Drug Testing
For the non-MRO

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Drug Abuse Basics

- Prevalence (2008)
  - Any illicit drug use past month: 8.0%
  - Marijuana use past month: 6.1%
  - Non-prescribed psychotropic: 2.5%

Employer Impact of Substance Abuse (Drugs & ETOH)

- Ten times more likely to miss work
- 3.6 times more likely to be involved in on-the-job accidents (and 5 times more likely to injure themselves or another in the process)
- Five times more likely to file a worker’s compensation claim
- 33% less productive
- Responsible for health care costs that are three times as high

Talk Outline

- Vocabulary
- Regulated vs Non-Regulated
- Reasons for testing (Donor Selection)
- The Collection Process
- Lab Analysis
- Potential lab outcomes
- Potential MRO outcomes
- Special Topics

Vocabulary

- Donor
- Collector
- MRO – Medical Review Officer
- Regulated Test
- Unregulated Test
- Matrix
### For-Cause Testing
- Supervisor Initiated
  - Apparent impairment at workplace
  - Supervisors trained to identify
  - Employer can request “Reasonable Suspicion” testing at any time while working (generally a requirement of employment)

### “Post-Accident” Testing
- “Regulated” testing following crashes involving CDL drivers, drug & ETOH
- Others as determined by employer
- Special rules for public transit operators (bus, train, plane) under NTSB regulations
- Fatalities (of dead worker, OSHA Reg)
- Often broader screen, usually using blood, urine, and occasionally other fluids as the matrix (humors from eye in fatalities)

### Random Testing
- Donor selection MUST be truly random
- Frequency of Selection variable:
  - UDS
    - FMCSA: 50% ETOH: 10%
    - FRA: 25% ETOH: 10%
    - FTA: 25% ETOH: 10%
    - FAA: 25% ETOH: 10%
    - PHMSA: 25% ETOH: N/A
    - USCG: 50% ETOH: N/A

### Return to Work
- After Failing a Drug Test
- Completed program prescribed by SAP
- Special Collection Procedures
  - Pre-Collection “Pirouette”
  - MUST have “negative” result
- For post-failed drug test ONLY

### Follow-up Testing
- After Failing a Drug Test
- Completed program prescribed by SAP
- Schedule per SAP
- Keep Schedule secret from donor
- Special Collection Procedures
  - Pre-collection “Pirouette”
- For post-failed drug test ONLY

### Types of Testing
- “Regulated”
  - DOT
  - Commercial Drivers
  - Commercial Airplane Pilots
  - Coast Guard (Dock hands, captains, etc)
- Others with Regulations about testing
  - Nuclear Industry
  - Military / DoD
  - Other agencies usually follow DOT Regs
Types of Testing

• Non-Regulated
  – Employer Directed (Drug-Free Workplace Act)
    • Whatever testing the company wants
      – In Hiring
      – For Cause
      – Almost any imaginable combination of timing, drugs screened, and matrix
  – Legally required
    – After Car Wreck (DUI testing)
    – Upon incarceration

Types of Testing

• Non-Regulated
  – Medical testing
    • Emergency Department (Especially Trauma)
    • Pain Clinic Monitoring
  – Athletes
  – Parenting Issues
  – Legal/Regulatory Requirement
    • For licensure of at-risk professionals
    • Parole requirement
    • Family Court Issues

Matrix (Substrate) Tested

• Regulated (DOT)
  – Almost exclusively Urine
  – Breath
• Non-Regulated
  – Urine in most programs
  – Hair
  – Saliva
  – Sweat
  – Breath
  – Blood

Regulated Testing process

• Selection and notification of the “donor”
• Detailed Collection Procedure
  – Photo or personal identification
  – Empty and invert pockets
  – Prepare collection room
  – All specimen handling until sealed done in donor’s presence (& initialed)
  – Specimen Temperature (90-100 °F) and color
  – Signed/initialed collection documents

Regulated Testing process

• To certified testing Lab via courier
  – Usually fed-ex, UPS, DHL, etc.
• Testing centers do a qualitative screen
  – On-site screening used in some programs (Testcup, Instatest, etc.)
• Specific Gravity
• Creatinine
• Review for suspected adulterants

Laboratory Testing

G-3
Regulated Testing process

If:
- Initial drug screen negative
- Adulterant screen negative
- Normal creatinine (>20)
  - If Cr < 20 then specific gravity also reported

