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# ***Department of Defense Drug Demand Reduction Program (DDRP)***

**Drug Testing Advisory Board Meeting  
*June 11, 2015***

**COL Tom Martin, USA  
Director, Drug Testing and Program Policy  
Office of the Under Secretary of Defense for  
Personnel and Readiness  
Personnel Risk Reduction**



# ***Personnel Risk Reduction (PRR) Office***

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## **The Personnel Risk Reduction (PRR) office:**

**Provides Drug Demand Reduction policy, direction, oversight and program analysis**

**Dialogues with the Military Services and other Governmental Agencies to further the Department's efforts to mitigate drug abuse and reduce counterproductive "high risk behaviors"**



# ***PRR Vision & Mission***

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The vision of our office is challenging but clear:

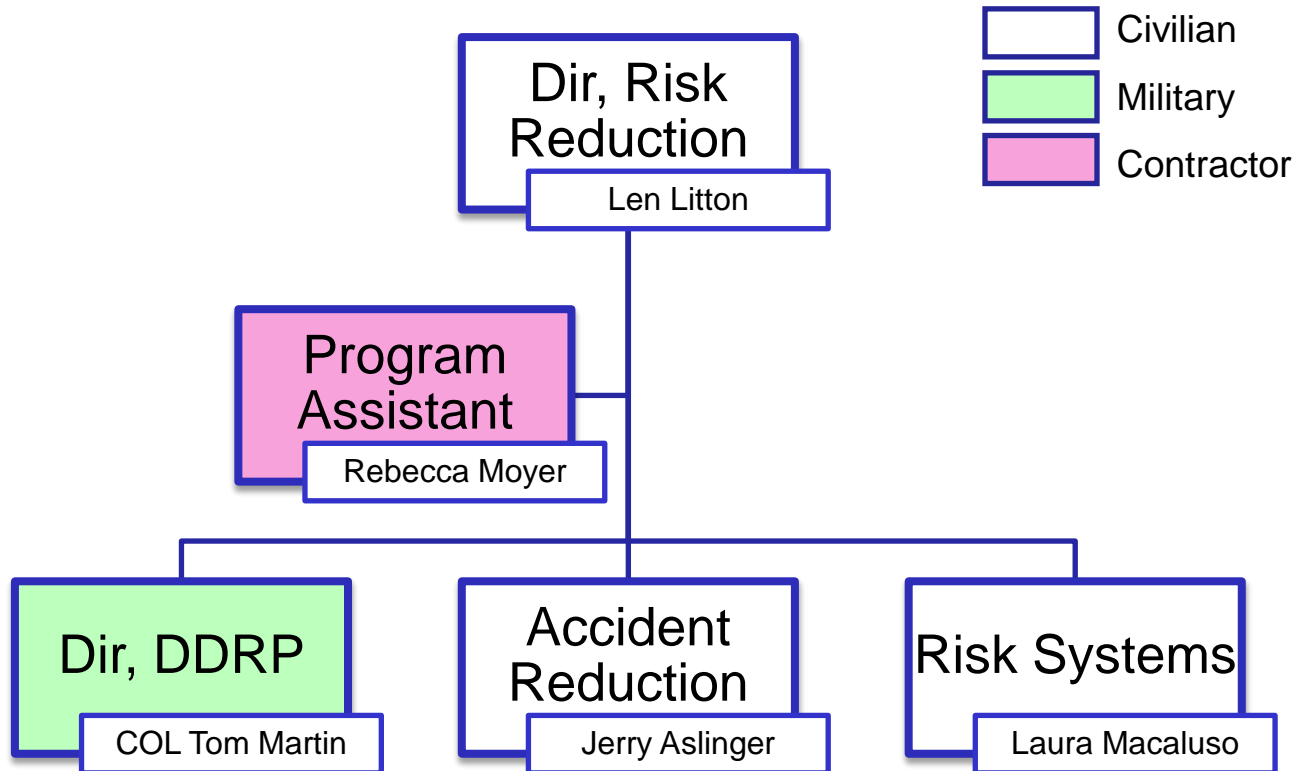
***The Department must implement timely, effective policy initiatives and appropriate directives to drive down preventable mishaps and illicit drug abuse to zero***

And our mission statement supports that vision:

***Through the leadership of the 3-Star Safety and Occupational Health Steering Group and the Addictive Substance Misuse Advisory Committee foster, encourage, and facilitate policies, programs, and initiatives that identify, mitigate, and address counterproductive high risk behaviors***



# ***Personnel Risk Reduction***





# ***P&R Equities in Addressing Illegal Drug Use***

- **Drug abuse directly affects individual and unit readiness and is a safety issue**
- **Deterrence requires a realistic and substantive ability to detect drug abuse and hold accountable individuals who chose to abuse drugs. Drug abuse crosses all ages and ranks**
  - Consumes limited resources
  - Significant loss to the Services Return on Investment
  - FY14 over 15,500 service members drug positive
- **Ten years of military conflicts has generated a large population of injured Service members due to combat or training**
  - Significant increase in the number and duration of opiate-base prescriptions issued (Oxycodone, Hydrocodone)
  - Substantial potential for dependency / addiction
  - Substantial problem in drug diversion – sharing or “trading up”



# ***DDRP Mission/Regulatory Guidance***

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- **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

- **Regulatory guidance is found in:**

- DODI 1010.01 Military Personnel Drug Abuse Testing Program
- DODI 1010.09 DoD Civilian Employee Drug-Free Workplace Program
- DODI 1010.16 Technical Procedures for the Military Personnel Drug Abuse Testing Program
- Executive Order 12564--Drug-Free Federal Workplace



