

AGENDA

Background: Addiction

Toxicology 101

Drug testing 101

Question and Answer Session



 Four in five new heroin users started out misusing prescription painkillers.



 How one family used an obituary to lay out the reality of opioid addiction

After Madelyn Ellen Linsenmeir died on 7 October, Kate O'Neill penned a now-viral obituary on her sister's addiction battle as 'an authentic authoring of her life'



- Linsenmeir tried OxyContin for the first time at a high school party when she was 16. By 18, she was using heroin.
- Living in and out of rehab, losing custody of her son, and ultimately dying in a hospital while in police custody, Linsenmeir's story is a raw one, felt and known by millions of Americans who struggle with addiction amid America's opioid crisis.











 https://www.theguardian.com/usnews/2018/oct/19/madelyn-ellen-linsenmeirobituary-opioid-addiction-response-family



Drug Comparison

The amount of drug necessary to KILL an average size adult male





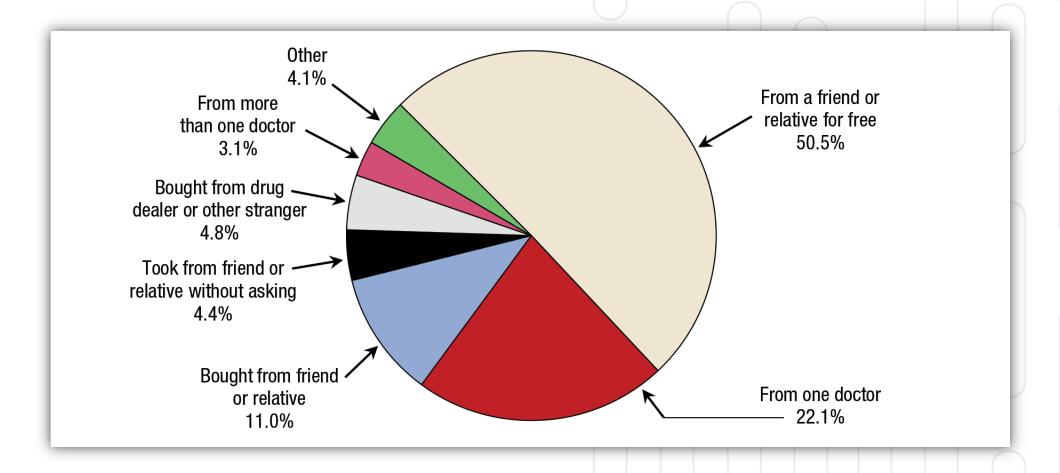
The Source of the Problem

- Drug Diversion
- Drug Importation
- Counterfeit Oxycontin contains Fentanyl



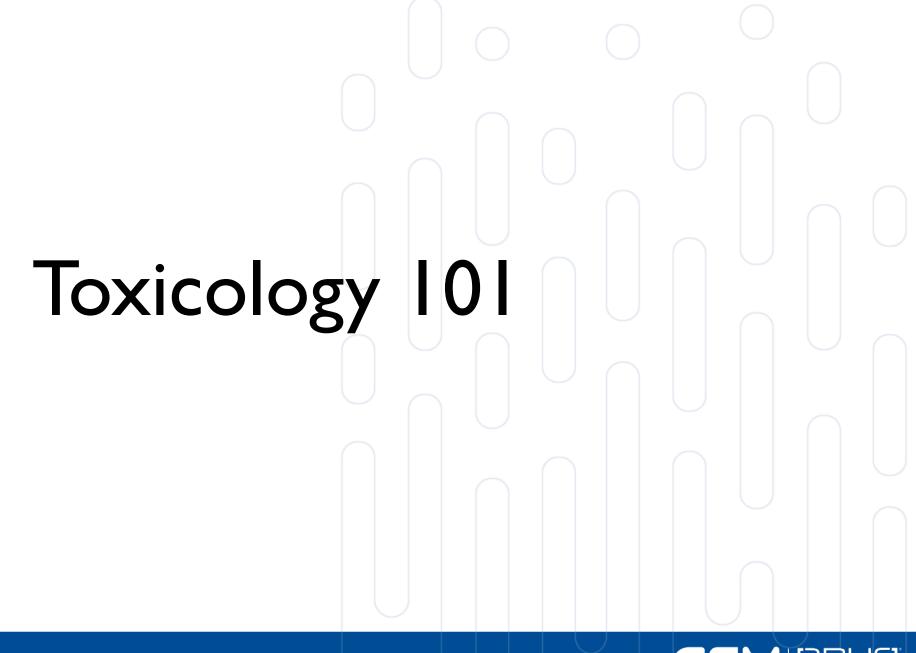


The Source of the Problem



Source: https://www.samhsa.gov/data/sites/default/files/report_2686/ShortReport-2686.html January 12 2017 SAMHSA Publication





