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*National Guard Regulation (AR) 600-85

Personnel - General

DRUG ABUSE PREVENTION AND CONTROL

Summary. This is a first time publication of National Guard Bureau guidance to an expanding Army National Guard Alcohol and Drug Abuse Prevention and Control Program (ARNG ADAPCP). This regulation implements DOD Directives 1010.1 and 1010.4, and AR 600-85. It is designed to assist State Adjutants General, commanders, and other personnel who are responsible for the ARNG ADAPCP. This regulation will be updated and revised to reflect changes in the ARNG ADAPCP and in response to State needs for additional guidance and information.

Applicability. This regulation applies to the Army National Guard. It applies to personnel governed by chapter 9, "*Army National Guard and Army Reserve*" of AR 600-85. This regulation does not apply to ARNG soldiers engaged in activities conducted in a State active duty status; these are governed by appropriate State laws.

Internal Control System. This regulation is not subject to the requirements of AR 11-2. It does not contain internal control provisions.

Impact on New Manning System. This regulation does not contain information that affects the New Manning System.

Supplementation. This regulation must be supplemented at State level as described herein. Supplementation must be approved by the National Guard Bureau (NGB-HR) prior to publication.

Interim Changes. Interim changes to this regulation are not official unless they are authorized by the Executive, National Guard Bureau. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested Improvements. The proponent agency for this regulation is the Office of Human Resources, National Guard Bureau (NGB-HR). Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to NGB-HR, Washington, DC 20310-2500.

Contents (Listed by paragraph)

Foreword

Chapter 1
General
Purpose 1-1
References 1-2
Relevant citation 1-3
Explanation of abbreviations and terms 1-4
Responsibilities 1-5
Alcohol and drug abuse 1-6
Policy 1-7
Referral, punishment, and separation 1-8

Chapter 2
Program Administration
General 2-1
State guidance 2-2
Drug and alcohol testing programs 2-3

Funding considerations 2-4
Quotas and laboratories for ARNG drug testing 2-5
Quota allocation process .. 2-6
Drug intervention councils. 2-7
Training requirements 2-8
Records and reports 2-9

Chapter 3
Identification, Referral, and Separation
Identification of drug abusers 3-1
Urinalysis test results ... 3-2
Suspension of favorable personnel actions 3-3
Referral of drug abusers .. 3-4
Administrative separation of drug abusers 3-5

Chapter 4
Limited Use Policy
General 4-1
Legal aspects of ARNG ADAPCP 4-2
Effect on disciplinary and administrative actions 4-3
Urinalysis tests 4-4
Self referral 4-5
Admission of drug abuse ... 4-6
Emergency medical care 4-7

Chapter 5
Drug Testing Procedures
Commander directed ARNG urinalysis testing 5-1
Integrity of the drug testing process 5-2
Chain of custody 5-3
Types of drug tests 5-4
Medical evaluations 5-5
Drug testing supplies 5-6
Accession testing 5-7

Appendixes
A. FTDTL Addresses and State Assignments
B. Quota Projection Formats
C. ADAPCP State Service Area Codes
D. Military Rules of Evidence
E. Guidance for Drug Testing

Glossary

FOREWORD

For over 200 years, citizen soldiers of the Guard have contributed to the security and the welfare of our nation at home and abroad. Today, the National Guard is playing a major role in assisting civilian law enforcement agencies in the detection of illegal drugs and in the interdiction of drug trafficking.

The war on drugs starts at home and we must increase our efforts to fight that war within the Guard. Drug abuse by members of the National Guard jeopardizes our effectiveness and combat readiness. Drug abuse will not be tolerated. We urge all Adjutants General, commanders, officers, NCOs, and soldiers to make a commitment to eradicate drug abuse within the National Guard.

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Chapter 1
General

1-1. Purpose
This regulation establishes policies, procedures, and responsibilities for the Army National Guard Alcohol and Drug Abuse Prevention and Control Program (ARNG ADAPCP). It is also designed to provide information, assistance, and guidance to Adjutants General, commanders, and other individuals responsible for managing the ARNG ADAPCP. The focus of this regulation is primarily on the prevention and control of drug, rather than alcohol, abuse. This regulation must be used in conjunction with AR 600-85.

1-2. References

a. Required publication.
AR 600-85 (Alcohol and Drug Abuse Prevention and Control Program). (Cited in paras 1-1, 1-3, 2-2, 5-4*d*, 5-5*b*, 2-9*a* and *d*, 3-4*b*, 4-1, 4-2, 4-3*b*, 4-5*b*, 5-1*a(1)*, and Glossary.)

b. Related publications.
(1) AR 50-5 (Nuclear Surety).
(2) AR 135-175 (Separation of Officers).
(3) AR 135-178 (Separation of Enlisted Personnel).
(4) AR 600-8-2 (Suspension of Favorable Personnel Actions).
(5) NGR 600-200 (Enlisted Personnel Management).
(6) NGR 635-100 (Termination of Appointment and Withdrawal of Federal Recognition).

1-3. Relevant citation
Army National Guard soldiers serving on active duty (AD) in the following categories are also governed by the provisions of AR 600-85 that are applicable to active component (AC) Army personnel:

a. Initial active duty training (IADT).

b. Special tours of active duty training (ADT) of 30 days or more.

c. Involuntary ADT of 45 days.

d. AGR status under Title 10 or Title 32, United States Code.

e. Other AD of 30 days or more that is not for training.

1-4. Explanation of abbreviations and terms
Abbreviations and special terms used in this regulation are explained in the glossary.

1-5. Responsibilities

a. Chief, National Guard Bureau (CNGB) and Director, Army National Guard (DARNG). CNGB and DARNG will direct the development and the execution of plans, policies, and procedures of the Army National Guard Alcohol and Drug Abuse Prevention and Control Program (ARNG ADAPCP).

b. Chief, Office of Human Resources (NGB-HR). NGB-HR will administer, manage, and provide policy direction to the Army National Guard Alcohol and Drug Abuse Prevention and Control Program on behalf of DARNG and CNGB. NGB-HR will--
(1) Establish requirements and prepare budget requests for ARNG funds to support the urinalysis testing program support of the ARNG ADAPCP.
(2) Determine, allocate, and manage urinalysis quotas for the States and territories.
(3) Provide liaison with HQDA and other agencies on alcohol and drug abuse prevention and control matters.

c. Chief, Office of Military Support (NGB-MS). NGB-MS will provide NGB-HR with projected estimates of the number of personnel supporting drug eradication and interdiction operations who will have to undergo urinalysis testing.

d. Chief, Personnel Division (NGB-ARP). NGB-ARP will provide NGB-HR with projected estimates of the number of personnel who will have to undergo urinalysis testing as part of the accession testing program.

e. State Adjutants General. State Adjutants General will provide program management and operational supervision of the ARNG ADAPCP within their States or territories. They will--

(1) Ensure that the policies and standards, enunciating that substance abuse is not tolerated, are clearly understood and adhered to by all members of the ARNG.

(2) Designate an Alcohol and Drug Control Officer (ADCO) at the State Area Command level.

f. State Alcohol and Drug Control Officers (ADCO). ADCO will act as the principal staff officers for coordinating and managing the ARNG ADAPCP for the Adjutant General. They will--

(1) Coordinate State ARNG activities in the area of substance abuse, to include prevention, training, identification, education, referral and follow-up, and program evaluation.

(2) Manage and allocate drug testing quotas within the State according to the policies and priorities established by the National Guard Bureau and the State Adjutant General.

(3) Establish and maintain coordination with the State's assigned Forensic Toxicology Drug Testing Laboratory (FTDTL).

(4) Assign unit service area codes to each unit that is to send urine specimens to the FTDTL.

(5) Develop, coordinate, and recommend State and local ADAPCP policies and procedures for implementation.

(6) Provide periodic program evaluation to the Adjutant General and required reports to the National Guard Bureau.

(7) Be responsible for the administrative maintenance of all ADAPCP records and reports.

(8) Identify State certified, community-based drug and alcohol referral, counseling, and rehabilitation services and ensure that this information is made available to unit commanders for use in their referral process.

(9) Serve as a member of the drug intervention council.

g. Unit Alcohol and Drug Coordinators (UADCs). These individuals are appointed on orders at the unit level and are responsible for--

(1) Assisting the unit commander in carrying out the responsibilities of the ARNG ADAPCP, to include urinalysis testing.

(2) Being familiar with the chain of custody procedures and the procedures for the conduct of urinalysis testing.

(3) Providing instructional support for required drug and alcohol classes.

(4) Maintaining unit ADAPCP records and reports, to include individual records.

1-6. Alcohol and drug abuse

The ADAPCP targets both alcohol and drug abuse. However, it is important to understand that there is a distinction between the use and abuse of alcohol versus the use and abuse of illegal drugs.

a. As stated in AR 600-85, the use of alcohol is legally and socially acceptable. Possession and use of alcohol, in appropriate circumstances, by persons of legal

age, is permitted. However, impairment resulting from excessive use of alcohol or blood alcohol levels of .05 percent (or of a lower percentage, if established by State or local laws), or above, by ARNG personnel on duty constitutes abuse of alcohol.

b. On the other hand, any use of an illegal drug, even a one time incident, constitutes drug abuse. Likewise, other involvement in drug related offenses also constitutes drug abuse. This includes the possession, distribution, sale, trafficking, or introduction of illegal drugs or drug paraphernalia.

