SUBJECT: Military Personnel Drug Abuse Testing Program (MPDATP)

References: See Enclosure 1

1. PURPOSE. This Instruction:
   a. Reissues DoD Directive (DoDD) 1010.1 (Reference (a)) as a DoD Instruction (DoDI) in accordance with the authority in DoDD 5124.02 (Reference (b)).
   b. Updates established policy and assigned responsibilities of the MPDATP. MPDATP guidance is provided in Enclosure 2.
   c. Realigns responsibilities for drug detection and deterrence policy, education, and oversight in accordance with the policy in DoDD 1010.4 (Reference (c)). Technical guidance for the Forensic Drug Testing Laboratories is provided in DoDI 1010.16 (Reference (d)).
   d. Incorporates and cancels the Assistant Secretary of Defense for Special Operations and Low Intensity Conflict memorandum (Reference (e)).
   e. Issues guidance on the conduct of prevalence testing and the use of data from urinalysis testing to conduct demographic longitudinal, statistical, and analytical studies assessing the extent of drug abuse among military personnel within DoD.

2. APPLICABILITY. This Instruction:
   a. Applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD. The term “Military Services” as used herein, refers to the Army, Navy, Air Force, Marine Corps, Active and Reserve Components.
   b. Does not encompass testing in direct support of criminal investigations or clinical diagnostic procedures.
3. **DEFINITIONS.** See Glossary

4. **POLICY.** It is DoD policy to:

   a. Establish drug testing laboratories and a drug testing program to deter and detect drug misuse among Service members.

   b. Permit commanders to use drug testing to detect drug abuse and to assess the security, military fitness, readiness, and good order and discipline of their commands.

   c. Implement urinalysis drug testing to deter Service members, including those members on initial entry on active duty from misusing drugs (including pharmaceutical medications, illegal drugs, and other substances of abuse).

   d. Process all Service members who knowingly misuse drugs for separation in accordance with applicable Service regulations. The established drug testing program shall enable commanders to take action, adverse or otherwise (including referral for treatment), as appropriate.

5. **RESPONSIBILITIES.** See Enclosure 3.

6. **RELEASABILITY.** UNLIMITED. This Instruction is approved for public release and is available on the Internet from the DoD Issuances Website at http://www.dtic.mil/whs/directives.

7. **EFFECTIVE DATE.** This Instruction:


   b. Must be reissued, cancelled, or certified current within 5 years of its publication in accordance with DoD Instruction 5025.01 (Reference (f)). If not, it will expire effective September 13, 2022 and be removed from the DoD Issuances Website.

   Erin C. Conaton
   Under Secretary of Defense for Personnel and Readiness

Enclosures:
1. References
2. MPD ATP Guidance
3. Responsibilities
Glossary
ENCLOSURE 1

REFERENCES

(e) Assistant Secretary of Defense for Special Operations and Low Intensity Conflict Memorandum, “Department Drug Demand Reduction Policy,” October 1, 2003 (hereby cancelled)
(g) Sections 801-940¹ and 978 of title 10, United States Code
(h) Sections 802 and 812 of title 21, United States Code
(j) DoD Instruction 6055.07, “Mishap Notification, Investigation, Reporting and Recordkeeping,” June 6, 2011
(l) Section 922(g)(3) of title 18, United States Code
(m) DoD Instruction 5505.11, “Fingerprint Card and Final Disposition Report Submission Requirements,” July 9, 2010
(n) Section 290dd-2 of title 42, United States Code
(o) Section 552a² of title 5, United States Code
(r) DoD Directive 1145.02E, “United States Military Entrance Processing Command (USMEPCOM),” January 8, 2005

¹ Also known as “The Uniform Code of Military Justice (UCMJ)”
² Also known as “The Privacy Act of 1974,” as amended
ENCLOSURE 2

MPDATP GUIDANCE

1. This mandatory program guidance is provided for the implementation, management, and oversight of the MPDATP.

   a. Mandatory drug testing will be implemented as follows:

      (1) Service applicants will be tested for drug use and will be evaluated for dependency within 72 hours after initial entry on active duty pursuant to section 978 of title 10, United States Code (U.S.C.) (Reference (g)).

