

18 SEP 09

**3rd Battlefield Coordination Detachment-Korea
OSAN AIR BASE
BUILDING 944, UNIT # 12044
APO, AP 96271**

**UNITED STATES ARMY COMMAND
USAG HUMPHREYS
SUBSTANCE ABUSE PROGRAM
STANDING OPERATING PROCEDURES (SOP)**

Purpose: This Standing Operating Procedure (SOP) is a unit specific substance abuse program for the 3rd Battlefield Coordination Detachment-Korea (3rd BCD-K), located and/or supported by the USAG Humphreys Army Substance Abuse Program (ASAP). Drug and alcohol abuse are not compatible with military service and every effort should be made to eliminate the abuse of alcohol and other drugs within this command through education, prevention efforts, and drug detection (unit urinalysis). This SOP and the references listed below will be used when conducting all urinalysis collections, drug and alcohol training, and prevention programs.

Applicability: All assigned and attached unit personnel.

References:

- A. AR 600-85, Army Substance Abuse Program (ASAP), dated 02 FEB 2009.
- B. Standing Operating Procedure, Army Center for Substance Abuse Programs (ACSAP), SOP for Installation/Community/Area Support Group Collection, Handling and Shipping of Urine Specimens, dated 15 September 2010.
- C. Commanders Guide and Unit Prevention Leader (UPL) Urinalysis Collection Handbook, ACSAP, dated June 2006.
- E. USAG Humphreys Policy Memorandum #7, Command Drug Testing.
- D. CG Policy Letters, 29 March 2008.

Drug Use/Abuse:

- A. Using a controlled drug without prescription, or using the prescription of someone else, is drug abuse and is against the law. Using your own prescription, but not IAW the prescription, is drug abuse.
- B. Abusers will be subject to punishment under the provisions of the UCMJ and will also be subject to administrative action IAW existing regulations.

C. Urinalysis testing is an accurate identifier of offenders and serves as an effective deterrent against experimentation. Toward the goal of eliminating drug use and abuse, the Battalion Commanders will conduct random testing of at least 4% of the Battalions' authorized personnel strength each and every week. This will be accomplished at the Company level with a different Company being randomly selected and tested weekly. All Soldiers who are not randomly selected for testing during the FY will be tested under the Inspection Other code (IO) prior to the end of the FY.

Responsibilities:

A. Commanders will:

1. BDE/BN Commanders will appoint an individual to serve as the BDE/BN Unit Prevention Leader (UPL); ensure that a minimum of one certified Primary and one certified Alternate UPL are on appointment orders to serve the companies within the BN. All Company Commanders will serve as the Alcohol & Drug Control Officer (ADCO).
2. Ensure that the policies and procedures contained in the references cited above are followed by the ADCOs and UPLs.
3. Select observers for all urinalysis collections (see observer minimum requirements in Commanders Guide and UPL Handbook).
4. Select an NCO/Officer to be in charge of the holding area during collection procedures.
5. Report positive drug results for all drugs that have no legitimate medical use as specified by USAMEDCOM to the local CID. Currently those drugs are: marijuana, cocaine, LSD, PCP, MDMA (ecstasy), MDEA, MDA, and heroin. The report of positives should be accomplished within 24 hours following notification from the USAG Humphreys ASAP. Required actions are outlined in AR 600-85 and Suppl 1 to AR 600-85, Appendix B.
6. Contact a local Medical Review Officer (MRO) to schedule appointments for Soldiers positive for drugs which have a possible legitimate medical use. Currently those drugs are: codeine, morphine, amphetamines, methamphetamines, steroids (from a special test request) and any barbiturate. Appointments should be scheduled for the earliest possible date following notification from the USAG Humphreys ASAP. If the MRO determines use was unauthorized, report the positive result to the servicing CID Office within 24 hours of the MRO notification.
7. If a hardcopy of the DD Form 2624 is needed, fax a request to the lab at (310) 677-6237. Include the Soldier's SSN, and the LAN # from the electronic DD Form 2624 that was provided by the USAG Humphreys ASAP.
8. If the MRO determines the specimen was positive due to unauthorized drug use, a Commander's Checklist will be provided by the USAG Humphreys ASAP to initiate all

required/mandatory actions.

