



OraSure Technologies

ORAL FLUIDS AND THE FUTURE OF DRUG TESTING

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INTRODUCTION

Workplace drug testing has been around since the late 1970s, though the Federal Government did not start to mandate it in the transportation industry until 1988.¹ For all those years, urine drug testing has been the testing method preferred by most employers and the only testing method permitted by the Federal Government for mandated drug testing programs (e.g., the U.S. Department of Transportation or DOT).

Employers in large numbers, for both big and small companies, in virtually every industry, have relied on drug testing of applicants and employees to help them maintain a drug-free workplace with little to no resistance. During the past 30 years, the majority of drug tests conducted have been pre-employment tests and the majority of positive test results have been for marijuana.² And it was a generally accepted fact that employees under the influence of marijuana while at work posed a danger to the safety and wellbeing of themselves, their co-workers and others. For that reason, among others, workplace drug testing, generally, went unchallenged and testing applicants and employees for marijuana was basically considered a smart business policy. But as we start the third decade of the twenty-first century, all that is changing.

The legalization of marijuana for recreational use in 11 states (and counting) and for medicinal use in 34 states (and counting) is creating a challenging environment for workplace drug testing. Some states have considered legislation that limits an employer's ability to either test applicants for marijuana or discipline employees who test positive for pot, and still more are currently considering such legislation. Nevada has already implemented a very restrictive law, as has the city of New York.

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The chief arguments made in most of these restrictive legislative proposals is that: a) because marijuana use is legal, someone who tests positive has not done anything wrong unless they were impaired while on the job, and b) a drug test result does not prove impairment. The reasoning behind these arguments is based, in part, on the fact that the window of detection for urine drug testing is typically 3–4 days at the cut-off levels utilized in most workplace drug testing programs (Figure 1). Additionally, because urine tests detect a metabolite of a drug rather than the parent drug (the actual drug itself), drugs are not detectable in urine for a period of hours after usage. All of this means that it is impossible to use a positive urine drug test result to claim that a donor used the drug recently and/or was impaired by the drug while at work.

Lab-based oral fluid thwarts that reasoning for two simple scientific reasons: 1) the parent drug is detectable in an oral fluid sample, and 2) because the parent drug can be detected, drugs are detectable almost immediately after they are ingested rather than hours later in the case of urine testing (Figure 1). Further, the window of detection with oral fluid testing is typically a matter of hours, depending on cut-off levels, rather than days or weeks. As such, a positive oral fluid test for marijuana means the person used the drug recently and may have been impaired at the time of the test.

In fact, as will be pointed out in this paper, the Substance Abuse and Mental Health Services Administration (SAMHSA) recently issued mandatory guidelines for lab-based oral fluid drug testing, essentially elevating this testing to the same level of acceptance as traditional urine testing.³ A key advantage of this alternative testing method, highlighted in the new oral fluid testing guidelines, includes the ability to detect parent drugs almost immediately after usage and within a tighter window of detection compared to urine. While it may not be accurate to suggest that SAMHSA developed its oral fluid guidelines in response to the trend to legalize marijuana and the recent assault on drug testing, the release of the guidelines couldn't be more timely for employers struggling to maintain safe workplaces in the age of legal marijuana.