ADME

Absorption

Metabolism

Distribution

Excretion



Absorption

DRUGS ARE ABSORBED THROUGH VARIOUS MEANS



Distribution

DRUGS ARE DISTRIBUTED THROUGHT
THE BODY



Metabolism

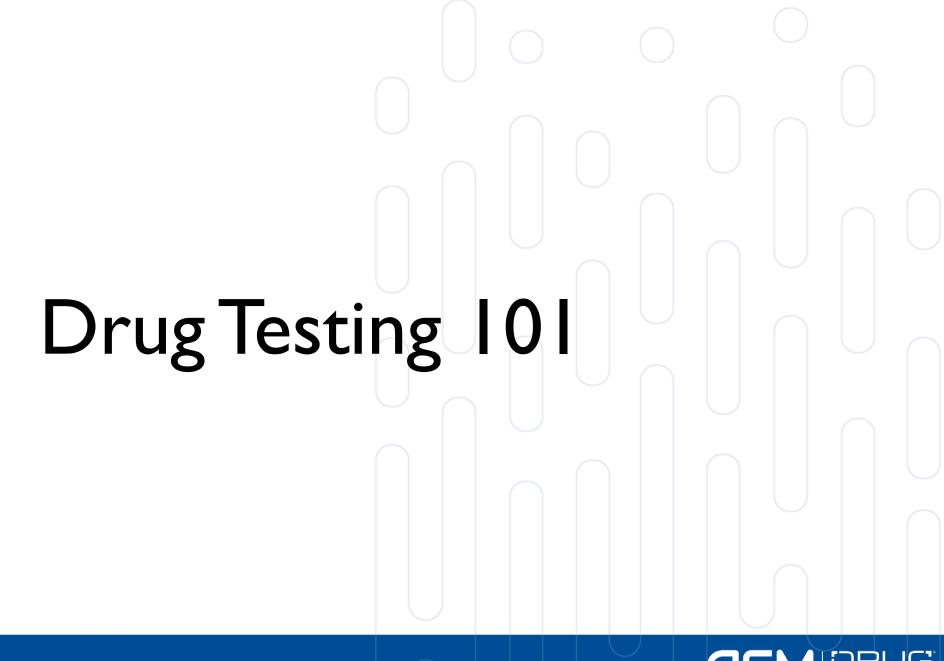
DRUGS ARE METABOLIZED PRIMARILY IN THE LIVER



