ARMY CENTER FOR SUBSTANCE ABUSE PROGRAMS (ACSAP)

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

01 June 2002

** 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 objectives and practical exercises – This section lists the Terminal and Enabling Learning Objectives (TLOs & ELOs) for each block of instruction on the UPL CTP CD and 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

A. The G1, formally known as the Deputy Chief of Staff for Personnel (DCSPER) 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 40 hours of 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.

B. This UPL Certification Training Package (2002) replaces the 1998 UPL Certification Training Program CD-Rom. The CD Rom was replaced primarily due to the release of AR 600-85, dated 1 Oct 01 which replaces the 1988 version of the regulation. The summary of regulatory changes is In Section II of this manual.

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

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

B. Find additional information on the ACSAP website at www.acsap.org

C. Contact the ACSAP staff for assistance at the following e-mail address UPL.ACSAP@usadaoa-emh1.army.mil.

F. References

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

B. ACSAP's SOP for Installation/Community/ASG Collection, Handling, and Shipping of Urine Specimens, dated 15 November 2001

C. DOD Directive 1010.1

D. 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

Glossary of Acronyms

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 at the RSC/DRC and Area Command.
AFIP	Armed Forces Institute of Pathology
AO	Accident or mishap test
AGR	Active Guard & Reserve
AR	Army Regulation
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 WithOut 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
CO	Competence for Duty, Fitness for duty or command direct test
COC	Cocaine
CID	Criminal Investigation Division
CDR	Commander

Glossary of Acronyms

DA	Department of the Army
DCSPER	Deputy Chief of Staff for Personnel: Now known as the 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
IBTC	Installation Biochemical Test Coordinator: Runs the Biochemical testing program for an installation.
IOM	Institute of Medicine
IO	Inspection Other test
IR	Inspection Random test

Glossary of Acronyms

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
MARKS	Modern Army Record Keeping System
MDA	Methylenedioxyamphetamine
MDEA	Methylenedioxyethamphetamine
MDMA	Ecstasy (3,4-MethyleneDioxyMethAmphetamine)
MEPS	Military Entrance Processing Station
MFR	Memorandum For Record
mL	Milliliter L
MO	Medical directed or physician directed test
MP	Military Police
MRO	Medical Review Officer
ng	Nanogram
NIDA	National Institute on Drug Abuse
OSHA	Occupational Safety and Health Administration
OTSG	Office of the Surgeon General
PA	Privacy Act
PCP	Phencyclidine

Glossary of Acronyms

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
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

Glossary of Acronyms

UPL CTP	Unit Prevention Leader Certification Training Program
UPP	Unit Prevention Plan
UPS	United Parcel Post
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.

The Vice Chief of Staff of the Army (VCSA) memorandum, titled "Ecstasy Use by Soldiers", dated 1 Sep 01 states:

1. Drug use/abuse adversely affects the Army's ability to perform its mission and will not be tolerated. 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. 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 an NCO or officer that has integrity, maturity, attention to detail and maximum retainability to be the UPL. The UPL acts as a unit level ASAP by collecting specimens, conducting training, assisting in prevention, and being your subject matter expert. Choosing a good NCO/officer 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 PC 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 ASAP.

b. The UPL must complete the 40-hour ACSAP certified training program through your local Army Substance Abuse Program.

2. Implement a unit biochemical-testing program.

You and your UPL must work together to develop a biochemical testing program that is a real deterrent to drug and alcohol use and/or 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 page II-22 for additional information on Smart Testing).

b. Incorporate alcohol testing 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 software that randomly selects the soldiers to be tested and pre-prints all required documentation; thus reducing testing time.

(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 the UPL has access to a unit computer to run the DoD Drug Testing Program (DTP) that randomly selects your soldiers for the test 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.

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

h. 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 1 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.

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

Every commander should meet and brief newly assigned soldiers. It shouldn't be difficult to incorporate your drug and alcohol policy into that briefing or require the soldier to read your USAP SOP. Your UPL may also be able to provide this briefing for you.

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 an MRO verified illegal use for opiates, barbiturates, or amphetamines/methamphetamines. You must contact CID prior to talking to the soldier.

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 or any 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 certififed 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) 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.

C. Resources

1. This manual contains most of the information that you need as a commander to run a successful Substance Abuse Program. Check the Table of contents for specific issues such as Smart Testing, Limited Use Policy, or what to do with a positive urinalysis result.

2. The Army Center for Substance Abuse Programs has a website that contains valuable information, papers, points of contact and a special commanders corner. Visit the site at www.acsap.org .

3. You can contact ACSAP via e-mail at UPL.ACSAP@usadaoa-emh1.army.mil or by calling (703)-681-5557 or DSN 761-5557.

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

This UPL Certification Training Program (2002) replaces the 1998 UPL Certification Training Program CD-Rom. The CD-Rom was replaced primarily due to the release of AR 600-85, dated 1 Oct 01 which replaced the 1988 version of the regulation. The summary of regulatory changes are listed below:

A. The name of the program and regulation changed from Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) to Army Substance Abuse Program (ASAP). The unit level representative changed from Unit Alcohol and Drug Coordinator (UADC) to Unit Prevention Leader (UPL).

B. The major change is to the collection process; the observer was removed from the chain of custody. The observer will still conduct a direct observation, however he/she must NOT handle the collection bottle at anytime.

1. The observer no longer signs the chain of custody

2. The observer does not need to wear latex gloves (he/she NEVER touches a specimen)

3. The observer will no longer initial the bottle label

4. More than one observer can be on a DD Form 2624

5. Males and Females can be on the same DD Form 2624

C. The signing of the unit ledger will occur after the soldier has provided a specimen not before.

1. The observer will sign the unit ledger in front of the UPL and soldier to verify he/she complied with the collection process and directly observed the soldier provide the sample and that he/she observed the specimen being sealed with tamper evident tape and placed into the collection box.

2. The soldier will sign the unit ledger in front of both the observer and UPL verifying that he/she provided the urine in the specimen bottle and that he/she observed the specimen being sealed with tamper evident tape and placed into the collection box.

D. The UPL will no longer be required to ask the soldier if they have taken any medication or had any dental work in the last 72 hours. The remarks box on the unit ledger will be used to document any unusual circumstances (a short sample; no ID card, identification verified by 1SG etc.).

TRACK I - Introduction

Module 1: UPL Certification requirements

A. You must be at least an E-5 or above and not currently enrolled in the ASAP.

B. Complete all training modules, practical exercises, and homework included in the UPL CTP.

C. In addition, you are required to provide your local ASAP with the following:

1. Copy of UPL appointment orders signed by the commander
2. Signed copy of the Unit Substance Abuse Program SOP
3. Completed background check (Local Requirement)

D. Pass practical exercise(s) at your local ASAP.

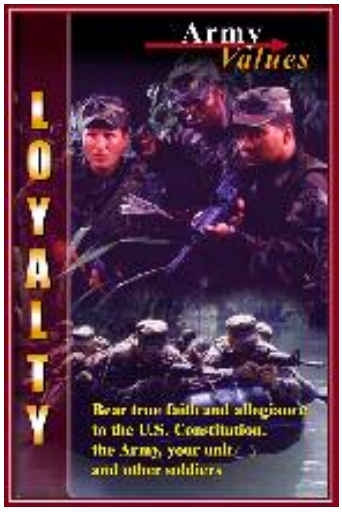
E. Final Exam: The final exam is a closed book exam that consists of 50 multiple-choice questions. You must score at least a 70% to pass the course, which means that you can only miss 15 questions.

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.

Module 2: UPL Values

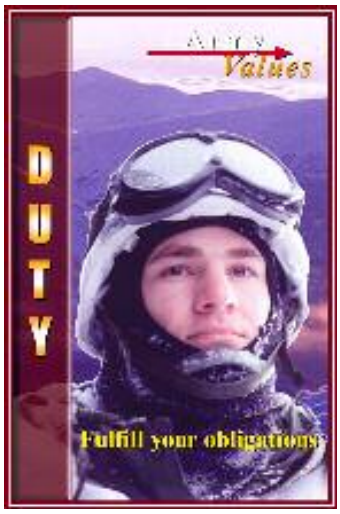
Backbone of the Drug and Alcohol Program

•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.



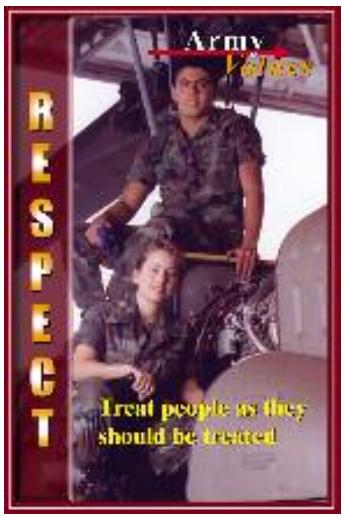
Drug Free Fighting Force

•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.



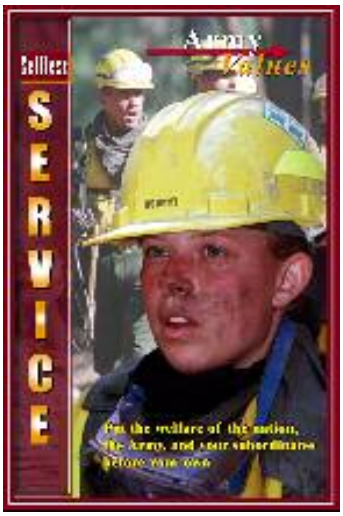
Your Duty as a UPL

•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 duties and responsibilities in regard to the Drug and Alcohol Program.



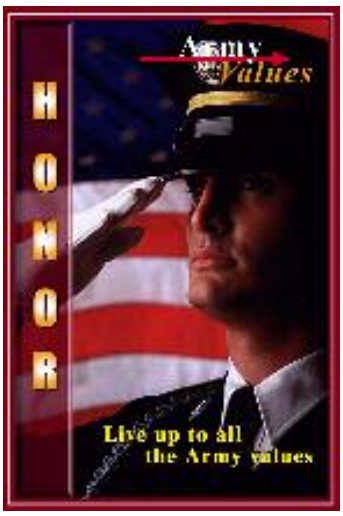
Treat Other Soldiers Like You Would Like to Be Treated

•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.



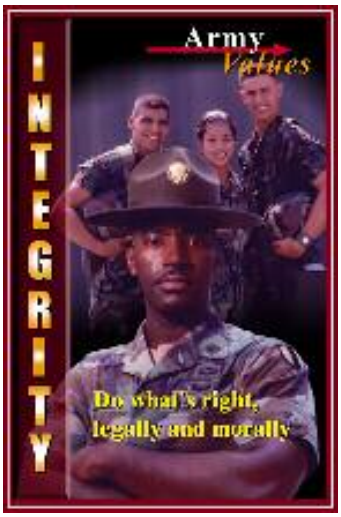
Selfless Service to a Drug Free Army

•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
•Have the courage to report other soldiers who are abusing drugs or alcohol
•Have the courage to inform the chain of command of problems or concerns about the Substance Abuse Program
•Have the courage to ensure the collection standards are applied equally regardless of rank or position

Module 3: Introduction to the ASAP

A. The ASAP 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:

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

a. 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 Deputy Chief of Staff for Personnel (DCSPER).

b. The Surgeons Generals Office is the proponent for all clinical aspects of the ASAP.

c. 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:

(1) Alcohol and Drug Control Officer (ADCO)
(2) Prevention Coordinator (PC)
(3) Installation Biochemical Test Coordinator (IBTC)
(4) Employee Assistant Program Coordinator (EAPC)

d. 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.

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

C. Responsibilities

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

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

b. Manage and monitor the biochemical-testing program (Military and Civilian).

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

d. 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.

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

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

g. 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.

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

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

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

c. 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.

d. 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.

e. 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

f. Oversee the UPL Certification Training Program (CTP)

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

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

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

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

c. Augment the installation Inspector General inspection teams.

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

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

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

g. Manage expenditures and supplies

4. Commander's responsibilities:

a. Implement a unit biochemical-testing program.

b. Appoint an officer or noncommissioned officer (E-5 or above) on orders as the UPL who must be certified through the ASAP.

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

d. 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.

e. Ensure that all newly assigned soldiers are briefed on ASAP policies and services.

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

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

h. 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.

5. These are the UPL's responsibilities:

a. Administer the unit biochemical-testing program.

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

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

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

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

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

g. 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.

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

6. These are the Observer's responsibilities:

a. 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.

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

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

d. Controls the collection process at all times.

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

7. 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.

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

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

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

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

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

a. 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.

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

D. UPL Requirements: The minimum requirements to be a UPL are:

1. Officer or NCO (E-5 or above)
2. Designated on appointment orders by the Company Commander
3. Successful completion of the DA UPL CTP
4. Not currently enrolled in ASAP or under investigation for drug offenses
5. Other Local Requirements may be added

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

TRACK II – Biochemical Testing I

Module 1: Introduction

A. 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.

B. Regulatory Requirements

1. Regulation 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 states that the minimum rate of testing is one random sample per active duty member each year.

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

<u>One random sample per active duty member each year</u> – This means that if your unit has 120 soldiers assigned, then the commander must <u>randomly</u> select a

minimum of 120 donors, and you must collect a minimum, of 120 specimens during the year. Because the soldiers are randomly selected, some soldiers will provide more than one specimen and others may provide none.

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

(1) Aviation personnel.
(2) Personnel Reliability Program
(3) Chemical surety personnel
(4) Military Police
(5) Additional personnel as mandated by commanders at any level

NOTE: MPs were erroneously removed from the regulation; but may be added in a change to the regulation. Check with your local ASAP to see if it is still a local requirement.

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

C. Quota Management

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

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

3. 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.

4. 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 or MACOM commanders.

5. 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/MACOM/installation testing requirements.

D. Types of Testing

1. COMMANDER DIRECTED

a. Probable Cause – 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) – 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 – The commander orders a test as part of the soldiers 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) Parts of unit (Random selection of personnel)
(2) Entire unit (100% of the unit is tested)
(3) Other (based on a commanders policy, such as all personnel taking more than 20 days leave will be tested upon their return to duty).

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

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

4. PHYSICIAN DIRECTED – A doctor orders a test after examining a soldier and feels the soldier is abusing drugs.

Module 2: Bio-safety

A. 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.

B. 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 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 and avoid touching clean surfaces, i.e. phones, computer terminals, etc.

c. Change your gloves every 1 –2 hours.

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

e. Do not wash or disinfect gloves for reuse.

4. Removal of Gloves

a. With both hands gloved

b. With 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.

c. 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.

d. Dispose of the gloves

e. Wash your hands.

C. 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.

D. Disinfection

1. Definition

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

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

c. 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 incase the soldier had an infection or bacteria began to grow in the urine environment.

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.

E. Immunization for Hepatitis B: Check with your community health nurse for information.

F. Hazardous waste

1. 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.

2. 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.

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

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

Module 3: Biochemical Testing Procedures

A. 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 notice, but preferably less than 2 hours.

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

(1) 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.
(2) 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 Unit Urinalysis Drug Testing Program**

a. Be creative in how and when you conduct urinalysis testing as drug abusers are 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. 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.

b. 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.
(6) This process eliminates the old complaint from soldiers that they are being picked on. " Soldiers picking Soldiers", it doesn't get any better than that.

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

d. Computer generated random selection programs:

(1) DTP – DoD Program (Tri-service) – **This is the preferred method of selection**
(2) HEIDI, JULS – Used by the NGB
(3) DRUG Dog – **Do Not Use!**

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

B. Drug Testing Program (DTP)

1. Downloading and installing the DTP software

a. Go to the following website:

http://acsap.org/Programs/Biochem/DrugTestingProgram/DODDTP.htm

b. Open and read (by clicking on it) the ACSAP Directors Memoranda on the DTP software. Note that DTP version 5.0 build 5 has been replaced with build 6. After reading the memorandum, go back one screen by clicking on the "back" button.

c. Click on **DTPCD50B6.exe** to start the download process. This is what your screen will look like. Ensure that you have the "Save this program to disk" button marked. DO NOT try to run the program from its current location. Click on the "OK" button.

d. The following window will appear, ensure that you save the zip file on your desktop.

This is where you are saving the file.

e. After the file has downloaded, which may take a few minutes, download the users manual by clicking on DTPUsersGuide50.zip. When finished close out of the Internet and go to your desktop.

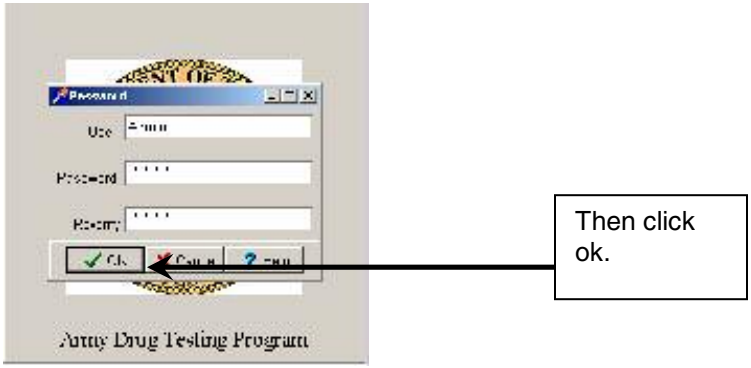
f. Double Click on the DTP file on your computer Desktop; the Icon will look like a box with an atom rotating around it.

g. Follow all instructions on the screen to install the software.

h. If you previously used ADTP then you can convert your data from the old program to the new program.

2. Running DTP the first time. Double click on the "Army Drug Testing Program" (DTP) icon on your desktop; it looks like an Olympic torch.

a. Enter the Admin password that you want to use, and then enter it again to verify it.

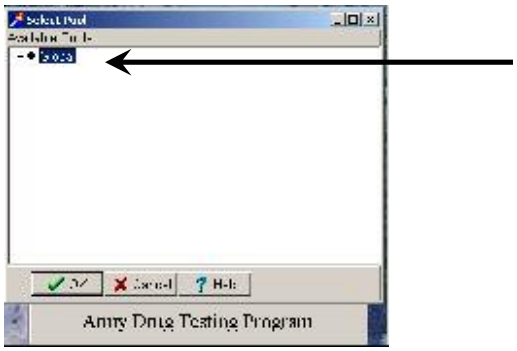


(1) Write down the Admin Password and place it in a sealed envelope and place in the commander's safe. (Password must be at least 8 characters and include both numbers and letters and IS case sensitive).

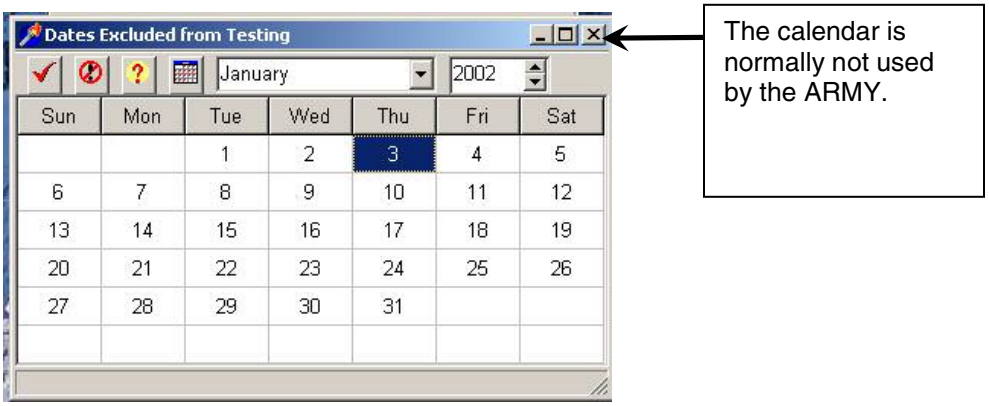
(2) If someone tries to enter the program 3 times unsuccessfully, then it will lock THAT USER out. You must get the ADMIN password to log on and unlock the user.

Note: The ADMIN password will only be used for ADMIN duties. If an individual is the Administrator of the program and also the UPL they will need to get a UPL password for daily operational UPL duties.

b. Available pool. The first time it will say "GLOBAL"; click on "OK"



c. A calendar will come up; this is for a random day selector; the Army does not utilize this option; exit the screen by clicking on the "X".

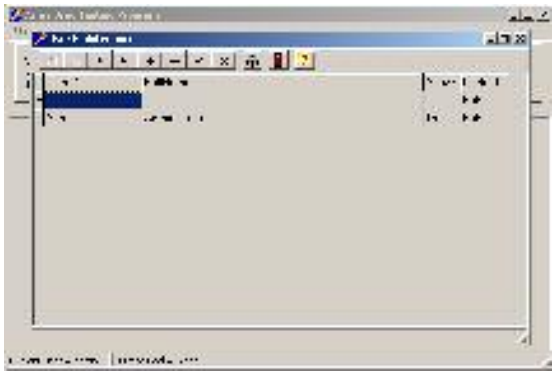


d. The program will automatically check the Internet (if you have a connection), for updates to the program.

e. You will now enter the SETUP WIZARD, which will guide you through the initial program setup.

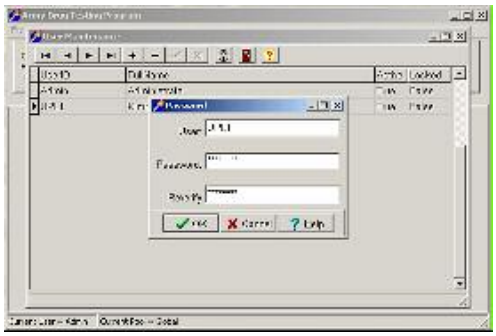
(1) Create Users – click on the button to enter new users and it will take you to the "User Maintenance screen":

(a) Click on the plus sign (+), to enter your personal User ID, and name. Your User ID is the user name you will use to log in; it's the same as "admin" was at the beginning.



(b) Mark the Active block as true – this means you can log in.

(c) Click on the padlock icon on the toolbar.

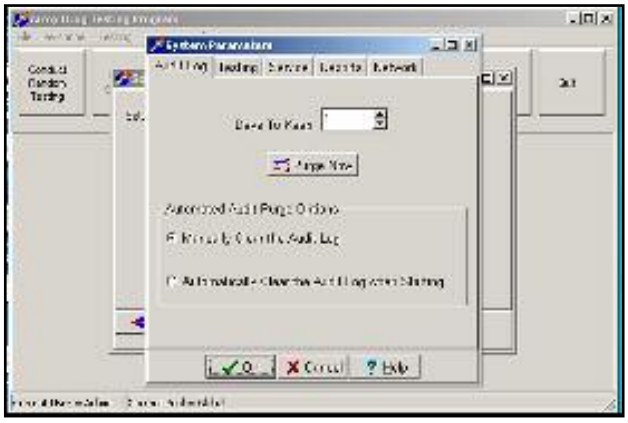


(d) Enter the password for your user ID, and then enter it again to verify it.

