FastestLabs® Franchise: Myths Tricks and Tales

My name is Dave Claflin and I am in the drug testing industry. I am the owner of FastestLabs® The Drug Testing Franchise located in San Antonio. My goal in this article will be to educate you about the drug testing industry. Why urine testing began, why we use urine as the primary specimen of choice, how we test candidates for drug use, alternative types of drug tests available, myths about testing, tricks that candidates attempt and numerous facts about drug testing. My goal is to further educate HR professional, business owners and high level managers to better understand this industry and to make them street smart about drug testing.

**Question: Why Should I Drug Test?**

- Employees who abuse drugs work an average of 30-35 percent less than non-users.
- Employees who abuse drugs cost employers 300 percent more in medical costs and benefits.
- Employees who abuse drugs and alcohol cause over 40 percent of on-the-job injuries.
- Employees who abuse drugs are more likely to steal to support their habit.

**Which groups are most likely to use?** A survey by the federal government showed full time employees who admitted to being current drug users tend to be:
- Between 18 - 25 (12.4 percent of workers in this age group said they were current users.
- Between 26 - 34 (8.6 percent said they were current users)
- Between 35 - 49 (5.4 percent said they were current users)

Obviously, since those are admitted numbers, the real percentages are higher

**How do drugs affect your employees’ performance?** The U.S. Postal Service study found that abusers are involved in 55 percent more accidents, experience 95 percent more
on-the-job injuries, and have a 78 percent high rate of absenteeism. Other government studies show that abusers are 33-35 percent less productive.

**History of where drug testing began:**
Drug screening began in the 1970s as an attempt to curb the spread of drug abuse in the US military forces in Vietnam. The Navy started screening after an accident on the carrier Nimitz revealed that a number of sailors and airmen were taking mind-altering drugs. So it began with the US Department of Defense.

In 1986, the Reagan administration began to heavily promote drug testing in the workplace as part of the escalating the War on Drugs and all Federal government employees were included in mandated drug screening programs. By 1994 drug screening had been extended to all workers in industries regulated by the Federal government (nuclear energy, petroleum, aviation, railroad, maritime and road transportation etc.). It is estimated that 50-75% of medium to large US companies have employee drug testing programs. Drug testing has evolved from safety-sensitive jobs and federal jobs to non-safety sensitive jobs in the private sector. It is now even in our school systems.

**Ever wonder why we use Urine as the specimen of choice?**
In 1988 the federal government designated urine as the only acceptable specimen for drug screening and mandated it into law. The best specimen for drug use monitoring for forensic toxicology is actually not urine it is blood. It was evident that it would be impractical to take blood from millions of workers to be covered by the drug screening program and that taking urine samples is less invasive and far less expensive.

In addition to strict rules for collection and preservation of unadulterated urine specimens, testing protocols were mandated. Urine may be used for cannabinoids, opiates, cocaine, amphetamines and PCP only. The initial test must be an immunoassay followed by confirmation of positive specimens by GC/MS. Gas Chromatograph/Mass Spectrometer

The goal of a drug testing program is to determine a history of drug use rather than to confirm drug intoxication. The presence of low levels of urine metabolites of drugs of abuse can indicate exposure which occurred days or weeks before, even when there is no question of present drug intoxication or fitness for duty.

**What is the process of a drug test- start to finish?** Let’s break down every part of the process as we go.

First there must be a reason for testing the donor candidate: Authorized reason for testing: pre-employment, random selection, for cause, reasonable suspicion, follow up or post accident. Candidate comes in for drug testing with their reason for testing and an authorization form for testing them- this is an agreement that we can test the donor that allows our clinic to report the donors test results to the DER Designated Employer Representative. Trained and Certified Professional Collectors take the specimen and process it using a COC or chain of custody- this allows the donor to
see that their specimen that was given has been either tested in their presence of
has been sealed in their presence so it can be sent to the lab for testing. The first
test conducted by the scientist is a screening cutoff levels test, this screens the
specimen for specific levels of abuse. If the results are screened and show a
presence of a drug the test is submitted for a Confirmation cutoff level test. This is
where the lab will determine confirm whether the specimen is indeed positive. Here
is why this is important. Let’s say you are on a prescription for hydrocodone for pain
management which is an opiate or have a script for xanax which is a benzodiazepine,
you want to become gainfully employed and stay employed correct? So here is why
confirmation is important, the confirmation report confirms what level of drug is in
your specimen and allows for a MRO medical review officer/doctor to determine
whether you have a valid prescription for the controlled substance, this is important
because many are abusing their scripts and many take them as directed, so this
ultimately lets the MRO rule whether you are abusing or taking as directed. If taken
as directed the MRO will conclude that the specimen is negative for reporting
purposes, however if a valid script is not available or the amount in the specimen is
too high for the prescribed amount then the MRO will report a positive result.