# ***DDRP Driving Factors***

- **Drug abuse in the general U.S. 18-25 year old male group is estimated to be 17-20%— the population from which the Service recruits their enlisted personnel**
- **Before DoD instituted drug testing among Service personnel, drug use was a significant recurring problem**
  - Vietnam (estimated over 5% of returning service members addicted to heroin)
  - 1981 CVN Nimitz aviation mishap – 14 killed, 48 injured, 7 aircraft destroyed, 11 aircraft damaged, \$150M in damages, six deceased with detectable levels of marijuana
- **Notable increase in abuse/misuse of prescription pain medications**
- **Personnel abusing illicit drugs or prescription medications are a safety hazard resulting in the potential loss of equipment, resources, and lives**



# ***DDRP History***

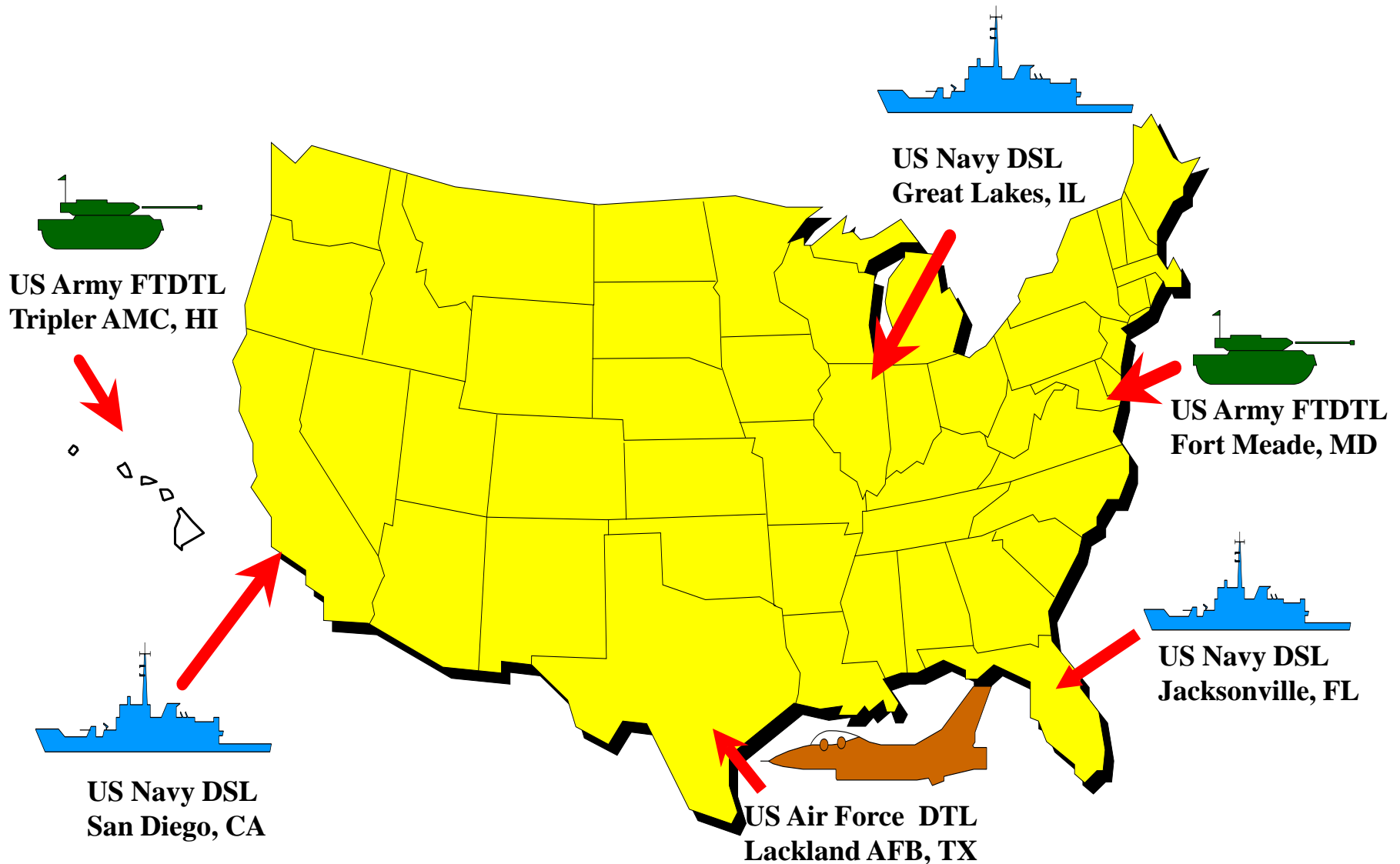
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- **Jun 11, 1971** – President Nixon directed military drug urinalysis program to identify service members with drug addiction returning from Vietnam
- **May 26, 1981** – CVN Nimitz aviation mishap – 14 killed, 48 injured, 7 aircraft destroyed, 11 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 opiates and benzodiazepines





# ***DoD Laboratories***





# ***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  $\alpha$ -OH alprazolam (100% on 1 Oct 2013)**
- **Synthetic Cannabinoids (December 16, 2013)**
- **Special request for unusual or novel drug 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 2,000**
- **Morphine 4,000**
- **MDMA/MDA 500**
- **6-AM 10**
- **Oxycodone 100**
- **Oxymorphone 100**
- **Hydrocodone 100**
- **Hydromorphone 100**
- **Benzodiazepines\* 100**
- **Synthetic cannabinoids 1**