(e) The Administrator will enter info for other UPLs; however, they should allow the UPL privacy to enter their own password.

(f) Click on the door icon to return to the SETUP WIZARD, and then click on the next button.

(2) Setup Parameters – click on this button to set basic parameters, it will take you to the "System Parameters" window, this window has 5 tabs:



(a) Audit Log - maintains a listing of all transactions performed by users

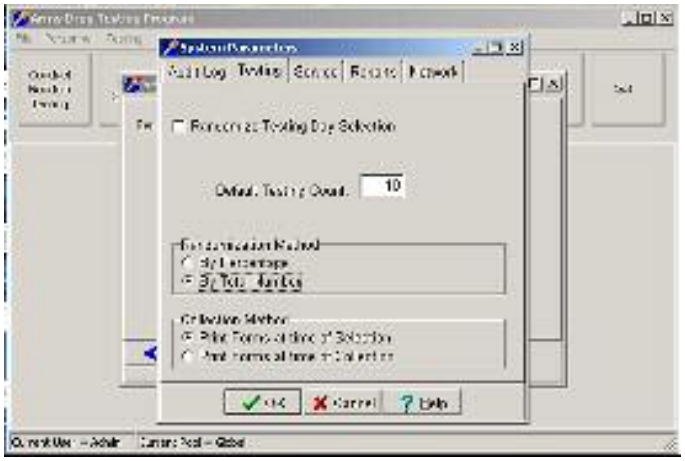
- Enter the number of days you would like the audit log to keep records. You can leave the default at # 1, but **MUST** print and file the log periodically – It's recommended that you print and file every month when you do a collection.

- The "Purge Now " button will be utilized when you are ready to delete all Audit log records older than the "Days to Keep" amount. This file can grow to be large and should be periodically purged.

- "Automated Audit Purge Options"- select "Manually Clear the Audit Log" so that you have control of clearing the audit log (purge).

- Click on the word "Testing" at the top of the window when finished

(b) Testing – this is how we setup the testing method you will use



- **Do Not Mark** the "Random Testing Day Selection" the Army does not utilize this option.

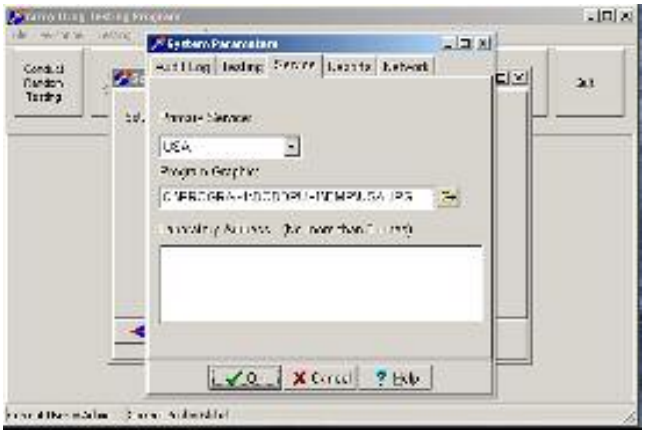
- "Randomization Method" select "By Percentage" or "By Total Number"- your choice. It's strongly recommended that you choose "By Total Number".

- Enter the monthly percentage requested or the number of personnel requested in the block for "Default Testing Percentage" or "Default Testing Count" whichever option you have selected. You can change this later when you begin testing.

- "Collection Method", select "Print Forms at Time of Selection"; the Army utilizes this option.

- Click on the word "Service" at the top of the window when you are finished.

(c) Service – This is basic service information



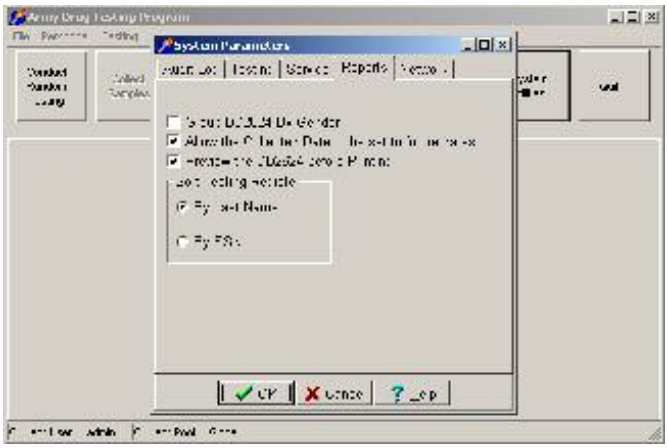
- Leave the service as USA (United States Army)

- Graphic – This is the Army logo you saw when entering the program; you can put your unit crest or whatever else in its place.

- Lab Address – You can enter the lab that tests your specimens (if you know it). Only 3 lines will be printed.

- Click on the word "Reports" at the top of the window when finished

(d) Reports - Sets up how paperwork is printed



- "Group by Gender", should NOT be checked; males and females will be on the same forms.

- "Allow Collected Date to be set to future dates", should be checked – this will allow you to do a selection today for a collection tomorrow.

- "Preview the DD2624 before printing", should be checked.

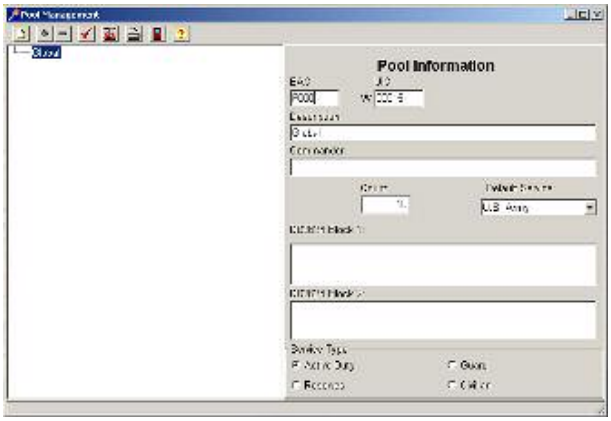
- "Sort Testing Register" – selects how you want your DD Forms 2624 and Unit ledgers printed, either alphabetically "By Last Name" or numerically "By SSN"; click on your selection.

- Click on the word "Network" at the top of the window when finished

(e) Network - If you are connected to a Local Area Network (LAN) and always have access to the Internet then leave this checked and whenever you log in, the program will look for updates or patches to the program. If you are not connected to a LAN then uncheck this box or you will be slowed down whenever you log in.

- Click on "OK", and then click on the "next" button. Click on "Setup Pools"

(3) Setup Pools – this is the structure of your database roster



(a) BAC – Enter your Base Area Code (note: recruiters are RC04)

(b) UIC – Enter your Unit Identification Code, i.e. W2LAAA enter 2LAAA

(c) Description – Name of Pool (Company, Platoon, etc) – generally most UPLs will enter their company name such as A Co, 1/16th INF.

(d) Days to test – This block will only be seen if testing by percentage.

(e) There must be a number in this block or the system will not allow you to test. Enter a 1.

(f) Target Percentage or Count-- Enter the desired selection % or count.

(g) The number entered should be consistent with the method of selection you set on the Systems Parameters/Testing tab. The recommended method was select by number, enter the number of personnel that you need to test each month. This would be your monthly quota or a set percentage of the unit. Example: if you have 125 soldiers assigned and you are suppose to test 10% per month then enter a percent of 10 or a count of 12 or 13.

(h) Default Service – US Army

(i) Block 1 of DD Form 2624 – Enter your ASAP address here

(j) Block 2 of DD Form 2624 – Enter your unit address

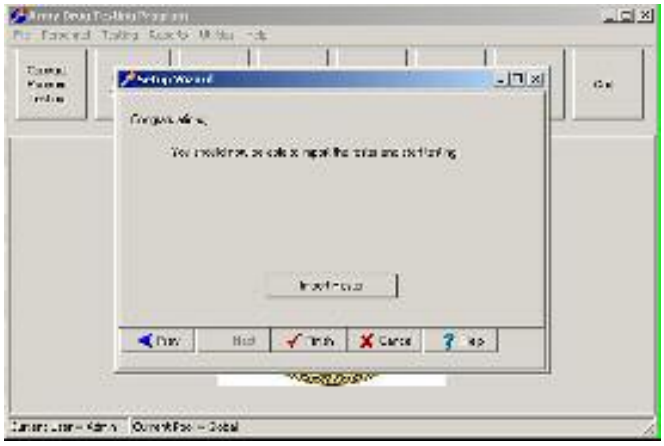
(k) Service Type – Active Duty

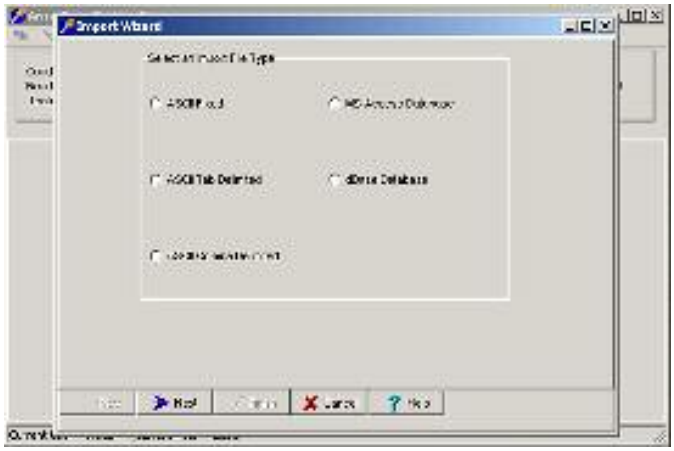
(l) Click on the "checkmark" at top of screen to post (save).

(m)Click on the Door Icon to exit, then click on the "Next" button

(4) "Set Non-working Days" – Ignore this screen; Utilized for random day selector Army does use this option- Go to Next screen; by clicking on "Next". Then Click on the "Import Roster" Button.

(5) Import Roster





(a) Select the Type of roster your have, then click on next (ASCII is computer lingo for a text file)

- Fixed Field

- Tab delimited (an Excel spreadsheet, saved as text is a tab delimited file). This is most likely the file type you will have.

- Comma delimited
- Access
- Dbase III
- Dbase IV

(b) Find your roster in your directory and click "Open"

(c) "Ignore Organizations", should not be marked. If you click the "Ignore Organizations" box, the import file will not import organizational data or information.

(d) "Do not change any records from the import file", should be marked; this will ensure that the import will not inactivate existing personnel.

(e) Click on next, when the next window comes up then click on "OK", this will bring up your database.

(f) Click on the top of each column of data that your want to import, then when the window appears click on what the data is. The roster you use must at a minimum have: Last name, SSN, gender, rank and organization.

NOTE: If your database has last and first names together in one field (Column) then enter the name as "Last Name".

- For Organizational Structure the fields (columns) must be in structural order from highest to lowest. (Company, Platoon, Squad)

- You can move a column by the drag and drop method, i.e. click, hold, move, release.

- The structures will be labeled: Organization 1, Organization 2, etc.

- After all fields are marked, click on "Finished" and the roster will import.

(g) A window will appear in a few seconds that states "Import Complete"; click on the "OK" button.

(h) You will return to the Setup Wizard; Click on "Finished"

(i) The setup Wizard is now complete.

e. Click on "Modify Personnel Roster" and ensure that the roster imported correctly.

f. Click on "Pool Maintenance" and setup your remaining pools if necessary; same procedure as in paragraph e. (3) above.

Note: Congratulations, you can now start testing.

3. Testing Personnel

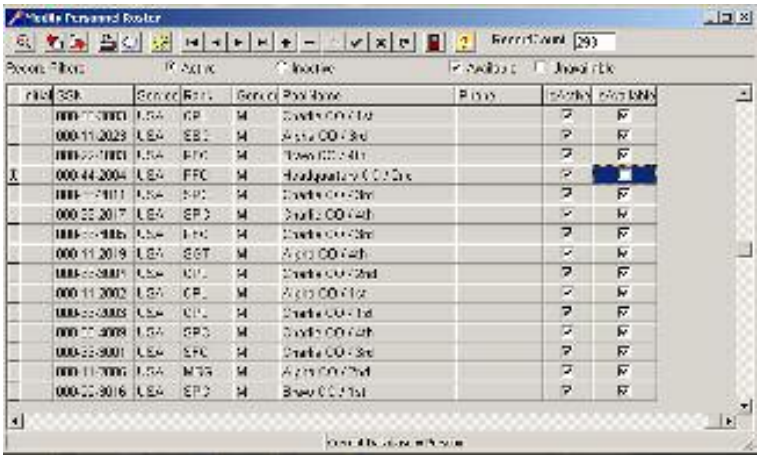
a. Random Selection

(1) Prior to performing your random selection you can mark individuals as unavailable, however, this option is not recommended. If selected personnel will be tested when they return from school, TDY, etc., then you should not mark personnel as unavailable prior to testing as they will be marked unavailable after their selection based on commander's policy.

Note: **If this option is used, it is highly recommended that after you finish printing your documents that you return to the "Modify Personnel Roster" and un-mark personnel as unavailable**.

(a) From Main Menu click on "Modify Personnel Roster"

(b) Find the personnel who are not available (alphabetical order)



(c) Double click on the "Is Available" field, to remove the checkmark.

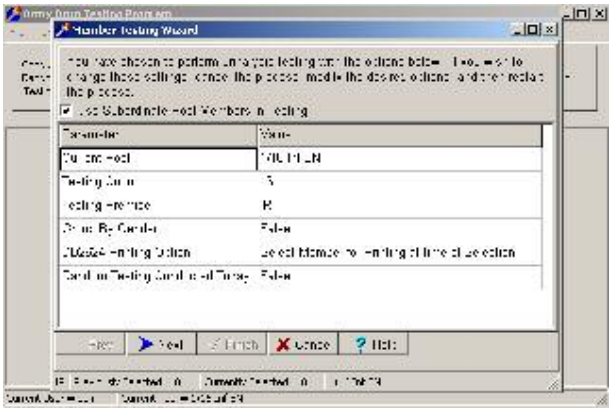
(d) Click on the "checkmark" icon at the top of the screen to post (save) edit.

(e) These personnel will be excluded from the selection.

(f) After marking all necessary personnel, click on the door icon to exit.

(2) Click on "Conduct Random Testing" button; the "Member Testing Wizard" window will appear.

(3) "Member Testing Wizard"-This page is provided to confirm your testing parameters. If any of these parameters are incorrect, you must exit (cancel) the testing wizard to make the required changes.



(a) "Use Subordinate Pool Members in Testing"--By default it will be checked. If it is checked then the current pool and all pools under this pool are eligible to be selected for testing. If it remains unchecked, then only the personnel in the current pool can be selectedfor testing.

(b) Current Pool – This is the group of personnel that you want your selection from; it may or may not include subordinate pools.

Note: To select a different pool click on "Cancel", this will take you back to the main screen. Click on "File" on the tool bar at the top of the screen. A window will appear, click on "Change Pool". A window will appear, select the pool you desire, and click "OK"

(c) Testing Count or Testing Percentage

EXAMPLE:

Note: If you are selecting personnel from parent and children pools simultaneously then the data from the parent pool will be used. Example:

Pools		Testing Percentage	Testing Number
Alpha Company – This is the parent pool		10 %	40
- 1st Platoon		5 %	5
- 2nd Platoon		15 %	15
- 3rd Platoon	Children Pools	5 %	5
- HQ Platoon	(subordinate pools)	15 %	15

If Alpha Company is the pool used and children pools (subordinate pools checked) are included in the selection then either 10% or 40 names will be selected from the entire list and the percentages/numbers of the platoons are ignored.

(d) If specific numbers or percentages are required for subordinate pools then multiple selections need to be performed. i.e. one for each platoon.

(e) Testing Premise – IR – Inspection Random

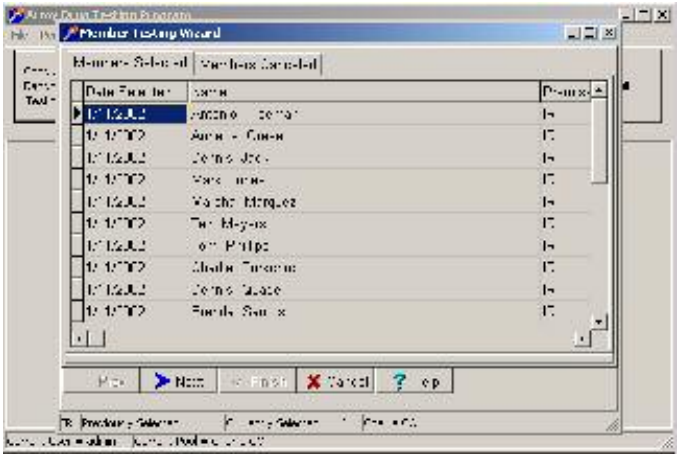
(f) Group by Gender – False. Army no longer requires male and female soldiers to be listed separately on DD Forms 2624.

(g) DD Form 2624 Option – Print at time of selection; we do not print forms at the collection site.

(h) Random Testing Conducted Today – False. This is True or False based on if you performed a selection of the selected pool today.

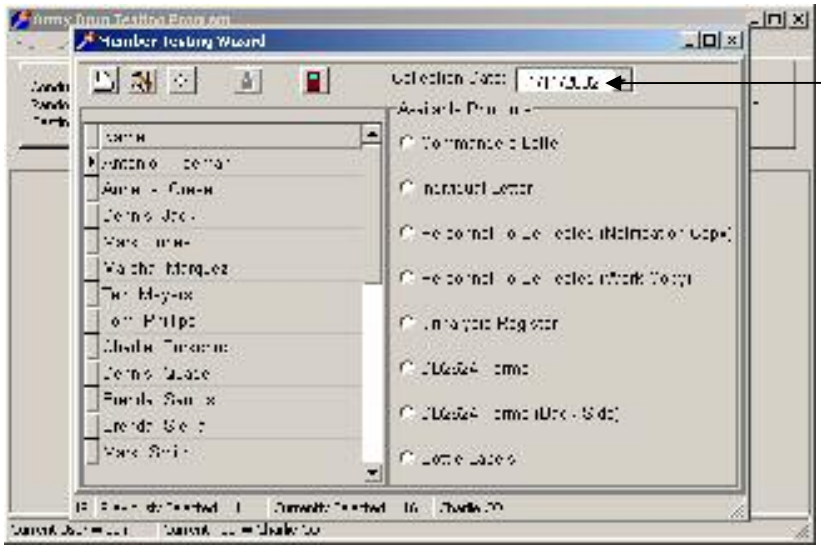
(i) If all information is correct then click "Next"; if not, then click "Cancel" and then click on the "Pool Maintenance" button and correct the information.

(1) The program will select personnel and show the names to you. There are two tabs on this screen, "Members Selected" and "Members Cancelled". The "Members Cancelled" tab shows individuals that were previously selected and have a due back date associated with a previous test, so it cancels them off the new selection. There are no functions available on this screen, click "Next".



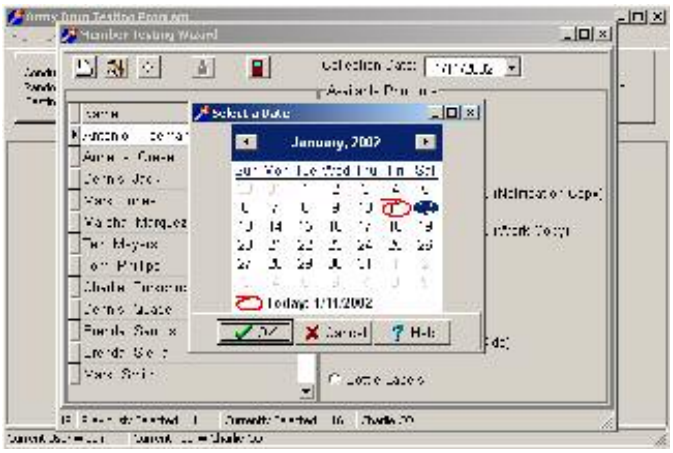
(2) Member Testing Wizard-Print screen

(a) Set the collection date to the actual date you will perform the collection. If you click on the down arrow a calendar will appear for selection. **This MUST be done prior to looking at any product available for printing.**

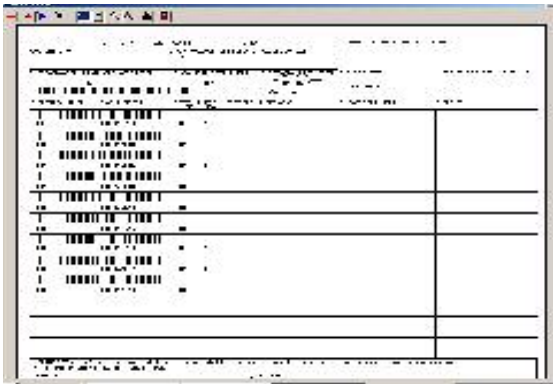


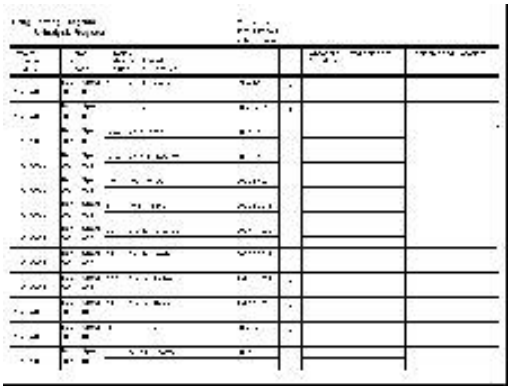
(b) If your commander has a policy that tests those soldiers, who are unavailable, when they return, then, you will go through the steps of selecting personnel and mark them as "Due Back" by:

- Double clicking on any person that will be unavailable.
- A calendar will appear – select their day of return. Then click – "OK"
- Enter why the person is unavailable (TDY, ANCOC, etc.). This will remove personnel from the list so that they will not be printed on any of the forms. These personnel will automatically be selected for testing when their "Due Back" expires.

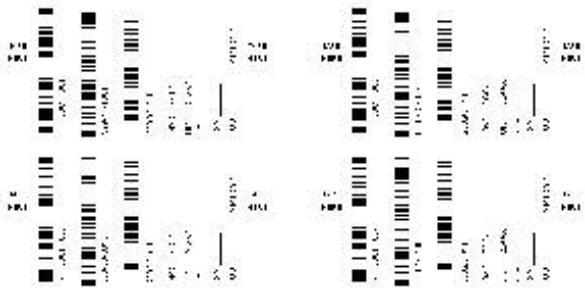


(c) Select and print products.





Note: DD Forms 2624 must have the front printed then the paper reinserted back in the printer and the back printed.



Note: You cannot preview the back of a DD Form 2624, they just print.

(d) When finished click on the door Icon to exit

(e) Exit program by clicking on the "Quit Button".

Congratulations, you are now ready to do your collection.

