



Navy Drug Screening Laboratory Jacksonville

Screening News

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CO's Desk

Impact of DOD Furlough on the Timeliness of Testing Results

During the months of July and August, the NDSL Jacksonville DOD civilian workforce was required to take 6 furlough days as a result of FY13 sequestration. The DOD civilian workforce at NDSL Jacksonville comprises 89% of the professional and technical personnel involved in, or in direct support of drug testing. As a result, one consequence of the furlough is that the turnaround time in which commands can expect to receive drug screening results from the lab has increased significantly and will remain so for most of Fall 2013.

Following the furlough, the turnaround time for negative and positive results increased to 8 and 10 days, respectively, which is significantly greater than the DOD guideline of 4 and 6 days. The turnaround times are expected to remain greater than the DOD guidelines at least until the end of September. However, NDSL Jacksonville is engaging all possible resources to help reduce turnaround times of drug screening results reported back to commands and they should continue to decrease during Fall 2013. Although the speed at which specimens are tested and reported to submitting commands is important to us, our number one priority is to ensure that we provide commands with the most accurate, defensible, and highest quality test results. Thus, commands can be assured that the furlough did not or will not impact the forensic accuracy of our testing results, but submitting commands may have to wait a few extra days for their results until the laboratory can catch up with the backlog of testing as a result of the reduction in staff work days this summer.

To help us serve you better, there are some things that submitting commands can do to lower turnaround times for providing test results back to the command:

- Ensure that the Unit Identification Code, Reporting Unit Code, or Base Area Code on the DD Form 2624s and specimen bottle labels are correct and up-to-date. This cuts down on problems accessing test results in iFTDTL.
- When packaging specimens, place all specimens of the same batch number in the same 12-slot box. Specimens are grouped by batch number for testing. Shipping specimens of the same batch in different 12-slot boxes will delay specimen processing and testing.
- Ensure that all information provided on the front of the DD Form 2624 and bottle labels match. The official name of the submitting unit must be entered in Block 1. Forensic corrections to either the DD Form 2624 or corresponding bottle labels must be

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done to both; incomplete information or inconsistencies between the information on the DD Form 2624 and corresponding bottle labels will delay testing.

- Double check that bottle lids are tightened prior to placing security tape on the bottle lid. Loose lids result in urine leakage during shipping which can render bottle labels and unsealed DD Form 2624s unreadable or unusable until dried. As a result, our technicians have to take extra steps to prepare specimens for testing which further delays release of test results.

- Do not individually seal specimen bottles in plastic prior to shipment. This is not required. The packaging causes our technicians to have to spend extra time in preparing specimens for testing. Additionally, the bottle labels of specimens packaged in this way will soak in urine and be rendered unreadable if the specimen leaks in shipment.

D. P. Arfsten

CDR MSC USN

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>.

In Focus: Commanding Officer



FIGURE 1. CDR Darryl Arfsten

NDSL Jacksonville is proud to introduce our new Commanding Officer, CDR Darryl Arfsten, back for his second tour at NDSL Jacksonville. CDR Arfsten is joining us from Okinawa, Japan, where he served with the III Marine Expeditionary Force, 3d Marine Logistics Group as the Officer in Charge, G-3 Health Services Support Element responsible for developing/executing Health Service Support (HSS) plans for operations in support of the PACOM Theater Security Cooperation Plan. In this capacity, CDR Arfsten led in the planning and execution of US-Cambodian and US-Filipino medical/dental interoperability programs, HSS planning in support of MEF- and JCS-lead exercises, and assisted the MLG Surgeon in validating and filling unit requests for medical personnel, supplies, and equipment. Most recently, CDR Arfsten served as the HSS subject matter expert and medical strategic planner for the USMC HQ 2013 Force Optimization Review Group (FORG) which developed recommendations to the Commandant of the Marine Corps for shaping and balancing USMC medical and dental forces to meet 2017 mission requirements.