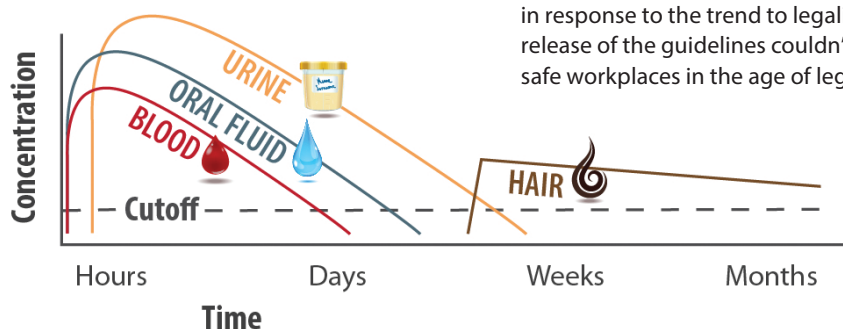


Figure 1 Windows of detection in common drug testing methodologies

1. "Federal Laws and Regulations." The Substance Abuse and Mental Health Services Administration (SAMHSA), date unknown. Accessed 27 Jan. 2020. <https://www.samhsa.gov/workplace/legal/federal-laws>.
2. National Research Council (US) and Institute of Medicine (US) Committee on Drug Use in the Workplace; Normand J, Lempert RO, O'Brien CP, editors. *Under the Influence? Drugs and the American Work Force*. Washington (DC): National Academies Press (US); 1994. 3, *Epidemiological Evidence: The Dimensions of the Problem*. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK236247/>.
3. "Mandatory Guidelines for Federal Workplace Drug Testing Programs – Oral/Fluid." Federal Register: The Daily Journal of the United States Government, 25 October 2019. Accessed 27 Jan. 2020. <https://www.federalregister.gov/documents/2019/10/25/2019-22684/mandatory-guidelines-for-federal-workplace-drug-testing-programs-oralfluid>.

WHY DRUG TESTING?

The magnitude of the drug problem in the United States is the best argument in favor of workplace drug testing. There are many studies that show that workers under the influence of alcohol and other drugs, legal and illicit, are less safe, less productive, less reliable and more expensive to employ. Over the years, the overall level of drug abuse in the country has gone up, then down, but it never goes away. So, why drug test if, generally, the problem never goes away?

A legitimate question that can be answered very simply: while it may be true that drug abuse never goes away, the threat to the safety and productivity of the workplace caused by drug abuse never goes away either. Employers have a responsibility, and even an obligation to be consistently vigilant when it comes to making a good faith effort to maintain drug-free workplaces. And, perhaps, the movement to legalize marijuana is the strongest reason yet to maintain a workplace drug testing program.

The marijuana legalization movement is well funded and organized, but not always based in facts. For nearly four decades, the pro-legalization folks have been trying to convince the public as well as state and federal lawmakers that: 1) legalizing marijuana does not lead to more people using pot, 2) marijuana is not a dangerous drug, and 3) legal marijuana poses no threat to workplace safety.

The truth?

1. Over the past decade or so, America has experienced a significant increase in marijuana use. According to the federal government,

"43.5 million Americans aged 12 or older in 2018 used marijuana in the past year. This number of past year marijuana users corresponds to 15.9 percent of the population. The percentage of the population in 2018 who used marijuana was higher than the percentages from 2002 to 2017."⁴ (Figure 2)

2. People high on marijuana are not safe drivers. In one legal marijuana state alone, Colorado, the correlation between the increase in marijuana and the increase in marijuana-related traffic fatalities since legalization in 2014 is undeniable. Past month marijuana use for ages 12 and older increased 58 percent and is 78 percent higher than the national average (adult marijuana use increased 94 percent and is 96 percent higher than the national

average).⁶ At the same time, traffic-related fatalities involving drivers who tested positive for marijuana increased 109 percent since legalization. Since legalization, the percentage of all traffic deaths in Colorado related to marijuana increased from 15 percent in 2013 to 23 percent in 2018.⁷

Additionally, a 2018 report by the Insurance Institute for Highway Safety showed that data regarding insurance collision claims increased 6 percent in states allowing retail sales of recreational marijuana. Colorado, Washington, and Oregon's legalization of retail marijuana sales were connected with a 5.2 percent higher rate of police-reported crashes as compared with their neighboring states without any legalization."⁸

3. More employees are testing positive for marijuana. At a time when the unemployment rate is at historically low levels and people using marijuana is at the highest levels in nearly 20 years, it stands to reason that more people are at work under the influence of marijuana. According to one leading provider of laboratory services,

"positivity rates in the combined U.S. workforce increased nearly 5% in urine drug tests (4.2% in 2017 versus 4.4% in 2018), climbing to the highest level since 2004 (4.5%) and are now more than 25 percent higher than the thirty-year low of 3.5 percent recorded between 2010 and 2012."⁹

Add this up—marijuana use is increasing, people under its influence are less safe than non-using co-workers, and there are more employees testing positive for pot. Perhaps, more than ever, employers and their non-drug abusing employees need drug testing.

