

**BY ORDER OF THE COMMANDER
8TH FIGHTER WING**

8TH FIGHTER WING INSTRUCTION 44-120

9 MAY 2012



Medical Command

**MILITARY DRUG DEMAND
REDUCTION (DDR) PROGRAM (PA)**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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(Colonel Alvis W. Headen III)

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This instruction implements Air Force Instruction (AFI) 44-120, *Military Drug Demand Reduction (DDR) Program*, 03 January 2011. It establishes policies and procedures for the administration of the DDR Program at the 8th Fighter Wing, Kunsan Air Base, Republic of Korea. This instruction applies to any active duty military member, or Reserve/National Guard member on active duty orders (i.e., Air Force, Army, Navy, Marine Corps), as well as DoD civilians eligible to be drug tested, IAW AFI 44-120 and AFI 44-109, . *Mental Health and Military Law*, 1 Mar 2000. This instruction establishes the responsibilities and procedures to be followed by base personnel and agencies. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s from the field through appropriate chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual, AFMAN 33-363, *Management of Records*, 1 March 2008, and disposed of IAW the Air Force Records Disposition Schedule (RDS) located at <https://www.my.af.mil/afirms/afirms/afirms/rims.cfm>. The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

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required by AFI 33-332, *Privacy Act Program, 29 January 2004* are annotated on DD Form 2005, *Privacy Act Statement - Health Care Records*.

Section A—PROGRAM GOALS AND REQUIREMENTS

1. Goals and Objectives:

- 1.1. Enhance mission readiness and foster a drug free environment through a comprehensive program of education, prevention, deterrence and community outreach in support of the President's National Drug Control Strategy.
- 1.2. Maintain the health and wellness of a fit and ready fighting force as well as a drug-free Air Force community.
- 1.3. Deter military members, including those members on initial entry on active duty after enlistment or appointment, from using illegal drugs and abusing controlled substances.
- 1.4. Assist commanders in assessing the security, military fitness, readiness, and good order and discipline of their commands.
- 1.5. Detect and identify those individuals who use and abuse illegal drugs and other controlled substances.
- 1.6. Provide a basis for action against a service member who tests positive for illicit drug use.
- 1.7. Ensure that urine specimens collected as part of the drug abuse testing program are supported by a legally defensible chain of custody procedure at the collection site, during transport, and at the drug testing laboratory.

2. Levels and Frequency of Testing:

- 2.1. The military end strength population will be tested at a goal of 100 percent annually.
 - 2.1.1. Random testing will occur at least six times per month.
 - 2.1.2. Non-Random testing (e.g., NightHawk gate sweeps, unit sweeps, commander-directed or forensic collections) are conducted as indicated.
 - 2.1.3. A combination of at least eight random and non-random testing events will occur each month.
- 2.2. Any and all TDY AF personnel can be tested, appropriate to the local drug threat.
- 2.3. Designated civilians will be tested at 100 percent annually.

Section B—RESPONSIBILITIES

3. DDR Responsibilities:

- 3.1. 8 FW/CC
 - 3.1.1. Ensures testing level and type of test is appropriate to the local drug threat.

3.1.2. Chairs the Cross-Functional Oversight Committee (CFOC), or delegates 8 FW/CV to chair the CFOC, which meets at least quarterly.

3.1.3. Ensures the DDR Program has adequate and appropriate facilities for full-time use.

3.1.3.1. Provides a locking private office for the DDR Program Manager (DDRPM). This room is accessible only by personnel authorized by 8 FW/JA. A "Restricted Access" sign is posted on the door.

3.1.3.2. Provides a locking private office for the storage/shipping/packing room. This room is accessible only by personnel authorized by 8 FW/JA. A "Restricted Access" sign is posted on the door.

3.1.3.3. Provides access to a shared reception desk/waiting room area.

3.1.3.4. Provides access to a shared room used for training DDR observers.

3.1.3.5. Provides access to lockable male and female bathrooms. Additionally, male and female bathrooms on the first floor will be made available when required (e.g., non-random sweeps).

