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Controlled Substance Testing Programs

*The most commonly asked questions
about drug testing*

Substance Abuse Testing Programs Questions & Answers

Question: What do the numbers mean on drug test results?

These numbers are most commonly referred to as “cutoff levels” or screening threshold. Most are expressed in nanograms per milliliter (ng/ML). In lab test results that utilize the HHS cutoff levels, the level of a substance in the system is determined as a positive if the substance is revealed at the HHS cutoff level. The 11 panel urine drug screen has cutoff levels as outlined below:

THC	Cocaine	Amphetamine	*Opiates	PCP
50ng EMIT	300ng EMIT	1000ng EMIT	2000ng EMIT	25ng EMIT
15ng GCMS	150ng GCMS	500ng GCMS	2000ng GCMS	25ng GCMS
Benzodiazepines	Propoxyphene	Methqualone	Methadone	Barbiturates
300 EMIT	300 EMIT	300 EMIT	300 EMIT	300 EMIT
300 GCMS	300 GCMS	300 GCMS	300 GCMS	300 GCMS

Synthetic Narcotics

2000 EMIT
2000 GCMS

The Medical Review Officer (MRO) receives the lab results directly from the lab. The Medical Review Officer is trained to interpret positive test results. He/she is familiar with controlled substances, illegal substances, over the counter medications, herbal preparations, and food that can affect a drug screen. The MRO uses the cutoff levels listed above as a threshold of impairment of a specific substance. Should a metabolite of a specific substance appear at a level *below* the cutoff levels, the MRO will see this but will still report the test as negative.

**NOTE: This cutoff level of 2000ng is set at this level to avoid the possibility of poppy seeds creating a positive. Poppy seeds typically create problem at much lower levels.*

Question: What assurances does the employee have regarding the testing laboratory?

The 11 panel test panel is conducted at a SAMHSUA certified laboratory. This a laboratory that has to meet extremely strict quality control standards as outlined by the federal government. A SAMHSUA lab must pay a very high certification fee and employ certified scientists/toxicologists to process their specimens. These labs are required to submit to regular quality control testing of blind specimens. Any specimens with known results that are not interpreted accurately will result in the revocation of the SAMHSUA certification and a severe loss of revenues.

Question: Explain creatinine levels. What does the number have to be in order for a urine test to be valid?

The MRO is looking for 20 and above for an absolute negative. However, a dilute negative is possible at 18 or even below if the make up of metabolites appears that the donor simply consumes water frequently.

Question: I've read and heard about people boasting that they can beat a drug test. Not to mention all of the products you see on the Internet that claim to beat drug tests. Is it really possible to beat a drug test?

If your substance abuse program includes a quality drug screen through a certified laboratory, *validity testing* should rule this out to a great degree. *Validity testing* detects metabolites of common adulterants that are taken to mask a positive. The use of trained and certified drug screen collectors is a significant tool in detecting an attempt to tamper with or adulterate a drug test.

However, there are many different types of testing products on the market that may not include validity testing. An example would be one of the on site test kits that are very popular in today's market. These kits are screening tools only and will not indicate the presence of any adulterant unless an adulterant strip or screen is specifically added.

Question: Which drug tests are the most accurate – urine, hair, saliva, etc?

The accuracy of the different types tests in different mediums is generally the same. However, the detection time span is quite different within the different mediums.

- Urine – 2-3 days all drugs except THC; THC 7-28 days (or more)
- Hair – 3-6 months minimum
- Saliva – 2-3 days all drugs except THC; THC 14-18 hours

Question: What is a Medical Review Officer?

The MRO – Medical Review Officer is a physician trained and certified in the interpretation of laboratory drug test results. He/she has knowledge of what drugs, food, or other substances will show up on a drug test as well as what common adulterants may be used on a drug test. The MRO will contact the donor with a positive test result prior to contacting the employer or employer representative. This gives the donor an opportunity to offer a legitimate explanation for the positive. The MRO will can also order split specimen testing, directly observed collections or re-testing if necessary.

Question: What are employee's legal rights? (i.e. refusal to be tested, etc)

This will hinge directly on the quality of a written substance abuse policy. The company should have a written substance abuse policy that outlines scope of testing, type of testing, methodologies, MRO access, discipline and consequences and access to treatment providers. If refusals to test are addressed in the written policy, then you simply proceed within those guidelines.

Each employee should be given a copy of the policy and a signed receipt of said policy should be in the employee's file. Otherwise, any action taken as a result of a positive test result is invalid from a legal perspective and an Unemployment Benefits perspective.

NOTE: Under the legislation 45.1-161.78 D Refusals to a testing request by the Chief shall result in the immediate temporary suspension of all certificates, pending hearing before the Board of Coal Mining Examiners

Question: Will over the counter medications or certain foods create a positive drug test result?

There are a few herbal supplements and over the counter medications if taken in excessive dosages that may create a problem on a drug test. Products with psuedodephedrine are one example. But please remember that this occurs when the recommended dosages are exceeded.

It is very unusual for foods to create a problem on a drug test with the exception of poppy seeds. Drug screens that have very low cutoff levels in the opiate category may indicate positive due to poppy seed consumption.

Products purchased over the counter that promote alertness typically contain large amounts of caffeine that will not create a positive drug test.

Question: If a drug test is positive and the employee insists that the result is incorrect, what is then the course of action?

When a drug test is reported to the MRO from the lab as positive, the MRO will contact the employee *prior* to contacting the employer. The employee should be prepared to discuss any prescriptions, what over the counter medications and foods have been consumed with the MRO.

If the positive is still in dispute, the MRO will offer the employee the opportunity to have the split specimen forwarded to an entirely different SAMSHUA certified lab for re-testing. This provides a safety net for the employee as well as the employer.

Question: Is the urine drug screen collector required to observe the donor providing the specimen in the collection container?

No, directly observed collections are prohibited except in the event of a situation where the collector suspects that the specimen was adulterated or tampered with. There may also be a requirement for a directly observed collection if the employee has had a prior positive test result and/or treatment for substance abuse. This may be at the direction of the MRO or employer.

Question: What happens if the donor can't produce urine when asked for the drug test?

Collectors are trained to require up to 3 hours and/or 40 fluid ounces in order to produce the required 45 ml. The donor must remain under the collector or management control until an adequate specimen is produced within the 3 hour limit. If the donor has not produced a specimen within the 3 hour time frame, he/she must then be removed from safety sensitive function and submit to a required medical examination to determine if there is a valid reason for the "shy bladder"

Question: What happens if I take an outdated prescription or someone else's prescription?

The test will be reported as a positive. Controlled substances are to be taken *only under a physician's direction for a current condition. All other use is federally prohibited.*

Question: What shows up under each drug testing category?

Most common, but not all:

1. Marijuana – No medical explanation. Passive smoke does not show on this test panel
2. Cocaine – Surgical anesthetics (excluding Novocain). All other use is illegal
3. Amphetamines – Adderall/Dexedrine.
4. Opiates – Codeine, Morphine/Tylenol 3 – Avinza
5. Phencyclidine (PCP) – No medical explanation
6. Benzodiazepines – Xanax/Valium/Restoril
7. Propoxyphene – Darvocet
8. Methqualone – No medical explanation.
9. Methadone – Clinical treatment for Heroin addicts/ Pain management
10. Barbituates – Fiorinal/Phenobarbital
11. Synthetic Narcotics – Hydrocodone/Hydromorphone

NOTE: The above categories indicate the most common medical explanations. Please keep in mind the Medical Review Officer will be contacting the donor to determine if he/she has a legitimate prescription or medical explanation for the positive.