- Reported as negative
- Urine Discarded - No further testing

Regulated Testing process

If screen positive
- Confirmatory GC-MS to confirm both the drug/metabolite and quantitate the level
- Some drug positives receive further testing
  - Opiate → 6-MonoAcetyl Morphine (6-MAM) testing
    - Allows for identification of heroin
  - Methamphetamine
    - Chirality testing (L-Legal vs D-Dirty)

Opiate Metabolism

Codeine → Nor-Codeine → Nor-Morphine → Morphine → Heroin → 6-AM → Morphine Glucuronide

Regulated Testing process

If confirmatory testing positive
- Notification to MRO
  - Positive screening test(s)
  - Drugs/Metabolites Positive and levels found
  - Results of Additional Tests
  - Irregularities with paperwork or collection process

Regulated Testing process

- MRO notified of positive
- MRO contacts Donor to review medical history
  - Looking for "medical" explanation for positive
  - Looking for "medical" explanation for tests suggesting possible adulteration or substitution (renal disease)
- Must allow donor up to 3 days to offer proof of prescription or other medical condition
- Can require physical evaluation/documentation
- Must explain split specimen options and procedures
**Potential MRO Outcomes**

**Result = Negative**
- Negative Screening Test
- Confirmatory test below threshold following positive screening test
- Appropriate Creatinine and SG
- Legitimate medical explanation
  - For use of drug
    - Current (legal) Prescription
  - For Abnormal Result
    - e.g. Low Spec Gravity in Pt with Diabetes Incipits

**Result = Positive**
- Positive Confirmatory Test
- Without verified medical explanation
- Failure to respond to MRO contacts
- Failure to provide requested verification of prescriptions or medical condition

**No Medical Explanations (Allowed)**
- + 6-MAM (even if opiate negative)
- + Phencyclidine (PCP)
- + ETOH (Above cutoffs) - (No MRO involvement)

*Always reported as positive*, regardless of medical information offered!

**Result = Test Cancelled**
- Fatal flaw in collection/processing
- Invalid result
  - Medication Interference
  - Other Interference
- If collection process error, then recollect with normal procedures
- If invalid result from lab - immediate re-collection with the direct observation

**Result = Refusal To Test**
- No Specimen Provided
  - Failure to report for testing
  - Failure to comply with collection regulations
  - No Photo ID
  - Failure to provide urine without medical explanation
- Specimen Adulterated
- Specimen Substituted
Substitution

- Definition: Providing a specimen other than Donor’s Urine
- Options Abound – Especially on the internet and at truck stops
- http://www.thewhizzinator.com
- Other less complicated options

Adulterants

- Definition: Adding substances to the specimen in an effort to mask the presence of drugs or metabolites
- Options Abound
- http://www.passthetest.com
  - Also sell a variety of body cleansing regimens
    - Urine cleansers
    - Teas and Shakes
    - Special Shampoos

Testing for Substitution and Adulterants

- Lab or on-site testing (Intect™ 7 Test Strips)
  - Creatinine
  - Nitrite
  - Gluteraldehyde
  - pH
  - PCC
  - Bleach
  - Specific Gravity
Special Topics

Alcohol Testing

- Regulated
  - Upon hiring
  - For Cause
  - Random for airline pilots
- Unregulated
  - Usually only for cause

Alcohol Testing

- Matrix
  - Breath
  - Saliva
    - If using saliva for screening, must have backup breath testing for positives
- Cutoffs are DOT mandated
- No MRO role, BAT certifies positive
- No medical review since no medical reason for positives while working.

What About ADA?

- Drug addiction is a medical/psychiatric condition
- **Current** drug users are specifically excluded from protection under ADA
- Prior drug users (now clean) are protected under ADA

On-site Screening

- Testcup

Options for Positive Tests

- DOT → SAP evaluation → RTW (Per SAP)
- Unless negotiated otherwise, employers have no legal responsibility to employees who fail drug testing
- Many employers offer a rehab program to current employees, however this is NOT required (some programs are Draconian)
Relations with Employers

- Unless exclusively DOT, insist on written policy
- Make sure they understand that they must follow their own policy, no matter how valuable the employee
- Offer Rehab?  Who Pays?
- Follow-up testing
- For-cause testing – What triggers?

¿Questions?