



# Navy Drug Screening Laboratory Jacksonville

## Screening News

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### CO's Desk

Unfortunately this edition will be my last as Commanding Officer, NDSL Jacksonville. For the past 2+ years, I have had the privilege of watching 72 professionals tirelessly dedicate themselves to meet all your requirements. I have witnessed a motivated team tackle every challenge, always seeking ways to improve processes and procedures, never satisfied with past accomplishments. I have witnessed each individual selflessly give back to the community through volunteer service, celebrate one another's successes and provide support during times of personal loss. I have observed extraordinary patience, perseverance, and kindness, knowing each result released is not just a number but someone's career. There is no doubt the strength of this organization is found within each individual working together as a team.

Rest assured that the NDSL JAX staff has and always will be standing ready to ensure your success.

*E. R. Hoffman*  
CDR MSC USN

### In Focus: Resource Management



Shown above: Resource Management staff

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The NDSL JAX Resource Management team consists of three individuals who bring together a wide range of financial and logistics experience. The Budget Officer (23

## 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>

years – financial/supply), Financial Management Analyst (25 years - financial), and Purchasing Agent (18 years - logistics) work together toward a common goal: ensuring NDSL Jacksonville can meet its mission and goals in a timely manner without interruption or production down-time.

As with any financial team, whether it is a small or large activity with one or multiple lines of accounting and a small or large budget, we all face the same hurdles when it comes to planning, programming, and executing the budget: *“How can I do more with less?”* Year after year, we have heard stories or rumors that the budget will be slashed so be prepared to strap in and buckle up because future funding will be scarce. Then, on queue each year, in August or September we frequently receive end-of-year funding to cover shortfalls and unfunded items. The budget, over time, is just like a roller coaster, we love the climb up the track anticipating the thrill of what lies ahead, only to scream on the way down. Over the last decade, DOD has seen its budget baseline increased along with supplemental funding to cover the wars in Iraq and Afghanistan; this increase has trickled down to all levels within DOD including the Drug Demand Reduction Program.

For example, during a recent ‘climb up the track’ (FY08-FY10), we have been able to reinvest our capital to the tune of \$1.4M in information technology, new equipment, and other expense items and put another \$298K toward critical facility improvements. On the other side of the coin, Base Operating Support (electricity & natural gas) costs have increased over this same time period (electricity expense has increased 58% per KWH over a 4-year period along with increased maintenance costs).

The big question is *“Have we reached the top of the track?”* All indicators point to *“Yes!”* With the drawdown of operations in Iraq and the expected troop withdraw from Afghanistan in 2011, DOD will not be able to continue spending as it has over the past decade. There is a growing ground swell for government, including DOD, to share in reducing costs to lower the \$1.4 trillion federal budget deficit. What this will mean to us at NDSL JAX over the next few years will depend on many factors; some of these will be beyond our control (e.g., direct changes in budget allocation and labor costs) while others will be directed from the Program level (e.g., adding new drugs to the DOD test panel). The age-old theme *‘how can we do more with less’* will continue to be our mantra in this second decade of the new millennium.

To sustain our current production levels of 1 million samples per year, we must continue to stay on the cutting edge of technology and enhance our productivity while at the same time look for every cost saving available: a clear call to continuing efficiency efforts!

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## Discrepancy of the Month

**LX = LABEL - SSN DISCREPANT (LX)**

The word “discrepant” in DOD Drug Testing Program terms encompasses any of the following: incorrect, incomplete, illegible, missing, over-written, not original, or not forensically-corrected. It is applied to specific items on the DD Form 2624 or the bottle label. In this article, we focus on how the social security number (SSN) on a

### Did you know?

It is estimated that 90 percent of worldwide heroin supply is produced from opium cultivated in Afghanistan (NDTS).

specimen bottle label could be identified as “discrepant”.