1-7. Policy

a. It is National Guard Policy that abuse of alcohol or drugs is incompatible with service in the National Guard. The ARNG ADAPCP is designed to deter, prevent, identify, and, where appropriate, rehabilitate or process for separation abusers of alcohol and drugs. The ARNG ADAPCP will be responsive to the chain of command and will support the morale, safety, and combat readiness of the Army National Guard.

b. The abuse of illegal drugs is serious misconduct. Soldiers identified as abusers of illegal drugs may be considered for disciplinary action, in addition to administrative separation.

c. It is the goal of the Army National Guard to conduct commander directed testing of up to 20 percent of ARNG soldiers annually.

1-8. Referral, punishment, and separation

Personnel who have been identified as drug abusers will be referred for screening and/or rehabilitation, may be punished for their misconduct, may be administratively separated, or may be subjected to a combination of these actions.

a. All personnel who have been identified as drug abusers will be mandatorily referred for screening and/or rehabilitation. (See para 3-4 below for detailed guidance.)

b. Incidents involving drug abuse may constitute violation of State law and/or State Code of Military Justice; ARNG personnel on active duty who abuse drugs also violate the Uniform Code of Military Justice. Recommendations and procedures for disciplinary action and for judicial or non-judicial punishment are the same as for other offenses. Disciplinary action and punishment may be administered in addition to referral and separation actions. (Note the restrictions on introduction of limited use evidence, discussed in chapter 4, below.)

c. Personnel, identified as drug abusers, who are not punitively discharged (i.e., due to a court martial sentence) as a result of their drug abuse, will be considered for administrative separation. (See para 3-5, below, for more detailed discussion.) Consideration for separation is in addition to referral and/or disciplinary action (except when such disciplinary action results in a punitive discharge).

Chapter 2
Program Administration

2-1. General
The ARNG ADAPCP is a command program with ultimate responsibility resting with commanders and Adjutants General at the State level and with the Director, ARNG and the Chief, NGB at the Bureau level. The program is managed and administered by UADCs and ADCOs at the State level and by the Chief, Office of Human Resources at the Bureau level.

2-2. State guidance
State ADCOs will supplement this regulation by establishing and publishing local State guidance and procedures to adopt the applicable provisions of AR 600-85 and the provisions of this regulation to local State ARNG organizations. State procedures for collecting, safeguarding, and ensuring chain of custody may not be any less restrictive than those provided for in AR 600-85 and this regulation. Proposed State guidance and procedures must be reviewed and approved by NGB-HR prior to publication.

2-3. Drug and alcohol testing programs
The four drug and alcohol testing programs, applicable to the ARNG, are listed below. The limitations on the use of the results of the tests, administered under these programs, depend on the purpose for which the test was administered. (See chap 4.)

*a. **Commander directed.*** Commanders may direct soldiers, parts of unit, or entire units to submit to urine testing or alcohol breath testing. Mandatory testing (para 5-1a, below) and random testing are among the commander directed programs. Also see the glossary for explanation and definitions of the commander directed programs.

*b. **Physician directed.*** Physicians may direct a soldier patient to submit to urine testing or alcohol breath testing for any valid medical purpose, to include a suspicion that the soldier is using illegal drugs or abusing alcohol.

*c. **Rehabilitation testing.*** Testing conducted during the rehabilitation or treatment program, to include any testing during detoxification.

*d. **Accession testing.*** Testing conducted as part of the accession of new or prior service soldiers.

2-4. Funding considerations

a. Operation and Maintenance (O&M), ARNG funds are used to support the testing of urine specimens of ARNG soldiers by FTDTLs. Budgeting and payment for these tests is done at NGB level. The amount of funds allocated for the Fiscal Year to NGB-HR for this purpose controls the total number of drug testing quotas available to NGB. Allocation of these quotas to the States is discussed in paragraphs 2-5 and 2-6, below.

b. Army National Guard Pay and Allowance funds are used to support training and travel costs associated with the ADAPCP. Such funds are part of the overall State training budget and ADCOs must coordinate their use and the planning, programming, and budgeting cycle with State Plans, Operations, and Training Offices. ADCOs must ensure that ADAPCP State wide training requirements are identified and funds to support these are included as part of the total State training budget submission. In order for NGB-HR to be aware of total ARNG and individual State funding needs in support of ADAPCP

training, ADCOs must provide NGB-HR with appropriate information regarding the ADAPCP portion of the State's training budget.

c. Supplies to support the ADAPCP are funded through O&M ARNG funds available to the State. ADCOs must ensure that State wide requirements for ADAPCP supplies are identified and included as part of the overall State ARNG budget.

d. Urinalysis litigation packages are funded by the States from their O&M ARNG funds.

2-5. Quotas and laboratories for ARNG drug testing

The National Guard Bureau budgets for and pays for the urinalysis testing of ARNG personnel. Quotas are allocated and managed by the Office of Human Resources, NGB (NGB-HR).

a. Forensic Toxicology Drug Testing Laboratories (FTDTLs) accept drug urinalysis samples from ARNG units based on monthly quotas reflecting the total ARNG requirements of samples to be tested. These requirements are provided to the FTDTLs by NGB-HR through the U.S. Army Drug and Alcohol Operations Agency (USADAOA). ARNG units will send urine specimens for testing only to the FTDTLs designated in appendix A.

b. Quotas are allocated to each State by NGB-HR based on the total number of ARNG soldiers, the number of personnel that must be mandatorily tested, as discussed in paragraph 5-1a, below, and the projected testing requirements submitted by each State to NGB-HR.

c. Because reagents used for urinalysis testing have a limited shelf life, FTDTLs must be informed two months prior to the test month of the number of samples that will be sent to them by ARNG units. Since reagents must be acquired by FTDTLs ahead of the test date, the funds to support these tests are irrevocably committed at that time and if a State does not use the full number of quotas allocated to it, the funds to cover those number of tests are lost to the National Guard.

d. Once urine specimens are collected (chain of custody considerations and procedures for conducting urine testing are discussed in chapter 5), they are mailed to the appropriate FTDTL. Addresses of FTDTLs and the specific FTDTL to which a State is to mail its samples are contained in appendix A to this regulation.

e. Annual Fiscal Year quotas for each State are further subdivided for use on a monthly basis, in order to meet the requirement of paragraph 2-5*c* above. Quotas for a given month consist of urinalysis samples received by the FTDTL from the 1st day of the month through the last day of the month. For example, the August quota must be applied to all samples mailed from 1 August through 31 August.

2-6. Quota allocation process

In order to ensure full and proper utilization of funds used for urinalysis testing and to provide each State with the number of quotas that it requires, NGB-HR must receive timely and accurate information concerning the projected requirements and actual use of urinalysis quotas by each State. Note that failure to submit the reports within the specified time frames can result in a State being assigned quotas that are in excess of or less than their actual requirements.

a. To allocate quotas for the coming fiscal year, each State must submit its projected requirement for the forthcoming fiscal year to

arrive at NGB-HR not later than the first day of the third quarter of the preceding fiscal year (i.e., by 1 July). Format for the report is in appendix B of this regulation.

(1) The report must contain projected requirements for the forthcoming fiscal year and a projected month by month requirement for the first two quarters of that fiscal year (October-March).

(2) The number of quotas requested should take into consideration the State ARNG personnel who must be mandatorily tested (see para 5-1a, below), as well as the additional tests that the State needs to conduct to deter and detect drug abuse by ARNG soldiers.

b. Based on this projected requirement, the total number of quotas available, and other appropriate factors, NGB-HR will allocate to each State a total number of quotas that it must use for the fiscal year and the number of quotas allocated for each month of the first two quarters of that fiscal year.

c. To allocate monthly quotas for the second half of the fiscal year and to make necessary adjustments to total quota allocations, each State must submit a midyear report to arrive at NGB-HR not later than the second day of the second quarter of the fiscal year (i.e., by 2 January). Format for the report is in appendix B.

(1) The report must contain any changes to the projected fiscal year quotas requested in the first report. It also must contain a projected month by month requirement for the last two quarters of the fiscal year (April through September).

(2) Sufficient quotas must be requested to complete mandatory testing of required personnel in addition to any other testing to be done by the State.

d. Based on this mid-year report, NGB-HR will issue a reallocation of quotas and the number of quotas each State must use during the remainder of the fiscal year.

e. States may request an adjustment of quotas assigned them for any given month. However, in order to meet the requirements discussed in paragraph 2-5*c*, above, such requests must arrive at NGB-HR not later than the 25th day of the month, two months preceding the month for which the change is requested. For example, to change the quotas allocated for August (i.e., to be sent to FTDTLs 1 August through 31 August), the request must arrive in NGB-HR not later than 25 June. See format for request for change in appendix B of this regulation.

f. The actual number of quotas used by each State on a monthly basis is provided to the National Guard Bureau by the FTDTLs. NGB will advise States when significant or recurring under or over utilization of quotas occurs, so that the State may initiate appropriate corrective action.