# Current Situation

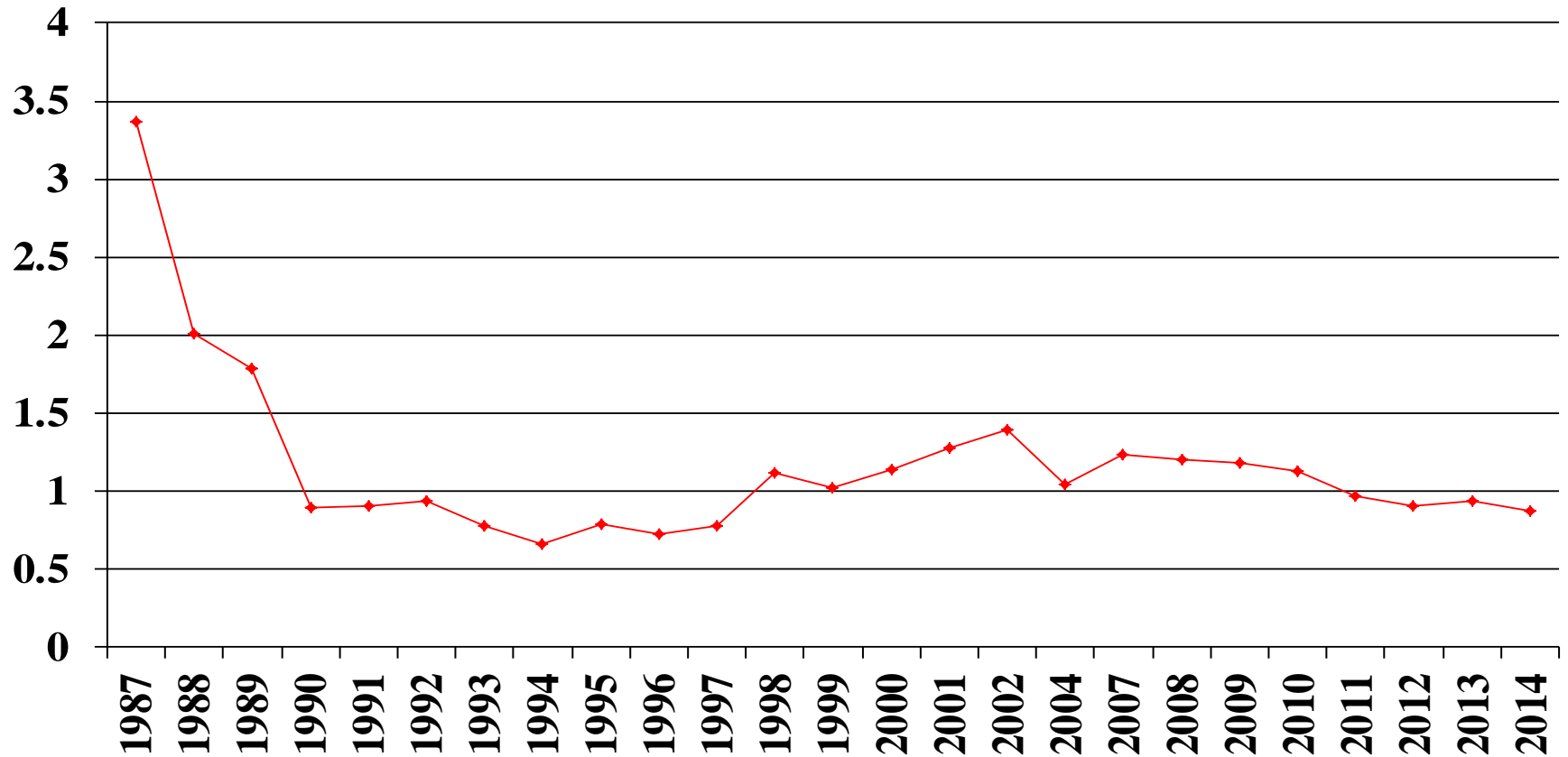
## (Positive Drug Distribution)

- ~40% decrease in opiate positives, but prescription medication abuse cause for concern!

Unique Active Duty Positive Service Members	2009 (12,368)	2010 (10,790)	2011 (8,988)	2012 (8,837)	2013 (8,948 )	2014 (7,948 )
Marijuana	8,472	6,937	5,535	5,454	5,000	4,498
Cocaine	2,864	2,309	2,025	1,714	1,195	1,120
d-Amphetamine	993	976	971	973	899	752
d-methamphetamine	624	502	507	478	439	384
MDMA (Ecstasy)	804	751	415	154	150	148
MDA (Adam)	410	334	204	101	98	91
PCP	4	3	0	0	NT	NT
Codeine (39% testing in FY 2012)	118	104	104	144	209	158
Morphine (39% testing in FY 2012)	140	165	174	194	237	169
Oxycodone (35% testing in FY 2012)	250	402	305	485	775	439
Oxymorphone (35% testing in FY 2012)	485	746	604	840	1,368	784
Hydrocodone (39% testing in FY 2012)	NT	NT	NT	187	554	285
Hydromorphone (39% testing in FY 2012)	NT	NT	NT	232	622	334
Heroin	108	104	136	118	122	115
α-hydroxy-alprazolam (23% testing in FY 2013)	NT	NT	NT	NT	40	120
Lorazepam (23% testing in FY 2013)	NT	NT	NT	NT	13	63
Nordiazepam (23% testing in FY 2013)	NT	NT	NT	NT	33	90
Oxazepam (23% testing in FY 2013)	NT	NT	NT	NT	134	351
Temazepam (23% testing in FY 2013)	NT	NT	NT	NT	92	256