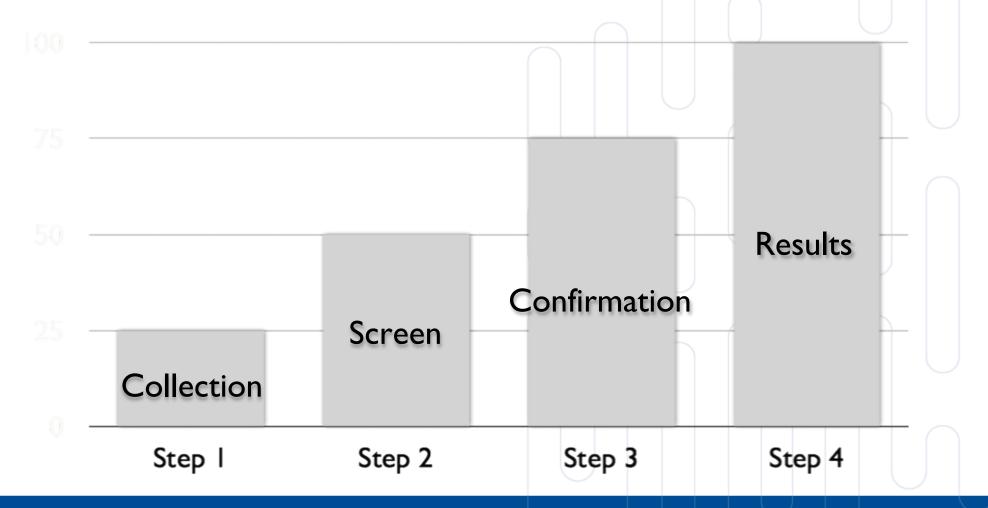
Excretion

DRUGS ARE EXCRETED THROUGH VARIOUS MEANS





Urine Drug Testing Process



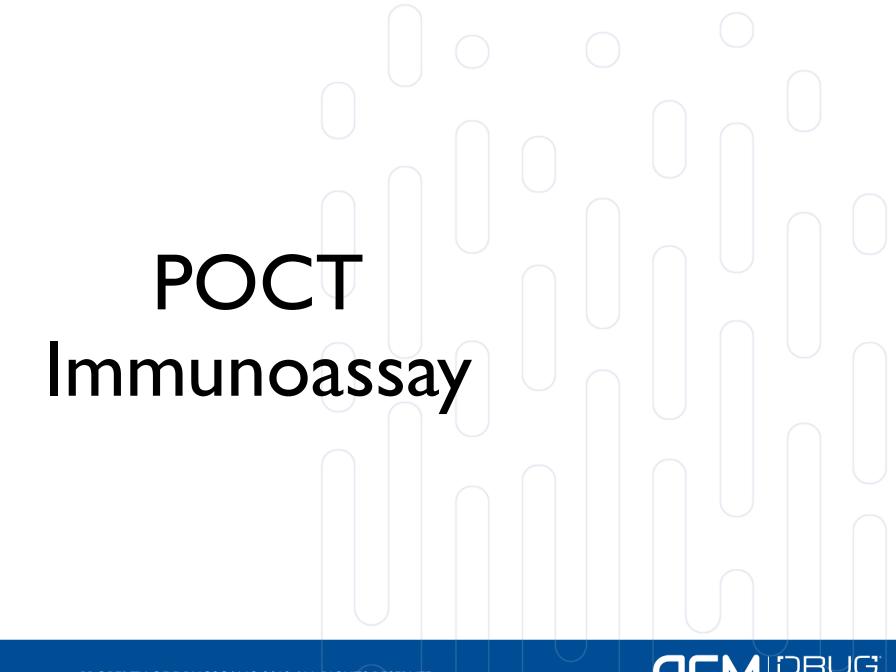


Is the sample urine?

- Temperature
- Observed
- Donor cannot produce a sample
- Specimen Validity Testing







How does immunoassay work?

- Immunoassay: initial screening test
- Advantage: ability to simultaneously and rapidly test for drugs in urine
- **Disadvantage:** vary in the range of compounds detected, some detecting specific drugs others recognize classes of drugs. Ability to detect drugs varies according to the drug's concentration in the urine and the assay's cutoff concentration.
- Check the package insert



Interpretation

• Presumptive Positive:

Screening – Cup or Instrument

Subject to cross-reactivity:

Substances with similar, and sometimes dissimilar, chemical composition may cause a test to appear positive for the target drug.

Sensitivity and Specificity:

Negative may not be the absence of drugs. Positive may not be the presence of a drug.



Drug Group	Cross Reactivity (Product Insert)	Cross Reactivity		
Cannabinoids	Dronabinol (Marinol) Synthetic Delta 9	NSAIDs, Efavirenz (Sustiva), Hemp Seed Oil (Cannabis seed) Pantoprazole		
	THC	(Protonix), Nexium, Prilosec		
Opiates	Morphine, Codeine and Heroin(6-acetylmorphine), Dihydrocodeine Hydrocodone, Hydromorphone,	Poppy Seeds, Levorphanol, Meperidine*, Nalorphine*, Oxycodone*, Oxymorphone*		
Amphetamines	Dextroamphetamine + amphetamine (Adderall) d-Methamphetamine d-Amphetamine Chloroquine (Aralen) Desoxyephedrine MDMA (Ecstasy), MDA, MDEA, d,l-amphetamine., d,l-methamphetamine Methamphetamine (Desoxyn)	Chloramphetamine, Benzphetamine, Bupropion, Chloroquine, Donepezil, I-Ephedrine, Fenfluramine, Isometheptene, Mephentermine, Methoxyphenamine, Nor-pseudoephedrine, , Phenmetrazine, Phentermine, Phenylpropanolamine, Propranolol, d,I-pseudoephedrine, Quinacrine, Tyramine, Vicks Vapor Spray.		
PCP	Other PCP derivatives PCDE, PCM, PCPy, TCM, TCP, TCPy	Meperidine, Dextromethorphan, Dextrophan, Mesoridazine		
Benzodiazepine	Alprazolam, Clonazapam* Flurazepam, Diazepam, Flunitrazapam, Halazepam, Medazepam, Midazolam, Oxazepam, Temazepam, Nordiazepam	Oxaprozin (Daypro) Some herbal agents		
Cocaine	Benzoylecgonine Ecgonine Ecgonine Methyl Ester			
ETOH	None	Urine exogenous production		
Methadone	None	Propoxyphene Seroquel		



Confirmation





Fundamentals of Urine Drug Testing

Why confirm?