2-7. Drug intervention councils

a. An alcohol and drug intervention council will be established at State level to function in an advisory capacity to the Adjutant General. This may be a separate council or its functions may be part of a broader council established to deal with a wider range of human resources matters. In either case, the ADCO will provide the council with an ongoing assessment of the drug and alcohol environment within the State and the State ARNG. Detailed guidance on the composition and role of the council is contained in Section II, chapter 2, AR 600-85.

b. Drug intervention councils may also be established at units, organizations, or installations below State level. In such cases, the State guidance (para 2-2, above) will contain information on the composition, role, and function of such councils.

2-8. Training requirements

a. State ADCOs must attend the US Army Drug and Alcohol Team Training (USADATT) or equivalent training that has been approved by NGB-HR. Whenever possible, the training should be within the first 6 months of assuming duties as ADCO.

b. USADATT consists of a one week course at the Academy of Health Sciences, Fort Sam Houston, Texas. Quotas are obtained through NGB-ARO-ME.

c. Completion of USADATT or equivalent training and completion of 6 months as ADCO qualifies the officer for the Additional Skill Identifier of 7S (ADAPCP).

d. UADCs must receive training at a drug and alcohol abuse course available through active component installations or State unit schools. Completion of USADATT also satisfies the training requirements.

e. Policies and responsibilities for ADAPCP education and training requirements are contained in AR 600-85, Section III, chapter 2. States should use those guidelines to design appropriate programs and methods for ARNG soldiers.

2-9. Records and reports

a. Detailed instructions for the preparation of the ADAPCP Summary (DA Form 3711-R) are contained in AR 600-85, appendix B. This report has been assigned Reports Control Symbol CSGPA-1291(R4). For ARNG, the following modifications apply:

(1) Reports will be submitted by the State ADCO on a semi-annual basis, covering the first and second half of the fiscal year. Reports must arrive at NGB-HR not later than the 15th of April, for the first half of the fiscal year and the 15th of October for the second half of the fiscal year.

(2) Item 2 of Section A, DA Form 3711-R will show the reporting period as: *"YY-10-01 to YY-03-31"* for the first half of the fiscal year and *"YY-04-01 to YY-09-30"* for the second half of the fiscal year.

(3) Item 5 of Section A, DA Form 3711-R will be left blank. The remainder of Section A will contain the identification as shown in appendix C of this regulation.

(4) Only applicable portions of Sections B and C, DA Form 3711-R will be completed. The staff or manhours expended by community-based services, used at the soldier's expense, will not be included. However, available information on number of sessions, clients (soldiers referred), and visits should be reported.

b. NGB-HR receives monthly reports from FTDTLs, through USADAOA, regarding number of urine specimens submitted for testing by each State, discrepancies and errors in the specimens and paperwork submitted, number actually tested, and number of positive test results.

c. Quota projection and adjustment reports required for the quota allocation process are discussed in paragraph 2-6 and appendix B of this regulation. The required reports have been assigned Reports Control Symbol ARNG-273.

d. Additional guidance concerning ADAPCP records and reporting requirements is contained in AR 600-85.

Chapter 3
Identification, Referral, and Separation

3-1. Identification of drug abusers

a. The urinalysis program conducted as part of the ARNG ADAPCP serves as a principal means of identifying drug abusers. An active and aggressive urinalysis program is also a valuable tool and an effective deterrent against drug abuse. To manage and promote the use of urinalysis testing within the ARNG, the Office of Human Resources, National Guard Bureau, budgets, allocates, and monitors the use of drug testing quotas for individual States. (See para 2-6 for details.)

b. Other means of identifying drug abusers result from apprehension by law enforcement activities, discovery of drugs during health and welfare inspections, and reporting of drug abuse by concerned soldiers. In addition, commanders and supervisors must be alert to possible drug use and must confront suspected drug abusing individuals under their supervision with the specifics of their behavior, inadequate performance, or unacceptable conduct.

c. All levels of command must take prompt action in identifying personnel, regardless of rank or grade, if alcohol or drug abuse is suspected.

3-2. Urinalysis test results

a. Within 10 duty days after receipt of urine specimens, the FTDTLs report the test results to State ADCOs based on the codes and addresses in appendix C. This report is by message. The Urinalysis Custody and Report Record (DA Form 5180-R) is mailed to the ADCO at the same time. The message will specify which samples were confirmed positive, while the DA Form 5180-R will also specify which samples were negative.

b. The drug or drugs involved will be identified for those urine specimens that have been confirmed positive. These can include cocaine, tetrohydrocannabinol (THC), and one of the three classes of drugs that are tested on a rotational basis (amphetamines, phencyclidine (PCP), and opiates). Those urine specimens testing positive for amphetamines will have the specific amphetamine(s) identified as hetamphetamine or amphetamine. Specimens testing positive for opium will be identified as PCP.

c. Monthly test results, by State, are also provided by the FTDTLs, through USADAOA, to NGB-HR.

d. As part of the State guidance required by paragraph 2-2, above, procedures will be included to ensure that appropriate confidentiality of the test results is maintained and that unit commanders of individuals who test positive are informed of the positive test results in an expeditious manner.

e. Immediately upon receipt of information that a member of their command has tested positive, commmanders will take appropriate actions, as described in paragraphs 3-3 through 3-5, below.

3-3. Suspension of favorable personnel actions

In addition to actions required by paragraphs 1-6, 3-4, and 3-5, a Suspension of Favorable Personnel Actions (DA Form 268) will be initiated for any ARNG soldier identified as a drug abuser and pending judicial or non-judicial punishment or being processed for separation. Such flagging action

will remain in effect until the soldier has received disciplinary action, if appropriate, or until processing for separation is completed and the soldier is either separated or retained. (See AR 600-8-2, paras 1-10 and 1-12.)

3-4. Referral of drug abusers

a. When individuals are identified, either voluntarily (such as by voluntary admission of drug use) or involuntarily (such as being found in possession of drugs or as a result of urinalysis testing) as drug abusers, their commander, or designated representative, will--

(1) Advise them of their rights under the appropriate provision of the State Code or under Article 31 of the UCMJ, using DA Form 3881 (Rights Warning Procedure/Waiver Certificate).

(2) Explain the provision of the limited use policy. (See chapter 4, below.)

(3) Inform them of the evidence and interview them.

(4) Provide them an opportunity to offer additional evidence, including information on drug sources, if they desire. Such disclosure is completely voluntary and will not be a requirement for the taking or withholding of any other appropriate action, as required by paragraph 1-6, above.

(5) Collect any illegal drugs or drug paraphernalia that the soldier voluntarily relinquishes and turn them over to the appropriate law enforcement authorities.

(6) Refer individuals, as described below.

b. Commanders will mandatorily refer all individuals suspected or identified as drug abusers, including those identified through urinalysis tests. DA Form 4856 (General Counseling) will be used for referrals. Required remarks and information to be included in that form are contained in AR 600-85, paragraph 9-3.

c. Within the National Guard, community-based referral, counseling, and rehabilitation service (State certified) will be used. Associated expenses are born by the the individual soldier. Active component ADAPCP resources may be utilized if available. In addition, ARNG personnel on IADT or other AD of 30 days or more (para 1-3a through e, above) are entitled and required to use active component facilities while in an active duty status.

3-5. Administrative separation of drug abusers

Identified drug abusers who are not punitively discharged as a result of their drug abuse, will be considered for administrative separation under the appropriate personnel regulations.

a. Officers and warrant officers will be processed for administrative separation under NGR 635-100 and AR 135-175 after the first incidence of drug abuse. These individuals have violated the special trust and confidence the Army National Guard has placed in them. In addition, officers who refuse to consent to participate in accession testing and those who test positive during accession testing, will be separated.

b. Enlisted personnel will be processed for administrative separation under the provisions of NGR 600-200 and AR 135-178. Retention of soldiers who have been processed for separation will be as specified in those regulations.

(1) Soldiers who are being considered for administrative discharge under other than honorable conditions (UOTHC) are entitled to appear before an administrative board as part of their separation processing.

(2) Soldiers who have more than 6 years of service are entitled to appear before an administrative board even if a UOTHC discharge is not being considered.

c. Unless separation has been initiated for misconduct, based on drug abuse or for other reasons, the following enlisted soldiers will be processed for separation on the basis of drug rehabilitation failure:

(1) Soldiers who fail to seek counseling and/or rehabilitation at State approved agencies after having been referred, as discussed in paragraph 3-4, above; who fail to complete approved counseling, treatment, or rehabilitation; or who fail to consent to release of information by the ARNG to the treatment facility or by the treatment facility to the ARNG.

(2) Soldiers diagnosed as physically drug dependent. Such soldiers are not considered to have potential for future service in the ARNG. See paragraph 3-5*f*, below, for action when drug dependency existed at time of enlistment.

