



DRUG DEMAND REDUCTION
Prevention Plan
FY 2014

Marine Corps Air Station
Yuma, AZ

“A GOOD TO GO MARINE IS A DRUG-FREE MARINE”

Submitted

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1. Program Description:

The Marine Corps Air Station (MCAS), Yuma Drug Demand Reduction Program (DDRP) objective is to provide Marine Corps plans, policy and resources to improve and sustain the capabilities of commanders to provide opportunities to prevent problems which detract from unit performance and readiness.

Per MCO 5300.17, Marine Corps Substance Abuse Program: ***"Alcohol abuse and the distribution, possession, use, trafficking or distribution of illegal drugs or drug paraphernalia is contrary to the effective performance of the Marines and to the Marine Corps mission."***

The DDRP prevention plan is a comprehensive prevention program utilizing various resources, such as the Marine Corps Order 5300.17 and its attached references, Center for Substance Abuse Prevention (CSAP), Substance Abuse Counseling Center statistics, the Substance Abuse Needs Assessments, current Orders and policies regarding synthetic drugs and prescription medication use and abuse, and other prevention programs on station and in the community. The program is combined with evidenced-based practices to prevent illegal drug use, prescription drug misuse, abuse, and dependence in the Marine Corps. The goal of the program is to reduce the impact of illegal drug use on the service member's health and mission readiness. DDRP provides extensive and aggressive drug testing for Marines, education and awareness programs focused on maintaining military readiness.

The MCAS Yuma DDRP Prevention Plan supports the Marine Corps' drug abuse prevention efforts and provides the Commanding Officer, MCAS Yuma and other tenant commands with a researched based prevention program. This program utilizes strategies to engage Marines in education and on and off duty activities that promote a healthy lifestyle.

2. Community Organization and Demographics:

MCAS Yuma consists of 16 commands. Headquarters and Headquarters Squadron (H&HS) is the largest command under the MCAS Yuma Commanding officer.

Several tenant commands operate out of MCAS Yuma under different cognizant Commanders:

1. Third Marine Aircraft Wing, MARFORPAC
 - a. Marine Aircraft Group-13, (MAG-13)
 - i. Marine Aircraft headquarters
 - ii. Marine Aviation Logistics Squadron-13 (MALS-13)
 - iii. Marine Wing Support Squadron-371. (MWSS-371)
 - iv. Marine Attack Squadron-211 (VMA-211)
 - v. Marine Attack Squadron-214 (VMA-214)
 - vi. Marine Attack Squadron-311 (VMA-311)
 - vii. Marine Fighter Attack Squadron-121 (VMFA-121)
 - b. Marine Air Control Group-38
 - i. Marine Air Control Squadron -1, (MACS-1) (REIN)
2. Marine Aircraft Group 41
 - a. Marine Fighter Training Squadron-401, (VMFT-401)
3. Marine Aviation Weapons and Tactics Squadron-1, (MAWTS-1)
4. 1st Marine Logistic Group
 - a. Combat Logistics Company-16, (CLC-16)

5. Naval Hospital Camp Pendleton

- a. Branch Medical Clinic
- b. Dental Department

As of September 1, 2013, there are approximately 4,500 personnel including Department of Defense civilian employees (GS, NAFI and WG) and contractors on board MCAS Yuma. Each year MAWTS-1 conducts several exercises, including Weapons and Tactical Instruction (WTI) that adds up to 13,000 personnel to the total MCAS population. These personnel are deployed from various commands, from several service branches all over the country and around the world.

DDR program collaborates with Marine Corps Community Services' (MCCS) Single Marine Program, Semper Fit, Department of Safety and Standardization, Marine and Family Services such as Substance Abuse Counseling Center, Family Advocacy Program, Sexual Assault Prevention and Family Team Building. Additionally, the program also collaborates with unit/squadron Substance Abuse Control Officers (SACO) and Family Readiness Officers (FRO).

MCCS provides outdoor recreational activities through Arizona Adventures and the Single Marine Program. They have a recreational center with computer access, pool tables, video games, and frequent recreational field trips outside of Yuma Arizona. Semper Fit offers variety of exercises, cardio vascular activities for the Marines, Sailors, DoD personnel and dependents. They also provide "sport challenges" to the Marines and Sailors in the form of intramural activities, one of which is the Captain's Cup Challenge. During the summer months, from Memorial Day to Labor Day, DDR Program, along with Semper Fit,

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Single Marine Program, Alcohol Abuse Prevention Program, and Department of Safety and Standardization promote 101 Critical Days of Summer Challenges to keep the Marines and Sailors onboard engaged in recreational activities.

Yuma County is directly north of the Mexican State of Sonora, a major drug trafficking stronghold which has experienced a significant increase in violence associated with drug smuggling over the past year. The 2012 census from United States Census Bureau (census.gov, July 30, 2013) stated that the County of Yuma has a population of approximately 271,459 including the population in San Luis, Somerton, Foothills, Wellton and Dateland. During the winter months, the population of Yuma County changes due to the influx of winter visitors.

Additionally, San Luis is on the border of Mexico; approximately 32 miles from Yuma. Algodones, Mexico is only a 15 minute drive from Yuma County where prescription medications and other drugs can be obtained without a prescription from a doctor. Methamphetamine is the number one drug of choice in the community followed closely by Marijuana. According to the Arizona High Intensity Drug Trafficking Area, Drug Market Analysis in 2011, "the adverse effect of high levels of methamphetamine availability, abuse and related crime on community far surpasses the effects from all other drugs." Moreover, the analysis also indicated that "the availability of illegally diverted prescription opioids is increasing."

Commanding General I Marine Expeditionary Forces (CG I MEF) G-3 updated the MC1WEST Coordinated Mexico Travel Policy on April 2011. The update stated that travel to Mexico is restricted and will only be allowed to travel to Mexico if

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Marine/Sailor put in a request for travel two weeks in advance and it has to have a signed authorization from the first 0-6. This restriction also applies to DoD dependents and DoD Contractors (as long as it does not violate any terms of the contract) when traveling in an official capacity.

Additionally, United States Northern Command (USNORTHCOM) issued a directive that mirrors the State Department's travel warning to Mexico placing 12 of Mexico's 31 are now on the off-limits list to troops. Marine Corps Air Station Yuma, Ariz., recently posted a news release updating Marines on the additional restrictions. It listed Nayarit as the most recent Mexican state to be considered off-limits, unless executing official travel orders. Marines needing to travel to prohibited states for personal emergencies must seek permission from their command, the release states (militarytimes.com, Aug 14, 2013).

On May 30, 2012, MCAS Yuma commanding officer issued the Station Bulletin 1620 that outlines the "off-limit areas" in Yuma County to all military personnel. Eight street Smoke Shop, Dely's Smoke Shop and CMS Smoke Shop are off-limits due to its sales of Spice, Bath Salts and other synthetic drugs. The bulletin also lists the area called "shit creek" due to its high volume of drug trafficking and violence in the area.

The DDR Program also uses collaborative efforts with the community; including the Yuma Anti-Drug Coalition Group, National Guard DDR Program, Yuma Sheriff's Office, Police Department, and Yuma Gang Task Force, Yuma high school districts along with the Yuma sector of the Drug Enforcement Administration (DEA), Federal Bureau of Investigation (FBI) and Yuma County Adult Probation Department.

3. Need Assessment:

The DDR Program will make every effort to prevent illegal drug use, to include synthetic drugs and prescription medication misuse and abuse from affecting mission readiness and productivity of the Marines and Sailors on board.

To assess the MCAS Yuma community, an informal Substance Abuse Needs Assessment was conducted to obtain and assess general knowledge on illegal drugs, and the impact they have on the mission. The informal needs assessments were conducted throughout the Fiscal Year. At the beginning of the fiscal year, "Drug and Alcohol Poll" was conducted that collected 1,107 responses. In January 2013, a short assessment on "Supplement Safety Awareness" was conducted which collected 96 responses, and in July 2013 to August 2013, the 2013 DDR Needs Assessment was completed with 1,205 responses. The results will be discussed at the bottom of this section.

Alcohol and Drug Management Information System (ADMITS), a national database that collects and maintains data on all activities and programs related to alcohol and drug abuse, treatment and training for the Navy and the Marine Corps, and the Internet Forensic Toxicological Drug Testing Laboratory (iFTDTL), a web portal that reports drug testing results, are reviewed for illegal drug trends in the Marine Corps and specifically MCAS Yuma.

Tenant commands also submit, monthly reports containing information about the number of drug testing samples submitted to Navy Drug Screening Laboratory, illegal drug use and "self-referrals" for screening. The Office of the Provost Marshall's

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PMO Blotters, when provided to the Substance Abuse Counseling Center, is also used.

A. ADMITS and iFTDTL:

The following information regarding drug testing samples that tested positive for drugs, identified by the Medical Review Officer as "wrongful use," was gathered from ADMITS and IFTDTL; positive drug testing results deemed "wrongful use" indicates there is no record of a prescription medication prescribed responsible for a positive test results. The determination is made after careful study of the member's medical and dental records. Information regarding member's medical history is also gathered from the Composite Health Care System (CHCS). CHCS is a medical information system used by all United States and OCONUS military health care centers. AHLTA database is also reviewed. AHLTA is the military's electronic health record. AHLTA is an enterprise-wide medical and dental information management system that provides secure online access to Military Health System beneficiaries' records. It is used by medical clinicians in all fixed and deployed Military Treatment Facilities (MTFs) worldwide.

The numbers of Marines and Sailors testing positive for prescription medication that were deemed "no wrongful use" are not included in table 1. "No wrongful use" means following review of the Marine's or Sailor's record by the Medical Review Officer indicates that there is a record of prescription medication prescribed that could cause a positive test results. Hence, in FY12, 38 Marines tested positive for prescribed medications and in FY13, as of this writing, 28 Marines tested positive for prescribed medications. Common prescription medications that are being referred to are: OxyMorphone (112ng)

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to D-Amphetamine (10,124ng). While these medications are prescribed, the level of prescription medication drug abuse is unknown. It is difficult to ascertain this degree to which prescription medication may be abused as there is no distinction made between how much is in the system.

With the issuance of MARADMIN 154/12, Initiation of Expanded Prescription Drug Urinalysis, drug testing includes Hydrocodone and Benzodiazepine for they are "potentially highly addictive and their inappropriate use outside of medical supervision places Marines and their units at risk." the Marines and Sailors who are testing positive for prescription medication are being monitored through drug testing and medical department. This is done through Medical Review Officer (MRO).

Table 1: History of drug testing positive at MCAS Yuma.

	FY11	FY12	FY13*
No. of ADSM tested	4,659	4,422	4,056
ADSM tested positive	24	16	9
No. samples submitted	15,388	13,225	11,389***
POSITIVE DRUG TESTS			
Marijuana (THC)	10	9	5
Methamphetamine	7		
Cocaine	8	2	1
MDA/MDMA	8	1	
Prescription Medications		2	
Synthetic drugs		14	5
Steroid		1	

ADSM - Active Duty Service Member

* (FY13) The numbers reflect drug testing samples as of September 03, 2013

** Spice-related incidents were result of drug testing through AFMES.

*** Some of the numbers for IR and Unit Sweeps performed in the last three weeks prior to writing this prevention plan has not been tested at NDSL.

B. SUBSTANCE ABUSE COUNSELING CENTER'S STATISTICS:

"Early intervention" is an integral part of the continuum of substance abuse prevention. The Marines and Sailors who

tested positive for illegal drugs need the early intervention (treatment). As an *indicated* population (target population will be discussed in the Intervention Section of the prevention plan), early intervention is designed to prevent the onset of abuse among personnel who do not meet the criteria in DSM-IV-TR for abuse or addiction. Upon review of SACC Database, in FY13, 3 of the 9 Marines who tested positive of illegal drug use completed their required intervention. Discrepancies between the number of Marines and Sailors who tested positive and the number of members who completed treatment may be due to the following variables:

- separation from the military service,
- AWOL,
- awaiting completion of their legal issues,
- refuse to attend substance abuse treatment,
- incarceration, and
- after careful assessment by the counselor at Substance Abuse Counseling Center (SACC), alcohol is the main problem.

C. CURRENT DRUG TRENDS:

On March 1, 2011, the Drug Enforcement Administration used its emergency power to ban Spice and other "fake pot" products that mimic the effects of marijuana. It is now listed in the Federal Registry with a temporary placement of five synthetic cannabinoids into Schedule 1. Drugs listed in Schedule 1 are drugs with no medicinal purposes and have a high potential for abuse. Prior to this ban, Marine Corps Forces, Pacific (MARFORPAC) Order 5355.2 and MCAS Yuma Order 5322.1 were put

into effect on December 1, 2009 and March 19, 2010 respectively. These Orders specifically named the prohibited substances such as Spice, K2, Skunk, Spice Diamond, Spice Gold, Spice Silver, Yucutan Fire, and Zohai.

MCAS Yuma has seen increasing numbers of Spice-related incidents. As of this writing, in FY2012, MCAS Yuma posted 12 incidents. These Spice-related incidents were from random health and comfort inspections, Marines reporting other Marines, self-admission and command-directed drug testing. FY2012, as of this writing, Ten Spice-related incident and two Bath Salt incidents were identified.

Currently, there is no known drug testing procedure to analyze the metabolites resulting from the use of Spice and other synthetic drugs including Bath Salt. However, the Armed Forces Medical Examiner System (AFMES) came up with a policy for the testing of synthetic cannabinoids. AFMES will test for the synthetic cannabinoids and samples of Spice and Bath Salts confiscated should be forwarded directly from the investigative agency, CID and NCIS to AFMES.

D. SUBSTANCE ABUSE NEEDS ASSESSMENT:

Per MCO 5300.17, Chap 1, par 2.k.(1), DDR is to conduct on-going assessment of tenants organization's illegal drug use prevention needs to develop and revise the DDR program. A Substance Abuse Needs Assessment was conducted in FY13 in three occasions.

a.) Drug and Alcohol Poll, October 2012:

On October 16, 2012 a drug and alcohol poll was conducted in response to the national poll conducted by the Marine Corps Times (MCT). MCT published the result of the survey they

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conducted for one week, September 27 - October 1, 2012. The online survey asked the readers if they had ever known anyone in uniform whom they saw, or strongly suspected of, abusing drugs or alcohol. The majority of the respondents said they had, to varying degrees. The number of respondents (N = 1,642) were combined from Air Force, Army, Navy, and Marine Corps Times, both active duty members and retirees.

With the permission from the Marine Corps Times, DDR duplicated the same online survey between the periods of October 16 - November 14, 2012. The MCAS Yuma DDR Drug and Alcohol Poll compiled 68% (N = 1,107) of the respondents captured by the MCT. The respondents were from MALS-13 (34.7%), H&HS (14.6%), MAWTS-1 (14.55), and MACS-1 (9.7%). Table 2 describes the comparison.

To get a broader perspective on the survey, the DDR added a question, which is not captured in the national survey, to specify as to which substance applies. Thirty-six point eight percent of the respondents indicated alcohol, 10.9% drugs and 52.2% for both drugs and alcohol. Additionally, the respondents also indicated the following: Marijuana (21.6%), Methamphetamine (9.7%), Cocaine (12.4%), Prescription medication abuse (20.9%), and synthetic drugs (52.7%). Moreover, 21 of the respondents wrote in Steroid and 6 indicated MDMA/Ecstasy.

Per iFTDTL, in FY12, the drug testing positive results for MCAS Yuma did not include methamphetamine as a drug test positive; however, the poll indicated yes (9.7%) when they responded to the question.

Synthetic drugs, both Spice and bath salts, appear to be the continuing drug of abuse reported (52.7%) as indicated in table 1.

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One of the limitations of the Drug and Alcohol Poll, especially those who responded that they have seen, or strongly suspected, a service member, abusing drugs or alcohol (N=411, 37.1%) was the omission of the question if the respondent would talk to the Marine or Sailor, inform the SACO, report them to the commanding officer, or do nothing. However, this question was explored in the 2013 DDR Needs Assessment.

Table 2: Summary of Drug and Alcohol Poll:

	Marine Corps Times	Marine Corps Air Station, Yuma
No. of days the poll was open to the public	7 days	30 days
No. of respondents	1,642	1,107
Sample population	Multi-service (active, retirees, reserves and others)	MCAS Yuma Marines/Sailors
Have you ever known anyone in uniform whom they saw, or strongly suspected of, abusing drugs or alcohol?		
YES, they endangered themselves and their comrades	25%	35.3%
YES, it hurts their career	22%	33.1%
YES, but they still got the job done	42%	31.6%
NO	10%	62.9%

b.) Supplement Safety Awareness Poll, January 2013:

On January 18, 2013, Drug Demand Reduction Program collaborated with Health Promotion Department, a division of Semper Fit, along with the Alcohol Abuse Prevention, conducted an awareness training regarding the negative consequences of using unregulated workout supplement. The training information was taken from Human Performance Resource Center (HPRC), Operation Supplement Safety (OPSS). It is a DoD and HPRC dietary supplement resource for warfighters website.

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The training was due to the alarming numbers of Marines and Sailors engaged in the consumption of pre-, during-, and post-workout regimens and the issuance of ALFOODACT 034-2011 banning products from USPLabs such as Jack3D and OxyElite Pro. These products, according to the AAFES, contain Dimethoxymethamphetamine (DMAA) which is not a FDA approved dietary supplement. DMAA functions as amphetamine and may be associated with some recent deaths in soldiers.

A week following the supplement awareness training, a poll was sent out to the participants on January 25, 2013. The poll was open for 5 days, it was accessed online and it collected 102 responses. The goal of the poll was to measure retention of information received from the supplement safety awareness training.

Demographically, the respondents were 18-24 (26%), 25-30 (29%) and 30 and above (44%). The ranks range from E-1/E-4 (28%), E-5/E-6 (35%), E-7/E-9 (20%), W-1/W-5 (4%), and O-1/O-6 (13%). Ninety-two percent reported that they work out. Work out was defined as "the activity of exerting your muscles in various ways to keep fit whether on your own or recommended by the doctor to have a regular exercise." More than half of the respondents (55%) indicated that they work out more than 2 times per week and 59% take dietary supplements (weight loss program or muscle gain program). Overall, 77% responded to the 8 questions posted in the poll correctly. Two other supplement safety awareness trainings were scheduled in the month of February (15 and 22) as a follow up to the training in January 2013. Unfortunately, DDR did not get enough participants for the training and it was cancelled. However, the training will be revisited as part of the FY14 prevention training plan.

c.) 2013 Drug Demand Reduction Program Needs Assessment

July-August 2013:

Due to the focus of the DoD on prescription medication use and abuse, the annual DDR Needs Assessment was centered around prescription medication.

The Needs Assessment was conducted online and it has collected approximately 28% (N=1,205) of MCAS Yuma total strength. The assessment was open to all active duty members and other DoD employees from July 16 - August 26, 2013.

The breakdown of the squadron/units participation is as follows: MACS-1 (22.3% = 269), MALS-13 (20.5% = 247), H&HS (16.9% = 203), MAWTS-1 (8.8% = 106), MWSS-371 (8.8% = 106), VMFA-121 (7.0% = 84), MAG-13 (4.6% = 55), VMA-311 (4.3% = 52), VMA-214 (2.8% = 34), CLC-16 (1.2% = 14), Navy personnel from BrMedCl and Dental Department (0.7% = 9), and VMFT-401 (0.7% = 8). Marine Detachment from Fort Huachuca also participated in the assessment with 0.7% (9) and other DoD civilian employees with 0.6% (7). Marine Attack Squadron-211 was not able to participate due to other operational commitments.

Majority of the active duty members who participated in the assessment were rank E4-E6 with 610 responses (50.8%) and E1-E3 with 324 responses (27.0%). Statistically, these are the rank or age group that are considered to be "at risk" at committing substance abuse offenses. "At-risk" group is defined as the specific group or subgroup that is more likely to be exposed, or is more sensitive to a certain substance than the general population. Per SACC record for FY13 as of September 3, 2013, of the 91 Marines and Sailors that completed substance abuse treatment for drugs and/or alcohol, 82% (75) was ages 25 and

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below and 90% (82) were rank E1-E4. Of the respondents, 44.73% (539) completed high school and 54.36% (655) completed trade/technical school and above. Only .5% (7) did not complete high school. However, they completed GED or ABE equivalent. Eighty-eight percent (1,062) were males and 11.6% (139) were females.

On the drug information section of the assessment, when asked about the timeframe of illegal drug use from last 30 days to the past 12 months, .5% reported using marijuana, Meth, cocaine, synthetic drugs, heroin, and/or inhalants. Point five percent would be statistically insignificant compared to 95% who reported that they have never used illegal drugs while in the Marine Corps. DDRC can only infer that the .5% (4) were the service members reported in Table #1.

Prior the questions regarding prescription medication use and abuse, the respondents were given the information in Table #3 as it appears in the assessment.

An average of 96% responded that they have never used prescription medication for non-medical reasons. However, when it comes to pain killers as described in Table #3, 54 service members reported using prescription medication for non-medical for the last 30 days and up to the last 12 months.

When asked about their current use of prescription medication compared to use prior to entering the military, 27 service members reported using more, 31 reported use is about the same, 24 use less, and 31 reported quit using altogether. The numbers of service members who reported that they never use prescription medication for non-medical reason is 1,078. Thirteen service members skipped this question.

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Table #3: Non-Medical use of prescription medication information:

PRESCRIPTION MEDICATION

Now we have questions about drugs that Marines/Sailors are supposed to take only if they have a prescription from a doctor. We are only interested in your use of drugs for NON-MEDICAL purposes. NON-MEDICAL means any use of these drugs taken:

- On your own without a doctor's prescription
- In greater amount or more often than the drug was prescribed, or
- For reasons such as to get "high," or for "thrills" or "kicks."

We are NOT interested in your use of "over-the-counter" drugs such as Tylenol, Advil, NoDoz, Nytol, or Unisom that can be bought in drug stores or grocery stores without a doctor's prescription.

Below we list examples of prescription drugs that may be taken for NON-MEDICAL purposes:

A) Stimulants other than Methamphetamine: [Amphetamines, Addrall, Dextroamphetamine, Dexedrine, Destrostat, Didrex, Ritalin, Methylphenidate, Concerta, Focalin, Prescription diet pills, Adipex-P, Phentermine, Tenuate]

B) Tranquilizers or Muscle Relaxers: [Ativan or Lorazepam, Klonopin or Clonazepam, Valium or Diazepam, Xanax or Alprazolam, Librium, Rohypnol ("rufies." R-2, Mexican Valium), Vistraril, BuSpar, Flexeril, Soma, Sketaxin]

C.) Sedative or Barbiturates: [Ambien, Lunesta, Dalmane, Halcion, Amobarbital, Amytal, Butisol, Butabarbital, Butalbital, Luminal, Nembutal, Pentobarbital, Seconarbital, Seconal, Methaqualone, Quaalude, Sopor]

D.) Pain Relievers: [Oxycodone, OxyContin, Percodan, Percocet, Tylox, Hydrocodone, Vicodin, Lorcet, Lortab, Tussionex, Darvon, Davocet, Propoxyphene, Codeine, Tylenol with Codeine, Cough Syrups with Codeine, Tramadol, Ultram, Demerol, Dilaudid, Methadone, Morphine, Phenaphen, Fentanyl]

E.) Anabolic Steroid: [Deca Durabolin, Testosterone, Methyltestosterone, Nandrolone, Sustenon 250 or other drugs taken to improve or enhance physical strength/performance.

Interestingly, 36% (429) of the service members were prescribed medication by a doctor or other health professional to relieve pain or discomfort in the past 30 days and in the last 12 months but not in the past 30 days. However, only 28 service members tested positive for "no wrongful use" in FY13.

Other section of the assessment addressed drug testing collection. It appears that MCAS Yuma and its tenant commands conduct aggressive random drug testing as prescribed by MCO 5300.17 as reported by 96.5% of the respondents that they have given a urine sample for random, unannounced drug test. Random drug testing is defined in the assessment as "a drug test you were not supposed to know about ahead of time." Only 3.3% (40)

service members reported that they have never given a urine sample for more than 3 years. The respondents indicated that the random, unannounced drug test are not very easy to predict (79.8%, 950) compared to those who indicated that drug testing is somewhat to very easy to predict (17%, 202). Only 38 (3.2%) service members indicated that they have never given a urine sample for random, unannounced drug test. MCAS Yuma continue to post the lowest drug testing positive in the Marine Corps at .096% for FY13.

Following up on the Drug and Alcohol Poll conducted in October 2012, the assessment posted the question if a Marine or Sailor would inform their SACO if he/she knows a Marine or Sailor is abusing alcohol and/or illicit drugs. The respondents indicated that they would inform their SACO (95.9.6%, 1140). However, 49 (4.1%) of the respondents indicated they would not inform their SACO. Fifteen respondents skipped the question.

4. Protective and Risk Factors:

In order to prevent or reduce illicit drug and prescription medication use and abuse at MCAS Yuma, the program needs to identify the factors that increase the risk of Marines and Sailors to engage in drug using behavior and find ways to prevent or reduce such behavior. Risk and protective factors were also addressed in the 2013 DDR Needs Assessment. As indicated in Table #1, History of Drug Testing Positive at MCAS, Yuma, the numbers of service members testing positive for any illegal drugs continue to decline. The respondents indicated the following as factors that influenced the decrease in drug test positive results: Aggressive drug testing (60.9%), leadership support to substance abuse prevention program (56%), Maturity of

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the service member (53.2%), SACO program (45.2%), and mentorship (41.5). The respondents were also asked to list other factors as illustrated in Table #4. Another question posted in the assessment was "if the military stopped random, unannounced drug testing, how likely do you think you would be to use drugs?" One of the listed factors associated with the decline in drug testing positives are the service member's attitude towards illicit drug abuse and "don't want to get kick out of the Marine Corps" could be indicative of the 93.5% reported that they are "not likely or would not use drugs." Seventy-seven (6.4%) responded that they are "very likely" or "somewhat likely" to use if the military stopped random, unannounced drug testing. MCAS Yuma continue to be the lowest in the Marine Corps with .1% of the total strength testing positive for illegal drugs.

Table #4: Protective and Risk Factors:

	Risk Factors	Protective Factors
A. Community		
MCAS, Yuma	Peers (association with other ADSM who are abusing drugs/alcohol)	Peers (mentorship)
	Operational tempo	Engaged and involved Leadership/SACO/FRO's
	Availability of substance	Aggressive Drug Testing Program
		Marine Corps Ins/Orders/Directives
		MCCS and Unit sponsored events
		Unit safety stand downs
		Change in retention policies
		Awareness training/Safety stand downs
		Pre-/post-deployment briefs
		NJP/Discharge from USMC
Yuma County	Proximity to Mexico	Law enforcement agencies
	Availability of drugs	Substance abuse coalition organizations
		Outreach programs
	Minimal recreational	Yuma Parks and Recreation

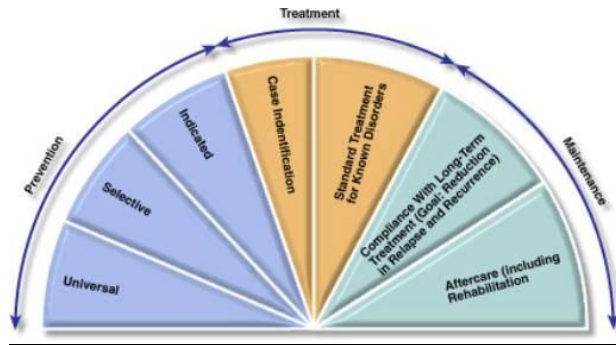
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	activities during the summer months	year round community activities
	31% unemployment rate in the county	
B. Family	Family history of problematic behavior	Strong family ties and values
C. Individual	Family conflict	Healthy upbringing
	Peers	Peers
	Alienation/rebelliousness	Healthy beliefs and clear standards
	Unfavorable attitudes toward the problematic behavior	Resiliency

5. Intervention:



As directed by the MCO 5300.17, Chap 1.2.k, DDR program follows the Center for Substance Abuse Prevention (CSAP) six strategies to form a comprehensive substance abuse prevention program. DDR program also uses evidence- and science-based programs such as Prime For Life. DDR's FY13 training activities using the CSAP strategies are outlined in attachment (e), FY13 DDR Awareness Training Matrix.

The drug awareness training provided by the DDR for FY13 was also addressed in the 2013 DDR Needs Assessment. Majority of the training provided targeted the universal prevention population. The prevention target population such as universal, selective and indicated population is discussed at the bottom of this section. The assessment indicated that 25.17% (approximately 294) of the respondents attended the training,

30.62% (357) have not attended, 9.29% (108) would like to attend, and 34.82% (406) never heard of the training.

UNIVERSAL: Universal prevention targets the entire population of the Unit. They are not selected by level of risk, but simply they belong to a certain population. The messages and the interventions aim at preventing or delaying the abuse of illegal drugs. Universal interventions is utilized to address information related to aspects of high risk drug use, abuse, and dependence and warning signs indicating problematic consumption along with Marine Corps Orders, Instructions and Publications that discuss illegal drug use. This information is disseminated through:

- a. Formal briefs, informal presentations throughout the base,
- b. Distribution of literature,
- c. Posters of drug identification and schedule,
- d. Newspaper articles, both on-line and hardcopy,
- e. E- mails

- a. that directly contribute to high-risk alcohol and drug use.

SELECTIVE: Selective interventions target subsets of the unit population that are considered to be 'at risk" for substance abuse. Participants in selective programs are groups at higher risk for substance abuse than the general or universal population. This group is determined to be "at risk" by the presence of certain risk factors.

The same sets of educational presentation are conducted only to those who fall in this population. One population in consideration is those who are considered "high-risk." These

are Marines and Sailors ages from 19-25 years old as indicated in the assessment.

The DDR also created an Outreach Program, with the assistance of the MCAS Yuma School Liaison, targeting the high school students of Yuma school district. This program came to surface due to the fact that 18% of the populations in the Yuma school districts are military children.

INDICATED: Indicated interventions are designed to prevent the onset of substance abuse in individuals who do not meet DSM-IV-TR criteria for abuse and addiction, but who are showing early danger signs. Indicated population in this case are those Marines and Sailors who tested positive for illegal drug use identified through review of IFTDTL and ADMITS. This target population also includes those who are "self-referred" to treatment.

These individuals are screened by Substance Abuse Control Officers from their respective unit, referred to SACC for assessment and if they did meet the criteria for addiction/dependence, per assessment by the counselor at SACC; they will attend a 2-day educational portion of substance abuse counseling treatment called Prime For Life.

6. CSAP 6 Prevention Strategies:

1. **Information Dissemination:** To allow for the distribution of information regarding drug use, misuse and other problems in a discreet manner prevention displays, posters, pamphlets and brochures providing information allows for concerned individuals

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who may have questions about their drug use, obtain information in a safe and private manner.

2. Prevention Education: This strategy will involve 2-way communication and is distinguished from mere dissemination of information by the fact that it's based on an interaction between the DDR Coordinator and the participants. DDR Coordinator, along with the Unit SACO, will conduct presentations/briefs on illegal drugs, prescription medication use and abuse, synthetic "legal highs" and other drugs.

3. Alternative Activities: Marines will be polled utilizing surveys and focus groups to determine appropriate and enticing alternative activities. Specifically, activities for the periods of high operational tempos will be addressed. DDR Coordinator will collaborate with Semper Fit, Single Marine Program and Department of Safety and Standardization for alternative activities i.e. 101 Critical Days of Summer Challenge. Single Marine Program also offers volunteer opportunities to the Marines and Sailors on board MCAS Yuma.

4. Community-Based processes: This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for drug abuse disorders. The DDR Program has on-going collaborative prevention efforts with MCCS resources such as Single Marine Program, Semper Fit and Arizona Adventures through Semper Fit. DDR Program is also a member of the Yuma Anti-Drug Coalition Group and has a good standing relationship with the law enforcement agencies in the community.

5. Environmental Approaches:

This strategy seeks to establish or change community standards, thereby influencing the incidents and prevalence of drug abuse. In this particular approach, community refers to MCAS Yuma community. The following methods used for this strategy will include review of Unit's substance abuse policy and prevention plans.

6. Problem Identification and Referral:

This strategy aims to identify those who have indulged in the illegal use of drugs in order to assess if their behavior can be reversed through education. The primary approach to Problem Identification and Referral is through the unit SACO, PMO Blotters and daily review of IFTDTL and ADMITS. Marines who are suspected to be illegal drug users will be referred to SACC for immediate screening or evaluation.

7. Resources:

INTERNAL Resources:

- Unit Substance Abuse Control Officers - provide prevention efforts at the command level with the assistance of the DDR Program, reports data required for program evaluation on a monthly basis.
- 3rd MAW Advisor - provides guidance and support to units reporting to the 3rd Marine Air Wing.
- Command and Staff - creates and supports policy related to drug abuse prevention

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- Department of Safety and Standardization - coordinates Health and Safety Fair, Arrive Alive program and Drug and Alcohol prevention.
- Combat Camera and MCCS Marketing Department provide media resources in support of the prevention program.
- Desert Warrior/Public Affairs Chief - provides media support for prevention effort.
- Health Promotions - provides education and prevention in 9 key areas, including substance use and abuse.
- Semper Fit - provides education and planned alternative activities.
- Single Marine Program- provides activities and volunteer opportunities for single Marines.
- Chaplain - provides spiritual and personal guidance and supports problem identification and referral as well as prevention education and information dissemination.
- Counseling Services/Family Advocacy - provides counseling assistance to Marines and Sailors to address domestic violence issues. Contributes to problem identification and referral as well as prevention education and information dissemination.
- Marine Corps Family Team Building- provides training and a network for support to the spouses and family members of Marines.
- MCCS Marketing - resource for development of media in support of information dissemination.
- Arizona Adventures - provides materials for outdoor activities and planned weekend activities

- MCCS Area representatives and Family Readiness Officers - provide MCCS activities resources, including organizing recreational functions, to commands within their area.

EXTERNAL Resources:

- Local Law enforcement - provides enforcement of drug and alcohol policy off base, assists in prevention education. This includes YPD, YCSO, and Yuma sector DEA.
- Yuma Anti-Drug Coalition Group
- Yuma County Adult Probation Department
- Community Intervention Associates - provides support related to drug use and underage drinking in the local community and Border binge drinking.
- Naval Safety Center- maintains a repository of "best practices" for Drug prevention.
- SAMHSA - provides information, model programs, resources for information and program planning. Provides the Center for Substance Abuse Prevention and Prevention model programs.
- Naval health Research Center - Provides information supporting guiding principles and best practices.
- Navy Alcohol and Drug Prevention Specialist Course Cohort
- Course Director, Navy Alcohol and Drug Prevention Specialist Course

Additional web resources:

- www.militarymentalhealth.org- provides anonymous online screenings for substance use and other mental health problems.

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- National Institute on Alcohol Abuse and Alcoholism
www.niaaa.nih.gov
- U.S. Department of Health and Human Services- National
Institute of Mental Health www.nimh.nih.gov
- National Guard Drug Demand Reduction Program
- Drug Enforcement Agency, Yuma Chapter

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8. Goals and Objectives for FY14:

Goal #1	Decrease the number of positive drug testing results (wrongful use) by 25% with less than 25% of non-fatal drug testing discrepancies.
Objectives:	1. Conduct briefs, along with the SACO, on negative consequences of illegal substance use and abuse highlighting the military Orders and instructions at least once a month.
	2. Assist SACO in disseminating information related to illegal drug use through e-mails, publications and/or brochures at least once per month.
	3. Collaborate with the Public Affairs Office and Marketing Department in publishing substance use and abuse information at least once a quarter.
	4. Monitor drug testing activities of each tenant command through IFTDTL, ADMITS and personally visit the tenant command during their drug testing inspection at least once per month ensuring that the SACO's are meeting their requirements per MCO5300.17.
	5. Increase the number of Health and Comfort inspections.
Expected Outcomes:	1. Decrease in the numbers of positive (wrongful use) drug tests compared to previous Fiscal Years.
	2. Decrease numbers of fatal discrepancies in drug testing procedures compared to previous Fiscal Years.
	3. Increase awareness of personnel regarding illegal drug use and abuse including those that are prescribed.
	4. Continue leading the Marine Corps with fewer drug testing positives. Currently, MCAS Yuma posted less than 1% of drug positive compared to the entire Marine Corps.