3.1.3.6. Provides keys sufficient to enable 24/7 staff access to DDR facilities/areas.

3.1.3.7. Provides Information Technology support (both hardware and technicians) via 8 CS.

3.2. 8 FW Group Commanders

3.2.1. Provide a single Drug Testing Program Administrative Manager (DTPAM) manpower per the following schedule: Jan-Mar 8 MSG; Apr-Jun 8 MDG; Jul-Sep 8 OG; and Oct-Dec 8 MXG. Deviations from the above schedule are permitted only with concurrence of 8 MDG/CC.

3.2.2. Ensure that no later than (NLT) three weeks prior to the beginning of their three month duty cycle, the name of the nominated DTPAM is forwarded to 8 FW/JA for a suitability review IAW AFI 44-120 4.6.9.1. The DTPAM must be an E-5 or above. (8 FW/JA will screen any request that an E-4 serve as a DTPAM.)

3.2.3. Ensure DTPAMs report for unrestricted duty at DDR NLT three duty days prior to the beginning of the quarter. This will provide overlap with the incumbent, allowing for hands-on training and program continuity.

3.2.3.1. Should the report date fall in the middle of an exercise, ensures DTPAM will be sent to DDR such that there are three duty days available for training prior to the start of the quarter.

3.2.3.2. Ensure DTPAM is not given taskings from their Group during their term of service unless coordinated with the DDRPM.

3.2.4. Ensure DTPAMs will not be released for ordinary leave or TDY during their term of DDR service. Should a DTPAM be unable to complete their term of service or be absent for five or more consecutive duty days (e.g., emergency medical care or emergency leave), the Group/CC will ensure the name of a suitable replacement is provided to 8 FW/JA for a suitability review NLT two duty days after discovery.

3.2.5. Ensure DTPAMs understand their typical work schedule in M-F 0800-1700. However, they must be made available for after-duty-hours non-random sweeps as required.

3.3. 8 MDG/CC

3.3.1. Serves as the 8 FW OPR for the DDR Program.

3.3.2. Ensures adequate supervision of the DDRPM by the Alcohol and Drug Abuse Prevention and Treatment Program (ADAPT) Manager (8 MDOS/SGOW).

3.4. DDR Program Manager

3.4.1. Qualifications: DDRPM is a full-time civilian (GS-9) that manages all aspects of the DDR Program.

3.4.2. Supervisory Role: Directly trains and oversees the rotating DTPAM and ensures training is completed for all observers

3.4.3. Serves as the OPR for Non-Random gate sweeps (e.g., NightHawk).

3.4.4. Serves as the OPR for Non-Random unit sweeps.

3.4.5. Serves as the OPR for unscheduled, commander-directed or forensic after-duty hours collection protocols.

3.4.6. Coordinates with 8 FW Group and Unit/CCs to ensure:

3.4.6.1. Compliance with Random and Non-Random testing protocols.

3.4.7. Coordinates with the 8 FW First Sergeants' Council to ensure:

3.4.7.1. Unit trusted agents are correctly appointed (i.e., US citizens only) and trained.

3.4.7.2. Male and female trained observers are provided to the DDR Program on the following schedule: January: 8 MXS; February: 8 MDG; March: 8 SFS; April: 8 CS; May: 8 FSS; June: 8 AMXS; July: 8 MXS; August: 8 CES; September: 8 LRS; October: 8 WSA; November: 8 OG; December: 8 MOS. Deviations from this schedule are permitted only with concurrence of DDRPM.

3.4.7.3. A minimum of one male and one female observer is required every time random testing is scheduled (approximately a five-hour block of time). Not later than two weeks prior to the beginning of the unit's designated month, a pool of four males and two females (all E-5 or above) will be identified and those names forwarded to the DDRPM and to 8 FW/JA for a suitability review. Units are free to rotate observer duty among trained personnel within this pool as they see fit.

