will be treated as a self-identification.

3. Command Identification: Commander/supervisor identification occurs when the commander/supervisor observes, suspects, or otherwise becomes aware of an individual whose job performance, social conduct, interpersonal relations, physical fitness, or health appear to be adversely affected by suspected abuse of alcohol or drugs. Examples may include spouse abuse or drastic change in uniform appearance and work ethic.

4. Biochemical Identification:

a. Biochemical identification can be accomplished either by urinalysis or breath/blood alcohol testing methods.

b. Any Soldier identified as an illegal drug abuser by a urinalysis will be referred to the clinical ASAP for assessment/treatment.

c. Any Soldier on duty whose alcohol test indicates impairment ($\geq$.05%) will be referred to the clinical ASAP for assessment/treatment.

5. Medical Identification

a. A physician or health care provider during routine or emergency medical treatment may note apparent alcohol or other drug abuse.

b. The health care provider/physician will refer the Soldier to the ASAP using medical form SF 513.

c. The ASAP clinician will immediately notify the Soldier's commander of the referral.

6. Investigation/Apprehension Identification

a. A Soldier's alcohol or other drug abuse may be identified through military or civilian law enforcement investigation or apprehension (i.e. DUI or drug dealer bust/investigation)

b. The unit commander will refer the Soldier to the clinical ASAP for an assessment within 72 hours of notification of apprehension.

7. Commander's Actions Referring a Soldier to ASAP. When Soldiers are identified as probable alcohol or drug abusers, the commander or his/her designated representative must:

a. Refer the Soldier to the clinical ASAP for assessment and/or treatment.

b. Complete and sign a Alcohol and Drug Abuse Prevention and Control Program Enrollment form, DA Form 8003 found in AR 40-66.

8. UPL Actions Referring a Soldier to ASAP:

a. If you suspect that an individual within your unit is a drug or alcohol abuser, then you should speak with the Soldier's supervisor and/or the commander. DO NOT confront the Soldier in question.

b. As a UPL you may be asked questions concerning use versus abuse of alcohol or other questions. If you are not 100% sure of the answer then refer the Soldier to the ADCO for more information.

4 -3: Drug and Alcohol Prevention

4-3-1: Campaigns

1. Campaigns and marketing are designed to raise the awareness level of community members by highlighting certain issues. Increased public awareness, through prevention promotion, can foster support for prevention, and over time help revise social norms related to high risk behaviors. We will briefly discuss some of the campaigns that may be used at your installation.

2. Major Campaigns

a. Drunk & Drugged Driving Campaign (3D Month Campaign): December is National Drunk and Drugged Driving (3D) Prevention Month. Since 1982, Army installations have supported National 3D Prevention Month activities as part of the annual nationwide public information campaign against impaired driving during the holiday season.

b. Red Ribbon Campaign: National Red Ribbon Week is an annual nationwide celebration of drug abuse prevention and education. The Red Ribbon has been the symbol of all of our efforts to eliminate the illegal drugs in our schools, workplaces, and communities since 1988. The dates for this campaign are set by the Federation for a Drug-Free America (FDFA), usually occurring in the last week in October. Your installation will most likely be heavily involved with this campaign and be looking for assistance from UPLs and commanders.

3. Other Campaigns

a. First Night: First Night is an alcohol free New Year's Eve celebration. The event can be targeted for the youth and/or adult population in the community.

b. Drug and Alcohol Awareness Week: This event usually occurs during the first or second week in March. The activities for this week are usually centered in the schools however wider community involvement is encouraged.

c. Summer Sense: This Driving While Intoxicated (DWI) campaign runs from the day before Memorial Day to the day after Labor Day, and is managed in the same way as the 3D Campaign.

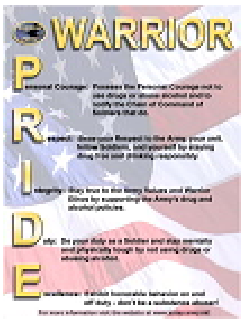
4. Army Campaign - Warrior Pride is the latest substance abuse prevention campaign based on Army Values and the Warrior Ethos. This campaign was discussed in detail in Track 1 of the CD.

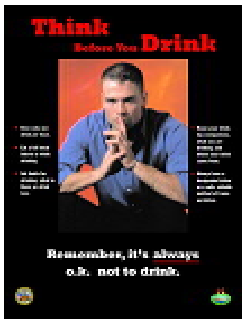
5. Social Marketing Posters and Pamphlets

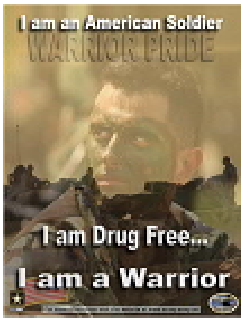
a. The Army Center for Substance Abuse Programs (ACSAP) tries to develop social marketing posters each year to help increase awareness about specific alcohol and drug issues. These attention getters greatly enhance your unit drug and alcohol bulletin board.

(1) 18 x 24 inch posters are available from your local ASAP or by request from ACSAP at www.acsap.army.mil

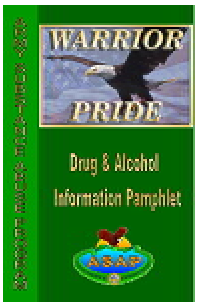
(2) 8-1/2 x 11 inch posters can also be downloaded and printed in full color from the website.

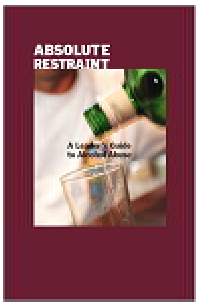


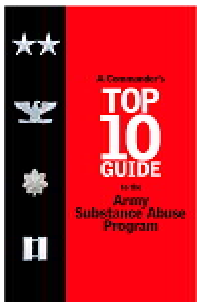


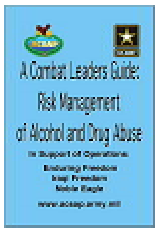


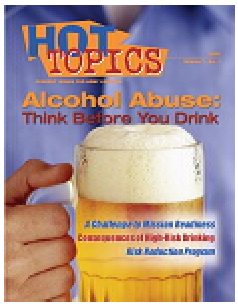
b. ACSAP has a number of pamphlets and other products that are also available from your local ASAP or by request from www.acsap.army.mil .











4-3-2: Drugs & Alcohol Free Activities

1. Your local ASAP should have listings of Alcohol and Drug Free Activities available on and near your installation. Obtain listings and copies of flyers to post on your bulletin board.

2. Unit sponsored activities such as Christmas, Thanksgiving, Halloween, New Years, and Super Bowl parties should offer alcohol free alternatives.

a. Ensure that soda, water, tea, coffee, and/or punch is available for non-drinkers.

b. Provide non-alcoholic beer and/or cocktails such as daiquiris and margaritas.

c. Ensure that designated drivers are available to provide transportation for drinkers.

3. Many Soldiers say "There is nothing to do here, except drink"; here are a few alternatives to alcohol use and/or abuse:

a. By one's self: Read a book, do a correspondence course, put a puzzle together, play a video game, watch a movie, write a letter, keep a journal, build a model, call a friend, go to the gym or for a run, go to the craft shop, surf the internet (computers are available on most installations for Soldier use), listen to music, go shopping, or bake something.

b. With Friends: Play a video game, a board game or DVD game; rent or go to the movies; go shopping; play racquetball, tennis, football, workout or play some other sport; listen to music or go dancing; play pool or ping pong.

c. Volunteer as a scout leader, big brother or sister, coach, or other youth activity.

d. Get involved with your local church, BOSS Program or other social group.

The main idea is that Soldiers can find something to do other than drink. It's nothing more than a matter of choice, and willingness to look for something else to do. Your job is to remind them of the other activities available to them.

4-3-3: Unit Prevention Plan

1. In order to prevent and/or reduce the problems associated with drug and alcohol abuse, your unit must have a prevention plan. The Unit Prevention Plan (UPP) is a well-written, comprehensive document that will address substance abuse issues in your unit. Given that time is a restricting factor in your duties as a UPL, it is important to remember the following when working with your installation ASAP staff to create the prevention plan:

a. There is no single effective approach to prevent substance abuse.

b. Those who are directly involved with prevention efforts should be included in developing the prevention strategy (i.e. the commander, the UPL (you) and the ASAP staff).

c. Unit prevention programs should be part of a larger effort to create a healthier installation community (The Installation Prevention Plan).

2. Unit Prevention Plan Guidelines. In order to make the most of your time with prevention efforts, it will be helpful to adhere to the following three guidelines:

a. Coordinate and talk with your installation ASAP staff members for information and ideas for training about substance abuse. Your installation ASAP office should have some of the following resources available to assist you with your unit prevention efforts:

(1) Multimedia prevention and education products, such as videotapes, audiotapes and CD-ROMs can be obtained from the PC.

(2) Prevention services to assist with early identification and referral of Soldiers before their military careers are in jeopardy.

(3) Social Marketing Giveaways educate and inform Soldiers about problem issues and programs available to address their needs (such as posters, flyers, buttons, pens, etc.).

b. Increase knowledge and raise awareness.

(1) You will want to keep Soldiers informed about substance abuse related issues through various means, such as the unit bulletin board, newsletters, email messages, and referringSoldier s to various materials and resources available to them.

(2) You may also want to participate in national campaigns such as Red Ribbon Week or 3D Month in order to increase awareness and have access to various substance abuse prevention materials.

c. Assist in building social/life skills through training and education. This training can address areas such as avoiding negative peer influence, DUI education and decision-making.

Remember, a plan is merely a technique used to obtain a positive outcome or situation. Effective prevention planning requires creativity, organization and installation wide commitment and support.

3. How to Write Your UPP

a. The UPP will be part of your Unit Substance Abuse Program SOP. Your plan should address the following issues:

(1) The minimum amount of required training on substance abuse that will be provided to all Soldiers in the unit, with available resources and SMEs; (The DA requirement is 4 hours) this is Universal Prevention.

(2) Unit Bulletin Board requirements; such as the location of the bulletin board and frequency that it must be updated.

(3) Frequency that the UPL will check with the ASAP to obtain new information and/or pamphlets on substance abuse issues and drug and alcohol free activities.

(4) The Risk Reduction Program, if used by your installation and unit, or how the commander identifies potential and real substance abuse trends.

(5) How the commander identifies high risk populations within the unit for additional training; Selective Prevention.

(6) Minimum unit urinalysis collection requirements.

(7) Minimum unit rehabilitation testing requirements and procedures; Indicated Prevention

(8) How the unit will support the local ASAP during prevention campaigns etc.

(9) De-glamorization of alcohol and/or alcohol alternatives at unit events.

(10) The UPP must include all Region/MACOM and installation substance abuse requirements.

b. USAP SOP with UPP: To fulfill the USAP SOP requirement, you must present a copy of your USAP SOP (signed by your commander) to the ASAP.

c. To assist you in meeting DA and course requirements ACSAP has developed a modifiable Unit Substance Abuse Program SOP that includes a modifiable Unit Prevention Plan. A copy of the USAP SOP is available on the UPLCTP CD and at www.acsap.army.mil.

4-4: Training

4-4-1: Introduction to Training

1. Requirements:

a. Ensure that the Soldiers in your unit receive four (4) hours of drug and/or alcohol awareness training annually.

b. Document training and provide a copy of the sign-in roster, class title, and length of class to the ASAP Prevention Coordinator.

c. Assist the commander in briefing new Soldiers on the Unit Substance Abuse Program. (Newcomers Briefings)

2. Where do you get Training Materials?

a. The UPL CTP CDcontains numerous PowerPoint presentations with scripted lesson plans to assist you in meeting your four hour requirement. These materials are also available on the ACSAP website (www.acasp.army.mil).

b. The UPL CTP CD contains a standardized Newcomers Briefing that can be modified to your installation specific issues. This briefing is also available on the ACSAP website (www.acasp.army.mil).

c. Your installation Prevention Coordinator will gladly help you with additional presentations, videos, guest speakers, and if available teach a class for you.

d. You can also take the information that you have been trained on to assist in creating your own classes; such as:

(1) How to be a good observer – good NCOPD class
(2) Self referral – how does it work?
(3) Laboratory procedures – use the lab video provided on the UPL CTP CD

(4) Guest instructors such as the SJA on the Limited Use Policy or CID on local drug threats

3. Soldiers, especially new Soldiers have little to no knowledge on the ASAP and it s functions. Your job is to educate Soldiers, so if one needs help, then he or she will know what to do and where to go. Use the resources available to you and be as creative as you can in your training.

4-4-2: Provide Training

1. As an officer or NCO you should have received some training on how to train Soldiers and/or give a briefing at a professional development course such as PLDC, BNCOC, Officers Basic Course, etc. Unfortunately, the training you received may not help you feel comfortable giving a class to your entire unit. A good instructor gets to be a good instructor by experience. The more classes you give the more comfortable and confident you will become. This lesson will provide you with some basic information and hints on how to improve your training skills.

2. Methods of Instruction

a. **Lecture**: The instructor basically does all the talking. Many of your training sessions will be lectures because it allows you to provide a lot of information in a short amount of time with few questions.

b. **Demonstration**: This type of instruction shows the class the correct way doing something. You could use a demonstration to teach all NCOs how to properly observe during a collection.

c. **Performance**: Students practice a skill to learn it. An example would be learning the urinalysis collection procedure.

3. Presentation Components - Each presentation should have:

a. A motivator or introduction to capture the audiences attention

b. A learning objective – What you want the audience to know or be able to do.

c. The body of the presentation – Covers the information required for each main point

d. A summary or conclusion – Recaps the main points and ties it all together

4. Preparing for a Class - Whether using a Lesson Plan (LP) and presentation provided to you or creating your own, you should:

a. Become familiar with the presentation, LP, training materials, and any handouts.

b. Review references, research the topic, or ask the ASAP staff to clarify any material that you may have questions about.

c. Make mental notes of cues on the slides to help you remember what you want to say.

d. Rehearse your presentation until you can provide the necessary information without reading it.

e. If your LP is scripted rephrase the information to make it easier for YOU to talk about. Scripts are written as a guide to the instructor, modify it to fit your style and personality.

5. Presentation Day

a. Take a tour of the room you will use for the presentation early in the day to make sure that the setup is correct and that your equipment works properly.

b. Check yourself before you start: general appearance, voice, make a bathroom run.

c. Avoid standing behind a podium or desk during the presentation; stand to one side of the projection screen or blackboard, and closer to the audience if possible.

6. Communication

a. Position your body so that you face the audience and avoid reading the slides.

b. Use hand and arm movements only to illustrate or emphasize points.

c. Try to make eye contact with the entire audience.

d. Avoid distracting mannerisms.

e. Be clear and concise with your speech; avoid using excess language in order to make a point.

f. Avoid distracting expressions and jargon.

g. Use pauses effectively – they separate thoughts and ideas

h. Vary the pitch and volume of your voice

i. Be confident in yourself and the knowledge you have of the material

j. Display enthusiasm, humor, and sincerity when appropriate

7. Answering questions

a. If you are unsure of the answer then tell the audience that you will find out the answer and get back with them

b. Remember no instructor knows everything, but researching your topic will reduce the number of questions you cannot answer

8. Ending the Presentation

a. Summarize the main points

b. Ask the audience questions to see if they understood the material you presented.

c. Thank the audience for their time and attention

d. Provide a point of contact for further questions or assistance; you or the ASAP staff.

e. If available provide printed materials on the subject matter you presented. Check with your ASAP for pamphlets and products.

8. If you need more in-depth information on providing training, then you may want to see if you can take the Army Instructor Training Course or review the materials on the Reimer Digital Library.

4-4-3: Drugs of Abuse

This lesson will give a brief introduction and effects on Depressants, Stimulants, Hallucinogens, and Club Drugs

1. Central Nervous System (CNS) Depressants

a. What are CNS Depressants?

(1) Drugs that depress the overall functioning of the Central Nervous System (CNS).

(2) CNS Depressants are drugs that can slow down normal brain functions.

(3) Depressants are used to induce sedation, muscle relaxation and drowsiness.

b. Side Effects of Depressants

(1) CNS Depressants effect the human body by:

(2) Slowing Reflexes

(3) Impairing Judgment and Concentration

(4) Causing Slurred / Incoherent Speech

(5) Impairing Vision

(6) Loss of Coordination

(7) Creating feelings of euphoria and/or depression

c. Types of CNS Depressants

(1) Alcohol (the most common depressant) – Breath or blood testing

(2) Barbiturates – Depressants that are used as sedatives or anesthetics.

(3) Benzodiazepines – Depressants that are used as sedatives in low doses and hypnotics in larger doses.

(4) Rohypnol and Valium are benzodiazepines.

(5) Quaaludes – Also known as ludes; Quaaludes were extremely popular in the early 70's.

d. Testing for Depressants - Depressants can be detected in the user's urine for up to three days depending on the drug, but most tests must be special requests through he Armed Forces Institute of Pathology (AFIP). Alcohol testing is performed through evidentiary breath measuring devices and blood alcohol tests.

2. Stimulants

a. What are Stimulants?

(1) Drugs that speed up the overall functioning of the Central Nervous System (CNS).

(2) Drugs that produce feelings of energy and often times feelings of euphoria.

(3) Drugs that induce false feelings of self-assertion and enhanced motivation.

(4) Stimulants are often used during dieting to help curb ones appetite.

b. Side Effects of Stimulants

(1) Stimulants effect the body in several ways:

(2) Increased heart and respiration rates.

(3) Increased blood pressure.

(4) Decreased appetite.

(5) Dizziness / Nausea

(6) Loss of coordination

(7) Increased anxiety

(8) Loss of consciousness / fainting

c. Types of CNS Stimulants

(1) Caffeine – The most commonly used stimulant.

(2) Ritalin – Ritalin and some other stimulants are often prescribed to treat children with

(3) Attention Deficit Disorder.

(4) Amphetamines – Some types of amphetamines are used to treat people with narcolepsy and severe obesity.

(5) Methamphetamine

(6) Cocaine

(7) Crack Cocaine

d. Testing for Stimulants

(1) Amphetamines can be detected in the user's urine for up to 3 days depending on the drug and dose taken.

(2) All Army urinalysis specimens are tested for Amphetamines and methamphetamines.

(3) All specimens that test positive for amphetamines are tested for MDA, MDEA and MDMA (designer drugs such as Ecstasy).

3. Hallucinogens

a. What are Hallucinogens?

(1) Hallucinogens are drugs that produce hallucinations.

(2) Hallucinations are instances when the user believes that he/she sees or hears something that is not actually there.

(3) Drugs that alter the user's perception of reality.

(4) Hallucinogens are also known as psychedelics.

(5) Users who use hallucinogens often describe their time spent on the drug as a trip.

b. Side Effects of Hallucinogens. While the side effects of hallucinogens are difficult to predict, the majority of users experience:

(1) Muscle twitches

(2) Dilated pupils

(3) Body tremors

(4) Nausea

(5) Increased heart rate / blood pressure

(6) Bad Trips – Severe anxiety / panic attacks, frightening hallucinations, paranoia, feelings of going crazy.

c. Types of Hallucinogens

(1) LSD (Acid, Trips, Tabs)

(2) Psilocybin (Magic Mushrooms)

(3) Mescaline

(4) Phencyclidine (PCP)

(5) MDMA (Ecstasy)

(6) Ketamine (Special K)

(7) Peyote

(8) N,N-dimethyltryptamine (DMT)

d. Testing for Hallucinogens. Most hallucinogens are detectable in the user's urine for 1-3 days following ingestion. The Army tests for the following hallucinogens:

(1) LSD – On a rotational basis

(2) MDMA – Every specimen is tested for MDMA

(3) PCP – On a rotational basis

(4) Psilocybin – Psilocybin requires a special test, contact your local ASAP for more information.

4. Club Drugs

a. What are Club Drugs?

(1) Club drugs are drugs that have a similar chemical make-up as other illicit drugs.

(2) Club drugs were originally created in order to elude laws against similar controlled substances.

(3) Club drugs have often been associated with raves, and are also called "Designer Drugs".

(4) Most Club drugs are made, or cooked, in small, dirty labs throughout the United States by people known as cookers.

b. Types of Club Drugs

(1) MDMA (Ecstasy) – Hallucinogenic Stimulant

(2) MDA– Hallucinogenic Stimulant

(3) Rohypnol – Depressant

(4) GHB - Depressant

(5) Ketamine – Depressant

(6) Synthetic Opioids - Depressant

(7) PCP – Hallucinogen

(8) Ephedrine – Stimulant

c. Side Effects of Club Drugs

(1) Feelings of euphoria

(2) Severe behavior changes

(3) Slurred speech

(4) Periods of anxiety and depression

(5) Dilated pupils

(6) Sleeplessness and / or severe fatigue

(7) Hallucinations and / or feelings of being outside ones body

(8) Severe rise of body temperature

5. Additional information about all drugs of abuse can found by contacting your local Army Substance Abuse Program or by visiting the Army Center for Substance Abuse Programs online at www.acsap.army.mil.

4-4-4: Alcohol

1. What is Alcohol?

a. A family of closely-related chemicals whose molecules are made up of Hydrogen, Carbon and Oxygen

b. All "alcohols" are chemicals that impair driving ability.

c. Only one type of alcohol can be tolerated by the human body, Ethyl Alcohol (Ethanol). Other alcohols are highly toxic and will cause blindness or death in high quantities.

d. Alcohol is the MOST ABUSED drug by Soldiers.

e. Alcohol is a colorless and pungent liquid that can be found in beverages such as wine, beer, and liquor.

f. Alcohol is a Central Nervous System (CNS) depressant.

g. Alcohol is considered to be a gateway drug to other drug use.

h. People who drink alcohol are more prone to divorce and suicide than the rest of the population.

i. A standard alcohol drink is considered to be:

(1) One 12-ounce bottle of beer/wine cooler

(2) One 5-ounce glass of wine

(3) 1.5 ounces of 80-proof distilled spirits.

j. Alcohol is also known as: Booze or Juice

2. Ingestion of Alcohol

a. Alcohol can be inhaled, injected, absorbed through mucus membranes or drank. By far drinking is the most common mode of ingestion.

b. Although some (about 20%) of alcohol is absorbed in the stomach the majority is absorbed in the small intestine.

c. Once absorbed into the blood stream, alcohol quickly travels to all cells of the body including the brain.

3. Elimination of Alcohol

a. As soon as the alcohol gets into the body, the body begins working to get rid of it.

b. Only about 2-10% is expelled directly from the body through breath, urine, sweat, etc.

c. The body eliminates most by chemically breaking it down.

d. The liver is primarily responsible for chemically breaking down alcohol or metabolizing it.

e. On average the liver can eliminate approximately .012% to .020% of your BAC per hour depending on your metabolism rate. How can we speed up the process? We can't speed it up.

Drinking Coffee:	Wide awake drunk
Cold Shower:	Wet, clean drunk
Exercise:	Tired, sweaty, smelly drunk

Only Time Burns Alcohol!!!

