

Basic Course in Occupational and Environmental Medicine, Part III Orlando, Florida, October 30, 2011

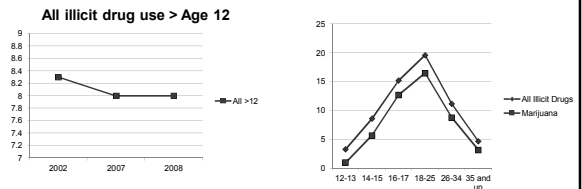
Drug Testing For the non-MRO



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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

American Council for Drug Education, 2011

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

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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	ETOH
– FMCSA	50%	10%
– FRA	25%	10%
– FTA	25%	10%
– FAA	25%	10%
– PHMSA	25%	N/A
– USCG	50%	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

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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

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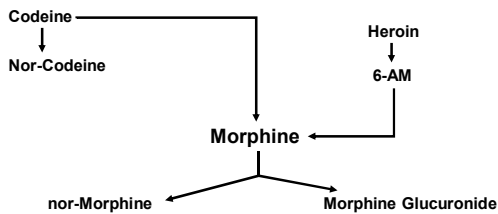
Regulated Testing process

- If:
 - Initial drug screen negative
 - adulterant screen negative
 - normal creatinine (>20)
 - If Cr < 20m 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



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



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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 Incipitis

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

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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



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No other product comes close. This is the most advanced system available.
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Made in America with the highest quality standards in mind.

Buy Yours Today - Select Your Color

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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



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



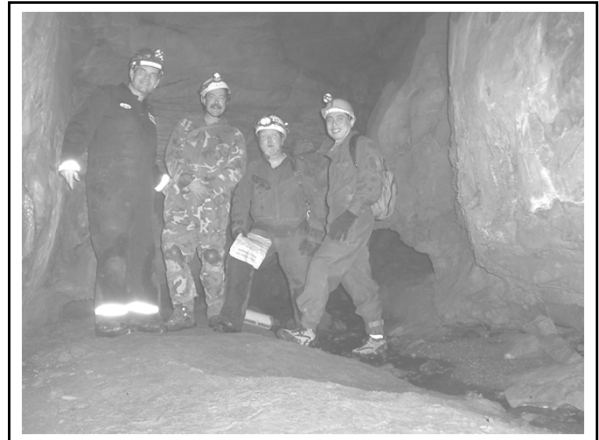
Options for Positive Tests

- 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)

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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?