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## Objectives

- I. Identify three components of effective alcohol and other drug testing
- II. List the steps in conducting a drug test
- III. Recognize the screening test cutoff levels detection periods for common drugs
- I. Three Components of Effective Alcohol or Other Drug Testing
  - A. Random tests: may be conducted on a <u>randomly chosen</u> sample and/or collect the testing sample without prior notice
    - ➤ Suggested practice: test a random sample of at least 10% of the active participants weekly or monthly
  - B. Designated tests: it is the <u>participant's responsibility</u> to be tested at <u>designated times</u> or <u>behavioral events</u>, applies to <u>EVERYONE</u>
    - ➤ Suggested practice: document the results of your or reliable and valid third-party tests upon: 1) admission; 2) at designated intervals, e.g., monthly; 3) current phase or time in program Ruby (1<sup>st</sup> month) = once a week, Pearl (2<sup>nd</sup>- 3<sup>rd</sup> months) = once every 2 weeks, Diamond (transfer preparation) = once a month; 4) return from day and/or overnight leaves; 5) observation of suspicious behavior; 6) transfer (discharge)
  - C. Confirmation tests: Immunoassay <u>screening tests</u> likely need liquid or gas chromatography/mass spectrometry confirmation <u>by a licensed lab</u> if: 1) the results may be used for legal or other third-party purposes or 2) when a result is adamantly denied
    - Suggested practice: 1) **NEVER** repeat a screening test for the same drug on a sample even if the "line is faint" or the participant insists that the test is wrong, 2) use <u>chain-of-custody procedures</u> to send the original sample for confirmation, and 3) require that the participant pay for tests which confirm the original result
    - ➤ What's your policy? Test for: 1) "all" drugs costs often outweigh the benefits especially with small positive test rates, 2) only the drugs (or drug classes) used by the individual, 3) locally available drugs
    - The frequency of tests and the types of drugs included in testing must not be influenced by financial kickbacks or other incentives



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- II. Suggested Drug Testing Steps
  - A. <u>Begin by asking</u> if any alcohol or other drugs including alcohol, prescription or over-the-counter (OTC) medications have been taken in the last week.
    - ➤ If used/using prescription or OTC medication, <u>verify previous documentation</u> or if new, document in a progress note: 1) the medicines, 2) prescribing physician or pharmacy, 3) prescribed dose, how often taken, 4) duration specifically, start and expected end dates, 5) the last time taken
    - ➤ If used alcohol and/or illicit drugs, discuss: 1) circumstances of use who with, where, what was the situation, etc., 2) degree of intoxication signs of overdose and/or withdrawal, 3) amount used over what length of time, 4) route(s) of administration, 5) last use withdrawal symptoms, etc. Note: referral for detoxification or physical exam may be appropriate.
  - B. <u>Observe the participant washing</u> her or his hands, scrubbing under fingernails with a brush, and then drying hands.
  - C. Put on gloves as a universal precaution.
  - D. Provide a specimen <u>collection container</u> and do not let it out of your sight.
  - E. Secure a top on the container with the participant watching.
  - F. Conduct the drug test.
  - G. If <u>negative</u>, pour the remaining sample in a <u>toilet</u> and <u>dispense</u> of the container by wrapping it as you remove your gloves then discard into an <u>approved trash can</u>.
    - Reinforce negative results with a conversation about how the participant has made progress in recovery, what allies think her/him and the progress
  - H. If <u>positive and participant disputes</u> the result, offer for him/he to pay for a confirmation test. <u>Retain the remaining sample</u> and, in full view of the participant, seal the container, sign and date the seal, and place in refrigeration for transport to a lab.
    - Review the participant's: 1) craving rating history (SCORE Board), 2) return to use triggers (internal and external), 3) available or needed recovery allies including roommate(s) and significant others in the community, 4) plan to inform allies of the test results, 5) when the participant wants to be re-tested to obtain a negative result
  - I. <u>Document</u> the test results, other pertinent information and discussed plan in a progress note.



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See: 1) <u>mayomedicallaboratories.com/test-info/drug-book/viewall.html</u>; 2) <u>transportation.gov/odapc/part40/40\_87</u> 3) clr-online.com/clr201213-table-of-cutoff-toxicity-doa.pdf;

<u>The below are estimates</u>. Detection periods vary based on drug type, individual body weight and metabolism, duration and amount of use, other cross-reactive substance use and test sensitivity levels (lower cutoff levels = increased likelihood of false or cross-reactive positives).

Verify cutoffs and specific cross-reactivities with your test manufacturer.

<u>Drug/Class</u>	<u>USDOT Cutoff/Detection Period</u>	Possible Cross-Reactivity
THC	50ng/ml cutoff Single use: 3 days Moderate use (four x week): 5 days Heavy use (daily): 10 days Chronic heavy use: 12-27 days	Marinol (Dronabinol, THC), Pantoprazole, i.e. Prilosec, Nexium, Protonix, Lopid
PCP	25ng/ml cutoff Single use: 8 days Prolonged use: 2 weeks	Drexomethorphan, Coricidine or Contac, cough medicines
LSD	.05ng/ml cutoff < 1 day	-
Benzodiazepines & Barbiturates	100ng/ml cutoff Short-acting therapeutic dose: 2-3 days Long-acting: 10-15 days	Ativan, Klonopin, Dalmane, Diazepam, Xanax, Valium, Vestran, Halcion, Paxipam, Restoril, Centrax
Opioids	2000ng/ml cutoff Therapeutic dose: 3 days	Donnagel PG, Heroin, Codeine or Tylenol/Codiene, Novahistine DH, Percodan, Vicodin, Hydrocodone, Oxycodone, Methadone
Cocaine	150ng/ml cutoff Up to 4 days	Cocaine HCI topical solution used in eye, dental and nose surgery
Amphetamines, Methamphetamines & MDMA (Ecstasy/ Molly)	500ng/ml cutoff Up to 4 days	Obetrol, Biphetamine, Dexedrine, Ephedrine, Pseudoephedrine, Benzadrine, Methadrine, Ranitadine (Zantac)

