



NAPS, INC.

DRUG DETECTION PROGRAM

NAPS, Inc. utilizes SAMSHA (Substance Abuse and Mental Health Services Administration) certified laboratories for its occupational testing requirements. Rapid turnaround time of results and collection site management (including all necessary materials for the collection, preparation and transportation of specimens); make our company a valuable partner in your occupational testing program. NAPS commitment to service is exceptional.

To ensure a smooth transition, NAPS has a dedicated implementation program, which handles all phases of the transition including account setup, collection site selection, client location notifications and instructions to personnel that you may require.

In addition to the quality services provided by each collection site, NAPS, Inc. has made available to its clients, utilization of a locally owned and operated mobile specimen collection company* with emphasis on quality and courteous service. This program offers convenient and inexpensive on-site mobile service for the collection of specimens. Whether your needs are local or out of town, NAPS, Inc. can customize the right program for you. All we ask is that you give us the opportunity to please you!

Urine Substance Abuse Testing consists of the following Federal DOT 5-panel and non-DOT 10-panel drug screens: (BAT) Breath Alcohol Testing also available.

<u>Drugs of Abuse</u>	<u>Screening Limit</u>	<u>Confirmation Limit</u>
Cannabinoids (DOT)	50 ng/mL	15 ng/mL
Cocaine (DOT)	300 ng/mL	150 ng/mL
Opiates (DOT)	300 ng/mL	300 ng/mL
Benzodiazepines	200 ng/mL	200 ng/mL
Amphetamines (DOT)	1000 ng/mL	500 ng/mL
Barbiturates	200 ng/mL	200 ng/mL
Phencyclidine (PCP)(DOT)	25 ng/mL	25 ng/mL
Propoxyphene	300 ng/mL	300 ng/mL
Methadone	300 ng/mL	300 ng/mL
Methaqualone	300 ng/mL	300 ng/mL

Collection service centers are located Nationwide. Our computer system has a built in random number generator program that meets the DOT requirements.

* On-site services require advance notice and certain restrictions apply

MRO Certified

All drug testing is processed by our Medical Review Officer to assure the integrity of the test and that the test result is correctly identified and interpreted. This important function ensures that an applicant/employee is not unfairly affected by the test. The American Association of Medical Review Officers (AAMRO) and/or the Medical Review Officer Certification Council (MROCC) certify our MRO. By utilizing MRO services you can be assured the accuracy and reliability of the drug test results will hold up if any legal issues should arise.

Drug Abuse in the Workplace

Workers in the following occupations report the highest rates of current and past illicit drug use:

- Construction
- Food preparation
- Waiters and waitresses

Heavy alcohol use followed a similar pattern, although auto mechanics, vehicle repairers, truck drivers and laborers also have high rate of alcohol use (USDHHS, SAMHSA)

Urinalysis for drug use is used to screen job applicants by many of the Nation's largest employers, including major corporations, manufacturers, public utilities, transportation and many small businesses. In general, most companies have an established policy that they will not hire individuals who present positive urine indications current use of illicit substances. However, many of these companies also counsel applicants who fail the drug screen to seek treatment to reapply for employment.

Several recent surveys have collected information on drug testing. These surveys vary in size, target populations, and focus, but together give a picture of the status of testing in business and industry. Overall, 6 surveys have found that from 20-33% of companies surveyed have a drug testing program, with significant differences between companies of different types.

In general, the larger the company, the more likely it is to have a drug-testing program. One survey by the American Management Association found:

- 15% of companies doing under \$15 million do testing
- 36% of companies over \$1 billion do some testing

Drug types and the side effects

Amphetamines (Speed) and Cocaine

As the addiction to these drugs gets worse, a user becomes obsessed with getting the drug. They cannot stay focused on tasks. They lose their appetite. Behavior becomes extreme; always either really excited or really depressed. It's not that hard to overdose on speed or cocaine because once a user starts using, they want more and more of the drug to keep the high going. So that's what they do: get high again and again, usually until the money runs out. When the drug starts to wear off, they feel depressed and tired, so they keep using the drug. Before they know it, they are addicted or considered an "abuser" of drugs.

Drug Abuse in the Workplace

Marijuana / Cannabis

Regular use of marijuana causes a loss of interest and motivation: A user becomes lazy and does not care about making life better. They begin to feel depressed. It can also damage ones lungs. It affects the brain and may cause them to become fearful as well as forgetful. Focusing on tasks is difficult. They become more interested in getting high than in spending time with friends; they may lose "straight" friends. They lose the energy and drive to be involved in fun activities that don't include using marijuana.