4. What is Blood Alcohol Content (BAC)?

a. Blood Alcohol Content or Concentration (BAC) - The amount of alcohol present in a 100 milliliter (mL) volume of blood.

b. The BAC is related to the users: bodyw eight, metabolism, and drinking speed

5. Effects of Alcohol and BAC

BAC	Effects
.02 - .03	No loss of coordination, slight euphoria and loss of shyness. Depressant effects are not apparent.
.04-.06	Feeling of well-being, relaxation, euphoria, and lower inhibitions. Minor impairment of reasoning and memory. .05 is the legal limit on duty in the U.S. Army.
.07 -.09	Slight impairment of balance, speech, vision, and reaction time. Judgment and self-control are reduced, caution and reason are impaired. In most states the legal limit is .08.
.10 -.125	Significant impairment of motor coordination and loss of good judgment. Speech is slurred and balance, vision, reaction time, and hearing are impaired. It is illegal in all states to operate a motor vehicle at this stage.
.13 - .15	Gross motor impairment and lack of physical control. Blurred vision and serious loss of balance. Euphoria is reduced and dysphoria (anxiety, restlessness) begins to appear.
.16 - .20	Dysphoria predominates, nausea begins to appear. The drinker appears to be a *"sloppy drunk"*.

.25	Needs assistance in walking; total mental confusion. Dysphoria wth nausea and some vomiting.
.30	Loss of consciousness
.40 and above	Coma and possible death due to respiratory arrest.

6. Immediate Physical effects Include:

- Slurred Speech
- Blurred Vision
- Staggering
- Enlarged Heart
- Slow Reactions
- Loss of inhibitions
- Nausea/Vomiting
- High Blood Pressure
- Irregular pulse
- Dizziness
- Impaired Motor Skills
- Unconsciousness

7. Physical Signs of Use

- Slow Reactions
- Irregular Pulse
- Slurred Speech
- Overdose/Death
- Alcohol odor on breath
- Dilated Pupils
- Blurred vision
- Enlarged Heart
- Nausea/Vomiting
- Dizziness
- Unconsciousness
- High Blood Pressure

8. Long Term Effects

- Vitamin Deficiencies
- Sexual Impotence
- Liver Cirrhosis/Cancer
- Lung Disease
- Loss of feeling in hands/and or Feet
- Skin Problems
- Stomach Damage
- Heart Disorders
- Brain Damage
- Loss of Muscle Tissue
- Small Intestine Damage
- Blood Disorders
- Death
- Pregnancy Complications

9. Alcohol Withdrawal

a. When an alcohol dependent person stops consuming alcohol they may experience some of these withdrawal symptoms:

(1) Auditory Hallucinations

(2) Paranoid Behavior

(3) Body trembles, "the shakes", this can occur as early as 12 hours after the last drink.

b. The alcohol dependent person may also show minor signs of withdrawal:

(1) Agitation

(2) Profuse Sweating

(3) Nausea/Vomiting

(4) Incoherent Speech

c. The addicted individual can also suffer extremely serious, and sometimes fatal, side effects of alcohol withdrawal:

(1) Delirium Tremens (DTs) - A disorder involving sudden and severe mental changes (psychosis) or neurological changes (including seizures) caused by stopping the use of alcohol.

(2) Alcoholic Psychoses - when the addicted person is scared of imaginary small animals and horrible sights and sounds.

10. Additional Resources:

a. http://www.erowid.org/chemicals/alcohol/alcohol.shtml

b. http://www.niaaa.nih.gov/

c. http://www.health.org

d. http://www.sayno.com/alcohol.html

e. http://www.alcoholics-anonymous.org/

f. http://www.al-anon.alateen.org/

4-4-5: Enabling

1. What is enabling?

a. The actions of others -- including leaders, supervisors & peers -- that allow or encourage alcohol and/or other drug abuse to continue or worsen by preventing the abuser from experiencing the negative consequences of their abuse.

b. Allowing abuse to continue, by not confronting the issue or turning a blind eye to it.

c. Encouraging abuse by protecting or covering up for the abuser – i.e. the Soldier doesn't have to face the negative consequences of their actions.

2. Why people enable

a. To protect or help the substance abuser.

b. They don't want to jeopardize their relationship with the abuser.

c. They think that by ignoring the abuser's problem it will go away.

d. They don't want negative attention given to their unit or to their leadership abilities.

e. Enabling makes them feel good – taking care of their Soldier.

f. They have unresolved issues of alcohol and/or other drug use in their own families.

3. Examples of Enabling

a. Not enforcing underage drinking laws – turning a blind eye, because they feel all Soldiers should be able to drink regardless of age.

b. Allowing a Soldier who comes to work with a hangover to get by with doing less work.

c. Ignoring the fact that SPC Snuffy seems to get into some sort of trouble about every other month and in each case he was drinking at the time.

d. Trying to solve the Soldier's problem in house – Taking care of your own.

e. Not confronting a subordinate or fellow Soldier that you know has a drinking problem because he/she hasn't gotten a DUI or other blotter incident.

f. Covering up a supposed one time incident by a Soldier so he/she doesn't put their clearance at risk or get into trouble.

g. Overlooking unacceptable behavior.

h. Overlooking Soldier's verbal comments about their alcohol/other drug use.

i. Failing to report alcohol/drug incidents.

j. Attempting to change the behavior by "counseling" problem Soldiers rather than referring them to the ASAP.

k. Believing that a Soldier couldn't possibly be involved with alcohol or other drugs because he/she is a good Soldier.

4. Breaking the Enabling Pattern

a. Help the abuser face the unpleasant consequences of his/her behavior.

b. Stop taking responsibility for the abuser's actions.

c. Documenting poor performance or discipline problems that are direct result of alcohol consumption.

d. Unable to fully perform duties because he/she was out drinking late last night

e. Soldiers who occasionally get into trouble when drinking

f. Soldiers bragging about being able to drink large quantities of alcohol should not be praised; they are a heavy drinker who is in need of help.

5. Summary

a. Soldiers who abuse drugs and/or alcohol will exhibit some behavior that someone should recognize.

b. Leaders must take action and get Soldiers help before the problem gets worse. Sometimes getting in trouble is their first step to realizing they have a problem.

(1) Refer Soldiers for screening and evaluation – if you suspect a problem even if the Soldier has not gotten in trouble. Get the Soldier help before he/she gets in trouble.

(2) Ensure Soldiers are counseled when unable to properly perform their duties because of alcohol abuse the night before.

c. Bottom Line – Don't be a Soldier's Enabler!

4-4-6: Responsible drinking

1. Media Messages

a. Binge drinking is out of control on college campuses

b. Having a drink once a day promotes good health

c. Don't Drink and Drive

d. Drink in moderation

e. Drink responsibly

2. Definitions

a. Binge (Episodic) Drinking: having five or more drinks on a single occasion at least once in the past 30 days

b. One drink: defined as 12 oz of regular beer, 5 oz of wine (12 percent alcohol), or 1.5 oz of 80-proof distilled spirits

c. Moderate Drinking: (multiple definitions)

(1) Defined as the consumption of up to 1 drink per day for women and up to 2 drinks per day for men

(2) One drink per typical drinking occasion at least once a week, or 2-4 drinks per typical drinking occasion 2-3 times per month, or 5 or more drinks per typical drinking occasion once a month or less

d. Responsible Drinking: Not drinking irresponsibly?

3. Results of Irresponsible Drinking

- DUI
- Hangover
- Unprotected sex
- Fighting
- Financial problems
- Problems with friends and family
- Spouse/child abuse
- Reduced work quality and performance
- Vomiting
- Unexpected guest for breakfast
- Possible STD
- Loss of control – doing stupid things
- Injury
- Health related problems
- Passing out and/or Black outs

4. Responsible Drinking

a. Responsible drinking habits will vary from person to person; biology, sociology, and genealogy all play a role in what is considered responsible drinking.

b. Due to medical conditions or dependence issues some individuals must abstain from alcohol to be considered a responsible drinker.

c. Responsible Drinking: Drinking in a way that does not adversely affect an individual's ability to fulfill their legal, moral, or social obligations nor does it negatively impact their health, job performance, or quality of life.

5. Drinking Tips

a. Eat before and during drinking.

b. Before you Celebrate… Designate. Identify a responsible driver or use public transportation.

c. Don't chug your drinks; drink slowly and make your drinks last.

d. Alternate between alcoholic and nonalcoholic drinks.

e. Remember the word HALT, don't drink if you're Hungry, Angry, Lonely, or Tired.

f. Don't lose control of yourself.

g. Remember, it's ALWAYS ok NOT to drink.

h. Avoid binge or other high risk drinking behaviors.

i. Party Responsibly. Have a good time and blow off steam, but don't make drinking your priority. Eat, dance, talk and play games. You should be there to have a good time; you shouldn't be there just to get drunk.

j. Plan Ahead. Make sure you've arranged for a sober ride home BEFORE going out. Remember: if you don't have a designated driver, call a friend or take a cab.

k. Pace Yourself. Limit yourself to one drink per hour or alternate between alcoholic and non-alcoholic drinks. Know your limits and stay in control of your mind and body; maintain your Warrior Pride

6. Summary

a. Every unit will have Soldiers that will drink irresponsibly and get into trouble.

b. As the UPL you should provide every Soldier the information necessary to make informed decisions about their drinking patterns.

c. Leaders (officers and NCOs) train their Soldiers to become leaders and if an Army leader decides to drink then he/she should DRINK RESPONSIBLY!

SECTION III– UPL Certification Training Program Materials

This section contains the Practical Exercises needed to complete the UPL Certification Training Program and a list of the Enabling and Terminal learning objectives to assist in preparing for the certification exam.

I. DTP Lite Walkthrough Instructions

Purpose of this Document

This is a walkthrough that can be used in conjunction with DTP Lite to give a quick overview of how the program operates and what functions it has. A Mock unit roster has been provided with this so that the program can be demonstrated easily. Note: no help file is available for this version of DTP Lite so the "Help" buttons are not yet functional.

Files Distributed With This Demo

- DTP Lite Demo.doc – This document.
- Dtplite.exe – Executable for printing US Army drug-testing products.
- Demo roster.xls – THIS FILE CONTAINS NO REAL SSN's.

NOTE: When conducting actual testing of your unit you must ensure that you have an up to date alpha roster of your unit, you will have to import the alpha roster every time a test is run. No testing data is saved.

Demo

The program does not have to be installed; you may simply copy the executable (Dtplite.exe) to your hard drive and run it from that location. Alternatively you may run it from this CD, though it may start up slower in this case.

To open double click on my computer on your desktop, located on the screen of your computer.
Choose your CD ROM drive usually the D:/ or E:/ drive.
Double click on the CD ROM drive; this will open what is available on the CD ROM.
Double click on the DTP Lite folder.
Locate the executable (Dtplite.exe.) To run the program, double click on the DTP Lite icon.

NOTE: You may copy the program to your hard drive so that you always have it available for use; it is recommended that you copy the entire DTP lite folder and then save your unit roster to that folder. To copy the folder simply left mouse click once on the DTP lite folder and then right click the mouse, from the drop down menu that appears, click copy, place your cursor on your desk top, right click on the mouse, from the drop down menu, click paste, the DTP Lite folder will now be on your computer hard drive.

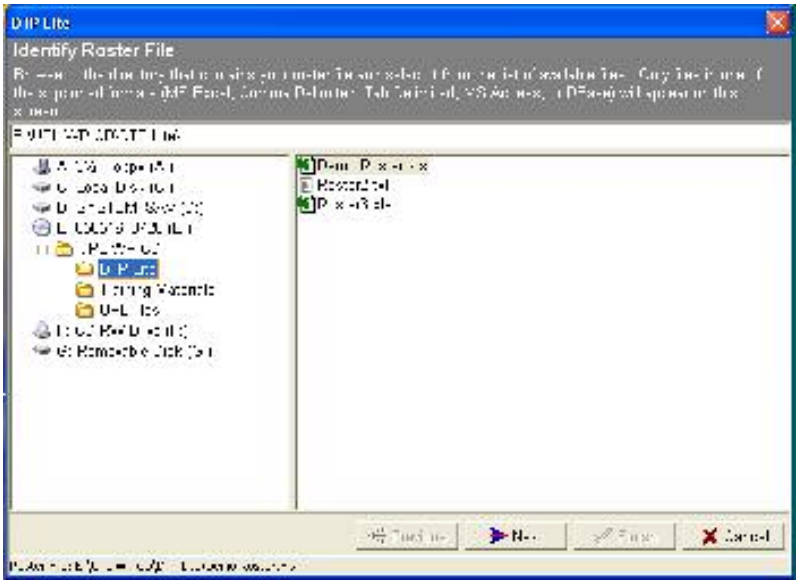
Follow the steps below to run a test; the instructions are designed to walk you through using the Demo Roster.xls roster provided, when running your unit test, substitute your roster for the Demo Roster.xls roster.

Step 1- Start DTP Lite

Simply double click on the DTP Lite Executable:

Step 2- Identify Your Roster File

The first screen instructs you to choose a roster file (Demo Roster.xls). If the Demo Roster.xls file is not in the same directory as the program, you will have to browse to the proper directory in order to select it.

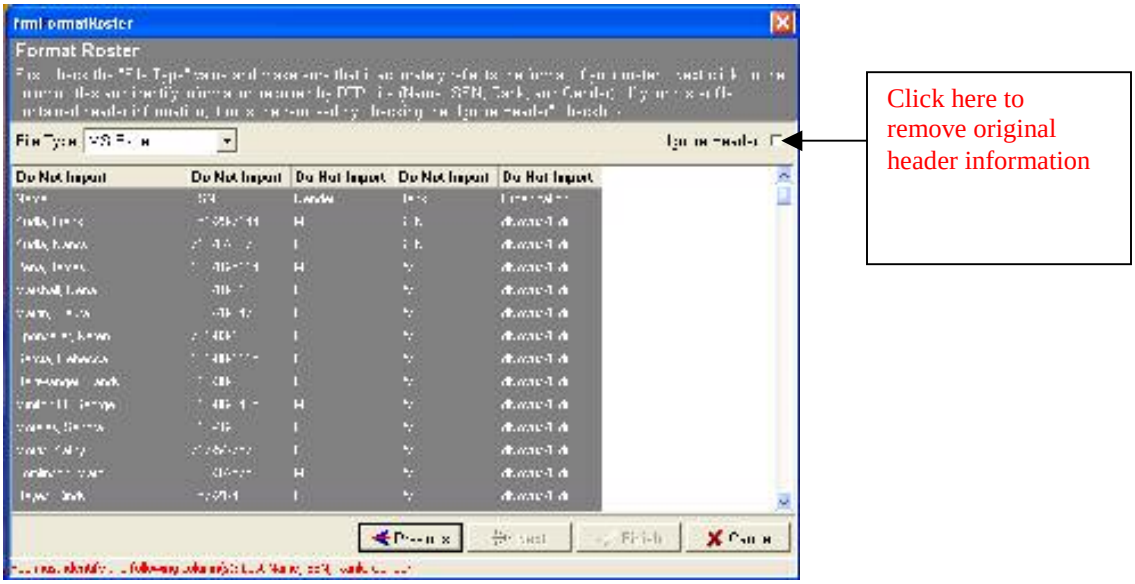


Once the file (Demo Roster.xls) has been selected the <Next> button should become available. Click it to continue to the next screen.

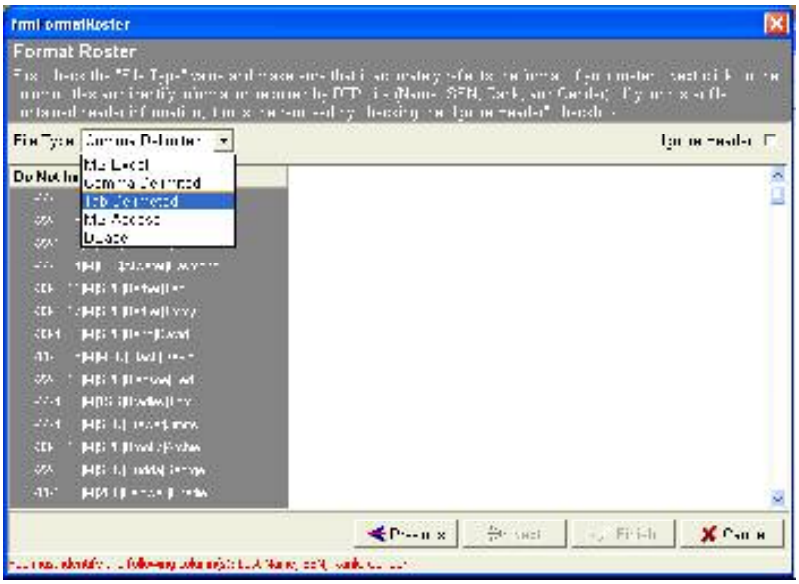
Step 3- Format the Roster File

On the next screen you should see all the columns of your roster, but with undefined headers (**Do Not Import**).

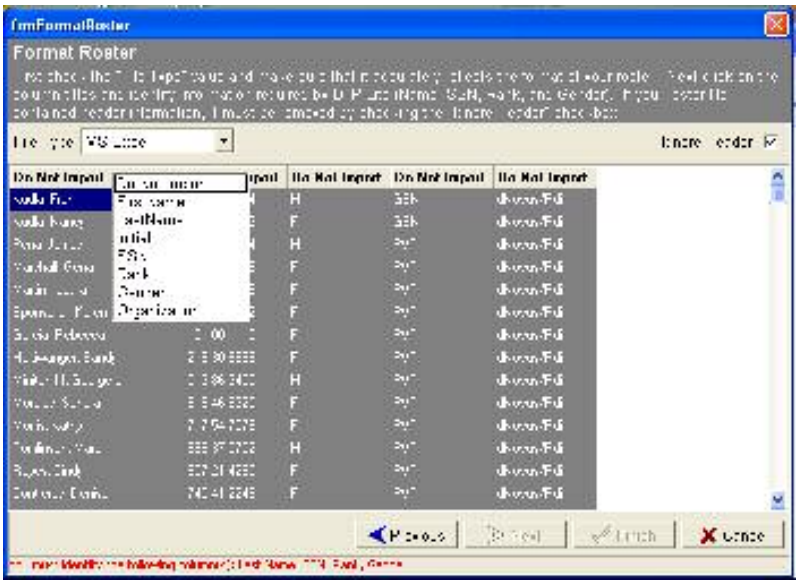
1. Look at the Roster and you will notice that the first row (Record) is the headings (Name, SSN, etc) from the original roster; the program thinks this is a Soldier; click on "Ignore Header" to remove this information. If your roster does not contain headings then this box must be unchecked or you will remove the first name from your roster and that Soldier will never be selected for testing.



2. DTP Lite is capable of importing various roster file formats; the most common format is Microsoft Excel. To select a different file type Click on the "File Type" down arrow and select the type. If you are unsure of your roster type you may select different types until the roster appears like it does in the picture above. In the example below the program tried "Comma Delimited", but the roster doesn't look right; the correct format for the below roster is "Tab delimited".



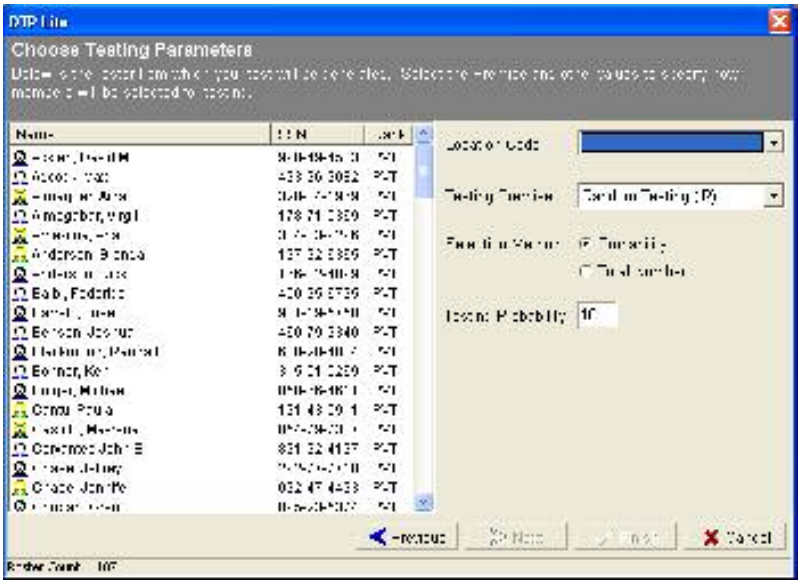
Click on each column headings "Do Not Import" to identify the Last Name, SSN, etc. Please note if your roster has the first and last name in the same column, that you must import it as the "LastName". Also note that your roster may contain information that you do not need, just leave these columns as "Do Not Import".



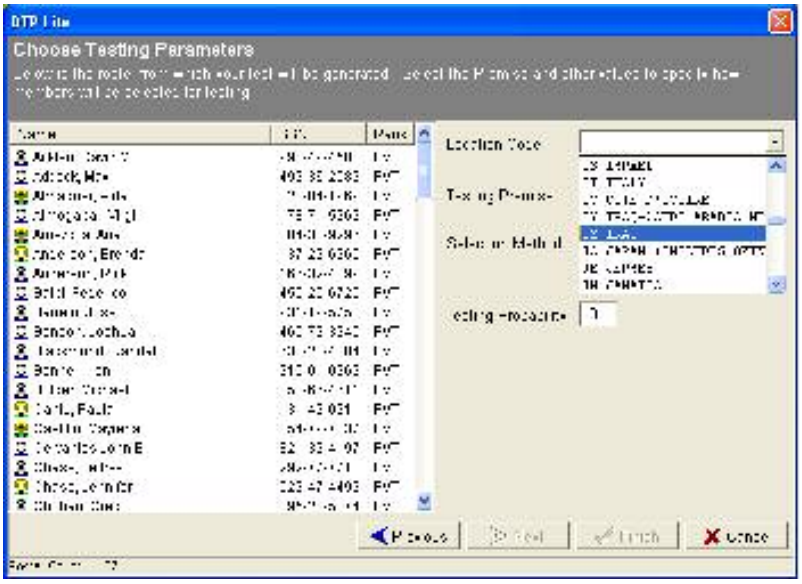
Required fields are last name, SSN, Rank, and Gender; and FirstName if your roster has the first and last name in separate columns. Once all required fields are identified the <Next> button should become enabled. Click it to continue.

Step 4- Enter Testing Parameters

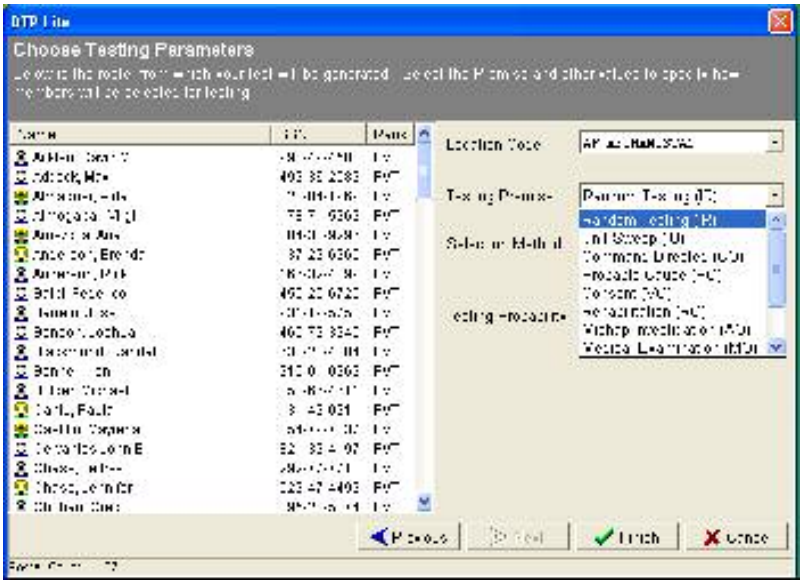
This screen displays all available members (from the Demo Roster file).



