

Department of Defense Drug Demand Reduction Program (DDRP)

Drug Testing Advisory Board Meeting

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Office of the Under Secretary of Defense for
Personnel and Readiness
Personnel Risk Reduction

DDRP Mission

- Deter illicit and prescription drug abuse by military service members and DoD civilian personnel in testing designated positions (TDPs) to maintain military readiness and safety
- Provide drug abuse prevention, education, and outreach services to military personnel and their families
- Identify new drugs of abuse entering the illicit drug culture and develop testing procedures to detect their use

Readiness and Safety

- National Security positions
 - Military members are on duty 24/7 and drug abuse or misuse compromises readiness
- Barracks – shared living environment
- Service culture relies on the “buddy system”
- Military operate in locations where illegal and other drugs are readily accessible
- Recruit high risk populations
 - 18-25 year old males (39% of total end strength and 67% of overall DoD positive specimens)

DDRP History

- Jun 11, 1971 – President Nixon directed military drug urinalysis program to identify service members with drug addiction returning from Vietnam
- May 26, 1981 – CVN Nimitz aviation mishap – 14 killed, 48 injured, 7 aircraft destroyed, 11 air craft damaged, \$150M in damages. Six deceased service members with detectable levels of marijuana upon medical autopsy and toxicology analysis
- Dec 28, 1981 – Deputy Secretary authorized use of drug positive urinalysis for punitive measures including courts martial and military separation
- 1984 – Department of Defense issued DoD Directive 1010.1 that formally defined forensic drug testing requirements and responsibilities for testing.
- September 15, 1986 – President Reagan issued Executive Order 12564 mandating drug testing for all federal civilians.
- 2010 – Chairman, Joint Chiefs of Staff requested review and emphasis on program funding for expanded prescription drug testing for opiated and benzodiazepines

Health-related Behaviors Study

- Drug positive rate vs. survey data, 1980 – 2011
 - 2005 prescription drug questions added to survey

Year	All military survey data	DoD ,% positive rate
1980	27.6	7.3
1982	19	3
1985	8.9	2.4
1988	4.8	1.8
1992	3.4	0.9
1995	3	0.8
1998	2.7	1.05
2002	3.4	1.38
2005	5	1.12
2008	12	1.2
2011	5.7	0.7

DoD Laboratories

- US Army FTDTL, Tripler AMC, HI
- US Navy DSL, San Diego, CA
- US Air Force DTD, Lackland AFB, TX
- US Navy DSL, Great Lakes, IL
- US Navy DSL, Jacksonville, FL
- US Army FTDTL, Fort Meade, MD

Current Panel of Tested Drugs

- Marijuana (THC)
- Cocaine (BZE)
- Amphetamine & Methamphetamine
- Designer Amphetamines / Ecstasy
- Heroin
- Oxycodone/Oxymorphone
- Hydrocodone/hydromorphone
- Codeine/Morphine (100% Opiates Testing on 1 Oct 2012)
- Benzodiazepines : nordiazepam, oxazepam, temazepam, lorazepam , and α -OH alprazolam (100% on 1 Oct 2013)
- Synthetic Cannabinoids (December 16, 2013)
- Special request testing conducted at Armed Forces Medical Examiners System

DoD Cutoffs

● Screening (ng/mL)

● Amphetamines	500
● Cannabinoids	50
● Cocaine	150
● Opiates	300
● Designer Amps	500
● 6-AM	10
● Oxycodone	100
● Hydrocodone	300
● Benzodiazepines	200
● Synthetic cannabinoids	10

*Lorazepam; Diazepam; Temazepam;
alpha-Hydroxy-Alprazolam; Ozazepam

● Confirmation (ng/mL)

● d-Amphetamine	100
● d-Methamphetamine	100
● THC metabolite	15
● Benzoylecgonine	100
● Codeine	2000
● Morphine	4000
● MDMA/MDA	500
● 6-AM	10
● PCP	25
● Oxycodone	100
● Oxymorphone	100
● Hydrocodone	100
● Hydromorphone	100
● Benzodiazepines*	100
● Synthetic cannabinoids	1

