



Drug Screening

Separating Facts from Myths

Today's Presenter:



Todd Shoulberg, EVP ClearStar Medical Information Services

Todd Shoulberg, Executive Vice President of Medical Information Services for ClearStar, provides direction and leadership to the daily operations of ClearStar's Medical Review Office. He is responsible for keeping all drug testing clients in compliance with state, federal and local regulations, and identifies new testing methods and products for clients to utilize in their drug testing programs.



Announcements

- Please write your questions in the control panel.
- All registrants will receive a link to the recording. See clearstar.net/resources



Kerstin Bagus & Andy Hellman May 10th
Global Screening & Proper Data Collection

National Student Clearinghouse, June 14th
*What happens when education verifications
aren't immediately confirmed.*

All presentations are at 2:00pm ET



Drug Screening: Separating Facts from Myths



What if my roommate smokes?

- Second Hand Marijuana Inhalation
- In a car, at a concert, same house

- No, No and No
- Cut-Off levels



What are Cut-Off levels?

Table 15-1
Cutoff Concentrations for Initial and Confirmation Tests

Type of drug or metabolite	Initial test (ng/mL)	Confirmation test (ng/mL)
(1) Marijuana metabolites	50	
(i) Δ^9 -Tetrahydrocannabinol-9-carboxylic acid (THCA)		15
(2) Cocaine metabolites (benzoylecgonine)	300	150
(3) Phencyclidine (PCP)	25	25
(4) Amphetamines	1,000	
(i) Amphetamine		500
(ii) Methamphetamine		500 ^a
(5) Opiate metabolites	2,000	
(i) Codeine		2,000
(ii) Morphine		2,000
(iii) 6-Acetylmorphine		10 ^b

^aSpecimen must also contain amphetamine at a concentration of greater than or equal to 200 ng/mL.

^bTest for 6-AM in the specimen. Conduct this test only when specimen contains morphine at a concentration greater than or equal to 2,000 ng/mL.



What if I ate a poppy seed bagel?

- Or muffin or cake
- Most likely No
- More likely years ago
- Cut-Off Levels



Are Quant Levels reported?

- No and here's why
- Forbidden by DOT regulations
- Employers draw false interpretations from them



Which is the bigger drug user?

- PERSON A

- Cocaine level 554ng



- PERSON B

- Cocaine level 165ng



We Don't know?

- More factors come into play:
 - When was the test compared to the last time the person used?
 - How quickly did the users metabolism break down the drug?
- SAP's use this information in comparing 2 tests from the same donor to see if use is decreasing



What about OTC meds?

- The package insert says may cause a false positive for THC
- EMIT screen
- GC/MS confirmation



What are False Positives?

Amantadine (Symmetrel)	Amphetamines ¹
Benzphetamine (Didrex, Regimex)	Amphetamines ¹
Bupropion (Wellbutrin)	Amphetamines/methamphetamines ⁷
Diet Pills	Amphetamines ³
Desipramine	Amphetamines ¹
Ibuprofen, Naproxen, Tolmetin (NSAIDs)	Marijuana (cannabinoids), barbiturates, benzodiazepines ¹ ; Phencyclidine
Meperidine	Phencyclidine (PCP) ¹
Mesoridazine	Phencyclidine (PCP) ¹
Phentermine	Amphetamines ¹
Ritodrine	Amphetamines ¹
Selegiline (Eldepryl, Zelapar)	Amphetamines ^{1,8}
Sertaline (Zoloft)	Benzodiazepines ^{1,6,7}
Thioridazine (Thorazine)	Methadone ^{1,7} , Phencyclidine (PCP) ¹
Tramadol	Phencyclidine (PCP) ¹
Trazodone (Desyrel)	Amphetamines/methamphetamines ^{1,7}
Trimethobenzamide (Tigan, Ticon, Benzacot)	Amphetamines ¹
Trimipramine	Amphetamines ¹
Venlafaxine (Effexor)	Phencyclidine (PCP) ^{1,7}
Verapamil (Calan)	Methadone ⁷ , Other opiates ¹



What are you actually testing for?

1. Amphetamines

(Adderall, Vyvanse)

2. Cocaine

3. Marijuana

4. Opiates

5. PCP

6. Benzodiazepines

(Valium, Ativan, Restoril)

7. Barbiturates

(Fioricet, Butabitol)

8. Methadone

9. Propoxyphene (Darvocet)

10. Methaqualone

(Quaalude)



Opiates

- Codeine (Tylenol #3,#4)
- Morphine (MSContin, Avinza, Kadian, Roxanol)
- Expanded Opiates
 - Hydrocodone (Lortab, Norco, Vicodin)
 - Hydromorphone (Dilaudid)
 - Oxycodone (Oxycontin, Percocet)
 - Oxymorphone (Opana)



What else can be added?

- Alcohol
- Ecstasy
- Nicotine
- Fentanyl
- Meperidine (Demerol)



Which is best urine, saliva or hair?