PCP, LSD, Designer Drugs

These drugs bring to the mind hallucinations -- seeing and hearing things that are not really there. When this happens to a user at work, they could do foolish or dangerous things. These drugs make people think they are stronger and more powerful than they really are.

Accidents are more likely to happen due to poor judgment, and concentrating becomes really hard. Sometimes people who are high on these drugs become anxious and violent, and this can lead to fights and other negative behaviors in the workplace.

Prescription Drugs

Sometimes drugs prescribed by a doctor for anxiety or pain can lead to abuse or addiction. Many people become hooked on these drugs without realizing it. Using prescription drugs that alter a mood can affect a person's job performance and could contribute to accidents or costly mistakes at work. It is important that they talk to their doctor to be sure they understand the effects of any drug they might take. If they want to know about the risks, ask their doctor to explain them to them, or ask any pharmacist. It's better to be careful than to risk becoming addicted.

Heroin and other Opiates.

An opiate is a drug that makes a user sleepy and lessens pain at the same time. There are legal uses for some opiates: A doctor might give an opiate to ease pain, stop diarrhea, or calm a cough. Heroin is an opiate; its effects on the body are similar to the other opiates given by doctors. However, heroin often contains a lot of impurities that add to its harmful effects.

Sometimes opiates are taken as pills; other times they are injected. Whether a person starts using opiates given by a doctor or uses them to change his or her mood (get high), long-term use can result in these problems: abuse or addiction; tolerance (when it takes more of the drug to get the same effect); and dependence (when pain occurs if the drug use is stopped). Being hooked on any type of opiate can disrupt a person's life, family, and job.

Drug Abuse in the Workplace

The above information is cited from:

*SAMHSA (Substance Abuse and Mental Health Services Administrations)
SAMHSA is An Agency of the U.S. Department of Health & Human Services.*

National Hotlines

If you have questions or have personnel that have problems with alcohol or other drugs, call these hotlines for free, confidential help.

The Center for Substance Abuse Treatment's (CSAT) Drug Information, Treatment, and Referral Hotline: 1-800-662-HELP

NarAnon (310)547-5800

Toughlove 1-800-333-1069

Families Anonymous 1-800-736-9805

Parents Resource Institute for Drug Free Education (PRIDE) (404) 577-4500

Frequently Asked Questions

Q. Who should set up a drug-screening program? How does one develop a policy?

A. The first priority should be to establish whether there is a need for a screening program.

- **Is drug use present and significant?**
- **Can a drug use deterrent be established by means other than urine screening?**

The decision of whether or not to establish a drug-testing program will also depend to a large extent on the work setting. The initial question that management should consider is, "What is the purpose for testing?" The key concerns must be for the health and safety of all employees (i.e., early identification and referral for treatment) and to assure that any drug detection or screening procedure would be carried out with reasonable regard for the personal privacy and dignity of the worker.

Drug Abuse in the Workplace

The second critical question to consider is what you will do when employees are identified as drug users. Once these issues are clarified, experts should be consulted to assist in drafting a policy.

Q. How reliable are urinalysis methods?

A. A variety of methods are available to laboratories for drug screening through urinalysis. Most of these are suitable for determining the presence or absence of a drug in a urine sample.

- **Accuracy and reliability of these methods must be assessed in the context of the total laboratory system. If the laboratory uses well-trained and certified personnel who follow acceptable procedures, then the accuracy of the results should be very high.**
- **Laboratories should maintain good quality control procedures, follow manufacturer's protocols, and perform a confirmation assay on all positives by a different chemical method from that used for the initial screening.**

The Department of Health and Human Services (DHHS) has published Mandatory Guidelines for Federal Workplace Drug Testing Programs (Guidelines), as well as Standards for Laboratory Certification. All Federal agencies are required to follow these Guidelines and may only purchase services from laboratories that have been certified through the DHHS-sponsored National Laboratory Certification Programs. Drug testing guidelines for Federal agencies specify use of immunoassays for initial screenings and gas chromatography/mass spectrometry for the confirmation tests.

Equally important are the procedures that are followed to document how and by whom the sample is handled from the time it is taken from the individual, through the laboratory, until the final assay result is tabulated. This record is referred to as the "chain of custody" for the sample.

Q. How frequently do false positives occur?

A. While there have been some reports of the occurrence of false positives, these can usually be traced to poor quality control procedures at the laboratory site or to the fact that appropriate confirmation procedures were not used to verify the "presumptive positive." Typically the samples, which were the subject of these reports were specimens who tested positive by an initial screen but could not be confirmed by the confirmation assay. Such "unconfirmed positives" should always be reported as negatives.