3.4.7.4. The DDRPM will arrange a time to train the observers prior to the first duty day of the month in which they serve. Alternatively, by mutual consent, observer training can occur just before the first testing session of the designated month. But, observers must always be released by their units to obtain training prior to the first testing session.

3.4.8. Coordinates with the 8 MDG Laboratory to arrange for after-hours, commander-directed or forensic sample collection.

3.4.9. Coordinates with the 8 MDG Laboratory to ensure that DDR assets/personnel are not involved with aviation safety or ground mishap-related sample collection IAW AFPAM 91-211.

3.4.10. Ensures DDR Program assets are not involved in random or non-random collection or drug testing of sister service personnel.

3.4.11. Ensures a combination of eight random and non-random testing events occur each month.

3.5. 8 FW/JA

3.5.1. Serves as the OPR for DDR quarterly inspections and DDR-related courts martial actions.

3.5.2. Advises Commanders, the DDRPM, DTPAM, and other installation officials and agencies regarding legal aspects of the drug testing program.

3.5.3. Advises and coordinates on all requests for urinalysis drug testing other than routine random inspection testing.

3.5.4. Reviews DTPAM records to ensure member meets legal qualifications and notifies DDR when a member does not comply with requirements.

SCOTT L. PLEUS, Colonel, USAF
Commander

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFI 44-107, *Civilian Drug Testing*, 7 April 2010

AFI 44-109, *Mental Health and Military Law*, 1 Mar 2000

AFI 44-120, *Military Drug Demand Reduction (DDR) Program*, 03 January 2011

AFI 44-121, *Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program*, 11 April 2011

AFMAN 33-363, *Management of Records*, 1 March 2008

AFPAM 91-211, *USAF Guide to Aviation Safety Investigation*, 23 Jul 2001 / Change 1, 18 Dec 2006

DoDD 1010.1, *Military Personnel Drug Abuse Testing Program*, 9 Dec 1994 / Change 1, 11 Jan 1999

DoDI 1010.16, *Technical Procedures for the Military Personnel Drug Abuse Testing Program*, 9 Dec 1994

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

DD Form 2005, *Privacy Act Statement – Health Care Records*

Abbreviations and Acronyms

ADAPT—Alcohol and Drug Abuse Prevention and Treatment

AFDTL—Air Force Drug Testing Laboratory

AFI—Air Force Instruction

AFMAN—Air Force Manual

AFMOA—Air Force Medical Operations Agency

AFOSI—Air Force Office of Special Investigations

AFRIMS—Air Force Records Information Management System

AM—Aerospace Medicine

CC—Command/Commander

CCF—Command First Sergeant

CFOC—Cross Functional Oversight Committee

DoDI—Department of Defense Instruction

DoDD—Department of Defense Directive

DDR—Drug Demand Reduction

DDRPM—Drug Demand Reduction Program Manager
DTPAM—Drug Testing Program Administrative Manager
HAWC—Health and Wellness Clinic
HHS—Department of Health and Human Service
IAW—In Accordance With
JA—Judge Advocate
MRE—Military Rule of Evidence
MRO—Medical Review Officer
MTF—Medical Treatment Facility
NCO—Noncommissioned Officer
NGT—Not Greater Than
NLT—No Later Than
OCR—Office of Collateral Responsibility
OI—Operating Instruction
OCR—Office of Collateral Responsibility
OPR—Office of Primary Responsibility
PM—Program Manager
RoK—Republic of Korea
SJA—Staff Judge Advocate
TDY—Temporary Duty
THC—TetraHydroCannabinol
UCMJ—Uniform Code of Military Justice
USC—United States Code

Terms

Command—Directed Testing—Appropriate where the member displays aberrant, bizarre, or unlawful behavior or where the commander suspects or has reason to believe drugs may be present, but probable cause does not exist. Results obtained through commander directed testing can be used as a basis for administrative discharge action (honorable discharge only) or to support administrative actions such as letters of reprimand, promotion propriety actions. Test results may be used as a basis for initiating administrative actions, to include discharge. Test results, however, cannot be used to take UCMJ action (court-martial, Article 15) or to adversely characterize administrative discharges.