(3) Soldiers who have been determined by the commander not to have reasonable rehabilitation potential. Commanders who make such a determination must consult with a State certified treatment or rehabilitation facility or an active component ADAPCP.

d. Noncommissioned officers (E-5 through E-9) will be processed for administrative separation for misconduct, abuse of illegal drugs after the first instance of drug abuse. These individuals have violated the special trust and confidence the Army National Guard has placed in them. (See NGR 600-200, para 8-26*q*.)

e. Enlisted soldiers in grade E-1 through E-4 will be processed for administrative separation for misconduct, abuse of illegal drugs after two instances of drug abuse. However, they may be processed for separation after the first instance. (See NGR 600-200, para 8-26*q*.)

f. The enlistment or appointment of any person determined to have been dependent on drugs or alcohol at the time of such enlistment or appointment will be voided as a release from custody or control of the Army.

g. Unless separation has been initiated for misconduct, based on drug abuse or for other reasons, following enlisted soldiers will be separated on the basis of erroneous enlistment:

(1) Soldiers who test positive for illegal drugs during accession testing.

(2) Soldiers who test positive at a .05 percent blood alcohol level during accession testing and who are not alcohol dependent.

(3) Soldiers who refuse to consent to accession testing.

Chapter 4
Limited Use Policy

4-1. General
The Limited Use Policy prohibits the use of certain evidence against a soldier in disciplinary action, judicial and non-judicial, and in determining whether an individual should be issued an other than fully honorable administrative discharge. AR 600-85, Section II, chapter 6 defines and explains the details of the Limited Use Policy. The purpose of this chapter is to explain and clarify how that policy is applied within the ARNG.

4-2. Legal aspects of ARNG ADAPCP
In addition to the Limited Use Policy, AR 600-85, chapter 6, contains a discussion of the legal aspects of the ADAPCP. Commanders and supervisors at all levels must be familiar with those provisions. Individual State laws may also have an effect on the legal aspects of ADAPCP; these are not addressed in AR 600-85 or this regulation. When in doubt, State Judge Advocates should be consulted.

4-3. Effect on disciplinary and administrative actions
The Limited Use Policy is not intended to preclude disciplinary action or the award of a General, Under Honorable Conditions (UHC) or UOTHC discharge. However, if a UHC or UOTHC separation or disciplinary action is being considered, limited use evidence may not be introduced into such proceedings. With respect to the administrative discharge process, the terminology "*introduction of limited use evidence*" means that the evidence, discussed in paragraphs 4-4 through 4-7, below, is included in the recommendation for discharge, the documents forwarded with such a recommendation, or presented during an administrative board proceeding. It should be noted that if the soldier or his or her counsel are the ones to first introduce the limited use evidence, there is no restriction on the award of a General or UOTHC discharge, based on the introduction of that particular evidence.

a. Limited use is automatic and not subject to being granted, withdrawn, or vacated.

b. Paragraphs 6-4*a(1)* though *(5)* of AR 600-85, list the specifically prohibited evidence. Paragraphs 4-4 through 4-7, below, discuss what may or may not be used in disciplinary actions and the award of a less than fully honorable discharge.

4-4. Urinalysis tests
Results of certain urinalysis tests are limited use evidence and may not be used as evidence in conjunction with disciplinary actions or to award a General or UOTHC discharge. Whether a test may or may not be introduced as evidence depends on the purpose for which it was taken.

a. Negative results of tests, regardless of the purpose for which administered, are not limited use evidence. The Limited Use Policy prohibits the use of evidence <u>against</u> a soldier. Since negative results cannot be used against a soldier, they do not constitute limited use evidence.

b. When a urinalysis test is taken as part of a treatment or rehabilitation program, or when a soldier is tested to determine fitness for duty, need for counseling, need for rehabilitation, or need for medical treatment, positive test results constitute limited use evidence. Any reference to such positive tests or the enclosure of any documents that show that the test was conducted, constitutes the introduction of

limited use evidence. A commander's or a drug counselor's report that makes any reference to such positive tests is limited use evidence. However, an assertion that a soldier uses, or continues to abuse, illegal drugs is not, in and of itself, limited use evidence. Likewise, a commander's or drug counselor's report that states that evidence exists that a soldier is abusing, or continuing to abuse, illegal drugs is not, by itself, limited use evidence. However, if the report cites that this evidence consists of positive test results (in the above categories) or includes such results as a part of the report, then it constitutes limited use evidence.

c. Positive urinalysis test results that were taken based on a reasonable suspicion of drug use are considered limited use evidence and the discussion in paragraph 4-4*b*, above, applies. Such tests are considered to be administered for valid medical reasons under Military Rules of Evidence 312*(f)* (see app D), or equivalent State Code and given to determine a soldier's fitness for duty and the need for counseling, rehabilitation, or other treatment.

d. When tests are directed based on probable cause or as a search and seizure under Military Rules of Evidence 312, 314, 315, and 316 (see app D), or equivalent State Code, positive results are not limited use evidence. When in doubt whether the circumstances of any given case constitute probable cause or reasonable suspicion, commanders should consult their State Judge Advocate. (See also Military Rule of Evidence 312*f(2)* in app C.)

e. Results of urinalysis tests conducted as an inspection under Military Rules of Evidence 313 (see app D), or equivalent State Code, are not limited use evidence. Such tests include tests of all or parts of a unit, random tests of individuals in the unit, and the annual testing of personnel who must be tested on an annual basis, such as aviation personnel.

f. An order from competent authority to submit to a urinalysis test is a lawful order. Failure to obey such an order may be the subject of appropriate disciplinary action, regardless of whether the results of the test would or would not have constituted limited use evidence.

4-5. Self referral

a. The fact that a soldier, on his or her own volition, asked to be referred to a treatment or rehabilitation program or to the ADAPCP is limited use evidence. Reference to such self referral in a disciplinary action or in an administrative discharge recommendation or proceeding constitutes the introduction of limited use evidence. A commander or drug counselor may cite that evidence exists that an individual abuses, or continues to abuse, illegal drugs without mentioning the soldier's self referral. Such statements are permissible and do not constitute limited use evidence.

b. When a soldier volunteers for treatment because the soldier has or expects to come up positive on a urinalysis test, such action is not covered by the Limited Use Policy. AR 600-85 specifies that the Limited Use Policy is not intended to protect a member who is attempting to avoid disciplinary or adverse administrative action. If reference is made to such self referrals, the circumstances that clearly show that this does not constitute limited use evidence must be included.

4-6. Admission of drug abuse
Certain admissions of drug abuse by the soldier constitute limited use evidence. To be considered limited use evidence the admission must meet all of the following criteria:

a. It deals with drug use or drug possession incidental to personal use.

b. It deals with incidents occurring prior to the date of the initial referral (see para 3-4, above). Note, however, that incidents that have been independently corroborated, for example through urinalysis tests or seizure of drugs, may be properly introduced on that basis.

c. It is a voluntary admission made by the soldier at the time of the initial entry into the treatment or rehabilitation program or ADAPCP or made to a physician or a drug counselor during a scheduled interview while enrolled in such a program.

4-7. Emergency medical care
Information concerning drug use or drug possession incidental to personal use that is obtained as a result of a soldier's emergency medical care for an actual or possible drug overdose is considered limited use evidence. However, when such treatment results from apprehension by military or civilian law enforcement officials, this information is not limited use evidence.

Chapter 5
Drug Testing Procedures

5-1. Commander directed ARNG urinalysis testing

Adjutants General and commanders have the widest possible latitude in using the commander directed urinalysis testing program to improve and maintain unit readiness. (Note the explanations of the various commander directed programs in the glossary.) To assist in the most effective utilization of allocated drug testing quotas, the following guidance is provided.

a. First priority of testing will be the mandatory testing requirements of the following categories of personnel:

(1) Annual testing of 100 percent of soldiers in the aviation specialities, as listed in paragraph E-18 of AR 600-85.

(2) Annual testing of Personnel Reliability Program (PRP) individuals (see table C-1 in AR 50-5). Note that PRP is a peacetime program applicable only to personnel who have access to, or control access to, war reserve nuclear weapons, nuclear components, sealed authenticators, permissive action link cipher system material, missile computer tapes, or nuclear reactors.

(3) Testing of all ARNG soldiers prior to participation in activities in support of drug interdiction and eradication programs.

(4) Accession testing of ARNG officers whose first period of active duty will occur during AT rather than OBC.

(5) Effective 1 Oct 90, accession testing of prior service applicants who have a break in service in the Selected Reserve or Active component of more than 6 months.

Army National Guard Military Police personnel currently are not required to be mandatorily tested on an annual basis, providing they do not routinely carry loaded weapons or participate in sensitive duties.

b. Consideration may be given to the testing of other special categories of personnel who, if impaired by drug use, could have a particularly detrimental effect on the mission of the unit. Care should be taken that, if such a category is selected, all personnel in that category are subjected to testing to ensure that such tests meet the requirement of an inspection under Military Rule of Evidence 313 (see app D), or equivalent State Code.

c. An appropriate manner of conducting commander directed urinalysis testing, is by selecting an entire unit or a part of a unit (such as a company, platoon, or headquarters staff section) to be tested as an inspection under Military Rule of Evidence 313 (see App D), or equivalent State Code.

d. Random testing could also be used to satisfy the requirements of an appropriate urinalysis testing program. However, care must be exercised that the selection is truly random. Computer programs are available that will generate a truly random selection. States will verify such capability with their Director of Information Management prior to using such programs.