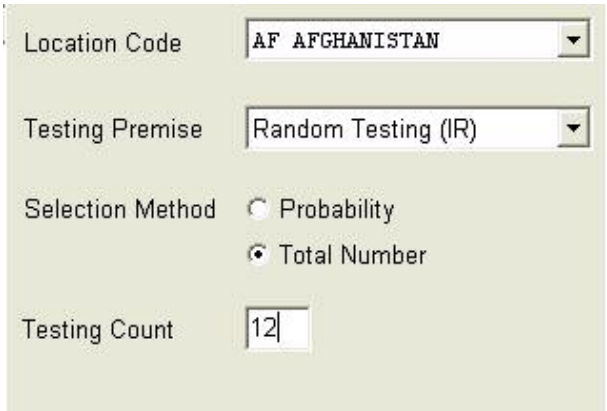
The First thing you must do is select a Location Code. This code is used by the Department of the Army to determine testing rates in deployed areas. If you are located in one of the 50 states then select "US UNITED STATES" or "ND NON-DEPLOYED". If you are stationed in another country, a US territory, or deployed to another country then select the appropriate country, such as "IZ IRAQ", or "RQ PUERTO RICO".

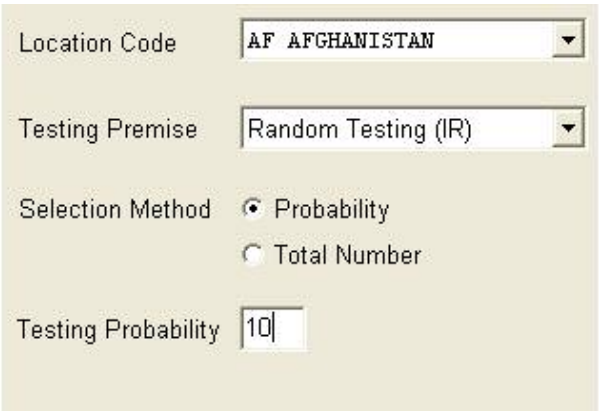


Next you will select the Testing Premise (Test Basis Code). The default testing premise is Random Testing (IR). For this demonstration leave the Testing premise as IR.



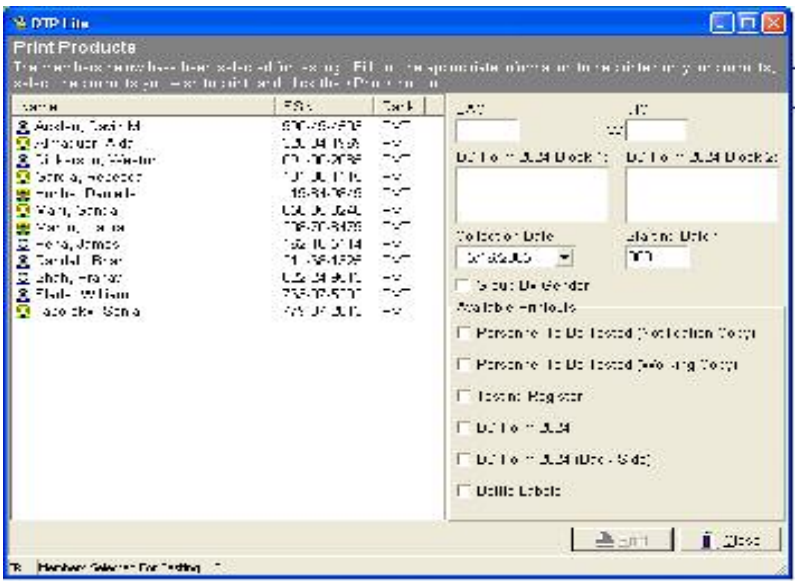
In addition to the testing premise you must also select the Selection method (Probability or Total Number) and then the probability percentage or total count. Note: It is recommended that you determine how many tests you want to conduct and use the Total Number as your selection method. Example: If you wanted to test 10% of your unit and you have 120 Soldiers assigned then you would select "Total Number" and enter 12 for the testing count. Make these selections now.





Click the <Finish> button to generate the test.

A list of all members selected for testing should appear on this screen. On the right a series of fields that determine what information should be printed on the various products. Below these is a series of checkboxes that allow you to specify which products you want to print.



You must enter the following information before printing:

1. Your BAC (Base Area Code)

2. Your UIC (Unit Identification code) – Note the "W" is already entered fro you.

3. Block 1 of the DD Form 2624 – This is the address of your local ASAP or the address of the place that will initially receive your testing results. You can only enter three lines of information.

Example: Fort Swampy ASAP
Bldg 2146 Swamp Ave
Fort Swampy, LA 12345

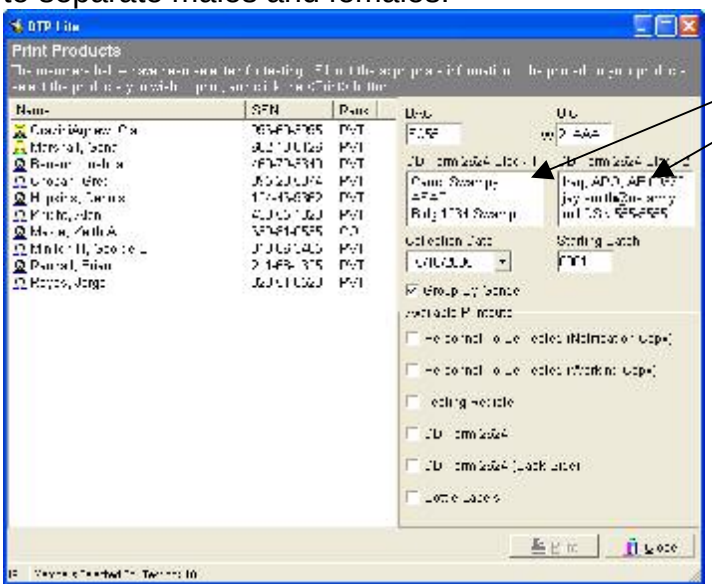
4. Block 2 of the DD Form 2624 – This is the address of your unit, remember to include a complete telephone number. You can only enter three lines of information.

Example: HHC 2/16 INF
Bldg 9277 Warrior Ave, Fort Swampy, LA 12345
Comm: (123)-555-1234

5. Collection Date - This is set to today's date, but can be changed to another day; this allows you to print your documents a day or two ahead of time.

6. Starting Batch Number – Batch numbers start at 0001 for each day. If you selected personnel for a random test and then selected personnel for a rehabilitation test you would need to change the batch number of the Rehabilitation test (RO) to the next number. Example: If you selected 26 personnel on your random test, then when you print your DD Forms 2624 you would have three batches, batch 0001 would have 12 Soldiers, batch 0002 would have 12 Soldiers, and batch 0003 would have 2 Soldiers. Now you have to select 3 Soldiers for RO testing, you must change the starting batch number to 0004.

7. Group by Gender – although not necessary to print males and females on separate forms, some UPLs find it easier to run the test having them separated. Check the box to separate males and females.



You may only enter three lines of information. After entering a line, hit enter to start the next line.
You will only be able to see a portion of your actual entries. These are the entries from this DD Form 2624:

Block 1:
Camp Swampy ASAP
Bldg 1234 Swamp Rat road
Camp Swampy, AL 12345

Block 2:
1/16th INF
Iraq, APO, AE 09372
jay.smith@us.army.mil DSN:555-5555

Step 6- Print Test Products

Select the products to print, at a minimum you must print the Testing Register, DD Form 2624 (both Sides on the same sheet of paper head to Head) and the Labels.

When you are finish click on the <Print> button. Each product that you have selected will be previewed and may be sent to the printer from the preview screen. Before bottle labels are printed, a dialog will appear asking you for a location at which to print the first label.

NOTE: If the DD Form 2624 is not printed head to head then reprint the DD Forms 2624. If you print the forms out wrong (head to foot) and have to blacken out a barcode it will interfere with reading the chain of custody on the back side of the DD Form 2624.

Once all products have been printed, click the <Close> button to finish. This will close the program and all information will be lost. To select another test, return to *Step 1*.

II. DTP Practical Exercises

Complete all four exercises and save your printouts. Your local ASAP may collect them.

EXERCISE 1: Conduct an Inspection Random Test (IR) by Percentage

Task: Successfully complete a 10% Inspection Random test (IR) and print bar-coded unit ledgers, DD Forms 2624 and bottle labels.

Condition: Given DTP Lite, Roster2 (Tab delimited), a collection date, a computer and printer.

Standard: Successfully complete a 10% Inspection Random test (IR) and print bar-coded unit ledgers, DD Forms 2624 and bottle labels. **NOTE**: For PE purposes do not use Avery 5163 labels print the labels on plain paper.

EXERCISE 2: Conduct an Inspection Random Test (IR) by Number

Task: Successfully complete a Inspection Random test (IR) by number and print bar-coded unit ledgers, DD Forms 2624 and bottle labels.

Condition: Given DTP Lite, Roster3 (Excel), a collection date, a computer and printer.

Standard: Successfully complete a Inspection Random test (IR) on twelve Soldiers and print bar-coded unit ledgers, DD Forms 2624 and bottle labels. **NOTE**: For PE purposes do not use Avery 5163 labels print the labels on plain paper.

EXERCISE 3: Conduct multiple tests

Task: Given DTP Lite, Roster2, and mock commander instructions, select personnel for testing and print all required documentation.

Condition: Given DTP Lite, Roster2 (Tab delimited), a computer and printer and the following scenario: Your commander has told you that he wants to conduct a random test tomorrow on exactly 10% of the 120 Soldiers assigned to your unit. In addition, he has directed you to conduct rehabilitation tests on PFC John Fisher and PVT Brenda Victor at the urinalysis tomorrow.

Standard: Successfully complete the Inspection Random test (IR) test and print bar-coded unit ledgers, DD Forms 2624 and bottle labels and successfully complete the Rehabilitation Tests (RO) and print bar-coded unit ledgers, DD Forms 2624 and bottle labels. **NOTE**: For PE purposes do not use Avery 5163 labels print the labels on plain paper.

Notes about the Exercises:

Exercise 1: Roster2 contains 120 names. 10% of the unit is 12 personnel. Did you get only 12 names? You most likely selected more or less than 12 Soldiers. This is why it is recommended to use the Total Number vs Probability; you always get what you want with the Total number.

Exercise 2: Did you remember to ignore the headings? Look at your Testing register did you select a Soldier named "Rank LastName, FirstName". If you did, then you forgot to ignore the headings on the roster.

Exercise 3: If you completed this Exercise correctly you should have two Testing Registers; one with exactly 12 names (exactly 10%, you should have chose Total Number, not probability) and one with two names (John Fisher and Brenda Victor). Also your two DD Forms 2624 should be batch 0001 and batch 0002 (did you remember to change the batch on your rehabilitation tests**.**

III. Collection PE

COLLECTION PAPERWORK PRACTICAL EXERCISE

SENARIO: You are the UPL for Company B, 901st Finance BN. The Commander, CPT Kozar, has decided to do a urinalysis TODAY (26 April 2005). You and CPT Kozar rolled a ten-sided die and the number rolled was a 2, using the alpha roster you identified the personnel to be tested. In addition to the personnel selected, CPT Kozar has directed you to test the two soldiers enrolled in the ASAP program, **SPC Green** and **PFC Walls**. ALL personnel were informed at the afternoon PT formation of the test and escorted to the Holding area by SFC Garcia, the holding area NCO. The commander selected the following personnel to be observers:

SSG Jane Cupp for the females
SSG John T. Observer for the Males

Both you and the Commander gave your briefings in the holding area.

INSTRUCTIONS: Given the additional information below. Complete the required DD Forms 2624 and unit ledgers for this collection as if the soldiers were providing specimens. Complete the chain of custody up to the point where you (the UPL) bring the specimens to the IBCP office tomorrow morning, 27 April 2005. You will sign for the observers and soldiers using their names. The additional comments on some donors list information provided by the soldier or things that occurred during the collection process.

Given: UIC: W3VSAA
Base Area Code (BAC) or Service Area Code (SAC): FC45
Unit: Company B, 901st Finance BN, Camp Swampy, MO 55673
Date: 26 April 2005
ASAP Location: ASAP, Bldg 1234, Camp Swampy, MO 55673
Temporary storage area is wall locker #2 in room 6B in building 125

The soldiers reported to the UPL desk in the following order to provide a specimen.

RANK	*NAME*	*SSN*	*GENDER*	*Additional Notes*
SSG	Dwayne E. Jenkins	246-78-3242	M	
SGT	Pamela A. Smith	311-90-7842	F	
SPC	Michael C. Green	254-56-3694	M	
SGT	John T. Thomas	435-97-2232	M	

COLLECTION PAPERWORK PRACTICAL EXERCISE
(continued)

RANK	*NAME*	*SSN*	*GENDER*	*Meds/dental & Additional notes*
SPC	Janet Jones	256-43-5672	F	
SPC	Robert M. Ansell	345-88-4392	M	
SPC	Thomas M. Hightower	445-88-9762	M	
PFC	Rebecca T. Bowers	983-10-2312	F	Short Sample
PFC	Elizabeth A. Schoen	312-67-2342	F	States she is Menstruating
1LT	Randolph Cunningham	718-76-2212	M	States he is taking codeine
SFC	Chuck B. Brown	895-43-5632	M	
PFC	Jeffrey G. Walls	453-22-9658	M	
PFC	Rebecca T. Bowers	983-10-2312	F	

UNIT URINALYSIS LEDGER

1. SUBMITTING UNIT	2. UPL:	INITIALS:	4 UNIT IDENTIFICATION CODE:	5 DATE SPECIMEN COLLECTED: (YYYY) (MM) (DD)
	3 PHONE:			

6. DOCUMENT/ BATCH NUMBER	7. SPECIMEN NUMBER	8. COMPLETE SOCIAL SECURITY NUMBER	9 TEST BASIS	10. RANK	11. SOLDIER'S SIGNATURE / SOLDIER'S PRINTED NAME	12. ACTION TAKEN / REMARKS	13. OBSERVER'S SIGNATURE / OBSERVER'S PRINTED NAME

CD ADAP CP Form 1

UNIT URINALYSIS LEDGER

1. SUBMITTING UNIT	2. UPL:	INITIALS:	4 UNIT IDENTIFICATION CODE:	5 DATE SPECIMEN COLLECTED: (YYYY) (MM) (DD)
	3 PHONE:			

6. DOCUMENT/ BATCH NUMBER	7. SPECIMEN NUMBER	8. COMPLETE SOCIAL SECURITY NUMBER	9.TEST BASIS	10. RANK	11. SOLDIER'S SIGNATURE / SOLDIER'S PRINTED NAME	12. ACTION TAKEN / REMARKS	13.OBSERVER'S SIGNATURE / OBSERVER'S PRINTED NAME

CD ADAPCP Form 1

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT	2. ADDITIONAL SERVICE INFORMATION (Second Echelon)
A. LABORATORY CONDUCTING DRUG TESTING	
B. BATCH NUMBER	C. REPORT OF RESULT (DIG/Serial No.)
D. DRUGS TESTED	

3. BASE/AREA CODE	4. UNIT IDENTIFIACTION CODE	5. DOCUMENT/ BATCH NUMBER	6. DATE SPECIMEN COLLECTED (YYYY) (MM) (DD)

7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFORMATION	11. PRESCREEN THC	COC	E. DISC CODE	F. ACCESSION NUMBER	G. RESULT
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

H. CERTIFICATION. I certify that I am a laboratory certifying official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and that they are correctly annotated.

(1) SIGNATURE	(2) DATE SIGNED	(3) CERTIFYING OFFICIAL (Printed Name and Title)

DD Form 2624, FEB 93

Replaces OPNAV 5350/2 (FEB 82), DA Form 5180 (AUG 86), and AF Form 1890 (APR 86), which are obsolete.

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a	RELEASED BY b	RECEIVED BY c	PURPOSE OF CHANGE/ REMARKS d
(1)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(2)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(3)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(4)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(5)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(6)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(7)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(8)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(9)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(10)	SIGNATURE	SIGNATURE	
	NAME	NAME	

DD Form 2624, FEB 93 (Back)

INSTRUCTIONS

BLOCK		USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine sample		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively	Optional. May be used to identify the base POC.
3	BASE/ AREA CODE	Service Code Area	Leave Blank. For future use.	Four character Base identification code (Ex. F123). Comprise of the first four characters of the full 10-character Base Identification Number
4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
5	DOCUMENT/ BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex. 501). Comprises the middle part of the full 10 character BIDN assigned to each specimen
6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that the samples were collected by submitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premise to conduct the collection.		
10	TEST INFORMATION	Military: A-E1-E4; B-E5-E10; Civilians: C-TDP Civilian; D-TDP Guard/Reserve; E-TDP PMP; F-TDP Other Civilians; E-other TDP; F-other civilians	Leave Blank.	Enter required only if additional testing is requested: F=Full Panel; S=Steroids; O=Other drugs. Provide clarifications in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used

12. CHAIN OF CUSTODY (LINE (1))

a. DATE - Date of collection/shipment.

b. RELEASED BY - Signature and printed or typewritten name of the individual in charge of having custody of the samples.

c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank.

d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

NOTE: When custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires the number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in custody with comments in block (d). If a continuation sheet is necessary, it must contain information/signature of blocks (a) - (d).

13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT	2. ADDITIONAL SERVICE INFORMATION (Second Echelon)	A. LABORATORY CONDUCTING DRUG TESTING
		B. BATCH NUMBER / C. REPORT OF RESULT (DIG/Serial No.)
3. BASE/AREA CODE / 4. UNIT IDENTIFIACTION CODE / 5. DOCUMENT/ BATCH NUMBER / 6. DATE SPECIMEN COLLECTED (YYYY) (MM) (DD)		D. DRUGS TESTED

7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFORMATION	11. PRESCREEN THC	COC	E. DISC CODE	F. ACCESSION NUMBER	G. RESULT
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

H. CERTIFICATION. I certify that I am a laboratory certifying official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and that they are correctly annotated.

(1) SIGNATURE	(2) DATE SIGNED	(3) CERTIFYING OFFICIAL (Printed Name and Title)

DD Form 2624, FEB 93

Replaces OPNAV 5350/2 (FEB 82), DA Form 5180 (AUG 86), and AF Form 1890 (APR 86), which are obsolete.

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a	RELEASED BY b	RECEIVED BY c	PURPOSE OF CHANGE/ REMARKS d
(1)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(2)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(3)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(4)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(5)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(6)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(7)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(8)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(9)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(10)	SIGNATURE	SIGNATURE	
	NAME	NAME	

DD Form 2624, FEB 93 (Back)

INSTRUCTIONS

	BLOCK	USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine sample		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively	Optional. May be used to identify the base POC.
3	BASE/ AREA CODE	Service Code Area	Leave Blank. For future use.	Four character Base identification code (Ex. F123). Comprises the first four characters of the full 10-character Base Identification Number
4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
5	DOCUMENT/ BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex. 501). Comprises the middle part of the full 10 character BIDN assigned to each specimen
6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that the samples were collected by submitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premise to conduct the collection.		
10	TEST INFORMATION	Military: A-E1-E4; B-E5-E10; Civilian: C-TDP Aviation; D-TDP Guard/Military; E-TDP PNP; F-TDP ARMY/CIVILIAN: G-other TDP; H-other sensitive	Leave Blank.	Enter required only if additional testing is requested: F=Full Panel; S=Steroids; O=Other drugs. Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used

12. CHAIN OF CUSTODY (LINE (1))

a. DATE - Date of collection/shipment.

b. RELEASED BY - Signature and printed or typewritten name of the individual in possession having custody of the samples.

c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank.

d. PURPOSE OF CHANGE/REMARK - Specify the code of accountable unit/organization/system utilized to ship specimens to the lab.

NOTE: When custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires the number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in custody with comments in block (d). If a continuation sheet is necessary, it must contain the number signatures of blocks (a) - (d).

13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES

IV. Quality Control PE

Quality Control Practical Exam

TASK: Conduct a Quality Control inspection of a urinalysis collection and correct all discrepancies.

CONDITION: You have just completed a 10% urinalysis collection of your unit (18 specimens collected). Your DD Forms 2624, Testing Registers, specimens, and certificates of correction are available.

Note: For the purpose of this exercise the completed specimen bottle labels will be the specimens (viewed in the presentation); assume all specimens with a completed label have sufficient quantity. Also note that for this exercise your Name is Brian Halder and your initials are "BH".

The following additional information is provided:

1. SFC Archie Conrad and SPC John Tuazon were unavailable for testing.

2. PFC Jake Extra was unable to provide a complete specimen on his first attempt, but was successful on the second.

3. Archie Brooks is a SGT not a SPC

4. PVT Dennis Jack's SSN was incorrect; the correct SSN is 000-33-3021.

5. UIC is W2LAAA and BAC is FC 32

6. You will be shipping the specimens to the laboratory by regular mail (United States Postal Service (USPS)) on the collection day.

STANDARD: Properly identify and correct all discrepancies IAW AR 600-85.

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT Fort Swampy ASAP Bldg 1234 Gator Ave Fort Swampy, LA 98765	2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON) 1/16th INF 160 Swamp Rat Lane, Fort Swampy, LA 12345 (555)-111-5676

A. LABORATORY CONDUCTING TESTING

3. BASE/AREA CODE	4. UNIT IDENTIFICATION CODE	5. DOCUMENT/BATCH NUMBER	6. DATE SPECIMEN COLLECTED YYYY MM DD	B. BATCH NUMBER	C. REPORT OF RESULTS
	W	0001	20050710		

D. DRUGS TESTED

Version 530L

7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFO	11. PRESCREEN	E. DISC CODE	F. ACCESSION NUMBER	G. RESULT
001	000-11-2005	IR	B				
002	000-44-4003	IR	B				
003	000-33-2010	IR	B ~~A~~ BK 10 JUL 05				
004	000-22-2023	IR	B				
005	000-11-1002	IR	B				
006	000-11-3005	IR	A				
007	999-44-3001	IR	A				
008	000-11-2015	IR	B				
009	000-33-3007	IR	A				
010	000-33-3008	IR	A				
011	000-22-3007	IR	A				
012	000-11-4003	IR	B				

H. CERTIFICATION. I certify that I am a laboratory official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and they are correctly annotated.

