



# Navy Drug Screening Laboratory Jacksonville

## Screening News

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### Did you know?

Information about the laboratory, including fact sheets and past newsletters may be found at our website:

<http://www.med.navy.mil/sites/jaxdruglab/Pages/default.aspx>

### CO's Desk

The NDSL Jacksonville Team recently celebrated a very significant milestone. For the 24<sup>th</sup> consecutive month (and counting), we have accurately identified bottle/form discrepancies as part of a DoD-mandated monthly proficiency testing program. This program is managed by the DoD Drug Testing Quality Assurance Laboratory (DoDQA) which is part of the Armed Forces Medical Examiner's System located in Rockville, Maryland. The DoDQA lab sends test specimens to all 6 DoD drug screening labs in a "blind" fashion. In other words, they look and are treated exactly like a member's specimen. After submitting the results for these proficiency test specimens, we are evaluated on our performance.

What does all this mean to you, our customer? Complete confidence that your results are and will continue to be 100% accurate and peace of mind knowing that each NDSL Jacksonville team member is committed to delivering excellence.

*E. R. Hoffman*  
CDR MSC USN

### In Focus: Review Group



Shown above: Review Group staff

All urine specimens tested at NDSL Jacksonville are subject to a minimum of four levels of review before the test results are certified and reported to the submitting

commands. The testing documents undergo a technical review by the technician conducting the specimen analysis and a QC review to validate the performance of the blind quality control samples. After receiving the chain of custody and testing documents from the other departments, the final certification process takes place in the Review Group.

Two levels of review for each initial screen (immunoassay) and confirmation batch are performed in the Review Group. The first level review is conducted by an Initial Laboratory Certifying Official (ILCO) who checks the chain of custody entries for accuracy and completeness; performs a thorough examination of the testing data to validate the performance of the open and blind quality controls in the batch; and determines whether the Department of Defense (DoD) criteria for a positive or negative result has been met for each specimen. After an ILCO reviews the documents, a Negative Final Laboratory Certifying Official (Negative FLCO) performs a second level review of the same documents, and then certifies and releases the negative drug testing results.

In addition to all other ILCO and FLCO duties, a Positive Final Laboratory Certifying Official (Positive FLCO) performs a second level review of all confirmation data generated by the Gas Chromatography-Mass Spectrometry (GC-MS) system. A GC-MS system is used to specifically identify a targeted drug or drug metabolite in the specimen. Only a Senior or Military Chemist can be a Positive FLCO. A positive result by GC-MS requires the Chemist to review all the documents associated with a specimen to ensure that each of three separate tests (screen, rescreen, and confirmation) has a valid positive result. When all DoD criteria for a positive result have been met, the Positive FLCO verifies the demographic information on the urine specimen bottle and then certifies the positive result by signing and dating the original Specimen Custody Document (DD Form 2624). This final certification releases the positive drug test result to the command by electronic means through the Forensic Toxicology Drug Testing Laboratory (FTDTL) web portal.

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## Discrepancy of the Month

### **FN = DISCREPANT FORM CHAIN OF CUSTODY ENTRIES (BLOCKS 12a-d)**

This discrepancy was previously covered in Newsletter 1-3; however, it continues to be the most frequently applied discrepancy this and prior fiscal years. Because the chain of custody is such an important element of forensic drug testing, we want to highlight this discrepancy again.

Blocks 12a through 12d are used by the submitting commands and the NDSLs to document the chain of custody for the specimens. Errors that are documented under the FN discrepancy code include chain of custody entries that are incorrect, incomplete, or missing.

The important point to remember when filling out the back of the DD Form 2624, is that anyone looking at the form should be able to tell where the specimens were from the time of collection to the point they were released to either the mail or the NDSL.

### Did you know?

Nonmedical use of opioid painkillers, such as oxycodone, account for more unintentional deaths in the US than heroin and cocaine combined (2).

### Did you know?

Oxycodone and oxymorphone are the most prevalent (by percentage) positive drug results reported by NDSL Jacksonville.

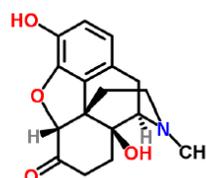
The best practice would be to collect and send the specimens the same day, but if that is not possible, document when the specimens are placed into and then removed from temporary storage. Ensure that your entries are legible and that any changes are documented with a date and the initials of the person making the change. The FN discrepancy is most commonly applied because the chain of custody may be incomplete (e.g., there is a name and signature, but no indication that the specimens were released to the mail or that the specimens were taken out of storage with no other entries, etc.). There must be a clear indication on the back of the DD Form 2624 that the specimens are being released by the submitting command. It is also best practice to make the last entry in Block 12 of the DD Form 2624 “Mailed to Drug Lab,” “Packaged and Mailed,” “Sent to Drug Lab,” “Handcarried to Drug Lab,” or a similar entry.