The LX discrepancy code is not normally assigned for an SSN that is **incorrect**. NDSL JAX relies on each submitting unit to provide accurate data and has no way to determine whether a SSN is correct. In the event the bottle label has one SSN and the DD Form 2624 has another SSN, or the event that the bottle label has two SSNs, NDSL JAX will assign another discrepancy code.

If the SSN on the bottle label does not have nine digits, it is considered **incomplete** and the LX discrepancy code will be assigned. This situation includes: letters at the beginning of the SSN, provision of only the last four digits of the SSN, or any other instance where a valid nine-digit SSN is not present on the bottle label. To correct a SSN that is incomplete, one must either forensically add the missing digits or line out the entire SSN and write in the full SSN (either requires the initials of the individual making the addition / change and the date it was made).

The LX discrepancy code is most often applied because one or more of the numbers in the SSN are **illegible** (cannot be clearly read). This could be caused by misapplication of a label (folds, tears, etc.) or from leaking bottles that caused the print on the labels to smear. The LX discrepancy code will also be applied for labels where the SSN is handwritten and the numbers are not clearly written or where an attempt was made to correct a digit(s) and the correction was illegible.

If one submits a bottle and the SSN is **missing**, the LX discrepancy code will be assigned. If the SSN does not print out on the bottle label, it is acceptable to legibly write the SSN; one is not required to initial and date the SSN entry in this case, but it would be helpful to do so.

It is never acceptable to correct a SSN by writing over the incorrect digit(s). **Over-written** digits could call into question the integrity of the specimen collection. The proper way to correct digits in a SSN is to draw a line through the incorrect digit(s), legibly write the correct digit(s), and then initial and date that entry (a complete forensic correction). The important thing to remember is that the entry must be legible and must be initialed and dated.

SSN **Not Original** is not often applicable to the bottle label; however, **Not Forensically-Corrected** is the second most frequent reason this code is applied in regards to SSNs. Daily, NDSL JAX receives specimen submissions where a change has been made to the SSN and the entry has no date and/or initials for the person making the change(s). The SSN is the primary identifier linking each urine specimen to a particular Service Member and extreme care must be taken to ensure that, when changes are made, they are legible, complete and forensically-appropriate. Due diligence will save one difficulty later if a positive result must be defended in court for a specimen where the SSN was changed without the appropriate forensic annotations.

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## Drug Facts

**Description:** Heroin is a semi-synthetic opioid that is derived from morphine, a naturally-occurring opiate found in the poppy: *Papaver somniferum* (1). Heroin is a Schedule I drug, meaning the United States does not view it as having a valid medical

### Did you know?

Afghanistan has become the world's leading exporter of heroin and now exports more heroin, by mass, than Colombia exports cocaine.

use and recognizes that it has a high potential for abuse / addiction. Heroin can be snorted, smoked, or injected (2) and all three routes of administration rapidly deliver heroin to the brain thereby increasing the risk of psychological and physical dependence (3).

**Common Names:** Smack, Big H, Black tar, Blow, China White, Mexican brown, etc. (4).

**Effects:** Heroin rapidly enters the brain to produce a surge of euphoria commonly referred to as a “rush” (5). Due to this “rush”, heroin is very addictive and is one of the most widely abused opioid (1 & 2). Once heroin enters the brain, it is converted to 6-acetylmorphine and morphine which subsequently bind to the opioid receptors (1 & 5). The general effects of heroin are similar to that of morphine; however, heroin provides a much faster onset following use. Short-term effects of heroin include analgesia (pain killing) and euphoria (general feeling of well being); heroin overdoses can lead to death as a result of respiratory depression. Long-term effects of heroin use include pulmonary complications, addiction, physical dependency, and liver disease (not to mention various infectious diseases such as HIV and Hepatitis B & C that can result from the sharing of injection needles).