(1) SIGNATURE

(2) DATE SIGNED

(3) CERTIFYING OFFICIAL (Printed Name and Title

DD Form 2624, FEB 1993 *Replaces OPNAV 5350/2 (FEB 82), DA Form 5180 (AUG 88), and AF Form 1890 (APR 88), which are obsolete.*

12. CHAIN OF CUSTODY

DATE (YYMMDD) a.	RELEASE BY b.	RECEIVED BY c.	PURPOSE OF CHANGE / REMARKS d.
(1) 050710	SIGNATURE Brian Halder NAME BRIAN HALDER	SIGNATURE NAME	SHIPPED SPECIMENS TO FTDTL BY USPS
(2)	SIGNATURE NAME	SIGNATURE NAME	
(3)	SIGNATURE NAME	SIGNATURE NAME	
(4)	SIGNATURE NAME	SIGNATURE NAME	
(5)	SIGNATURE NAME	SIGNATURE NAME	
(6)	SIGNATURE NAME	SIGNATURE NAME	
(7)	SIGNATURE NAME	SIGNATURE NAME	
(8)	SIGNATURE NAME	SIGNATURE NAME	
(9)	SIGNATURE NAME	SIGNATURE NAME	
(10)	SIGNATURE NAME	SIGNATURE NAME	

DD Form 2624, FEB 1995 (Back)

LAN

THRU

INSTRUCTIONS

BLOCK		USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use.	Message address of second echelon commander to whom submitting unit reports administratively	Optional. May be used to identify the base POC.
3	BASE/ AREA CODE	Service code area	Leave blank for future use.	Four-character Base Identification code (Ex, F-123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN)
4	UNIT IDENTIFICATION CODE	Unit identification Code (UIC or RUC) of unit		Do not use
5	DOCUMENT/BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex, 001). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form.		Enter 3-digit sequential specimen number (last characters of full BIDN)
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premise to conduct the collection		
10	TEST INFORMATION	Military: A= E1 - E4; B= E5 to E10; Civilian pilot; C= TDP Aviation; D= TDP Guard/Rocker; E= TD-ADHOC Staff; F= other TDP; N= other non-military	Leave Blank	Entry required only if additional testing is requested: F= Full Panel; S= Steroids; O= Other drugs-Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used.

12 CHAIN OF CUSTODY (LINE (1))

a. DATE -Date of collection/shipment.
b. RELEASED BY - Signature and printed or typed/stamp name of the urinalysis coordinator having custody of the samples.
c. RECEIVED BY - Use only if physical change of custody is occuring prior to shipment. Otherwise leave blank.
d. PURPOSE OF CHANGE/REMARK - Specify the mode of commercial transportation/system utilized to ship specimens to the lab.

Note: Where custody of specimens changes other than for a shipment (unless hand carried to the lab). Each change requires two number signatures in the (b) RELEASED BY and (c) RECEIVED BY books to document change in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).

13 DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES

USAFRC V2

Drug Testing Program

Testing Register

07/10/2005 1:06:43 PM

IR

Date of Collection T/M/D/Y	Batch And Specimen #	Tested Members Rank, Printed Name, SSN Signature	TPI	Observer's Printed Name and Signature	Comments and Disposition
07/10/2005	Batch: 0001 Spec: 001	MSG Black, David 000-11-2005 David Black	IR	MICHAEL MYERSON Michael Myerson	
07/10/2005	Batch: 0001 Spec: 002	1SG Bradley, Tom 000-44-4003 Tom Bradley	IR	MICHAEL MYERSON Michael Myerson	
07/10/2005	Batch: 0001 Spec: 003	~~SPC~~ Brooks, Archie 000-33-2010 SGT Archie Brooks	IR	MICHAEL MYERSON Michael Myerson	PROMOTED TO SGT ON 1 JUL 05
07/10/2005	Batch: 0001 Spec: 004	SSG Budda, George 000-22-2023 George Budda	IR	MICHAEL MYERSON Michael Myerson	
07/10/2005	Batch: 0001 Spec: 005	2LT Caldwell, Charlie 000-11-1002 Charlie Caldwell	IR	MICHAEL MYERSON Michael Myerson	
07/10/2005	Batch: 0001 Spec: 006	PFC Campbell, Roger 000-11-3006 Roger Campbell	IR	MICHAEL MYERSON Michael Myerson	
07/10/2005	Batch: 0001 Spec: 007	PVT Chipper, Christine 999-44-3001 (Christine) Chipper	IR	JESSICA JONES Jessica Jones	
07/10/2005	Batch: 0001 Spec: 008	SFC Conrad, Archie 000-11-2015	IR		TDY - NOT TESTED
07/10/2005	Batch: 0001 Spec: 009	PFC Extra, Jake 000-33-3007 Jake Extra	IR	MICHAEL MYERSON Michael Myerson	1ST ATTEMPT - SHORT 2ND ATTEMPT - OK
07/10/2005	Batch: 0001 Spec: 010	PFC Feeble, Matthew 000-33-3008 Matthew Feeble	IR	MICHAEL MYERSON Michael Myerson	
07/10/2005	Batch: 0001 Spec: 011	PFC Fisher, John 000-22-3007 John Fisher	IR	MICHAEL MYERSON Michael Myerson	
07/10/2005	Batch: 0001 Spec: 012	MSG Green, Jake 000-11-4003 Jake Green	IR	MICHAEL MYERSON Michael Myerson	

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

A. LABORATORY CONDUCTING TESTING

1. SUBMITTING UNIT
Fort Swampy ASAP
Bldg 1234 Gator Ave
Fort Swampy, LA 98765

2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)
1/18th INF
160 Swamp Rat Lane, Fort Swampy, LA 12345
(555)-111-5676

3. BASE/AREA CODE

4. UNIT IDENTIFICATION CODE: W

5. DOCUMENT/BATCH NUMBER: 0002

6. DATE SPECIMEN COLLECTED (YYYY MM DD): 20050710

B. BATCH NUMBER

C. REPORT OF RESULTS

D. DRUGS TESTED

Version 530L

7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFO	H. PRESCREEN	E. DISC CODE	F. ACCESSION NUMBER	G. RESULT
~~001~~	~~000-33-3012~~	IR	A			VOID BH 10 JUN 05	
002	000-11-3009	IR	B				
003	000-44-3007	IR	A				
004	000-33-4006	IR	A				
005	000-33-3016	IR	B				
006	999-22-3004	IR	A				
007	000-22-3018	IR	A				
008	999-33-2005	IR	A				
009	000-33-3021	IR	A				

H. CERTIFICATION. I certify that I am a laboratory official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and they are correctly annotated.

(1) SIGNATURE

(2) DATE SIGNED

(3) CERTIFYING OFFICIAL (Printed Name and Title

DD Form 2624, FEB 1993 Replaces OPNAV 5350/2 (FEB 82), DA Form 5180 (AUG 84), and AF Form 1890 (APR 86), which are obsolete.

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASE BY b.	RECEIVED BY c.	PURPOSE OF CHANGE / REMARKS d.
(1) 050710	SIGNATURE NAME	SIGNATURE NAME	
(2)	SIGNATURE NAME	SIGNATURE NAME	
(3)	SIGNATURE NAME	SIGNATURE NAME	
(4)	SIGNATURE NAME	SIGNATURE NAME	
(5)	SIGNATURE NAME	SIGNATURE NAME	
(6)	SIGNATURE NAME	SIGNATURE NAME	
(7)	SIGNATURE NAME	SIGNATURE NAME	
(8)	SIGNATURE NAME	SIGNATURE NAME	
(9)	SIGNATURE NAME	SIGNATURE NAME	
(10)	SIGNATURE NAME	SIGNATURE NAME	

DD Form 2624, FEB 1990 (Back)

INSTRUCTIONS

BLOCK		USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use.	Message address of second echelon commander to whom submitting unit reports administratively	Optional. May be used to identify the base POC.
3	BASE/ AREA CODE	Service code area.	Leave blank for future use.	Four-character Base Identification code (Ex. F-123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN).
4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUIC) of unit		Do not use
5	DOCUMENT/BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex. 501). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
6	DATE SPECIMEN COLLECTED	Enter the four-digit-year, two-digit-month, and two-digit-day that samples were collected by submitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form		Enter 3-digit sequential specimen number (last characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained		
9	TEST BASIS	Indicate the testing premise to conduct the collection.		
10	TEST INFORMATION	Military: A= E1 - E4; B= E5 to E10; Civilian only: C= TDP Aviation; D= TDP Guard/Police; E= TD; ADAPCP Staff; G= other TDP; N= other nonmilitary	Leave Blank	Entry required only if additional testing is requested. F= Full Panel; S= Steroids; O= Other drugs. Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used.

12 CHAIN OF CUSTODY (LINE (1))

a DATE - Date of collection/shipment.
b RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.
c RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank.
d PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

Note: Whenever custody of specimens changes other than for a shipment (unless hand carried to the lab). Each change requires two number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).

13 DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES

LBAPPC V2

Drug Testing Program
Testing Register

07/10/2005 1:06:43 PM
IR

Date of Collection T/M/D/Y	Batch And Specimen #	Tested Members Rank, Printed Name, SSN Signature	TPI	Observer's Printed Name and Signature	Comments and Disposition
07/10/2005	Batch: 0002 Spec: 001	PVT Jack, Dennis 000-33-3012	IR		SSN INCORRECT SEE BATCH & SPEC 9
07/10/2005	Batch: 0002 Spec: 002	SFC James, Gary 000-11-3009 Gary James	IR	MICHAEL MYERSON Michael Myerson	
07/10/2005	Batch: 0002 Spec: 003	PFC Knight, David 000-44-3007 David Knight	IR	MICHAEL MYERSON Michael Myerson	
07/10/2005	Batch: 0002 Spec: 004	PVT McNeill, Archie 000-33-4006 Archie McNeill	IR	MICHAEL MYERSON Michael Myerson	
07/10/2005	Batch: 0002 Spec: 005	SGT Novell, Charlie 000-33-3016 Charlie Novell	IR	MICHAEL MYERSON Michael Myerson	
07/10/2005	Batch: 0002 Spec: 006	SPC Romeo, Gloria 999-22-3004 Gloria Romeo	IR	JESSICA JONES Jessica Jones	
07/10/2005	Batch: 0002 Spec: 007	SPC Tuazon, John 000-22-3018	IR		NOT TESTED - ON LEAVE
07/10/2005	Batch: 0002 Spec: 008	SPC X-Ray, Brenda 999-33-2005 Brenda X-Ray	IR	JESSICA JONES Jessica Jones	
07/10/2005	0002 009	PVT JACK, DENNIS 000-33-3021 Dennis Jack	IR	MICHAEL MYERSON Michael Myerson	

BATCH 01

Tape Here
IR 0001 005
000-11-3005
20050710
BAC: UIC:
UPL RC
SM BH
Tape Here

Tape Here
IR 0001 007
999-44-3001
20050710
BAC: UIC:
UPL BH
SM CC
Tape Here

Tape Here
IR 0001 010
000-33-3008
20050710
BAC: UIC:
UPL BH
SM MF
Tape Here

Tape Here
IR 0001 011
000-22-3007
20050710
BAC: UIC:
UPL BH
SM JF
Tape Here

Tape Here
IR 0001 001
000-11-2005
20050710
BAC: UIC:
UPL BH
SM DB
Tape Here

Tape Here
IR 0001 002
000-44-4003
20050710
BAC: UIC:
UPL BH
SM TB
Tape Here

Tape Here
IR 0001 003
000-33-2010
20050710
BAC: UIC:
UPL BH
SM AB
Tape Here

Tape Here
IR 0001 004
000-22-2023
20050710
BAC: UIC:
UPL BH
SM GB
Tape Here

Tape Here
IR 0001 005
000-11-1002
20050710
BAC: UIC:
UPL BH
SM CC
Tape Here

TAPE HERE

20050710

FC 32

BH
UPL Init

JE
Donor Init

000-33-3007

TAPE HERE

Tape Here

IR 0001 C12
000-11-4003
20050710
BRC: UIC:
UPL BH
SM JG

Tape Here

BATCH 02

Tape Here

IR 0002 C02
000-11-3009
20050710
BRC: UIC:
UPL BH
SM GT

Tape Here

Tape Here

IR 0002 C03
000-44-3007
20050710
BRC: UIC:
UPL BH
SM DK

Tape Here

Tape Here

IR 0002 C04
000-33-4006
20050710
BRC: UIC:
UPL BH
SM AM

Tape Here

Tape Here

IR 0002 C05
000-33-3016
20050710
BRC: UIC:
UPL BH
SM CJ

Tape Here

Tape Here

IR 0002 C06
999-22-3004
20050710
BRC: UIC:
UPL BH
SM GR

Tape Here

Tape Here

IR 0002 C08
999-33-2005
20050710
BRC: UIC:
UPL BH
SM BX

Tape Here

TAPE HERE

20050710

FC 32

BH
UPL Init

DJ
Donor Init

000-33-3021

TAPE HERE

CERTIFICATE OF CORRECTION

MEMORANDUM FOR:

SUBJECT: Certificate of Correction

1. This letter is to certify the following corrections were made as indicated below for urine specimen enclosed with this shipment for testing.

2. REFERENCE: ( ) BOTTLE LABEL ( ) DD FORM 2624

DOCUMENT/BATCH_____ SPECIMEN _____

READS AS:
CORRECTED TO READ AS:

SIGNATURE: _____
DATE: _____
TITLE: _____

VERIFIED BY:_____
DATE: _____
TITLE: _____

CERTIFICATE OF CORRECTION

MEMORANDUM FOR:

SUBJECT: Certificate of Correction

1. This letter is to certify the following corrections were made as indicated below for urine specimen enclosed with this shipment for testing.

2. REFERENCE: ( ) BOTTLE LABEL ( ) DD FORM 2624

DOCUMENT/BATCH_____ SPECIMEN _____

READS AS:
CORRECTED TO READ AS:

SIGNATURE: _____
DATE: _____
TITLE: _____

VERIFIED BY:_____
DATE: _____
TITLE: _____

CERTIFICATE OF CORRECTION

MEMORANDUM FOR:

SUBJECT: Certificate of Correction

1. This letter is to certify the following corrections were made as indicated below for urine specimen enclosed with this shipment for testing.

2. REFERENCE: ( ) BOTTLE LABEL ( ) DD FORM 2624

DOCUMENT/BATCH_____SPECIMEN _____

READS AS:
CORRECTED TO READ AS:

SIGNATURE: _____
DATE: _____
TITLE: _____

VERIFIED BY:_____
DATE: _____
TITLE: _____

V. Deployed UPL Practical Exam

COLLECTION PRACTICAL EXAM
Grader Instructions

A. Prior to the Practical Exam

1. Set up a date and time to conduct the Practical Exam. Provide the UPL candidate a copy of the Task, Conditions, and Standards; the UPL may use this document for preparation, but cannot utilize it during the actual PE; He/she has other references that can be used. Ensure that you will have the following personnel available:

a. Three soldiers to act as donors - You have 4 Mock Id Cards - use the first 2 males and female donor if your unit has both males and females, otherwise use the three males.

b. Two Observers - Note observers must be the same sex as the soldiers they observe and must be an E-5 or higher in pay grade.

c. One Holding area NOC/Officer at least an E-5 is required.

2. Tell the UPL Candidate where and when the Practical Exam will take place. In addition tell the candidate the following:

a. He/She is required to set up the UPL Station and Holding Area prior to the start time.

b. He/She must bring all required supplies and references required to conduct testing on three selected soldiers.

c. He/She must select the latrine(s) that will be used prior to the start time of the PE; the latrine inspection will be conducted as part of the PE.

d. You, the grader, will bring the donors, observers and holding area NCO.

e. You, the grader will act as the commander during the PE.

B. The Practical Exam

1. Ask the UPL candidate if he/she is ready for the PE to begin.

2. Print out the Mock Id Cards on the last page of this document.

3. Read the Task, Conditions, and Standards to the UPL and tell him/her to complete the rest of the pre-collection requirements; ensure you let the UPL Candidate know the identity of the holding area NCO and observers.

4. Pre-collection Procedures:

a. Check the UPL Station and the Holding area for compliance.
b. Ensure the Candidate completes all the pre-collection requirements - if you are unsure of what the candidate is doing ask him/her to explain what they are doing.

5. Collection Procedure: Brief the donors and observers that theywill go to the designed latrine and place water in the bottle (fake Urine Specimen) and then return to the UPL station. The UPL must compete steps 8 - 17 in exact sequence or he/she is a NOGO. If the UPL gets a NO GO on the collection procedure then stop the PE and explain what he/she failed to do and restart the collection procedure from the beginning. Compare the UPLs DD Forms 2624 and unit ledgers with the key provided to you.

6. Post-Collection Procedures:

a. Ensure that the UPL performs all required procedures; special emphasis needs to be placed on quality control, packaging and shipping.

b. If the UPL gets a NO GO on the Post collection procedures then stop the PE and explain what he/she failed to do and restart the Post-Collection procedure from the beginning.

----------Section Below Must be Completed by Grader----------

Certificate of Completion

Pre-Collection Procedures	GO	NO/GO
Military Collection	GO	NO/GO
Quality Control	GO	NO/GO
Total Score	GO	NO/GO

Grader's Printed Name_____ Rank_____

Signature_____

Comments _____

_____

_____

_____

UPL Name_____ Date _____

Unit_____

This Practical Exam (PE) is utilized in conjunction with the Army Center for Substance Abuse Programs (ACSAP) Unit Prevention Leader Certification Training Program (UPLCTP). An officer, senior NCO (E-7 and above) or another certified UPL must grade the PE. Once the PE is completed, the grader will complete the Certificate of Completion found at the end of this document.

TASK: CONDUCT A UNIT URINALYSIS.

CONDITION: You are the company UPL and the commander (the grader) has ordered a 10% random unit collection. Given the following:

a. Three randomly selected Soldiers with mock Id Cards
b. Commander selected observer(s)
c. Commander selected Holding area NCO/Officer

STANDARDS: Setup a collection area and conduct a unit urinalysis on three-selected Soldiers IAW AR 600-85 to include all Pre-Collection, Collection, and Post Collection procedures to include Quality Control, Packaging and Shipping. Any and all references may be utilized while performing this task, with the exception of this document.

Performance Steps

A. Pre-Collection Procedures

1. UPL gathers required supplies and sets up UPL station.

a. UPL has sufficient supplies for the number of specimens to be collected.

b. UPL Station is in a non-carpeted area with UPLs back to a wall.

c. The UPL station should be as close as possible to the latrine(s) that will be used for the collection.

d. The UPL station may be the same area as the holding area, although having separate areas is preferred.

e. UPL has a table with sufficient space to perform assigned duties.

f. UPL has the required references at the UPL station (references 1thru 3 are required).

(1) AR 600-85
(2) Commander's and UPL's Urinalysis Collection Handbook
(3) Unit SOP
(4) Any additional urinalysis collection guidance from higher HQs such as a FRAGO

2. The UPL selects an adequate latrine(s)/Port-A-Potty

NOTE: An Adequate latrine is one that allows an observer to directly observe urine leave the donor's body and maintain eye contact with the bottle or, for females, both the collection cup and bottle

a. The UPL inspects the latrine/Port-A-Potty and removes all required items to prevent adulteration of the specimen: such as bleach, cleansing powder, etc

b. Ensures paper towels and hand soap are available in the latrine or at a hand washing station to allow soldiers to wash their hands after providing their specimen.

c. The UPL places the latrine/Port-A-Potty off limits prior to the collection

3. UPL Sets up Holding Area

a. The holding area should be near the UPL Station.

b. A source of water should be supplied in the holding area. NOTE: Other sources of fluid are acceptable, i.e. coffee, juice, soda etc.

c. UPL Briefs Holding Area NCO/Officer – this area may be located with the UPL Station.

(1) Non testing personnel are barred from the holding area.

(2) Personnel will remain in the holding area until ready to provide a specimen and called to the UPL Desk.

(3) Personnel are not allowed to leave the holding area until they have provided an acceptable specimen.

(4) Personnel in the holding area should not be allowed to lounge and/or sleep.

4. UPL ensures that observers meet requirements of AR 600-85 and briefs them

a. Observer Requirements

(1)NCO or Officer (E -5 or above).

(2) Same gender as the personnel being observed.

(3) Not currently enrolled within the ASAP Rehabilitation Program or currently under investigation for any substance abuse related offense.

b. The UPL properly briefs the observers:

(1) Tells observers their responsibilities in the collection process, how to properly observe and demonstrates the observation procedure.

(2) Provides observers a copy of the Observer's Memorandum provided in the CDR's/UPL Handbook (Appendix C page II-56-57); tells observers to read and sign the memorandum.

5. The UPL ensures that the Commander or designated representative gives the Commander's Briefing to all personnel selected for testing. Commander's Guide and UPL Handbook (Appendix D page II-58)

6. The UPL briefs the unit prior to testing using the UPL Briefing provided in the CDR's/UPL Handbook (Appendix E page II-59)

B. Military Collection Procedures

1. The UPL puts on disposable rubber gloves on both hands and wears them throughout the entire collection process.

2. The UPL has each Soldier provide his/her ID card or other identification per local SOP.

3. The UPL has each Soldier remove excess outer garments (BDU jacket, coats, etc.)

4. The UPL labels each urine specimen bottle with the below information:

a. Date YYYYMMDD

b. Base Area Code

c. Soldier's SSN from Soldier's ID card or other identification per local SOP

NOTE: The UPL may pre-print the Date and Base Area Code on the bottle labels.

5. The UPL initiates and records the below information on the DD Form 2624.

a. Block 1 of DD Form 2624 – Name and Address of supporting installation ASAP

b. Block 2 – Name of unit conducting the urinalysis

c. Block 3 - Base Area Code for supporting ASAP

d. Block 4 - Unit Identification Code

e. Block 5 - Batch Number

f. Block 6- Collection Date

NOTE: The UPL may pre-print blocks 1 thru 6 on the DD Form 2624.

g. Block 8 - Soldier's SSN (from ID card or other identification per local SOP)

h. Block 9 - Test Basis (IR, IO, IU, CO, PO, RO, VO)

i. Block 10 - Test Information (A or B)

6. The UPL initiates and records the below information on the Unit urinalysis ledger:

a. Block 1 of Unit Ledger - Unit Name and address

b. Block 2 - UPL's Name and initials

c. Block 3 - Telephone number

d. Block 4 - UIC

e. Block 5 - Date of collection

f. Block 6 - Batch number from DD Form 2624 block 5

g. Block 7 - Specimen Number from DD Form 2624 block 7

h. Block 8 - Soldier's SSN (from ID card or other identification per local SOP)

i. Block 9 - Test Basis from DD Form 2624 block 9

j. Block 10 – Soldier's Rank

k. Block 11- Soldier's Printed name from ID Card (Soldier will sign later)

l. Block 12 - The UPL records any unusual circumstances (i.e. no ID card, identification verified by Commander/1SG, short sample etc.) in the remarks section of the unit ledger?

m. Block 13 - Printed Name of Observer who is assigned to the Soldier (Observer will sign later)

NOTE: The UPL may pre-print blocks 1 thru 7 on the unit ledger.

NOTE: Steps 8 through 17 must be completed in order

8. The UPL ensures each Soldier verifies the information on the DD Form 2624, unit ledger and bottle label and then initials the bottle label.

9. The UPL labels and hands the labeled bottle to the Soldier in the presence of the observer.

10. The UPL ensures the observer walks behind the Soldier to the latrine while the Soldier carries the specimen bottle above his/her shoulder.

NOTE: The UPL may begin processing the next donor while the Soldier and observer are in the latrine as long as the next soldier has an observer present.

11. The UPL ensures the observer walks behind the Soldier back to the UPL desk while the Soldier carries the specimen bottle above his/her shoulder.

12. The UPL ensures the observer and the Soldier maintained visual contact of the specimen bottle until the UPL seals it with tamper evident tape and initials the bottle label.

13. The UPL takes the bottle from the donor, verifies that the cap is secure, inspects the specimen for possible adulteration and then seals the specimen bottle with tamper evident tape as one continuous piece that touches the bottle label on both sides in the presence of the Soldier.

14. The UPL initials the bottle label ensuring the specimen is acceptable and acknowledging receipt of the specimen in the presence of each Soldier.

15. The UPL ensures the observer signs the unit ledger in front of both the UPL and Soldier verifying he/she complied with the collection process and directly observed the Soldier provide the specimen.

