



# Navy Drug Screening Laboratory Jacksonville

## Screening News

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### This Issue

- CO's Desk
- In Focus
- Discrepancy of the Month
- Drug Facts
- Ask the Expert

### CO's Desk

On occasion, a few Sailors are notified that their drug testing results were positive. Often these results can be explained by the presence of a prescription that is documented in the Service Member's (SM's) medical record.

Several prescribed medications for the treatment of pain and attention deficit disorder, amongst others, can produce positive drug testing results for amphetamines (D-amphetamine and/or D-methamphetamine), oxycodone and/or oxymorphone, and opiates (codeine, morphine, hydrocodone, and hydromorphone). This represents a considerable endeavor for commands because they are required to investigate the SM's medical record to obtain an adequate explanation for the drug test results. The Navy Drug Screening Laboratory is available to assist commands in this process by requesting a technical review (performed by Senior Chemists/Expert Witnesses) from their servicing drug screening laboratory.

To alleviate the administrative burden for submitting commands, on 4 April 2012, we implemented the DoD Drug Deterrence Program's Electronic Prescription Review System (ePRS). This system is a connection between the drug testing data management system and the Pharmacy Data Transaction Service. This allows the drug screening laboratories to compare positive results for the presence of a legitimate prescription in the corresponding SM's medical record before the results are reported as positive to the Command. If the results are explained by a current prescription in the SM's record, the drug testing results will be reported as negative to the submitting Command. Currently, ePRS is online to clear results for amphetamines and oxycodone/oxymorphone. In the near future it will also include opiates and benzodiazepines, the latter are the next class of drugs mandated for screening by DoD to deter abuse.

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### In Focus: Contractors

The Navy Drug Screening Laboratory, Jacksonville (NDSL JAX) currently has three contract employees providing a variety of services from janitorial and warehouse logistics, to information technology (IT). These individuals are not actually employed

by NDSL JAX, but rather by companies that contract with NDSL JAX for a specific job. While they may be contracted for specific duties, each employee is really a ‘Jack-of-All-Trades’.

Mr. Dionisio (Diony) Lopez has been the Command’s warehouse and supply facilitator for 4 years. Each day he is busy picking up the hundreds to thousands of urine specimens that are processed through the U.S. Postal Service and delivers them to the Command. Among his other duties are warehouse and supply logistics, which includes ensuring that all of the items delivered to NDSL JAX are properly received, documented, and delivered to the respective department. Diony states that the most rewarding part of his job is the internal customer service he provides each department.

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>



**FIGURE 1. Mr. Dionisio Lopez**

A fresh face around the Command, Mr. Michael (Mike) Setala has been NDSL JAX’s custodian and grounds keeper for 7 months. Mike works each day to keep the Command sparkling clean, trash cans emptied, and windows spotless among many other things. He says that the most rewarding part of his job is the friendly atmosphere and how appreciative everyone is for, as he humbly describes it, “the littlest things”.



**FIGURE 2. Mr. Michael Setala**

The most recent contract member of NDSL JAX is IT specialist Mr. Daniel Tow, who has been on board since July. Daniel, a retired Chief Torpedoman, already has 10 years of DoD service under his belt. As the newest IT specialist, Daniel is still getting

his bearing, but says that a typical day involves ensuring that laptops are running, IT flags or alerts are taken care of, the video welcoming guests to NDSL JAX is up and running each morning, and any work requests are completed as soon as possible.



FIGURE 3. Mr. Daniel Tow

Each of these individuals brings something special to the Command and we are proud to have them as part of the NDSL JAX family. Their hard work and dedication is apparent each day as they work tirelessly to contribute to NDSL JAX's mission to support the Navy's zero tolerance drug policy.

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## Discrepancy of the Month: GG = Form Listed Specimen, No Bottle Received

### Did you know?

Correspondence templates for technical reviews; summary reports; documentation packages; and DD Form 2624s can be found at our website:  
<http://www.med.navy.mil/sites/jaxdruglab/Pages/default.aspx>

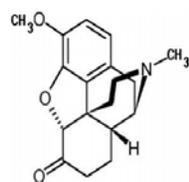
The GG discrepancy code has been one of the top three discrepancy codes assigned to submitting Commands in the past several months. When packages arrive at our Laboratory for testing, they are opened by the Accessioning Department. The first thing the Technician does after opening the package is remove the DD Form 2624 that lists the specimens submitted in that batch and compare the information on the bottle labels to that on the form. If the DD Form 2624 lists a specimen not received, a GG discrepancy code is assigned to the specimen.

We are aware that not every SM listed on the DD Form 2624 will be available to provide a specimen due to TAD/TDY, leave, or some other unforeseen reason. In these situations, if you document on the DD Form 2624 that the specimen is not being submitted, you will not be assigned the discrepancy.

The correct way to void a specimen that is not sent is to draw a single line through the barcode and initial and date next to the line. This notifies the Technician that you are aware the specimen is not being submitted, and no further documentation is required to cancel out that specimen.

