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ARMY REGULATION  
No. 600-84

HEADQUARTERS  
DEPARTMENT OF THE ARMY  
WASHINGTON, DC, 15 November 1973

PERSONNEL—GENERAL  
DRUG ABUSE TESTING PROGRAM

Effective 1 January 1974

*This regulation implements DOD Instruction 1010.1. Local limited supplementation of this regulation is permitted but is not required. If supplements are issued, Army Staff agencies and major Army commands will furnish one copy of each to HQDA (DAPE-HRA) WASH DC 20310; other commands will furnish one copy of each to the next higher headquarters.*

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\*This regulation together with DA Pamphlet 600-18, 15 November 1973, supersedes DA Circular 600-84, 1 May 1972 and so much of DA message DAPE-HRA 261960Z Oct 73 (U), subject; Extension of Cir 600-84 and Cir 600-85, as pertains to Cir 600-84; DA message DAPE-DDD 241505Z Jul 72 (U), subject; Change in Urinalysis Testing Criteria; DA message DAPE-HRA 032145Z Jan 73 (U), subject; Shipment of Urine Specimens for the Drug Abuse Testing Program; DA message DAPE-HRA 252025Z May 73 (U), subject; The Drug Testing Program; and paragraph 1, DA message DAPE-HRA 011140Z Aug 73 (U), subject; Changes in DA Circulars 600-84 and 600-85.

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## Section I. GENERAL

**1. Purpose and scope.** This regulation establishes policies and procedures and assigns responsibilities for the Department of the Army Drug Abuse Testing Program.

**2. Objectives.** The objectives of the Drug Abuse Testing Program are early identification of drug abusers, deterrence of experimental and casual drug use, and development of data on the prevalence of drug abuse within the Army.

**3. Policies.** *a. Concept.* Biochemical testing of urine can detect various drugs, including amphetamines, barbiturates, and opiates, with a high degree of specificity. Therefore, a product containing any of these drugs, even if taken into the body several days prior to the test, may yield a positive result. Current laboratory methodology is such that virtually no false positives are reported.

*b. Personnel to be tested.*

(1) Military personnel 26 years of age and below on active duty or active duty for training for more than 30 days will be subject to testing in accordance with random methods at or above the frequencies given in appendix A. (Military personnel 27 years of age or older may be tested as part of unannounced random unit screens at the discretion of the commander concerned.) In addition, mandatory testing of these personnel is required at the following events:

(a) Initial entry on active duty and initial active duty for training.

(b) Re-entry of prior service personnel.

(c) DEROS from Thailand.

(2) The following categories of high vulnerability personnel will be tested at the frequency indicated.

(a) Identified military alcohol and other drug abusers enrolled in a rehabilitation program—three tests per week for 8 consecutive weeks; two tests per month for 10 months of followup.

(b) Military personnel participating in a mandatory urine surveillance program—three tests per week for 8 consecutive weeks.

(c) Military and civilian alcohol and drug treatment and rehabilitation staff personnel whose duties involve contact with personnel enrolled in a program of treatment or rehabilitation for alcohol or other drug abuse—one test per week, with test date randomly selected.

(3) Commanders are allowed the flexibility of conducting additional testing peculiar to local areas or for locally determined needs. (See procedures in para 6.)

**4. Responsibilities.** *a. The Deputy Chief of Staff for Personnel.* General Staff supervision of the Army Drug Abuse Testing Program.

*b. The Surgeon General.*

(1) Provide the laboratory testing capability to support Army's OSD-assigned responsibilities in CONUS.

(2) Prescribe the methodology to be used by the laboratories supporting the Army Drug Abuse Testing Program.

(3) Provide general guidance for the collection and shipment of specimens.

(4) Collect and evaluate biostatistical data related to the test program.

*c. Major Army commanders.* Designate an officer to coordinate and monitor the drug testing program and function as a command point of contact.

*d. Commanders of FORSCOM, TRADOC, AMC, USASA, MTMTS, USAHSC, USACC, ARADCOM, USAREC, MDW, and overseas commands.*

(1) Monitor the implementation of the Drug Abuse Testing Program at installations and activities over which jurisdiction is exercised.