4. Post – Collection Procedures

a. Enter the program using your UPL - User ID and password, not the Admin password.

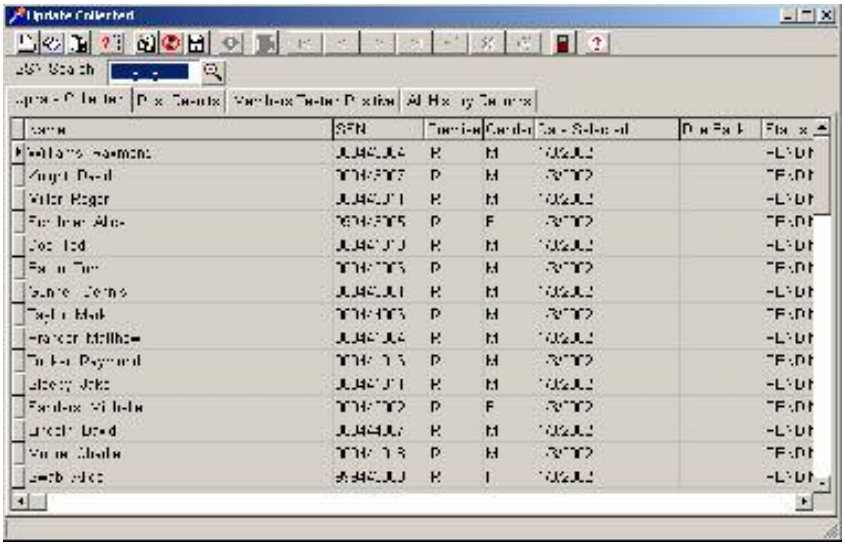
b. Click on the "Post Results" button; this will take you to another window. This window has 4 tabs:

(1) Update Collected

(2) Post Results

(3) Members Tested Positive

(4) All History Records



c. Click on the "Update Collected" tab

d. If other selected personnel were unavailable to provide a specimen then:

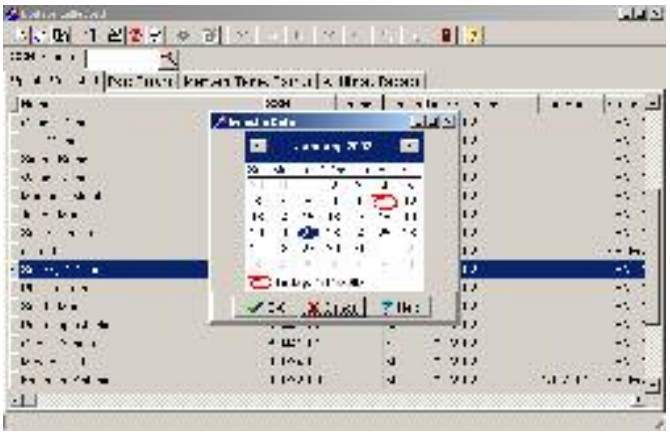
(1) Locate the soldier(s) that were unavailable (The list may be sorted by name, by clicking on the top of the Name column).

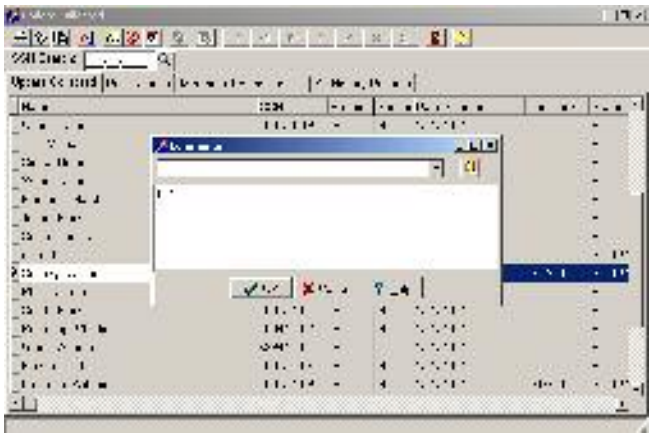
(2) Click on the soldier's name, this will highlight the entire record.

(3) Click on the Calendar Icon on the toolbar, this will bring up a calendar.

(4) Select their day of return, by clicking on the day. Then click – "OK".

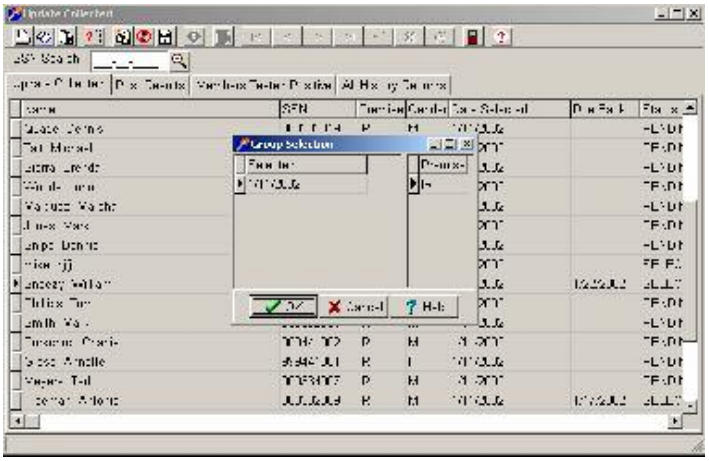
(5) Enter why the person is unavailable (TDY, ANCOC, etc.).





e. Update soldiers as collected

(1) Click on the Group Select Icon



(2) A window will appear, click on the selection date and the premise, then on "OK".

(3) All personnel selected, without a due back date, will be highlighted; click on the Update Collection Icon from the tool bar

(4) All personnel have now been marked as collected and are pending lab results.

f. Update Soldier Results

(1) Click on the "Post Results" tab, this will bring up all the records of personnel collected, but not yet resulted.

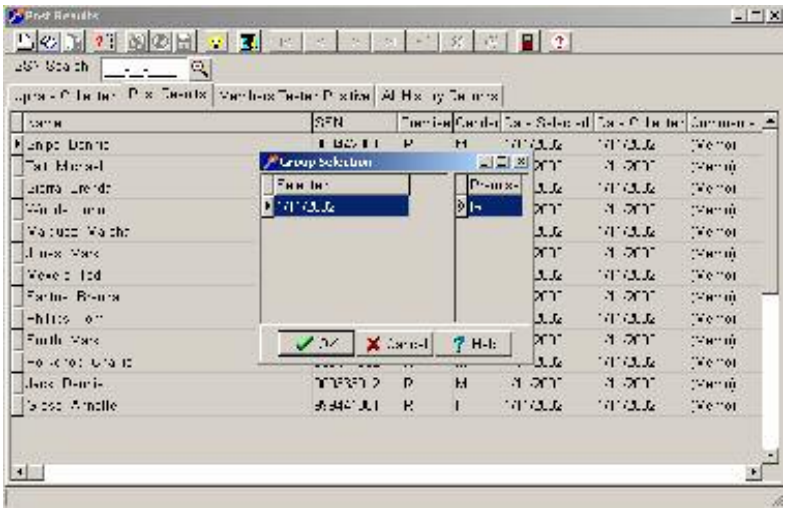
(2) Double click on any person that had a positive result.

(3) A window will appear that lists all drugs that the lab tests for.

(4) Click on the drug that the person was positive for; for multiple drugs press "Control or CTRL" on the keyboard and select the 2nd drug and 3rd drug etc.

(5) After entering all positive results, then click on the select group icon .

(6) A window will appear, click on the test date and the premise, then on "OK".



(7) All personnel collected, on that date & premise, will be highlighted; click on the "Update Negative" Icon from the tool bar

g. Update Soldier Positive Results after MRO Review

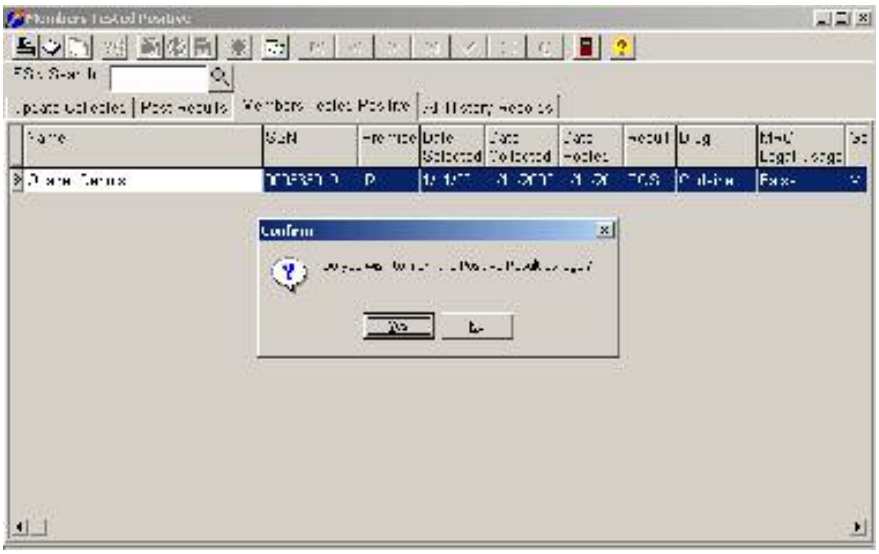
(1) Click on the "Members Tested Positive" tab.

(2) The window will display all positive results since you started utilizing the program.

Note: Soldiers positive for more than one drug are listed for each positive.

(3) Double click on the soldier who was positive.

(4) A window will appear that asks "Do you wish to mark the Positive Result as legal?"; click "Yes" if the positive resulted from legal use.



(5) A window for comments will appear, write comments in the (memo) field provided.

h. All History Records – shows all the testing performed and allows the preview and printing of soldier test histories.

5. Other Testing – Click on "Other Testing" Bar from the main menu.

a. Unit Sweep – Primarily used for 100% testing of the Unit or sub pool (platoon).

(1) Verify the information form the "Member Testing Wizard", if correct, then click on "Next".

(2) The "Sweep Method Screen" will appear, select one method

(a) Pool Sweep (All Personnel) – This is the normal 100% test

(b) Pool Sweep (Random Selection) – Same as regular random selection – not used by Army.

(3) Click "Next" and proceed like a random test.

b. CO Selected Random Testing – Performed like a regular random test.

c. Random Testing by Unit (IR) – This is not used by Army.

d. Testing Specific Soldiers – The procedure for all test premises below is the same.

(1) Probable Cause – When a CDR has sufficient evidence to suspect that if a urine specimen is collected on a soldier, that it will be positive for illicit drugs. The CDR should TALK TO SJA – prior to doing a PO.

(a) Click on "Probable Cause" and then "OK".

(b) Verify the information form the "Member Testing Wizard", if correct, then click on "Next".

(c) A window will appear with all personnel assigned to that test pool.

(d) Click on the person to be tested. For multiple personnel hold the control/CTRL button on the keyboard and select additional personnel. Then click on "Finished".

(e) Proceed like a random test

(2) Consent - Voluntary

(3) Rehabilitation – personnel enrolled in ASAP

(4) Mishap Investigation – Accident

(5) Command Directed – Fitness for Duty (No characterization of service)

(6) Medical Examination – Commissioning Physical, Drill SGT Packet

(7) Inspection Other– individual inspection based on the CDRs **WRITTEN** policies, such as all AWOL soldiers will be tested upon their return or newly assigned soldiers.

(8) Accession Testing – NOT USED

(9) Other Testing – Not normally used

6. System Utilities – Click on this button.

a. User Maintenance – maintain passwords (same as during Setup Wizard)

b. System Backup/Restore – click on button

(1) A new window appears (looks like windows explorer).

(2) Select "Backup" or "Restore" Tab

(3) Select the drive where you want or have the back-up data to be store(d).

(4) Select the file where you want the data stored or has the stored data

(5) BACKUP - Click on the "Backup" Icon , a window will appear stating that the data will be stored at that location. Click "Yes" to continue. The data will be stored and a message appears stating the backup is complete. Click on "OK".

(6) RESTORE - Click on the data file, then click on the "Restore" Icon a window will appear stating that the data will be restored. Click "Yes" to continue.

(7) Click on the door Icon to exit.

c. System Parameters (same as during Setup Wizard)

d. Pool Maintenance (same as during Setup Wizard)

e. Audit Manager – lists all transactions that have occurred since the last purge.

(1) Filter Field – displays only a portion of the file

(a) Transaction Time – select by dates

(b) Transaction Type – lists a specific transaction

(c) Username – lists all actions by a specific user

(2) Print the entire manager file every month; file it for 3 years

f. Edit Commander's Letter – optional item

g. Edit Individual Letter – optional item

h. Edit Calendar – only used in random day selector statistics

i. Maintain Comments – adds user specific comments to be used when a comment field comes open.

7. Windows toolbar at top

a. File

(1) Change User – allows users to change without exiting the program, but maintains the integrity of the audit log.

(2) Change Pool – Changes the pool to be used for a selection

(3) Printer Setup – setup default printer

(4) Exit – exit program

b. Personnel

(1) Import Roster

(2) Export Roster

(3) Modify Personnel Roster

c. Testing

(1) Random Testing – same as pushing the "Random Testing" button

(2) Other Testing – Same as "Other Testing" button

(3) Update Test Pending Pool – Takes you to the "Post Results" - Update Collected Window.

(4) Update Testing History – Takes you to the post results window to enter positive or negative results.

(5) Re-print Products – lists all previously created selections, allows user to select the form, by date, and then re-print label, DD Forms 2624, etc.

(6) DD 2624 Management – lists all previously created DD Form 2624s and allows you to reprint a specific.

d. Reports

(1) System Activity Report – report that lists which days the program was utilized for selections. Primarily used if user utilizes the random day selector.

(2) Analysis – allows user to select from a list of available reports

(3) Print Mailing Labels – Allows user to print mailing labels

e. Utilities – same as "System Utilities" Button, except it also includes a list of software updates; if you are connected to a server.

8. Feedback

Problems or suggestions for improvements should be forwarded to ACSAP.

Phone DSN 761-5560/5563, Com 703 681-5560/5563 or
E-mail: upl.acsap@usadaoa-emh1.army.mil.

C. 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 this responsibility to the UPL and/or the 1SG.

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 commanders 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. Ensure that the selection process is truly random.

e. DA (ACSAP) & DoD strongly encourage you to use the DTP software for random selection of personnel.

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 to wash after their collection is completed.

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 sample.

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:

(1) Providing Alcohol & Drug Training by an alternate UPL
(2) Cleaning weapons or masks

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 less personnel that are aware of the test the better your 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 the memorandum 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 basically 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, 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.

D. Collection 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.

1. The UPL will not start collecting specimens until he/she puts on disposable rubber gloves.

2. 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.

3. Soldier will remove excess outer garments (BDU Jacket, coats, etc).

4. The UPL initiates all required paperwork (if pre-prepared forms and labels are used, the UPL will verify all information with the ID card).

NOTE: Only BLACK ballpoint pen should be used in filling out the collection paperwork; roller ball, felt tip pens and pencils will not be used.

a. Writing on the collection paperwork:

(1) Avoid slashing zeros (Ø); use 0
(2) Avoid European sevens (7); use 7
(3) Avoid European ones (1); use I
(4) Avoid double circle eight's (8); 8
(5) Avoid closed fours (4); 4
(6) use **0, I, 2, 3**4**, 5, 6, 7,** 8 , 9

b. Proper method of making corrections on the DD Form 2624, the bottle label, or the Unit Ledger (see Appendix I for instructions on Making Corrections)

(1) Line through the error, initial, date, and enter correct entry near the incorrect entry. Example: ~~IR~~ IU

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

c. UPL prepares label (see Appendix H for instructions on completing a label).

d. UPL prepares a 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 F for instructions on completing a DD Form 2624)

e. UPL prepares the Unit Ledge (see Appendix G for instructions on completing a Unit Urinalysis Ledger).

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

6. The soldier will then initial the bottle label. His/her initials are verification that all data is correct.

7. 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.

8. The UPL will then affix the label to the bottle, in full view of both the soldier and the observer.

9. The UPL will then hand the labeled bottle to the soldier.

10. 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.

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

12. 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.

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

Donor Testing – Male & Female

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

15. The soldier will then move to the appropriate facility to collect the specimen.

Donor Testing – Male

16. 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.

17. The bottle cap must be in full view of the observer.

18. The soldier will then fill the bottle with at least 30mL of urine (approximately half the specimen bottle).

19. The observer must see urine leaving the body and entering the bottle.

20. The soldier will recap the bottle in full view of the observer.

Donor Testing - Female

21. The soldier will remove the cap from the collection cup, and provide the specimen.

22. The observer will keep the collection cup and the bottle in full view and directly observe urine leaving the body and entering the cup.

23. The soldier opens the specimen bottle, and pours the urine from the cup into the bottle.

24. The soldier will recap the bottle in full view of the observer.

25. The observer will watch this entire procedure.

26. The bottle must contain at least 30 mL of urine.

Donor Testing - Male & Female

27. If less than 30 mL of urine is collected then

a. The entire sample and the 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.

28. 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.

29. The observer and the soldier will return to the UPL table.

30. The soldier will walk in front with the bottle held above his/her shoulder.

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

32. 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.

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

- If adulteration is suspected, secure the specimen bottle and it's contents, escort the individual to the unit commander or his/her representative, and explain the circumstances. 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. Check with your local installation SJA and CID for further guidance.

34. 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.

35. 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.

36. The UPL will place the specimen in the collection box, removing the soldier's ID Card. **Note:** The specimen boxes will remain with the UPL at all times.

37. 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.

38. 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.

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

40. This completes the process for one (1) donor. The process continues until all specimens are collected.

Note: The UPL may use up to 3 observers at the same time.

Note: The UPL will NEVER have custody of their 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 fill a specimen bottle unless it has a label affixed to it which includes the base area code, collection date, soldier's SSN and the soldier's initials.

E. 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.

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 and reserve 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

(e) 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".

(f) The memorandum titled, "Certificate of Correction" will be appended to the original and all copies of the DD Form 2624.

(g) The memorandum titled "Certificate of Correction" will be 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 enter:

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

(b) Prints his/her name and signs their payroll signature in block 12b.

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

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

Note: Blank and example Certificate of Corrections are at Appendix J

Note: Only UPLs who do not have access to an IBTC for a quality control check will use Certificates of Correction. Also, these UPLs will not sign the specimens over to anyone; they will go from the UPL to the mail.

4. Packaging the Specimens

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:

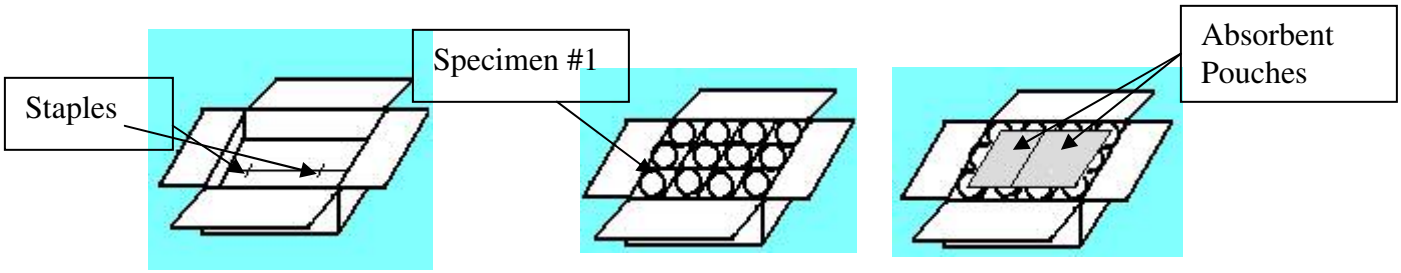
- Your unit may deploy and then you will have to ship your own specimens.

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

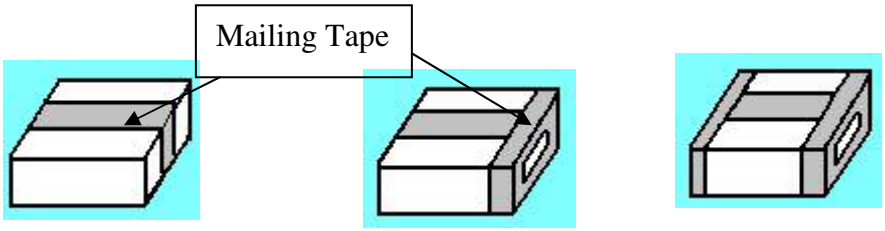
These steps may be completed by either the UPL or the IBTC as determined by local SOP.

a. Examine the staples inside the collection box, under bottle #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.



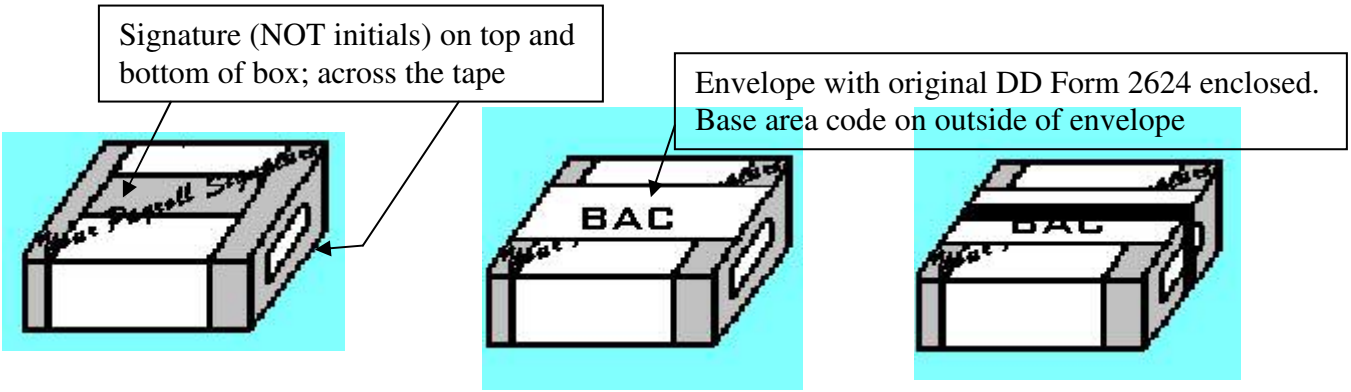
c. The specimen box will be sealed with adhesive tape (use a mailing type tape, not scotch tape) over all open sides, edges and flaps.



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.

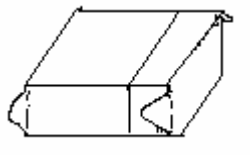
b. Sign each DD Form 2624 releasing it to one of the authorized modes of transportation, i.e. "Released to USPS". (USPS is the United States Postal Service)

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 can satisfy 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 copies of all documents must be copied before packaging begins.

F. 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 on 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. Which ever 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 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 1st 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 does 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. Ifthis happens then:

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

c. Annotate on Unit Ledger that you applied 2nd piece of tape and soldier observed this process; do a MFR 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 on the ledger or in an MFR that is attached to the ledger.