      (2) Mandatory drug testing of new military entrants from the delayed entry program shall be conducted within 72 hours of entering active duty.

      (3) Reserve Component members not entering extended active duty shall be tested no later than 72 hours after the beginning of the first scheduled annual training or initial active duty training.

      (4) Appointees to Service academies will be tested within 72 hours of reporting to an academy.

      (5) Reserve Officer Training Corps cadets and midshipmen shall be tested during their commissioning physical examination pursuant to section 978 of Reference (g) and individual Service policy.

   b. All Service members and applicants shall be tested, at a minimum, for marijuana, cocaine, and amphetamines (including methamphetamine, methylenedioxymethamphetamine (MDMA), and methylenedioxyamphetamine (MDA)). Testing of Service members for other drugs will be pursuant to Reference (d) or as prescribed by the Deputy Assistant Secretary of Defense for Readiness (DASD(R)).

   c. Urine specimens collected as part of the drug abuse testing program shall be supported by a proper chain of custody procedure at the collection site, during transport, and at the drug testing laboratory (Reference (d)).

   d. Service members and military service applicant specimens shall be tested by a DoD-certified drug testing laboratory, except as permitted by Reference (d). Field testing, hand-held, or point of collection testing devices are not authorized.

   e. Illicit possession or use of controlled substances by Service members as listed by sections 802 and 812 of title 21, U.S.C. (Reference (h)), including anabolic steroids, synthetic cannabinoids and other designer drug products, constitutes an offense under sections 801-940 of
Reference (g) (also known and hereinafter referred to as “The Uniform Code of Military Justice (UCMJ)” and subjects the member to actions pursuant to Reference (g).

f. The Military Department designated by Secretary of Defense or Deputy Secretary memorandum, or DoD Directive as the “DoD Executive Agent” of a Joint Service Command shall oversee drug testing of all assigned Service members. The collection procedures, software, testing rates, and designated testing laboratories will be defined by the DoD Executive Agent. When no DoD Executive Agent has been designated, Service members shall comply with their respective parent echelon command directives.

g. Use of collection codes to document the basis for military drug abuse urine testing:

(1) **Inspection.** Use collection code ‘IO’ during any random inspection or examination collection pursuant to the Military Rules of Evidence (M.R.E.) 313, Manual for Courts Martial (Reference (i)). Random collections can be subdivided as:

   (a) Use collection code ‘IU’ for a random inspection or examination of an entire unit.

   (b) Use collection code ‘IR’ for a random inspection or examination of an individual(s) within a unit.

(2) **Probable Cause.** Use collection code ‘PO’ during a probable cause collection search or seizure when there is reasonable belief that the urine to be collected contains evidence of illegal drug use, pursuant to the M.R.E. 315 of Reference (i).

(3) **Consent.** Use collection code ‘VO’ when a Service member voluntarily agrees to participates in urine collection as part of a consent search pursuant to the M.R.E. 314(e) of Reference (i).

(4) **Rehabilitation.** Use collection code ‘RO’ for collections conducted during a Service member’s participation in a drug treatment and rehabilitation program, as prescribed by the Military Department.

(5) **Safety Mishap.** Use collection code ‘AO’ for collections following any incident considered a safety mishap under the regulations of the Service involved. Except as provided in subparagraph 1.h.(1)(b) of this enclosure, a specimen may be collected from any individual directly or indirectly involved with the incident. Such samples collected may be used for any lawful purpose, including but not limited to:

   (a) Use consistent with applicable M.R.E. (Reference (i));

   (b) Disciplinary action under the UCMJ; or

   (c) Inclusion as independently collected evidence in a safety mishap investigation or other investigations.
(6) **Command-Directed.** Use collection code ‘CO’ during a command-directed examination of a Service member to determine the Service member’s competence for duty or the need for counseling, rehabilitation, or other medical treatment when the commander has reason to question the Service member’s competence for duty (e.g., aberrant, bizarre, or uncharacteristic behavior; unauthorized absences; violations of safety regulations; breaches of discipline; or other similar behavior).