Interpreting UDT Results



Metabolites

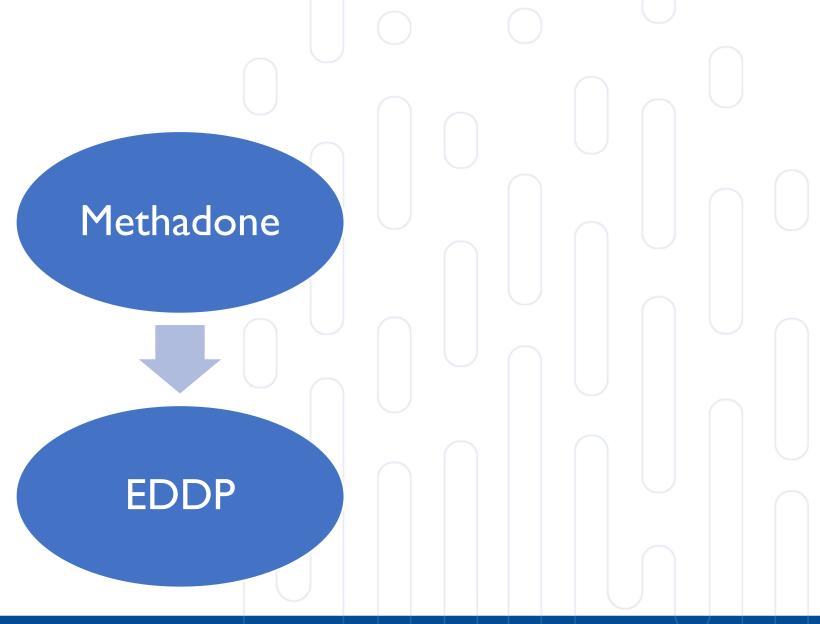




MAJOR AND MINOR METABOLIC PATHWAYS FOR OPIATES AND OPIOIDS 6-monoacetyl-Morphine Codeine morphine minor metabolism minor metabolism (high-dose codeine) (high-dose morphine) **Hydrocodone Hydromorphone** Heroin Norhydrocodone Oxycodone Oxymorphone Noroxycodone