**Trend:** Trafficking data from 2006 indicates that the vast majority of heroin available in the US drug market was smuggled from South America or Mexico (6). In 2007, 360 Kilograms and 422 Kilograms were seized from the US–Mexico border and commercial airlines, respectively. According to the 2009 National Survey on Drug Use and Health, there were 180,000 Americans age 12 and older who used heroin for the first time within the past year; this number of first-time uses is significantly higher than the average annual numbers for 2002 through 2008 (7). This survey also reported that 200,000 Americans age 12 and older are current, habitual heroin users.

### References:

1. Kerrigan S and Goldberger BA: Principles of Forensic Toxicology; Second Edition, Washington, DC, AACCC Press, 2002, pages 219-237.
2. National Institute on Drug Abuse, Infofacts, Heroin, 2010.
3. US Drug Enforcement Administration, Drug Fact Sheet, Heroin, 2010.
4. National Institute on Drug Abuse, Research Report Series: Heroin Abuse and Addiction, 2005.
5. Office of National Drug Control Policy (ONDCP), Heroin Street Terms, 2005.
6. US Department of Justice, National Drug Threat Assessment, 2009.
7. US Department of Health and Human Services, National Survey on Drug Use and Health, 2009.

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## Ask the Expert

### 1. How is heroin abused?

Answer: Heroin is injected, snorted, or smoked. Many new and younger users begin by snorting or smoking heroin because they wish to avoid the social stigma attached to injection drug use. These users often mistakenly believe that snorting or smoking heroin will not lead to addiction. Users who snort or smoke heroin often ‘graduate’

### Did you know?

The following famous people/celebrities died from heroin overdose: Matthew Ansara (actor), Jean-Michel Basquiat (painter), Max Cantor (actor, journalist), Janis Joplin (musician), Frankie Lymon (singer), River Phoenix (actor), John Simon Richie aka Sid Vicious (musician), Dash Snow (artist), and Paula Yates (television celebrity, writer).

to injection use because, as their bodies become conditioned to the drug, the effects it produces are less intense. These users turn to injection, a more efficient means of administering the drug, in an attempt to attain the more intense effects they experienced when they began using the drug.

National Drug Intelligence Center *Official Site*

[www.justice.gov/ndic/pubs3/3843/index.htm](http://www.justice.gov/ndic/pubs3/3843/index.htm), March 2003, "How is heroin abused?" Web. 13 Dec 2010.

### **2. I am being told that due to privacy issues I can only send the last four digits of the social security number and now I am being hit with a discrepancy for it. Why is this?**

Answer: The Privacy Act allows for personally identifiable information (PII) to be used when there is a genuine need for its use. Many people could share the same last four digits of a SSN, but a full nine-digit SSN is attributable to only one person. This allows for 100% accuracy in reporting a result to a specific SSN.

### **3. What type of medical procedure or medication can cause me to 'pop positive' for heroin on a urinalysis drug test?**

Answer: A positive heroin result is reported when the heroin metabolite, 6-acetylmorphine (6AM), is identified in the urine specimen. Heroin and 6AM are Schedule I controlled substances, which means that they cannot be legally prescribed or used in any medical procedure, nor can they be legally possessed. Therefore, a heroin result means that a clandestinely-made drug has been introduced into the body prior to urine collection and that this result did not come from any medication legally available in the United States.

### **4. Where does the money used to buy heroin go?**

Answer: The Independent (<http://www.independent.co.uk>) reported in April 2008 that Russian gangsters who smuggle drugs into Britain are buying cheap heroin from Afghanistan and paying for it with guns. The guns go straight to the Taliban front line. "We never sell the drugs for money," boasted one of the smugglers. "We exchange them for ammunition and Kalashnikovs." The Taliban go-between said fighters in Helmand expect to get six AK-47s for 1kg of good quality heroin, a similar number of rocket-propelled grenades, or a dozen boxes of ammunition. NATO claims the Taliban get between 40 and 60 percent of their income from drugs. The smugglers' claims suggest the real cost could be far higher.