16. The UPL ensures each Soldier signs the unit ledger in front of both the observer and UPL verifying that he/she provided the urine specimen and observed the specimen being sealed with tamper evident tape and placed in the collection box.

17. The UPL returns each Soldier's ID card and releases him/her from testing.

C. Post Collection Procedures - After all specimens have been collected the UPL will:

1. Perform a Quality Control Inspection & Clean-up

a. Verify that all SSN's on the Unit Ledger, DD Form 2624 and bottle labels match.

b. Ensure that all required information, signatures, and initials are on the bottle labels, unit ledgers, and DD Forms 2624.

c. Ensure that an unbroken piece of tamper evident tape is correctly placed on each bottle.

d. Ensure that, at a minimum, approximately 30 mL of urine is contained in each bottle.

e. Ensure the specimen does not appear adulterated.

f. Disposes of all waste materials.

g. Disinfects the work area.

NOTE: While cleaning up the work area the UPL must maintain eye contact with all specimen containers.

2. Packages for shipment

a. Prints his/her name and signs their payroll signature in block 12b on the back of the DD form(s) 2624.

b. Prints "USPS" (United States Postal Service) in block 12c on the back of the DD form(s) 2624.

c. Prints "Specimens released by UPL to USPS" in block 12d on the back of the DD form(s) 2624.

d. Places Liquid absorbent pads in each specimen box (containing up to 12 specimens) to absorb any leakage that may occur.

e. The specimen box will be sealed with adhesive tape over all open sides, edges and flaps. Does not use 100 mile an hour tape (Duct Tape).

f. Signs his or her payroll signature diagonally across the tape on the top and bottom of each specimen box.

g. Tapes a plain white business envelope, with the original DD Form 2624 enclosed, to the outside of the specimen box; does not seal the envelope.

h. Writes the Base Area Code (BAC) in large letters on the outside of the envelope.

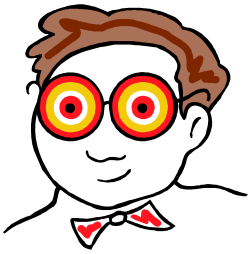
i. Places specimen box inside a leak proof bag.

j. Wraps the container IAW your carrier's requirements. Some mail services require that the box be wrapped in brown paper before shipment. Address the box to the laboratory or supporting ASAP as required.

D. Additional Requirements

1. The UPL ensured that the observer(s) at no time touched any specimen.

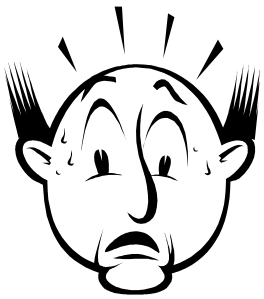
2. The UPL ensured that NO eating, drinking, smoking, applying cosmetics, or chewing tobacco occurred in the collection area.



ID Card
for
PVT Joe Smokey
925-55-8797

ID Card
for
SGT Willie Weed
996-55-8797

ID Card
for
PVT Cathy Cocaine
967-55-8797



ID Card
for
CPT Paul Pothead
963-55-8797

VI. Study guide of Enabling Learning Objectives.

All of the questions on the final closed book exam come from these Enabling Learning Objectives. If you can answer the questions then you will have no problem on the exam.

Track 1: INTRODUCTION

1-1: Course Requirements – No learning Objectives

1-2: UPL Requirements:

State the minimum requirements to be a UPL

1-3 Introduction to the ASAP

1-3-1: The ASAP

1. State the two major components of the ASAP.
2. Select from a list the mission of the ASAP.
3. State the location of your local clinical and non-clinical ASAP offices.

1-3-2: Responsibilities

1. Select from a list the staff members of each local ASAP component.
2. State the responsibilities of the commander, the UPL, and the observer.
3. Select from a list responsibilities of the Alcohol and Drug Control Officer (ADCO), Prevention Coordinator (PC), Employee Assistance Program Coordinator (EAPC), Clinical Director (CD), and Medical Review Officer (MRO).
4. State the minimum requirements to be a UPL.

1-3-3: Warrior Pride – No learning Objectives

1-3-4: UPL Values– No learning Objectives

Track 2: BIOCHEMICAL TESTING 1

2-1: Introduction

2-1-1: Introduction to Biochemical Testing

1. Select from a list the definition of biochemical testing.

2. Select from a list why the Army conducts biochemical testing

2-1-2: Regulatory Requirements

1. Select from a list the primary regulatory guidance (three of them) used for biochemical testing.

2. Select from a list the required rate of testing.

3. Select from a list additional testing requirements.

2-1-3: Types of Testing

1. Select from a list the Department of Defense (DoD) test type with its definition.

2. Select from a list the types of tests that can be conducted.

2-2: Bio-safety

2-2-1: Introduction

1. Select from a list the goal of bio-safety.

2. Select from a list general precautions to use to protect yourself from bio-hazards.

2-2-2: Wear and Removal of Gloves

1. Select from a list when you should wear gloves.

2. Describe the procedure for the proper removal of gloves.

2-2-3: Hand Washing

1. Select from a list when you should wash your hands.

2. Describe the proper method of washing your hands.

3. Select from a list the single most important action anyone can take to prevent the transmission of diseases.

2-2-4: Disinfection

1. Select from a list acceptable disinfectants.

2. Describe how to clean up a urine spill.

2- 3: Biochemical Testing Procedures

2-3-1: Smart Testing

1. Define "Smart Testing".

2. Select from a list methods of smart testing.

3. Select from a list poor examples of notification procedures.

2-3-2: Drug Testing Program (DTP)

1. Select from a list the minimum DTP utilization rate.

2. Discuss how the DTP selects personnel by percentage and number of personnel.

3. Load DTP on a computer and conduct a random selection.

2-3-3: Pre-collection Procedures

1. List criteria for observers.

2. State requirements for the holding area.

3. Select from a list the responsibilities of the commander, UPL and observer in the biochemical collection program.

4. Select from a list valid excuses to be exempt from a test.

5. Select from a list criteria for setting up the UPL station.

6. Select from a list proper notification procedures.

2-3-4: Collection Procedures

1. State amount of urine needed for testing.

2. List steps of the DA approved military collection procedure in order.

3. Properly prepare a DD Form 2624, unit ledger and bottle label.

4. List who initials the bottle label, the significance of each set of initials, and when it occurs in the collection process.

5. List who signs the Unit Ledger, the significance of each signature and when it occurs in the collection process.

2-3-5: Post-Collection Procedures

1. Name the FTDTLs currently utilized by the Army for routine biochemical testing.

2. List the requirements for Temporary Storage of Urine Specimens

3. State how to properly package specimens for shipment.

4. Select from a list the areas to be inspected during a quality control check of urine specimens.

5. Complete a proper chain of custody

2-3-6: Unusual Circumstances

1. Select from a list actions to take when a Soldier does not have his/her ID card.

2. Select from a list what to do if you break the tamper evident tape while applying it.

2- 4: The Laboratory

2-4-1: Laboratory Procedures

1. List the drugs or drug categories that are tested at the Army Forensic Toxicology Drug testing Laboratories (FTDTLs).

2. State how long the FTDTL will hold a positive specimen.

3. Select from a list the drug classes that are tested on every specimen and those that are rotational.

4. List the personnel who can request a retest for a positive test result.

2-4-2: Common Adulterants:

Select from a list an example of an internal or external adulterant.

2-4-3: Special Testing

1. Select from a list which drugs can be special requested by the commander.

2. Select from a list which laboratory receives all steroid specimens.

3. Select from a list who to contact for a special test request for a drug not normally tested for.

Track 3: BIOCHEMICAL TESTING 2

3-1: Receipt Of Lab Results

3-1-1: Negative Specimens

1. Select from a list which negative results you must receive.

2. Select from a list, which negative results, are sent to the counseling center.

3-1-2: Discrepancies

1. Select from a list the two types of discrepancies from the laboratory.

2. Select from a list your responsibilities when notified of a fatal or non-fatal discrepancy.

3-1-3: The IBTC Dumped the Specimen

Select from a list the action a UPL must take when a specimen is dumped by the IBTC, State Program Manager, or other appointed person during a quality control check.

3-1-4: Positive Specimens

1. Select from a list, which positive drugs, require MRO review.

2. Select from a list the actions a commander must take on an identified illegal substance abuser.

3-1-5: Nanogram Levels

Given a scenario determine if one Soldier is more positive than another.

3- 2: Administration

3-2-1: Maintaining Files

1. Select from a list the regulation that governs ARIMS.

2. Select from a list the file numbers used by a UPL.

3. Given an item that requires filing select from a list the file number to file it under.

4. Identify how long positive and negative results must be maintained.

3-2-2: Unit Substance Abuse Program SOP

1. Establish a Unit Substance Abuse Program SOP (USAP SOP).

2. Select from a list required items to be included in your USAP SOP.

3-2-3: Deployed Testing SOP

Select from a list the requirements of a Deployment Testing SOP

3-2-4: Appointment Orders

Prepare and turn-in your appointment orders as either the Primary or Alternate UPL.

3- 3: Legal Issues

3-3-1: Limited Use Policy

1. Select from a list the types of tests covered by the Limited Use Policy.

2. Given a scenario determine if the Limited Use Policy applies.

3-3-2: Seizure of Urine

1. Given a description of the test determine the test type.

2. Given a scenario determine whether or not probable cause exists.

3-3-3: Other Legal Issues

Select from list things you should do in preparation for courts martial or board proceeding.

3-4: Alcohol Testing

3-4-1: Legal Limits

1. Select form a list the legal limit for BAC of a Soldier on duty.

2. Select from a list the normal drinking ages within the US and outside the US.

3. Identify the when and what actions are required on alcohol incidents.

3-4-2: Evidentiary Vs Non-Evidentiary

1. Define evidentiary and non-evidentiary.

2. Select from a list the requirements for an alcohol test to be considered evidentiary.

3. Given a scenario, determine if the test results could be used in a board or courts martial.

3-4-3: Types of Alcohol Tests

Select from a list various types of specimens used for alcohol testing and which specimens may be evidentiary.

Track 4: PREVENTION

4-1: Introduction

4-1-1: Definition of Prevention

1. Select from a list the Center for Substance Abuse Prevention's definition for prevention.

2. State the definition of Prevention for Readiness IAW AR 600-85.

4-1-2: Prevention Model

1. State the three types of prevention in the Institute of Medicine (IOM) Prevention Model.

2. Select from a list examples of indicated, selective, and universal prevention interventions.

4-1-3: Risk Reduction

1. Select from a list the fourteen high-risk behaviors used in the Risk Reduction Program.

2. Identify what the acronyms RRP, URI and R-URI stand for.

3. State when an R-URI must be completed by your unit..

4- 2: Substance Abuse

4-2-1: Introduction to Drug Abuse

1. Select from a list the definitions of drug, tolerance, dependence, withdrawal, and addiction.

2. Select from a list the modes of drug ingestion and which modes are fastest and slowest.

4-2-2: How Substance Abuse Develops

1. Select from a list early indicators of substance abuse.

2. Select from a list late indicators of substance abuse.

3. Given basic information on frequency of use and social problems categorize a person as an experimental user, a user, an abuser or an addict.

4-2-3: Signs and Symptoms

Select from a list signs and symptoms of substance abuse

4-2-4: How to refer a Soldier

1. Select from a list the various types of drug or alcohol abuse identification/referral means.

2. Given a scenario select from a list the type of identification used.

4- 3: Drug and Alcohol Prevention

4-3-1: Campaigns

1. State the two major national campaigns that the ASAP supports.

2. Select from a list other campaigns that may be used within your community.

4-3-2: Drug and Alcohol Free Activities

Select from a list drug and alcohol free activities.

4-3-3: Unit Prevention Plan

1. State the components of a Unit Prevention Plan.

2. Select from a list items that should be included in your prevention plan.

4-4: Training

4-4-1: Introduction

Select from a list the required number of hours of drug and/or alcohol training that must be provided to each Soldier annually

4-4-2: Provide Training

Prepare and present a substance abuse awareness class

4-4-3: Drugs of Abuse

Given a drug select from a list the drug classification

4-4-4: Alcohol

1. Define a standard drink in terms of beer, wine, and spirits.

2. Select from a list the physical effects of alcohol use.

4-4-5: Enabling

1. Select from a list the definition of enabling

2. Select from a list actions that enable Soldiers to continue to abuse drugs or alcohol

4-4-6: Responsible Drinking

1. Select from a list the definition of Binge (Episodic) Drinking, Moderate Drinking, and Responsible Drinking.

2. Select from a list responsible drinking tips

Appendix - A: Urinalysis Collection, Packaging and Shipping Supplies

UPL STATION SUPPLIES

1. Urine Specimen Bottles with box: NSN 6640-00-165-5778
2. Urine Female Collection Cup: NSN 6530-01-048-0855
3. Tamper evident tape: Local purchase - Acetate tamper evident paddle
   Source: Time Labeling System, INC,
   144 Tower Dr., Byer Ridge, IL 60621
   Product #: TRL-2N Tel: 1-800-323-4840

   Or Tape, Tamper Resistant: NSN 6640-01-204-2654
4. Avery 5163 labels – Local purchase
5. Gloves, Rubber: NSN 6515-00-339-7860
6. DD Forms 2624, Specimen Custody Document--Drug Testing (Pre-printed by DTP head to head)
7. Unit Urinalysis Ledgers or Testing Registers pre-printed by DTP
8. MFR--Observer
9. Commander's Briefings
10. UPL's Briefings
11. Ball Point Pens – Blue or Black
12. Black Marker to blacken out barcodes if a correction is made.
13. Alpha Roster
14. Paper Towels - In case of a spill or wet bottle
15. Disinfectant – In case of a spill and to disinfect when finished testing
16. Ruler – to line out an entire entry on the DD Form 2624, if necessary
17. Trash can with trash bags
18. Table and Chair (your work station)
19. Copy of AR 600-85
20. Copy of installation, and unit SOPs
21. Copy of Region/MACOM and/or installation policy letters
22. UPL appointment orders

HOLDING AREA SUPPLIES

1. Styrofoam Drinking Cups
2. Table - For drinking supplies
3. Chairs
4. Garbage can(s) with Trash Bags
5. Fluids - Water, coffee, juice, Soda, etc.

LATRINE SUPPLIES

1. Hand Soap and paper towels
2. Latrine Off limits sign (Available in Commanders Guide and UPL Handbook)

PACKAGING SUPPLIES (If Required)

1. Liquid Absorbent Pouches: NSN 6330-01-304-9754
2. Mailing Pouch – White: NSN 6530-01-304-9762
3. Envelopes, Plain White (#10 business): NSN 7530-00-286-6970
4. Adhesive Tape for packaging
5. Black Marker to sign payroll signature across top and bottom of box
6. Brown Wrapping paper to wrap box if required by mail carrier.

Appendix - B: Collection Signs

LATRINE
OFF
LIMITS

URINALYSIS HOLDING AREA

UPL TESTING STATION

HAVE YOUR ID CARD READY AND BE ABLE TO PROVIDE A SPECIMEN NOW!

URINALYSIS TESTING AREA

OFF LIMITS

TO UNAUTHORIZED PERSONNEL

Appendix - C: Observer's Memorandum

MEMORANDUM FOR OBSERVERS

SUBJECT: Responsibilities of Observers During Drug Testing

General:

1. Observers are a critical link in the process of collecting urine specimens to be tested for substance abuse. Instances have occurred in the past where observers did not follow proper collection procedures and positive drug tests were not usable in legal and/or administrative actions. In order to prevent similar occurrences in the future, the observer will read and sign this Memorandum for Record.

2. The testing procedures do not violate a Soldier's Fourth or Fifth Amendment rights, nor does the observation procedure violate the right to privacy. A refusal to produce a specimen is a violation of a direct order and may result in the Soldier being processed for separation.

3. The results of tests may be used in legal proceedings and consequently the urine specimen may be considered as evidence. A valid chain of custody is mandatory for a successful prosecution. As an observer, you may be asked to provide testimony at legal or administrative proceedings. You may be subject to UCMJ or administrative action if it is discovered that the specimen was altered in any way while it was under your control. Actions may include, but are not limited to the following:

Article 92: Knowingly failing to obey a lawful general order or regulation by not maintaining direct line of sight of the urine into the bottle.

Article 107: Making a false official statement in signing the UPL's urinalysis ledger acknowledging the urination process was directly observed and no tampering occurred.

Article 134: False swearing by authenticating that no substitution or tampering of the urine sample occurred.

Criteria for Observers:

1. Be an Officer or NCO in the rank of E-5 or above.
2. Be of the same gender as the Soldier being tested.
3. Possess sufficient maturity and integrity to preserve the dignity of the Soldier being observed.
4. Not be currently enrolled within the ASAP Rehabilitation Program or currently be under investigation for any substance abuse related offenses.

Responsibilities: As outlined in AR 600 85, an observer must follow protocol during urinalysis collection procedures.

SUBJECT: Responsibilities of Observers During Drug Testing

Once assigned to a specific Soldier

1. Observer controls the urine collection process at all times.
2. Maintains visual contact with the bottle at all times.
3. Ensures the Soldier washes his/her hands with water only, no soap, prior to providing a specimen.
4. Ensures that the specimen provided is not contaminated or altered.
5. Directly observes the Soldier (one Soldier at a time per observer) voiding urine into the specimen bottle. (When the optional wide mouth specimen collection container is used, immediately after the collection and while still under direct observation of the observer, the urine must be poured into the currently approved urine specimen bottle and tightly capped by the Soldier providing the specimen.)
6. Ensures direct observation of the flow of urine from the Soldier's body into the bottle.
7. Supervises the Soldier tightly capping the bottle.
8. Ensures the bottle is not reopened after the cap is tightened.
9. Escorts the Soldier back to the UPL station/table with bottle in full view.
10. Observes the UPL placing tamper evident tape over the top of the bottle, and across the label. Not to cover printed information.
11. Observes the UPL place the specimen in the collection box.
12. The observer will sign the unit ledger in front of the UPL and Soldier verifying the collection process and direct observation was conducted.

OBSERVER AFFIDAVIT: I have read and understand this document. I will comply with the responsibilities as stated above and will report anything out of the ordinary immediately to the UPL or Commander.

_____	_____	_____
Observer's Printed Name	Observer's Signature	Date
_____	_____	_____
UPL's Printed Name	UPL's Signature	Date

Appendix - D: Commander's Briefing

Commander's Briefing

Today our Unit will be drug tested for illegal substance use. The primary purpose of this test is to ensure our unit's military fitness, and that we are maintaining proper standards of readiness.

Individuals in this unit have been selected on a random basis for drug testing. There is no probable cause or reasonable suspicion that anyone in the unit is using or abusing drugs or a controlled substance.

Everyone selected for testing will be tested. Anyone not present will be rescheduled for testing at a later date.

Every specimen collected will be tested for Marijuana (THC), Cocaine, Amphetamines (which includes methamphetamines, MDMA (ecstasy), MDA, and MDEA), heroin and from one to four other drugs. The additional drug(s) will be chosen on a rotational basis from a group that includes Opiates (which includes morphine and codeine), LSD, PCP, and Oxycodone/oxymorphone known commonly as OxyContin.

Testing procedures outlined in AR 600-85 will be followed.

All Soldiers must be aware that all verbal orders connected with the testing are lawful and are to be followed as such.

A refusal to comply with orders relating to this test; subjects the Soldier to punitive or administrative actions under AR 600-85, AR 135-18, AR 135-178, and AR 635-10.

DOES ANYONE HAVE ANY QUESTIONS?

The UPL will now provide you with details about the drug testing procedures that will be used today.

Appendix - E: UPL's Briefing

UPL'S UNIT BRIEF

You have four major responsibilities during the collection procedure:

1. Initial the specimen bottle label verifying your personal data is correct
2. Provide more than 30ml of specimen.
3. Keep specimen bottle in full sight until sealed with tamper evident tape.
4. Sign your payroll signature to verify that the specimen was yours and you watch it be sealed by the UPL with tamper evident tape and placed in the collection box.

Your urine specimen will be provided in a labeled plastic bottle (an optional wide mouth collection cup is available for females).

Each bottle will have a label affixed to it with today's date that identifies you by your SSN. Do not accept a bottle that does not have a completed label affixed with your correct SSN and today's date.

Collection of the specimen will be conducted using direct observation in full view of an observer. Do not go to the UPL station until you feel you are ready to provide at least 30ml (approximately ½ bottle) of urine. If you are unable to provide a specimen or an adequate quantity of urine, you will be held in the holding area until you are able to provide a specimen. You will be provided an adequate amount of liquid to help facilitate the collection process. You will not be released from duty today until you have provided a proper specimen.

Your tasks include:

You will provide your military ID card. If you do not have your military ID card or other photo identification, the commander will be called to verify your identification.

Remove excess outer garments such as BDU jackets and coats or PT tops.

You will initial the bottle label after you verify your SSN, full name, and date on the Unit Urinalysis Ledger; verify SSN on DD Form 2624; and verify the date and your SSN on the bottle label.

Provide a urine specimen under direct observation.

Sign your payroll signature on the Unit Urinalysis Ledger verifying that the urine specimen provided was yours, the specimen was sealed with tamper evident tape and was placed into the collection box.

Note: I do not need to know if you are taking or have taken prescription medications. If your specimen result comes back from the laboratory as positive for a drug that could have been a result of prescription medication, a medical doctor will review the result before any other actions are taken. The doctor will review your medical record, any prescriptions from outside providers, and possibly interview you, prior to making a medical determination of valid prescription use or illegal use. If the doctor determines the drug positive was a result of valid prescription medication, then no actions will be taken against you.

Are there any questions? Any questions about the collection procedure will be directed towards your observer or myself.

Appendix - F: Collection Paperwork: Initiate Specimen Bottle Label

The following five (5) items will be recorded on the specimen label:

A. Collection date in YYYYMMDD format – Located approximately 1/2inch in from the left side of the label near the top of the label. Example: 15 Aug 05 would be written as 20050805.

B. Your Base Area Code (BAC) – Located approximately 1/2inch in from the right side of the label and near the top of the label. The base area code is a specific four character code that identifies your installation, command or deployed area such as FC03 or RC04; contact your ADCO for your correct BAC. **Note**A complete list of BACs is available in the resource center of the UPLCTP CD ROM.

C. Complete SSN of the donor. The SSN will be written in approximately 1/2inch in from the left side of the label near the bottom of the label.

D. Donor's Initials - Located in the middle of the label (from top to bottom) and approximately 1/2inch in from the right side of the label write "Donor Init" and place a line over it. The donor will initial this block later.