Community Outreach—Defined as on and off base prevention, drug education/awareness and deterrence activities targeted to DoD family members, retirees, civilians and contractors.

Consent Testing—Prior to a probable cause or commander-directed urinalysis test, first ask the member if he or she will consent to a urinalysis test. Commanders are not required to give Article 31, UCMJ, rights prior to asking for consent; however, evidence that a member was read these rights may be used to help demonstrate the member's consent was voluntary. Results may be used for UCMJ or administrative actions, including adverse characterization of administrative discharges. Consent is not valid if it is mere acquiescence to authority. See Military Rule of Evidence (MRE) 314(e). While not required, it is best to obtain the member's consent in writing.

Drug—Any controlled substance included in Schedules I, II, III, IV, and V in 21 U.S.C. 812, including anabolic or androgenic steroids, or any intoxicating substance other than alcohol, that is inhaled, injected, consumed, or introduced into the body in any manner to alter mood or function. Studies have shown that products made with hemp seed oil may contain varying levels of tetrahydrocannabinol (THC), an active ingredient of marijuana, which is detectable under the Air Force Drug Testing Program. In order to ensure military readiness, the ingestion of hemp seed oil or products made with hemp seed oil is prohibited. Failure to comply with the prohibition on the ingestion of hemp seed oil or products made with hemp seed oil is a violation of Article 92, UCMJ.

Drug Demand Reduction Program Manager (DDRPM)—Individual hired or appointed by the installation commander or equivalent to be responsible for oversight of the military and civilian drug testing programs and drug outreach, education, and prevention. Also responsible for training and certifying assigned DTPAMs for specimen collection.

Drug Testing Program Administrative Manager (DTPAM)—Individual hired or appointed by the installation commander or equivalent to administer collection, processing, and shipping of specimens and safeguarding of applicable information pertaining to the drug testing program.

Field Testing—Any drug urinalysis testing which is performed outside of the Air Force drug testing laboratory, a DoD certified drug testing laboratory, or a Department of Health and Human Service (HHS) drug testing laboratory, employing methodology which is defined as a —rapid screening test.

Inspection Testing—Random inspection testing is the best deterrent presently available against drug abuse. Urine specimens may be ordered as part of an inspection under Military Rule of Evidence (MRE) 313(b). Inspections may be conducted to determine: if the command is functioning properly; if proper standards of readiness are maintained; and if personnel are present, fit and ready for duty. Individual members may not be singled out. An entire unit or a part of the unit may be inspected or may be an installation-wide random selection process. Results may be used for UCMJ or administrative actions, including adverse characterizations of administrative discharges.

Medical Testing—A urine specimen collected as part of a patient's routine or emergency medical treatment, including routine physical examinations, may be subjected to urinalysis drug testing. Results may be used for UCMJ or administrative actions, including adverse characterization of administrative discharges.

Observer—A service member assigned duty to observe the collection of urine specimens from service members.

Probable Cause—Requires a search and seizure authorization from the appropriate commander to seize a urine specimen. Probable cause exists when there is a reasonable belief that drugs will

be found in the system of the member to be tested. See MRE 315(f) and consult with the SJA regarding procedures for determining whether there is probable cause. Results may be used for UCMJ or to characterize administrative discharges.

Rehabilitation Urine Testing—Rehabilitation testing is a form of commander-directed testing. A member in drug rehabilitation will be urine tested on a no-notice basis. The unit commander may discontinue rehabilitation urine testing once a courts-martial or separation action is initiated on a member in rehabilitation.