9. Refer Soldiers that have positive specimens, excluding those determined to be legitimate use by the MRO, to the nearest Army Substance Abuse Program (ASAP) Office.

10. Ensure each month, a minimum 16% of the unit's authorized strength will provide a urine specimen under testing code IR. In addition, the commander will ensure that all Soldiers provide at least one specimen annually. All Soldiers who are not randomly selected for testing during the FY will be tested under the Inspection Other (IO) code prior to the end of the FY.

11. Ensure annual Substance Abuse Prevention Training to all Soldiers and civilians; 4-hours for Soldiers and 3-hours for civilians. This may be divided up as a one hour per quarter training session. A lesson plan, as well as a 90% unit representation signature roster must be submitted to the Prevention Coordinator at the ASAP for credit.

12. Ensure all newly assigned Soldiers are briefed on ASAP policies and services and are given an Inspection Others (IO) urinalysis within 72 hours of in-processing into the unit.

13. Establish a working relationship with the non-clinical ASAP staff, to include the ADCO and UPL, to support prevention efforts within the unit and local community and/or installation.

14. Establish a working relationship with the clinical ASAP staff to monitor the progress and assist in the rehabilitation efforts of any/all unit Soldiers enrolled in ASAP.

B. ADCOs will:

1. Successfully complete a USAG Humphreys Unit Prevention Leader Certification Training Course.

2. Serve as the primary advisor and POC on all ASAP issues.

3. Provide minimum required unit drug and alcohol education classes.

4. Coordinate all activities within the ASAP, ensuring the program is conducted IAW regulations and policy letters. This will include education, training, prevention, rehabilitation, identification, referral, follow-up and program evaluation for the unit.

5. Act as the liaison to the USAG Humphreys ASAP and/or keep the BDE ADCO informed of ASAP issues and required re-certifications.

6. Maintain the unit's functional files IAW the ARIMS regulation.

C. Primary and Alternate UPLs will:

1. Successfully complete a local Army Installation or USAG Humphreys Unit Prevention Leader Certification Training Course.

2. Conduct unannounced unit urinalysis, as directed by the Commander, or the designated representative.
 3. Coordinate the required unit drug and alcohol education classes.
 4. Ensure that the Commander's selection procedure for IR testing is truly random and unpredictable.
 5. Maintain an Alcohol and Drug Abuse bulletin board that contains information received from ASAP on current drug trends, marketing, or prevention materials.
 6. Maintain the unit's urinalysis functional files IAW with the ARIMS regulation.
 7. Train and supervise urinalysis observers.
 8. Ensure that the unit's ASAP patients are tested under code (RO) at a minimum of twice a month. The substitution of (RO) for (IR), (IU), (CO), or (PO) testing or vice versa is **NOT** permitted.
- D. Observers will follow the procedures provided in the above references.

Urinalysis Testing:

A. Authority to order or cancel a urinalysis. As the Commander, I am the only person authorized to order or cancel a urinalysis. In my absence, I may delegate this authority to the XO in writing.

B. There are three primary urinalysis test types.

1. Random Tests. As the Commander I will direct Soldiers selected at random to submit to a urinalysis. Additionally, I may direct a test of the entire unit.

a. Soldiers selected and tested as part of a minimum of 16% random testing will have a test basis code of (IR) respectively. Soldiers selected but unavailable for testing because of approved sick call, down time, mission out of area, and ***not on leave or TDY***, will be tested on the first available test day after their return to duty; and prior to the end of the month. These Soldiers will be tested under the same test basis code as they were originally selected; i.e. (IR), (RO), (PO), (CO), etc. and tested separately from any other testing.

b. Soldiers selected but unavailable for testing because of annual leave, school, emergency leave, TDY etc. will be tested prior to the monthly testing and on the first available test day after their return to duty. These Soldiers will tested under Inspection Other and under the test basis code (IO)

c. All new and in-processing Soldiers will be immediately identified and tested as part of

their in-processing under Inspection Other and under the test basis code (IO).

d. Any ASAP IBTC void or Forensic Toxicology Drug Testing Laboratory (FTDTL) result labeled “untested” is a void. Either of these cases, any/all specimen(s), will be immediately retested under Inspection Other, and under the test basis code (IO).