Appendix - A

URINALYSIS COLLECTION, PACKAGING AND SHIPPING SUPPLIES

UPL STATION SUPPLIES

Urine Specimen Bottles
NSN 6640-00-165-5778

Urine Female Collection Cup
NSN 6530-01-048-0855

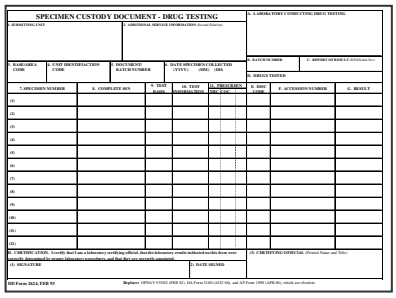
Tape, Tamper Resistant
NSN 6640-01-204-2654

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

Labels, Pressure Sensitive
NSN 7520-01-204-9751

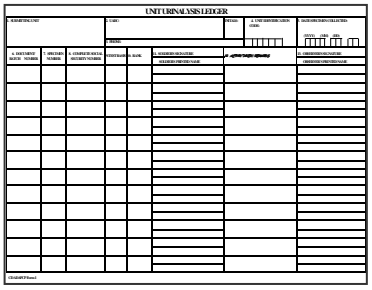
Gloves, Rubber
NSN 6515-00-339-7860

DD Forms 2624, Specimen Custody Document--Drug Testing



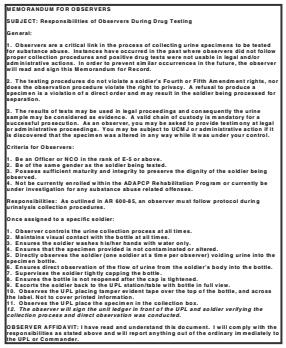
SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

Unit Urinalysis Ledgers



UNIT URINALYSIS LEDGER

MFR--Observer



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 sample 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.

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 tested.
4. Not be currently enrolled within the ADAPCP 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.

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.
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 collection cup.
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 placing 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.

UPL and Commander's Briefings
Ball Point Pens -BLACK
Alpha Roster
Paper Towels - In case of a spill or wet bottle
Disinfectant – In case of a spill and to disinfect when finished testing

Ruler – to line out an entire entry on the DD Form 2624, if necessary

URINALYSIS COLLECTION, PACKAGING AND SHIPPING SUPPLIES (cont)

Trash can with trash bags
Table and chair (your work station)
Copy of AR 600-85
Copy of installation, and unit SOPs
Copy of MACOM and/or installation policy letters
UPL appointment orders

HOLDING AREA SUPPLIES

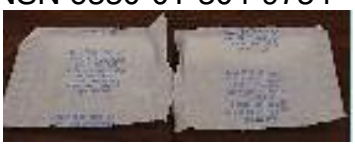
Styrofoam drinking cups
Table - For drinking supplies
Chairs
Garbage can(s) with trash bags
Water, coffee, juice, etc.

LATRINE SUPPLIES

Hand Soap and paper towels
Latrine Off limits sign (Available in Commander's Guide and UPL Handbook)

PACKAGING SUPPLIES (If Required)

Liquid Absorbent Pouches
NSN 6330-01-304-9754



Mailing Pouch—White
NSN 6530-01-304-9762

Envelopes, Plain White (#10 business) NSN 7530-00-286-6970
Adhesive tape for packaging
Black marker to sign payroll signature across top and bottom of box
Brown wrapping paper to wrap box if required by mail carrier.

Appendix - B

LATRINE
OFF
LIMITS

URINALYSIS HOLDING AREA

URINALYSIS TESTING AREA

OFF LIMITS

TO UNAUTHORIZED PERSONNEL

UPL TESTING STATION

HAVE YOUR ID CARD READY AND BE ABLE TO PROVIDE A SPECIMEN NOW!

Appendix - C

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 sample 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.

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.

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.
4. Ensures that the specimen provided is not contaminated or altered.

SUBJECT: Responsibilities of Observers During Drug Testing

5. Directly observes the soldier (one soldier at a time per observer) voiding urine into the specimen bottle.
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

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 sample collected will be tested for Marijuana (THC), Cocaine, Amphetamines (which includes methamphetamines, MDMA (ecstasy), MDA, and MDEA), 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, codeine, and heroin), LSD, PCP, and Barbiturates.

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 UNIT BRIEF

You have four major responsibilities during the collection procedure:

1. Verify your personal data.
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 another 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
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

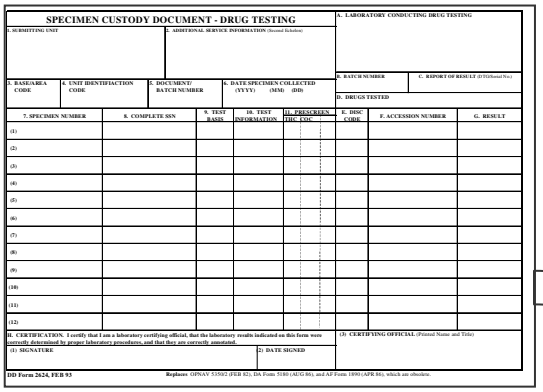
11. Block 11. Leave blank

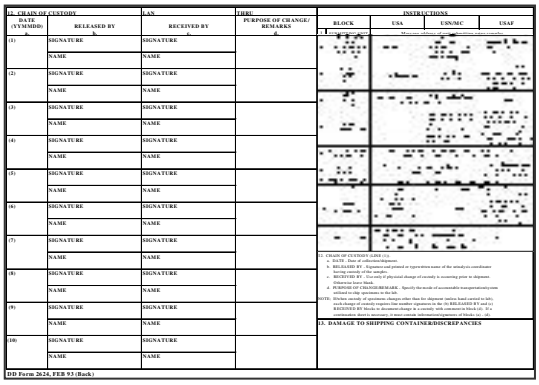
NOTE: Only the original (two-sided) DD Form 2624 will be sent to FTDTL. The FTDTL may reject all specimens for testing that are accompanied by a copy of the DD Form 2624.

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.

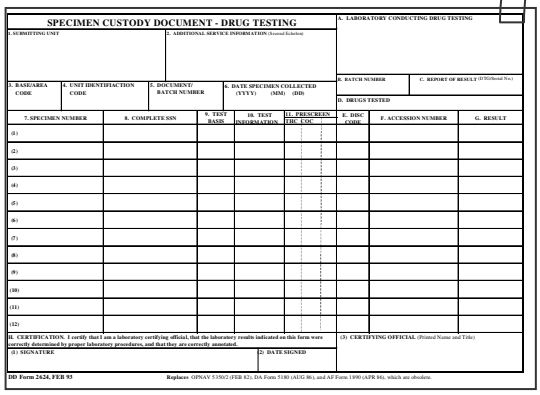
Print the document as shown below:

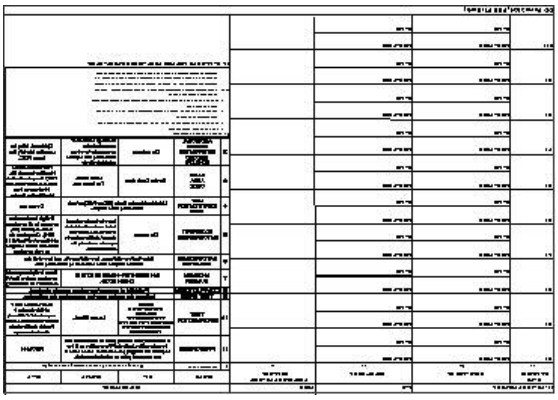
Holding the DD Form 2624 in front of you, flip the document over from right to left; the orientation of the back is shown is shown.





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)

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)

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 only: C-TDP Aviation; D-TDP Guard/Police; E-TDP PSP; F-TD; ADAPCP Staff: G-other TDP; H-other civilians	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

A. LABORATORY CONDUCTING 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

B. BATCH NUMBER

C. REPORT OF RESULT (DTG/Serial No.)

D. DRUGS TESTED

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	1R	A						
(2)	234-56-7890	1R	A						
(3)	345-67-8901	1R	B						
(4)	456-78-9012	1R	A						
(5)	567-89-0123	1R	A						
(6)	678-90-1234	1R	B						
(7)	789-01-2345	1R	B						
(8)	890-12-3456	1R	B						
(9)	901-23-4567	1R	B						
(10)	012-34-5678	1R	A						
(11)	987-65-4321	1R	B						
(12)	876-54-3210	1R	B						

I. 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)

AIN OF CUSTODY		LAN	THRU
TE MDD)	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.
15	SIGNATURE Alan R. UPL NAME Alan R. UPL	SIGNATURE Safe NAME Room 222, Bldg 4964	Specimens placed in Temporary Storage
16	SIGNATURE Safe NAME Room 222, Bldg 4964	SIGNATURE Alan R. UPL NAME Alan R. UPL	Specimens retrieved from Temporary Storage
16	SIGNATURE Alan R. UPL NAME Alan R. UPL	SIGNATURE Jennifer S. IBTC NAME Jennifer S. IBTC	Specimens received by IBTC
16	SIGNATURE Jennifer S. IBTC NAME Jennifer S. IBTC	SIGNATURE UPS NAME	Specimens mailed to FTDTL by UPS
	SIGNATURE NAME	SIGNATURE NAME	
	SIGNATURE NAME	SIGNATURE NAME	
	SIGNATURE NAME	SIGNATURE NAME	
	SIGNATURE NAME	SIGNATURE NAME	
	SIGNATURE NAME	SIGNATURE NAME	
	SIGNATURE NAME	SIGNATURE NAME	

rm 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-O10; Civilian code: C-TDP Accident; D-TDP Guard/Police; E-TDP PRP; F-TD; ADAPCP Staff: G-other TDP; Nuclear capabilities	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 - G

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 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. UADC:

3. PHONE:

INITIALS:

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

CD ADAPCP Form 1

Example of completed Unit Ledger

UNIT URINALYSIS LEDGER

1. SUBMITTING UNIT	2. UADC:	INITALS:	4. UNIT IDENTIFICATION CODE:	5. DATE SPECIMEN COLLECTED:
1157th Area Support Group 750 All American City Blvd Rosewood, CA 95678	ALAN R. SMITH 3. PHONE: (916)-876-5432	ARS	W2LAAA	(YYYY) (MM) (DD) 2002 01 10

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	IR	SFC	Michael C. Biggerstaff Michael C. Biggerstaff	none	John Pfalser John Pfalser
01	2	987-65-4321	IR	SPC	Al B. Special Al B. Special	none	John Pfalser John Pfalser
01	3	123-46-9857	IR	LTC	John Q. Officer John Q. Officer	none	John Pfalser John Pfalser
01	4	102-34-5678	IR	SPC	Dick F. Jones Dick F. Jones	Short Sample	John Pfalser John Pfalser
01	5	010-34-5678	IR	MSG	William C. Carr Willam C. Carr	none	John Pfalser John Pfalser
01	6	999-88-8777	IR	SGT	James O. Dunn James O. Dunn	none	John Pfalser John Pfalser
01	7	963-85-2741	IR	SPC	Malcolm F. Bigg Malcolm F. Bigg	No ID card	John Pfalser John Pfalser
01	8	159-26-3487	IR	PV2	George A. Andrew George A. Andrew	none	John Pfalser John Pfalser
01	9	142-75-3869	IR	1SG	Michael R. Sweeney Michael R. Sweeney	none	John Pfalser John Pfalser
01	10	153-62-4789	IR	MAJ	Gordon E. Matthews Gordon E. Matthews	none	John Pfalser John Pfalser
01	11	751-95-3862	IR	PFC	David E. House David E. House	Identification verified by 1SG	John Pfalser John Pfalser
01	12	753-95-1482	IR	CPL	Sean R. Francis Sean R. Francis	none	John Pfalser John Pfalser

CD ADAPCP Form 1

Appendix - H

Collection Paperwork
Bottle Label

Procedural Steps

The following five (5) items will be recorded on the specimen label.

1. Date (year, month, day). The same as on the DD Form 2624 and Unit Urinalysis Ledger, e.g., date collected, 1 November 1993, 1993 11 01. Ensure all dates match.

2. Complete SSN. Ensure all SSNs match.

3. Base/Area Code.

4. Soldier's initials - The use of an " X" indicating placement of initials will not be used. Soldiers will use a maximum of 3 initials on bottle label.

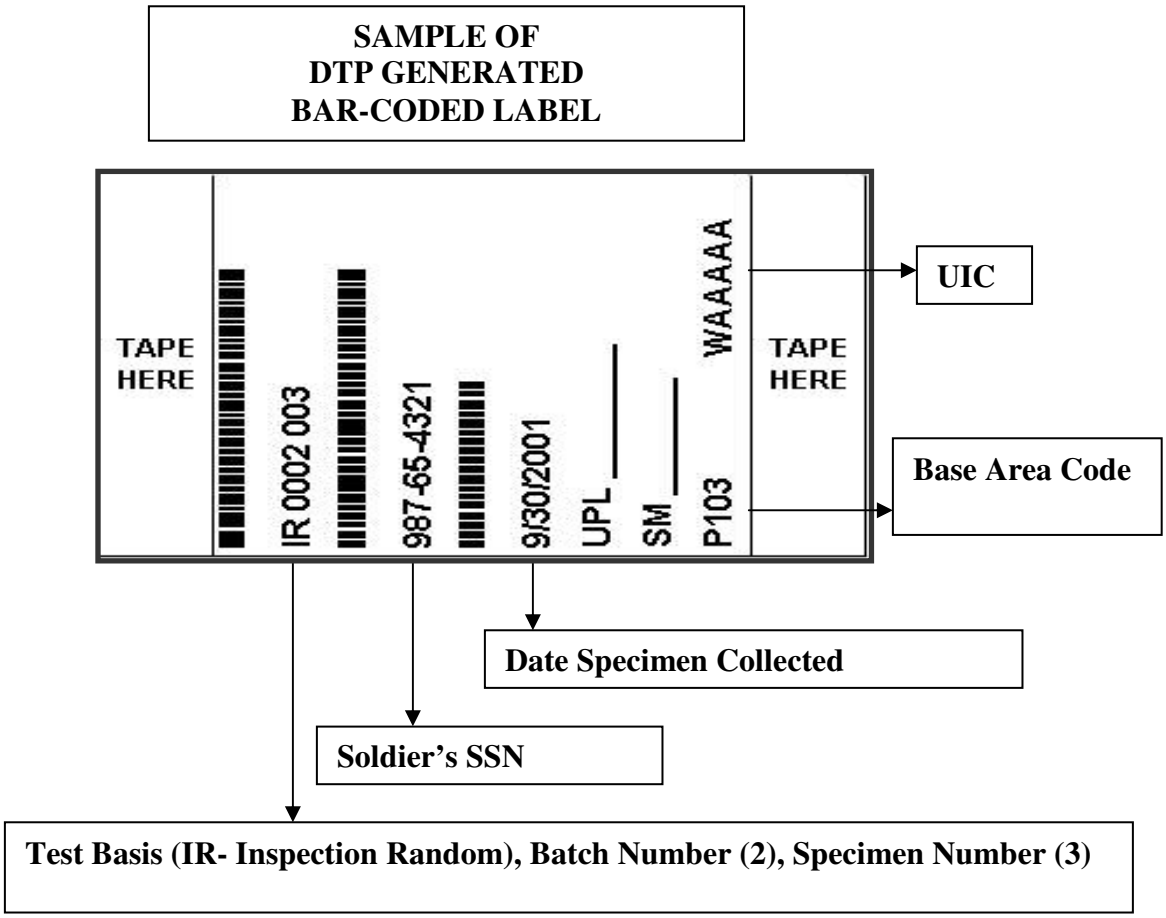
5. UPLs initials.

Example Labels

YYYYMMDD	**BAC**
_____	_____
UPL init	**Donor Init**
SSN	

20020109	MW03
MCB	BCP
UPL init	**Donor Init**
123-45-6789	

Computer generated label Orientation is, as it would appear on the bottle.



NOTE: The above example is based on the projected changes to the DTP. If you are using DTP and your printed label contains a place for the observer's initials, you are still ok. You the label, but DO NOT let the observer initial the label, leave the space Blank.

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 a empty space or another DD Form 2624. Incorrect barcodes or uncollected specimens should have a marker drawn through the entire bar code. (Figure 9-7)

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 figures 9-8 and 9-9 for example Certificate of Corrections.*

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

A. LABORATORY CONDUCTING 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

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	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

1. SUBMITTING UNIT
2. ADDITIONAL SERVICE INFORMATION (Second Echelon)
3. BASE/AREA CODE FC12
4. UNIT IDENTIFIACTION W2LAAA
5. DOCUMENT/ BATCH NUMBER 0 0 1
6. DATE SPECIMEN COLLECTED (YYYY) (MM) (DD) 2 0 0 2 0 2 0 2
A. LABORATORY CONDUCTING DRUG TESTING
B. BATCH NUMBER 01
C. REPORT OF RESULT (DTG/Serial No.)
D. DRUGS TESTED

7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFO	11. PRESCREEN	E. DISC CODE	F. ACCESSION NUMBER	G. RESULT
1	123-45-6789	IR	B				
2	234-56-7890	IR	B				
3	345-67-8910	IR	A				
4	456-78-9012	IR	B				
5	567-89-0123	IR	A				
6	~~660-00-1234~~	IR	B	Not tested MCB 2/2/98			
7	789-01-2345	IR	A				
8	~~678-90-1234~~	JR	JS				

Correcting a wrong SSN on a barcoded DD Form 2624

1) Blackened barcode with marker
2) Line through, initial and date initial entry (Ball point pen)
3) Manually enter the correct data on same or new DD Form 2624

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.

Appendix - J

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*

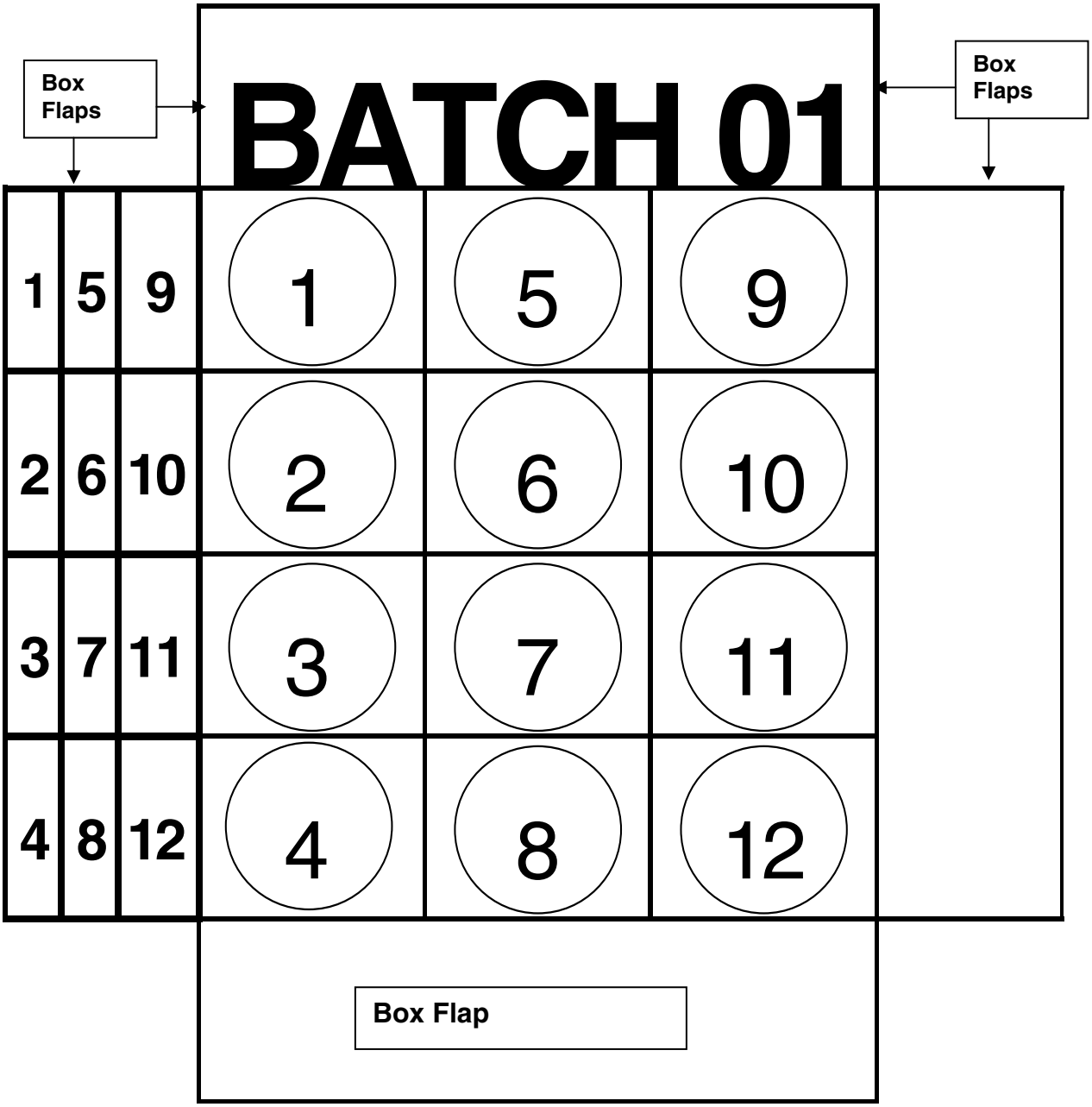
SIGNATURE: *Alan R. York*
Date: 8 Jan 99
TITLE: UPL, HQ BN

VERIFIED BY: *Edward B. Commander*
Date: 8 Jan 9
TITLE: Commander, HQ BN

Appendix - K

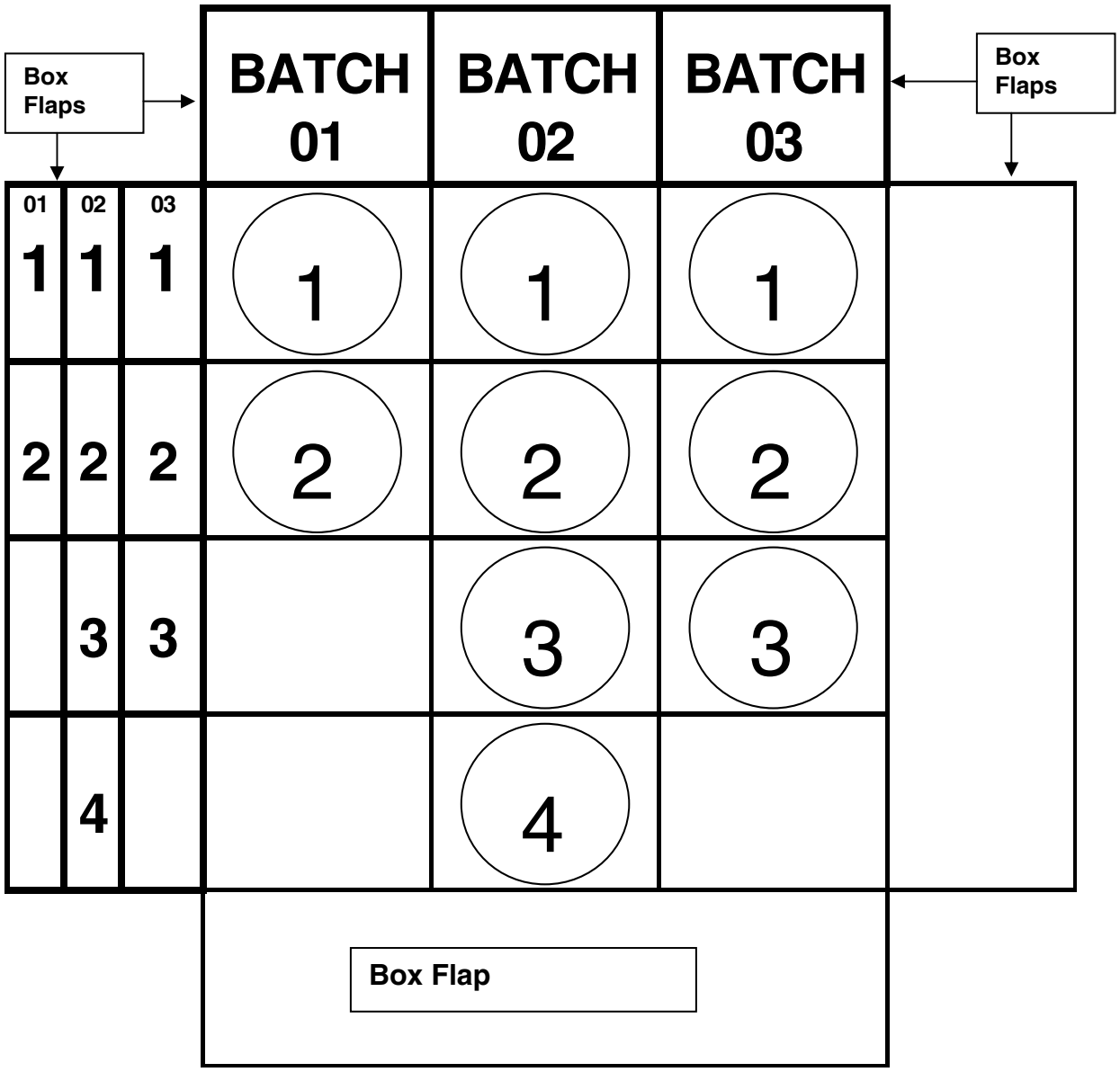
Numbering Method for Urine Boxes

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.