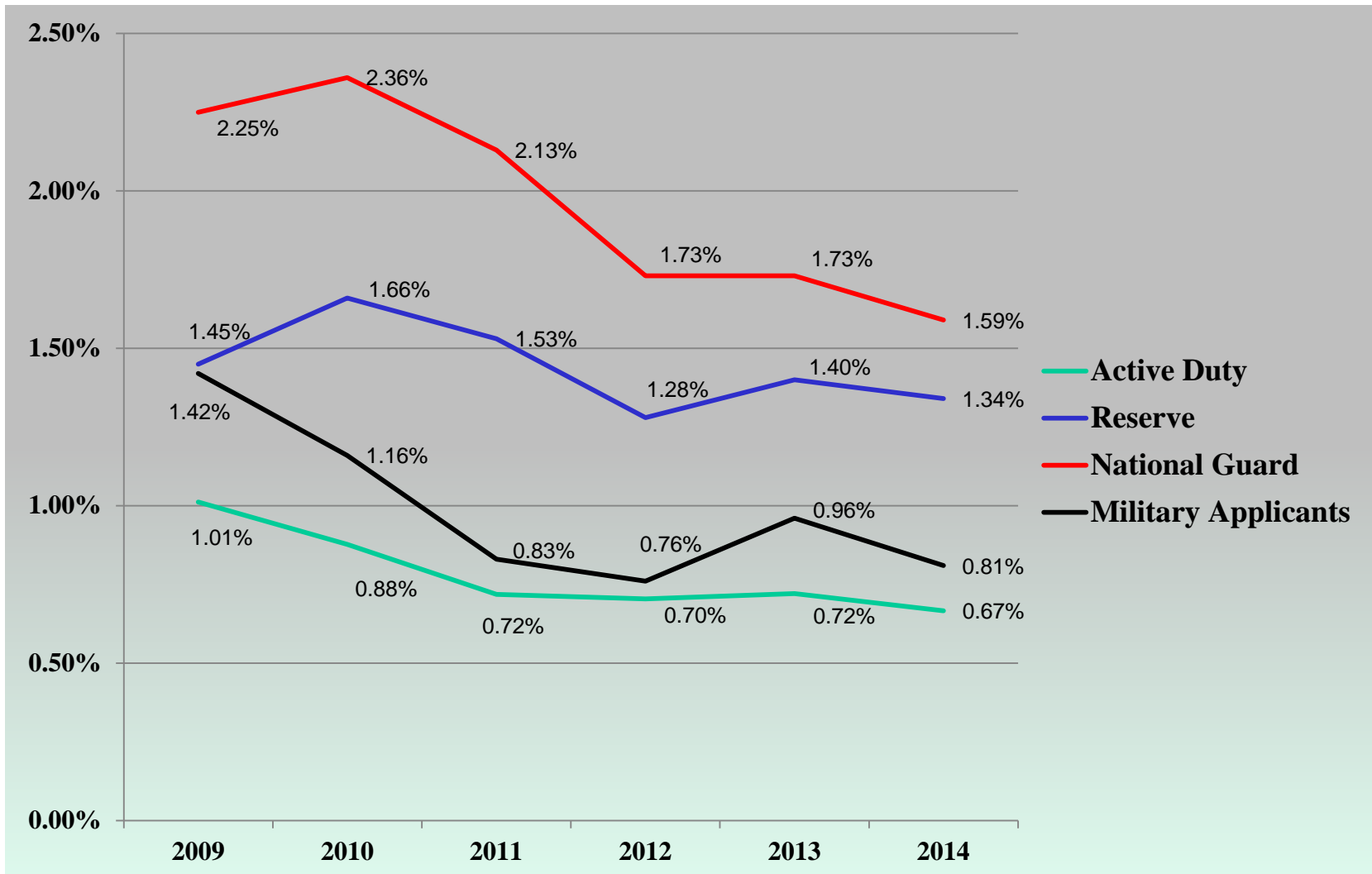


# *Overall Military Positive Rate*





# ***Positive Rate by Component***





# ***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
- **DoD response**
  - Random testing started December 16, 2013
  - 0.023 positive rate (similar to MDMA) in CY 2014
- **Adding five metabolites May 2015**
  - 5F-PB22
  - MAM-2201
  - AB-Chminaca
  - AB-Fubinaca
  - AB-Pinaca



# ***Adjusting the Testing Panel***

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- **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
  - Supplement Additives





# ***Automated MRO Review Process***

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- **Compares positive result to the individual's military prescription record**
- **Implemented on May 1, 2012**
- **Decreased manual MRO process (MRO "Wash")**
- **Tricare/DoD pharmacy dependent**
- **FY 2014 Summary**
  - Oxycodone = 78% (12,586 positives "washed")
  - Benzodiazepines = 67% (11,838 positives "washed")
  - Opiates = 46% (11,443 positives "washed")