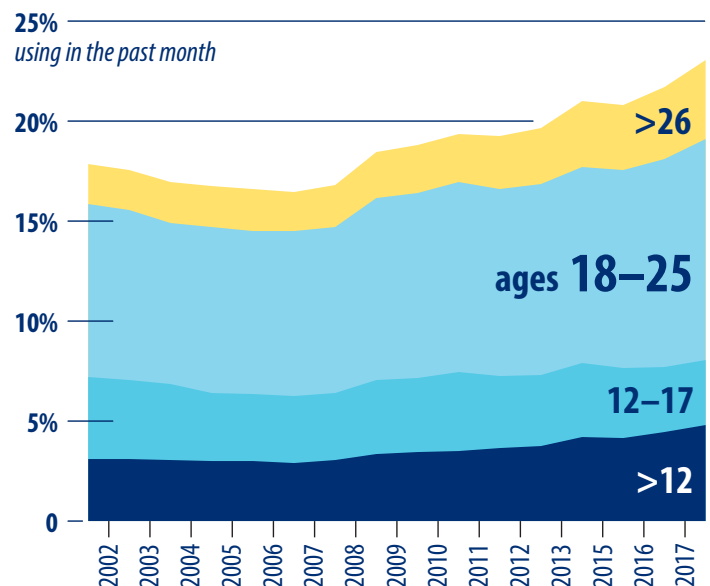


Figure 2 Past Month Marijuana Use among People Aged 12 or Older, by age Group: Percentages, 2002-2017⁵

4. "Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health." The Substance Abuse and Mental Health Services Administration (SAMHSA), August 2019. Accessed 23 January 2020. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>.

5. "Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health." The Substance Abuse and Mental Health Services Administration (SAMHSA), September 2018. Accessed 6 February 2020. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.htm#illicit2>.

6. The Legalization of Marijuana in Colorado: The Impact. Section II: Marijuana Use. P. 19. <https://rmhida.org/files/D2DF/FINAL-Volume6.pdf>

7. The Legalization of Marijuana in Colorado: The Impact. Section I: Traffic Fatalities & Impaired Driving. P. 5. <https://rmhida.org/files/D2DF/FINAL-Volume6.pdf>

8. Monfort, Samuel. (2018). Effects of recreational marijuana sales on police-reported crashes in Colorado, Oregon, and Washington. Insurance Institute for Highway Safety.

9. "Workforce Drug Testing Positivity Climbs to Highest Rate Since 2004, According to New Quest Diagnostics Analysis." Quest Diagnostics, 11 April 2019. Accessed 23 January 2020. <https://newsroom.questdiagnostics.com/2019-04-11-Workforce-Drug-Testing-Positivity-Climbs-to-Highest-Rate-Since-2004-According-to-New-Quest-Diagnostics-Analysis>.



CAN EMPLOYERS TEST FOR MARIJUANA?

In legal marijuana states, it is not uncommon for employers to wonder if it is legal to drug test applicants and employees for marijuana?

The good news is—“Yes.” Even in states where marijuana use is legal, employers may still test for marijuana though restrictions often apply. The key things to look for in a law that legalizes marijuana is any language about the workplace. Not all legal marijuana laws contain workplace language, but those that do typically cover two key issues: 1) employers may not discriminate against legal users of marijuana, especially those who are officially registered to use medical marijuana, and 2) individuals may not use marijuana or be under its influence while at work.