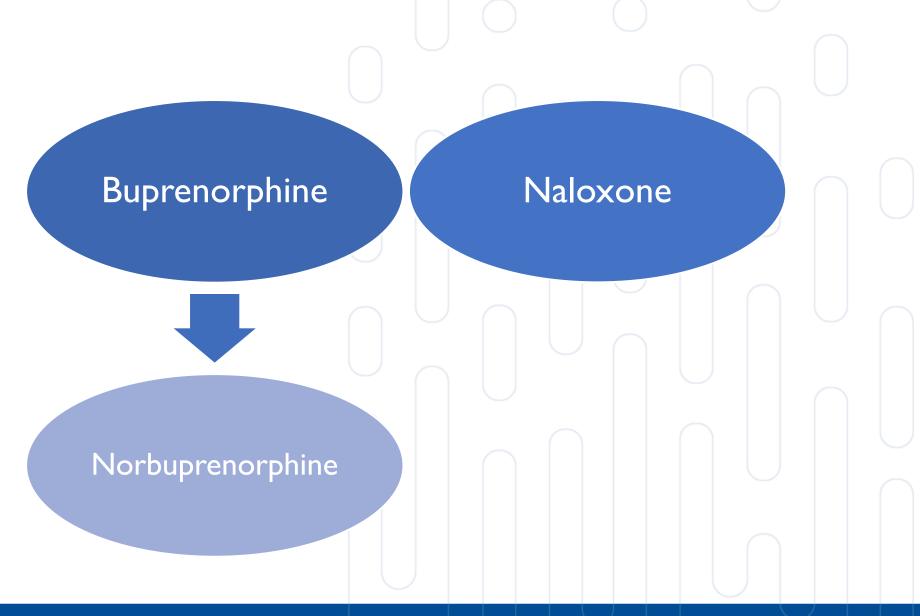


Methadone



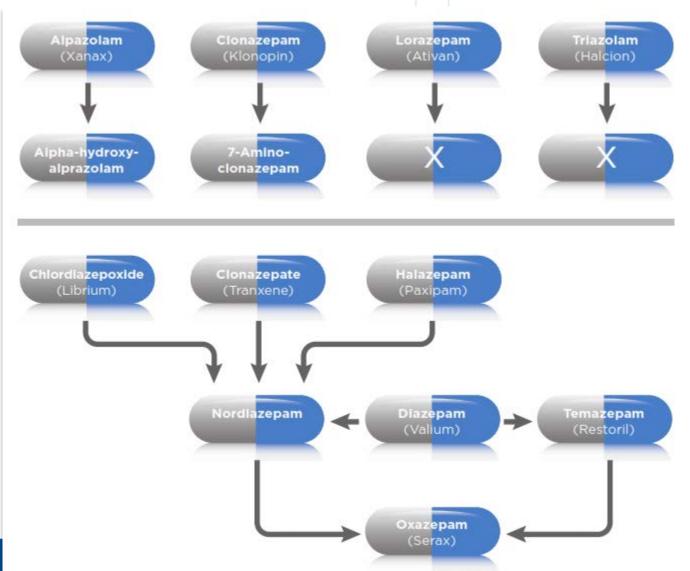


Suboxone





METABOLISM OF BENZODIAZEPINES





Process Impurities





Acceptable Opioid Process Impurities In Commercial Drug Substances

New Methods Eliminate These Impurities for Hydrocodone and Hydromorphone; Both Varieties Are Currently Available

Commercial active Pharmaceutical Ingredient (API)	Process Impurities	Allowable Limit (%)	Typical Observed (%)
Codeine	Morphine	0.15	0.01 - 0.1
Hydrocodone	Codeine	0.15	0-0.1
Hydromorphone	Morphine Hydrocodone	0.15 0.1	0 - 0.025 0 - 0.025
Morphine	Codeine	0.5	0.01 - 0.05
Oxycodone	Hydrocodone	1.0	0.02 - 0.12
Oxymorphone	Hydromorphone Oxycodone	0.15 0.5	0.03 - 0.1 0.05 - 0.4

Information from API Manufacturers" Certificates of Analysis MRO Advisory https://www.aamro.com/docs/news/18.pdf



Methamphetamine





CHIRAL METHAMPHETAMINE INTERPRETATION

METHAMPHETAMINE ANALYSIS

A chiral analysis will report the percentage of the *d*-form of methamphetamine.

A result of less than 20% *d*-methamphetamine of the total is consistent with the following:

- 1. Use of Vicks Vapor Inhaler containing *I*-Methamphetamine (also known as levo-methamphetamine).
- 2. A prescription for Selegiline which is prescribed for treating Parkinson's disease and major depressive disorder. Selegiline is metabolized by the body to produce *I*-Methamphetamine.

A result of greater than 20% d-methamphetamine of the total is consistent with the following:

- 1. A prescription for Desoxyn or Methedrine.
- 2. A prescription for Benzphetamine. This drug is marketed as Didrex, and is prescribed for obesity. Benzphetamine is metabolized by the body to produce *d*-Methamphetamine.
- 3. The *d*-Methamphetamine is from an illicit production source (i.e. crystal meth).

Reference: Evaluation of the 20% D-Methamphetamine Requirement for Determining Illicit Use of Methamphetamine in Urine. Journal of Analytical Toxicology (2012) 36 (6): 399-404

DOI: https://doi.org/10.1093/jat/bks042



Urine Alcohol

- Ethanol
 - Caution in interpretation
 - Diabetics





EtG – Ethyl Glucuronide

- EtG
 - Direct metabolite of ethanol
 - Window of detection up to 80 hours
 - Depends on use patterns and metabolism



PEth

- Phosphatidyl Ethanol
- Direct Ethanol Biomarker
- 2-4 week window of detection
- Blood Test