2. Individual Tests. As the Commander I may direct an individual Soldier to submit to a urinalysis under the following circumstances.

a. Probable Cause. If a member of a Soldier's chain of command suspects or has proof that a Soldier is abusing drugs, he/she may request that I order a urinalysis specimen be collected from that Soldier. After consideration about whether probable cause has been established, I, in consultation with SJA, will make the decision to approve/disapprove the request for urinalysis under the test basis code (PO).

b. Competence/Fitness for Duty also referred to as a Command Direct. This test will be ordered on a Soldier when I do not have probable cause, but I believe that there is something causing the Soldier to have a bizarre or unusual behavior, and I feel that he/she could be a safety hazard to themselves or others. This test falls under the Limited Use Policy and cannot be used for characterization of service or in courts martial, test basis code (CO).

c. Rehabilitation Tests:

1 Soldiers who are enrolled in the ASAP or other rehabilitation programs will be (RO) tested at a minimum of once a month while they are enrolled in the program. This test is separate and above and beyond the normal 10% random monthly testing.

2 Rehabilitation urinalysis cannot be substituted for specimens coded (IR), (IU), (CO), or (PO) or vice versa.

3 During notification, before testing, and during testing, the UPL will take proper precautions to protect each Soldier's right to privacy and the confidentiality of their ASAP or rehabilitation enrollment.

d. Inspection Other. As the Commander I can set policies that dictate certain circumstances when someone will be tested. Personnel who fall into one of the categories below will be tested regardless of rank or position under the test basis code (IO).

1 Newly Assigned Soldiers. As part of the unit in-processing procedure, all newly assigned Soldiers will be required to provide a urinalysis specimen on the next test day under the test basis code (IO).

2 Soldiers that return from AWOL. All Soldiers who return to the unit from an AWOL status will be required to immediately provide a specimen upon their return; under the test basis code (PO).

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C. Selection of the day of the test. My designated representative (UPL), or myself, will select the day of the test. To lessen predictability, every effort will be made to ensure that the date selected does not favor any particular day of the week. Nor should it favor a week of the month, or a month of the quarter.

D. Random selection methods for testing. Test basis code (IR). The following are the primary and alternate methods of randomly selecting personnel for testing.

1. The UPL will use the Drug Testing Program (DTP) software as the primary means of selecting personnel to be tested. The DoD Drug Testing Program will select personnel to be tested based upon the percentage or number of personnel assigned to the unit. The program will then print the DD Forms 2624, unit ledger and bottle labels. The UPL will select personnel using percentage or the “number of personnel” selection method. The number of personnel selected will be based on the unit quota or if no quota is assigned then 16% of the assigned strength.

2. An alternate selection method is to be used only in the case of an emergency and when all other available options have been exhausted; to include notification of the ASAP IBTC. The requirements of the DTP program are in place for FTDTL reporting methods and may cause either a fatal error discrepancy or a garrison utilization error when not used as part of the selection regimen. If all alternate emergency options have been met, Soldiers will be selected for testing by the last digit of their social security number.

a. Selection of the “numbers” should be done as close to the test date as possible. Ideally, this would be the same day as the urinalysis.

b. Ten pieces of paper with the numbers one through nine and zero printed on them will be folded and placed in a container. After the folded pieces of paper are mixed, one or more of the pieces of paper will be withdrawn from the container, one at a time. Normally at least two numbers must be selected. A UPL and I will perform this procedure, or the XO in my absence.

c. The number(s) selected will be matched against the last digit of each Soldier’s social security number as referenced against the most current company roster. The daily status report will be reviewed to identify the duty status of each selected Soldier.

d. Only “present for duty” Soldiers will be required to test on the actual urinalysis test day, all others selected personnel will test on the next test day under original test basis code.

e. All of the numbers (one through nine and zero) must be used during subsequent urinalysis testing selection. For example, if the number “two” is drawn for a random urinalysis in June, it must be included in the drawing for July. If “two” is drawn again in July, it would not be proper to select a substitute or alternate number.