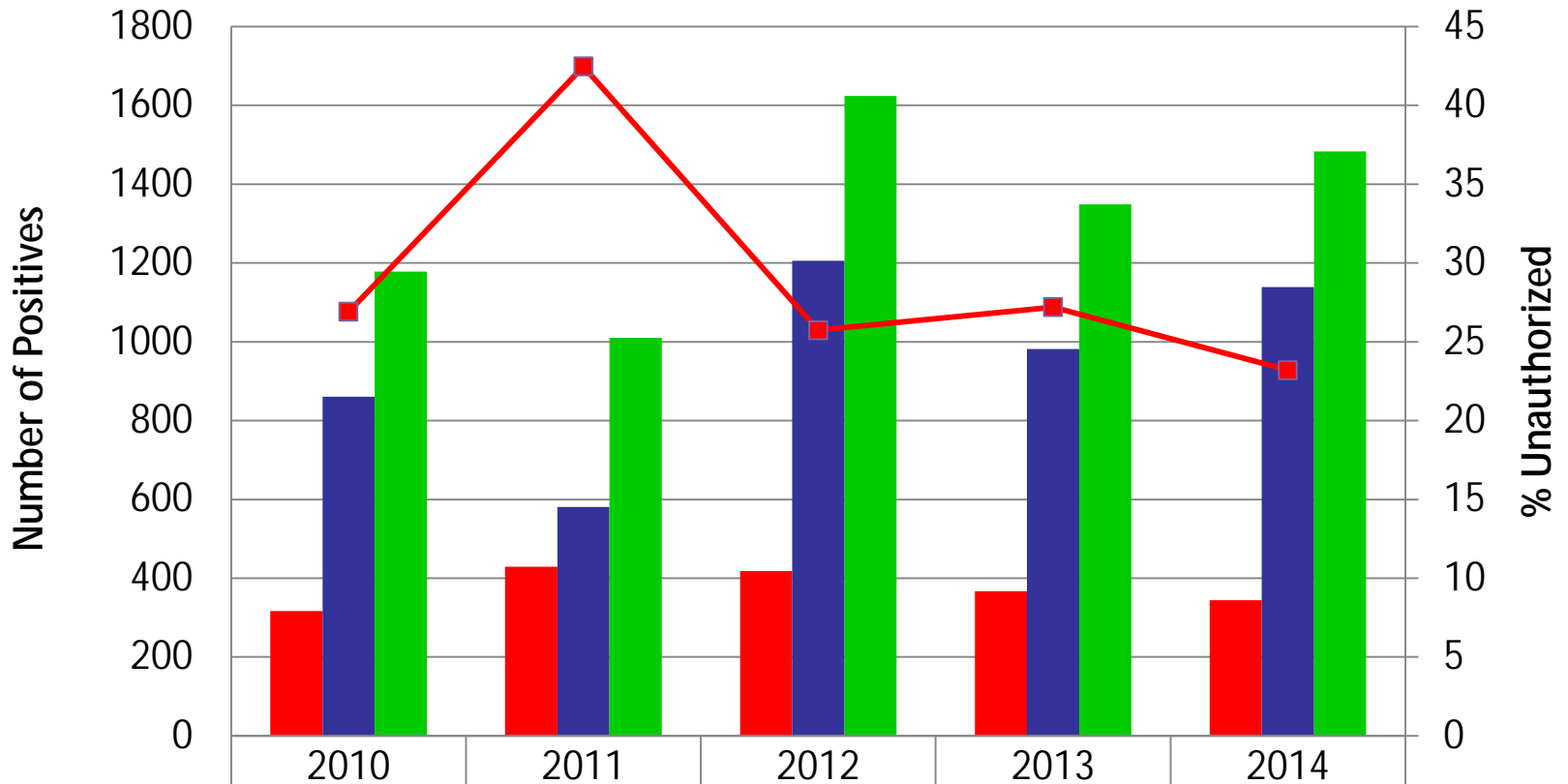
# ***DoD Agencies' Testing Results***

FY	TDPs Tested	TDPs Positive	TDP Positive Rate	Applicants Tested	Applicants Positive	Applicant Positive Rate	Combined Positive Rate
2012	114,374	420	0.37	30,295	121	0.40	0.37
2013	117,041	443	0.38	24,146	97	0.40	0.38
2014	116,108	413	0.36	27,845	77	0.28	0.34