Adulterated Sample





Adulterated Sample

TESTS PERFORMED		*Units for Cu	Off and Value are in ng/ml.		
Test Name	Test Result	Value*	Cut Off *	Note	
Amphetamines [1]	Negative		300		
Benzodiazepines [1]	Negative		50		
Buprenorphine/Naloxone					
Buprenorphine [1]	Negative		5		
Cannabinoids					
Marijuana Metabolite [1]	Negative		20		
Cocaine Metabolites [1]	Negative		150		
ETG/ETS [1]	Negative	100			
Fentanyls					
Fentanyl [1]	Negative		2		
Methadone					
Methadone [1][3]	Positive	>6000	150/100		
Methadone Metabolite (EDDP) [1] [3]	Negative		150/100		
Opiates - Basic [1]	Negative		100		
Oxycodone/Oxymorphone [1]	Negative		100		

Adulterated Sample

SUMMARY RESULTS

Please review this report carefully; results are noted below and include the following:

Test Name	Prescribed	Outcome	Reported Value	Comment
Amphetamine	Yes	Consistent	682.6 ng/mL	Prescribed drug was detected.
Alprazolam Metabolite	Yes	INCONSISTENT	Negative	Prescribed drug was not detected.
Tramadol	Yes	Consistent	2320 ng/mL	Prescribed drug was detected.
O-Desmethyl Tramadol	Yes	INCONSISTENT	Negative	Prescribed drug metabolite was not found.
Oxycodone	Yes	Consistent	2637 ng/mL	Prescribed drug was detected.
Noroxycodone	Yes	INCONSISTENT	Negative	Prescribed drug metabolite was not found.
Oxymorphone	Yes	INCONSISTENT	Negative	Prescribed drug metabolite was not found.



Dilute Urine – always a red flag

The LC/M 8/M 8 and GCM 8 tests are high complexity laboratory developed tests and their performance characteristics determined by DRUG 8CAN.

VALIDITY TESTING

Test Name	Screening Range	Result	Units	Method	Comment
Creatinine	>20.00	15.7	mg/dL	Colorimetric	Dilute
Nitrite	<200	28.3 Normal	mcg/mL	Colorimetric	
pН	4.50 - 9.00	6.8 Normal		Colorimetric/pH Meter	
Specific Gravity	1.0010 - 1.020	1.0024 Normal		Refractometer	



Dilute Urine

Adding water to a sample

Substituting another product for urine

Taking diuretics

Legitimate or another reason for dilute urine

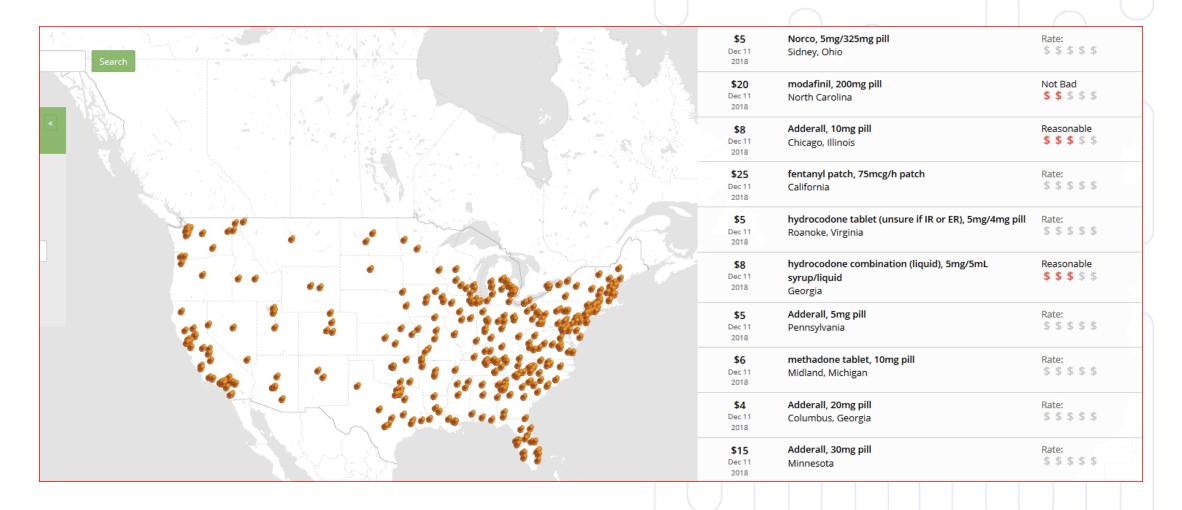


StreetRx

 The StreetRx Program captures the "black market" or "street price" of prescription drugs by employing crowdsourcing principles.



StreetRx - 12/11/2018





Websites

- www.Bluelight.org
- www.Streetrx.com
- www.Erowid.org





QUESTIONS





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