(2) Designate specimen collecting points at appropriate locations to collect and ship specimens to the responsible laboratory identified in appendix B.

(3) Establish and monitor specimen submission quotas for collection points identified in (2) above.

(4) Establish contact and coordination with the laboratory servicing their geographic area of command.

*e. United States Army, Pacific.* In addition to the responsibilities listed in *c* and *d* above, the Commander in Chief, United States Army, Pacific will establish laboratory facilities to test urine specimens for all members of the Army, Navy, Air Force, Marine Corps, and Coast Guard in the Pacific area command.

*f. Installation commanders.*

(1) Appoint an officer as installation test program coordinator and installation point of contact.

(2) Forward required reports to The Surgeon General.

(3) Establish and maintain coordination with the laboratory providing support to the installation.

(4) Insure that the installation drug testing program conforms to guidelines in paragraphs 5 through 8.

*g. Drug testing laboratories.*

(1) Provide testing service to all Army, Navy, Air Force, Marine Corps, and Coast Guard installations and activities within their geographic area of responsibility as shown in appendix B. (Air Force and Navy laboratories will provide testing service to Army installations and activities located within their geographic areas of responsibility.)

(2) Exercise internal quality control surveillance to insure maintenance of the minimum drug detection sensitivity levels as follows:

(a) Total morphine—0.5 microgram/milliliter.

(b) Methadone/codeine—1.0 microgram/milliliter.

(c) Amphetamines—5.0 microgram/milliliter.

(d) Barbiturates—1.0 microgram/milliliter.

(3) Report to the originating agency, electrically or telephonically, within 48 hours of receipt of specimens, confirmed positive results and a statement that the balance of the specimens were negative. The completed DD Form 1892 (Drug Screening Urinalysis Record) will also be dispatched at this time to the originating agency. (See para 7b(5).) If MINIMIZE is in effect, data will continue to be transmitted via electrical means or by telephone.

(4) Confirm positive tests by the use of gas liquid chromatography (GLC). Laboratory reports will be based only upon confirmed (GLC) results.

(5) Establish and maintain direct technical liaison, to the extent considered necessary and desirable, with other testing laboratories for purposes of standardization of methodology and the exchange of technical information which may be of mutual benefit.

*h. The Armed Forces Institute of Pathology.*

(1) Perform quality control testing for all Army, Air Force, Navy, and commercially operated laboratories.

(2) Provide laboratory quality control reports for the use of the Military Departments and OASD(H&E) in determining laboratory proficiency.

## Section II. PROCEDURES

5. **Random testing.** Biochemical testing of randomly selected personnel is the keystone of the Drug Abuse Testing Program. Installation random testing programs will be designed and implemented to:

*a.* Insure a relatively constant workload on the urine testing labs.

*b.* Provide a completely random system of selecting those to be tested so that a unit's or an individual's chances for testing will remain relatively constant throughout the year.

*c.* Be completely unannounced to the units or individuals to be tested.

*d.* Be invulnerable to prediction based on historical analysis.

*e.* Be capable of adjusting to changing requirements.

*f.* Insure that selected personnel are tested within 48 hours after notification. Rosters of personnel selected, annotated with a brief explanation

of the reason for any selected individual's failing to be tested, will be maintained and retained for 1 year.

*g.* Use one of the selection schemes described in DA Pamphlet 600-18. Requests to use alternate selection schemes will be forwarded to HQDA (DAPE-HRA), WASH DC 20310.

6. **Additional commander-directed testing.** Commanders desiring to conduct additional testing referred to in paragraph 3b(3) will follow the procedures in *a* and *b* below.

*a.* Requests to implement event testing beyond that required in paragraph 3b(1) will be forwarded to HQDA (DAPE-HRA), WASH DC 20310.

*b.* Requests for testing on a one-time basis will be forwarded to the major command coordination officer for determination of laboratory capability.

**7. Collection and transportation of urine specimens.** *a.* Collection of urine specimens is a responsibility of the installation commander.