Prior to joining the U.S. Navy in 2001, CDR Arfsten held positions with the National Research Council and private industry and served as an infantryman and combat medic in the Illinois and Maryland Army National Guard. CDR Arfsten earned his PhD in toxicology and biochemistry from the University of Maryland at Baltimore after earning his MS in environmental biology from the University of Illinois, and a BS in biology from Eastern Illinois University. CDR Arfsten received a direct commission into the U.S. Navy Medical Service Corps in December 2000.

CDR Arfsten's first tour began in 2001 as Department Head, Animal Toxicology and Testing, Naval Health Research Center Detachment, Environmental Health Effects Laboratory at Wright Patterson AFB, Ohio, where he led studies on the health effects of depleted uranium and CBRNE countermeasures. He began his second tour in 2005 as Department Head, NDSL Jacksonville, in charge of Service Member stage 1 drug testing. CDR Arfsten was then promoted to Executive Officer, NDSL Jacksonville in 2006 and served in this capacity until 2009.

From 2009-2010, CDR Arfsten had the distinct privilege to serve as an Embedded Training Team member, Office of the Command Surgeon, NATO Training Mission-Afghanistan (Kabul). CDR Arfsten provided training and guidance to members of the Office of the Surgeon General of the Afghanistan National Police on clinical laboratory operations and medical facility construction/management and served as the NTM-A Command Surgeon representative to the J-5 for ANP medical issues.

Welcome CDR Arfsten!

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

Discrepancy of the Month: PD = Package Missing Signature/Date (PD)

We have covered this discrepancy code several times before, but because it continues to be the most frequently assigned discrepancy this fiscal year, we have decided to revisit this issue. It is also one of the easiest discrepancies to rectify. A PD discrepancy code is assigned when the outside of the shipping container does not have a signature and date. Placing a signature and date on the outside of the shipping container protects the integrity of the specimens and also prevents undetected tampering of the specimens within the sealed package.

The Urinalysis Program Coordinator (UPC) Handbook published by the Navy Personnel Command states that, "Once the shipping container is ready to be sealed, the UPC shall seal all sides, edges, and flaps of the box with adhesive paper tape, and then sign and date across the top and bottom of each shipping container." This must be done before the shipping container is placed in a second waterproof container.

Appendix E of the Marine Corps Personal Services Manual states that, "Coordinator will ensure that each shipping container has the coordinator's signature over the seal to ensure integrity of the specimens." It goes on to say that this requirement applies to all methods of transportation including hand-carried specimens.

When the PD discrepancy code is applied, it is applied to every specimen that is inside the shipping container. For example, if there are 12 specimens in the box and the box is not signed and dated properly, then 12 discrepancy codes are applied. On the other hand, if you are packaging 12 specimens for shipment and you sign and date over the seal of the shipping container, 12 PD discrepancy codes will not be assigned to your specimens. By placing the date and signature over the seal of the shipping container, you can ensure that if the seal is broken and the package was opened prior to its arrival at the laboratory, we will note it.

Take that last step to protect your collection process!

Drug Facts: Ethyl Alcohol

Ethyl alcohol (i.e., ethanol a/k/a “drinking alcohol”) is a legal drug that is readily available and widely used in society. Ethanol is frequently abused and can be dangerous when mixed with other drugs as the combined sedative effects can greatly depress the function of the central nervous system (CNS). The regular consumption of ethanol may lead to physical tolerance (one drinks more to obtain the same effect) and chemical dependence.

As a CNS depressant, the effects of ethanol are generally dose-related. The more ethanol one ingests, the greater effects it may have on an individual. Ethanol can impair a person’s cognitive functions (e.g., thinking, learning, judgment) and one’s psychomotor skills (e.g., muscular coordination, balance, eye movement). At higher levels, ethanol can depress respiration which can lead to coma or death.

The body eliminates alcohol by metabolism, excretion, and evaporation at the rate of about one standard drink per hour. The liver breaks down about 90 percent of this alcohol; the rest is eliminated through the lungs and kidneys. Energy drinks, cold showers, coffee, or switching to different types of alcoholic beverages do not generally enhance the elimination from the body.