For employers in legal marijuana states, check the workplace language in your state’s marijuana law(s) and comply with it. Don’t discriminate, but don’t back down. Don’t single out marijuana users based only on a drug test result. But make it clear that the company is not legally obligated to allow employees to use marijuana while on the job or for employees to be at work under the influence of pot.

When someone tests positive for marijuana, comply with the law, but inform your employees that being at work under the influence of marijuana may result in adverse employment action, including termination. Also, even in states that place some restrictions on drug testing for marijuana, testing workers in certain safety-sensitive occupations is typically permitted without restrictions.

A legally compliant drug test, which is a key part of a comprehensive drug-free workplace program, is still the most effective way of proving that a person was at work with illicit drugs in their system. So, don’t give up on drug testing. Instead, find the drug testing method or methods that are right for your business given your company’s unique circumstances.

Even in states
where marijuana
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marijuana

WHY ORAL FLUID DRUG TESTING?

Lab-based oral fluid drug testing has a proven history of use with scientific accuracy, legal defensibility, and day-to-day practicality. On its own or in combination with urine or hair drug testing, oral fluid testing represents a viable drug testing method that aligns well with today's cultural and legislative movement toward recent-use detection and impairment identification.

There are many advantages to oral fluid drug testing that will appeal to employers. In some cases, an employer may consider switching to lab-based oral fluid testing while other companies will look to merge urine and oral fluid testing together into a single program to realize the unique benefits of each method.

Following are some of the attributes of oral fluid testing that employers will want to know about.

1. **Oral fluid testing is less invasive.** Most people subject to drug testing consider an oral fluid collection to be less invasive than a urine collection.
2. **Oral fluid samples are easy to collect.** Collecting a urine sample is a complex process with many inherent opportunities for user errors. First, the training of collectors can be inconsistent which can result in poor service, faulty chain of custody paperwork, and samples that are deemed unfit for testing. Urine collection services can be expensive, and facilities change hours and increase their rates with little or no notice. Worse yet, these facilities can be located too far from typical worksites, especially for mobile work crews or workers in the construction industry. Oral fluid collections are relatively easy to conduct, and the services of a professional collector are not necessarily required. An oral fluid specimen can be collected at the worksite without the need for a secured bathroom.
3. **Oral fluid tests are fully observable.** The collection of an oral fluid sample can take place at the workplace in full view of the donor. The collector and the donor are together throughout the entire collection process and the sample is never out of the donor or collector's sight. This is often a plus when negotiating with unions.
4. **Oral fluid samples are virtually impossible to adulterate.** Urine testing is subject to various forms of cheating including adulteration, additives and switching. A quick Internet search will yield countless websites that offer products, services and advice on how to cheat on a urine drug test. However, it is rare to find any information professing to help a would-be cheater adulterate an oral fluid sample. In fact, one website put it the best when advising on how to beat an oral fluid test: "The only guarantee of passing [an oral fluid] drug test is refraining from drug use during the detection period, 1–4 days prior to the test."¹⁰
5. **Oral fluid samples can be used to test for virtually any drug or its metabolite.** This gives employers a great deal of flexibility in responding to drug use trends in their area. However, not all oral fluid testing methods can test for an expanded panel of drugs.

Confirm with your drug testing provider that their lab can test for the drugs you require in your test panel.