E. Failure to produce a complete specimen. The following procedures will be followed for Soldiers who fail to produce a complete specimen on their first or subsequent attempts (this includes providing no urine at all).

1. Each Soldier will be directed to the holding area until able to produce a complete specimen. They will be kept under the supervision of a NCO/ Officer who has been stationed in the holding area for that purpose.

2. They will be directed to drink a minimum of eight ounces of water every 30 minutes not to exceed 40 ounces.

3. When Soldiers feel able to provide a complete specimen, they will return to their original urinalysis station.

F. Questionable specimens. Following are the actions to be taken, if the Observer or the UPL suspects a “questionable specimen”. A questionable specimen is one that is suspected of being adulterated or substituted.

1. The UPL will immediately contact either myself or the XO to explain the circumstances that caused the specimen to be questioned. The UPL will request permission to obtain second specimen from the Soldier as probable cause (PO) from either my designated representative or myself.

a. If permission is not granted to collect a second specimen, a brief explanation and the name of the person consulted will be placed in the “Remarks” column of the Urinalysis Ledger.

b. If I order a second specimen, the UPL will do the following:

1 The number “1” should be placed in the center of the first specimen’s bottle label. The number “1” should also be placed in item 7 of the DD Form 2624 next to the donor’s service number.

2 The test basis code of the specimen (item 9 of the DD Form 2624) should remain IR or the code that was originally selected.

3 In the “Remarks” column of the Ledger, the UPL should briefly explain the circumstances that caused the specimen to be questioned and should include the name of the person who ordered the collection of the second specimen.

4 The second specimen should be obtained before the testing station closure.

5 The number “2” should be placed in the center of the specimen’s bottle label. The number “2” should also be placed in item 7 of the DD Form 2624 next to the donor’s service number. The second specimen should be placed on a separate DD Form 2624.

6 The test basis code of the second (2) specimen should be a code that reflects its probable cause status (PO).

2. The first specimen, and any additional specimens, will be released to the Forensic

Toxicology Drug Testing Laboratory (FTDTL) under normal chain of custody procedures.

G. Failure to appear for testing. I will be notified by the UPL of the name of any Soldier who fails to appear for testing. Failure to show or test is disobedience of a lawful order, and punishable under UCMJ.

H. Closure of the urinalysis station.

1. Either my designated representative or myself are the only personnel who have the authority to close a urinalysis station. Closure will be accomplished based upon the following.

a. Successful testing of all Soldiers identified for testing.

b. Duty status of the Soldiers not tested. Example: Because of a mission, out of the area, or flight “down time”, a Soldier is not expected to return to the site of the urinalysis.

2. If there are Soldiers remaining to be tested, and the UPL is directed to close, the UPL will ensure that the person ordering closure is given the names of the untested Soldiers. The UPL will obtain permission from either myself or my designated representative to obtain a specimen from these Soldiers within 24 hours of their return to duty. The date of the recollection will be unknown to the selected Soldiers.

I. Disinfecting and sanitation instructions

1. Disinfectants:

a. Any household liquid or spray disinfectant (e.g. Lysol) can be used. The disinfecting method will depend upon the instructions on the container’s label. The disinfectant **must** contain a germicide.

b. A mixture of 10% bleach and 90% water, which is prepared the same day of use, is an effective disinfectant. Gloves must be worn when applying the mixture. After application, it should be allowed to air-dry. (Do not get the mixture on clothing, and immediately wash off bare skin.)

c. A mixture of 70% methanol or ethanol alcohol and 30% water, which is prepared the same day of use, is an effective disinfectant. Gloves must be worn when applying the mixture. After application, it should be allowed to air-dry.

