



Navy Drug Screening Laboratory Jacksonville

Screening News

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CO's Desk

NDSL JAX consistently compiles and monitors numbers and generates statistics to illustrate performance, provide production baselines or determine the effectiveness of new initiatives. While I'll agree that numbers can be a bit dry, at the risk of losing your interest, I believe the following will raise a few eyebrows and demonstrate our commitment to you, our valued customer. During FY08, our team:

- received samples from over 2200 commands, units and detachments
- tested over 1 million samples (the first Navy Lab to surpass this milestone)
- reviewed over 1.5 million test results
- prepared over 900 documentation and technical packages
- conducted over 800 formal consultations
- provided legal support for over 70 cases with our expert witnesses on the road 110 days

In addition, we are particularly proud of our exceptional customer support and **100% test accuracy**. Rest assured the entire Navy Drug Screening Laboratory Jacksonville team is squarely focused on meeting your requirements and contributing to your success.

E. R. Hoffman
CDR MSC USN

In Focus: Initial Testing



Initial Testing Technician is shown loading the specimens onto the analyzer

“Where testing begins!”

The Accessioning Department forwards urine samples in test tubes labeled with a unique laboratory accessioning number to the Initial Testing Department. The specimens are initially screened for a panel of drugs by immunoassay. If any drug or drug metabolite is detected in the urine sample at or above the DoD screening cutoff level, the specimen is considered to be “Presumptive Positive.”

Did you know:
Greater than 99%
of the specimens
tested are reported
negative.

The specimen is then re-poured from the original specimen bottle and tested a second time. If the second screening test gives a positive result for the specimen, the specimen is still considered to be presumptive positive and will be sent for confirmation testing.

A list of some interesting facts about the Initial Testing Department:

- Over one million specimens were screened by NDSL-JAX analyzers in FY08.
- Our high speed analyzers can screen 100 urine samples for eight different drugs or drug classes in less than 23 minutes.
- We are capable of screening over 9,600 urine samples in one day.
- Test results for a batch of service member urine samples are deemed valid only if test results for the accompanying 11 quality controls samples (samples known to contain drug or not contain drug) are acceptable.

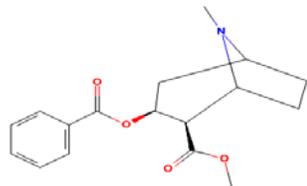
Did you know:
Keeping all of the
bottles from the
same batch
together avoids
receiving
unnecessary
discrepancies.

Discrepancy of the Month

Form Listed Specimen, No Bottle Received (GG)

A “GG” discrepancy will be applied if the DD Form 2624 lists a specimen and there is no bottle received for that specimen. We are aware that circumstances sometimes occur that prevent the service member from providing a sample (i.e., TAD, leave, etc.). However, if you document on the DD Form 2624 that the sample is not being submitted, you will not be assigned the discrepancy. The correct way for a UPC to void a sample on the DD Form 2624 is to draw a line through the SSN barcode and date and initial above or below the line.

Drug Facts



Cocaine

Information obtained from the National Institute
of Health (NIH)

www.ncbi.nlm.nih.gov

Description: Cocaine is obtained from the leaves of the *Erythroxylon coca* plant. The leaves are dried and converted into a coca paste, which is eventually used to produce the cocaine hydrochloride, commonly known as “powered cocaine”⁽¹⁾. Powdered cocaine is commonly administered through the nose by snorting or through the vein by injection of a solution. Cocaine also exists in another chemical form, the free base form or as it’s commonly known as “crack cocaine”. Crack cocaine is obtained by mixing cocaine hydrochloride with ammonia or baking soda in water, and then extracting the free base cocaine. Crack cocaine is smoked and enters the body rapidly which allows the user to feel the high within 10 seconds. Crack cocaine gets its name from the “crackling sound” it makes when heated. For over a thousand years, indigenous people in South America have chewed coca leaves to increase

Did you know:
Crack cocaine is extremely addictive and some individuals become addicted after their first use.

energy and reduce fatigue ⁽²⁾.

Common Names: Blow, coke, gold dust, crack, C, flake, and stardust ⁽³⁾

Effects: Cocaine is a strong central nervous system stimulant that causes an increase in the neurochemical dopamine in the brain ⁽⁴⁻⁵⁾. Dopamine is involved in our brain communication of pleasure signals. This excess of dopamine is responsible for cocaine's euphoric effects. Short term effects of cocaine include an increase in energy and mental alertness, and a decrease in appetite ⁽⁴⁾. However, long-term effects of cocaine may include paranoia, hallucinations, irritability and moodiness. Some of the side effects of cocaine usage may include the following: disturbances of the heart rate which can cause a heart attack; respiratory effects which can chest pain and respiratory failure; and, neurological effects such as strokes, seizures and headaches ⁽⁴⁻⁵⁾.