6. **Oral fluid testing reveals recent use.** Oral fluid tests will reveal drug use almost immediately after usage, whereas a urine test will require a period of hours and a hair test will require 4–7 days before being able to reveal drug use. This is a key advantage of oral fluid testing, especially in post-accident and reasonable suspicion circumstances, as well as in legal marijuana states that place restrictions on pre-employment testing or what type of adverse employment action can be taken when an employee tests positive.
7. **Oral fluid testing overcomes the "yuck" factor often associated with urine testing.** Some people are not comfortable handling a urine sample, which makes in-house sample collections conducted by trained employees challenging.
8. **Oral fluid testing is union friendly.** Because it is less invasive than urine testing, and because the entire collection process, including the handling of the sample, can be witnessed by the donor, oral fluid testing is often more easily accepted by unions.
9. **Oral fluid testing eliminates cross "gender" concerns between collector and donor.** For obvious reasons, oral fluid collections are less invasive than urine collections, generally, and observed collections more specifically.
10. **Oral fluid testing can save you money.** Collection of both urine and hair samples tends to be a time-consuming, laborious process with viable costs and limitation on where and when they can be collected. Also, when one is using a collection site for these samples, these added costs escalate especially as time away from work for an employee and potentially a supervisor add up. Much of these costs can be recouped using oral fluid collections/testing.



Oral fluid collections
are easy to conduct

10. "How to Pass a Drug Test." wikiHow, 5 June 2019. Accessed 23 January 2020. <https://www.wikihow.com/Pass-a-Drug-Test>.

SAMHSA'S ORAL FLUID GUIDELINES

The long-awaited release of the Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines for lab-based oral fluid drug testing (OFMG) occurred on October 24, 2019 in the Federal Register.¹¹ Following a 12–18-month implementation period, federal agencies will be able to choose lab-based oral fluid testing as an alternative or addition to a traditional urine testing program. The OFMG only permit laboratory-based oral fluid drug testing and NOT instant or point of care oral fluid testing.

When SAMHSA announced the OFMG, it articulated the reasons why the agency decided to add lab-based oral fluid testing to the mandatory guidelines. These main reasons include:

- **Enhanced Flexibility**—Oral fluid collections provide flexibility to address workplace drug testing needs by permitting the use of either urine or oral fluid, whichever specimen is best suited to the situation.
- **Enhanced Versatility**—Oral fluid collections can occur in a variety of locations and eliminate many collection issues found with urine.
- **Decreased Invalid Tests**—Oral fluid collections, by nature, are observed, which lessens the risks of substitution or adulteration.
- **Saves Time**—Oral fluid collections likely occur at or near the place of work, reducing the time needed away from work.
- **Versatility in Detection**—Oral fluid testing permits “more interpretive insight into recent drug use” due to drug detection immediately upon absorption into the body.

Additionally, and very importantly, SAMHSA highlighted the scientific soundness of lab-based oral fluid testing:

“The scientific basis for the use of oral fluid as an alternative specimen for drug testing has now been broadly established and the advances in the use of oral fluid in detecting drugs have made it possible for this alternative specimen to be used in federal programs with the same level of confidence that has been applied to the use of urine... the OFMG provide the same scientific and forensic supportability of drug test results as the Urine Mandatory Guidelines for Federal Workplace Drug Testing Programs.”¹²

It is anticipated that U.S. Department of Transportation (DOT) and the Nuclear Regulatory Commission (NRC) will soon initiate official rulemaking activities that, once completed, will permit covered employers to utilize lab-based oral fluid testing in compliance with those regulations. Both agencies will be required to adhere to SAMHSA's OFMG.

SAMHSA estimates that about 7% of the roughly 150,000 annual drug tests of federal employees will transition to oral fluid in the first year, and about 25–30% after four years. SAMHSA also estimates the same transition rate for the 6 million DOT-mandated drug tests, or about 1.5 million eventually transitioning to oral fluid. However, if 25–30% of the nearly 40 million non-mandated workplace drug tests transition to oral fluid, that would be at least another 10 million or 11.5 million-plus when combined with federal and DOT drug tests.