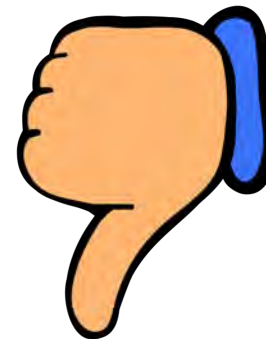
URINE-PRO

- Most common method for drug screen
- Easy to add on additional drugs
- Cost effective
- Only method Federally approved



URINE-CON

- Easiest to cheat on
- Usually not observed or monitored
- Collector training
- Shy bladder



What is Shy Bladder?

- Term used to describe the process of not being able to void a specimen
- Usually given 40 oz of water over a 3 hour period
- If after the 3 hour period, and no specimen, needs a medical evaluation
- If donor leaves it's a REFUSAL



Which is best urine, saliva or hair?

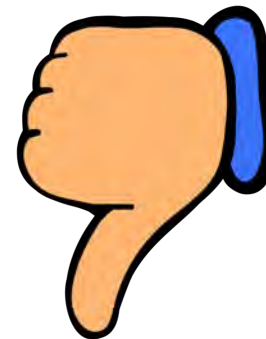
SALIVA-PRO

- Every test is Direct Observation
- Hard to adulterate
- Can be done anywhere



SALIVA-CON

- Detection windows of drugs
- 2 step pricing, kit and then test
- Limited panel options



Which is best urine, saliva or hair?

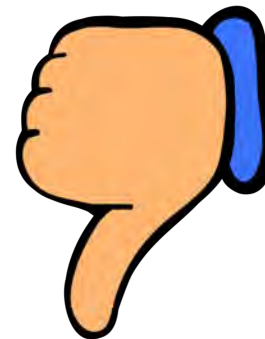
HAIR-PRO

- Detection window of 90 days
- Less invasive than Urine
- Every test is Direct Observed



HAIR-CON

- More expensive
- Does not show 1-7 days of use
- Limited panels



What are detection windows?

Substance	Urine	Hair	Oral Fluid
Alcohol	6–24 hours EtG can stay in urine for up to 80 hours	up to 2 days	12–24 hours
Amphetamines	1 - 5 days	approx 3 months	12 hours
Methamphetamine	3 - 5 days	approx 3 months	1–3 days
MDMA (Ecstasy)	72 hours	approx 3 months	24 hours
Barbiturates	1 day	approx 3 months	1 - 2 days
Phenobarbital	2 - 3 weeks	approx 3 months	4 - 7 days
Benzodiazepines	Therapeutic use: up to 7 days. Chronic use (> one year): 4 to 6 weeks	approx 3 months	6 - 48 hours
Cannabis	Infrequent users: 3-4 Days Heavy users: 10 days Chronic and/or users with high body fat: ≥30 days	approx 3 months	THC may only be detectable in oral fluid for 2–24 hours in most cases.
Cocaine	2 - 5 days	approx 3 months	2 to 5 days
Codeine	2 - 3 days		
Cotinine (a break-down product of nicotine)	2 - 4 days	approx 3 months	2 - 4 days
Morphine	2 - 4 days	approx 3 months	1 – 3 days
Heroin	1 - 4 days[9]	approx 3 months	1– 2 days
Methadone	3 days	approx 3 months	24 hours



What is a Negative Dilute?

- Too much water in the specimen
- May or may not have tried to “cheat”

- Creatinine level

- > 20 Normal
- 5-19.9 Dilute
- 2-4.9 Super Dilute (DO)
- <1.9 Substituted



Do you have 72 hours to take your test?

- No set timeframe
- Should go as soon as possible
- No advance notice given—BEST PRACTICE



How long does it take to get results back?

- Negatives are returned in 24-48 hours
- Non-Negatives are returned in 3-5 days
- What causes the delays:
 - Weather
 - Confirmation testing (multiple drugs)
 - Getting in touch with the donor



Can my employer check to see if I am pregnant?

- No



Will my employer know if I am taking anti-depressants?

- No



Can my employer test me anytime they want?

- Depends on your drug free workplace policy
- This will tell when you will be tested
- This will tell you how you will be tested



If you fail a drug test are you fired?

- Depends on your Drug Free Workplace policy
- Second chance or Immediate termination



How can I have been chosen for a random test 3 months in a row?

- The employer may not be doing a true random
- That's the way random number generators work
- You will have just as many people who can say they have gone 3 months or 12 months with never having been chosen (they are just less vocal)



Why have a MRO?

- Medical Review Officer
 - Licensed Medical Doctor
 - Additional training for drugs of abuse
- Gatekeeper to the drug screening process
- Independent
- Will look for any legal reason to overturn a positive test to a negative



Questions?

Todd Shoulberg

ClearStar, Inc.

321-821-3383

todds@clearstar.net

www.clearstar.net





Thank you!

Contact: craigc@clearstar.net