## Drug Facts

### Oxycodone



### Oxymorphone



**Description:** Oxycodone and oxymorphone are semi-synthetic opioids commonly prescribed as pain killers (analgesic medications). Both are derived from thebaine, a naturally occurring opiate found in the opium poppy, *Papaver somniferum* (1). Oxycodone is commonly prescribed for moderate to severe pain as a slow-release formulation under the brand name OxyContin<sup>®</sup> or in combination with other non-opioid analgesics such as Tylenol (Percocet<sup>®</sup>) and aspirin (Percodan<sup>®</sup>) (2). Oxymorphone is also prescribed for pain management under the brand names Numorphan<sup>®</sup> and Opana<sup>®</sup>.

**Common Names:** Kicker, OC, Oxy, OX, Blue, Oxycotton, Hillybilly Heroin, Nu-Blues, etc. (3).

**Effects:** The effects of oxycodone and oxymorphone are essentially similar to that of morphine (4). All three drugs bind to opiate receptors in the brain and spinal cord, and are classified as a Schedule II drugs, meaning they have valid medical uses but also a high potential for addiction and abuse. Oxymorphone is much more potent than both oxycodone and morphine (4). Short-term effects of these drugs include analgesia, sedation, euphoria, and addiction (1). Side-effects include respiratory depression (which can be fatal), constipation, nausea, and vomiting. Prescription medications that have oxycodone combined with other medication can have additional side-effects such as liver toxicity in the case of oxycodone and acetaminophen combination.

**Trend:** Oxycodone is widely prescribed, with over 50 million oxycodone prescriptions dispensed in the US in 2008 (3). The diversion or nonmedical use of oxycodone is estimated to be 13.8 million people aged 12 or older in 2008 (3). About

#### Did you know?

Oxycodone is highly addictive and is as strong as morphine.

half of the individuals who non-medically used prescription opioid pain relievers, such as oxycodone, acquired them from a friend or relative at no cost (5). In 2008, the number of new non-medical users of OxyContin<sup>®</sup> aged 12 or older was 478,000 with an average age at first use of 21.8 years (6). The non-medical use of oxycodone-containing medication resulted in 64,888 visits to emergency rooms in 2006 (7).

#### References:

1. Moore KA: Principles of Forensic Toxicology; Second Edition, Washington, DC: AACC Press, 2002, pages 277-315.
2. US Department of Justice, DEA, Drugs and Chemicals of Concern, Oxycodone, 2009.
3. Office of National Drug Control Policy (ONDCP), Oxycodone Street Terms, 2005.
4. Trescot A.M. *et al.* Opioid Pharmacology. *Pain Physician* 11: S133-S153, 2008.
5. Manchikanti, L. and Singh, A. Therapeutic Uploads: A Ten-Year Perspective on the Complexities and Complications of the Escalating Use, Abuse, and Nonmedical Use of Opioids. *Pain Physician* 11: S63-S88, 2008.
6. US Department of Health and Human Services, National Survey on Drug Use and Health, 2008.
7. US Department of Justice, DEA, National Prescription Drug Threat Assessment, 2009.

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## Ask the Expert

### 1. Why can't I get my results on the Navy Regional Enterprise Messaging System (NREMS)?

Answer: As of 30 September 2010, the Navy Drug Screening Laboratories no longer send out drug test results via the NREMS. Effective 1 October 2010, commands will receive their results through the iFTDTL web portal. Commands without web portal account access must contact their respective ADCOs to receive their results and BUPERS @ [MILL\\_DTADMIN@NAVY.MIL](mailto:MILL_DTADMIN@NAVY.MIL).

### 2. I have been completing my Chain of Custody (Block 12) the same way for 2 years and just received a positive result with an FN discrepancy. Why haven't I received this discrepancy in the past when I completed the form the same way?

Answer: If most of your previous results were negative, the discrepancy code was not applied if the error was administrative in nature (e.g., your date entry was only a month and day, a block in the chain of custody was left blank, you overwrote an entry, etc.). These types of errors, while having no impact on a negative result, could impact a positive result. If you are ever in doubt as to how your chain of custody should be completed, call the Support Services Department at 904-542-7755 x130 or x131 and they will walk you through completing the form.

### 3. If my friend is in pain, should I give him one of my prescription pain pills while he is waiting to get a prescription filled?

#### Did you know?

Many states have prescription monitoring programs that facilitate the collection, analysis, and reporting of information regarding drug prescriptions.

Answer: No. You should never share your prescription medication. Sharing your prescription medication may subject you and your friend to disciplinary action.

#### **4. What is drug diversion?**

Answer: Drug diversion is a term used by the United States Drug Enforcement Administration (DEA) to describe the use of prescription drugs for recreational purposes. The term comes from “diverting” the use of drugs from their original purposes. Additionally, the DEA investigates diversion resulting from doctor shopping, forged prescriptions, theft, and internet sales.

#### **5. Which drugs are most commonly diverted?**

Answer: According to the DEA, the most commonly diverted drugs are opiates (e.g., oxycodone and hydrocodone), pseudoephedrine (nasal decongestant used to make methamphetamine), dextromethorphan (a cough suppressant popularly used for “robo-tripping”), benzodiazepines (e.g. Valium® and Xanax®) and stimulants (e.g., Adderall®, Vyvanse®, and Ritalin®).