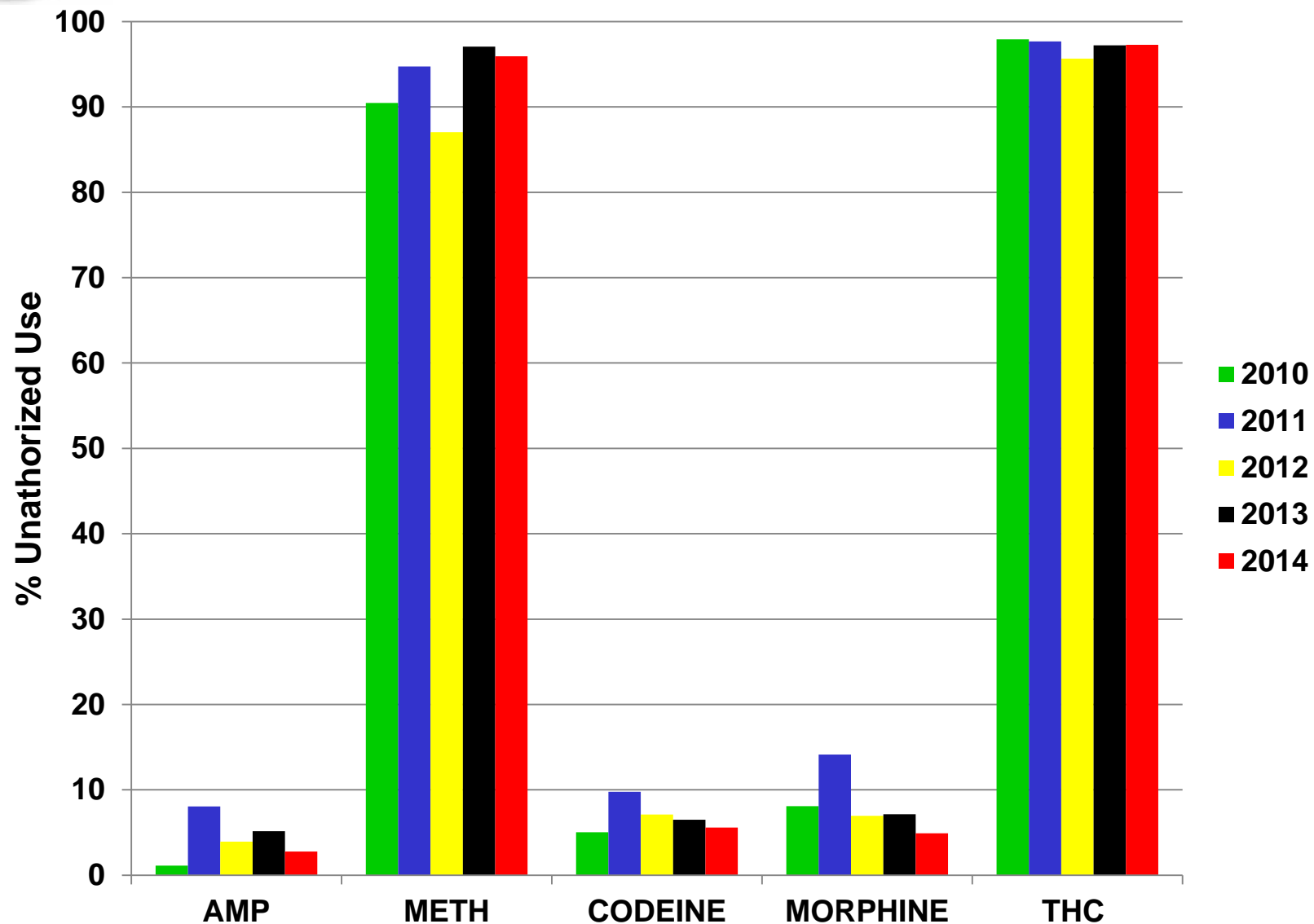
# Laboratory vs. MRO Positives



Unauthorized	317	429	418	367	344
Authorized	861	581	1206	982	1139
Total	1178	1010	1624	1349	1483
% Unauthorized	26.91	42.48	25.74	27.21	23.2