At this point the negative or positive the results are complete and will be relayed
back to our lab and reported to the DER.

What are the Types of drug tests available?
1. DOT 5 panel urine screen-department of transportation – 5 panel test opiates,
cocaine, pcp, amphetamines and THC marijuana- time frame is 1 to 30 days.
2. 16 panel urine test for opiates, cocaine, pcp, amphetamines and THC,
barbiturates, methamphetamine, benzodiazepines, methodone and MDMA (ecstasy)
and many more drugs of abuse.
3. Saliva testing 24 to 48 hours
4. Hair follicle testing 90 days to a year. 1 ½ inches of head hair covers 75 to 90
days- approx 30 days per half inch. Body hair covers approximately 1 year of history
because it grows slower than head hair.
5. Sweat patch test 1 to 30 days
6. Fingernail test- 7 months if fingernails are clipped plus combining filed nail dust off
the entire nail surface

What are the labs and test kits looking for in the drug tests?
Metabolites are what labs are screening for instead of the actual drug itself.
Metabolites are the leftover bi-products of the liver after it filters and breaks down
each drug. Every single drug has its own metabolite that has been processed by the
liver and ultimately filters out of the body but remains in the hair follicle, nail bed,
saliva and the urine.

How long will the metabolites stay in the body?
It Depends on each persons individual age, body fat, metabolism, water consumption
and work out program which lead to cleansing their body of the metabolites.

Each group of Metabolites stay in the system for varying approximate time frames:
Cocaine 2 to 4 days, Amphetamines 2 to 4 days, Benzodiazepines 10 to 14 days,
PCP 3 to 7 days, Methamphetamine- 2 to 4 days, Opiates- 2 to 4 days, Barbiturates-
3 to 14 days, MDMA 24 hours-ecstasy, Marijuana 1 to 30 days

Tricking the test and how we combat trickery:
1. Using other people’s urine is the most common trick with use of a small container that can be put into a boot, waistband, pocket, undergarment or taped to their body. We inspect every person before testing by checking tops of shoes, boots, socks and waistband and have them remove jackets, hats and all contents of their pockets.
2. Using a prosthetic device such as a whizonator or an IV bag that contains fake urine and is placed concealed in an undergarment. We take the temperature of each specimen, so rarely will this tactic work.
3. Diluting urine by drinking large amounts of water however this does not change the mask the test results.
4. Synthetic urine or dehydrated urine powders mixed with water. These need water to work and toilet water is blue and the sink water is turned off in bathroom
5. Storing specimens or adulterant agents in bathroom for next person (We inspect bathroom before each collection.
6. Adding adulterants like bleach, iodine, hand soap, air freshener or toilet cleaner to specimen (we don't allow soap, cleaners or products of any kind in our testing area
7. Adulterants on their fingers (they wash hands before going into test)
8. Fingernail test- can’t trick it
9. Hair test- hair bleaching and shampoos do not work. Bleaching the hair so badly the scalp cracks or bleeds will not strip the history locked in the hair shaft.

**Biggest Tales Told To Employers:**

I never smoked marijuana; I was at a party, concert or poker game. Our medical review officer/doctor made it clear that an individual could ride in a car with the windows rolled up and travel for a couple hours with marijuana being smoked all around them and THC would not show up in their drug test. You must inhale it or ingest it to test positive.

I hope this presentation has been helpful to your business or workplace department.

Need help or advice with your drug testing program?
Please feel free to call or email me with any questions you may have, I am happy to help.

Dave Claflin
President and CEO
Fas-Tes® Franchise Systems, LLC.
12703 Mountain Air Suite 105
San Antonio, Texas 78249
Dave@Fas-Tes.com