(7) **Medical.** Use collection code ‘MO’ for urine collections pursuant to M.R.E. 312, Reference (i) procured during any examination for a valid medical purpose, such as emergency treatment, periodic physical examinations, and such other medical examinations as necessary for diagnostic or treatment purposes.

(8) **New Entrant.** Use collection code ‘NO’ when a collection is provided during the pre-accession physical or initial period of military service (including a Reserve Component). The policy on pre-accession or new entrant drug testing and dependency evaluation is in section 978 of Reference (g).

(9) **Other.** Use collection code ‘OO’ for collections conducted under other circumstances, as allowed by Reference (i).

h. The use of an approved military drug abuse testing result is permitted in the following circumstances for the stated purposes provided.

(1) Urinalysis results may be used as evidence in disciplinary actions under the UCMJ, and in administrative actions (including separation from the Military Service), except when:

(a) A Service member voluntarily submits to a DoD treatment and rehabilitation program (before the receipt of an order to appear for a urinalysis) or the urinalysis is administered as an integral part of the rehabilitation program. This limitation does not apply to, or prohibit the use of, the urinalysis results:

1. As required for national security, such as suspension and processing for removal of access to classified information or retention in a sensitive position; or

2. For non-punitive or administrative action, including separation for drug abuse if the Service member is considered a rehabilitation failure or if information substantiates continued drug abuse after initial entry into the treatment or rehabilitation program. Separation based on such records must be under honorable conditions.

(b) In certain safety investigations, a safety investigator has given a promise of confidentiality to an individual who provides evidence for the investigation to encourage frank or open communications. The privileged safety information shall not be used to support disciplinary or adverse administrative action, to determine the misconduct or line-of-duty status of any personnel, or as evidence before any evaluation board. Uses of privileged safety information shall be in accordance with DoDI 6055.07 (Reference (j)).
(c) A Service member is tested for possible drug use as part of a command-directed urinalysis, as in subparagraph 1.g.(6) of this enclosure. Results of a command-directed urinalysis test may be used as a basis for administrative action, including separation, but shall not be used as the basis for an action under the UCMJ or be considered in the issue of characterization of service in a separation proceeding.

(d) A Service member is tested for a controlled substance for which he or she has a valid prescription from a licensed medical authority and has taken the substance pursuant to the prescription and the licensed medical authority’s direction.

(2) The limitations in subparagraphs 1.h.(1)(a) through (c) of this enclosure shall not apply when urinalysis results are used as evidence for impeachment or rebuttal purposes in any administrative or disciplinary proceeding in which the Service member first introduces the evidence (or lack of evidence) of drug abuse.

(3) Disqualification of military service applicants based on a positive urinalysis result must follow guidance in section 978 of Reference (g).

(4) This Instruction is not intended to prohibit the Government from using, as rebuttal, urinalysis testing data that show the presence of controlled substances, although not in a concentration sufficient to meet the cutoff level for a positive result that has been established in Reference (d) or updated by memorandum from DASD(R). This provision is specifically intended to permit the Government to use such results in rebuttal to explain, contradict, dispel, or disprove evidence first produced by a Service member that indicates or implies that the test results show the member did not use controlled substances.