Secure Storage—Secure storage is an area used to store all materials and specimens that hold the potential of being useful as evidence in a court proceeding or administrative hearing. Its level of security must be on par with evidence storage security used by law enforcement. At a minimum, a secure storage area must be maintained with access limited and controlled by appropriate procedures and the two layers of locks or other devices to prevent unauthorized access.

Smart Testing—The random selection of members of the ranks of E-1 to E-4, O-1, and O-2 at a rate of one test per member per year.

Trusted Agent—An individual appointed by unit commanders to receive and maintain rosters of individuals (notification letter from the collector) selected for urinalysis testing. The Trusted Agent is responsible for notifying, via commander's order, individuals selected for urinalysis testing and identifying those individuals unavailable for testing. See detailed description of duties and qualifications at paragraph

Attachment 2

PRE-NIGHTHAWK PROTOCOL CHECKLIST

Figure A2.1. Pre-Nighthawk Protocol Checklist

1. When 8 FW/CC wishes to conduct a NightHawk event, direct 8 FW/CV or 8 FW/CCC, 8 FW/JA the DDRPM to conduct a planning meeting NLT 20 (non-exercise) duty days prior to the desired date of the event.
2. Deconflict with known disruptive events/circumstances (e.g., DV visits or scheduled demonstrations by RoK citizens).
3. Nighthawk collections serve the purpose of high visibility deterrence, as opposed to “for cause” testing of specific individuals or groups, which facilitates targeted detection. The collection times, number and frequency of individuals tested, and maximum sample quantities per event will be identified in the written Wing Commander’s Order to Provide Urine Sample.
4. The DDRPM will ensure sufficient DDR collection supplies will be available on the desired date.
5. DDR, with assistance of 8 FW/CCC will coordinate with 8 FW First Sergeants’ Council to arrange for:
 - a. Security (8 SFS)
 - b. Transportation (8 LRS)
 - c. Fitness Center logistics (8 FSS)
 - d. Male and female observers (All Units)
 - e. DDR supplemental manpower (contingent upon scope of event) (All Units).
6. Schedule organizational meeting(s) with NightHawk participants to obtain signed non-disclosure agreements.

**[Note: All specific protocols and documents are maintained by DDR.]

Attachment 3

PRE-UNIT SWEEP PROTOCOL CHECKLIST

Figure A3.1. Pre-Unit Sweep Protocol Checklist

1. Unit sweeps can be conducted as a part of routine deterrence or due to suspicion of illegal drug use. When a Group or Unit/CC wishes to conduct a unit sweep, schedule a planning meeting with the DDRPM (OPR) and 8 FW/JA (OCR) NLT 14 (non-exercise) duty days prior to the desired date of the event.
 2. The sweep will be conducted in the DDR offices (HAWC) or the Theater.**
 3. Ensure sufficient DDR collection supplies will be available on the desired date.
 4. Unit/CC and CCF will arrange for:
 - a. Unit member notification and accountability
 - b. Male and female observers
 - c. DDR supplemental manpower (contingent upon scope of event)
 5. Schedule organizational meeting of participants to obtain signed non-disclosure agreements.
- **[*Note:* Other specific protocols and documents are maintained by DDR (OPR).]

Attachment 4**AFTER DUTY HOURS COLLECTION PROTOCOL CHECKLIST****Figure A4.1. After Duty Hours Collection Protocol Checklist**

1. These “for cause” collections are forensic/detection in nature and are unrelated to other DDR deterrence efforts. The Group or Unit/CC should contact the on call 8 FW/JA officer to ensure the necessary forms, rights advisements, etc., are executed properly.
2. To arrange for sample collection, contact the on call 8 MDG laboratory technician via Ambulance Services (782-4333/4323). [Note: For sample collections related to ground mishap or aviation safety events, Aerospace Medicine (AM) is the OPR. The AM on call provider can also be contacted through Ambulance Services.]
3. Transport the person(s) who will provide the sample(s), along with the gender-appropriate observer(s) to and from the 8MDG (Bldg 405), as directed.
4. Follow-up with the DDRPM on the next duty day (782-4857).