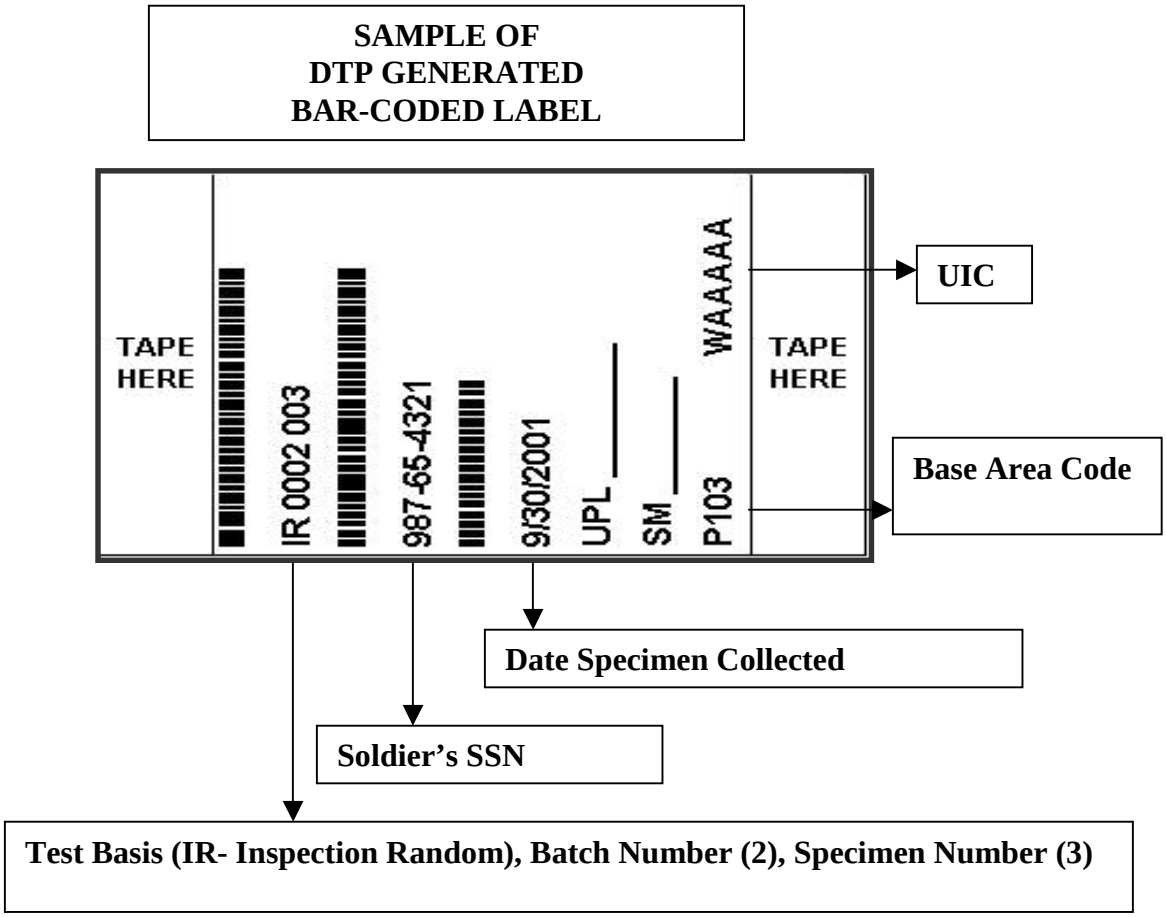
E. UPL's initials – Located in the middle of the label (from top to bottom) and approximately 1/2inch in from the left side of the label write "UPL Init" and place a line over it. DO NOT INITIAL the label at this time.

Example of label at this point in the collection process

20050815	FC04
_____	_____
UPL Init	Donor Init
123-45-6789	

Appendix - F: Collection Paperwork: DTP Label

DTP Computer generated label Orientation is, as it would appear on the bottle.



Appendix - G: Collection Paperwork DD Form 2624

Collection Paperwork
Specimen Custody Document-Drug Testing
(DD Form 2624)

One of the most important aspects of collecting urine specimens is maintaining the Specimen Custody Document-Drug Testing (DD Form 2624). It is imperative that this form be completed with extreme care and accuracy. Attention to detail and the ability to write clearly are imperative in preparing the specimen bottle label, DD Form 2624 and the Unit Urinalysis Ledger. Care must be taken when copying numbers to ensure consistency. The most common errors made on the Chain of Custody documents that result in the specimen being rejected for testing are: non-matching social security numbers, incomplete social security numbers, and improperly making corrections.

NOTE: Most errors can be eliminated by utilizing the DOD Drug Testing Program (DTP) – this program will preprint the DD Forms 2624, Unit ledgers and specimen labels.

1. Block 1. ASAP address to include street, city, state, and zip code (location where FTDTL results are sent).

2. Block 2. Specific unit address to include street, city,

3. Block 3. Base Area Code for the installation (i.e. TC01, RC04, NG03)

4. Block 4. Unit Identification Code (UIC). Every unit has a separate six character UIC code.

5. Block 5. Document/Batch Numbers are assigned locally. Each DD Form 2624 will be assigned a batch number. The first document batch number will be [| | 0 | 1] the second [| | 0 | 2], and the remaining numbered sequentially. You may use 01 through 99. With each new date the batch number will reset to 01. You will use only one (1) Document/Batch Number per DD Form 2624. **NOTE: The first 2 spaces may be left blank, or filled with "X"s or "0"s.**

6. Block 6. Date specimen collected (year, month, day). For example a collection date of "1 November 2001", should be written as "20011101".

7. Block 7. Specimen number - leave blank. The pre-printed number on the DD Form 2624 will be used as the specimen number.

8. Block 8. Enter complete SSN of Soldier to be tested.

9. Block 9. Test Basis (See Table on next page)

TEST Basis	Explanation and use
IR	**Inspection Random**: Commander directed partial unit test. Used for normal monthly random testing (i.e. 10 % unit testing).
IU	**Inspection Unit:** Commander directed unit sweep. Used for 100% unit testing.
IO	**Inspection Other:** Inspections based on command/unit policy. Used to test individuals based a commanders policy letter or SOP. (i.e. individuals after 30 days leave, newly arrived personnel, re-tests of rejected previously collected specimens).
PO	**Probable Cause:** Commander directed individual based on probable cause evidence. Commander should verify that probable cause exists with the local SJA prior to ordering this test.
CO	**Competence for Duty/Command Direct/Fitness for duty:** Commander directs an individual test for fitness for duty. The commander has a reasonable suspicion that a Soldier is using a controlled substance, but does NOT have probable cause. The **Limited Use Policy** applies to this test basis.
VO	**Soldier Consent:** The Soldier voluntarily consents to a urinalysis test without command coercion.
RO	**Rehabilitation Testing:** The commander directs a Soldier to test based on the Soldiers alcohol/drug abuse treatment plan.
AO	**Accident/Mishap:** The commander directs a Soldier(s) to test based on an accident causing damage to personnel or property.
MO	**Physician/Medical Directed:** A physician orders a test based on a medical examination. This test may or may not be covered under the Limited Use Policy.

NOTE: Each DD Form 2624 is limited to one (1) test basis. For example: Do not record CO, IO or IU test basis on the same DD Form 2624.

10. Block 10. Test Information.

    a. A = E-1 through E-4

    b. B = E-5 through O-10

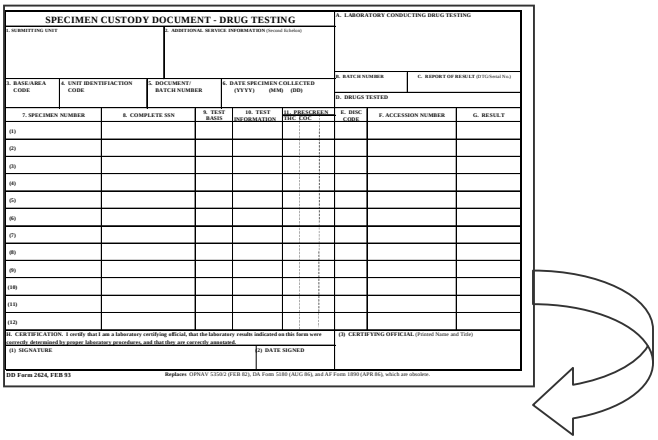
11. Block 11. Leave blank

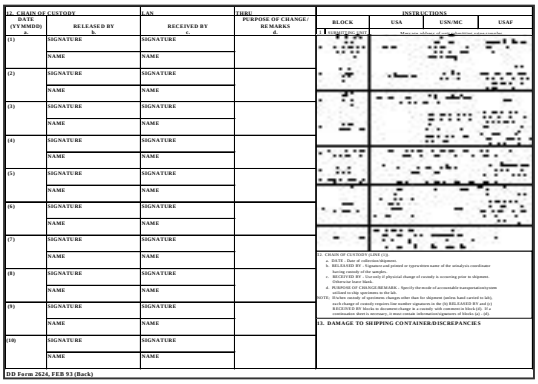
NOTE: Only the original (two-sided) DD Form 2624 will be sent to FTDTL. The FTDTL may reject all specimens for testing that are accompanied by a copy of the DD Form 2624.

NOTE: Local reproduction (excluding computer generated) of DD Form 2624 is not authorized. The DD Form 2624 is a single sheet form, printed front and back. Supplies will be obtained from Publications or installation ADCO. Do not use a copy machine to reproduce this form.

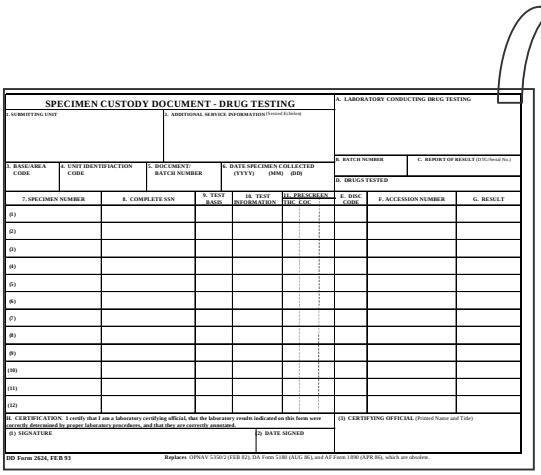
Print the document as shown below:

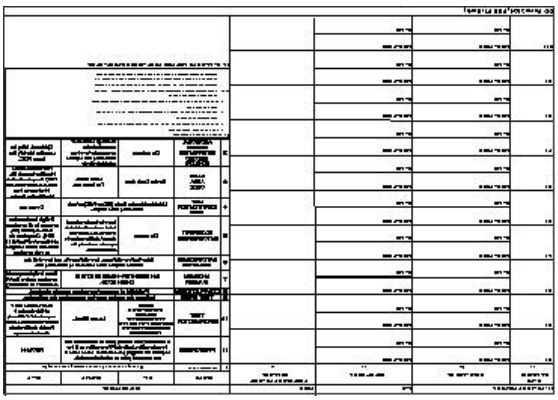
Holding the DD Form 2624 in front of you, flip the document over from right to left; the orientation of the back is shown is shown.





If you flip the document over from the top the orientation of the back is shown.





Examples of a blank and a completed DD Form 2624 are on the next four pages.

Blank DD Form 2624 (Front)

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

A. LABORATORY CONDUCTING DRUG TESTING

1. SUBMITTING UNIT

2. ADDITIONAL SERVICE INFORMATION (Second Echelon)

3. BASE/AREA CODE

4. UNIT IDENTIFIACTION CODE

5. DOCUMENT/ BATCH NUMBER

6. DATE SPECIMEN COLLECTED (YYYY) (MM) (DD)

B. BATCH NUMBER

C. REPORT OF RESULT (DTG/Serial No

D. DRUGS TESTED

7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFORMATION	11. PRESCREEN THC	11. PRESCREEN COC	E. DISC CODE	F. ACCESSION NUMBER	G. RESULT
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

SAMPLE
DO NOT USE

H. CERTIFICATION. I certify that I am a laboratory certifying official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and that they are correctly annotated.

(1) SIGNATURE

(2) DATE SIGNED

(3) CERTIFYING OFFICIAL (Printed Name and Title)

DD Form 2624, FEB 93

Replaces OPNAV 5350/2 (FEB 82), DA Form 5180 (AUG 86), and AF Form 1890 (APR 86), which are obsolete.

Blank DD Form 2624 (back) – also called the Chain of Custody

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD)	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/ REMARKS
a.	b.	c.	d.
(1)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(2)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(3)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(4)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(5)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(6)	SIGNATURE	SIGNATURE	
	NAME		
(7)	SIGNATURE		
	NAME		
(8)	SIGNATURE		
	NAME	NAME	
(9)	SIGNATURE	SIGNATURE	
	NAME	NAME	
(10)	SIGNATURE	SIGNATURE	
	NAME	NAME	
DD Form 2624, FEB 93 (Back)			

SAMPLE
DO NOT USE

INSTRUCTIONS				
	BLOCK	USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively	Optional. May be used to identify the base POC.
3	BASE/ AREA CODE	Service Code Area	Leave Blank. For future use.	Four character Base identification code (Ex, F123). Comprises the first four characters of the full 10-character Base Identification Number
4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
5	DOCUMENT/ BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex, 501). Comprises the middle part of the full 10 character BIDN assigned to each specimen
6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that the samples were collected by submitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN)
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premise to conduct the collection.		
10	TEST INFORMATION	Military: A-E1-E4;B-E5-O1E; Civilian code: C-TDP Reliefee; D-TDP Guard/Police; E-TDP PRP; F-TD; ADAPCP Staff; G-other TDP; Healthcare worker/Lab	Leave Blank.	Entry required only if additional testing is requested: F=Full Panel; S=Steroids; O=Other drugs. Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used

12. CHAIN OF CUSTODY (LINE (1)).
   a. DATE - Date of collection/shipment.
   b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.
   c. RECEIVED BY - Use only if physicial change of custody is occurring prior to shipment. Otherwise leave blank.
   d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

NOTE; If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in a custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).

13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES

Example of completed DD Form 2624 (Front)

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT
850 All American City Ave Bldg 6781
Fort NoWhere, VA 12345

2. ADDITIONAL SERVICE INFORMATION (Second Echelon)
HHC 123rd AVN BN
Fort NoWhere, VA 12345

A. LABORATORY CONDUCTING DRUG TESTING

B. BATCH NUMBER

C. REPORT OF RESULT (DTG/Serial No.)

D. DRUGS TESTED

3. BASE/AREA CODE	4. UNIT IDENTIFIACTION CODE	5. DOCUMENT/ BATCH NUMBER	6. DATE SPECIMEN COLLECTED (YYYY) (MM) (DD)
FC12	W2LAAA	0001	1998 02 28

7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFORMATION	11. PRESCREEN THC	COC	E. DISC CODE	F. ACCESSION NUMBER	G. RESULT
(1)	123-45-6789	IR	A					
(2)	234-56-7890	IR	A					
(3)	345-67-8901	IR	B					
(4)	456-78-9012	IR	A					
(5)	567-89-0123	IR	A					
(6)	678-90-1234	IR	B					
(7)	789-01-2345	IR	B					
(8)	890-12-3456	IR	B					
(9)	901-23-4567	IR	B					
(10)	012-34-5678	IR	A					
(11)	987-65-4321	IR	B					
(12)	876-54-3210	IR	B					

H. CERTIFICATION. I certify that I am a laboratory certifying official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and that they are correctly annotated.

(1) SIGNATURE

(2) DATE SIGNED

(3) CERTIFYING OFFICIAL (Printed Name and Title)

DD Form 2624, FEB 93 **Replaces** OPNAV 5350/2 (FEB 82), DA Form 5180 (AUG 86), and AF Form 1890 (APR 86), which are obsolete.

Example of completed DD Form 2624 (Back) from collection to shipment (Including temporary storage discussed in post collection procedures)

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.
(1) 020315	SIGNATURE: Alan R. UPL NAME: Alan R. UPL	SIGNATURE: Safe NAME: Room 222, Bldg 4964	Specimens placed in Temporary Storage
(2) 020316	SIGNATURE: Safe NAME: Room 222, Bldg 4964	SIGNATURE: Alan R. UPL NAME: Alan R. UPL	Specimens retrieved from Temporary Storage
(3) 020316	SIGNATURE: Alan R. UPL NAME: Alan R. UPL	SIGNATURE: Jennifer S. IBTC NAME: Jennifer S. IBTC	Specimens received by IBTC
(4) 020316	SIGNATURE: Jennifer S. IBTC NAME: Jennifer S. IBTC	SIGNATURE: UPS NAME:	Specimens mailed to FTDTL by UPS
(5)	SIGNATURE NAME	SIGNATURE NAME	
(6)	SIGNATURE NAME	SIGNATURE NAME	
(7)	SIGNATURE NAME	SIGNATURE NAME	
(8)	SIGNATURE NAME	SIGNATURE NAME	
(9)	SIGNATURE NAME	SIGNATURE NAME	
(10)	SIGNATURE NAME	SIGNATURE NAME	

DD Form 2624, FEB 93 (Back)

INSTRUCTIONS

	BLOCK	USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively	Optional. May be used to identify the base POC.
3	BASE/ AREA CODE	Service Code Area	Leave Blank. For future use.	Four character Base identification code (Ex, F123). Comprises the first four characters of the full 10-character Base Identification Number
4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
5	DOCUMENT/ BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex, 501). Comprises the middle part of the full 10 character BIDN assigned to each specimen
6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that the samples were collected by submitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premise to conduct the collection.		
10	TEST INFORMATION	Military: A-E1-E4; B-E5-E9; Civilian and: C-TDP Residual; D-TDP Cause/Failure; E-TDP PRP; F-TDP; ADAPCP Staff: G-other TDP; Weather sensitivity	Leave Blank.	Entry required only if additional testing is requested: F=Full Panel; S=Steroids; O=Other drugs; Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used

12. CHAIN OF CUSTODY (LINE (1)).
- a. DATE - Date of collection/shipment.
- b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.
- c. RECEIVED BY - Use only if physicial change of custody is occurring prior to shipment. Otherwise leave blank.
- d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

NOTE; If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in a custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).

13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES

Appendix - H: Collection Paperwork: Unit Urinalysis Ledger

The Unit Urinalysis Ledger is the only record maintained of a urinalysis test at the unit. This form will be secured and retained by the unit. The Soldier and observer will sign the Unit Urinalysis Ledger. The UPL will initial the Unit Urinalysis Ledger in the appropriate block. The following steps will be followed in filling out the Unit Urinalysis Ledger

1. The document/batch number, specimen number, SSN, unit identification code, date specimen collected, and test basis recorded on the Unit Urinalysis Ledger and the DD Form 2624 must match.

2. Block 1. Submitting Unit: Unit designation and address to include street, city, state, and zip code. (Block 2 of DD Form 2624)

3. Block 2. UPL: Printed name (first, middle initial, last) of the UPL and initials.

4. Block 3. Phone number of submitting unit.

5. Block 4. Unit Identification Code (UIC)

6. Block 5. Date specimen collected (year, month, day) e.g. collection date of 1 November 2001 would be 2001 11 01. The date on the DD Form 2624 and the Unit Urinalysis Ledger must match.

7. Block 6. Document/Batch number. Each batch, box of 12 or fewer specimens, will be assigned a batch number with the first batch being 01, the second 02, and the remaining numbered sequentially. May use 01 through 99. More than one batch number may be recorded on one unit urinalysis ledger sheet.

8. Block 7. Specimen number. Specimen numbers will be from 1 through 12. The specimen numbers on the DD Form 2624 and the Unit Urinalysis Ledger must match.

9. Block 8. SSN: Enter complete SSN of Soldier to be tested. SSN on DD Form 2624 and Unit Urinalysis Ledger must match.

10. Block 9. Test Basis – Same as DD Form 2624

11. Block 10. Soldier's rank not grade.

12. Block 11. Soldier's printed name (first, middle initial, last) and payroll signature verifying that the ledger information is correct.

13. Block 12. Action taken/remarks. Any unusual circumstances will be annotated here.

14. Block 13. Observer's printed name (first, middle initial, last) and payroll signature.

NOTE: Do not send a copy of the Unit Urinalysis Ledger to the FTDTL. The Office of The Surgeon General's laboratory SOP directs the FTDTL to reject any specimen that can be identified by name. The Unit Urinalysis Ledger is the only document that identifies the Soldier by name.

Examples of a blank and a completed Unit Ledger are on the next two pages.

Example of Unit Ledger (Blank)

UNIT URINALYSIS LEDGER

1. SUBMITTING UNIT

2. UPL:

3 PHONE:

UNIT ATS:

4 UNIT IDENTIFICATION CODE:

5 DATE SPECIMEN COLLECTED: (YYYY) (MM) (DD)

6. DOCUMENT/ BATCH NUMBER	7. SPECIMEN NUMBER	8. COMPLETE SOCIAL SECURITY NUMBER	9. TEST BASIS	10. RANK	11. SOLDIER'S SIGNATURE / SOLDIER'S PRINTED NAME	12. ACTION TAKEN / REMARKS	13. OBSERVER'S SIGNATURE / OBSERVER'S PRINTED NAME

Example of completed Unit Ledger

UNIT URINALYSIS LEDGER

1. SUBMITTING UNIT	2. UPL:	INITIALS:	4 UNIT IDENTIFICATION CODE:	5 DATE SPECIMEN COLLECTED: (YYYY) (MM) (DD)
	3 PHONE:			

6. DOCUMENT/ BATCH NUMBER	7. SPECIMEN NUMBER	8. COMPLETE SOCIAL SECURITY NUMBER	9. TEST BASIS	10. RANK	11. SOLDIER'S SIGNATURE / SOLDIER'S PRINTED NAME	12. ACTION TAKEN / REMARKS	13. OBSERVER'S SIGNATURE / OBSERVER'S PRINTED NAME
01	1	456-78-9123	US	SFC	*Michael C. Biggerstaff* / Michael C. Biggerstaff		*John Pfalser* / John Pfalser
01	2	987-65-4321	US	SPC	*Al B. Special* / Al B. Special		*John Pfalser* / John Pfalser
01	3	123-46-9857	US	LTC	*John Q. Officer* / John Q. Officer	First specimen short, 2nd attemp ok	*John Pfalser* / John Pfalser
01	4	102-34-5678	US	MSG	*Kimberly Henry* / Kimberly Henry		*Brenda Phillips* / Brenda Phillips
01	5	010-34-5678	US	MSG	*Willam C. Carr* / Willam C. Carr		*John Pfalser* / John Pfalser
01	6	999-88-8777	US	SGT	*James O. Dunn* / James O. Dunn	No ID Card, identity verified by 1SG, SSN taken from Alpha roster	*John Pfalser* / John Pfalser
01	7	963-85-2741	US	SPC	*Malcolm F. Bigg* / Malcolm F. Bigg		*John Pfalser* / John Pfalser
01	8	159-26-3487	US	LTC	*Kaylene Curtis* / Kaylene Curtis		*Brenda Phillips* / Brenda Phillips
01	9	142-75-3869	US	1SG	*Michael R. Sweeney* / Michael R. Sweeney		*John Pfalser* / John Pfalser
01	10	153-62-4789	US	MAJ	*Gordon E. Matthews* / Gordon E. Matthews		*John Pfalser* / John Pfalser
01	11	751-95-3862	US	PFC	*David E. House* / David E. House		*John Pfalser* / John Pfalser
01	12	753-95-1482	US	CPL	*Sean Cunningham* / Sean Cunningham		*Brenda Phillips* / Brenda Phillips

CD ADAPCP Form 1

Appendix - I: Making Corrections

How to Make Corrections

A. Only the person making the error can make the correction on the DD Form 2624 or bottle label. Corrections will be made as follows: *See Figures for handwritten bottle label and DD Form 2624 correction examples. Figure 9-7 is an example of a corrected barcoded DD Form 2624.*

1. Line (draw a single line) through the faulty information.

2. Write the correct information directly above the faulty information.

3. Place your initials and the date close to the correction.

4. Never write over any number or letter.

NOTE: Barcoded Labels and DD Forms 2624 cannot have the SSN corrected. The label must be handwritten if the SSN is incorrect. The DD Form 2624 entry must be lined through and the donors SSN handwritten onto an empty space or another DD Form 2624. Incorrect barcodes or uncollected specimens should have the first ½ inch of the barcode blackened out. See example DD Form 2624 with corretcions

B. Certificate of Correction. If corrections cannot neatly be made on the DD Form 2624 or the bottle specimen label by the individual who made the error, a Certificate of Correction should be used to correct and verify the process. *See example Certificates of Correction*

1. The Certificate of Correction will be filled out noting the faulty information as it now reads and the correct information as it should read.