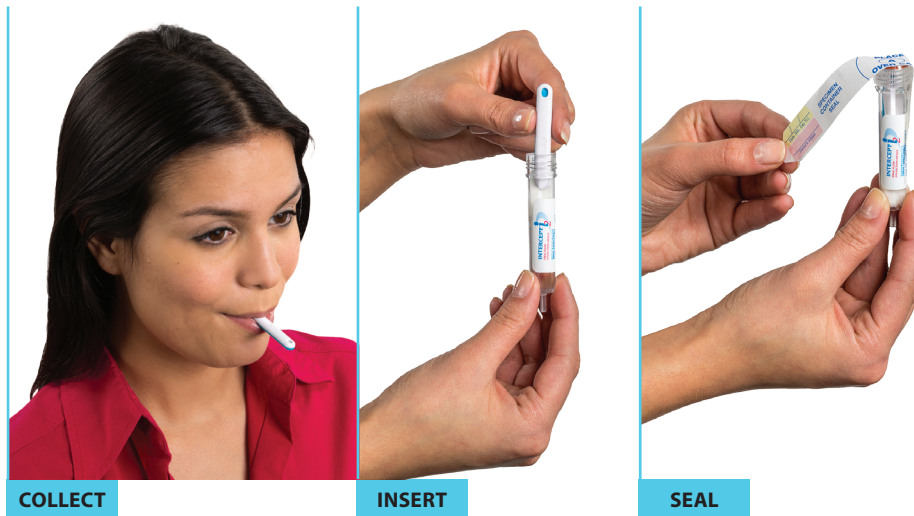
According to drug testing industry providers who participated in a 2019 survey conducted by the Current Consulting Group and co-sponsored by OraSure Technologies, 53% of participants indicated that interest in lab-based oral fluid testing among their clients would increase once SAMHSA issued the OFMG.¹³ That was up from 38% in the 2018 survey.

Private sector employers may use lab-based oral fluid testing without delay. When it comes to state drug testing laws, remember:

1. If an employer is federally mandated to drug test, federal drug testing regulations always trump state drug testing laws. For example, regardless of what type of drug testing a state law may or may not permit, once DOT approves lab-based oral fluid testing, covered employers will have the option of using both urine and oral fluid testing to comply with that agency's regulations.
2. Historically, only three states have prohibited lab-based oral fluid testing. The other 47 states have historically permitted lab-based oral fluid to some extent, though some states have industry-specific regulations and/or workers' or unemployment compensation laws that specify how to conduct drug testing.
3. 17 states require employers to follow the SAMHSA guidelines to some extent even outside of federally mandated workplaces. We can assume that lab-based oral fluid testing will be permitted in some of these states once the 12–18-month implementation period is complete, if not sooner. The best advice is to always check local legal requirements to ensure compliance.

According to the OFMG, either testing method, urine or oral fluid, may be used to detect the same drugs under the same circumstances. The drugs that can be tested for are marijuana/THC, cocaine, heroin, amphetamines, PCP, oxycodone, hydrocodone, oxymorphone, and hydromorphone. These drugs can be tested for pre-employment, reasonable suspicion, post-accident, random, return-to-duty, and follow-up testing.

SAMHSA estimates that about 7% of the annual drug tests of federal and DOT employees will transition to oral fluid in the first year, and about 25–30% after four years.



Per the OFMG, employers will have the option of using trained employees and/or professional collectors to conduct oral fluid collections. These collections may take place at the workplace, or in other locations that meet the OFMG requirements for a collection site. Acceptable collection sites must permit observed collections, collector control of the device(s) throughout the collection process, record storage, and protect donor privacy.

While it is true that drug testing is a science and science can be complicated, the good thing about the OFMG is they explain complicated issues in an easy-to-understand way. For example, the OFMG require oral fluid collection devices to be FDA-cleared. Among the requirements for FDA clearance is that a device must have a built-in volume indicator and be capable of collecting a least 1 mL of “undiluted (neat) oral fluid.” That sounds complicated, but, as an employer, if you use an FDA-cleared oral fluid collection device from a reputable company, you will be in compliance.

Split collections are required under the OFMG. Collections can be performed either simultaneously or serially, meaning a collector can use two devices, each of which must collect 1 mL of neat oral fluid, or the collector can use one device and subdivide the specimens into two, 1 mL samples.

