



DEPARTMENT OF THE ARMY
OFFICE OF THE DEPUTY CHIEF OF STAFF G-1
300 ARMY PENTAGON
WASHINGTON, DC 20310-0300

DAPE-ARR-SA

6 2 APR 2014

MEMORANDUM FOR COMMANDERS OF THE ACTIVE ARMY, ARMY NATIONAL
GUARD ON TITLE 10 STATUS AND ARMY RESERVE

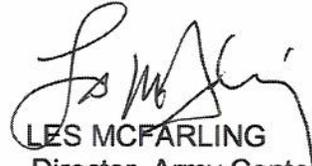
SUBJECT: Commander Guidance for Requesting Probable Cause Testing

1. Effective immediately, commanders may submit specimens collected pursuant to a Probable Cause (PO) urinalysis to their supporting Forensic Toxicology Drug Testing Laboratory (FTDTL). All PO specimens will be tested for substances listed on the approved Department of Defense Drug Testing Panel memorandum (Enclosure 1).
2. Commanders will use test basis code PO during collection search or seizure when there is reasonable belief that the urine to be collected contains evidence of illegal drug use, pursuant to the Military Rules of Evidence (M.R.E.) 312 and 315. The commander should verify that they have sufficient probable cause by consulting with their supporting Staff Judge Advocate (SJA) IAW Army Regulation (AR) 600-85, The Army Substance Abuse Program, paragraph 10-2b. The commander must submit a memorandum requesting a PO test (Enclosure 2) with concurrence from SJA. This memorandum will be retained with the suspense copy of the DD Form 2624 in the unit's file.
3. Based on the concurrence from SJA, Commanders must coordinate with the Installation Army Substance Abuse Program (ASAP), National Guard Drug Testing Coordinator (DTC), Reserve Alcohol and Drug Control Officer (ADCO), or Base Area Code (BAC) Manager for deployed area for processing and shipping the PO specimen(s) to their supporting FTDTL.
4. All other test bases will be sent to the supporting laboratory for testing and do not require an SJA approval for testing; Inspection Random (IR), Inspection Other (IO), Inspection Unit (unit sweep) (IU), Competence for Duty (CO), Rehabilitation (RO), Consent (VO), Medical examination (MO), New Entrant (NO), Other (OO), Mishap or safety inspection (AO).
5. The specimen collection is outlined in AR 600-85, Appendix E. The test basis code (PO) must be annotated on the DD Form 2624 Specimen Custody Document.
6. Test results will be reported via the Forensic Toxicology Drug Testing Laboratory (FTDTL) portal. A Medical Review Officer (MRO) is required on certain positive results per MEDCOM Regulation 40-51.
7. Commanders should consult their SJA to determine the appropriate Uniform Code of Military Justice (UCMJ) action if the test result is positive.

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8. Additional questions regarding specimen submission should be directed to the supporting ASAP, National Guard DTC, Reserve ADCO or Mr. Buddy Horne, HQDA G-1, 703-571-7313 (DSN 671), freddie.m.horne.civ@mail.mil; or Mr. Dang Tran, HQDA G-1, 703-571-7307 (DSN 671), dang.p.tran.ctr@mail.mil.



LES MCFARLING
Director, Army Center for
Substance Abuse Programs

Enclosure 1 - DoD Drug Testing Panel Memorandum



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

OCT 25 2013

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER &
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER &
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER &
RESERVE AFFAIRS)
CHIEF, NATIONAL GUARD BUREAU

SUBJECT: Update to the Department of Defense Drug Testing Panel

Drug abuse by Service members is a safety and readiness issue, and the Department must adapt our detection and deterrence program to address new and emerging drug threats.

Within the next 90 days, synthetic cannabinoids will be added to the Drug Demand Reduction Program (DDRP) drug testing panel. Attached, are the cutoff concentrations for reporting positive results for these new substances, as well as for other substances on the drug testing panel. Specimen collection and testing, and the reporting of results under the DDRP must be compliant with guidance in Department of Defense Directive 1010.16, *Technical Procedures for the Military Personnel Drug Abuse Testing Program*.

The DDRP will continue to conduct prevalence testing to monitor any change in substance abuse by military personnel. My point of contact for this action is Lieutenant Colonel (LTC) Thomas Martin, United States Army. LTC Martin can be reached at 703.693.5230, or by email at thomas.m.martin3.mil@mail.mil.


Jessica L. Wright
Acting

Attachment:

As stated

cc:

Assistant Secretary of Defense for Health Affairs

Enclosure 1 - DoD Drug Testing Panel Memorandum

**CUTOFF CONCENTRATIONS IN THE
MILITARY DRUG ABUSE TESTING PROGRAM**

INITIAL TESTING CUTOFF CONCENTRATIONS

Drug Class	Cutoff Concentration (ng/mL)
Amphetamines	500
Benzodiazepines	200
Cannabinoids (Marijuana)	50
Synthetic Cannabinoids (Synthetic Marijuana)	10
Cocaine Metabolites	150
Designer Amphetamines	500
Opiate (Morphine/Codeine)	2,000
Opiates (6-monoacetylmorphine)	10
Opiates (Oxycodone/Oxymorphone)	100
Opiates (Hydrocodone/Hydromorphone)	300

CONFIRMATION CUTOFF CONCENTRATIONS

Initial Presumptive Positive Test	Confirmation Drug/ Metabolite	Cutoff (ng/mL)	Reported Drug Use
Amphetamines	Amphetamine	100	d-Amphetamine
	Methamphetamine	100	d-Methamphetamine
Designer Amphetamines	Methylenedioxymethamphetamine	500	MDMA
	Methylenedioxyamphetamine	500	MDA
Benzodiazepines	Lorazepam	100	Lorazepam
	Nordiazepam	100	Nordiazepam
	Oxazepam	100	Oxazepam
	Temazepam	100	Temazepam
	α - hydroxy-alprazolam	100	α - hydroxy-alprazolam
Cannabinoids	Tetrahydrocannabinol-carboxylic acid	15	THC
Synthetic Cannabinoids	Synthetic Marijuana Compounds/Metabolites	1.0	SYN-CAN
Cocaine Metabolites	Benzoyllecgonine	100	Cocaine
Opiates Codeine/Morphine	Morphine	4,000	Morphine
	Codeine	2,000	Codeine
Heroin 6-monacetylmorphine	6-monoacetylmorphine	10	Heroin
Opiates Oxycodone/ Oxymorphone Hydrocodone/ Hydromorphone	Oxycodone	100	Oxycodone
	Oxymorphone	100	Oxymorphone
	Hydrocodone	100	Hydrocodone
	Hydromorphone	100	Hydromorphone