2. The Certificate of Correction will be signed and dated by the UPL and verified by the commander, his/her representative or the IBTC.

3. The Certificate of Correction will not be used to make corrections on the Unit Urinalysis Ledger.

Example of corrected bottle label

20020109 MW03

MCB BCP

UPL init Donor Init

123-45-6789 ~~6~~ MCB 9 Jan 02

Example of corrected DD Form 2624

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT	2. ADDITIONAL SERVICE INFORMATION (Second Echelon)
850 All American City Ave Bldg 6781 Fort NoWhere, VA 12345	HHC 123rd AVN BN Fort NoWhere, VA 12345

3. BASE/AREA CODE	4. UNIT IDENTIFIACTION CODE	5. DOCUMENT/ BATCH NUMBER	6. DATE SPECIMEN COLLECTED (YYYY) (MM) (DD)
FC12	W2LAAA	0001	1998 02 28

A. LABORATORY CONDUCTING DRUG TESTING

B. BATCH NUMBER

C. REPORT OF RESULT (DTG/Serial No.)

D. DRUGS TESTED

7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFORMATION	11. PRESCREEN THC COC	E. DISC CODE	F. ACCESSION NUMBER	G. RESULT
(1)	123-45-6789	US	A				
(2)	234-56-7890	US	A				
(3)	345-67-8901	US	B				
~~(4)~~	~~456-78-9012~~	~~US~~	~~A~~			Not Used ANR. 28 Feb 98	
(5)	567-89-0123	US	A				
(6)	678-90-1234	US	B				
(7)	789-01-2345	US	B				
(8)	890-12-3456	US	B				
(9)	901-23-4567	US	B				
(10)	012-34-5678	US	A				
(11)	987-65-4321	US	B				
(12)	876-54-3210	US	B				

H. CERTIFICATION. I certify that I am a laboratory certifying official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and that they are correctly annotated.

(1) SIGNATURE

(2) DATE SIGNED

(3) CERTIFYING OFFICIAL (Printed Name and Title)

DD Form 2624, FEB 93 Replaces OPNAV 5350/2 (FEB 82), DA Form 5180 (AUG 86), and AF Form 1890 (APR 86), which are obsolete.

Example of corrected bar-coded DD Form 2624

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

A. LABORATORY CONDUCTING TESTING

1. SUBMITTING UNIT
Fort Swampy ASAP
Bldg 123, Swamp Ave
Fort Swampy, MO 12345

2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)
A Co, 1/16th INF
Bldg
(555

3. BASE/AREA CODE: FC22

4. UNIT IDENTIFICATION CODE: ~~W 2LAAA~~ W1LAAA

7. SPECIMEN NUMBER | 8. COMPLETE SSN

001	~~000-33-3003~~ 000-34-300B						
002	000-22-1003						
003	999-44-3002						
004	000-44-3010						
005	000-33-1006						
006	999-22-3002	IR	A				
007	000-22-1008	IR	A				
008	999-33-3004	IR	B				
009	000-33-2001	IR	B				
010	000-33-3021	IR	A				
	000-34-300B	IR	A				

H. CERTIFICATION. I certify that I am a laboratory official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and they are correctly annotated.

(1) SIGNATURE

(2) DATE SIGNED

(3) CERTIFYING OFFICIAL (Printed Name and Title

DD Form 2624, FEB 1993 *Replaces OPNAV 5350/2 (FEB 82), DA Form 5180 (AUG 86), and AF Form 1890 (APR 86), which are obsolete.*

Appendix - J: Certificate of Correction

Certificate of Correction
(Blank)

CERTIFICATE OF CORRECTION

MEMORANDUM FOR:

SUBJECT: Certificate of Correction

1. This letter is to certify the following corrections were made as indicated below for urine specimen enclosed with this shipment for testing.

2. REFERENCE: ( ) BOTTLE LABEL ( ) DD FORM 2624

DOCUMENT/BATCH_____ SPECIMEN _____

READS AS:
CORRECTED TO READ AS:

SIGNATURE: _____
DATE: _____
TITLE: _____

VERIFIED BY:_____
DATE: _____
TITLE: _____

Certificate of correction
(Example)

CERTIFICATE OF CORRECTION

MEMORANDUM FOR: The FTDTL for your installation, street address, city, state, zip code

SUBJECT: Certificate of Correction

1. This letter is to certify the following corrections were made as indicated below for urine specimen enclosed with this shipment for testing.

2. REFERENCE: ( ) BOTTLE LABEL (X) DD FORM 2624

DOCUMENT/BATCH_____02_____ SPECIMEN_____05_____

READS AS: *110-54-4224*
CORRECTED TO READ AS: *118-54-4224*

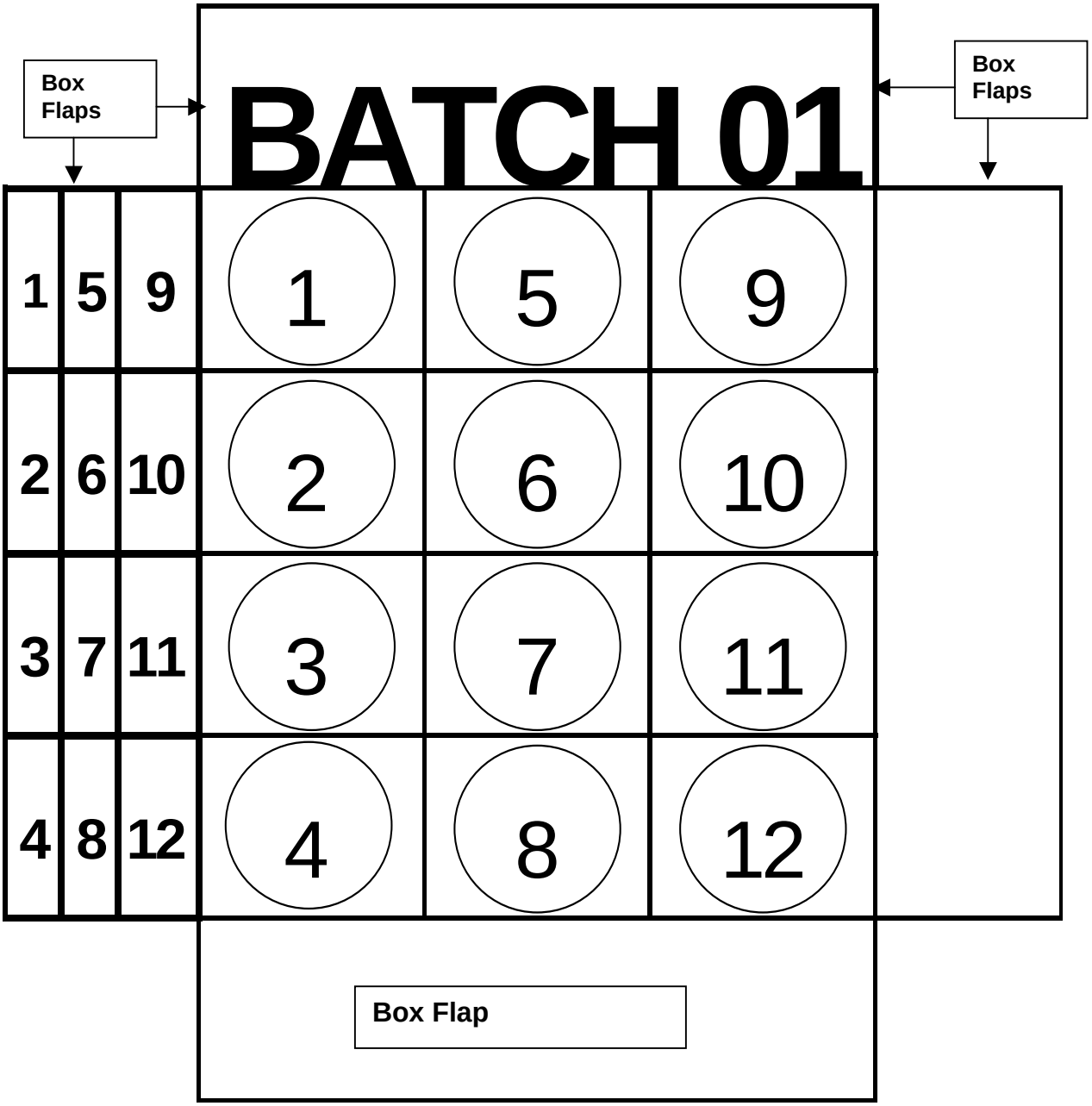
SIGNATURE: *Alan R. York*
Date: 8 Jan 99
TITLE: UPL, HQ BN

VERIFIED BY: *Edward B. Commander*
Date: 8 Jan 99
TITLE: Commander, HQ BN

Appendix - K: Specimen Placement in Collection Box

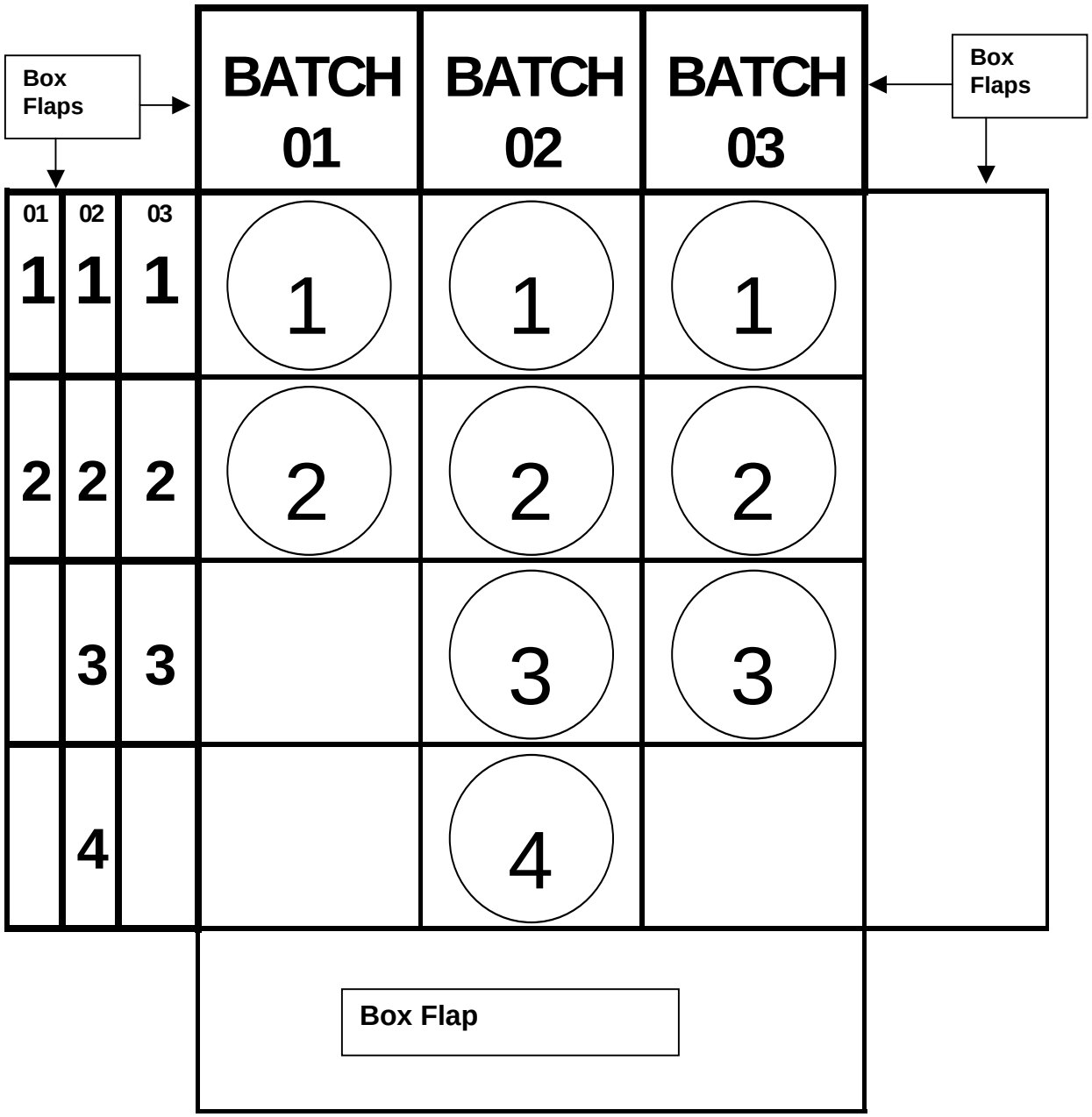
NUMBERING METHOD FOR URINE BOXES

Box lid must be marked to reflect the bottles in the box using the specimen number (lowest to highest). Box will not be sealed until final inspection by UPL (with signature) DD Form 2624 (completed and verified) will be folded and placed in envelope and secured to the outside of the box. Each box will contain samples as numbered one To twelve. Subsequent boxes will be labeled as batch number 02, 03, etc.



NUMBERING METHOD FOR URINE BOXES FILLED WITH MULTIPLE BATCHES

Box lid must be marked to reflect the bottles in the box using the specimen number (lowest to highest). Box will not be sealed until final inspection by UPL (with signature). DD Forms 2624 (completed and verified) will be folded and placed in sealed envelope And secured to the outside of the box. Each box will contain samples as designated by Batch and Specimen number.



Appendix - L: Quality Control Checklist

DATE SHIPPED: Shipped via: USPS UPS DHL FedEx Other:	
DD Form 2624:	**COMPLETED**
1. Are blocks 1-10 filled out correctly? This includes 2. **Block 1 -** Your supporting ASAP mailing address or where your lab results are sent. 3. **Block 2 –** Your unit mailing address and UPL telephone number. If deployed include CO/1SG email or phone number, preferably e-mail address. 4. **Block 3 -** Base Area Code, BAC, (example FC05) 5. **Block 4** - Unit Identification Code, UIC 6. **Block 5** - Batch number 7. **Block 6** - Date Specimen Colleted 8. **Block 7** – Pre-printed specimen number 9. **Block 8 –** SSN handwritten or pre-printed with DTP 10. **Block 9 -** Test Basis (IR, IU, IO, PO, etc.) 11. **Block 10 -** Test Information – (A or B)? 12. Are there any errors, over-writes, or unreadable SSNs? 13. Are all errors properly corrected (with UPL initial and date) and/or documented on a Certificate of Correction? 14. Does the DD 2624 have a Unit Urinalysis Ledger that mirrors it? 15. Does the date on the front of the DD 2624, the back of the DD 2624, Unit Urinalysis Ledger, and specimen label match? 16. Are the documents filled out with black ink? 17. Is the chain of custody (DD 2624, Block 12) correctly completed indicating all changes in custody?	
For DTP Completed DD 2624: 1. Is the UIC and BAC pre-printed on the form? If not, a Certificate of Correction must be completed for each batch for the Specimen labels. Do Not handwrite the UIC and BAC on the specimen labels. You may handwrite the UIC and BAC on the DD Form 2624, but you must blacken out the top barcode and initial and date each entry. 2. Are the bar codes of all voided specimens and/or specimens with corrections on the SSN blacked out, initialed, and dated? 3. Is the DD Form 2624 printed Head to Head or are any blacken out barcodes only blackened out up to one inch from the DD Form 2624's left edge?	

UNIT URINALYSIS LEDGER:	
1. Does the Unit Ledger record the soldier's correct printed name and signature? 2. Does the Unit Ledger record the observer's correct printed name and signature? 3. Is the Unit Ledger stored in a secure location?	
SPECIMEN LABEL AND BOTTLE:	
1. Is the amount of urine adequate for testing (at least 30ml)? 2. Are all entries on the label in the proper location? 3. Are all bottle caps securely tightened? 4. Was tamper evident tape placed over the cap of the bottle, touching the label on both sides? Is all information legible? 5. If tamper tape broke while the UPL was applying it, was a second piece correctly applied and a memorandum completed? **Remember – do not send anything that records the donor's name to the lab.** 6. Are the soldier's and UPL's initials recorded on the specimen label? 7. Are all errors properly corrected with initial and date and/or with a Certificate of correction? 8. Are the bar codes on DTP made labels blacked out if the SSN was corrected?	
SHIPPING:	
1. Did the UPL ensure that the specimen numbers were annotated on the box and specimens placed inside the box in the order they are listed on the corresponding DD 2624?	
2. Did the UPL ensure that an absorbent pouch was placed in each box?	
3. Did the UPL ensure that all seams on the box were secured with one continuous piece of tape (one piece around the middle and one on each end)?	
4. Did the UPL ensure that his/her signature **(legible)** was written on the top and bottom of each box, from corner to corner, touching the tape on each side?	
5. Did the UPL ensure that the **original** DD 2624 (front and back on one piece of paper printed Head to Head (**two separate pieces of paper is a NO GO**) and any Certificates of Correction were placed in an envelope and taped to the top of the corresponding box?	
6. Did the UPL ensure that each box was placed in a white leak-proof bag?	

ALARACT Message No. 125/2003

Subject: P U 141507Z DEPLOYMENT DRUG TESTING

PAAUZYUW RUEADWD2105 2871530-UUUU--RUEASRA.
ZNR UUUUU ZYW ZOC ZEO T ALL US ARMY REPS AND ACTIVITIES
P 141507Z OCT 03
FM HQDA WASHINGTON DC//SAMR-MPP//
TO ALARACT
BT
UNCLAS ALARACT 125/2003
SUBJECT: DEPLOYMENT DRUG TESTING
1. REFERENCES:
A. DOD DIRECTIVE 1010.1, "MILITARY PERSONNEL DRUG ABUSE TESTING PROGRAM", DECEMBER 9, 1994
B. DOD INSTRUCTION 1010.16, "TECHNICAL PROCEDURES FOR THE MILITARY PERSONNEL DRUG ABUSE TESTING PROGRAM", DECEMBER 9, 1994
C. AR 600-85, "ARMY SUBSTANCE ABUSE PROGRAM (ASAP)",OCTOBER 1, 2001.
2. THE DEPARTMENT OF THE ARMY IS COMMITTED TO A SUSTAINED EFFORT TO PREVENT DRUG ABUSE AND DEPENDENCE. IT IS EVERY LEADER'S RESPONSI- BILITY TO EDUCATE SOLDIERS, DETER DRUG USE AND DETECT ILLEGAL DRUG ABUSERS. THIS RESPONSIBILITY DOES NOT END DURING DEPLOYMENTS. DEPARTMENT OF DEFENSE POLICY IS TO USE DRUG TESTING TO DETER MILITARY SERVICE MEMBERS FROM USING OR ABUSING DRUGS. DRUG TESTING PERMITS COMMANDERS TO ASSESS THE SECURITY, MILITARY FITNESS, READINESS, AND THE GOOD ORDER AND DISCIPLINE OF THEIR COMMANDS. COMMANDERS SHOULD CONDUCT AGGRESSIVE AND UNPREDICTABLE URINALYSIS TESTING IN ORDER TO DETER THIS POTENTIAL THREAT.
3. UNITS THAT DEPLOY INTO AREAS OF LIMITED SUPPORT FOR DRUG TESTING SHOULD DEPLOY WITH THE SUPPLIES THEY WILL NEED TO CONDUCT URINALYSIS COLLECTIONS AS WELL AS THE SUPPLIES THEY NEED TO PACKAGE AND SHIP THE SPECIMENS TO THEIR SUPPORTING FORENSIC TOXICOLOGY DRUG TESTING LABORATORY (FTDTL). PRIOR TO DEPLOYMENT, ALL UNIT PREVENTION LEADERS (UPLS) MUST BE TRAINED IN THEIR NORMAL COLLECTION DUTIES, ON QUALITY CONTROL CHECKS, STORAGE OF SPECIMENS, PACKAGING, AND SHIPMENT OF SPECIMENS TO THE SUPPORTING FTDTL. IN SUPPORT OF THIS REQUIREMENT, THE ARMY CENTER FOR SUBSTANCE PROGRAMS IS PREPARED TO SEND TRAINING ASSISTANCE TEAMS TO YOUR INSTALLATION PRIOR TO DEPLOYMENT. COMMANDERS DESIRING TRAINING SHOULD CONTACT THE POC IN PARAGRAPH FIVE (5) OF THIS MESSAGE FOR ASSISTANCE. A MODIFIABLE DEPLOYMENT STANDARD OPERATING PROCEDURE (SOP) FOR UNIT COMMANDERS, WHICH DETAILS HOW DRUG TESTING IS CONDUCTED DURING DEPLOYMENTS, IS ALSO AVAILABLE AT HTTP://ACSAP.ARMY.MIL/.