NUMERING METHOD FOR URINE BOXES FILLED WITH MULTIPLE

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

DD Form 2624

1. Are all blocks filled out correctly and completely to include Test Basis (Block 9) and Test Information (Block 10)?

2. Are there any errors or write overs?

3. Are all errors properly corrected and documented?

4. Does the SSN in Block 8, DD Form 2624 match the ones on the Unit Urinalysis Ledger and the bottle label?

5. Do the dates on the DD Form 2624, the Unit Urinalysis Ledger, and the bottle label match?

6. Does the document/batch and specimen number on the DD Form 2624 match the document/batch and specimen number on the Unit Urinalysis Ledger?

7. Are the UIC and BAC correct on the form?

8. Did you ensure that the form was filled out with black non-smear ink? (NO FELT PENS AND NO PENCILS)

9. Did you properly complete the chain of custody indicating all changes in custody (Block 12, DD Form 2624, backside) ?

UNIT URINALYSIS LEDGER

1. Does the Unit Urinalysis Ledger reflect the soldier's signature, printed name, rank, SSN, and remarks (if applicable)?

2. Is the Test Basis indicated on the Unit Urinalysis Ledger?

3. Do the SSN on the Unit Urinalysis Ledger, DD Form 2624, and bottle label match?

4. Do the dates on the Unit Urinalysis Ledger, DD Form 2624 and bottle label match?

5. Does ledger show printed name and signature of each observer?

6. Is the UPL's name and unit telephone number noted on the Unit Urinalysis Ledger?

7. Does the Document/Batch and Specimen Number on the Unit Urinalysis Ledger match the Document/Batch and Specimen Number on the DD Form 2624?

8. Is the Unit Urinalysis Ledger maintained in a secure area at the unit?

9. Are errors made on the Unit Urinalysis Ledger corrected in the same manner as the DD Form 2624?

10. Has the UPL ensured that the appropriate DD Form 2624 matches the specimens collected?

11. Has the UPL ensured that no copies of the Unit Urinalysis Ledger were sent to the Toxicology Laboratory?

Specimen Label and Bottle

1. Is the amount of urine adequate for testing (more than 30 mL or filled over half full)?

2. Are all entries on the label in the proper location?

3. Did the UPL ensure that the cap was securely tightened and that the bottle did not leak?

4. Was tamper evident tape placed over the cap of the bottle?

5. Was the tamper evident tape placed over the specimen bottle cap so that all information on the label was readable?

6. Is only black, non-smear ink used on the forms and bottle label (NO FELT PENS)?

7. Did the UPL ensure that only authorized urine specimen bottles were used for collection?

8. Did the UPL ensure that the date on the bottle label, DD Form 2624, and Unit Urinalysis Ledger matched?

9. Did the UPL ensure that the Base Area Code was on the label?

10. Did the UPL ensure that the soldier's and UPL's initials were on the bottle label?

11. Did the UPL ensure that the soldier's name did not appear on the bottle label?

12. Are all errors properly corrected, initialed, and dated?

Module 4: The Laboratory

A. Forensic Toxicology Drug Testing Laboratories

1. The Army has two Department of Defense certified laboratories:

a. Tripler Army Medical Center, HI for the Pacific region, National Guard and most installations west of the Mississippi river.

b. Fort Meade, MD for the European Theater, the Army Reserves, and installations east of the Mississippi river.

2. Testing Methodologies

a. Immunoassay on chemical analyzer - screening

b. GC/MS (Gas Chromatography / Mass Spectroscopy) - confirmation

3. Procedures: Accessioning

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

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 accessioning, 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.

4. Procedures: Screening

a. By immunoassay on an chemical analyzer

(1) Good drug specificity & low metabolite sensitivity
(2) Moderate tolerance to interference
(3) Moderate technician expertise
(4) Fast & Cheap
(5) Screens out the Negative Specimens (98%)

b. Negative specimens are destroyed and reported as negative.

c. Positive specimens have a new aliquot poured for next test.

5. Procedures: Re-screening

a. By Immunoassay, same as initial screen

b. Test only 1 drug.

c. New aliquot poured from original bottle for testing in accessioning.

d. Water blanks in between each aliquot.

e. Negative specimens are destroyed and reported as negative.

f. Positive specimens have a new aliquot poured for next test.

6. Procedures: Confirmation

a. Extractions

(1) New aliquot poured from original bottle.
(2) Extract drug from urine.
(3) Separates the drug or the drug metabolite from the rest of the urine.
(4) Chemically changes the drug or metabolite for better identification in the last test.

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)

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

   a. Reviews all Specimen Result data

   b. Screening data

   c. Confirmation data

   d. Chain of Custody

   e. DD Form 2624

   f. Testify as expert witness

8. Procedures: Results Reporting

   a. Accumulate and organize all data and Chains of Custody.

   b. Prepare documentation for LCO review.

   c. Prepare and send messages.

   d. Prepare litigation packages – to be used in legal proceedings.

9. Positive Specimen Storage

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

   b. Memo from commander required requesting an extension.

10. Drugs Tested for in DoD Labs

   a. Tested on ALL specimens – THC, Cocaine, Amphetamines

   b. Rotational - Opiates, Barbiturates, LSD, PCP

   c. Other Tests Performed

      (1) MDMA (Ecstasy), MDEA, MDA on all positive Amphetamines
      (2) Morphine, Codeine, and 6MAM (Heroin) on all positive Opiates
      (3) Phenobarbital, secobarbital, and butalbital on all positive barbiturates.

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, or soldier (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

B. Detection Times

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: amount of drug taken – higher doses and increased frequency of use can increase detection times.

a. 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.

b. Body type of individual – Metabolism

C. Nanogram Levels

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 THC is 15.0 ng/mL, so if a specimen result is 14.9 ng/mL then it is reported as a negative sample.

3. The nanogram (ng/mL) levels are reported to the IBTC (or who ever 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. Two soldiers get stopped by the police and are given Breathalyzer tests. One soldier is at 1.0% and the other at 1.8%, they both get DUI's and pay the same fine. It's the same with nanogram levels. 15 ng/mL and 150 ng/mL THC levels are both positive and both soldiers should receive the same punishment.

5. The reason a 15 and 150 ng/mL should both be treated as a positives and not one soldier used more than another is:

a. We don't know how long ago each soldier used the drug.

b. We don't know each soldier's metabolism.

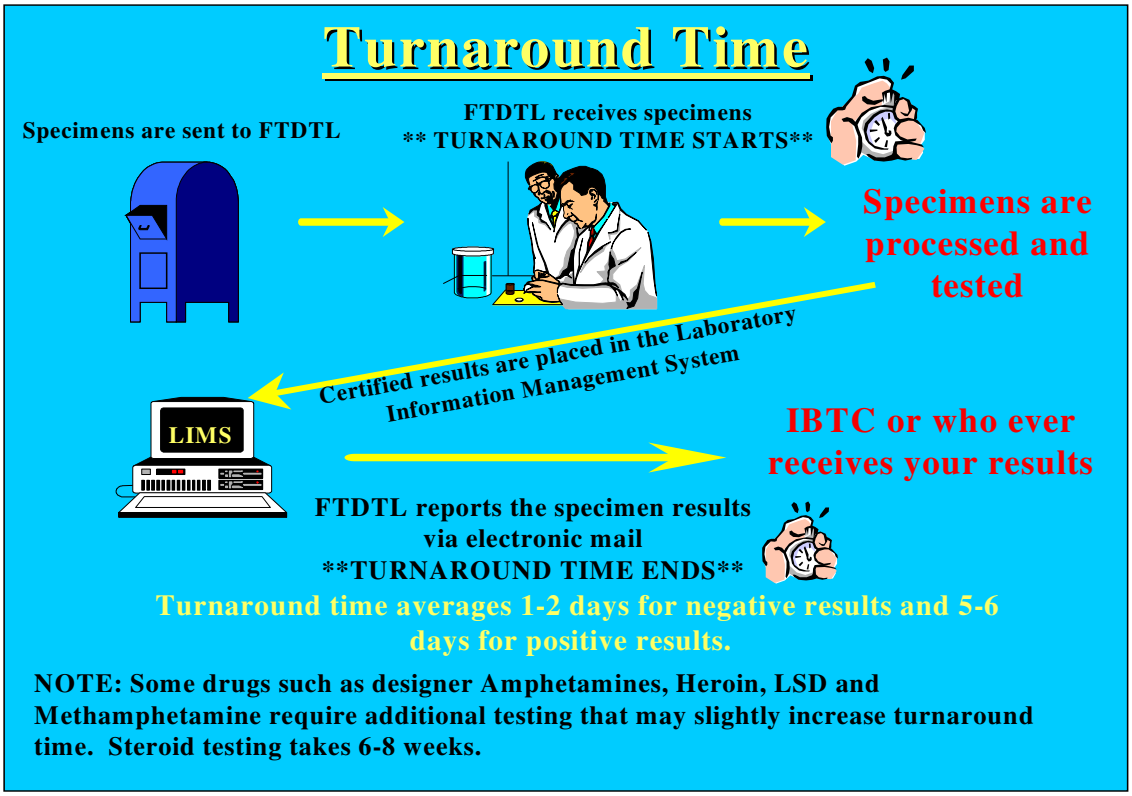
c. We don't know how much water each soldier drank prior to providing a specimen.

d. We DO KNOW that both soldiers used illegal drugs.

6. DoD Established Cutoffs

DRUG	Cutoff (ng/mL)
Morphine	4000
Codeine	2000
Amphetamines	500
Barbiturates	200
Benzoylecognine (cocaine)	100
Phencyclidine	25.0
D9 THC	15.0
LSD	0.2

D. Lab Turn around Time



E. Adulterants

1. Reasons for adulterant use:

a. To provide a substituted specimen that will test negative

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

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

2. Types of adulterants:

a. 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.

b. 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.

3. Common Adulterants

a. Taken internally. These are examples that will make you drink lots of water and flush your system: Golden Seal, Urine Aid, vinegar, diuretics (makes you urinate).

b. 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 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.

F. Special Testing

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

a. Ensure you test this/these specimens for one of the rotational drugs (PCP, LSD, Opiates, Barbiturates).

b. Test this specimen for anabolic steroids

c. Test this specimen for some other drug (Rohypnol, Ketamine, etc.)

2. 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.

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

3. Steroid Testing

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

b. A memorandum from the commander requesting a steroid test is required.

c. The memorandum cannot state the soldiers name only his/her SSN.

d. Attach the memo to the DD Form 2624.

e. Maintain File Copy

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

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

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

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

4. 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).

a. 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 sample.

b. A memorandum from the commander stating why he/she needs this test will accompany the specimen.

c. Maintain file copy of memo.

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

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

Example of a special test request memorandum

SPECIAL TEST REQUEST

MEMORANNDUM FOR: The FTDTL or Special Laboratory Date:_____
Street Address
City, State, Zip Code

SUBJECT: SPECIFIC TEST REQUEST FOR A FOURTH/FIFTH DRUG TESTED

1. Please test the following specimens for:

( ) LSD ( ) PCP ( ) Opiates ( ) Barbiturates

Document Batch Number _____

Specimen(s) _____

OR

1. SPECIAL TEST REQUEST:

Please test the following for : _____

Document Batch Number _____

Specimen(s) _____

2. The commander of this/these soldiers has discussed probable cause and/or drug trends with SJA and the ADCO.

3. POC is CPT Smith at (111)-111-1111 or DSN: 999-1111

John J. Smith
CPT, AR
Commanding

Track 3: BIOCHEMICAL TESTING 2

Module 1: Receipt Of Results

A. Negative Specimens

1. The IBTC, State Program Manager, MACOM ADCO, or Reserve Command will receive E-mail results from the FTDTL. Results are received as batches; results are not released by the laboratory on any specimen until the entire batch has had its testing completed and certified.

2. 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.

NOTE: Check with your IBTC, ADCO, or command for the specific negative reporting policy used.

3. 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.

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

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

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

B. Non-Testable Specimens

1. The laboratory inspects each specimen to see if it meets the requirements to be tested. If during their inspection they find a discrepancy in the paperwork or the specimen, it will be annotated. There are two types of discrepancies:

a. Non-Fatal (specimen tested)

b. Fatal (specimen will not be test and is destroyed)

The IBTC, State Program Manager, MACOM ADCO, or Reserve command should notify your unit of both fatal and non-fatal discrepancies.

2. Non-Fatal Discrepancies

a. 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.

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

3. Fatal Discrepancies:

a. A specimen receives a fatal discrepancy when the laboratory feels that either the urine specimen or the paperwork makes the specimen result indefensible in a court of law.

b. When you are notified of a fatal discrepancy inform your commander of the specimens that were not tested and why. The commanders WRITTEN policy should dictate the procedure to follow on un-tested specimens. The commander may require all of those soldiers to re-test.

c. Annotate on a copy of the Unit Ledger that the specimen was not tested.

C. The IBTC Dumped the Specimen

Prior to the specimens being shipped to the FTDTL the IBTC, State Program Manager, or other appointed individual may 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 will 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 specimens 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.

D. Positive Specimens

1. The IBTC, State Program Manager, MACOM ADCO, or Reserve command will receive the positive E-mail results from the FTDTL.

2. The IBTC, State Program Manager, MACOM ADCO, or Reserve command may notify the commander of the positive result and nanogram level once the e-mail is received; but most installations/commands wait until the hard copy DD Form 2624 is received from the lab.

3. The IBTC, State Program Manager, MACOM ADCO, or Reserve command will receive a certified DD Form 2624 from the laboratory via FedEx.

4. 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.

5. 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.

6. Certain drugs that are tested for can result in a positive because of prescription medication. The 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.

7. MRO's Responsibilities: The MRO will:

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

b. Complete and forward a copy of the SF 513 to the commander, and the ASAP.
Maintain a copy of the SF 513 for his/her files.

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
Barbitruates	
- Phenobarbital, Butalbital, & Secobarbital	YES

8. Commander's Responsibilities:

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

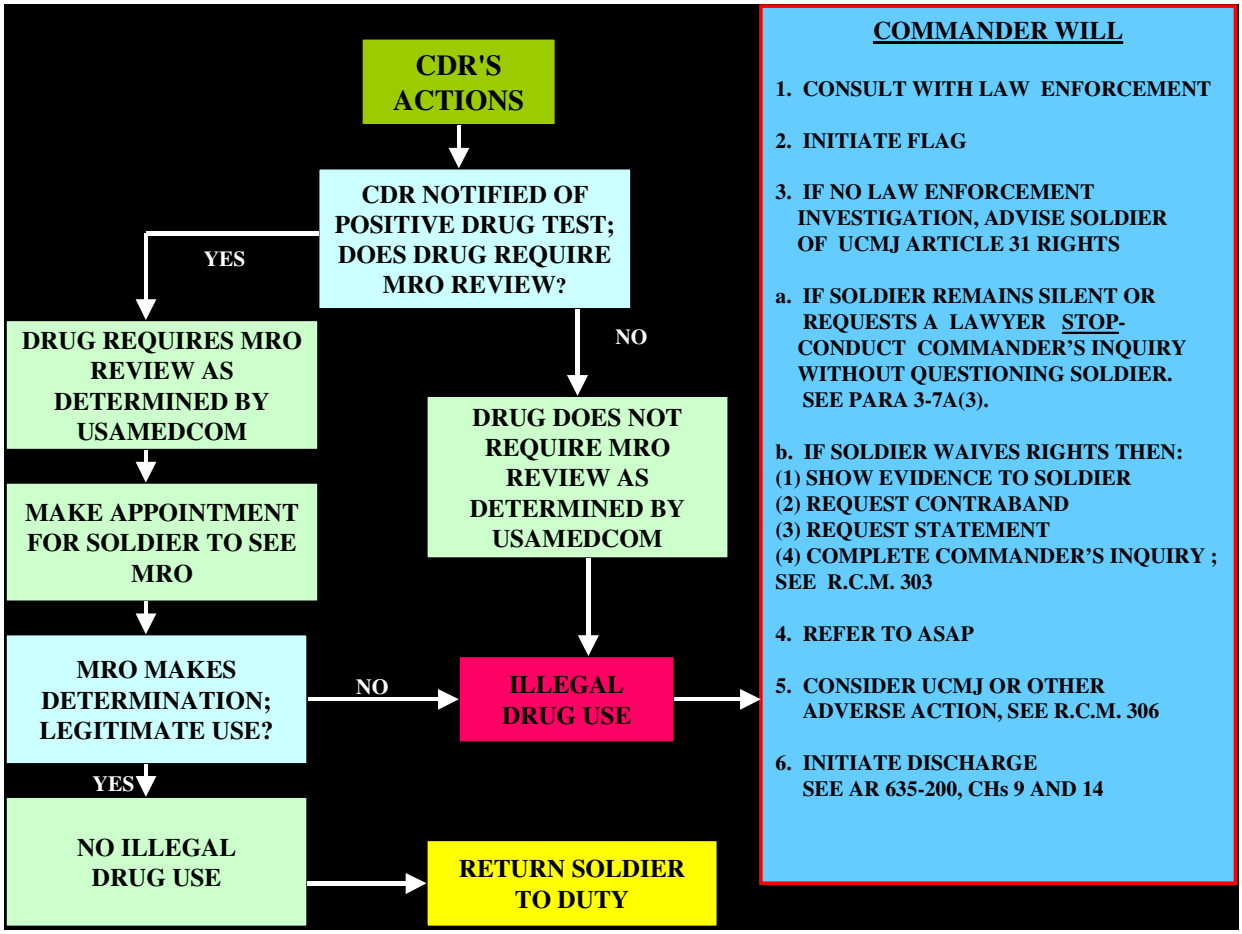
b. The commander cannot take any negative action against the soldier prior to the MRO's determination.

c. The commander may, however, temporarily limit a soldier's 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.

d. 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.

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

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



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

10. 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.

Module 2:Administration

A. Maintaining Files

1. Modern Army Record Keeping System (MARKS) AR 25-400-2: The Army's system for maintaining records

2. Within the MARKS 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 MARKS.

a. It identifies the records for filing and retrieval.

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

c. For most files the complete MARKS file number also includes an alphabetical suffix (a, b, c, d, etc). Example file numbers: 600-85a, 350-1b, etc.

4. Filing Procedures:

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

b. Use folders to consolidate, retrieve, and protect the records.

NOTE: A file guide is nothing more than a dummy folder, a blank folder with MARKS information but no records. The use of file guides is required.

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 (**600-85e** on example)
(2) File title (**Alcohol and Drug Abuse Urinalysis Testing Files – DD Form 2624 (Negative) Active** on example)
(3) Year of accumulation (The Calendar or Fiscal Year). (**(01)** on example)
(4) Privacy Act system notice number (if applicable). (**PA SYS A0600-85 DAPE** on example)
(5) The disposition instructions. (**COFF 31 DEC 01, DEST JAN 03** on example)

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.

EXAMPLE LABEL

600-85e Alcohol and Drug Abuse Urinalysis (01)

Testing Files - DD Form 2624

(Negative) Active

PA SYS A0600-85 DAPE

COFF 31 DEC 01, DEST JAN 03

Example of files

600-85e Unit Ledger (01)
March

600-85e Unit Ledger (01)
February

600-85e Unit Ledger (01)
January

600-85e Alcohol and Drug Abuse Urinalysis (01)
Testing Files – Unit Ledger
ACTIVE

DISPOSITION: COFF 31 DEC 01, DEST 1 JAN 03

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.

7. Files Commonly Used by UPLs

a. **File Number**: 600-85a
Title: Alcohol and Drug Abuse Management Files
Authority: NC1-AU-79-6
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:
Office having Army-wide responsibility: Permanent.
Other offices and TOE units: Destroy after 2 years.

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

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

c. **File Number**: 600-85b
Title: Alcohol and Drug Abuse Statistics
Authority: NC1-AU-80-43
Privacy Act: Not applicable
Description: Information reflecting statistics related to the Alcohol and Drug Abuse Program. Included are compilations and related information.
Disposition:
Office having Army-wide responsibility and OTSG:
Consolidated reports: Permanent.
Feeder reports: Destroy after 5 years.
Other offices and TOE units: Destroy when no longer needed for current operations.