Drug Cheaters in the Workplace

Drug Cheaters

Test cheaters made up a significant group of positive results on the Drug Testing Index. Cheaters, who test positive for substances used to adulterate or replace their specimens, accounted for nearly 2% of positive results for the first half of 1999. More people tested positive for adulterants and substituted specimens than for either opiates or amphetamines.

Cheaters substitute their urine with valid test specimens. Oxidizing adulterants, which include nitrites, are used as masking agents in an attempt to defeat the process of detecting drug use. Test results are reported, "substituted" when samples do not contain certain chemical components characteristic of normal human urine.

Some of the most commonly used substances are: water, bleach, acids, bases, soap, and the newest one on the block, nitrite. Drug Labs have developed a testing protocol that forensically identifies nitrite adulteration of the urine sample. This represents a breakthrough in technology for the industry.

Drug Cheaters Links

Nitrous Oxide FAQ <http://www.justsayn2o.com>

Obtaining Nitrous <http://www.justsayn2o.com/nitrous.obtain.html>

Drugs in Workplace: Statistics

- **74%** of all drug abusers are employed (govt. study)
- **1 out of 6** workers has a drug problem (govt. study)
- Cost an employer **\$7,000 - \$10,000** per employee annually (govt. study)
- Cost companies **300% more** in medical costs and benefits (govt. study)
- Absent up to **16 times more** than often (govt. study)
- **1/3 less** productive (govt. study)
- **44% admitted** selling drugs to co-workers (employer surveys)
- **18% admitted** stealing from employers (employer surveys)
- **85%** of major employers now conduct pre-employment, random, or "for cause" drug testing.
- Use group health insurance at a rate more than **8 times higher** (Ken Hein, Blue Cross and Blue Shield of Virginia)
- Worker's compensation claims are more than **5 times higher** (Ken Hein, Blue Cross and Blue Shield of Virginia)

DURATION OF DRUGS

KEEP HANDY FOR REFERENCE

Cut-off Levels

Drug to be Tested	Screening Limits	Confirmation Limits
Cannabinoids (THC)	100, 50, 20 ng/ml	15 ng/ml
Cocaine	300 ng/ml	150 ng/ml
Opiates	300 ng/ml	300 ng/ml
Amphetamines	1000 ng/ml	500 ng/ml
Phencyclidine (PCP)	25 ng/ml	25 ng/ml
Barbiturates	200 ng/ml	200 ng/ml
Methadone	300 ng/ml	300 ng/ml
Methaqualone	300 ng/ml	300 ng/ml
Propoxyphene	300 ng/ml	300 ng/ml
Benzodiazepines	200 ng/ml	200 ng/ml

Duration of Drugs after Indigestion

Drugs of Abuse	Time After Ingestion
Amphetamines	6-12 hours
Barbiturates	6-12 hours
Benzodiazepines	6-12 hours
Cannabinoids Metabolites (Marijuana)	4-6 hours
Cocaine Metabolites (Benaoylecgonine)	2-4 hours
Methadone	6-12 hours
Methaqualone	6-12 hours
Opiates (Heroin, Morphine, Codeine)	6-12 hours
Phencyclidine (PCP)	6-12 hours
Propoxyphene	4-8 hours

DURATION OF DRUGS

Duration of Drugs Retained in Urine

Drugs of Abuse	Approximate Retention Time
Amphetamines	48 hours
Barbiturates	Short acting (e.g. secobarbital) 24 hours. Long acting (e.g Phenobarbital) 2-3 weeks
Benzodiazepines	72 hours if therapeutic dose ingested
Cannabinoids Metabolites (Marijuana)	Moderate smoker (4 times/week) 5 days; heavy smoker (daily smoker) 10 days; retention time of chronic smokers (3-4 times/day) may be 20 days or more.
Cocaine	6-8 hours post ingestion
Cocaine Metabolites (Benzoyllecgonine)	48 - 96 hours
Codeine	48 hours (up to 72 hours as morphine metabolite)
Ethyl Alcohol	7-12 hours
Heroin (as morphine)	36-72 hours
Hydrocodone	24 hours
Hydromorphone	48 hours
Methadone	Approximately 72 hours
Morphine	48 - 72 hours
Opiates (Heroin, Morphine, Codeine)	48 hours
Oxycodone	24 hours
Phencyclidine	Approximately 8 days
Propoxyphene (Darvon)	6 -48 hours

These are general guidelines only provided by drug testing companies. Interpretation of retention time must take into account variability of urine specimens; drug metabolism and half-life; patient's physical condition; fluid intake; and method and frequency of ingestion.