Recently, we have received numerous calls from commands inquiring about specialized drinks which contain alcohol, but which are distilled with other materials. Three such alcoholic beverages are absinthe, “purgatory” vodka, and the “voodoo” brands of energy drinks and distilled spirits. Absinthe is an anise-flavored distilled spirit which is made with the flowers and leaves of *Artemisia absinthium* along with anise, fennel, and other herbs. Purgatory vodka is made with hemp seed oil, but is listed as being free from tetrahydrocannabinols (THCs). The voodoo-line of alcoholic and non-alcoholic beverages is allegedly manufactured with a variety of products, but they are promoted to be free from any other drug which is listed on the Drug Enforcement Agency’s list of controlled substances.

Commands also contact us when Service Members allegedly use alcohol with other illicit drugs. The typical story involves a Service Member who tests positive (e.g., cocaine or THC) on a urine drug screen and claims he/she has no knowledge of the source of the cocaine or THC. The Service Member generally states that he/she consumed a fair amount of alcohol and then unknowingly smoked a blunt allegedly laced with THC or ingested brownies allegedly made with THC butter. In addition, the

Service Member also states that while consuming large amounts of alcohol, the “cocaine fairy” must have slipped some cocaine powder into his/her drink.

Unfortunately, when a Service Member ingests alcohol to the point that his/her normal faculties are impaired, it is possible to unknowingly ingest illicit drugs and the Service Member may not be able to detect the presence of the illicit drugs until it he/she pops positive on a urine drug screen some 2-3 days later. As such, it would be prudent for any Service Member to use alcohol with great caution.

References:

1. O’Brien MC, McCoy TP, Rhodes SD, Wagoner A, Wolfson M. Caffeinated cocktails: energy drink consumption, high-risk drinking, and alcohol-related consequences among college students. *Acad Emerg Med* 2008;15(5):453-60.
2. Health Effects of Alcohol and Other Drugs on Your Body, SAMSHA Fact Sheet, May 2010.
3. Zakhari, Samir; Overview: How Is Alcohol Metabolized by the Body?, *Alcohol Research & Health*, Vol. 29, No. 4, 245-254, 2006.

Ask the Expert

Question: What happens in the body when you drink alcohol while using a drug?

Answer: The effect of combining alcohol with a mood altering drug is unpredictable and can exaggerate the drug effect, resulting in anything from nausea to heart failure. Alcohol alters the drug effect on the body in several ways. One way is to cause a drug, such as THC in marijuana, to more rapidly cross the blood-brain membrane which can significantly increase the THC effect and produce unpredictable physical effects (sweating, dizziness, nausea, and/or vomiting) and psychological effects (panic, anxiety, and paranoia). Another way alcohol can alter a drug’s action is based on its depressant effect that causes the CNS to slow down. Alcohol with heroin is one of the most dangerous drug combinations because heroin slows down the heart rate and breathing and alcohol amplifies this effect putting you at risk for a fatal overdose. Alcohol combined with a stimulant places great stress on your CNS since alcohol tries to slow down the CNS while the stimulant tries to speed it up. Alcohol is a diuretic that increases urination and sweating, which makes it harder to keep enough fluid in your body when you drink it while using ecstasy or amphetamines because they can increase your body temperature and also cause dehydration that stresses your liver and kidneys. Alcohol has a very unusual interaction with cocaine. These drugs combined produce a highly toxic substance in the liver called cocaethylene, which is associated with a greater risk of sudden death than with cocaine alone. This combination gives a false sense of sobriety because it increases the amount of alcohol needed to feel intoxicated.

References:

1. <http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/interactions> DrugScope is a UK charity that is a source of independent information on drugs and drug related issues.
2. <http://www.drinkaware.co.uk/check-the-facts/health-effects-of-alcohol/effects-on-the-body/alcohol-and-illegal-drugs>. Drinkaware is an independent UK-wide charity that

promotes responsible drinking and provides evidence-based information about alcohol and its effects.

3. <http://ncpic.org.au/ncpic/publications/factsheets/article/mixing-cannabis-and-alcohol>
National Cannabis Prevention and Information Centre (NCPIC) have a website whose mission is to reduce the use of cannabis in Australia.

4. http://www.drugs.ie/alcohol_info/about_alcohol/interactions_with_other_drugs/
Drugs.ie is an independent website managed by The Ana Liffey Drug Project.