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

(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.

e. **File Number**: 600-85e
Title: Alcohol and Drug Abuse Sample Prescreening/Testing Report Files
Authority: N1-AU-97-19

Privacy Act: A0600-85DAPE
Description: Copies of DD Form 2624, Specimen Custody Document -- Drug Testing, and related documents pertaining to urinalysis sample prescreening/testing.
Disposition:
Negative results: Destroy after 1 year.
Positive results: Destroy after 3 years.

f. UPL will file the following under AR 600-85e:

(1) Copies of DD Form 2624 (If required)
(2) Unit Ledgers
(3) Results of urine specimen testing
(4) Results of alcohol testing

B. Unit Substance Abuse Program Standing Operating Procedure

1. 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.

2. Your unit SOP should include (unless mandated in the installation SOP):

a. Random Selection process normally used and an alternate; such as, DTP as the primary method and a ten sided die as the alternate method in case of a computer problem.

b. Procedures for testing of personnel when not available for testing because of leave, TDY, etc.

(1) Do you test them within 3 days of return?
(2) Do you test them at the next unit test?
(3) Do you just not test them at all?

c. 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.

d. Collection Procedure – this should be in your installation SOP

e. All Required Briefings – Commander's, Observer's, and UPL

f. Unusual circumstances and how to handle them

g. Bottle Destruction – proper method

h. Disinfecting Procedure

i. Unit Prevention Plan – discussed in Track 4

3. 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.

4. The USAP SOP, installation SOP, MACOM SOP, policy letters and AR 600-85 should be present during every collection you perform.

5. Course Required Homework

a. To fulfill the USAP SOP requirement, you must present a copy of your USAP SOP (signed by your commander) to the ASAP.

b. You will be reminded of this requirement again in Track 4, when the Unit Prevention Plan is discussed.

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. To download a copy of the SOP and the instruction sheet go to the ACSAP website at www.acsap.org.

C. Appointment Orders

1. 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 four copies of the appointment orders:

a. The original for the companies appointment order file/book

b. 1-copy for each (Primary/Alternate UPL)

c. 1-copy for the ASAP files

d. 1-copy for your Unit Substance Abuse Program SOP.

2. Course Required Homework

a. To fulfill the appointment order requirement, you must provide a copy of your appointment orders (signed by your commander) to the ASAP.

b. To assist you in meeting DA and Course requirements, ACSAP has developed a modifiable appointment order. The next page shows an example of an appointment order. 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. Or you can go to www.acsap.org download the modifiable order and make the changes.

Appointment Orders (Example)

PEDA ***12 January 2002***

MEMORANDUM FOR RECORD

SUBJECT: Appointment of Unit Prevention Leader

1. Effective ***12 Jan 02, SSG John Doe, 123-45-6789***, is assigned the duty as Primary Unit Prevention Leader (UPL). ***SGT Jane Doe, 234-56-7891***, is assigned as Alternate Unit Prevention Leader (UPL).

2. Authority: AR 600-85.

3. Purpose: The Unit Prevention Leader is 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.

4. Period: Until officially relieved or released from appointment.

5. Special Instructions: Primary and Alternate UPLs must be certified on an annual basis through the Army Center for Substance Abuse Programs approved Unit Prevention Leader Certification Training Program.

John D. Commander
CPT, MS
Commanding

DISTRIBUTION:
1 – File
1 – Individual
1 – ASAP
1 – Unit SAP SOP

D. Inspection Program

1. Each unit is required to be inspected at least annually. The unit inspection may be conducted as part of a Command Inspection Program (CIP) or may be conducted by the local ASAP. The inspection report will be maintained by the unit and the IBTC.

2. The unit inspection should include the following:

   a. Observed unit collection

   b. Temporary urine storage area

   c. Storage area for collection supplies

   d. Prevention education class requirements (4 hours per year)

   e. Required regulations, SOPs and files

   f. Any additional installation requirements such as bulletin boards.

3. The Army Center for Substance Abuse Programs (ACSAP) conducts installation biochemical inspections approximately every two years. The inspection of an installation includes at least one unit collection inspection.

4. The ACSAP unit collection inspection checklist is paragraph E. below. Installations are highly encouraged to utilize this checklist for their unit collection inspection program, or use it as guide to develop their own. UPLs should verify that they are properly conducting unit collections by utilizing the checklist.

E. ACSAP Collection Inspection Checklist

Installation_____ **Date** _____

Pre-Collection Procedures

	YES	NO	
1.	2	0	Did the Commander or designated representative determine personnel to be tested?
2.	2	0	Did the Commander or designated representative ensure personnel are available for testing?
3.	2	0	Did the Commander or designated representative brief the collection team of their duties/responsibilities prior to collection?
4.	2	0	Did the Commander or designated representative select an adequate location for testing?
5.	2	0	Did the Commander or designated representative give the required Commander's briefing to all personnel selected for testing?
6.			Did the UPL properly brief the observers?
	1	0	a. Orally to include demonstration
	1	0	b. In writing and have them sign the Observer's Memorandum
7.	2	0	Is there an adequate holding area supervised by an NCO/Officer (E-5 or above)?
8.	2	0	Did the UPL select an adequate latrine(s)?
9.	2	0	Did the UPL inspect the latrine and remove all required items (bleach, cleansing powder, etc.)?
10.	2	0	Did the UPL, place the latrine off limits prior to the collection?

Total Pre-Collection Procedures points_____

Military Collection Procedure

1.	2	0	Did the soldier provide his/her ID card to the UPL or other identification per local SOP?

ACSAP Collection Inspection Checklist

	YES	NO	
2.	2	0	Did the soldier remove excess outer garments (BDU jacket, coats etc.)
3.			Did the UPL label the urine specimen bottles with:
	1	0	a. Date YYYYMMDD
	1	0	b. Base Area Code
	1	0	c. Soldier's SSN from soldier's ID card or other identification per local SOP
4.			Did the UPL initiate and record the appropriate information on the DD Form 2624?
	1	0	a. Block 1 of DD Form 2624 Submitting Unit
	1	0	b. Block 2 of DD Form 2624 Additional Service Information
	1	0	c. Soldier's SSN (taken from ID card or other identification per local SOP)
	1	0	d. Test Basis
	1	0	e. Test Information
	1	0	f. Collection Date
	1	0	g. Batch Number
	1	0	h. Base Area Code
	1	0	i. Unit Identification Code
5.			Does the UPL maintain a urinalysis ledger documenting the following:
	1	0	a. Soldier's Name
	1	0	b. Soldier's Signature
	1	0	c. Soldier's SSN (taken from ID card or other identification per local SOP)
	1	0	d. Date
	1	0	e. Specimen and Batch Number
	1	0	f. Name and Signature of Observer who is assigned to the soldier in 4.a. & 4.b. above
	1	0	g. Soldier's Rank
	1	0	h. Test Basis

Military Collection Procedures sub-total (1) _____

6.	2	0	Did the UPL record any unusual circumstances (i.e. no ID card, identification verified by 1SG, short sample etc.) in the remarks section of the unit ledger?

ACSAP Collection Inspection Checklist

Questions 7 – 18 must be performed prior to the urine being collected

	YES	NO	
7.	2	0	Did the soldier verify the information on the bottle label, unit ledger and DD Form 2624 by initialing the bottle label?
8.	2	0	Did the UPL distribute the labeled bottle to the soldier in the presence of the observer?
9.	2	0	Did the observer walk behind the soldier to the latrine while the soldier carried the specimen bottle above his/her shoulder?
10.	2	0	Did the observer direct the soldier to wash his/her hands with water only prior to providing a specimen?
11.	2	0	Did the observer directly observe the soldier urinating in the specimen bottle and place the cap on the bottle?
	OR		When the optional wide mouth specimen collection container is used by the female soldier, did the observer directly observe the soldier urinating into the collection container and ensure that the urine was poured into the approved urine specimen bottle and tightly capped by the soldier providing the specimen?(Female Soldiers)
12.	2	0	Did the observer walk behind the soldier back to the UPL desk while the soldier carried the specimen bottle above his/her shoulder?
13.	2	0	Did the observer and the soldier maintain visual contact of the specimen bottle until it was sealed with tamper evident tape and initialed by the UPL?

Military Collection Procedures sub-total (2) _____

14.	2	0	Did the UPL seal the specimen bottle with tamper evident tape as one continuous piece that touched the bottle label on both sides in the presence of the soldier?
15.	2	0	Did the UPL initial the bottle label ensuring the specimen was acceptable and acknowledging receipt of the specimen in the presence of the soldier?
16.	2	0	Did the observer sign 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?

ACSAP Collection Inspection Checklist

	YES	NO	
17.	2	0	Did the soldier sign 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?
18.	2	0	Did UPL return ID card and release soldier from testing?
19.			Did the UPL perform a quality control check of the specimen bottles, unit ledgers and the DD Forms 2624?
	1	0	a. By verifying that the SSNs on the specimen bottle, DD Form 2624, and Unit Ledger match?
	1	0	b. Verifying that each specimen bottle contains two sets of initials?
	1	0	c. That the tamper evident tape is properly applied and intact?
20.	2	0	Did the UPL transport to the Installation Biochemical Collection Point as soon as possible?

Military Collection Procedures sub-total (3) _____

Additional Collection Requirements

1.			Were all required SOPs available at the site?
	1	0	a. Current, SJA approved Collection SOP. Approved date _____
	1	0	b. Current Unit SOP or policy letter signed by the current commander
	1	0	c. Installation/Corps/MACOM policy letters/regulations
2.	2	0	Did the SOPs contain step by step specific instructions on how to conduct a collection?
3.	2	0	Did the SOPs state how the random selection was performed?
4.	2	0	Did the SOPs provide guidance for collection of specimens from personnel not available for testing?
5.			Did the SOP(s) cover hard to handle incidents such as:
	1	0	a. Individuals who cannot urinate.
	1	0	b. Tampering with or adulteration of specimens.

ACSAP Collection Inspection Checklist

	YES	NO	
	1	0	c. Bottles that do not contain the minimum amount of specimen.
	1	0	d. Specimen spills and proper disposal of waste.
	1	0	e. How to correct errors on the label, DD Form 2624, and unit ledger
	1	0	f. What to do about soldiers that do not have their ID card with them
6.	2	0	Did the observer(s) ensure that at no time he/she took custody of specimen?
7.	2	0	Did the UPL wear disposable rubber gloves on both hands at all times?
8.	2	0	Did the UPL ensure that NO eating, drinking, smoking, applying cosmetics, or chewing tobacco occurred in the collection area?
9.	2	0	Was the unit incorporating "Smart Testing"?
10.	2	0	Did the UPL/observer clean up the area with a disinfectant after the collection?

Additional Collection Requirements sub-total(2) _____

**** The Following tasks are considered critical and failure to comply will result in a collection procedure score of ZERO which results in a RED rating:

1. Giving the soldier an unlabeled bottle to take to the latrine.

2. Performing collections without observers.

3. Allowing an observer to touch and/or initial the bottle label. (Using Old AR 600-85)

Pre-Collection Procedures Total _____
Collection Procedure Total _____
Additional Requirements Total _____

TOTAL _____

Rating
90 - 100 Green
75 - 89 Amber
Less than 75 Red

Module 3: Legal Issues

A. Limited Use Policy

1. 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.

2. The commander should ALWAYS consult with SJA concerning whether or not the Limited Use Policy applies.

3. Objectives of the "Limited Use Policy":

a. To facilitate the identification of alcohol and other drug abusers by encouraging identification through self-referral.

b. To facilitate the treatment and rehabilitation of those abusers who demonstrate the potential for rehabilitation and retention.

4. What does the Limited Use Policy do?

a. 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 courts-martial, UCMJ or for an unfavorable characterization of service.

b. If a commander identifies a soldier as a drug abuser through self-referral then the commander is not required to initiate separation action.

c. 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.

5. What is Protected Evidence?

a. Results of a command directed/competence for duty (CO) urine or alcohol test or a rehabilitation test (RO) as part of ASAP treatment plan.

b. 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.

c. 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).

d. Biochemical test results of a soldier who self-refers and who is tested prior to the drug being eliminated from his body.

(1) Example: A soldier self refers on Monday after using cocaine on Sunday; the commander ordered a 100% test on Tuesday. The test result on the soldier was positive because cocaine can last 3 days in the body.

(2) 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.

6. Limited Use Policy <u>does not</u> apply to the following evidence:

a. A positive test that results from law enforcement activities.

b. A positive urine rehabilitation test on a soldier who is enrolled for alcohol abuse.

c. Illegal drug use or possession after enrollment into the ASAP.

d. Information concerning drug or alcohol abuse or possession of drugs for personal use occurring <u>AFTER</u> a soldier's self-referral.

e. 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 only lasts 3 days in the body, therefore the soldier must have used cocaine again after he self-enrolled.

7. 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.

8. 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.

B. 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

1. Probable Cause (PO). What is "Probable Cause"?

a. 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).

b. 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 after use (retention time).

(1) Example: A commander receives an unknown note that SPC Snuffy was smoking marijuana at a party on Saturday – This is not probable cause because the note cannot be verified as a reliable source.

(2) Example: A commander is told by two SFC's that they saw SPC Snuffy taking Ecstasy at a concert 3 weeks ago – this is not probable cause because although the information is reliable the drug is only found in the urine for about 72 hours after use.

(3) Example: A SFC states that he saw SPC Snuffy smoking marijuana at a concert 2 nights ago – This is probable cause.

c. 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: Until recently commanders have been trained to call both a fitness for duty and a probable cause test a command direct. If the commander says "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.

2. Fitness or Competence for Duty or Command direct (CO)

a. 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.

b. The commander questions the soldier's competence for duty based on aberrant, bizarre, or uncharacteristic behavior, breaches of discipline, or other similar behavior.

c. Based on less than probable cause

d. Positive test results are covered by the Limited Use Policy.

3. 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:

a. May be 100% of unit – Inspection Unit (IU)

b. Parts of the unit based on random selection (Use of computer for random selection is legally defensible). – Inspection Random (IR)

c. 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)

4. Consent or Voluntary (VO)

a. 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.

b. 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.

c. 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.

5. Rehabilitation Test

a. A rehabilitation test is ordered as part of a soldier's enrollment and treatment in the ASAP.

b. The frequency and quantity of rehabilitation tests are determined by the commander and the soldier's counselor.

c. Results are covered by the Limited Use Policy.

6. Catheterization

a. Forced extraction purely for drug tests is prohibited. Neither the commander nor a physician can catheterize a soldier to obtain a urine sample for a drug test.

b. However, when it is determined by a physician that a urine specimen is required for a medical procedure, then catheterized urine may also be collected for a required drug test.

C. Other Legal Issues

1. Documentation (must be complete)

a. Ensure the DD Form 2624 and Unit Ledger are completely and accurately filled out.

b. Ensure that the chain of custody accurately reflects all changes in custody, such as temporary storage.

c. 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.

2. Being a Witness

a. What to expect: You will answer questions regarding your interaction with the donor, the specimen and the documentation.

b. 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 every soldier, 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.

3. Dereliction of Duty

a. ALL personnel in the collection process can be held legally accountable for their performance of duty, including: Observers and UPLs

b. Failure to perform your required duties or the failure of the observer to do so, can result in a charge for dereliction of duty.

4. Possible UCMJ Action For Improperly Conducted Urinalysis

a. DONOR:

ARTICLE 9: Willfully disobeying a lawful order of his/her superior commander by not providing a urine sample as directed.

ARTICLE 107: Making a false official statement by signing the Unit Urinalysis Ledger, acknowledging the submission of a sample as only urine.

b. OBSERVER:

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 by signing the Unit Urinalysis Ledger and the DD Form 2624, acknowledging the urination process was directly observed and no tampering occurred.

c. UPL:

ARTICLE 92: Being derelict in the performance of one's duties in allowing a non-urine or adulterated sample to be submitted for testing.

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.

Module 4: Alcohol Testing

A. General Information on Alcohol

1. Definition of 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. Most alcohol is highly toxic and will cause blindness or death in high quantities.

   d. Only one type of alcohol can be tolerated by the human body.

2. Some Types of "Alcohol"

   a. Methyl - Known as "Methanol" or "Wood Alcohol"

   b. Ethyl - Known as "Ethanol" or "Beverage Alcohol"

   c. Isopropyl - Known as "Isopropanol" or "Rubbing Alcohol"

3. Ethyl Alcohol (intended for human consumption)

   a. Active ingredient in Beer, Wine, Whiskey and other alcoholic beverages.

   b. "ETOH" abbreviation for Ethanol.

B. Consumption & Metabolism of Alcohol

1. Standard-Sized Drinks

   a. Beer 12oz mug

   b. Wine 5oz glass.

   c. Whiskey: 1.5 oz Shot

2. Ingestion of Alcohol

   a. Injected into vein via hypodermic needle.

   b. Inhaled into the lungs, some molecules will pass into the blood.

c. Drinking – Primary method of consumption.

3. Absorption of Alcohol - Getting the ethanol out of the stomach and into the blood

a. The amount consumed in a given time.

b. The drinker's size, sex, body build and metabolism.

c. The amount of food in the stomach.

4. Alcohol is a CNS Depressant

a. Alcohol Is The Most Abused Drug In The United States

b. It doesn't impair until it reaches the brain.

c. It can't get to the brain until it first gets into the blood.

d. It can't get to the blood until it first gets into the body.

5. 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 in the liver (metabolism).

Q: How can we speed up the process ? - We can't speed it up.

C. Legal Limits

1. Commanders may conduct alcohol testing for the same reasons as they do drug testing. Soldiers may be tested:

a. As part of inspection or random selection

b. Probable cause

c. Competence/Fitness for duty

2. Legal Limits for personnel on duty 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. The soldier MUST have known that he/she was schedule for duty at the time of the test.

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.

3. 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.

4. 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.

D. Evidentiary vs Non-Evidentiary

1. Definitions:

a. **Evidentiary** simply means that the test results can be used in a board or courts martial

b. **Non-evidentiary** means that the test results cannot be used in a board or courts martial

2. Evidentiary Requirements. For an alcohol test result to be considered evidentiary it must meet the following requirements:

a. The test must have chain of custody documentation.

b. The instrument used must be calibration.

c. The instrument operator must be certified, usually by the manufacturer, usually on an annual basis.

d. Quality control samples (samples with known alcohol concentrations) must be ran to validate the instrument is working properly prior to any real specimen.

e. A printout of all test data must be printed to include calibration, quality control and soldier's specimen data.

f. If **any** of the evidentiary requirements are not met then a test will be considered non-evidentiary.

3. Getting an Evidentiary Test

a. 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).

b. Most installations have two possible evidentiary tests available; check with your local SOP and ASAP for procedures:

(1) An evidentiary breath test conducted by the Military Police.

(2) An evidentiary blood test conducted at the Medical Treatment Facility.

National Guard, Army Reserve, and activities not located near installations (i.e. recruiters) should consult with the MACOM for guidance on memorandums of agreement with local law enforcements or other possible agencies.

E. Types of Alcohol Tests

1. Specimens for Alcohol Testing. There are 5 basic specimens that can be used to test for alcohol:

a. Saliva:

(1) Non-evidentiary

(2) Some of your installations may have and use these disposal test kits to screen soldiers.

(3) 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.

b. 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).

(1) These tests <u>may or may not</u> be evidentiary.

(2) Blow tube: this is a non-evidentiary device that you may have on your installation.

- 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.

(3) Breathalyzer: This is an instrument that measures alcohol concentration.

- The soldier blows through a tube attached to the instrument and then a LED readout displays the concentration.

(4) These AMBD may be portable or non-portable (hand held to table top in size), Evidentiary or non-evidentiary. Some meet the evidentiary requirements.

c. Blood Alcohol Test (BAT):

(1) Legal - evidentiary requirements met.

(2) Medical - evidentiary requirements not met because a calibration is not conducted when the sample is processed.

d. Urine – Medical uses only; no direct correlation to a breath or blood alcohol concentration.

e. Spinal Fluid- Usually only performed on corpses during an autopsy.

Track 4: PREVENTION

Module 1: Introduction

A. 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).

B. 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. 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.

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. Soldiers E-4 and below often need additional support in that, statistically, they are the soldiers who are most identified as having substance abuse difficulties.

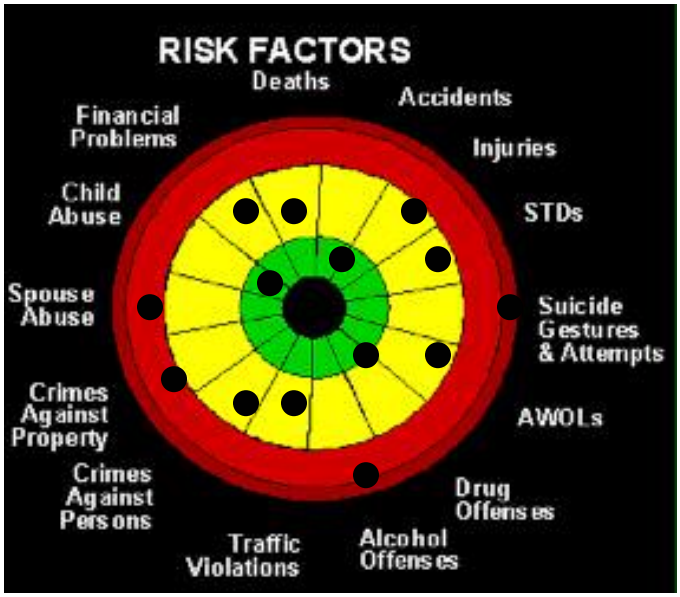
b. Soldiers deploying to certain geographical areas of the world could be at higher risk for certain drugs.

3. Indicated Prevention: Interventions that prevent substance abuse in individuals who show the most signs of substance abuse. Warning signs include workplace difficulties, depression, and family problems. Strategies include referral to an ASAP forty-hour training course or referral to the clinical ASAP for mental health assessment/counseling.

C. 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. The RRP is designed to gather data about fourteen high risk behaviors such as drug and/or alcohol offenses, deaths, spouse and child abuse incidents, that effect unit readiness. This data is then compared to installation and Army averages and then graphically displayed as a target. Ideally commanders want to have all of their data within the bull's-eye. The farther out the black dot is the higher the incidents of occurrence are.



3. Commanders can quickly identify problem areas and react with additional awareness training. If your commander is off target on drug and alcohol offenses, you will probably be setting up some additional unit training.

4. Commanders may also have the 53-item Unit Risk Inventory (URI) administered to the unit on an annual basis. The URI asks soldiers about their behaviors and averages are calculated for the unit. The results of the URI will be used to adjust training and prevention efforts within the unit to reduce high-risk behaviors.