2. Sanitation:

a. Urine spills must be wiped up and disinfected as described below.

1 Paper toweling should be placed over the site of the spill.

2 A “liberal” amount of the disinfectant should be sprayed or poured over the paper toweling and allowed to sit for approximately five minutes.

3 The used paper toweling should be put in a plastic bag-lined trash container.

b. After closure of the urinalysis station, the UPL must disinfect the table and all reusable objects touched during the collection procedure. Following disposal of all used gloves and disinfecting materials in the trash container, the UPL should remove the plastic bag from the trash container, tie the top closed, and put it in a dumpster.

J. Temporary storage area. All specimens will be mailed to the FTDTL as soon as possible by the ASAP IBCP staff. If specimens must be placed into temporary storage, then the storage requirements listed in the AR 600-85 and the Commanders Guide and UPL Handbook will be followed. Specimens will be stored in temporary storage at building 944 in the safe and the UPL will show for turn-in at the coordinated and scheduled appointment time given by the IBTC or BTC.

Alcohol Testing:

I will conduct random and unannounced urinalysis testing, as well as fitness for duty testing for alcohol use of all Soldiers assigned to my unit. If it is determined that a Soldier is under the influence of alcohol during normal duty hours, the Soldier will be tested with a certified alcohol testing device. (See AR 600-85 paragraph 1-33 and 1-34 for policies, controls and sanctions for alcohol abuse)

Collection Procedures:

A. Pre-collection procedures

1. The unit commander will—

a. Direct that a urine test be conducted, identify individual Soldiers, parts of the unit, and/or the entire unit for testing, and ensure identified Soldiers are available for testing.

b. Select an adequate location for testing and a holding area for Soldiers waiting to render a urinalysis specimen.

c. Ensure the UPL is certified to collect urinalysis specimens for drug testing.

2. The UPL obtains supplies for testing—

a. The DOD prescribed urine specimen bottles with boxes.

b. Optional wide mouth collection cup (for females).

c. Tamper evident tape.

d. Specimen bottle labels.

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- e. Unit ledger
 - f. DD Forms 2624.
 - g. Disposable rubber gloves.
 - h. Disinfectant for disinfecting specimen collection area.
 - i. References: AR 600–85, ACOM/ASCC/DRU SOP, Installation SOP, Unit SOP, and Commander’s Guide and UPL Urinalysis Collection Handbook.
3. Personnel to be tested are notified. Notification will take place no more than 2 hours prior to reporting time.
 4. Commander appoints observers, E–5 or above, of the same gender as Soldier being tested, (no more than 3 observers will be assigned to each UPL at any given time) and a holding area NCO/Officer, E–5 or above, to maintain control of personnel waiting to be tested.
 5. The UPL will brief observers on their duties and responsibilities and demonstrate the observers’ tasks. The observers will sign an affidavit to acknowledge understanding of their duties and responsibilities as observers.
 6. The UPL will inspect latrines and post “Off Limits” signs on them; they will also post signs for “Holding Area” and “UPL Testing Station” at those locations.
 7. Commander or designated representative will brief all Soldiers selected for testing.
 8. The UPL will brief the selected Soldiers on the specimen collection procedure.
 9. Each Soldier will remain in the holding area until a specimen is provided unless the commander temporarily permits the Soldier to leave and an NCO or Officer escorts the Soldier.
 10. If more than one UPL conducts the collection, avoid having each DD Form 2624 handled by more than one UPL.

B. Collection procedures

All steps of this procedure must be followed in the correct sequence.

1. The UPL puts on disposable rubber gloves.
2. Soldier approaches the UPL station with their military ID card when prepared to give a urinalysis specimen. If the Soldier does not have an ID card in their possession, the Commander (or SGM or XO) will positively identify the Soldier and verify the Soldier’s SSN by a reliable method (see paragraph E–12a).