4. DETAILED INFORMATION CONCERNING SPECIFIC DEPLOYMENT DRUG TESTING REQUIREMENTS, TO INCLUDE PRE-AND POST-DEPLOYMENT TESTING, IS FORTHCOMING AND WILL BE PUBLISHED IN A SEPARATE MESSAGE.
5. POINT OF CONTACT IS LTC KAYLENE CURTIS, CHIEF, BIOCHEMICAL BRANCH, ARMY CENTER FOR SUBSTANCE ABUSE PROGRAMS, EMAIL BIOCHEM@ACSAP.ARMY.MIL, DSN 761-5566/5560/5562/5563, COM (703) 681-5566/5560/5562/5563.
6. EXPIRATION DATE CANNOT BE DETERMINED BT #2105

NNNN

ALARACT Message No. 087/2006

PRECEDENCE TO: ROUTINE DTG: 261502Z APR 06
PRECEDENCE CC: ROUTINE
TYPE: AUTODIN
FROM PLA: PTC WASHINGTON DC//ALARACT//
SUBJECT: ALARACT 087/2006
TEXT:
RAAUZYUW RUEWMFU7365 1161502-UUUU--RUHQDAU.
ZNR UUUUU ZUI RUEWMCS5946 1161458
R 261502Z APR 06
FM PTC WASHINGTON DC//ALARACT//
TO ALARACT
ZEN/ADDRESS LISTS @ AL ALARACT(UC)
BT
UNCLAS
********* THIS IS A COMBINED MESSAGE *********
SUBJ: ALARACT 087/2006
THIS MESSAGE HAS BEEN SENT BY THE PENTAGON TELECOMMUNICATIONS CENTER ON BEHALF OF DA WASHINGTON DC//DAPE-HRPD-IRPD//.
SUBJECT: DRUG TESTING DURING DEPLOYMENTS 1. REFERENCES:
A. DOD DIRECTIVE 1010.1, "MILITARY PERSONNEL DRUG ABUSE TESTING PROGRAM", DECEMBER 9, 1994 B. DOD INSTRUCTION 1010.16, "TECHNICAL PROCEDURES FOR THE MILITARY PERSONNEL DRUG ABUSE TESTING PROGRAM", DECEMBER 9, 1994 C. AR 600-85, "ARMY SUBSTANCE ABUSE PROGRAM (ASAP)", MARCH 24, 2006 D. MEDCOM REGULATION 40-51, MEDICAL REVIEW OFFICERS AND POSITIVE URINALYSIS DRUG TESTING RESULTS , 30 MARCH 2005 E. ALARACT MESSAGE NO. 125/2003, 14 OCTOBER 2003, SUBJECT: DEPLOYMENT DRUG TESTING F. CSA MEMORANDUM, ARMY DRUG TESTING PROGRAM , 9 NOV 2005 2. COMMANDERS CONDUCT AGGRESSIVE AND UNPREDICTABLE URINALYSIS TESTING IN ORDER TO ASSESS THE SECURITY, MILITARY FITNESS, READINESS, AND GOOD ORDER AND DISCIPLINE OF THEIR COMMANDS. COMMANDERS SHOULD TEST AT A MINIMUM RATE OF ONE RANDOM SAMPLE PER SOLDIER PER YEAR.
3. AR 600-85 DIRECTS COMMANDERS TO MAINTAIN THEIR SUBSTANCE ABUSE PROGRAM ELEMENTS TO THE MAXIMUM EXTENT POSSIBLE WHILE DEPLOYED.
SOLDIERS UNDER THE INFLUENCE OF DRUGS ARE A DANGER TO THEMSELVES, THEIR FELLOW SOLDIERS, MISSION ACCOMPLISHMENT, AND THE CIVILIAN POPULACE. IT IS EVERY LEADER'S RESPONSIBILITY TO EDUCATE SOLDIERS, DETER DRUG USE AND IDENTIFY DRUG ABUSERS. THIS RESPONSIBILITY DOES NOT STOP DURING DEPLOYMENTS. HOWEVER, COMMANDERS WILL NOT ENDANGER SOLDIERS SAFETY AND SECURITY IN HOSTILE FIRE AREAS SOLELY TO CONDUCT DRUG TESTING.
4. ALL COMPANY AND LARGER UNITS WILL DEPLOY WITH TRAINED UNIT PREVENTION LEADERS (UPLS) AND ENOUGH DRUG TESTING SUPPLIES TO TEST 100% OF THEIR ASSIGNED STRENGTH. UNITS SMALLER THAN COMPANY SIZE WILL RECEIVE DRUG TESTING SUPPORT FROM THE NEXT HIGHER UNIT IN THEIR CHAIN OF COMMAND. A MODIFIABLE DEPLOYMENT STANDING OPERATING PROCEDURE
(SOP) FOR UNIT COMMANDERS, WHICH DETAILS HOW DRUG TESTING SHOULD BE CONDUCTED DURING DEPLOYMENTS, IS AVAILABLE AT HTTP://ACSAP.ARMY.MIL/.
5. RESPONSIBILITIES.
A. THE SENIOR UNIT COMMANDER FOR EACH UNIT THAT IS ASSIGNED A BASE AREA CODE (BAC) IN PAR. 7 WILL:
(1) APPOINT A REPRESENTATIVE TO MANAGE THE ARMY SUBSTANCE ABUSE PROGRAM (ASAP) FOR THE COMMAND AND MAINTAIN LIAISON WITH HIGHER COMMANDS AND THE ARMY CENTER FOR SUBSTANCE ABUSE PROGRAMS (ACSAP).
(2) RETRIEVE URINALYSIS TEST RESULTS FOR HIS/HER COMMAND S BAC ON A REGULAR BASIS FROM THE TRIPLER ARMY MEDICAL CENTER FORENSIC TOXICOLOGICAL DRUG TESTING LABORATORY (FTDTL) WEB SITE (HTTPS://IFTDTL.AMEDD.ARMY.MIL/TAMC), AND

FORWARD THE RESULTS TO UNIT COMMANDERS AND MEDICAL REVIEW OFFICERS (MRO) AS APPROPRIATE.
(3) FOR THOSE TEST RESULTS THAT REQUIRE A MEDICAL REVIEW, COORDINATE WITH THE COMMAND S MEDICAL REVIEW OFFICER (MRO) TO OBTAIN HIS/HER REVIEW AND THEN FORWARD THE MRO S DECISION TO THE UNIT COMMANDER AND ENTER IT IN THE DRUG AND ALCOHOL MANAGEMENT INFORMATION SYSTEM
(DAMIS) AT HTTPS://DAMIS.ACSAP.ARMY.MIL/DEFAULT.ASP.
(4) ENSURE THAT SUBORDINATE UNITS HAVE SUFFICIENT SUPPLIES TO CONDUCT DRUG TESTING.
(5) MONITOR DRUG TESTING RATES, TRENDS, SPECIMEN DISCREPANCY RATES, AND MRO DELINQUENCY RATES.
(6) PROVIDE REPORTS AS REQUESTED BY THE NEXT HIGHER HEADQUARTERS AND ACSAP.
(7) MONITOR UPL CERTIFICATION AND COORDINATE FOR CERTIFICATION OR RECERTIFICATION AS NECESSARY. UPL CERTIFICATION IS VALID FOR ONE YEAR.
(8) MAINTAIN ARMY SUBSTANCE ABUSE PROGRAM FILES IN ACCORDANCE WITH THE ARMY RECORDS INFORMATION MANAGEMENT SYSTEM (ARIMS).
B. SENIOR MEDICAL TREATMENT FACILITY (MTF) COMMANDERS IN AFGHANISTAN, IRAQ, AND KUWAIT.
(1)APPOINT IN WRITING AS MROS A SUFFICIENT NUMBER OF DOCTORS OF MEDICINE OR OSTEOPATHY TO REVIEW IN A TIMELY MANNER ALL PRESUMPTIVE POSITIVE RESULTS FOR CODEINE, MORPHINE, AMPHETAMINES (INCLUDING D-METHAMPHETAMINE BUT EXCLUDING THE DESIGNER AMPHETAMINES), OXYCODONE, OXYMORPHONE, AND STEROIDS.
(2) COORDINATE WITH US ARMY MEDICAL COMMAND (MEDCOM) FOR MRO TRAINING FOR THE APPOINTED MRO IF HE/SHE IS NOT TRAINED TO PERFORM THE DUTIES.
MEDCOM POCS ARE MAJ ROBERT ROUSSEL (ROBERT.ROUSSEL@AMEDD.ARMY.MIL) AND DR. DONALD KIPPENBERGER (DONALD.KIPPENBERGER@CEN.AMEDD.ARMY.MIL)
AT DSN: 312-471-7198/7256.
(3) MONITOR MRO WORKLOADS AND COORDINATE MRO-RELATED ISSUES WITH COMMANDERS AND THE C-1, J-1 OR G-1 REPRESENTATIVES RESPONSIBLE FOR MANAGING DRUG TESTING IN THEIR COMMANDS.
C. RESERVE COMPONENTS.
(1) ALL MOBILIZED ARMY NATIONAL GUARD AND ARMY RESERVE UNITS COMPANY SIZE OR LARGER WILL ARRIVE AT THEIR MOBILIZATION STATIONS WITH TRAINED UPLS AND ENOUGH DRUG TESTING SUPPLIES TO TEST 100% OF THEIR ASSIGNED STRENGTH.
(2) FROM THE DAY THEY ARE MOBILIZED TO THE DAY THEY DEPLOY, MOBILIZED UNITS IN THE ARMY NATIONAL GUARD AND ARMY RESERVES WILL USE THE BAC OF THE INSTALLATION AT WHICH THEY MOBILIZE. AFTER DEPLOYING, THESE UNITS WILL USE THE BACS INDICATED IN PAR. 7.
(3) THE ALCOHOL AND DRUG CONTROL OFFICERS (ADCO) OF USAR REGIONAL READINESS COMMANDS AND THE 54 STATES AND TERRITORIES (FOR ARNG UNITS) WILL SERVE AS LIAISONS BETWEEN THEIR DEPLOYING UNITS, THE SUPPORTING MOBILIZATION STATION ADCOS, THE TRIPLER ARMY MEDICAL CENTER FTDTL AND ACSAP. THE USAR AND ARNG ADCOS WILL INITIATE COMMUNICATION TO INFORM THE SUPPORTING MOBILIZATION STATION ADCOS, FTDTL AND ACSAP OF THE POCS OF DEPLOYING UNITS AND THE SIZE OF AND ARRIVAL DATES OF THEIR DEPLOYING UNITS AT THE MOBILIZATION STATIONS.
6. TRAINING. ALL MOBILIZED ARMY NATIONAL GUARD AND ARMY RESERVE UNITS COMPANY SIZE OR LARGER WILL ARRIVE AT THEIR MOBILIZATION STATIONS
********* START OF SECTION 2 *********
WITH TRAINED UPLS. HOME INSTALLATIONS (OR MOBILIZATION STATIONS FOR ACTIVATED ARNG AND USAR UNITS) WILL TRAIN UPLS IF NECESSARY BEFORE DEPLOYMENT. UPL TRAINING MUST STRESS PROPER QUALITY CONTROL CHECKS, STORAGE OF SPECIMENS, PACKAGING, AND SHIPMENT OF SPECIMENS TO THE SUPPORTING FTDTL. THESE DUTIES, WHICH ARE NORMALLY PERFORMED BY INSTALLATION BIOCHEMICAL TEST COORDINATORS (IBTCS), ARE PERFORMED BY DEPLOYED UPLS AND ARE CURRENTLY THE SOURCE OF MOST COLLECTION DISCREPANCIES. UPL CERTIFICATION IS VALID FOR ONE YEAR AFTER THE INITIAL CERTIFICATION DATE. UPLS WHO NEED TO RECERTIFY DURING A DEPLOYMENT WILL COORDINATE WITH ACSAP BY SENDING AN EMAIL TO BIOCHEM@ACSAP.ARMY.MIL.
7. SUPPLIES. UNITS WILL REORDER SUPPLIES THROUGH THE SUPPLY SYSTEM (FOR NATIONAL STOCK NUMBER (NSN) ITEMS) OR LOCAL PURCHASE (FOR NON-NSN ITEMS). ALL

MOBILIZED ARMY NATIONAL GUARD AND ARMY RESERVE UNITS COMPANY SIZE AND LARGER WILL ARRIVE AT THEIR MOBILIZATION STATIONS WITH ENOUGH DRUG TESTING SUPPLIES TO TEST 100% OF THEIR ASSIGNED STRENGTH. THE MOBILIZATION STATION ARMY SUBSTANCE ABUSE PROGRAM STAFF WILL PROVIDE REPLACEMENT SUPPLIES AS NECESSARY UNTIL UNITS DEPLOY.
8. REPORTING CODES. THE FOLLOWING BACS WILL BE USED BY UNITS DEPLOYED IN THE INDICATED AREAS. IF A UNIT DEPLOYS TO AN AREA THAT IS NOT LISTED BELOW, THE UNIT WILL USE THE BAC OF ITS HOME INSTALLATION OR MOBILIZATION STATION.
A. AFGHANISTAN (ALL AREAS OUTSIDE KABUL): CT01 B. AFGHANISTATION (KABUL AREA): CT02 C. KUWAIT (EXCLUDING UNITS SUBORDINATE TO MNC-I): CT03 D. MULTINATIONAL FORCE IRAQ (AND ALL SUBORDINATE UNITS EXCEPT MNC-I):
CT04
E. MULTINATIONAL CORPS IRAQ (AND ALL SUBORDINATE UNITS EXCEPT AS LISTED IN THIS PARAGRAPH): CT05 F. MULTINATIONAL DIVISION BAGHDAD (IRAQ): CT06 G. MULTINATIONAL FORCE WEST (IRAQ)(FOR ARMY UNITS ONLY): CT07 H. MULTINATIONAL DIVISION NORTH (IRAQ): CT08 I. CORPS SUPPORT COMMAND (IRAQ) (ALL UNITS REPORTING TO THE CORPS SUPPORT COMMAND): CT09 9. SHIPPING. ALL URINALYSIS SPECIMENS COLLECTED IN IRAQ, AFGHANISTAN AND KUWAIT WILL BE MAILED DIRECTLY TO THE FTDTL AT TRIPER ARMY MEDICAL CENTER (TAMC) FOR TESTING. THE TAMC ADDRESS IS TRIPLER ARMY MEDICAL CENTER, FORENSIC TOXICOLOGY DRUG LAB, 1 JARRETT WHITE ROAD BLDG 40, TRIPLER AMC, HAWAII 96859-5000. THE TAMC POC IS DR. CATHY OKANO, EMAIL CATHERINE.OKANO@US.ARMY.MIL, DSN 808-433-5176.
10. ADDITIONAL INFORMATION CONCERNING DRUG TESTING REQUIREMENTS IS AVAILABLE AT HTTP://ACSAP.ARMY.MIL/.
11. POINT OF CONTACT IS LTC MARK OVERBERG, CHIEF, BIOCHEMICAL BRANCH, ARMY CENTER FOR SUBSTANCE ABUSE PROGRAMS, EMAIL MARK.OVERBERG@ACSAP.ARMY.MIL, DSN 761-5566/5560/5562/5563, COM (703)681-5566/5560/5562/5563.
12. UNITS SHOULD BEGIN USING THE NEW PROCEDURES AND BASE AREA CODES WITHIN THIS MESSAGE ON 1 JUNE 2006. EXPIRATION DATE CANNOT BE DETERMINED.
13. THIS MESSAGE WAS APPROVED BY THE ADCS, G-1.
14. EXPIRATION DATE CANNOT BE DETERMINED.
BT
#7365

UPL DL/Certification for Deployed Units

Unit Prevention Leader (UPL) Distance Learning and Certification For Deployed Units (8 June 2006)

It is every leader's responsibility to educate Soldiers, deter drug use and detect illegal drug abusers whether in garrison or deployed. AR 600-85 directs commanders to maintain substance abuse program elements while deployed, to the maximum extent possible. ALARACT Message No. 087/2006, dated 26 Apr 06, directed commanders to deploy with trained UPLs and the necessary supplies to conduct drug testing during deployments.

The Army Center for Substance Abuse Programs (ACSAP) has developed a UPL distance learning and certification program to certify and recertify deployed UPLs. **NOTE: This training and certification are only for use by deployed units. Units at home station should contact the installation, state, or RRC Army Substance Abuse Program staff.**

For initial UPL Certification or expired certification greater than 90 days, deployed commander/1SG must:

a. Select a UPL candidate. UPLs must:
   a. Be an officer or NCO E-5 or above
   b. Possess integrity, maturity, attention to detail and maximum retainability

b. Send an email to upl.acsap@acsap.army.mil with the following information:
   a. ONLY the SSN of the UPL candidate. (For security reasons DO NOT send the UPL's name.) ACSAP will perform a drug and alcohol background check on the candidate and report the results to the commander via return email.
   b. The name of the division-level or Corps Support Command the company is under the command and control of while deployed.
   c. In-country mailing address
   d. Indicate whether your UPL candidate will take the UPL distance learning course via a CD mailed to the address above, or on-line at a URL provided by ACSAP.

NOTE: In order to complete the course on-line you must have the following minimum desktop computer requirements: Microsoft Windows (97, 98, 2000, XP, Millennium), Microsoft Office (97, 2000, XP, 2003) with Microsoft Word, PowerPoint and Adobe Acrobat PDF Reader (PowerPoint Viewer and Adobe may be downloaded from ACSAP website at http://www.acsap.army.mil/), minimum 56K modem and internet access.

Allow the UPL candidate sufficient time to complete the training course and all required homework. The course should be completed within 14 days of start date.

Administer the Practical Exercise (PE) downloaded from the training website or, if the course is completed via CD, mailed to you by ACSAP. A list of supplies required to complete the PE is available on-line or will be sent by ACSAP. An officer, senior NCO (E-7 and above) or another certified UPL must administer the PE.

Appoint the UPL on orders IAW AR 600-85.

Email a memorandum of verification to ACSAP (format provided by ACSAP) certifying that all training, homework and the practical exam have been successfully completed by the UPL candidate and request a certification exam.

NOTE: UPLs with internet access may complete the examination on-line at a URL provided by ACSAP. If internet access is not available ACSAP will send an examination to the commander. In either case, an officer or senior NCO (E-7 and above) must proctor the closed book examination. Printed exams will be returned to ACSAP for grading. Candidate must score 70% or higher.

7. A Certificate of Training and UPL Certification Card will be issued by ACSAP after successful completion of the examination.

To recertify a UPL within 90 days of certification expiration, deployed commander/1SG must:

1. Send an email to upl.acsap@acsap.army.mil with the following information:

    e. UPLs rank, name, certification date and Installation/RRC/State where certified or
    b. Provide a copy of the last Certificate of Training.

2. Appoint the UPL on orders IAW AR 600-85 and review and/or sign the unit's deployment SOP.

3. Email a memorandum of verification to ACSAP (format provided by ACSAP) to request a certification exam. Recommend the UPL review the distance learning course via CD or on-line at a URL provided by ACSAP prior to taking the exam.

NOTE: UPLs with internet access may complete the examination on-line at a URL provided by ACSAP. If internet access is not available ACSAP will send an examination to the commander. In either case, an officer or senior NCO (E-7 and above) must proctor the closed book examination. Printed exams will be returned to ACSAP for grading. Candidate must score 70% or higher.

4. A Certificate of Training and UPL Certification Card will be issued by ACSAP after successful completion of the examination.

Any questions pertaining to the Unit Prevention Leader (UPL) Distance Learning and Certification Program may be addressed to ACSAP at (703) 681-5575/5560/5562/5563/0152, DSN 761-5575/5560/5562/5563/0152, email upl.acsap@acsap.army.mil

Commanders Memorandum of Verification

Office Symbol Date

MEMORANDUM FOR Director, Army Center for Substance Abuse Programs, Attn: Unit Prevention Leader Certification, 4501 Ford Ave, Suite 320, Alexandria, VA 22302

Subject: Commander's Unit Prevention Leader Verification letter

1. I, <Commander's Rank and Full Name> hereby certify that:

a. <Rank and Full Name of UPL, and last 4 of SSN> has completed the UPL training, practical exams and homework and is ready to take the certification exam.

b. The Urinalysis Practical Exam was administered by <Rank and Full Name of grader> on <date of Practical Exam>; the UPL received a "GO"

c. I have reviewed and signed the Deployed SOP.

d. I have appointed the UPL on orders.

e. Examination Method (Choose one method – On-line is the preferred method):

The UPL has internet access and is able to take the certification exam on-line.

OR

The UPL does not have internet access; the 1SG, an officer, or senior NCO (E-7) or above will proctor the closed book exam.

2. This e-mail was sent from my official correspondence address and will act as my electronic signature to this Memorandum. POC for this action is the undersigned at telephone number.

JOHN Q. COMMANDER
CPT, IN
1st ID, A Co., Commanding

Recertification Verification Memorandum

Office Symbol Date

MEMORANDUM FOR Director, Army Center for Substance Abuse Programs, Attn: Unit Prevention Leader Certification, 4501 Ford Ave, Suite 320, Alexandria, VA 22302

Subject: Commander's Unit Prevention Leader Recertification Verification

1. I, <Commander's Rank and Full Name> hereby certify that:

f. <Rank and Full Name of UPL, and last 4 of SSN> has reviewed the UPL training, and is ready to take the re-certification exam.

g. I have reviewed and signed the Deployed SOP.

h. I have appointed the UPL on orders.

i. Examination Method (Choose one method – On-line is the preferred method):

The UPL has internet access and is able to take the certification exam on-line.

OR

The UPL does not have internet access; the 1SG, an officer, or senior NCO (E-7) or above will proctor the closed book exam.

2. This e-mail was sent from my official correspondence address and will act as my electronic signature to this Memorandum. POC for this action is the undersigned at telephone number.

JOHN Q. COMMANDER
CPT, IN
1st ID, A Co., Commanding

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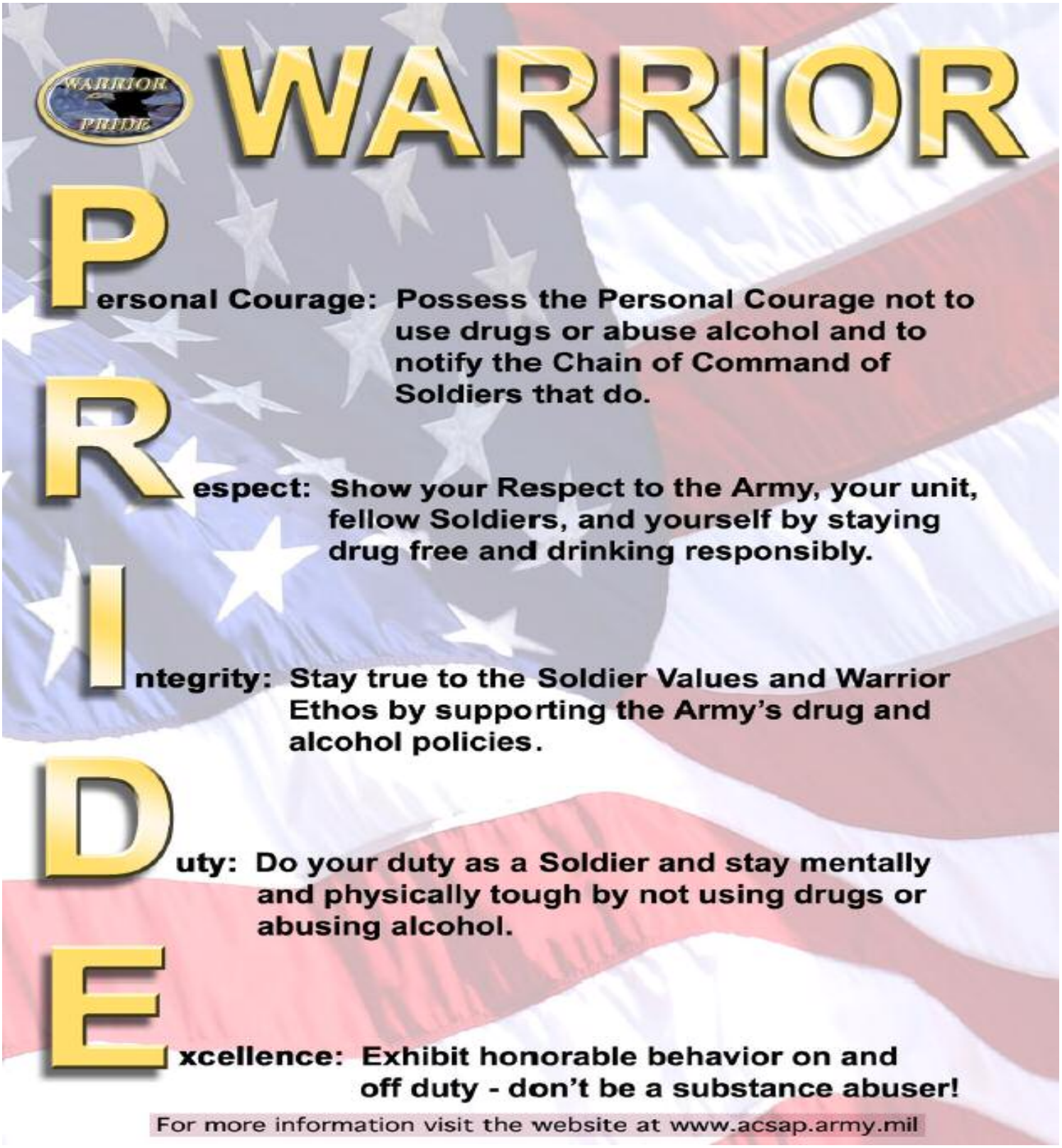

The Commander's Guide &Unit Prevention Leader (UPL) Urinalysis Collection Handbook is published by the Army Center for Substance Abuse programs (ACSAP) under the guidance of the Army G-1.

Send suggestions or comments to: ACSAP
4501 Ford Ave, Suite 320
Alexandria, VA 22302