Module 2: Substance Abuse

A. Introduction to 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

B. 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.

C. How Soldiers are Referred to the ASAP

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. Commanders 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.

Module 3: Drug and Alcohol Prevention

A. 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. In 2001, the national campaign takes a comprehensive approach, focusing on the underage drinker between ages of 16 and 20, 21- to 34-year olds, and repeat offenders. Members of these populations are significantly over-represented in all categories of DWI crash statistics, including fatalities, and are the most resistant to changing drinking and driving behavior.

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. Social Marketing Posters

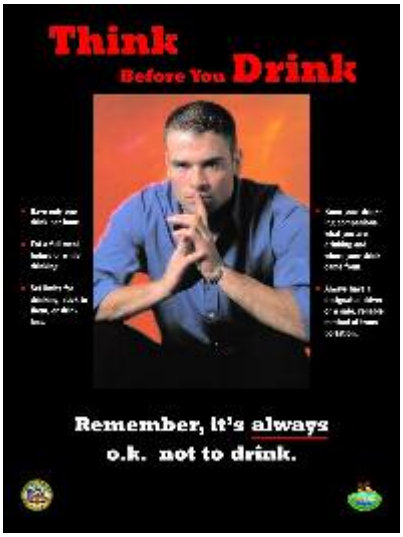
a. The Army Center for Substance Abuse Programs provides installations with social marketing posters each year to help increase awareness about specific alcohol and drug issues. These posters can also be downloaded and printed in full color on 8 1/2 x 11 inch paper from the www.acsap.org website.

b. These posters are attention getters and greatly enhance your unit drug and alcohol bulletin board. We will briefly describe the 2001 social marketing posters with a description of each. Future posters when available will be on the www.acsap.org website.

(1) A new social marketing poster has been designed to draw attention to the harmful effects of club drugs. The slogan for the campaign, "Club Drugs…They're Nothing to Rave About" is prominently highlighted on a mock rave invitation poster, along with factual information about the negative and harmful effects of using club drugs. Standard 2x3 ft posters were distributed to Army installations worldwide and 8.5x11 inch posters are available for download and distribution on the www.acsap.org site.

(2) A new social marketing poster has been designed to assist soldiers in making smart decisions when drinking alcohol. The poster incorporates two slogans: "Think Before You Drink" and "Remember, it's always o.k. not to drink.". The slogans act as a reminder that not everyone drinks alcohol, but if you decide to drink, do so responsibly. The poster also offers several suggestions that, when utilized, help make drinking alcohol a safer experience for everyone involved.

(3) A new social marketing poster has been designed to inform soldiers of several myths about beer. The poster, which is only available off the ACSAP website is 8 ½" x 11" and contains a picture of a beer stein. In addition to the graphic, common myths about beer consumption are located around the poster, with the slogan "Think Before You Drink" located at the bottom.



B. 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.

C. 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 referring soldiers 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 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. To download a copy of the SOP go to the ACSAP website at www.acsap.org.

Track 5: TRAINING

Module 1: Introduction

A. Introduction to Training

1. As the UPL you are required to ensure that the soldiers in your unit receive four (4) hours of drug and/or alcohol training annually. In addition, you will need to assist the commander in briefing new soldiers on the Unit Substance Abuse Program.

2. Where do you get Training Materials?

a. The ACSAP website has some PowerPoint presentations available to you for short classes.

b. There are 17 different presentations in this training program that could be used for a short training class.

c. Your Prevention Coordinator (PC) will gladly help you with additional presentations, videos, guest speakers, etc.

d. You can also take the information that you have been trained on to assist in creating your own classes on:

(1) How to be a good observer.
(2) How do I self refer?
(3) What does the lab test my urine for?
(4) What if I am taking prescription medication?

3. These are just a few examples. Soldiers, especially young soldiers have little to no knowledge on the ASAP and its functions. Your job is to educate them, so if one soldier needs help, then he or she will know what to do and where to go. So, you need to use the resources available to you and be as creative as you can in your training.

Module 2: Training your unit

A. Training your Unit

1. Components Of Training:

    a. Content: The information that is being presented and discussed.

    b. Process: The way the presentations and discussions are carried out.

2. Adult Learning Environments:

    a. Self-directed

    b. Independent approaches to learning new information

    c. Based on experience, culture, prior knowledge, biases, attitudes and social relationships

    d. Must integrate practical information

    e. Peers provide resources and sources of influence

3. Facilitator VS. Instructor

    a. A Facilitator:

        (1) Is a guide or leader who allows for a more "open" format for learning yet still ensures that the course moves along.
        (2) Allows students to learn through discovery by using problem-solving methods such as brainstorming, case studies or role-playing.
        (3) Allows for ample student participation and input.
        (4) Asks students to evaluate their own learning.

    b. An Instructor:

        (1) Controls the learning environment by sequencing the content and controlling student input.
        (2) Evaluates student learning by assigning grades.

4. Eight Presentation Steps:

    a. Analyze the audience.

        (1) How many people are expected to attend?
        (2) Is this likely to be a friendly audience?

(3) Is this going to be an interactive audience?
(4) Who is likely to be disruptive?
(5) Who is likely to be dominant?
(6) Who is likely to be quiet?

b. Consider the time provided for the presentation.

(1) The longer the presentation, the more freedom you will have to explore the topic.
(2) A shorter presentation needs to be very clear and to address the topic directly.
(3) Would an interactive activity help to reinforce learning?
(4) Is question time included?

c. Determine the objective(s) of the presentation.

(1) Clearly state the purpose and expectations at the onset of the presentation.
(2) Develop TLOs and ELOs for your presentation.
(3) Is the presentation, new information or building upon prior knowledge?
(4) Objectives should be student-centered to show what the student is required to learn, not what we want to teach!

d. Gather information on the topic.

(1) Gain clear guidance on WHAT you need to present and WHY.
(2) Use the three main sources available for researching your topic:

(a) Yourself (personal knowledge base)
(b) Experience of others (SMEs)
(c) Written material.

(3) Choose materials that are both useful and appropriate for the target audience.

e. Outline the presentation.

(1) REMEMBER: the purpose of the presentation is to provide information, which the audience will remember at a later date.
(2) Create a road map for yourself by outlining the main points of the presentation.
(3) Strive to organize your presentation to keep your audience interested and enhance their learning.

f. Generate any materials needed.

(1) Develop training materials that will best lead to the desired learning outcome.
(2) Stay away from distracting visuals, sounds and formats; they take away from information you trying to present.
(3) Select a teaching or instructional method that supports how people learn: by doing, by discussing, by listening, by observing and by participating.

g. Conduct a "dry run" and get critical feedback.

(1) Practice is the single most important factor contributing to a good presentation.
(2) Try rehearsing your presentation first in private and then before a few colleagues; ask for feedback, then act on that information!
(3) Practice all parts of the presentation equally in order to get an idea of how things will flow.

h. Presentation Day

(1) 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.
(2) Check yourself before you start: general appearance, voice, make bathroom run.
(3) Avoid standing behind the lectern or desk during the presentation; stand to one side of the projection screen or blackboard, and closer to the audience if possible.

5. Verbal and Non-Verbal Messages:

a. Verbal Messages:

(1) Be clear and concise with your speech; avoid using excess language in order to make a point.
(2) Avoid distracting expressions and jargon.
(3) Use pauses effectively.
(4) Vary the pitch and volume of your voice.

b. Non-Verbal Messages

(1) Position your body so that you face the audience.
(2) Use movement to your advantage.
(3) Use eye contact.
(4) Avoid distracting mannerisms.
(5) Be aware of personal appearance.

Module 3: Drugs and Alcohol

A. Drugs of Abuse

1. CNS DEPRESSANTS – Drugs that depress the overall functioning of the Central Nervous System (CNS) to induce sedation, muscle relaxation, and drowsiness ("Uppers, Downers, All Arounders, 3rd Edition", CNS Productions).

a. Alcohol

(1) Alcohol is the MOST ABUSED drug by soldiers.
(2) Alcohol is a Central Nervous System (CNS) depressant.
(3) Alcohol is considered to be a gateway drug to other drug use.
(4) A standard alcohol drink is considered to be:

(a) One 12-ounce bottle of beer/wine cooler
(b) One 5-ounce glass of wine
(c) 1.5 ounces of 80-proof distilled spirits.

(5) Alcohol is also known as:

- Juice - Sauce - Booze - Piss - Grog

(6) Effects of alcohol

- Slurred speech
- Blurred vision
- Nausea/vomiting
- High blood pressure
- Slow reactions
- Dizziness
- Impaired motor skills
- Unconsciousness
- Irregular pulse
- Staggering
- Enlarged heart
- loss of inhibitions

b. Barbiturates

(1) Barbiturates are most often consumed to get "high".
(2) Barbiturates can cause:

- Sleepiness
- Lack of Motivation
- Irregular Menstruation
- Nausea/Dizziness
- Loss of Sexual Drive
- Coma
- Impaired Senses
- Vertigo
- Death

(3) Barbiturates are prescribed to treat:

- Anxiety - Depression - Epilepsy
- Insomnia - Alcohol and Other Drug (AOD) Withdrawal

c. Ketamine

(1) Ketamine, or Ketamine hydrochloride, is a Central Nervous System (CNS) Depressant.

(2) Ketamine is also a dissociative anesthetic, or a drug that separates perception from sensation.

(3) Ketamine is used primarily as an anesthetic in veterinary medicine, but is also sometimes used with small children and the elderly.

(4) Ketamine can be found as a clear white liquid or as a white powder.

(5) Ketamine can be ingested several different ways:

- Injected - Snorted - Smoked – Orally in pill or liquid form

(6) Ketamine is also called: K, Kit Kat, Special K, or Super Acid

(7) Ketamine Side Effects

- Chronic depression - Stroke - Muscle rigidity - Heart Attack
- Respiratory distress - Paralysis - High blood pressure - Death
- "K-Hole" – Slang for the near-death or out-of-body experience that Ketamine causes.

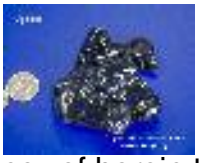
d. Opiates

(1) Opiates are drugs that are derived from the Poppy Plant and are Central Nervous System (CNS) depressants.

(2) The most common opiates are:

(a) Opium
(b) Heroin
(c) Morphine
(d) Codeine

(3) Opiates are known by several different names: Smack, Soapium, Chiva, Poppy, Flower, Hazel, Morf, and H.



(4) HOW ARE OPIATES CONSUMED?

(a) Snorted – Because of the high potency of heroin today, more and more users are snorting the drug.

(b) Smoked – The method of choice for opium is smoking the tar like substance. Other opiates are often smoked on top of marijuana. This is known as "snow capping".

(c) Injected – Injecting opiates, specifically heroin, is still the choice ingestion method. Many addicts choose to inject the drug because of the quick and

powerful onset of the effects. Users can inject the drug directly into the blood stream or the muscle tissue.

(d) Eaten – All opiates can be consumed orally. Many prescription pain killers on the market today are opiates.

(5) Opiate Side Effects

- Absence of stress
- Nausea/vomiting
- Sleepiness
- Brain damage
- Loss of sex drive
- Immune system damage
- Altered mental process
- Collapsed veins
- Lung Damage
- Itchy skin
- Menstrual Irregularities
- Liver damage
- Kidney damage
- Constipation
- Impaired vision
- Overdose/death

e. Oxycontin

(1) Oxycontin is a synthetic opium derivative that is available by prescription.

(2) Oxycontin is an extremely potent painkiller that comes in time-release tablets that last for up to twelve hours.

(3) Oxycontin is prescribed to cancer patients and chronic pain suffers to help in managing pain.

(4) Oxycontin has been linked to over 120 overdose deaths nationwide. In addition to overdose, some serious side effects are: Chest pain, Muscle weakness and/or aches, Fever, Nausea/vomiting, Breathing difficulties, and Seizures.

(5) Oxycontin is also called: Ocs, Oxycoffins, Xys, and Oxycotton.

f. GHB

(1) GHB, or Gamma Hydroxylbuteric acid, is a Central Nervous System (CNS) depressant that sometimes causes hallucinations.

(2) GHB is usually found as a clear liquid with a slightly salty taste, but can also be found as a small tablet or capsule, all of which dissolve quickly in liquid.

(3) GHB usually is sold by capful or teaspoon, also known as a "dose".

(4) GHB is also known as:

-Georgia Home Boy
- Gook
- Liquid X
- Fantasy
- Gamma X
- Grievous Bodily Harm

(5) The side effects of GHB depend on the amount consumed and can be felt within one hour of ingestion:

- Dizziness/nausea
- Reduced Inhibitions
- Slurred speech
- Grogginess
- Vertigo/sight problems
- Coma/death

g. Rohypnol

(1) Rohypnol (chemical name – fluritzrazepam) is a CNS Depressant that is more than ten times as strong as Valium.

(2)Rohypnol belongs to the benzodiazepines family, which also includes drugs such as Valium, Librium, and Xanax.

(3) Rohypnol is known as a "Date Rape Drug" due to its association with sexual assaults.

(4) Rohypnol is almost always ingested orally in either the pill form or dissolved in a beverage, but is sometimes ground up and snorted.

(5) Rohypnol is sometimes also called: Roofies, Forget Me Drug, Roach, Rope, Circles, and Rib.

(6) There are several side effects associated with Rohypnol use:

- Blackouts (8 – 24 hours)	- Disinhibition	- Slurred speech
- Aggressive behavior	- Dizziness/nausea	- Amnesia
- Respiratory Distress	- Overdose	- Death

2. <u>CNS STIMULANTS</u> – Drugs that increase the chemical and electrical activity of the Central Nervous System (CNS) and make the user more alert, active, anxious, restless and, in general, more stimulated than normal ("Uppers, Downers, All Arounders, 3rd Edition", CNS Productions).

a. Amphetamines

(1) Amphetamines are generally a white or off-white powder that can be ingested orally, snorted, or injected.

(2) The side effects of amphetamine abuse can include:

- Dizziness/nausea	- Irregular heartbeat	- Chronic anxiety
- Decreased appetite	- Loss of Coordination	- Brain damage
- Body tremors	- Chronic psychosis	- Coma/death

(3) Amphetamines are powerful stimulants that increase activity in the Central Nervous System (CNS), or speed up the way the human body works.

(4) Amphetamines are drugs that induce false feelings of power, strength, self-assertion and enhanced motivation.

(5) Amphetamines are also known as: Speed, Jollies, Black beauties, Wake ups, Bennies, and Crystal.

b. Methamphetamines

(1) Methamphetamine is a powerful, synthetic Central Nervous System (CNS) Stimulant.

(2) Methamphetamine is generally a white or off-white powder that can be ingested several different ways:

(a) Orally – In a pill form
(b) Snorted – This can cause severe damage to the interior and exterior of the nose.
(c) Intravenously - The methamphetamine can be injected into either the blood stream or the muscle tissue
(d) Smoked – Methamphetamine is sometimes smoked by itself or on top of marijuana.

(3) Methamphetamine is also known as: Ice, Meth, Crystal, or Crystal Meth.

(4) The side effects of methamphetamine are so serious that they can affect the abuser for the rest of their life:

- Anxiety/panic attacks	- Chronic depression	- Kidney disorders
- Lung disorders	- Immune system damage	- Birth defects
- Stroke	- Severe Psychological problems	- Death

c. Cocaine

(1) Cocaine is a bitter, white, odorless, crystalline drug.
(2) Cocaine is a Schedule II drug and is classified as a CNS stimulant.
(3) Cocaine is extracted and refined from the Coca Plant, which is grown primarily in the Andean region of South America.
(4) Cocaine is also known as: Dust, Blow, Candy, Snow, Crack, and Coke.
(5) The side effects of cocaine use can be extremely dangerous:

- Dilated Pupils	- Psychosis	- Seizures
- Increased heart rate	- Fear/paranoia	- Strokes
- Nausea/vomiting	- Kidney failure	- Overdose/death

(6) The level and length of the effects depend on how the drug was induced.

	Onset	Duration
Snorted	1 minute	20-40 Minutes
Injected	1-5 Seconds	15-20 Minutes
Smoked	Immediate	5-15 Minutes

3. HALLUCINOGENS – Drugs that cause intensified sensations, mixed-up sensations (visual input becomes sound), illusions, delusions, hallucinations, stimulation, and impaired judgment and reasoning. ("Uppers, Downers, All Arounders, 3rd Edition", CNS Productions).

a. LSD

(1) LSD is hallucinogenic chemical that is derived from a parasitic fungus that grows on rye.

(2) LSD is produced as a crystal, then dissolved in alcohol prior to sale and consumption.

(3) LSD users describe their experience with the drug as a "trip".

(4) LSD has become known as:

ACID

TRIPS

HITS

BLOTTER

(5) How is LSD Consumed? LSD is generally taken orally, either as a pill, a piece of blotter paper, or via liquid dripped onto a sugar cube. LSD can also be absorbed through the users skin.

(6) Physical side of effects of LSD include: Dilated pupils, Body tremors, Nausea, Seizures, Extreme sweating, and Loss of appetite.

(7) Most psychological side effects are due to severe changes to the users perception, thought, and mood:

- Vivid hallucinations
- Feelings of fear and anxiety (Bad trip)
- Fusion of senses (Seeing music & hearing colors)
- Loss of depth perception
- True hallucinations
- Distorted time perception

b. Mushrooms

(1) Mushrooms that contain PSILOCYBIN are known as 'magic mushrooms' as they contain hallucinogenic properties.

(2) Magic mushrooms have been used by several cultures to induce altered states of consciousness during their religious rituals.

(3) Mushrooms can be consumed in a variety of manners:

- Eaten – Either raw or cooked, much like non-hallucinogenic mushrooms.
- Drank – Heated with water to make a tea or soup.
- Smoked – The mushroom is ground into a fine powder and often smoked on top of marijuana.

(4) Side effects of Mushrooms vary greatly depending upon the strength and purity of the fungus:

- Stomach Pains
- Increased heart rate
- Nausea/vomiting
- Diarrhea
- Mental disorders
- Anxiety/panic attacks
- Flashbacks
- Impaired judgment

c. PCP

(1) PCP is classified as a hallucinogen and a dissociative anesthetic, or drug that separates perception from sensation.

(2) PCP comes in several forms:

- Crystalline Powder
- Colored Powder
- Diluted in Water
- Pills
- Capsules

(3) PCP is also known as: Angel Dust, Sherm, Boat, Dust

(4) PCP can be ingested several ways:

- Orally – In liquid or pill form.
- Smoked
- Snorted
- Injected

(5) PCP has been known to be used in combination with other substances:

- LSD – "Super Tripping"
- Marijuana – "Killer Weed" or "Boat"
- Tobacco – "Sherms", usually with menthol cigarettes to sooth the burning of the hot PCP smoke.
- Mint/Parsley – "Green"

(6) The side effects of PCP use can cause serious long term damage to the human body:

- Irregular heart rate
- Nausea/vomiting
- Loss of reflexes
- Chronic psychosis
- Kidney failure
- Brain hemorrhaging
- Coma/death
- Schizophrenia

4. MIND ALTERING DRUGS – Drugs that cannot be classified into any single category. Mind altering drugs can contain CNS depressant, CNS stimulant, and/or hallucinogenic properties ("Uppers, Downers, All Arounders, 3rd Edition", CNS Productions).

a. THC

(1) THC (Marijuana) is the MOST ABUSED illicit drug in the United States Army and is considered to be a "Gateway Drug".

(2) Delta 9 - Tetrahydrocannabinol (THC) is the active ingredient that causes the "high".

(3) THC is psychologically addictive - abuse and addiction is frequently denied.

(4) Marijuana is a psychoactive or mind-altering drug. Psychoactive drugs can produce a mind state similar to psychosis. Psychosis - A major mental disorder in which the personality is very seriously disorganized.

(5) THC (THREE BASIC FORMS)

- Marijuana - Made from the leaves, flowers or stems of the hemp plant.
- Hash/Hashish - Concentrated form of marijuana by compressing marijuana resins into small blocks.
- Hash Oil - Made by soaking marijuana in a chemical solvent (such as rubbing alcohol) and then evaporating the solvent to obtain an oil concentrate.

(6) THC is also called:

- Weed - Grass - Dope - Green -Blunts - Joints - Tar -Bud

(7) THC is associated with many side effects:

- Short tem memory loss	- Paranoia	- Loss of sexual drive
- Dry mouth/throat	- Hallucinations	- Bronchitis
- Sleepiness	- Panic attacks	- Lung cancer
- Increased heart rate	- Psychosis	- Brain damage

b. Inhalants

(1) Inhalants are breathable chemical vapors that produce mind-altering effects.

(2) Inhalants are often abused because they are readily available, inexpensive, and can be found almost anywhere.

(3) There are three different types of inhalants:

- Solvents
- Gases
- Nitrites

(4) HOW ARE INHALANTS INGESTED? Inhalants are ingested into the body by breathing in the vapors of the product. Abusers use several methods of inhalation:

- Use of a Bag – The bag is filled with the fumes and the user breathes air from the bag. Sometimes users will put their entire head into the bag.
- Use of a Rag – The rag is soaked in the product and the user presses the rag over his/her mouth and nose.
- Pressurized Containers – Some abusers will inhale the product directly from the container.

(5) Many of the products that are abused are everyday household items:

- Glue/rubber cement	- Toxic markers	- White-out
- Aerosols/hair spray	- Gasoline/propane	- Room odorizers

(6) Use of inhalants can cause serious long-term damage to the human body:

- Sight/vision disorders	- Bone marrow damage	- Liver damage
- Brain damage	- Kidney damage	- Paralysis/death

5. PEFORMANCE ENHANCING DRUGS – Energy producing drugs that are thought to possess various capabilities to boost an athlete's performance by giving them a competitive edge ("Uppers, Downers, All Arounders, 3rd Edition", CNS Productions). The only drug we are going to discuss is Anabolic-androgenic steroids.

a. Anabolic Steroids are synthetic drugs that relate to the male sex hormones, or androgens.

b. Anabolic-androgenic Steroids are more commonly known as "Anabolic Steroids".

c. Anabolic Steroids Effect the Human Body in Two Major Areas:

(1) The anabolic effects of the drugs promote the growth of skeletal muscle.
(2) The androgenic effects of the drugs promote the development of male sexual characteristics.

d. How are they taken? Anabolic Steroids can be ingested in a variety of ways:

(1) Orally – In a pill or liquid form.
(2) Intravenously – Injected with the use of a hypodermic needle.
(3) Absorbed through the skin - Rubbed onto the skin with the steroid in a gel or cream form.