NOTE: *About Instant-Result Oral Fluid Drug Testing: While the OFMG do not include instant-result oral fluid testing, the technology has advanced significantly over the past 10 years. Accurate, on-site results are available with many of the same benefits of lab-based oral fluid testing, but much depends on the specific device being used. If you are considering instant-result oral fluid testing, do the following: 1) check state and local laws to ensure complete compliance (many state laws permit the use of instant oral fluid devices), 2) use an FDA 510(k) cleared device, and 3) study the device’s package insert to make sure it can deliver the type of results for the drugs your policy requires. Speak with your OraSure representative for more information.*

11. See *supra* note 3

12. See *supra* note 3

13. “The 2019 Drug Testing Industry Survey,” The Current Consulting Group, accessed 23 January 2020

GETTING THE MOST OUT OF DRUG TESTING WITH ORAL FLUID & URINE

Urine drug testing has been considered the gold standard of drug testing for 30+ years and the only drug testing method permitted by the federal government, until recently. The issuance of SAMHSA's OFMG gives employers government-issued procedures for an alternative testing method. Do these new regulations suggest that employers abandon urine testing and switch entirely to oral fluid testing? Must employers choose between the two testing methods in a "one or the other" or "all or nothing" scenario? The clear answer is: "No!" In fact, in many cases it may make more sense for employers to combine the two testing methods into a single program to maximize their overall return on investment from drug testing.

Compare the following key attributes of each drug testing method, urine and oral fluid, to help clarify the advantages of each and to see how combining both methods may work for your company.

Legality—Both testing methods are legal under most circumstance and in virtually every state (three states currently do not permit the use of lab-based oral fluid testing—Hawaii, Maine and Vermont—though that could change considering the OFMG). The federal government has developed standard procedures for both testing methods. And both testing methods have withstood the legal test of time and are considered legally defensible.

Accuracy—The federal government's mandatory guidelines for both urine and oral fluid include collection, lab analysis and medical review procedures that, when followed, ensure the integrity of the testing process and the accuracy of the reported results. Regarding oral fluid testing, SAMHSA's mandatory guidelines state: "The OFMG provide the same scientific and forensic supportability of drug test results as the Mandatory Guidelines for Federal Workplace Drug Testing Programs using Urine (UrMG)."¹⁴

Window of Detection—Oral fluid drug testing has a window of detection of hours, which makes it ideal for post-accident, reasonable suspicion, pre-duty or pre-access drug testing programs. Urine drug testing has a window of detection of 3–4 days at the cut-off levels required by the SAMHSA guidelines, which makes it ideal for pre-employment, random, return to duty, and follow up testing scenarios (Figure 1). That said, either testing method works well for all testing circumstances.

Cut-Off Levels—Until the release of the OFMG, cut-off levels for oral fluid testing were not necessarily consistent among labs and especially when comparing laboratory testing with instant-result testing devices. However, under the OFMG, certified laboratories must use SAMHSA-approved, oral fluid cut-off levels designed to show the presence of drugs in a manner like the cut-off levels used for urine testing. The

presence of a drug in oral fluid is measured in nanogram per milliliter (ng/mL) just as with urine, although cutoff levels in oral fluid samples are generally quite a bit lower than urine cutoffs, which enables oral fluid testing to achieve comparable, if not higher positive rates than urine analysis.

Positivity Results—Oral fluid testing detects the parent drug (the actual drug) versus a metabolite of a drug. Urine testing typically detects drug metabolites. The parent drug is detectable in oral fluid almost immediately after a drug has been ingested. Drug metabolites take longer to become detectable. For this reason, oral fluid testing is considered ideal for detection of recent use and produces positive test results on the front end of the window of detection that urine testing may miss. Conversely, because oral fluid testing has a shorter window of detection compared to urine, urine tests will capture positives for a longer period of time. Hence, the overall positivity rates for the two testing methods are very similar during the same period of time; however, overall positives are typically slightly higher in oral fluid testing.