Trends: Cocaine transportation data indicate that most cocaine available in U.S. drug markets is smuggled from South America via the U.S.-Mexico border ⁽⁶⁾. In most domestic drug markets, the amount of cocaine available appears to meet user demand without observable shortfall. However, recent data suggest that the purities of available cocaine are diminishing while prices continue to rise ⁽⁷⁾.

According to the 2006 National Survey on Drug Use and Health, 35.3 million Americans aged 12 and older reported having used cocaine, and 8.5 million reported having used crack cocaine. It is estimated that 2.4 million Americans are cocaine users and 702,000 are crack cocaine users. In addition, an estimated 977,000 were new users of cocaine in 2006 ⁽⁸⁾.

Sources

1. Isenschmid DS: Principles of Forensic Toxicology; 2nd Edition, Washington, DC: AACC Press, 2002, pages 239-260.
2. Altman AJ, Albert DM, Fournier GA: Cocaine's use in ophthalmology: our 100-year heritage.; *Surv Ophthalmol* 29: 4; 2002.
3. Office of National Drug Control Policy (ONDCP), Cocaine Street Terms.
4. Nestler EJ: The Neurobiology of Cocaine Addiction; *Science & Practice Perspectives* 3:1; 2005
5. National Institute on Drug Abuse, Research Report Series: Cocaine Abuse and Addiction 2004.
6. National Drug Intelligence Center, National Drug Threat Assessment 2008
7. Office of National Drug Control Policy, Cocaine Facts & Figures 2009
8. National Survey on Drug Use and Health (2006).

Ask the Expert

1. Can a person handling paper money contaminated with cocaine test positive at the DoD cutoff level?

Answer: NO. Although cocaine has been detected on paper currency, it has been shown that this cocaine residue, not visible as powder on the surface of the money, remains bound to paper money and is not transferred in significant amounts by handling the money. Also, touching doorknobs or handling other objects that do not transfer visible cocaine powder to your hands will not cause a positive urinalysis result for cocaine at or above the DoD cutoff level.

Did you know:
Navy Knowledge
Online has a UPC
course.

2. Somebody told me that the drug labs do not test most specimens, is this true?

Answer: NO. We test every testable specimen sent to us. In fact, this laboratory tested over a million specimens in FY08.

3. Are there any resources available for UPCs?

Answer: Yes. The Navy Alcohol and Drug Abuse Prevention (NADAP) website <http://www.npc.navy.mil/CommandSupport/NADAP> contains valuable information about substance abuse prevention and contains publications such as the Urinalysis Program Coordinator's (UPC) Handbook and OPNAVINST 5350.4C.

4. I want to receive results with zero discrepancies, how can I achieve this?

Answer: It is best to double check all of your paperwork before sealing the box and submitting the samples for testing. In most circumstances, a review of the paperwork before sending will usually catch those discrepancies that are sometimes overlooked, resulting in a report back to the command of no discrepancies.

Key things to look for are:

- Is the correct command name listed in Block 1?
- Does the UIC/RUC match the command listed in Block 1?
- Are the specimens listed on the DD 2624 form either provided or voided on the form?
- Are any changes to the SSN(s) on the DD 2624 and specimen bottles dated and initialed?
- Is the batch number in Block 5 present and does it match the batch number on the bottle labels?
- Do the SSN(s) on the bottle labels match the SSN(s) on the form?
- Is a chain of custody documented on the back of the form?
- See below for examples of forensic corrections and correct chains of custody:

~~Jines~~
Jones JD 04-20-09

~~123-45-6779~~
123-45-6789 JD 04-20-09

Back of DD Form 2624

DATE	RELEASED BY	RECEIVED BY	PURPOSE
081229 Same date samples collected	Signature E.g., UPC Printed Name	Postal Service	Release to Postal Service for Shipment to Lab

Back of DD Form 2624

DATE	RELEASED BY	RECEIVED BY	PURPOSE
081229	Signature Person #1 Printed Name	Signature Person #2 Printed Name	Transfer Custody
081229	Signature Person #2 Printed Name	Postal Service	Release to Postal Service for Shipment to Lab

Back of DD Form 2624

DATE	RELEASED BY	RECEIVED BY	PURPOSE
081229	Signature Person #1 Printed Name	Storage	Temporary Secured Storage
090106	Storage	Signature Person #2 Printed Name	Retrieve from Storage
090106	Signature Person #2 Printed Name	Postal Service	Release to Postal Service for Shipment to Lab