*b.* Urine specimens will be collected for testing under direct observation for male personnel; alternate procedures which insure that a valid specimen is obtained may be used for female personnel.

(1) Samples will contain a minimum volume of 60 milliliters.

(2) Specific gravity should be measured when suspicion of urine dilution exists. When specific gravity is less than 1.010, a more concentrated urine specimen will be obtained.

(3) Samples will be properly labeled and forwarded for transportation within 24 hours of collection.

(4) Bottle, Urine Specimen, Shipping, 120s; U/I—Package, FSN 6640-165-5778, will be used exclusively in shipping urine samples.

(5) DD Form 1892 (Drug Screening Urinalysis Record) will be completed and forwarded with specimens by the submitting unit. In addition, a DD Form 1155 (Order for Supplies or Services) will be included with specimens forwarded to a civilian contract laboratory.

*c.* Urine specimens will be shipped without preservative or refrigeration to the appropriate testing laboratory by the method of expedited transportation which will insure delivery at the earliest practicable date but not later than 3 days after sample collection.

(1) Shipments will be assigned transportation priority one, with a required delivery date (RDD) 3 days after the date on which the specimen was taken. The priority and RDD will be entered in the appropriate blocks of DD Form 1384 (Transportation Control and Movement Document) or in the "Description of Contents" block of the US Government bill of lading.

(2) Transportation officers will arrange for movement of these samples by expedited surface transportation; the Military Airlift Command transportation system; nonindustrially funded military organic aircraft; US flag commercial air freight; air express; air freight forwarder; or, when none of these can satisfy the movement requirement, by foreign flag air carriers.

*d.* Specimens which have been collected from military service members participating in rehabili-

tation programs will be clearly identified by the collecting agency with the word "REHAB" at the top of each DD Form 1892 and on each specimen bottle. "REHAB" specimens will be shipped in separate cardboard containers from routine specimens so that they may be easily identified on receipt at the laboratories. Drug testing laboratories will accord all "REHAB" specimens priority testing by inserting them in production lines ahead of all routine specimens awaiting testing.

**8. Confirmation of positive laboratory results.** To confirm or discount a finding of drug abuse when the only evidence consists of a positive urine test, a careful evaluation of the Service member must be conducted. The expertise of a variety of specialists in the treatment of drug abuse will be employed in performing the overall evaluation in determining if drug abuse has occurred.

*a. Clinical evaluation.* A medical officer will perform the clinical evaluation in accordance with TB MED 290 and, during the course of the examination, will take one of the following actions:

(1) If he determines that the use of the drug identified in the Military Service member's urine was authorized, he may dismiss the member from any further evaluation.

(2) If medical treatment is required for drug dependency or abuse or drug related illness, he should immediately enter the Service member into detoxification or treatment.

(3) If he confirms drug abuse, but the Service member does not require immediate medical treatment, the Service member will be referred for social evaluation.

(4) If he is unable medically to confirm drug abuse or verify the authorized use of the identified drug, the Service member must be referred for social evaluation.

*b. Social evaluation.* The installation commander will designate a person experienced in the evaluation of drug abuse (e.g., psychologist, social worker, rehabilitation counselor) to conduct a social investigation of members referred for evaluation (*a*(3) and (4) above). The social evaluator will prepare a recommendation for use in the final determination, utilizing all available information such as command or supervisory comments related to conduct and performance of duty; the Service member's personnel record; and any other demographic or investigative data available.

*c. Joint medical/social consultation.* The medical officer and the social evaluator should confer regarding their separate findings on members referred to them (a(3) and (4) above) and prepare recommendations for a future course of action for use by the commander in making a final determination. If clinical evidence of drug abuse has been found by the medical officer, the joint consultation should result in a recommendation for a specific course of treatment and rehabilitation for the Service member.

*d. Commander's determination.* Based on the medical officer's report of clinical evaluation or the joint consultation, the installation commander (in coordination with the tenant unit commander, when applicable) will make one of the following determinations:

(1) The Service member who has been medically diagnosed as a drug abuser or as drug dependent will be entered into an appropriate treatment and rehabilitation program.