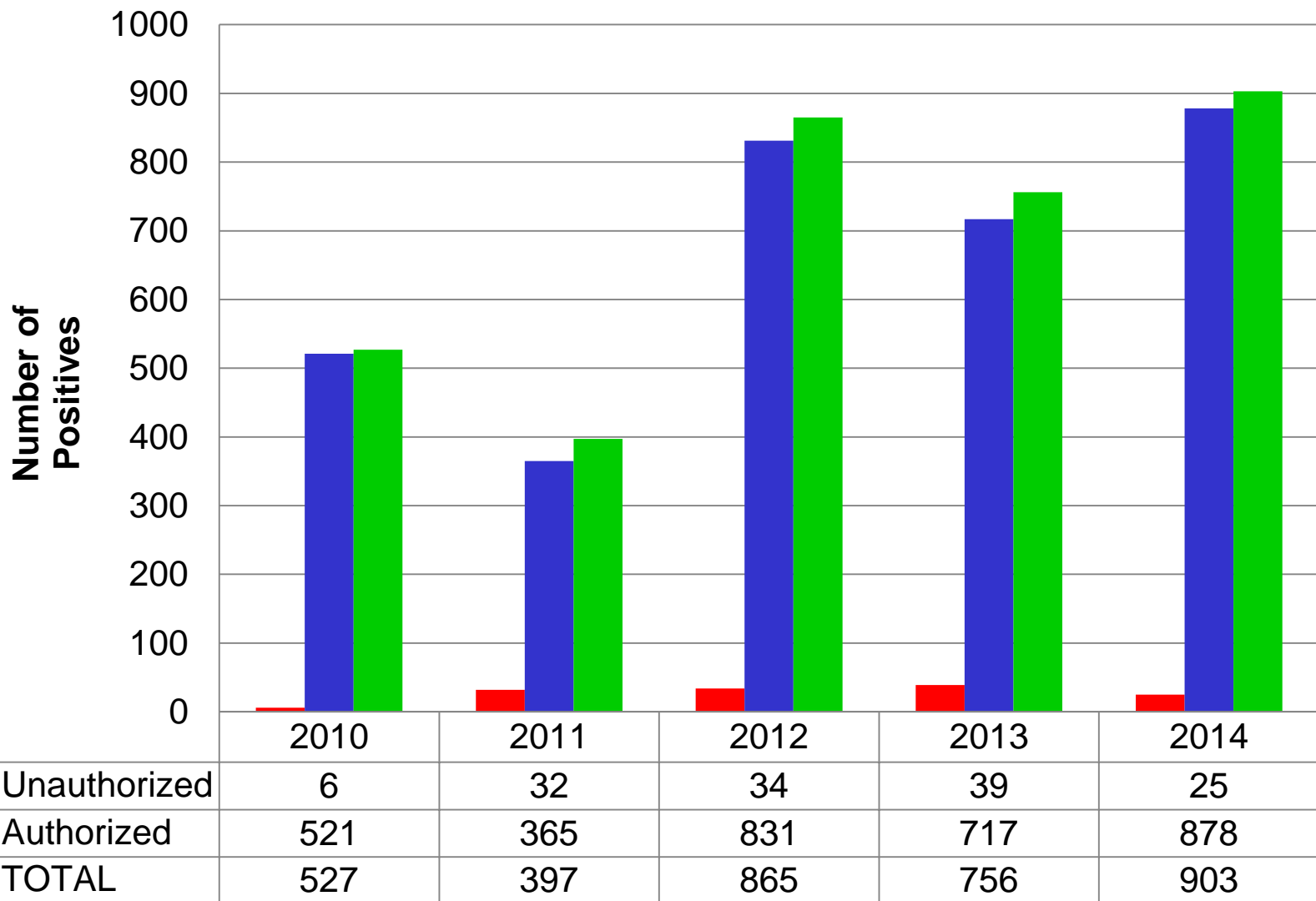


# Overall MRO Data by Drug



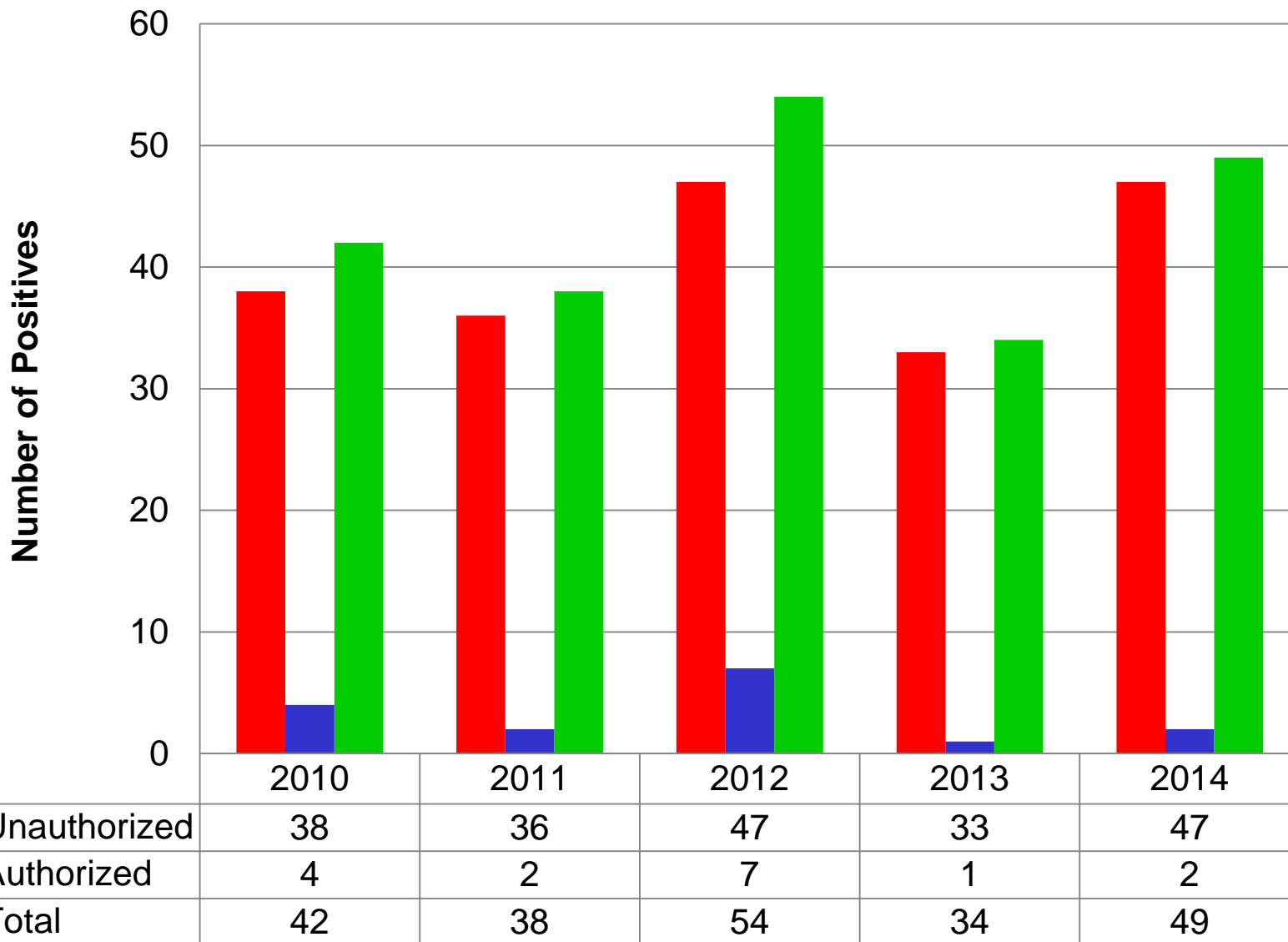


# AMPHETAMINE



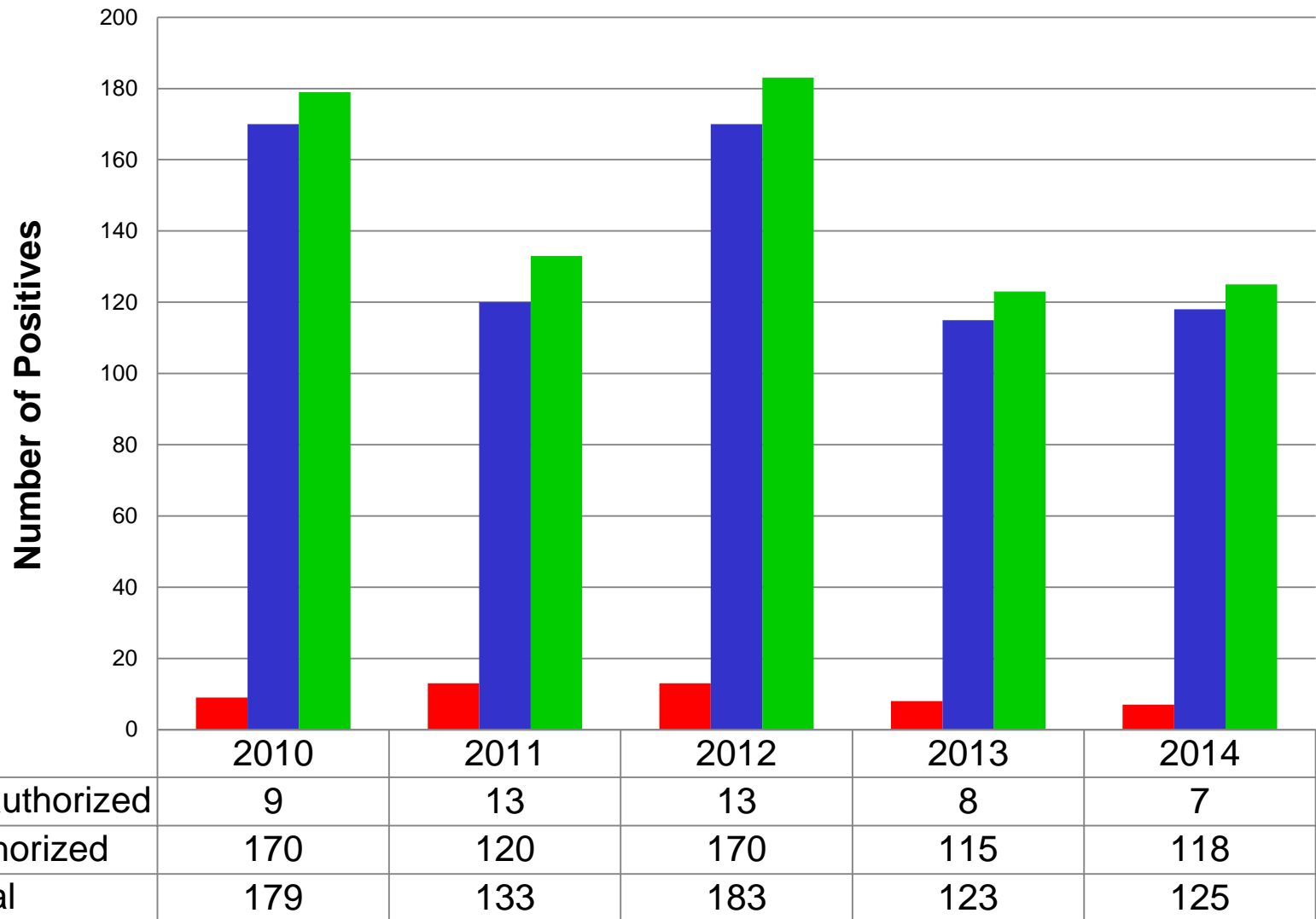


# ***METHAMPHETAMINE***





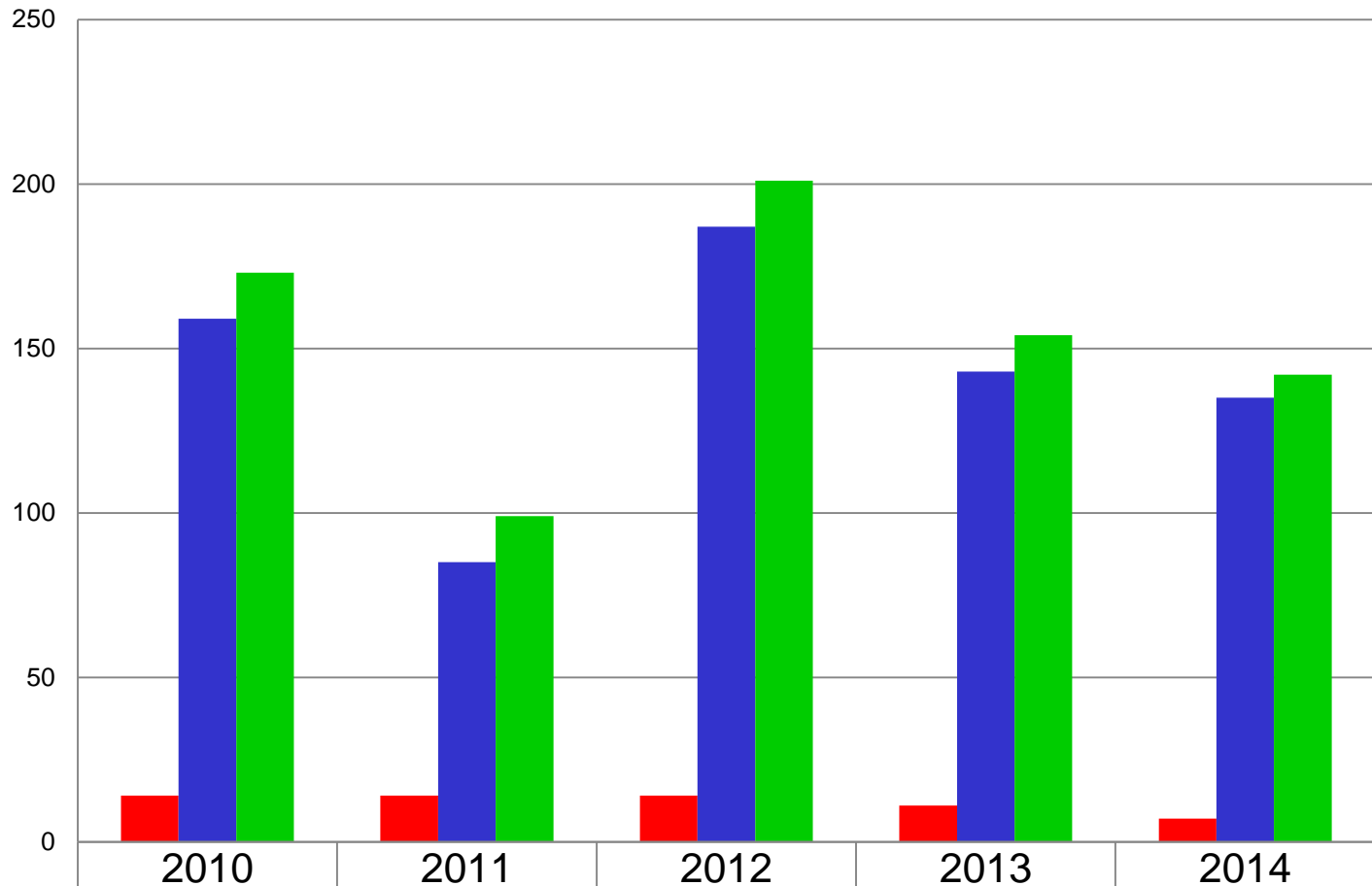
# CODEINE





# ***MORPHINE***

**Number of Positives**



Unauthorized	14	14	14	11	7
Authorized	159	85	187	143	135
Total	173	99	201	154	142





In God We Trust, Everybody  
Else Must Pee In The Bottle