5-2. Integrity of the drug testing process

It is important that soldiers have confidence in the integrity of drug testing and that procedures for such testing are conducted in an unbiased and controlled manner.

a. Advance information that individuals, parts of units, or entire units are to be tested, will be disseminated on a strict need to

know basis to as few individuals as possible. In no case will advance notification be given to those soldiers who are to be tested.

b. Observers will be appointed as provided in chapter 10 and appendix E to AR 600-85. They will ensure that specimens provided are not altered or contaminated in any way. See appendix E to this regulation for additional guidance.

c. Soldiers providing specimens will verify the information on the label of the specimen bottle and initial it, sign the urinalysis ledger, and personally tightly cap the specimen bottle.

d. A formal chain of custody will be maintained, as specified in paragraph 5-3, below.

e. Commanders and ADCOs will conduct or cause to be conducted periodic inspections and evaluations during commander directed drug tests of the chain of custody procedures and the integrity of the testing process.

5-3. Chain of custody

A formal chain of custody is required for all urine specimens from the time of collection until formal testing at the FTDTLs. The instructions for collecting and transporting urine specimens and the standing operating procedures for the chain of custody are contained in paragraph 10-5 and appendix E to AR 600-85. See also appendix E to this regulation.

a. DA Form 5180-R, Urinalysis Custody and Report Record, is used to account for all individual urine specimens in groups of 12 or less.

b. The "*Chain of Custody*" portion of DA Form 5180-R must be completed to fully account for the custody and location of all specimens. Urine specimens must be either in the physical possession or under direct observation of an authorized individual (whose name is on the "*Chain of Custody*" portion of DA Form 5180-R) or in a temporary secure storage area accessible only to that authorized individual.

c. Any transfer of specimens into or out of the temporary storage area is a change of custody and must be recorded on DA Form 5180-R. Placement of specimens into temporary storage is accomplished by having the person having custody of the specimens enter his or her name and signature in the "*Released By*" block and placing the specific location of the temporary storage area in the "*Received By*" block; e.g., "*Room 10, Bldg 1233.*"

d. Urine specimens are sent directly from the unit to the FTDTL specified in appendix A. State service area codes to be used on the Urinalysis Custody and Report Record are in appendix C. Unit codes are assigned by State ADCOs.

e. When shipping urine specimens to the FTDTL, the person having custody of the specimens enters his or her name and signature in the "*Released By*" block. The top line of the "*Received By*" block contains the name of the carrier (e.g., US Postal Service, UPS, Federal Express, etc.); the bottom line should have the accountable shipping number, if any. The "*Purpose of Change/Remarks*" block will contain the statement: "*Sealed, sent to FTDTL #LO_.*"

5-4. Types of drug tests

a. The ARNG does not conduct any prescreening or field testing and the provisions of paragraph 10-7, AR 680-85 do not apply to the ARNG.

b. FTDTLs test all urine specimens for cocaine and for tetrohydrocannabinol (THC). In addition, FTDTLs test for three other classes of drugs on a rotational basis. These drugs are opiates, amphetamines, and phencyclidine (PCP).

c. Requests for testing of an individual specimen for any substance other than cocaine or THC must be fully justified and submitted by priority message to NGB-HR in sufficient time to permit coordination with USADAOA and the appropriate FTDTL. The State will be advised if the request is approved or disapproved.

d. Requests for retesting of urine specimens are governed by paragraph 10-8, AR 600-85. Requests will be submitted by message to NGB-HR. When time is of the essence, the State will send an information copy of the message to USADAOA. Any costs associated with retesting are the responsibility of the requesting State.

5-5. Medical evaluations

a. Medical evaluations under this paragraph are required for Army National Guard soldiers serving on active duty in categories listed in paragraphs 1-3*a* through *e*. Evaluations of other ARNG soldiers will be based on the availability of local active component medical resources during the soldiers' inactive duty for training periods.

b. Section III, Chapter 3, AR 600-85, contains requirements for medical evaluations. Such a medical evaluation is required to determine whether serious medical illness or dependence is indicated due to abuse of alcohol or illegal drugs. Medical evaluations will be performed on identified or suspected abusers of illegal drugs, except for individuals who are cannabis abusers, unless there is reason to believe that they are cannabis dependent. A medical evaluation is also required in cases of suspected alcohol dependency and in all cases prior to entry into in-patient treatment.

5-6. Drug testing supplies

Supplies for urinalysis testing are listed in paragraph E-16, AR 600-85. All supplies will be obtained through normal supply channels with State funds (see para 2-4*c*, above).

a. All specimen bottles will be sealed using tape, tamper resistant, NSN 6640-01-204-2654 or GSA# 02F-48169. Care will be taken to ensure that the tamper proof tape does not obstruct or cover the information recorded on the specimen label.

b. Alcohol breath measuring devices, approved by the National Highway Traffic Safety Administration (see paragraph 10-6 of AR 600-85) should be used if needed to support alcohol accession testing.

5-7. Accession testing

The drug and alcohol testing of new accessions to the Army National Guard is currently conducted at Military Entrance Processing Centers. The revised procedures described in this paragraph become effective on 1 October 1989 for new accessions and on 1 October 1990 for prior service accessions.

a. Section 521 of the FY 1989 National Defense Authorization Act (PL 100-456) established the requirement to test new entrants within 72 hours after initial entry on active duty after enlistment or appointment.

b. New enlisted accessions into the Army National Guard, including officer candidates undergoing

initial training in an enlisted status, and National Guard officers appointed from civilian life will undergo--

(1) Drug testing for THC and cocaine.

(2) Alcohol testing.

c. Prior service applicants for enlistment in the Army National Guard who have had a break in service in the Selected Reserve or Active Component of more than 6 months will be tested for THC and cocaine within 72 hours of accession if not tested as part of a reentry physical.

d. Personnel who are tested during IADT will be tested in accordance with the procedures of the Active Component installation where they are taking their initial training.

e. Officers whose first active duty period comes during AT, will be tested in accordance with the provisions of this regulation. Commanders of such personnel and ADCOs of the States involved must insure that--

(1) Personnel who will require accession testing during AT are identified ahead of scheduled AT and sufficient quotas have been requested to test such personnel.

(2) Testing is conducted within the first 72 hours of AT. This testing may be conducted in conjunction with other mandatory or unit testing or may involve only the affected individuals.

(3) Arrangements are made prior to AT for alcohol testing of personnel in categories listed in paragraph 5-7*b*, above. A National Highway Traffic Safety Administration-approved breath alcohol test must be used for this purpose. A DoD approved blood alcohol test may be used in place of the breath alcohol test, provided forensic chain of custody controls are maintained over samples from collection until results are determined.

APPENDIX A

FTDTL ADDRESSES AND STATE ASSIGNMENTS

Telephone numbers, addresses, and LAB codes of FTDTLs and the States that are to send samples to that FTDTL, are as follows:

LAB CODE: L03
ADDRESS:
Tripler Forensic Toxicology Drug Testing Lab
Tripler Army Medical Center
ATTN: HSHK-DP-D
Tripler Army Medical Center, HI 96859-5000
TELEPHONE: (808) 433-5176
STATES: GU, HI

LAB CODE: L05
ADDRESS:
Compuchem Laboratories, Inc.
3308 East Chapel Hill/Nelson Highway
P.O. Box 12652
Research Triangle Park, NC 27709
TELEPHONE: (919) 549-8263
STATES: AL, AR, CT, DC, DE, FL, GA, KY, LA, MA, MD, ME, MS, NC, NH, NJ, NY, PA, PR, RI, SC, TN, VA, VI, VT, WV

LAB CODE: L06
ADDRESS:
Northwest Toxicology Consultants, Inc.
1141 East 3900 South, Suite A110
Salt Lake City, UT 84124
TELEPHONE: (800) 322-3361
STATES: AK, AZ, CA, CO, IA, ID, IL, IN, KS, MI, MN, MO, MT, ND, NE, NM, NV, OH, OK, OR, SD, TX, UT, WA, WI, WY

Appendix B

Quota Projection Formats

1. Fiscal Year Projected Quota Requirements

Projected urinalysis quota requirements for the forthcoming fiscal year must be submitted to arrive at NGB-HR no later than 1 July preceding the fiscal year. This report includes the monthly requirements for the first 6 months of the fiscal year and an aggregate projected total for the second half of the fiscal year. (See paras 2-5 and 2-6a of this regulation.) The format for submitting projected requirements is as follows (see also note 4a below):

(Date)

FISCAL YEAR 19__

PROJECTED QUOTA REQUIREMENTS
(RCS ARNG-273)