FY13 Positive Drug Distribution

- Active duty unique service member positive by drug

Unique active duty positive service members	2009 (12,368)	2010 (10,790)	2011 (8,988)	2012 (8,837)	2013 (8,948)
Marijuana	8,472	6,937	5,535	5,454	5,000
Cocaine	2,864	2,309	2,025	1,714	1,195
d-Amphetamine	993	976	971	973	899
d-Methamphetamine	624	502	507	478	439
MDMA (Ecstasy)	804	751	415	154	150
MDA (Adam)	410	334	204	101	98
PCP	4	3	0	0	NT
Codeine (39% testing in 2012)	118	104	104	144	209
Morphine (39% testing in 2012)	140	165	174	194	237
Oxycodone (35% testing in 2012)	250	402	305	485	775
Oxymorphone (35% testing in 2012)	485	746	604	840	1,368
Hydrocodone (39% testing in 2012)	NT	NT	NT	187	554
Hydromorphone (39% testing in 2012)	NT	NT	NT	232	622
Heroin	108	104	136	118	122
A-OH-alprazolam (23% testing in 2012)	NT	NT	NT	NT	40
Lorazepam (23% testing in 2012)	NT	NT	NT	NT	13
Nordiazepam (23% testing in 2012)	NT	NT	NT	NT	33
Oxazepam (23% testing in 2012)	NT	NT	NT	NT	134
Temazepam (23% testing in 2012)	NT	NT	NT	NT	92

Positive Rates

- Positive rates (%) by year

Year	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2004	2007	2008	2009	2010	2011	2012	2013
% Positive	3.37	2.01	1.79	0.89	0.9	0.93	0.78	0.66	0.79	0.72	0.78	1.12	1.02	1.14	1.28	1.39	1.04	1.23	1.2	1.18	1.13	0.97	0.9	0.93

System Approach to Drug Demand Reduction

- Drug Demand Reduction is first and foremost a Readiness Issue
 - Inappropriate use of prescription drug use has grown substantially
 - Need to provide deterrence for common prescription drugs
 - Medical Support
 - Need to gain better controls on the dispensing of prescription drugs
 - Need to gain better patient monitoring and transition to less addictive drugs
 - Education, treatment, and accessibility to rehabilitation services
 - Commander compliance
 - Random frequent unannounced collections
 - Increase Commanders' willingness to adjudicate urinalysis positive members
- Information Sharing
 - Coordination and access of urinalysis drug testing results with the DoD Prescription Drug Portal, medical support, line leadership, unit readiness reporting, joint pain task force, and suicide and accident prevention programs

Automated MRO Review Process

- Compares positive result to the individual's military prescription record
- Implemented on May 1, 2012
- Decreased manual MRO process (MRO "Wash")
 - Oxycodone = 78%
 - Benzodiazepines = 67%
 - Opiates = 46%
- Tricare/DoD pharmacy dependent

Adjusting the Testing Panel

- Rapid response to changing threat
 - Ecstasy, oxycodone/oxymorphone
 - Hydrocodone/hydromorphone
 - Benzodiazepines
- Prevalence testing
 - Results drive change
 - Approved by OUSD(Personnel & Readiness)
 - Short time frame (< 1 year)
- Emerging synthetic drugs
 - “Spice” - Synthetic cannabinoids
 - “Bath Salts” - Synthetic cathinones / methamphetamine

Synthetic Marijuana (Spice)

- “Spice” products present unique challenges
 - Large number of Spice drug variants that are continually changing
 - Requires a low cost automated screening procedures to facilitate large population random testing
 - Requires a screen that keeps up with the drug culture
- DoD response
 - Random testing started December 16, 2013 at 20% testing rate
 - Probable Cause/Command Directed (5,000/month)
 - Division of Forensic Toxicology, Armed Forces Medical Examiner System (AFMES) (2,500/month)
 - Air Force Drug Testing Laboratory, Lackland Air Force Base, San Antonio, TX (2,500/month)

In God we trust, everyone else must
pee in the bottle