Collections—Urine collections can be complicated and require several extra steps in the process to ensure the integrity of the sample and the eventual test result. That multi-step process is perfect for employers who do not want to use trained employees to collect samples and when there is the luxury of extra time and budget to use professional collectors at off-site collection facilities. However, in situations when budget is a concern, when collecting a sample at an off-site facility is impractical or cost-prohibitive, when an observed collection is needed, or when matching the gender of the collector and the donor is required, oral fluid collections are ideal.

Drug Test Cheating—When drug test cheating is a concern, such as when the collector suspects cheating during the

urine voiding process of the test, oral fluid testing is a viable option. Oral fluid testing is virtually impossible to beat by use of traditional cheating methods (adulteration, switching or additives). When a company prefers urine testing, it is important to confirm that the laboratory can conduct validity tests to ensure the integrity of each sample.

Certified Laboratories—SAMHSA's certified labs for urine testing have become the standard that most employers seek when contracting the services of a laboratory. With the release of the OFMG, laboratories wishing to provide oral fluid testing in compliance with the new regulations must go through the new certification process. Hence, the National Laboratory Certification Program (NLCP) will require similar standards as those that apply to urine testing certification. These standards help to protect the integrity of the drug test process. If you fall under the regulated testing market, be sure your laboratory has completed their certification process for oral fluid testing before using them for this service.

Costs—Drug testing costs can be measured in hard dollars (the actual cost of services such as lab analysis of a sample) and indirect costs (lost work time when employee and supervisor must leave the workplace to participate in an off-site collection). Because of the flexibility typically associated with oral fluid collections, the time needed to conduct a collection is less than a urine collection, employees are not necessarily required to leave the workplace, and other employees can be trained to conduct the collection, all of which saves time and money. Urine collections can also take place at the workplace (especially when using instant-result devices), but certain complexities remain such as securing a restroom, matching the gender and donor when observed collections are required, etc.

¹⁴. See *supra* note 3



WHAT CAN EMPLOYERS DO TO IMPLEMENT ORAL FLUID TESTING?

If you are a non-regulated employer who would like to begin conducting lab-based oral fluid testing now, speak with your OraSure representative to help with the following:

- Identify your drug-testing objectives
- Update your policy with specific lab-based oral fluid testing language
- Determine how you will collect oral fluid samples (on-site with using your own trained employees and/or professional technicians or at an off-site collection facility)
- Prepare supervisors/managers
- Ensure all vendors are ready to provide their services
- Announce the program to your employees

If you are a regulated company that would like to begin conducting lab-based oral fluid testing after the SAMHSA implementation period, speak with your OraSure representative to help with the following:

- Updating your SAMHSA drug testing policy to reflect the addition of lab-based oral fluid testing
- Training employees to conduct on-site oral fluid collections per the regulations, including securing the collection location, using the federal chain of custody form for oral fluid, collecting split specimens, and properly shipping specimens to a certified laboratory for analysis
- How to identify qualified professional collectors, certified laboratories, and trained medical review officers
- NOTE: Even DOT-covered employers may immediately begin utilizing lab-based oral fluid drug testing for their non-DOT covered employees or in non-DOT testing circumstances (OraSure can provide up-to-date state law information to help your company comply with applicable legal requirements)

ABOUT THE AUTHOR



BILL CURRENT is the President and Founding Partner of the Current Consulting Group (CCG). Mr. Current is a 30-year veteran in the drug testing industry. He is the former Director of the Institute for a Drug-Free Workplace, Executive Director of the American Council for Drug Education, and Vice President of Consulting for Employee Information Services. Mr. Current is the author of 10 books on substance abuse-related issues and a regular presenter at conferences, seminars, workshops, and webinars. Mr. Current is widely considered one of the leading experts on drug testing and the drug testing industry. He founded the industry's most comprehensive database subscription service at CurrentCompliance.org and helps conduct the annual Drug Testing Industry Survey, now in its 22nd year.



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