STATE: _____

Month	Number to be tested Mandatory	+	Other	=	Total
Oct					
Nov					
Dec					
Jan					
Feb					
Mar	____		____		____
1st half FY		+		=	
2nd half FY	____	+	____	=	____
Total for FY		+		=	

2. Mid-year Projected Quota Requirements

Projected requirements for second half of the fiscal year must be submitted to arrive at NGB-HR not later than the 2nd of January. This report includes monthly requirements for the second half of the fiscal year and an aggregate, adjusted total for the first half of the same fiscal year. (See paras 2-5 and 2-6*c* of this regulation.) The format for submitting the mid-year requirements is as follows (see also notes 4a and *b*, below):

(Date)

FISCAL YEAR 19__

MID-YEAR
PROJECTED QUOTA REQUIREMENTS
(RCS ARNG-273)

STATE: _____

Month	Number to be tested Mandatory	+	Other	=	Total
1st half FY	____	+	____	=	____
Apr					
May					
Jun					
Jul					
Aug					
Sep	____		____		____
2nd half FY	____	+	____	=	____
Total for FY		+		=	

3. Quota Adjustment Request

If the quotas allocated by NGB (based on the reports submitted under paragraphs 1 or 2, above) need to be changed, a quota adjustment request must be submitted to NGB-HR. The request must be received by NGB-HR not later than the 25th of the month, two months preceding the month for which change is requested. (See paragraphs 2-5 and 2-6*e* of this regulation.) The request will be in the following format (see notes in 4a and *c*, below):

(Date)

FISCAL YEAR 19__

FOR THE MONTH OF: _____
QUOTA ADJUSTMENT REQUEST
(RCS ARNG-273)

STATE: _____

	Number to be tested **Mandatory** + **Other** = **Total**		
No. of quotas allocated:			
Requested change (+/-):	____	____	____
Revised quota:	+	=	

4. Notes for Report Preparation

a. Although the majority of mandatory testing involves aviation personnel, some States may have requirements for mandatory testing of personnel involved in drug interdiction, new accessions to the ARNG or selected PRP or Military Police personnel who carry loaded weapons (see para 5-1a of this reglation). In such cases, enter the numbers under the *"Mandatory"* column with a notation of each category. For example, an entry of *"200AVN/3ACC/15DI/3PRP/2MP"* would indicate a request for 223 quotas needed for mandatory testing: 200 for aviation, 3 for new accessions; 15 for drug interdiction, 3 for PRP, and 2 for MP.

b. The numbers entered for *"1st half FY"* of the Mid-year Projected Quota Requirements report must be those allocated by NGB for the first six month of the Fiscal Year. This number is that allocated as a result of the submission of the Projected Quota Requirements report (under para 1, above), as revised based on approved Quota Adjustment Request (submitted according to para 3 above).

c. Under *"No. quotas allocated"* of the Quota Adjustment Request, enter the number of quotas, as allocated by NGB, for that month. Add or subtract the requested change to obtain the requested revised quota.

Appendix C

State Service Area Codes

The ADAPCP service area codes (SAC) shown in this appendix have been assigned to the States indicated. FTDTLs will provide test results to ADCOs at the addresses shown, based on the State SAC listed on the Urinalysis Custody and Report Record submitted with urine specimens.

STATE	ADDRESS	SAC
ALABAMA	Office of the Adjutant General P.O. Box 3711 Montgomery, AL 36193-4701	N01
ALASKA	Office of the Adjutant General 3601 C Street, Suite 620 Anchorage, AK 99503-5989	N02
ARIZONA	Office of the Adjutant General 5636 E. McDowell Road Phoenix, AZ 85008-3495	N03
ARKANSAS	Office of the Adjutant General Camp Robinson N. Little Rock, AR 72118-2200	N04
CALIFORNIA	Office of the Adjutant General 2829 Watt Avenue Sacramento, CA 95821-4405	N05
COLORADO	Office of the Adjutant General 300 Logan Street Denver, CO 80203-4072	N06
CONNECTICUT	Office of the Adjutant General 360 Broad Street Hartford, CT 06105-3795	N07
DELAWARE	Office of the Adjutant General First Regiment Road Wilmington, DE 19808-2191	N08
DISTRICT OF COLUMBIA	Office of the Commanding General National Guard Armory 2001 E. Capitol Street Washington, DC 20003-1719	N09
FLORIDA	Office of the Adjutant General State Arsenal St. Augustine, FL 32084-1008	N10
GEORGIA	Office of the Adjutant General Department of Defense, Mil Div P.O. Box 17965 Atlanta, GA 30316-0965	N11
GUAM	Office of the Adjutant General 622 E. Harmon Industrial Park Rd Bldg 31 Fort Juna Muna Tamuning, GU 96911-4211	N12
HAWAII	Office of the Adjutant General 3949 Diamond Head Road Honolulu, HI 96816-4495	N13
IDAHO	Office of the Adjutant General P.O. Box 45 Boise, ID 83707-0045	N14
ILLINOIS	Office of the Adjutant General 1301 N. MacArthur Blvd Springfield, IL 62702-2399	N15
INDIANA	Office of the Adjutant General Mil Dept of Indiana P.O. Box 41326 Indianapolis, IN 46241-0326	N16

STATE	ADDRESS	SAC
IOWA	Office of the Adjutant General Camp Dodge 7700 Northwest Beaver Drive Johnston, IA 50131-1902	N17
KANSAS	Office of the Adjutant General P.O. Box C-300 Topeka, KS 66601-0300	N18
KENTUCKY	Office of the Adjutant General Boone National Guard Center Frankfort, KY 40601-6168	N19
LOUISANA	Office of the Adjutant General HQ Bldg, Jackson Barracks New Orleans, LA 70146-0330	N20
MAINE	Office of the Adjutant General Camp Keyes Augusta, ME 04333-0033	N21
MARYLAND	Office of the Adjutant General Military Department 5th Regiment Armory Baltimore, MD 21201-2288	N22
MASSACHUSETTS	Office of the Adjutant General 905 Commonwealth Avenue Boston, MA 02215-1399	N23
MICHIGAN	Office of the Adjutant General 2500 S. Washington Avenue Lansing, MI 48913-5101	N24
MINNESOTA	Office of the Adjutant General Veterans Service Bldg St. Paul, MN 55155-2098	N25
MISSISSIPPI	Office of the Adjutant General P.O. Box 5027 Jackson, MS 39216-1027	N26
MISSOURI	Office of the Adjutant General 1717 Industrial Drive Jefferson City, MO 65101-1468	N27
MONTANA	Office of the Adjutant General P.O. Box 4789 Helena, MT 59604-4789	N28
NEBRASKA	Office of the Adjutant General 1300 Military Road Lincoln, NE 68508-1090	N29
NEVADA	Office of the Adjutant General 2525 S. Carson Street Carson City, NV 89701-5502	N30
NEW HAMPHSIRE	Office of the Adjutant General State Mil Res #1 Airport Road Concord, NH 03301-5353	N31
NEW JERSEY	Office of the Adjutant General Eggert Crossing Road CN 340 Trenton, NJ 08625-0340	N32
NEW MEXICO	Office of the Adjutant General P.O. Box 4277 Sante Fe, NM 87502 4277	N33
NEW YORK	Office of the Adjutant General 330 Old Niskayuna Road Latham, NY 12110-2224	N34
NORTH CAROLINA	Office of the Adjutant General 4105 Reedy Creek Road Raleigh, NC 27607-6410	N35
NORTH DAKOTA	Office of the Adjutant General Fraine Barracks P.O. Box 5511 Bismark, ND 58502-5511	N36

STATE	ADDRESS	SAC
OHIO	Office of the Adjutant General 2825 W. Granville Road Worthington, OH 43085-2712	N37
OKLAHOMA	Office of the Adjutant General 3501 Military Circle, NE Oklahoma City, OK 73111-4398	N38
OREGON	Office of the Adjutant General 2150 Fairgrounds Road, NE Salem, OR 97303-3241	N39
PENNSYLVANIA	Office of the Adjutant General Dept of Military Affairs Annville, PA 17003-5002	N40
PUERTO RICO	Office of the Adjutant General P.O. Box 3786 San Juan, PR 00904-3786	N41
RHODE ISLAND	Office of the Commanding General 1051 N Main Street Providence, RI 02904-5717	N42
SOUTH CAROLINA	Office of the Adjutant General 1 National Guard Road, Columbia, SC 29201-3117	N43
SOUTH DAKOTA	Office of the Adjutant General 2823 West Main Rapid City, SD 57702-8186	N44
TENNESSEE	Office of the Adjutant General Houston Barracks P.O. Box 41502	N45
TEXAS	Office of the Adjutant General P.O. BOX 5218 Austin, TX 78763-5218	N46

STATE	ADDRESS	SAC
UTAH	Office of the Adjutant General P.O. Box 1776 12953 Minuteman Dr. Draper, UT 84020-9545	N47
VERMONT	Office of the Adjutant General Bldg #1 Camp Johnson Winooski, VT 05404-1697	N48
VIRGINIA	Office of the Adjutant General 501 East Franklin Street Richmond, VA 23219-2317	N49
VIRGIN ISLANDS	Office of the Adjutant General P.O. Box 2390, Kingshill St. Croix, VI 00850-1150	N50
WASHINGTON	Office of the Adjutant General Camp Murray Tacoma, WA 98430-5000	N51
WEST VIRGINIA	Office of the Adjutant General 1703 Coonskin Drive Charleston, WV 25311-1085	N52
WISCONSIN	Office of the Adjutant General P.O. Box 8111 Madison, WI 53708-8111	N53
WYOMING	Office of the Adjutant General P.O. Box 1709 Cheyenne, WY 82003-1709	N54

Appendix D

Military Rules of Evidence

This appendix contains verbatim extracts from the Military Rules of Evidence of the Uniform Code of Military Justice that are applicable to drug urinalysis testing. Parenthetical numbers at the beginning of each paragraph refer to the subdivision from which the extract was taken.