3. Soldier will remove excess outer garments such as battle dress uniform or Army combat uniform jackets, coats, or sweat tops.

4. The UPL initiates all required paperwork (if preprinted forms and labels are used, the UPL will verify all information with the Military ID card). If a clerical mistake is made while filling out entries on the DD Form 2624, the specimen bottle label, or the unit ledger prior to the discrepancy inspection required by the DTC, the mistake may be corrected by its maker by lining through (single line) the mistake, placing the corrected information above the mistake, initialing and dating the corrected entry. No other method of correction is authorized except by memorandum, titled "Certificate of Correction."

- a. The UPL prepares label with the following information:
- b. Date specimen collected (YYYYMMDD).
- c. BAC.
- d. Soldier's SSN.

5. The UPL prepares a DD Form 2624 with the following information (See the Commanders' Guide and UPL Urinalysis Collection Handbook for specific guidance on completing the DD Form 2624):

- a. Submitting Unit (block 1). Address of the Installation ASAP or Battalion-level Command or above.
- b. Additional Service Information (block 2). Name of Company, Battery, or Detachment conducting testing and contact information (for example, phone number, email address).
- c. BAC (block 3). This is the unique code for reporting results.
- d. Unit Identification Code (UIC) (block 4).
- e. Document/Batch Number (block 5). Begin with batch '0001' each day.
- f. Date Specimen Collected (YYYYMMDD) (block 6).
- g. Soldier's SSN (block 8).
- h. Test Basis (block 9). For each DD Form 2624, use only one appropriate code (IR, IU, IO, CO, PO, RO, MO, AO, VO, NO, OO).
- i. Test Information (block 10). Designate letter "A" for E-4 and below and letter "B" for E-5 and above and officers. Leave the remaining rows blank if less than 12 specimens are collected.

6. UPL prepares the unit ledger with the following information (see the Commanders Guide and UPL Urinalysis Collection Handbook for specific guidance on completing the DD Form 2624):

- a. Date specimen collected
- b. Batch and specimen number (blocks 5 and 7 from DD Form 2624).
- c. Soldier's rank.
- d. Soldier's printed name (Soldier will sign upon completion of specimen collection procedure).
- e. Soldier's SSN.
- f. Test basis.
- g. Observer will print and sign their name on the unit ledger upon completion of specimen collection procedure.
- h. Comments and disposition.

7. The UPL directs the Soldier to verify the information on the specimen bottle label, unit ledger, and DD Form 2624. The Soldier will then initial the specimen bottle label indicating that all data is correct.

8. The UPL will remove a new specimen bottle from the box in front of the Soldier and replace it with the Soldier's Military ID card. The UPL will then affix the label to the specimen bottle, in full view of both the Soldier and the observer, and hand it to the Soldier. The UPL will remind the observer not to take possession of the specimen bottle and to constantly maintain direct eye contact with the bottle until the UPL places it in the collection box.

9. The Soldier will ensure that the observer has full view of the specimen bottle at all times until the UPL takes custody of the specimen. At no time will the observer take custody of the urine specimen.

10. If the Soldier is female, the optional wide mouth collection cup will be issued to the Soldier at this time.

11. The Soldier and observer will move to a secure latrine; the Soldier will walk in the front with the specimen bottle held above their shoulder to keep it in full view of the observer. The observer will keep the specimen bottle in sight at all times.

12. Once in the latrine, the observer will direct the Soldier to wash their hands without the use of soap. The Soldier will then move to the appropriate facility (urinal or toilet) to collect the specimen.

13. The Soldier will remove the cap of the specimen bottle in full view of the observer, and will hold it or place it face up on a clean surface. The specimen bottle and cap must be in full view of the observer.

14. The Soldier will then fill the specimen bottle with at least 30 milliliter (ml) of urine (approximately half the specimen bottle). The observer must see urine leaving the Soldier's body and entering the specimen bottle (or collection cup). The Soldier will recap the specimen bottle in full view of the observer.

a. The following procedure applies to female Soldiers who utilize the wide mouth collection cups:

1. The Soldier will remove the cap from the collection cup, and provide the specimen. The observer will keep the wide mouth collection cup and the specimen bottle in full view and directly observe urine leaving the body and entering the collection cup.