(2) The Service member for whom the evalua-

tion process has provided inconclusive evidence of drug abuse will be placed in a urine surveillance program as described in paragraph 9.

(3) If additional evidence, either medical or social, is completely lacking to support confirmation of drug abuse, the commander may assume that an administrative error (e.g., erroneous log entry) was made in the testing process and may release the Service member from the program.

**9. Urine surveillance program.** The urine surveillance program consists of the mandatory submission by a Service member of three urine specimens per week for an 8-week period of continuing evaluation. This frequency of testing at proper intervals is sufficient to detect the abuse of identifiable drugs. If, at the conclusion of the 8-week period, all tests have been negative, the member may be released from the surveillance program. If a test is positive during the surveillance period, the member must be reevaluated by returning through the same evaluation sequence described in paragraph 8.

**APPENDIX A**  
**RANDOM TESTING FREQUENCIES**

**A-1. High risk areas. Frequency—3.0 tests per year per person.**

- a. Thailand.
- b. Philippines.
- c. Okinawa.
- d. Taiwan.

**A-2. Moderate risk areas. Frequency—1.6 tests per year per person.**

- a. *Overseas.*
  - (1) Europe and the Middle East.
  - (2) Korea.
  - (3) Panama.
- b. *CONUS.*
  - (1) California.
  - (2) Connecticut.
  - (3) Maine.
  - (4) Massachusetts.
  - (5) New Hampshire.
  - (6) New Jersey.
  - (7) New York.
  - (8) Oregon.
  - (9) Rhode Island.
  - (10) Vermont.
  - (11) Washington.

**A-3. Minimum risk areas. Frequency—1.2 tests per year per person. All geographical areas not listed above.**

## APPENDIX B

## AREA RESPONSIBILITIES OF SUPPORTING LABORATORIES

## CONUS

<i>Laboratory</i>	<i>Area supported</i>
Biochemical Procedures*----- 12020 Chandler Blvd North Hollywood, CA 91607 Area code 213, 980-0700	Alabama, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Kansas, Kentucky, Maine, Maryland, Mas- sachusetts, Missouri, Montana, Ne- braska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Utah, Vermont, Washington, West Virginia, Wyo- ming
Epidemiology Laboratory----- USAF School of Aerospace Medicine Brooke AFB San Antonio, TX 78235 AUTOVON: 240-2604	Arkansas, Louisiana, Mississippi, Okla- homa, Texas
Drug Screening Laboratory----- Naval Hospital Great Lakes, IL 60088 AUTOVON: 792-3651	Illinois, Indiana, Iowa, Michigan, Min- nesota, Virginia, Wisconsin
Drug Screening Laboratory----- Naval Hospital Jacksonville, FL 32214 AUTOVON: 942-2497	Florida, South Carolina
Drug Screening Laboratory----- Naval Hospital Portsmouth, VA 23508	North Carolina

## OVER SEAS

Biochemical Procedures*----- 12020 Chandler Blvd North Hollywood, CA 91607 Area code 213, 980-0700	Alaska
Drug Screening Laboratory----- Naval Hospital Jacksonville, FL 32214 AUTOVON: 942-2497	Southern Command

\*Commercial laboratory under contract. An Army officer is assigned to this facility as a point of contact.

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<i>Laboratory</i>	<i>Area supported</i>
Drug Screening Laboratory..... USAF Hospital Weisbaden, Germany APO NY 09633	European Command
Drug Screening Laboratory..... USA Medical Component (SEATO) APO SF 96346 (Thailand)	Philippines, Thailand
USA Medical Laboratory Pacific..... Drug Screening Laboratory APO SF 96343 (Japan)	Korea, Japan, Okinawa, Taiwan
USA Tripler Medical Center Hawaii. Drug Screening Laboratory Schofield Barracks APO SF 96557	Hawaii



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The proponent agency of this regulation is the Office of the Deputy Chief of Staff for Personnel. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications) to HQDA (DAPE-HRA), WASH DC 20310.

By Order of the Secretary of the Army:

CREIGHTON W. ABRAMS  
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