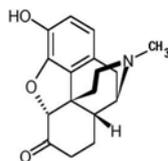
The best way to minimize the number of errors being attributed to your Command is to compare your DD Form 2624 to the collected specimens and ensure that any specimen not sent is properly lined out. For example, if you send a DD Form 2624 that lists 12 specimens on the form with no line outs, and you only have one specimen in the box, your results will have 11 GG discrepancies assigned to them. If you had lined out the 11 specimens not being submitted, you would have received your results with no GG discrepancies assigned.

## Drug Facts: The CODONE Family



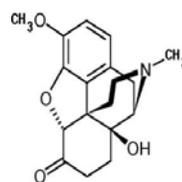
Hydrocodone

**FIGURE 4.**  
Hydrocodone  
Structure



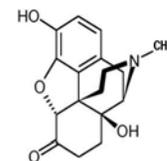
Hydromorphone

**FIGURE 5.**  
Hydromorphone  
Structure



Oxycodone

**FIGURE 6.**  
Oxycodone  
Structure



Oxymorphone

**FIGURE 7.**  
Oxymorphone  
Structure

**Description:** The CODONE family is comprised of hydrocodone, hydromorphone, oxycodone, and oxymorphone. The suffix “-ONE” indicates a characteristic of a specific chemical component [-C(=O)-] of the drug. The drugs in the CODONE family are semisynthetic narcotic analgesics derived from codeine (HYC, HYM) or thebaine (OXYC, OXYM).

**Common Names:** Hydrocodone (Lortab®, Vicodin®); Hydromorphone (Dilaudid®); Oxycodone (OxyContin®, Percocet®, Tylox®); Oxymorphone (Numorphan®, Opana®)

**Effects:** The CODONE drugs have various pharmacologic characteristics. Hydrocodone is widely used as an antitussive agent in cough syrups, but it is also used as an analgesic. Hydrocodone is approximately six times more potent as codeine. Hydromorphone may also be used as an antitussive agent and as an analgesic, and it is approximately 10 times more potent as morphine. Hydromorphone is also the primary metabolite of hydrocodone. Oxycodone is used for its analgesic effects and it is as potent as morphine. Oxymorphone is the primary metabolite of oxycodone and it can be prescribed as a pre-operative medication.

**Trends:** According to Drug Topics® magazine, hydrocodone was the number one (1) prescribed drug in the USA in 2010 with over 122 million prescriptions filled by pharmacies. Oxycodone was ranked at number eighteen (18) with over 28 million prescriptions filled by pharmacies. Being widely prescribed by medical professionals, these two drugs are considered to have a high potential for abuse or misuse. According to the July 2012 edition of The DAWN Report (Drug Abuse Warning Network), in 2010, hydrocodone and oxycodone products were involved in almost two hundred (200) thousand admissions to emergency departments across the nation.

**Testing:** In the DoD urine drug testing program, oxycodone/oxymorphone testing has been available since 2005 on a pulse basis (randomly at least 20% of the time) or by written request. On 1 May 2012, the DoD added hydrocodone/hydromorphone to the urine drug test panel on a pulse basis (randomly at least 50% of the time) or by written request. On 1 October 2012, the DoD will change the urine drug test panel so that all opiates will be tested 100% of the time. By shifting opiate testing to 100%, the DoD hopes to deter the misuse or abuse of these prescription medications among service members.

### Did you know?

Excessive use of Codone drugs like Percocet® and Vicodin® can lead to liver damage caused by the exposure to high levels of acetaminophen (Tylenol®) present in those medications.

Did you know?  
Recreational use of hydrocodone and oxycodone among youngsters is facilitated by easy access to their parent's prescription medications. About 8 percent of the nation's 12<sup>th</sup>-graders have abused hydrocodone in the last year, according to a study funded by the National Institutes of Health (HUFFPOST Healthy Living 29 Aug 2012).

### References:

1. "2010 Top 200 Generic Drugs by Total Prescriptions," Drug Topics(r), June 2011.
2. Baselt, Randall C., Disposition of Toxic Drugs and Chemicals in Man, 7<sup>th</sup> Edition, 2004.
3. "Highlights of the 2010 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits", The Dawn Report, July 2, 2012, Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration (SAMHSA).

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## Ask the Expert

**1. A Service Member in our Command had a positive urinalysis result for hydromorphone, but his only prescribed medication is Vicodin®, which only contains hydrocodone. Does this suggest he is using another medication containing hydromorphone?**

Answer: No. Taking Vicodin® could cause a positive urinalysis result for only hydromorphone. Hydrocodone is metabolized in the body to hydromorphone, but the level of hydrocodone could be below the DoD cutoff, and therefore, would not be reported. Similarly, taking Percocet® (oxycodone) could cause a positive urinalysis result for oxymorphone due to the same type of metabolism described above for Vicodin®.

**2. A Service Member who has received a positive urinalysis result claims it is because of a prescribed medication or an over-the-counter (OTC) drug. How can we determine that this is what happened?**

Answer: It certainly can happen that a legitimately prescribed medication could cause a positive result as explained in the answer above. Our senior chemists routinely review SM profiles provided in Technical Review requests submitted by commands; the Technical Review will state whether any of those medications could cause the reported positive result. The NAVDRUGLAB only reports positive results on controlled substances. OTC drugs do not contain controlled substances, nor will they produce them as metabolites in urine; therefore, OTC drugs will not be reported positive using NAVDRUGLAB testing procedures.