2. The Soldier will then open the specimen bottle, and pour the urine from the wide mouth collection cup into the specimen bottle. The Soldier will recap the specimen bottle in full view of the observer. The observer will watch this entire procedure.

15. The specimen bottle must contain at least 30 mL of urine (regardless of specimen volume collected, the specimen bottle must be returned to the UPL). See paragraph E-12b for instructions on insufficient volume.

16. The Soldier should wash their hands with soap after recapping the specimen as described in steps l and m above, but the Soldier and observer must keep the specimen in full view.

17. The observer and the Soldier will return to the UPL's station. The Soldier will walk in front with the specimen bottle held above their shoulder. The observer will keep the specimen bottle in sight at all times.

18. The Soldier will hand the specimen bottle containing their specimen to the UPL; both the Soldier and observer will continue to keep the specimen bottle in sight at all times until the UPL places the specimen in the collection box.

19. The UPL will take the specimen bottle, verify that the cap is secure, and inspect the specimen for sufficient volume and possible adulteration. If adulteration is suspected, the UPL will secure the specimen, order the Soldier to stand fast, and ensure that the Commander is notified (see paragraph E-12d).

20. The UPL will then place tamper evident tape across the specimen bottle cap. The tape will be one continuous piece that runs across the top of the specimen bottle and touches the label on both ends without obscuring any information.

21. The UPL will then initial the specimen bottle label. The UPL's initials signify that they have received the specimen from the Soldier, checked the specimen for adulteration and sufficient volume, ensured the cap was secure, and placed tamper evident tape across the cap.

22. The UPL will place the specimen in the collection box and remove the Soldier's ID card. The UPL retains the Soldier's ID card until the Soldier signs the unit ledger.

23. The observer will then sign the unit ledger in front of the UPL and Soldier to verify their complied with the collection process and directly observed the Soldier provide the specimen and maintained eye contact with the specimen bottle from the time it was handed to the Soldier until it was placed in the collection box.

24. The Soldier will then sign the unit ledger in front of both the observer and UPL verifying that they provided the urine in the specimen bottle and that they observed the specimen being sealed with tamper evident tape and placed into the collection box. The UPL should check the specimen bottle label, unit ledger, and DD Form 2624 and correct errors before releasing the Soldier.

25. The ID card will be returned to the Soldier at this time, and they are released from testing.

C. Post-collection procedures

1. After all specimens have been collected the UPL will:

a. Verify that all SSNs on the unit ledgers, DD Forms 2624 and specimen bottle labels match.

b. Ensure that all required information, signatures, and initials are on the specimen bottle labels, unit ledgers, and DD Forms 2624.

c. Place each DD Form 2624 into the corresponding specimen shipping container(s).

d. Disinfect the specimen handling area and close down the collection station.

e. Transport all specimens to the DTCP as soon as possible (normally the same duty day).

f. If unable to transport to the DTCP immediately, the specimens, DD Forms 2624, and unit ledgers will be placed into temporary storage at the unit as described in paragraph E-11.

4. Specimen Chain of Custody (Back side of DD Form 2624)

a. Once the UPL accepted a complete specimen from the Soldier, the specimen chain of custody began. This chain of custody must remain continuously and forensically intact until the specimens are received by the courier/shipping agency and subsequently the drug testing laboratory (FTDTL).

b. If two or more UPLs conduct the collection, avoid having each DD Form 2624 handled by more than one UPL. A change of custody should be done only on a completed batch of specimens and its DD Form 2624. If the UPL cannot complete their batch due to an emergency, the DD Form 2624 (front) should be closed-out, and a change of custody to an alternate UPL should be initiated on the back side of the DD Form 2624. The alternate UPL should prepare a new DD Form 2624 with a new batch to collect specimens from the remaining Soldiers.