Note: Some steroid users mix different types and amounts of these drugs to increase the effects. This is call "Stacking".

e. Side effects of steroid use include:

(1) Baldness
(2) Eye infections
(3) Sterility
(4) Kidney disease
(5) Brain damage
(6) Chronic depression
(7) Blood clotting

(8) Loss of memory
(9) High blood pressure
(10) Loss of interest
(11) Liver cancer
(12) Hepatitis
(13) "Roid Rage" – An over aggressive, and sometimes homicidal, attitude associated with steroid use.

B. Ecstasy and Raves

1. Rave Culture: The "Rave" scene began as a subculture in England circa 1980, and has since migrated into mainstream culture throughout the United States. Raves are:

a. All-night Dance or Party

(1) Extremely loud "Techno" music/dancing
(2) Lighting and visual stimuli: lasers, video screens, etc...
(3) 14-25 age group
(4) Alcohol-free environment
(5) Escapist culture
(6) Club drugs: bought, sold, and consumed

b. 2 Types of Raves

(1) Secretive: warehouses, deserts, woods, etc.
(2) Commercialized: typically held in established clubs

c. Rave paraphernalia

(1) Light Sticks
(2) Water Bottles & Fans
(3) Pacifiers
(4) Eye-drop bottles
(5) Dust masks/Vicks Vapor-Rub
(6) Caffeinated Beverages/stimulants
(7) Bags of Small Candies and Breath Mints
(8) The Bomb Inhaler
(9) Other

d. The Raver's Mantra: **PLUR**

(1) **P**EACE
(2) **L**OVE
(3) **U**NITY
(4) **R**ESPECT

e. Drugs used at Raves: called "CLUB DRUGS"

(1) Ecstasy
(2) LSD
(3) Ketamine
(4) GHB
(5) Rohypnol
(6) Methamphetamines

* Combinations of the above and marijuana, heroin, PCP and mescaline

f. Rave Drug Lingo

(1) H-bomb: Ecstasy mixed with Heroin
(2) Pikachu: Ecstasy mixed with PCP
(3) Belushi: Cocaine & Heroin
(4) Love Trip: Ecstasy and mescaline
(5) Hippie Flipping: Mushrooms with Ecstasy
(6) Kitty Flipping: Ketamine with Ecstasy
(7) Candy Flipping: LSD with Ecstasy
(8) Trail Mixing: Sample a wide variety of drugs at one time

2. ECSTASY: MDMA (3,4-MethyleneDioxyMethAmphetamine)

a. Street names: "E", "X", XTC, Rolling, Clarity, Essence, Adam, Go, Disco Biscuit, Crystal, Hug Drug, Love Drug, Dennis the Menace, Lover's Speed

b. Typical Use: In its purest form Ecstasy is a crystalline powder, but is most often pressed into tablets. Typically taken orally in tablet form, but may be Snorted, Smoked, or Injected

c. Rolling: Getting high on Ecstasy

d. SIDE EFFECTS REPORTED BY MDMA USERS

(1) Anorexia
(2) Altered Sleep
(3) Fatigue
(4) Sadness, midweek blues
(5) Memory Impairment
(6) Lack of Attention and Concentration

NOTE: Special Danger:
One of the problems with buying ecstasy is that the buyer is never sure of what they are actually getting. This has caused a problem because some of the pills

sold as ecstasy contain even more dangerous drug such as PMA. PMA has been associated with most of the deaths in the US, Australia, and England. PMA disengages the body's thermostat, so a user will get hyperthermia in a warm environment, which is enhanced by dancing; or get hypothermia in a cold environment.
To help protect users, Dance safe sets up booths at raves and will test your ecstasy tablet for you to see if it actually contains ecstasy. Unfortunately, the positive test result for ecstasy is a dark purple which hides any other drug in the pill. Also, many users will take the pill even if they know its not ecstasy.

The pills at the top of the first picture contain PMA, the rest contain ecstasy and or combinations of drugs.

WWW.DANCESAFE.ORG

Ecstasy Tablet Testing

Warning! PMA and Multiple-Drug Combination Pills on the Rise!

Image	Pill Name	Size (mm) Weight (mg)	Location Date Received	Contents	Marquis Reaction
	no name	8.0 x 6.0 250mg	San Diego, CA August, 2001	MDA (trace amount)	no reaction
	Curses of X	7.0 x 4.0 181mg	Miami, FL August, 2001	MDMA	typical (black/purple)
	Recycle Logo	7.0 x 4.0 159mg	San Francisco, CA August, 2001	MDMA	typical (black/purple)
	Question Mark	7.0 x 4.0 190mg	Philadelphia, PA August, 2001	MDMA	typical (black/purple)
	no name	8.0 x 5.0 341mg	CO August, 2001	MDMA	typical (black/purple

Ecstasy Tablet Testing

Image	Pill Name	Size (mm) Weight (mg)	Location Date Received	Contents	Marquis Reaction
	no name	8.0 x 5.0 242mg	Houston, TX July, 2001	MDMA (3.6%) Unidentified Compound (7.1%) Methamphetamine (17.9%) Ketamine (71.4%)	typical (black/purple)
	Yellow Butterfly	8.0 x 4.0 244mg	Houston, TX July, 2001	mdma (11.8%) Unidentified Compound (29.4%) Ketamine (58.8%)	typical (black/purple)
	no name	10.0 x 4.0 252mg	Seattle, WA July, 2001	Caffeine (83.3%) PPA (16.7%)	no reaction
	Supermans	8.0 x 5.0 199mg	Chicago, IL August, 2001	MDEA (37.5%) MDMA (41.7%) Caffeine (20.8%)	typical (black/purple)
	Purple Alien	9.0 x 3.0 208mg	Portland, OR July, 2001	Unidentified Compound	no reaction
	no name	9.0 x 4.0 227mg	Seattle, WA July, 2001	No Drugs Detected	no reaction
	Versacce	9.0 x 4.0 301mg	San Diego, CA July, 2001	MDA (4.7%) MDMA (2.3%) MDEA (93.0%)	typical (black/purple)

Also note that each pill has a different milligram (mg) dose. A user that typically takes three 100 mg tablets, tries the bottom pill, circle mark, and instead of getting 300 mg he/she gets over 1000 mg; and you guessed it they overdose.

e. PHYSIOLOGICAL EFFECTS WHILE UNDER THE INFLUENCE OF MDMA

(1) Dehydration
(2) Exhaustion
(3) Hyperthermia (106 –107oF)
(4) Seizures
(5) Increased Heart Rate
(6) Kidney Failure
(7) High Blood Pressure
(8) Heart Failure

f. SHORT TERM EFFECTS OF MDMA USE

(1) Depression
(2) Increased release of some hormones such as prolactin and cortisol
(3) Anxiety
(4) Insomnia
(5) Hostility and Aggression
(6) Flashbacks
(7) Memory Impairment

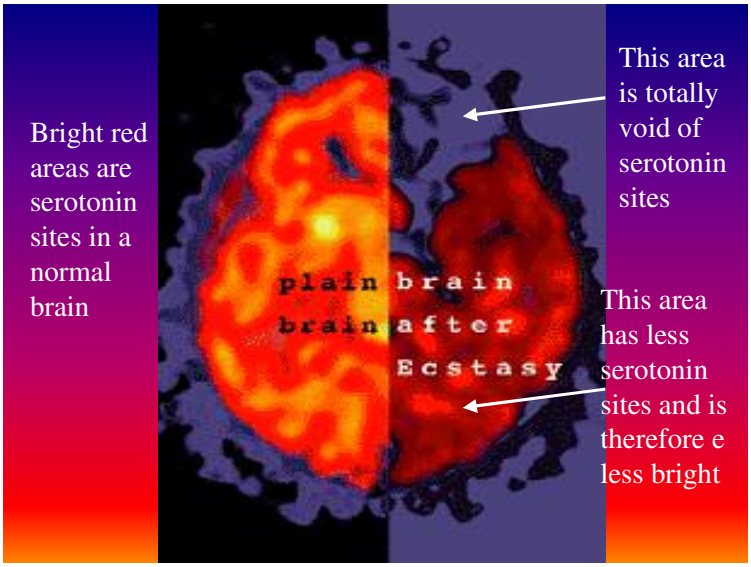
g. LONG-TERM EFFECTS OF MDMA USE

(1) Depression, Anxiety, & Altered sleep
(2) Loss of sex drive
(3) Impulsivity such as obsessive-compulsive disorder
(4) Impaired working memory and recall performance

Note: Scientific research indicates that psychological problems associated with regular MDMA use are not reversible by prolonged abstinence

h. BRAIN EFFECTS OF MDMA

(1) The neurotransmitter, serotonin, modulates mood, emotion, sleep and appetite.
(2) MDMA causes a mass release of serotonin leading to the euphoric effect of the drug.
(3) MDMA results in the depletion of the body's supply of serotonin, often resulting in irreparable damage to the brain.
(4) The depletion of serotonin and the body's inability to replenish it causes depression.
(5) Depression may last over a year in some people.



3. Drug Testing within the Army

a. Tested on ALL specimens – THC, Cocaine, Amphetamines

b. Rotational - Opiates, Barbiturates, LSD, PCP

c. Other Tests Performed:

(1) MDMA (Ecstasy), MDEA, MDA on all positive Amphetamines
(2) Morphine, Codeine, and Heroin on all positive Opiates

d. Rohypnol, Ketamine and GHB may be tested for through the Armed Forces Institute of Pathology (AFIP) in Rockville, MD.

(1) Requires Probable Cause
(2) Requires prior coordination with AFIP through the local ASAP

4. Young Soldiers and The Rave Scene: A Dangerous Combination

a. Lonely 18 year old kids away from home

b. Underage access to Rave clubs/parties due to lack of alcohol

c. Attraction to the "club drugs"

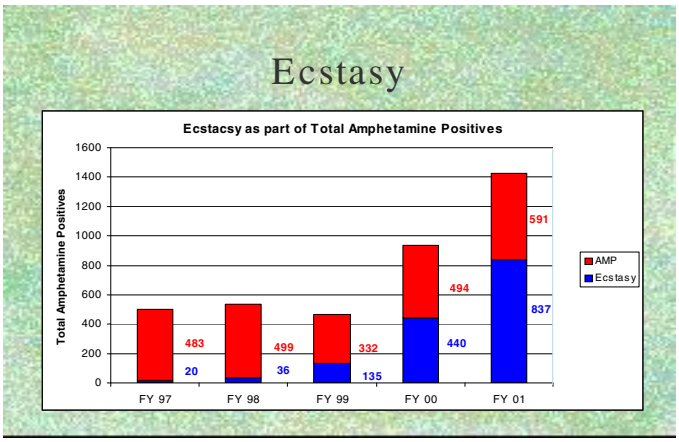
d. Steady incomes and the open sale of drugs

e. Knowledge of the detection deficiencies for club drugs

f. Belief that club drugs are not dangerous

5. Soldiers Testing Positive for MDMA:

a. From FY 1998 to FY 2000 there was more than a threefold increase each year in the number of soldiers who tested positive for ecstasy (MDMA) within the United States Army.



b. In FY 2001 the number of soldiers testing positive almost doubled.

c. The Army tests for "Club Drugs" and are catching soldiers almost everyday; Commanders are doing a better job of testing without prior notice to soldiers, CID agents and local law enforcement are watching, sooner or later club drug users will be caught.

SO
Don't harm your body
Don't Ruin your Career
Don't Ruin your Life
For one night of fun
that you may not remember
or
SURVIVE!

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SECTION III– UPL Certification Training Program Information

I. UPL Certification Course Requirements

A. You must be at least an E-5 or above and not currently enrolled in the ASAP.

B. You are expected to attend all training modules, complete practical exercises, and complete and turn-in homework.

C. In addition, you will be required to provide your local ASAP with the following:

1. Copy of UPL appointment orders signed by the commander

2. Signed copy of the Unit Substance Abuse Program SOP

3. Pass practical exercise(s) at your local ASAP.

4. Completed background check (This is a local requirement that is encouraged by the regulation; you may or may not have to have a background check)

D. 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 the course, which means that you can only miss 15 questions.

E. 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.

II. Explanation of Terms

A. Terminal Learning Objectives (TLOs): Each block of instruction will have a TLO(s) that will list what task you should be able to perform at the completion of the block of instruction, practical exercises and/or homework. The TLOs can be viewed by clicking on the "TLOs" nameplate on the module screen.

B. Enabling Learning Objectives (ELOs): The ELOs are the subtasks to the TLO. If you can perform all the ELOs then you can perform the TLO. The ELOs also provide you with the information that you must know to pass the final exam. The ELOs will be displayed at the start of each block of instruction.

III. TLOs And ELOs by Track

Track 1: INTRODUCTION TO THE ARMY SUBSTANCE ABUSE PROGRAM (ASAP)

A. Terminal Learning Objectives

1. Understand the requirements to be a UPL

2. Understand that the ASAP has two components and explain the functions of each.

3. Understand the responsibilities of the ASAP Staff.

4. Understand the responsibilities of the commander, the UPL and the observer.

B. Enabling Learning Objectives

1. State the two major components of the ASAP.

2. Select from a list the mission of the ASAP.

3. State the location of the your local clinical and non-clinical ASAP offices.

4. Select from a list the staff members of each local ASAP component.

5. State the responsibilities of the commander, the UPL, and the observer.

6. 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).

7. State the minimum requirements to be a UPL

Track 2: BIOCHEMICAL TESTING 1

I. Track 2, Module 1: Introduction

A. Terminal Learning Objectives

1. Understand what biochemical testing is and why the Army does it.

2. Know the regulations that pertain to biochemical testing.

3. Understand the different types of biochemical tests that can be conducted on soldiers.

B. Enabling Learning Objectives

1. Select from a list the definition of biochemical testing.

2. Select from a list why the Army conducts biochemical testing

3. Select from a list the three primary regulatory guidance's used for biochemical testing.

4. Select from a list the required rate of testing.

5. Select from a list additional testing requirements.

6. Select from a list the Department of Defense (DoD) test type with its definition.

7. Select from a list the types of tests that can be conducted.

II. Track 2, Module 2: Bio-safety

A. Terminal Learning Objective

Explain and understand the requirements and procedures for bio-safety.

B. Enabling Learning Objectives.

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.

3. Select from a list when you should wear gloves.

4. Describe the procedure for the proper removal of gloves.

5. Select from a list when you should wash your hands.

6. Describe the proper method of washing your hands.

7. Select from a list the single most important action anyone can take to prevent the transmission of diseases.

8. Select from a list acceptable disinfectants.

9. Describe how to clean up a urine spill.

III. Track 2, Module 3: Biochemical Testing Procedures

Smart Testing

A. Terminal Learning Objective

Understand Smart Testing and how to utilize it in your units testing program.

B. Enabling Learning Objectives.

1. Define "Smart Testing".

2. Select from a list methods of smart testing.

3. Select from a list poor examples of notification procedures.

MILITARY PRE-COLLECTION PROCEDURES

A. Terminal Learning Objective.

Know how to properly conduct a military urinalysis collection.

B. Enabling Learning Objectives.

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.

MILITARY COLLECTION PROCEDURES

A. Terminal Learning Objective.

Know how to properly conduct a military urinalysis collection.

B. Enabling Learning Objectives.

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.

MILITARY POST-COLLECTION PROCEDURES

A. Terminal Learning Objective.

Know how to properly conduct a military urinalysis collection.

B. Enabling Learning Objectives.

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

Unusual Circumstances

A. Terminal Learning Objective.

Understand how to handle unusual circumstances that may occur during a urinalysis collection.

B. Enabling Learning Objectives.

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.

IV. **Track 2, Module 4: The Laboratory**

A. Terminal Learning Objectives.

1. Have a basic understanding of how the laboratory conducts drug testing.

2. Know which drugs are tested for on a rotational basis, which drugs are tested for on all specimens and which require special testing.

3. Develop a basic understanding of retention and detection times for drugs.

B. Enabling Learning Objectives.

1. List the seven drugs or drug categories that are tested at the 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.

5. Select from a list the average time that drugs are detectable.

6. Given a scenario determine if one soldier is more positive than another.

7. Select from a list an example of an internal or external adulterant.

8. Select from a list which drugs can be special requested by the commander.

9. Select from a list which laboratory receives all steroid specimens.

10. Select from a list who to contact for a special test request for a drug not normally tested for.

Track 3: BIOCHEMICAL TESTING 2

I. Track 3, Module 1: Receipt Of Results

A. Terminal Learning Objective

Understand how to handle all specimen results and the actions that you and the commander must perform.

B. Enabling Learning Objectives

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. Select from a list the two types of discrepancies from the laboratory.

4. Select from a list your responsibilities when notified of a fatal or non-fatal discrepancy.

5. 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.

6. Select from a list, which positive drugs, require MRO review.

7. Select from a list the actions a commander must take on an identified illegal substance abuser.

II. Track 3, Module 2:Administration

A. Terminal Learning Objective

Prepare and maintain administrative information.

B. Enabling Learning Objectives

1. Select from a list the regulation that governs MARKS.

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.

5. Establish a Unit Substance Abuse Program SOP (USAP SOP).

6. Select from a list required items to be included in your USAP SOP.

7. Prepare and turn-in your appointment orders as either the Primary or Alternate UPL.

III. Track 3, Module 3:Legal Issues

A. Terminal Learning Objectives

1. Understand the Limited Use Policy.

2. Understand the legal difference between Test Basis Codes.

3. Understand that you may have to testify and how to prepare for your testimony.

B. Enabling Learning Objectives

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. Given a description of the test determine the test type.

4. Given a scenario determine whether or not probable cause exists.

5. Select from list things you should do in preparation for courts martial or board proceeding.

IV. Track 3, Module 4:Alcohol Testing

A. Terminal Learning Objectives

1. Understand the legal limits of BAC while on duty.

2. Understand the types of specimens used in alcohol testing and whether or not they can be evidentiary or not.

B. Enabling Learning Objectives

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.

4. Define evidentiary and non-evidentiary.

5. Select from a list the requirements for an alcohol test to be considered evidentiary.

6. Given a scenario, determine if the test results could be used in a board or courts martial.

7. Select from a list various types of specimens used for alcohol testing and which specimens may be evidentiary.

Track 4: PREVENTION

I. Track 4, Module 1: Introduction

A. Terminal Learning Objectives

1. Understand the goal of prevention activities in your unit.

2. Understand the Institute of Medicine (IOM) Model for Prevention.

3. Have a basic understanding of the Risk Reduction Program.

B. Enabling Learning Objectives

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

3. State the three types of prevention in the Institute of Medicine (IOM) Prevention Model.

4. Select from a list examples of indicated, selective, and universal prevention interventions.

5. Select from a list the fourteen high-risk behaviors used in the Risk Reduction Program.

d. Identify what the acronyms RRP and URI stand for.

II. Track 4, Module 2: Substance Abuse

A. Terminal Learning Objectives

1. Understand how substance abuse develops in an individual.

2. Understand the signs and symptoms of alcohol and other drug abuse.

3. Understand the process for referring a soldier identified as a substance abuser for intervention services.

B. Enabling Learning Objectives

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

3. Select from a list early indicators of substance abuse.

4. Select from a list late indicators of substance abuse.

5. Given basic information on frequency of use and social problems categorize a person as an experimental user, a user, an abuser or an addict.

6. Select from a list the various types of drug or alcohol abuse identification/referral means.

7. Given a scenario select from a list the type of identification used.

III. Track 4, Module 3: Drug and Alcohol Prevention

A. Terminal Learning Objectives

1. Understand the role of campaigns in promoting substance abuse prevention.

2. Understand how drug and alcohol free activities support substance abuse prevention.

3. Understand the role of the Unit Prevention Plan.

B. Enabling Learning Objectives

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.

3. Select from a list drug and alcohol free activities.

4. State the components of a Unit Prevention Plan.

5. Select from a list items that should be included in your prevention plan.

Track 5: TRAINING

Track 5, Module 1: Introduction

A. Terminal Learning Objective

Understand the drug and alcohol training requirements and how to fulfill them

B. Enabling Learning Objective

Select from a list the required number of hours of drug and/or alcohol training that must be provided to each soldier annually

Track 5, Module 2: Training your unit

A. Terminal Learning Objective

Understand how to prepare to give a class

B. Enabling Learning Objective

Understand the eight presentation steps.

Track 5, Module 3: Drugs and Alcohol

A. Terminal Learning Objective

Develop basic knowledge of the drugs abused by soldiers.

B. Enabling Learning Objectives

1. Select from a list the most abused drug and most abused illicit drug in the Army.
2. Select from a list the two drugs considered to be gateway drugs.
3. Given a drug, determine if it is classified as a CNS Depressant, CNS Stimulant, Hallucinogen, Dissociative Anesthetic, or a mind-altering drug.
4. Select from a list the drugs that are associated with "Date Rape".
5. Select from a list the definition of Gateway Drug, CNS Depressant, CNS Stimulant, Hallucinogen, Dissociative Anesthetic, or a mind-altering drug.
6. Select from a list the drugs that have been classified as 'Club Drugs'.
7. g. Select from a list the description of a rave.

COLLECTION PAPERWORK PRACTICAL EXERCISE

SCENARIO: You are the UPL for Company B, 901st Finance BN. The Commander, CPT Kozar, has decided to do a urinalysis TODAY (5 Dec 2001). 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, 6 Dec 2001. 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: 5 Dec 01
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 sample.

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	
SPC	Janet Jones	256-43-5672	F	
SPC	Robert M. Ansell	345-88-4392	M	

COLLECTION PAPERWORK PRACTICAL EXERCISE
(continued)

RANK	NAME	SSN	GENDER	Additional Notes
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. UADC:	INITALS:	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

UNIT URINALYSIS LEDGER

1. SUBMITTING UNIT	2. UADC:	INITALS:	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)

3. BASE/AREA CODE	4. UNIT IDENTIFIACTION CODE	5. DOCUMENT/ BATCH NUMBER	6. DATE SPECIMEN COLLECTED (YYYY) (MM) (DD)

A. LABORATORY CONDUCTING DRUG TESTING

B. BATCH NUMBER	C. REPORT OF RESULT (DIG/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)								
(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	Mailing 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). Combine 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/Reserve; E-TDP PNP; F-TDP Other; Enter TDP: G-other committing	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 conducting or 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 assigned to 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)

3. BASE/AREA CODE	4. UNIT IDENTIFIACTION CODE	5. DOCUMENT/ BATCH NUMBER	6. DATE SPECIMEN COLLECTED (YYYY) (MM) (DD)

A. LABORATORY CONDUCTING DRUG TESTING	
B. BATCH NUMBER	C. REPORT OF RESULT (DIG/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)								
(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 POD.
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-H1; Civilian: C-TDP Aviation; D-TDP Guard/Reserve; E-TDP PRP; F-TDP; ARMY ONLY: G-other TDP; H-other civilian	Leave Blank.	Enter required only if additional testing is requested: Ex 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 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 code of accountable usage/reason/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 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/signature of blocks (a) - (d).

13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES