Navy Drug Detection and Deterrence Newsletter

CULTURE OF EXCELLENCE

SERVING PROUD • SERVING DRUG FREE

JUNE 2022

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MESSAGES TO SHARE

Below are sample messages to be shared on social media or as Plan of the Week notes aligned with Navy Drug Detection and Deterrence's prevention efforts:

1. It's crucial for men to take charge of their health and adopt healthy habits like eating healthy, being active, maintaining a healthy weight, managing stress, drinking in moderation, avoiding illicit substances, and being tobacco free. June is Navy and Marine Corps Public Health Center's Men's Health Month. Find the toolbox at **go.usa.gov/xupKe**.

2. Experiencing or witnessing a life-threatening event can be traumatic. Combat, assault, natural disasters and similar events can produce normal feelings of fear and anxiety, but when one has these feelings for an extended time, it could indicate posttraumatic stress disorder (PTSD). Learn more about what PTSD is and how it can be treated at **ptsd.va.gov**.

3. The weekend of Memorial Day through Labor Day are the 101 Critical Days of Summer, a time when fun activities and recreation increase. Focusing on safety during this time can help individuals avoid injury and fatalities. The Naval Safety Center has information and resources for staying safe. Visit **navalsafetycommand.navy.mil**.

4. It may seem sensible to take an old leftover prescription med from last year if dealing with pain, but did you know that Department of Defense considers prescriptions expired after six months? Avoid a drug positive by taking an over-the-counter pain med instead of an old prescribed one.

WEB DTP/DTP LITE TRANSITION

NAVADMIN 041/22 directs active and reserve commanders, commanding officers (COs), and officers-in-charge to implement Web Drug Testing Program (Web DTP) or DTP Lite v6.x (6.0.8.2) as the primary application to conduct urinalysis selection, collection, and transportation of specimens. **This implementation must be completed by July 22, 2022.**

As of July 23, 2022, any specimen received at any drug laboratory using Navy Drug Screening Program (NDSP) will not be tested and will receive a fatal discrepancy code.

WARNING! Transition NOW!			
MAJCOMS	**DTP/NDSP**	**WebDTP**	**DTP Lite 6.x**
CMC	0.0%	100.0%	0.0%
CNR	0.0%	100.0%	0.0%
DIRSSP	0.0%	100.0%	0.0%
MDA	0.0%	100.0%	0.0%
NAVSECGRU	0.0%	100.0%	0.0%
SPECWARCOM	21.1%	78.6%	0.2%
CNAVRESFOR	24.3%	74.9%	0.0%
NSEASYSCOM	25.1%	74.9%	0.0%
DON/AA	28.6%	71.4%	0.0%
NAVAIRSCOM	27.4%	70.7%	1.9%
CFFC	27.0%	70.0%	2.0%
CNI	28.8%	69.7%	0.0%
BUMED	34.2%	65.2%	0.0%
COMPACFLT	30.0%	64.9%	4.3%
NFACENGCOM	34.6%	61.5%	0.0%
NIA	24.3%	60.0%	0.0%
COA	30.0%	59.4%	0.0%
NETC	30.8%	59.2%	9.5%
NSUPSYSCOM	42.9%	57.1%	0.0%
SPAWARSCMD	42.9%	57.1%	0.0%
FSA	33.2%	55.6%	5.6%
CNAVPERSCM	40.8%	52.4%	5.7%
DISA	50.0%	50.0%	0.0%
DLA	50.0%	50.0%	0.0%
USTRANSCOM	50.0%	50.0%	0.0%
JCS	80.0%	20.0%	0.0%
NGA	100.0%	0.0%	0.0%
DIA	100.0%	0.0%	0.0%

Accessing Web DTP

To access Web DTP, UPCs must have access to Internet Forensic Toxicology Drug Testing Laboratory (IFTDTL) with Web DTP designation identified on the special IFTDTL SAAR submitted. Find information on accessing IFTDTL on page 3.

Web DTP and user guidance are located on the IFTDTL Portal under "My Modules" at **ftdtl.health.mil**.

Accessing DTP Lite

Download DTPLite from the iFTDTL portal using the following steps:

1. Click "My Modules,"
2. Click "DoDDTP" link,
3. Click the most recent version of DTPLite found under "DTPLite v6.x Download"

NMCI users are to use WebDTP only, except in remote areas where connectivity is very limited or non-existent. You may also request a copy of DTPLite application from **MILL_NDSP@navy.mil**. Advise your TYCOM/ISIC ADCO when WebDTP is not available.

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HELP WANTED: APPROVE DARS

Drug and Alcohol Deterrence Branch needs your help in approving Drug and Alcohol Reports (DARs) for FY18 through FY22.

The first table below reflects DARs that have been entered and approved. The second table reflects a Navy-wide list of DARs that have been entered and are pending approval by the Commanding Officer (or designated representative) as of May 1, 2022. DARs must be submitted electronically and approved by the CO (or designated representative) to be an official document for ADMITS reporting. DARs allow us to evaluate trends and provide data analysis to senior leadership regarding alcohol incidents and the effectiveness of Navy policies.

ADCOs can contact our office to get a break down of DARs pending approval in their region. The ADMITS Helpdesk is available Monday through Friday, 0730-1600 (Central Time) to provide assistance and/or answer questions. Contact by phone at (901) 874-4214, DSN: 882-4214 or by email: **MILL_N17_ADMITS@navy.mil**.

ALCOHOL DARs					
Type	**FY18**	**FY19**	**FY20**	**FY21**	**FY22**
DUI	1153	1152	906	863	453
Incidents					
Civilian Police	974	943	685	670	354
Military Police	540	482	395	356	197
Command	1156	1116	1168	888	402
Referral					
Command	1294	1256	912	854	442
Medical	229	230	233	246	126
Self	1115	1188	1091	1098	589

Drug and Alcohol Reports (DARs) Pending Approval	
FY18*	832
FY19	733
FY20	804
FY21	1549
FY22	824
Total	**4742**
* FY18 and older DARs that are pending approval	

CURRENT & UPCOMING EVENTS

JUNE DDD WEBINARS
Each webinar is scheduled for 1000-1130 CT and 1700-1830 CT.
6/2— DTPLITE Use and Migration Update
6/9— EOY Process/Update
6/16— Drug Education For Youth (DEFY)
6/23— IFTDTL (Ad Hoc Searches/Mark Viewed Access/Who Can Access Results?)
6/30— UPC OpGuide Changes/Update & NDSP Migration Update
www.mynavyhr.navy.mil/Support-Services/21st-Century-Sailor/Drug-Detection-Deterrence/

ADAMS FOR LEADERS, DAPA & UPC COURSES
Can be accessed using your CAC by logging in to Navy e-Learning at **learning.nel.navy.mil** or Catalog of Navy Training Courses (CANTRAC) at **app.prod.cetars.training.navy.mil/cantrac/vol2.html**

NMCPHC MEN'S HEALTH MONTH
June
Find the toolbox at **go.usa.gov/xupKe**.

PTSD AWARENESS MONTH
June
For more information, visit **ptsd.va.gov**.

LGBTQ PRIDE MONTH
June

TIPS FOR ADMITS

Commanding Officers must have access to ADMITS in order to approve DARs. Step by step instructions on how to create and save a DAR in ADMITS can be found at the following link: **go.usa.gov/xMR5a**.

SARP cannot document screening and treatment unless the member's DAR is approved in ADMITS by the CO.

In the event a command needs to correct or amend a DAR, the request signed by the Commanding Officer should be forwarded to OPNAV N173 at **MILL_N17_ADMITS@navy.mil**.

For additional questions about ADMITS, please call (901) 874-4214 or DSN: 882-4214.

For additional information, access updated OPGUIDES for ADCOs, DAPAs, UPCs, Support Programs and others at **www.mynavyhr.navy.mil/Support-Services/21st-Century-Sailor/Drug-Detection-Deterrence/Policies-Publications/Handbooks-Guides/**.

TROUBLESHOOTING AND OTHER ISSUES

Accessing IFTDTL

DOD requires all users to have a DD 2875 (IFTDTL SAAR form) on file for access to IFTDTL. NEW users will upload and submit completed SAAR form directly to the IFTDTL web portal at **ftdtl.health.mil**. Procedures for the IFTDTL SAAR are available at **mynavyhr.navy.mil/Support-Services/21st-Century-Sailor/Drug-Detection-Deterrence/IFTDTL**. Some common errors to avoid when completing the SAAR include scanning or manipulating the form, adding information after signatures, leaving out information, and signing in the incorrect signature blocks. Once the SAAR is correctly completed, upload it to IFTDTL by following the steps below:

1. Go to IFTDTL portal, click "I Agree" user acknowledgement.
2. Click "Register as a new user" link.
3. Fill in the "User Registration" information.
4. Click "Choose File" to browse and upload completed and signed IFTDTL SAAR DD2875 to portal.
5. Click "Register."

Users must also submit their most recent Cyber Awareness certificates to **MILL_DTADMIN@navy.mil** for processing. A new SAAR form is required when your projected rotation dates (PRD) or end of active obligated service (EAOS) expires or changes. You will receive a system-generated email notification 30 days prior to your expiration date.

Finding Non-Viewed Results

For specimen results that have not been viewed, log in to the IFTDTL portal and complete the following steps:

1. Click on the "My Modules" dropdown,
2. Click "Results Portal" link,
3. Click "New drug testing results" link,
4. Type in the RRU for the results you are looking for,
5. Click "Search" to see the results.

Contact your Echelon II ADCO for more guidance.

Action Items and Additional Help

OPNAV N173 offers weekly webinars and individual or group trainings for guidance on how to transitioning to Web DTP/DTPLite. Request previous webinar slides or schedule a training with the NDSP Helpdesk at **MILL_NDSP@navy.mil**.

Commands unable to immediately transition to Web DTP/DTPLite shall notify the Director of 21st Century Sailor Office (OPNAV N17) by the 22nd of each month via their Echelon II commanders. If the 22nd falls on a weekend, reports are due the following Monday. OPNAV and DOD will continue tracking commands monthly until full migration is met.

Discrepancy Codes

The most commonly found discrepancy codes when receiving IFTDTL results via Web DTP are listed in the table below, along with appropriate corrective actions.

SOURCE	CODE	DESCRIPTION	CORRECTIVE ACTION
Bottle	BK	Bottle leaked in shipment, within secondary container only	Ensure bottle lid tightness prior to secondary packaging.
2D Barcode	HW	2D label contains handwritten information	Ensure UIC is listed in Manage Container and the box is checked above Block 1. Also, ensure label information is complete before arriving at the collection site.
	MC	Memo Received with 2D Specimen – Corrected Information	Verify information prior to printing products.
	MM	2D barcode has mismatched information (label vs. scan)	Ensure bottle label information is accurate and complete before arriving at the collection site.
	RF	Form 2624 received with a 2D specimen	Do not send Form DD 2624 to lab.
	2D	2D barcode does not read / scan	Replace printer ink or use another printer.
NDSP Use	5Z	Applied to all specimen samples collected under NDSP	Transition to WebDTP/DTPLite.