(5) Controlled substance abuse, as defined in the Glossary, will be reported in accordance with the National Criminal Information Center (NCIC) 2000 Code Manual (Reference (k)), in support of section 922(g)(3) of title 18, U.S.C. (Reference (l)) and other law enforcement purposes. Relevant Service member data will be entered into the Federal Bureau of Investigation’s National Criminal Information Center database as an “abuser of drugs” when a positive urinalysis test for a controlled substance is received. For purposes of this paragraph, a positive urinalysis result is one: (a) that is above the applicable cut-off for the given controlled substance; and (b) for which the Service member does not have a valid medical or other lawful use that would explain the positive result. This constitutes probable cause for a violation of possession or use of a controlled substance (Reference (h)) and Article 112a of the UCMJ (Reference (g)). Probable cause may also be established by other evidence of wrongful possession or use of a controlled substance. Such results are reportable to NCIC in accordance with DoDI 5505.11 (Reference (m)).

2. Records of the identity, diagnosis, prognosis, or treatment of any rehabilitant that are maintained in the performance of any drug abuse rehabilitation program conducted, regulated, or directly or indirectly assisted by any U.S. Government department or agency may not be used to initiate or substantiate any criminal charges against the rehabilitant or used as a basis for any investigation of a Service member in the DoD Rehabilitation Program. Exceptions include a
court order issued pursuant to section 290dd-2 of title 42, U.S.C. (Reference (n)) and as allowed in subparagraph l. h.(2) of this enclosure.

3. Urinalysis specimens and resulting test data may be used to prepare demographic reports, conduct longitudinal, statistical, and analytical studies of drug use among military personnel.

   a. Demographic data reports on drug testing shall not contain personal identifiers. Demographic data reports on drug testing may contain information on age, gender, rank/grade and/or rate, specialty/job title, geographic location, Military Service, or DoD Component, and related demographic information on active duty military personnel, members of the Reserves and members of the National Guard Bureau.

   b. All requests for Service-specific drug testing demographics data shall be submitted to the Service’s designated drug testing program office for approval. All requests for DoD-wide drug testing demographic data shall be submitted to DASD(R).

   c. Military drug test results are subject to the requirements of section 552a of title 5, U.S.C. (also known as “The Privacy Act of 1974,” as amended (Reference (o)). Where drug test information involves individuals participating in a drug abuse rehabilitation program, results of testing shall be confidential and be disclosed only for purposes and under the circumstances expressly authorized in section 290dd-2 of Reference (n).

   d. Longitudinal studies are permitted to use drug testing reports to determine the extent of drug abuse, to evaluate emergent drug use, and to analyze the demographics of drug abuse among Service members.

   e. Prevalence testing is permitted within the MPDATP drug testing laboratories to monitor the use of illicit drugs that are not on the current drug testing panel. When authorized by the Director, DoD Drug Testing and Program Policy (DDTPP), a MPDATP certified laboratory may periodically retain negative urine samples slated for destruction and conduct blinded prevalence testing for emerging drug threats. Results of individual member samples used in the prevalence studies shall not be released to the submitting unit, command, or Service. Data summaries, reports, or recommendations shall not contain personal identifiers. Results of prevalence studies, along with recommendations, will be forwarded through the Biochemical Testing Advisory Board to the Director, DDTPP, for review in support of any changes by the DASD(R) pursuant to Reference (d).

   f. Targeted and periodic surveys will be conducted in accordance with Directive-Type Memorandum 12-004 (Reference (p)) and DoD 8910.1-M (Reference (q)) to document changes in drug use habits, demographic patterns, and drug preferences to facilitate the development of DoD MPDATP policy and guidance.
ENCLOSURE 3

RESPONSIBILITIES

1. DASD(R). The DASD(R), under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) through the Assistant Secretary of Defense for Readiness and Force Management, and the Director, Operational Readiness and Safety, shall:

   a. Develop policy on the deterrence and detection of drug abuse.

   b. Develop the procedures and standards for the technical aspects of the MPDATP.

   c. Maintain a certification and inspection program for DoD-certified drug testing laboratories.

   d. Coordinate with the Commander, United States Military Entrance Processing Command (USMEPCOM) to ensure that deterrence of drug abuse begins upon entrance to active duty pursuant to References (d) and (g).

   e. Ensure that members of the Reserve Components (including National Guard) are subject to drug testing and other deterrent programs.

   f. Ensure that drug abuse reduction policies and regulations are issued to deter drug abuse upon entrance into the Reserve Components.

   g. Provide an annual report to the Secretary of Defense regarding illicit and prescription drug abuse in the Military Services in accordance with References (p) and (q).

2. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments shall:

   a. Operate forensic drug testing laboratories with sufficient capacity to meet established testing requirements.

   b. Test urine specimens collected from Service members or applicants, regardless of the urine donor’s Service affiliation.

   c. Issue guidance to maintain a forensic drug testing program based upon a computerized random selection of all Service members. A minimum average testing rate of one test per member per year applies to all Military Services, the Army National Guard, and the Air National Guard. Exceptions for lower testing rates must be approved by the USD(P&R). Testing rates for active duty, Reserve, and National Guard components will be calculated separately.
d. Issue guidance and establish a mechanism for tracking and processing for military separation those Service members identified as drug misusers pursuant to this Instruction.

e. Issue guidance authorizing command sponsorship and the participation of Service members and their families in community outreach anti-drug awareness and education programs in schools, local sporting events, and other community activities formally associated, with military installations. Such programs must have objective measures of effectiveness.

f. Issue guidance regarding participation in national anti-drug campaigns, such as the National Family Partnership’s Red Ribbon Week, that encourage Service members, families, and citizens to lead healthy, drug-free lifestyles.

3. COMMANDER, USMEPCOM. The Commander, USMEPCOM, as authorized by DoDD 1145.02E (Reference (r)), shall implement policies that direct the conduct of mandatory drug testing and evaluation of applicants prior to entering military service as required by References (d) and (g). Actions pursuant to applicant testing are outlined in Reference (g).
GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

DASD(R)  Deputy Assistant Secretary of Defense for Readiness
DDTPP   DoD Drug Testing and Program Policy
DoDD    DoD Directive
DoDI    DoD Instruction

MDA     methylenedioxyamphetamine
MDMA    methylenedioxymethamphetamine
MPDATP  Military Personnel Drug Abuse Testing Program
M.R.E   Military Rules of Evidence

NCIC    National Criminal Information Center

UCMJ    Uniform Code of Military Justice
USD(P&R) Under Secretary of Defense for Personnel and Readiness
USMEPCOM United States Military Entrance Processing Command

PART II. DEFINITIONS

These terms and their definition are for the purposes of this Instruction.

anabolic steroid. Any drug or hormonal substance, chemically and pharmacologically related to testosterone. These do not include estrogens, progestins, corticosteroids, and dehydroepiandrosterone.

analyte. A drug or drug metabolite that will be the object of detection and analysis within the MPDATP.

blinded prevalence testing. The results of individual member samples used in the prevalence studies that shall not be released to the submitting unit, command, or Service.

controlled substance. A drug or other substance, or immediate precursor, included in the Drug Enforcement Administration Schedules I, II, III, IV, or V. The term does not include distilled spirits, wine, malt beverages, or tobacco.

demographic analysis. Any longitudinal, statistical or data analysis of results of drug testing to relevant demographic data such as age, gender, educational status, geographic location, etc.
designer amphetamines. Include MDMA and MDA.

designer drug. A controlled substance whose chemical structure and/or physiologic effects on the central nervous system is substantially similar to the chemical structure of a controlled substance in Drug Enforcement Administration Schedule I or II.

drug misuse. The use of substance(s) with the intent to alter one’s mental physiological state (e.g., to alter one’s mood, emotion, or state of consciousness). May include medications, illicit drugs, or use of a commercial product outside its intended purpose (such as inhalants or synthetic cannabinoids).

synthetic cannabinoid. A chemical compound which has stimulant, depressant, or hallucinogenic effects on the central nervous system substantially similar to the controlled substance tetrahydrocannabinol found in marijuana - a Schedule I compound.