

INFORMATION PAPER

SUBJECT: Spice Ban and Interim Procedure for Spice Testing

1. Purpose: To provide background information on synthetic cannabinoids (spice) and analogues/homologues and the Army's interim procedure for the Special Drug Test Requests for Spice Testing. **This information does NOT apply to other Special Drug Test Requests.**

2. Prohibited Substances Policy:

a. The Secretary of the Army issued a memo titled *Prohibited Substances (Spice in Variations) on 10 Feb 2011* prohibiting personnel of Active Army, the Army National Guard of the United States when in Title 10 status, and the U.S. Army Reserve from, without proper authorization, using, possessing, manufacturing, selling, distributing, importing into or exporting from the United States, or introducing into any installation, vessel, vehicle, or aircraft used by or under the control of the Army: Any controlled substance analogue or homologue such as "Spice" or similar substances containing synthetic cannabis, any THC substitute, or any synthetic cannabinoid. This policy is punitive and violations of the provisions of this policy may result in punitive actions against Service members.

b. On 1 Mar 2011, the Administrator of the Drug Enforcement Administration (DEA) issued the final order to temporarily place five synthetic cannabinoids into the Controlled Substances Act (CSA) pursuant to the temporary scheduling provisions. This action placed five of these synthetic cannabinoids into Schedule I of the CSA to avoid an imminent hazard to the public safety. As a result of this order, the full effect of the CSA and its implementing regulations including criminal, civil and administrative penalties, sanctions and regulatory controls of Schedule I substances will be imposed on the manufacture, distribution, possession, importation, and exportation of these synthetic cannabinoids. The substances are JWH-018, JWH-073, JWH-200, CP-47,497, and cannabicyclohexanol (CP-47,497 C8 homologue).

3. Recommended Command considerations for dealing with Spice:

a. Frequent random testing along with health and welfare inspections is the best strategy to deter drug use. Based on the Secretary of the Army Policy Letter dated 10 Feb 2011, there would be no reason to test a Soldier if found possessing/using Spice. The commander should be informed of this policy and work with supporting SJA to pursue UCJM action if appropriate.

b. Currently, spice testing is not available as a routine test or probable cause testing for Soldiers. Only CID can request a spice test as part of an active investigation.

SUBJECT: Special Drug Test Requests

c. If a commander has an urgent need to conduct a PROBABLE CAUSE test for Spice and CID is unable to help, contact ACSAP at biochem@conus.army.mil to explore other options as a last resort.

4. Spice Testing Procedure by CID:

a. CID can order a Spice test for the commander as a piece of forensic evidence through the Armed Forces Institute of Pathology. Commander should contact CID to open an investigation. The sample should be collected without delay and should be submitted with the accompanying case ID number assigned by CID.

b. Use the special test procedure memo addressed to AFIP and collect the specimen using the AFIP Toxicological Request Form (AFIP Form 1323). This form may be found at <http://www.acsap/army.mil> [Click UPL > Drug Testing > Special Test]. The CID case file must be listed on the AFIP Form 1323 and the memo.

c. Collect the urine sample, as soon as possible, as per CID instructions. The metabolites found in the urine sample indicating Spice use are very delicate and may be degraded if delayed. Urine specimens submitted for Spice testing will ONLY be tested for spice substances.

d. CID will have to process the specimen for testing like any other piece of biological evidence and ship it to:

ARMED FORCES INSTITUTE OF PATHOLOGY
ARMED FORCES MEDICAL EXAMINER SERVICES
ATTN: DIVISION OF FORENSIC TOXICOLOGY
BUILDING 54
6825 16TH STREET, N.W.,
WASHINGTON, DC 20306-6000.

5. Results will be reported from the Armed Forces Medical Examiner Services (AFMES) through the servicing ASAP office (identified in the Request Memo) to the commander.

6. Point of contact for this Information Paper is the Chief, Drug Testing Branch at (502) 613-9649 (DSN 983-9649) or e-mail: Biochem@conus.army.mil .

2 Encl
As



SHAUN M. BAILEY
LTC, MS
Chief, Drug Testing Policy

Enclosure 1: Memorandum for Special Test Request

{Unit Office Symbol}

Date

MEMORANDUM THRU {Local ASAP Office information}

FOR Commander, Armed Forces Institute Of Pathology, Armed Forces Medical Examiner Services (ATTN: Division of Forensic Toxicology), Building 54, 6825 16th Street, NW, Washington, DC 20306-6000

SUBJECT: Request for {Substance name} Testing

1. I request that the enclosed urine sample be tested for {specify substance(s)}. The additional required information is provided:

- a. CID Case Number (*Spice testing only*):
- b. Base Area Code:
- c. Unit Identification Code:
- d. Batch Number:
- e. Specimen number:
- f. Date collected:
- g. SSN of donor: (Do NOT include the Soldier's name on the memorandum)
- h. Commander's phone number:
- i. Commander's AKO email address:

2. Provide any other details surrounding this request.

3. Enclosed is an endorsement by my servicing Judge Advocate General (JAG) that sufficient probable cause exists to support this Probable Cause (PO) drug test.

COMMANDER'S
SIGNATURE
BLOCK

AFIP/ DIVISION OF FORENSIC TOXICOLOGY - TOXICOLOGICAL REQUEST FORM

TO: ARMED FORCES INSTITUTE OF PATHOLOGY ATTN: DIVISION OF FORENSIC TOXICOLOGY BUILDING 54 6825 16TH STREET, N.W. WASHINGTON, DC 20306-6000	<u>FORWARD FINAL REPORT TO:</u> <i>(Please use complete mailing address)</i> Email Address:
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NAME OF PATIENT <i>(Last, First, MI)</i>	SOCIAL SECURITY #	AGE	SEX	RACE

DATE OF INCIDENT/ ACCIDENT	TIME AND DATE OF DEATH	AUTOPSY #

MEDICATION HISTORY *(Prescribed or administered, in patient's possession, containers found near body, etc.)*

SPECIMEN/ AMOUNT	SPECIMEN/ AMOUNT	SPECIMEN/ AMOUNT
1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.

INCIDENT/ ACCIDENT DETAILS *(Include pertinent information regarding crash site, autopsy or investigation; (e.g., What happened?)*

PRINTED NAME OF REQUESTER/ TITLE	SIGNATURE	DATE	TELEPHONE #:
			COMM: DSN: FAX:

CHAIN OF CUSTODY (CC)
Each individual charged with custody of specimens must complete information below (continue CC on reverse as required).

RELEASED BY	RECEIVED BY	DATE & TIME	PURPOSE OF TRANSFER
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		