Rule 312. Body views and intrusions

(d) Extraction of body fluids. Nonconsensual extraction of body fluids, including blood and urine, may be made from the body of an individual pursuant to a search warrant or a search authorization under Mil. F. Evid. 315. Nonconsensual extraction of body fluids may be made without such warrant or authorization, notwithstanding Mil. R. Evid. 315(g), only when there is clear indication that evidence of crime will be found and that there is reason to believe that the delay that would result if a warrant or authorization were sought could result in the destruction of evidence. Involuntary extraction of body fluids under this rule must be done in a reasonable fashion by a person with appropriate medical qualifications.

(f) Intrusions for valid medical purposes. Nothing in this rule shall be deemed to interfere with the lawful authority of the armed forces to take whatever action may be necessary to preserve the health of a servicemember...

Rule 313. Inspections and inventories in the armed forces

(b) Inspections. An "inspection" is an examination of the whole or part of a unit, organization, installation, vessel, aircraft, or vehicle, including an examination conducted at entrance and exit points, conducted as an incident of command the primary purpose of which is to determine and to ensure the security, military fitness, or good order and discipline of the unit, organization, installation, vessel, aircraft, or vehicle. An inspection may include but is not limited to an examination to determine and to ensure that any or all of the following requirements are met: that the command is properly equipped, functioning properly, maintaining proper standards of readiness, sea or airworthiness, sanitation and cleanliness, and that personnel are present, fit, and ready for duty. An inspection also includes an examination to locate and confiscate unlawful weapons and other contraband. An order to produce body fluids, such as urine, is permissible in accordance with this rule...

Rule 314. Searches not requiring probable cause

(e) Consent searches. (1) General rule. Searches may be conducted of any person or property with lawful consent.

(f) Searches incident to a lawful stop. (1) Stops. A person authorized to apprehend under R.C.M. 302(b) and others performing law enforcement duties may stop another person temporarily when the person making the stop has information or observes unusual conduct that leads him or her reasonably to conclude in light of his or her experience that criminal activity may be afoot. The purpose of the stop must be investigatory in nature.

(g) Searches incident to a lawful apprehension. (1) General rule. A person who has been lawfully apprehended may be searched.

(h) Searches within jails, confinement facilities, or similar facilities. Searches within jails, confinement facilities, or similar facilities may be authorized by persons with authority over the institution.

(i) Emergency searches to save life or for related purposes. In emergency circumstances to save life or for a related purpose, a search may be conucted of persons or property in a good faith effort to render immediate medical aid, to obtain information that will assist in rendering of such aid, or to prevent immediate or ongoing personal injury.

Rule 315. Probable cause searches
(b) Definitions. As used in these rules: ***(1) Authorization to search.*** An "authorization to search" is an express permission to search and seize issued by competent military authority to search a person or an area for specified property or evidence or for a specific person and to seize such property, evidence, or person. It may contain an order directing subordinate personnel to conduct a search in a specified manner.
(d) Power to authorize... (1) Commander... (2) Military Judge...
(e) Power of search. Any commissioned officer, warrant officer, petty officer, noncommissioned officer, and, when in the execution of guard or police duties, any criminal investigator, member of the Air Force security police, military police, or shore patrol, or person designated by proper authority to perform guard or police duties, or any agent of any such person, may conduct or authorize a search when a search authorization has been granted under this rule ...
(f) Basis for Search authorizations.

(1) Probable cause requirement. A search authorization issued under this rule must be based upon probable cause.

(2) Probable cause determination. Probable cause to search exists when there is a reasonable belief that the person, property, or evidence sought is located in the place or on the person to be searched. A search authorization may be based upon hearsay evidence in whole or in part. A determination of probable cause under this rule shall be based upon any or all of the following:

(A) Written statements communicated to the authorizing officer;

(B) Oral statements communicated to the authorizing official in person, via telephone, or by other appropriate means of communication; or

(C) Such information as may be known by the authorizing official that would not preclude the officer from acting in an impartial fashion.

Rule 316. Seizures
(b) Seizures of property. Probable cause to seize property or evidence exists when there is reasonable belief that the property or evidence is an unlawful weapon, contraband, evidence of crime, or might be used to resist apprehension or to escape.
(e) Power to seize. [same individuals as listed in Rule 315(e)]

APPENDIX E

Guidance for Drug Testing

E-1. Purpose
This appendix provides general guidance for use by the unit commander, UADC, and observers in the conduct of drug urinalysis testing.

E-2. Role of observers
Observers serve as a key link in ensuring the integrity of the testing process and in providing the assurance to the soldier that the specimen provided by the soldier is not contaminated or altered in any way. Individuals being tested are of all grades and hold a variety of positions within the unit, from commander on down. The observer must be professional and sensitive and posses sufficient maturity and integrity to ensure that the credibility of the program is not affected.

E-3. Observer requirements and considerations

a. Observers must be in grade of Sergeant (E-5) or higher and of the same sex as soldiers being observed.

b. Observers should be provided with rubber gloves. Paper towels for blotting bottles should be readily available in the restroom.

c. To expedite the testing process, one observer should be assigned 24 to 36 (urine specimen bottles come 12 to a carton and each DA Form 5180-R, Urinalysis Custody and Report Record, contains space for listing of 12 specimens on one form) soldiers to observe. A sufficient number of observers should be selected to ensure that testing is not delayed.

d. Since observers are the first individuals in the chain of custody, they must maintain direct control over all filled bottles until such time as they are released to the UADC. This release is accomplished by transfer of all 12 filled bottles (or less if the observer had a smaller number of soldiers to observe) to the UADC and by signatures by the observer and the UADC on DA Form 5180-R. Until that is accomplished, observers must carry the filled bottles with them. Bottles containing urine specimens will not be left by the observer under the UADC's or anyone else's control until they have been properly released as described above (see also paragraph E-3 of AR 600-85).

e. Observers are not exempt from being tested if they are members of the group designated to be tested.

f. Observers will be briefed on their role and responsibilities by the unit commander, UADC, or ADCO.

E-4. Actions to be taken by UADC

a. Attach labels to bottles.

b. Record on each label (see figure E-1 in AR 600-85):

(1) Julian date.

(2) A 13 digit "Installation Specimen Number," consisting of the three digit State SAC, the three digit unit SAC, the four digit Julian date, and the three digit number (starting with 001) for the specimen being collected.

(3) Individual's social security number.

c. Initiate and record information on DA Form(s) 5180-R. A separate DA Form 5180-R must be provided for each observer. (See paragraph E-3, Appendix E, AR

600-85, for the only authorized method of making corrections to DA Form 5180-R or the label).

d. Maintain a urinalysis ledger documenting all individuals submitting urine specimens. The ledger will contain the following information:

(1) Julian date.

(2) Specimen number.

(3) Individual's social security number.

(4) Individual's name.

(5) Individual's signature.

(6) Name of observer who observed individual providing the urine specimen.

(7) Signature of the observer.

(8) A remarks section to permit the soldier to indicate any medication that he or she is currently taking.

E-5. Identification and verification

a. The soldier to be tested provides his or her ID card to the UADC. The UADC verifies the information on the ledger and the bottle label and gives the soldier the urine specimen bottle in the presence of the observer.

b. The soldier verifies the information on the bottle label and the urinalysis ledger and signs his or her payroll signature in the ledger and initials the label.

c. The observer verifies the information on the bottle label and the urinalysis ledger and signs his or her payroll signature in the ledger.

E-6. Providing the Urine Specimen

a. Both the observer and the soldier providing the specimen must have a full view of the specimen bottle at all times.

b. The observer and the soldier providing the specimen will enter the restroom.

c. Observers must have a full frontal view of the sample being given. They will ensure that nothing but the soldier's urine is placed in the bottle and that no attempt is made to substitute or to contaminate the bottle or the sample (see para E-9, below).

d. Observers will ensure that at least 60 milliliters of urine are provided by the soldiers. During the briefing, given earlier (see para E-3e, above) observers will be shown how much urine is required to be collected.

e. When the optional wide mouth specimen collection container is used by a female soldier, she will pour the urine from it into the labeled urine specimen bottle under the direct observation of the observer.

f. The soldier will then personally tightly cap the bottle and hand it to the observer.

g. The observer will place the filled bottle with the other filled bottles already in the observer's possession.

h. The observer and the soldier will then return to the UADC where the bottle will be sealed with tamper proof tape.

i. The observer initials the label on the specimen bottle as verification of receipt of the now sealed bottle.

j. The observer retains custody of the bottle and proceeds to verify and observe the next soldier.

k. When the observer has observed and collected urine specimen bottles for all soldiers listed on one DA Form 5180-R, the observer releases custody of these bottles to UADC. The observer signs the chain of custody portion of the DA Form 5180-R releasing the specimens to the UADC. The UADC signs the chain of custody document accepting the specimens.