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Goal #2	Increase the number of drug testing samples submitted to NDSL at the end of the year by 25%, to include other premise codes such as IU and OO.
Objectives:	1. Monitor drug testing activities of each tenant command through IFTDTL ,ADMITS and personally visit the tenant command during their drug testing inspection at least once per month ensuring that the SACO are meeting their requirements per Marine Corps Order.
	2. Ensure that the SACOs are conducting the OO premise as required by the MCO 5300.17. OO premise drug testing is a drug test for personnel checking in from other command, AWOL, returning from extended leave period, and personnel engaged in drug testing procedures such as SACO, DT coordinators, and observers.
	3. Encourage the Commanding Officer, through the SACO, to conduct unit sweep more than what is required by the MCO, which is one unit sweep per year.
Expected Outcomes:	1. Improved aggressive drug testing as a deterrent to drug use.
	2. Increased number of drug testing samples submitted to the Navy Drug Screening Laboratory in San Diego by 25% compared to previous Fiscal Year.
Goal #3	Increase the numbers of Staff Noncommissioned Officer (SNCO) certified as Drug Testing Coordinators and/or Observers by 30% to assist the current SACO's to perform more drug testing for the fiscal year.
Objectives:	1. Conduct Drug Testing Coordinator and Observer training at least once a month to assist SACO in performing their drug testing duties and responsibilities.
	2. Schedule of Drug Testing Coordinator/Observer training will be e-mailed to the SACO at the beginning of the quarter and it will be announced during SACO meetings every other month.
Expected Outcomes:	1. Increase in number of SNCO certified as coordinators and/or observers to assist the SACO in conducting monthly drug testing requirements.
	2. Increase number of drug testing samples submitted to NDSL.

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Goal #4	Due to the current increase of drug testing positive for prescription medications (wrongful and no-wrongful use) incidents, increase the amount of prescription medication use and abuse related information dissemination.
Objectives:	1. Facilitate training for SACO on how to conduct prescription medication-related training to their respective Units at least once per quarter or as needed
	2. Monitor the training and information dissemination conducted by the SACO to their respective Units by collecting the training attendance sheets from each unit each time a Spice-related topic is presented.
	3. Create more prescription medication use and abuse information poster to be distributed throughout the Station.
	4. Perform a Pre- and Post-Test and provide evaluation outcomes to the Units.
	5. Monitor the police blotter for Spice-related incidents monthly.
Expected Outcomes:	1. Increase awareness on the negative impact of using Spice and other synthetic illegal drugs. Awareness will be measured through pre- and post-test.
	2. Decreased number in self-referrals, PMO blotter report, Spice-related incidents.

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Goal #5	Improve drug abuse prevention efforts by collaborating with internal and external resources
Objectives:	1. Collaborate with Semper Fit and Single Marine Program activities to ensure that substance use and abuse are incorporated in the activities at least once per quarter.
	2. Participate in Safety Department's Health and Safety Fair as it occurs.
	3. Invite outside resources such as Yuma Police, Sheriff and/or Yuma Gang Task Force at least once a quarter to disseminate information on the current drug and crime trends in Yuma, Arizona.
	4. Continuously participate in activities provided by the community such as Red Ribbon Week and Crime Prevention and other drug-related activities. Ensure the SACO and their Marines are well informed of these activities through email.
	5. Maintain the DDRP's membership with Yuma Anti-Drug Coalition Group.
	6. Conduct Synthetic Drug training at least once per school semester per school at Yuma school district through MCAS Yuma school liaison.
	7. Collaborate with Semper Fit, SMP, Safety Department, and Alcohol Abuse Prevention Program in developing the 101 Critical Days of Summer events.
Expected Outcomes	1. Increase numbers of drug-free activities for the Marines and Sailors on board by 25% from last year.
	2. Decrease number in drug-related incidents compared to previous fiscal years.

9. Evaluation:

Measure of Effectiveness (MOE):

MOE's will be accomplished through the use of the following:

1. Pre-and Post-test, will be provided to training/presentation longer than 30 minutes.
2. Data collection through ADMITS and IFTDTL.
3. Monthly reports submitted by the SACO on a monthly basis.
4. On-going Needs Assessments.
5. Number of Marines/Sailors attending drug awareness training and education and other activities related to drug awareness.

The data collected will identify:

1. Drug-related command referral to SACC.
2. Self-referral to SACC through SACO.
3. Drug-related incidents incurred by Marines/Sailors through IFTDTL.
4. Drug awareness and education training/presentation.

Evaluation Methods:

Evaluation will be accomplished through the use of pre- and post-questionnaires, data collection, personal interviews, and focus groups.

Data will be collected identifying the following:

- Drug related Incidents, broken down by command.
- Command Referrals to SACC.
- Self-referral to SACC through the SACO.
- Number of Marines attending training related to drug use/abuse prevention.

A process evaluation will be conducted during the course of the program by reviewing collected data, focus groups, and questionnaires.

An outcome evaluation will be conducted throughout the fiscal year, in conjunction with a needs assessment for the development of the FY12 Drug Use/Abuse Prevention Plan.

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Expected Outcomes:

Successful implementation will result in the following outcomes:

Drug related incidents reported in the SACO Monthly Statistical Report to SACC Prevention team will be reduced by 25% or less.

Critical elements

Aggressive random drug testing program.

Interaction with MCCS and Local community resources is crucial to the successful mobilization of the community.

Adaptable elements:

The type of planned activities and the means to collect information related to Marine's preferences for activities may be adapted.

The type of media resources available.

Contact Information:

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Drug Demand Reduction Program
POC: Virgil Tapispisan x2791

Training Schedule for FY2014
Joannah Hagemann x5634

<p>Drug Demand Reduction Program</p>	<p>FY 2014 Training Schedule (Calendar)</p>
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Mr. Virgil Tapispisan,
M.A.

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Month/Date	Time	Title	Strategy	Classroom	Target audience
OCTOBER 2013					
8	0730-1200	PRIME For Life	Universal	TBD	Active duty
9	0500-1600	NDSL Field Trip	Selected	N/A	SACO/ASACO
10	1330-1500	SACO Meeting	Selected	Conference room	SACO/ASACO
11	0900-1030	DRUG BRIEF: Prescription Meds	Universal	Conference room	Active duty and DoD employees
21-31	2-weeks	RED RIBBON WEEK	Universal	N/A	MCAS Yuma and the community
22	1300-1500	Drug Testing Coordinator/Observer Training	Selected by command	Conference room	Selected SNCO's
25	0900-1030	DRUG BRIEF: Prescription Meds	Universal	Conference room	Active duty and DoD employees
29	0730-1200	PRIME For Life	Universal	TBD	Active duty
Month/Date	Time	Title	Strategy	Classroom	Target audience
NOVEMBER 2013					
4-8	0800-1600	SACO TRAINING	Selected by command	TBD	Selected SNCO and above
7	1330-1500	SACO Meeting	Selected		SACO/ASACO
12	0730-1200	PRIME For Life	Universal	TBD	Active duty
13	0500-1600	NDSL Field Trip	Selected	N/A	SACO/ASACO
14	1330-1500	DRUG BRIEF: Workout Supplement Safety	Universal	TBD	Active duty and DoD employees
26	0730-1200	PRIME For Life	Universal	TBD	Active duty

Note: Times and dates of training are tentative and subject to change. [Type text]

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Month/Date	Time	Title	Strategy	Classroom	Target audience
DECEMBER 2013					
5	0900-1030	DRUG BRIEF: Steroid: In Search of Super Athlete	Universal	TBD	Active duty and DoD employees
10	0730-1200	PRIME For Life	Universal	TBD	Active duty
17	1300-1500	Drug Testing Coordinator/Observer Training	Selected by command	TBD	Selected SNCO's
19	1330-1500	DRUG BRIEF: Steroid: In Search of Super Athlete	Universal	TBD	Active duty and DoD employees
Month/Date	Time	Title	Strategy	Classroom	Target audience
JANUARY 2014					
6-10	TBD	"Back-In-The- Saddle" (BITS)	Universal	TBD	Active duty and DoD employees
14	0730-1200	PRIME For Life	Universal	TBD	Active duty
15	0500-1600	NDSL Field Trip	Selected	N/A	SACO/ASACO
16	1330-1500	DRUG BRIEF:	Universal	TBD	Active duty and DoD employees
27-31	0800-1600	SACO TRAINING	Selected by command	TBD	Selected SNCO and above
30	1330-1530	SACO Meeting	Selected		SACO/ASACO
Month/Date	Time	Title	Strategy	Classroom	Target audience
FEBRUARY 2014					
4	0730-1200	PRIME For Life	Universal	TBD	Active duty
6	0930-1100	DRUG BRIEF:	Universal	TBD	Active duty
11	1300-1500	Drug Testing Coordinator/Observer Training	Selected by command	TBD	Selected SNCO's
20		DRUG BRIEF:	Universal	TBD	Active duty
25	0730-1200	PRIME For Life	Universal	TBD	Active duty

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Month/Date	Time	Title	Strategy	Classroom	Target audience
MARCH 2014					
6	0900-1030	DRUG BRIEF:	Universal	TBD	Active duty
11	0730-1200	PRIME For Life	Universal	TBD	Active duty
18	1300-1500	Drug Testing Coordinator/Observer Training	Selected by command	TBD	Selected SNCO's
20	1330-1500	DRUG BRIEF:	Universal	TBD	Active duty
27	1330-1530	SACO Meeting	Selected	TBD	SACO/ASACO
Month/Date	Time	Title	Strategy	Classroom	Target audience
APRIL 2014					
3	0900-1030	DRUG BRIEF:	Universal	TBD	Active duty
8	0730-1200	PRIME For Life	Universal	TBD	Active duty
9	0500-1600	NDSL Field Trip	Selected	N/A	SACO/ASACO
15	1300-1500	Drug Testing Coordinator/Observer Training	Selected by command	TBD	Selected SNCO's
17	1330-1500	DRUG BRIEF:	Universal	TBD	Active duty
21-25	0800-1600	SACO TRAINING	Selected by command	TBD	Selected SNCO and above
29	0730-1200	PRIME For Life	Universal	TBD	Active duty
Month/Date	Time	Title	Strategy	Classroom	Target audience
MAY 2014					
1	0900-1030	DRUG BRIEF:	Universal	TBD	Active duty
6	0730-1200	PRIME For Life	Universal	TBD	Active duty
15	1330-1500	DRUG BRIEF:			
20	0730-1200	PRIME For Life	Universal	TBD	Active duty
22	1330-1530	SACO Meeting	Selected	TBD	SACO/ASACO

Note: Times and dates of training are tentative and subject to change. [Type text]

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Month/Date	Time	Title	Strategy	Classroom	Target audience
JUNE 2014					
5	0900-1030	DRUG BRIEF:	Universal	TBD	Active duty
10	0730-1200	PRIME For Life	Universal	TBD	Active duty
17	1300-1500	Drug Testing Coordinator/Observer Training	Selected by command	TBD	Selected SNCO's
19	1330-1500	DRUG BRIEF:	Universal	TBD	Active duty
24	0730-1200	PRIME For Life	Universal	TBD	Active duty
Month/Date	Time	Title	Strategy	Classroom	Target audience
JULY 2014					
8	0730-1200	PRIME For Life	Universal	TBD	Active duty
9	0500-1600	NDSL Field Trip	Selected	N/A	SACO/ASACO
15	1300-1500	Drug Testing Coordinator/Observer Training	Selected by command	TBD	Selected SNCO's
17	1330-1500	DRUG BRIEF:	Universal	TBD	Active duty
21-25	0800-1600	SACO TRAINING	Selected by command	TBD	Selected SNCO and above
24	1330-1530	SACO Meeting	Selected		SACO/ASACO
29	0730-1200	PRIME For Life	Universal	TBD	Active duty
Month/Date	Time	Title	Strategy	Classroom	Target audience
AUGUST 2014					
7	0900-1030	DRUG BRIEF:	Universal	TBD	Active duty
12	0730-1200	PRIME For Life	Universal	TBD	Active duty
19	1300-1500	Drug Testing Coordinator/Observer Training	Selected by command	TBD	Selected SNCO's
21	1330-1500	DRUG BRIEF:	Universal	TBD	Active duty
26	0730-1200	PRIME For Life	Universal	TBD	Active duty

Note: Times and dates of training are tentative and subject to change. [Type text]

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Month/Date	Time	Title	Strategy	Classroom	Target audience
SEPTEMBER 2014					
4	0900-1030	DRUG BRIEF:	Universal	TBD	Active duty
9	0730-1200	PRIME For Life	Universal	TBD	Active duty
10	0500-1600	NDSL Field Trip	Selected	N/A	SACO/ASACO
16	1300-1500	Drug Testing Coordinator/Observer Training	Selected by command	TBD	Selected SNCO's
18	1330-1500	DRUG BRIEF:	Universal	TBD	Active duty
23	0730-1200	PRIME For Life	Universal	TBD	Active duty
25	1330-1530	SACO Meeting	Selected		SACO/ASACO

Note: Times and dates of training are tentative and subject to change. [Type text]

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