c. Each change of custody must be annotated at the time of the occurrence; do not predate or postdate the event. When the specimens are transferred from one specimen custodian to another or to temporary storage or shipping agency, correct and complete information must be annotated in block 12a, b, c and d on the back side of DD Form 2624 as following:

1. Block 12a-Date of specimen custody transfer (use U.S. date format YYMMDD to avoid confusions).

2. Block 12b-Name and signature of the person or temporary storage facility (building and room) releasing custody.

3. Block 12c-Name and signature of the person or temporary storage facility (building and room) accepting custody.

4. Block 12d-Reason for transfer/change of custody (for example, "Specimens transferred to primary UPL", "Specimens placed in Temporary Storage", "Specimens retrieved from Temporary Storage", "Specimens received by DTC", "Specimens mailed to FTDTL", and so forth).

Unit Prevention Plan:

A. Training.

1. The Primary UPL in coordination with the Commander and the training NCO will ensure that a minimum of 4 hours of substance abuse awareness training is scheduled and delivered to all Soldiers and 3-hours delivered to all civilians, during the Fiscal Year (FY). This block of training may be broken up into quarterly training sections throughout the FY. The UPL will discuss training subjects, between the ASAP staff and myself, prior to conducting the training.

2. The UPL will assist with briefing each newly assigned Soldier on the Unit Substance Abuse Program. The briefing should include the Commander's policies on testing and prevention efforts. The newly assigned Soldier should be afforded the opportunity to read this

SOP, and any other SOPs or policy letters related to the ASAP.

3. I may determine that additional training is necessary for select groups. This training may be based on unit specific needs, or trends in drug and/or alcohol abuse. Examples may include Observer training at unit level, information briefing on club drugs and raves to all Soldiers under age 28, or how to handle a urinalysis positive briefing at OPD.

B. De-glamorization of alcohol. Unit activities will NOT center around the use of alcohol. Alcohol free activities such as non-alcohol super bowl parties will be encouraged. If alcohol is authorized at a unit activity, then the following must be provided:

1. Various non-alcoholic beverages for non-drinkers.
2. Designated drivers to ensure all personnel get home safely.

3. Designated senior leadership to monitor the consumption/condition of personnel who are consuming alcohol.

C. Prevention efforts.

1. The UPL will maintain a unit substance abuse bulletin board in a common area within the unit. At a minimum the bulletin board will contain:

- a. A copy of this SOP.
- b. Copies of DA, MACOM, installation, and unit policy letters pertaining to the Substance Abuse Program.
- c. Social Marketing Posters – provided by the ASAP or downloaded from www.acsap.army.mil.
- d. Pamphlets and/or information papers on drugs and alcohol.
- e. Current prevention campaigns and alcohol/drug free activities.
- f. Information of limited use and how to self refer to ASAP with POCs and phone numbers.

2. The UPL will ensure that the command is notified of upcoming prevention campaigns. This unit will support the ASAP campaigns with personnel and resources if mission permits.

3. The Leaders will include drug and alcohol in safety briefings, as part of the “Under the Oak Tree” counseling, prior to long weekends.

4. The UPL and myself will stay abreast of drug and alcohol trends within the community

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and the unit via the Prevention Coordinator (PC) and the Installation Biochemical Testing Coordinator (IBTC) at the ASAP, and unit drug testing statistics. I, as the Commander, will take appropriate actions to address potential problems within the command to include potential problems associated with deployment areas.

D. Risk reduction program.

1. I will receive information quarterly from each of the sections pertaining to the fourteen high-risk behaviors measured by the Risk Reduction Program.
2. I will assist in the development, planning, and delivery of prevention strategies targeting the areas that are at risk within the unit.
3. I will schedule and have the 53-item Unit Risk Inventory (URI) administered to the unit on an annual basis. The results of the URI will be used to adjust training and prevention efforts within the unit to reduce high-risk behaviors.

E.J. DEGEN
COL, FA
Commanding