E-7. Inability to provide a specimen

a. A soldier who is unable to provide a specimen or a sufficient quantity of urine, will not be excused from testing but will be required to provide a specimen as soon as possible. Soldiers will be required to drink sufficient fluids to enable them to provide the required sample.

b. Partially filled specimen bottles will not be left unsecured to be filled at a later time.

(1) Partially filled bottles must remain in full view of the observer and the soldier providing the specimen until such time as the soldier is able to fill the bottle and the bottle has been sealed with tamper proof tape.

(2) Alternatively, the partial specimen may be discarded, the bottle crushed and destroyed, and a new bottle used at such time as the individual is ready to provide the specimen.

E-8. Improprieties during testing

a. Any attempt to substitute, alter, or contaminate urine samples; tamper with the filled urine specimen bottles; bribe, threaten, or otherwise intimidate the observer or UADC; or any improprieties on the part of the soldier providing the sample, the observer, or anyone else involved in the testing process, will be promptly reported to the unit commander.

b. The testing process will be conducted with the utmost consideration for the individual providing the specimen consistent with the requirement for strict integrity of the process. UADCs, observers, and other personnel involved in the testing process will refrain from any remarks that may be deemed or perceived as offensive or in poor taste.

E-9. Subversion of the collection process

a. There is always a potential that drug users will take an opportunity to subvert the collection process. Observers must be on guard for various means used. The following are some examples of methods that have been used to attempt to avoid detection of drug use:

(1) ***Substitution***. Pouring liquids such as soda, tea, apple juice, or clean (i.e., drug free) urine from a concealed container into the specimen bottle, thus substituting that liquid for the individual's urine during collection. Attempts have also been made to substitute the entire specimen bottle for another official specimen bottle containing clean urine.

(2) ***Adulteration***. Addition to the urine specimen of foreign material that is known or thought to invalidate the test. Common substances include soap, household cleaners, salt, bleach, iodine tablets, and drain cleaner. The effect of these adulterants varies with the test methods used. Some adulterants can be noted visually in the urine specimen, have a definite odor, or cause an abnormal temperature of the specimen due to chemical reaction.

(3) ***Dilution***. Efforts to reduce drug concentration in the urine to the point that it will not

be detected at the FTDTL. A common method is by addition of water to the specimen.

(4) Other methods. Drug users have been known to try to use threats, bribes, and appeals in addition to other means of avoiding detection.

b. An honest and conscientious observer is one the best means of ensuring that the sample provided is not tampered with. Some means that can be used to ensure integrity of the collection process include:

(1) Positive identification of individuals to ensure that the specimen is provided by the correct individual.

(2) Placing bluing agent in toilet bowls to discourage the adding of water to urine specimens.

(3) Requiring that coats, briefcases, and purses be left outside the collection area to avoid their use in carrying of concealed items.

(4) Direct observation of the individual providing the specimen.

(5) Following the procedures of this appendix.

GLOSSARY

Section I
Abbreviations

AC
Active component (of any military service)

ACC
Accession [personnel requiring testing]

AD
Active duty

ADAPCP
Alcohol and drug abuse prevention and control program

ADCO
Alcohol and drug control officer

ADT
Active duty training

AGR
Active guard/reserve

ARNG
Army National Guard

AVN
Aviation [personnel requiring testing]

DI
Drug interdiction [personnel requiring testing]

FTDTL
Forensic toxicology drug testing laboratory

IADT
Initial active duty training

MP
Military police [personnel requiring testing]

NGB
National Guard Bureau

NGB-HR
Office of Human Resources, NGB

PCP
Phencyclidine

PRP
Personnel reliability program [personnel requiring testing]

SAC
Service area code

THC
Tetrohydrocannabinol

UADC
Unit alcohol and drug coordinator

UHC
Under honorable conditions [discharge] (or General discharge)

UOTHC
Under other than honorable conditions [discharge]

USADAOA
U.S. Army Drug and Alcohol Operations Agency

USADATT
U.S. Army drug and alcohol team training

Section II
Terms

Accession testing
Testing of new entrants to the Army National Guard for drug and alcohol abuse and testing of prior service applicants for enlistment in the ARNG for drug abuse.

Alcohol abuse
Any excessive use of alcohol that leads to misconduct, unacceptable social behavior, impairment, or levels of blood alcohol of .05 percent, or lower if established by State or local laws.

Alcohol and drug control officer
The staff officer appointed at State level to coordinate and manage the ARNG ADAPCP for the Adjutant General of that State.

ARNG Alcohol and drug abuse prevention and control program
The Army National Guard component of the Army's ADAPCP; the ARNG is designed to deter, prevent, identify, and, where appropriate, rehabilitate or process for separation abusers of alcohol and drugs.

Chain of custody
Formal procedures designed to ensure the accountability of urine specimens and accuracy of the results provided so that they can be used in referrals or other proceedings. These procedures also ensure that commanders are provided with an accurate assessment of the military fitness of their command.

Commander directed testing
The Army definition of commander directed testing (AR 600-85) includes any urinalysis tests or alcohol breath tests that a commander directs individual soldiers, parts of units, or entire units to undergo. It includes tests that are not restricted by the limited use policy, such as inspection based tests, tests based on probable cause, search and seizure test, random tests, and mandatory tests. It also includes tests the result of which may be restricted by the limited use policy, such as tests to determine fitness for duty or the need for counseling, rehabilitation, or treatment or tests based on reasonable suspicion of drug use (note that this definition varies from the DoD definition of command directed examination that involves only tests affected by the limited use policy).

Community-based services
State certified referral, counseling, and rehabilitation services used by the ARNG in lieu of the military ADAPCP counseling and rehabilitation services available to the Active Component.

Drug abuse
Any use of an illegal drug, to include THC and its derivatives, or involvement in other drug related offenses such as the possession, distribution, trafficking, or introduction of controlled substances, illegal drugs, or drug paraphernalia.

Forensic toxicology drug testing laboratories
Military and contract laboratories designated to conduct drug testing in accordance with the criteria and requirements established by DoD and the Military Departments. Only the laboratories listed in this regulation may be used by the ARNG for drug testing conducted as part of the ARNG ADAPCP.

Limited use policy
The policy that prohibits the use of certain information to support disciplinary action under the Uniform or State Code of Military Justice or administrative separation with less than a fully honorable discharge.

Mandatory referral
The requirement that each ARNG soldier, identified as a possible alcohol or drug abuser, be referred to community-based services. This requirement is in addition to any disciplinary or administrative separation action that may be appropriate or required.

Mandatory testing
The required testing of all personnel in certain specified categories listed in this regulation. Mandatory testing is a form of commander directed tests

conducted as an inspection under Military Rule of Evidence 313 or equivalent State Code.

Observer
The individual who is responsible for ensuring that the urine specimens provided are not contaminated or altered in any way. Observers will be in the rank of Sergeant or above, of the same sex as the soldier providing the specimen and, where possible, superior in the chain of command of the soldier providing the urine.

Processing for separation
The initiation of administrative separation action for soldiers who have been identified as drug abusers and the processing of such action to the authority who can direct separation or retention of the individual.

Quota adjustment
The process that allows States to request changes to the number of urinalysis tests that the State had previously projected or the number that had been allocated to the State for any given month. Quota adjustment must be made in writing within the time prescribed in this regulation.

Quota allocation
The process by which the National Guard Bureau distributes the available number of urinalysis tests among the States.

Quota projection
The process by which each State requests the allocation of quotas for drug testing of ARNG soldiers during any given Fiscal Year.

Random testing
The testing of selected personnel who have been chosen for testing by method that assures a statistically random probability of selection. Random testing is a form of commander directed tests conducted as an inspection under Military Rule of Evidence 313 or equivalent State Code.

Service area codes
Codes used to identify the State and the unit submitting the urine specimen. State codes are listed in this regulation and are to be used in item 1 of DA Form 5180R and as the first three digits of each Installation Specimen Number entered in the upper right corner of the label that is attached to a urine specimen bottle. Unit codes are assigned by State ADCOs to each ARNG unit that submits urine samples to the FTDTL. Unit codes are required in item 2 of DA Form 5180-R and as the second three digits of each Installation Specimen Number.

Unit alcohol and drug coordinator
An individual appointed on orders at unit level to assist the unit commander in carrying out the responsibilities of the ARNG ADAPCP, to include urinalysis tests.

By Order of the Secretary of the Army:

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