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Dear Dr. Vogl:

I am pleased to respond to your request for comments on SAMHSA's "Proposed Revisions to Mandatory Guidelines for Federal Workplace Drug Testing Programs" (DOCID:fr13ap04-143).

1. The Department requested "any other studies or data that would cast more light on the appropriateness of using any of the alternative specimens or on limitations on how the specimens should be used." The following study, which involved a comparison of oral fluid (OF) analysis to urinalysis among treatment clients, was recently published.

Yacoubian, G., and Wish, E.D. (2004). A comparison of the Intercept Oral Specimen Collection Device (IOSCD)® to laboratory urinalysis among Baltimore City treatment clients. *International Journal of Drug Testing* 3. Available at: http://www.criminology.fsu.edu/journal/volume3.html.

The following two studies involved a comparison of laboratory urinalysis to rapid (on site) urinalysis:

Wish, E.D., and G. Yacoubian. (2002). A comparison of instant urinalysis to laboratory urinalysis among arrestees. *Probation Journal* 49(3): 237-238.

Yacoubian, G., E.D. Wish, and J.D. Choyka. (2002). A comparison of the OnTrak Testcup-5 to laboratory urinalysis among arrestees. *Journal of Psychoactive Drugs* 34(3): 325-329.

Please also note that I am currently conducting a study to compare five measures of recent drug use – urinalysis screen, urinalysis confirmation, OF screen, OF confirmation, and 24-

hour self-report – among adult probationers. A final report will be available in August.

2. The Department recommend that, when an OF specimen is collected, a urine specimen be collected simultaneously, "primarily for the purpose of testing marijuana when the oral fluid specimen is positive for marijuana." This recommendation is problematic, for two reasons. First, alternative drug testing technologies, like OF analysis, are intended to replace urinalysis, not compliment them. One primary advantage of OF collection is its non-invasiveness. By requiring that a urine specimen be collected at the same time an OF specimen is collected, you have negated the utility of OF collection. Second, I am troubled by the wording of the above phrase. Comparison studies have suggested that OF analysis may not be as reliable as urinalysis for the detection of recent marijuana use. More specifically, OF analysis may underestimate recent marijuana use. I would argue that the purpose of collecting both specimens is to test for marijuana when the OF specimen is *negative* for marijuana.

3. I have conduced two studies in which OF testing has been used to test for MDMA. The first involved laboratory OF analysis, while the second involved rapid OF testing:

Arria, A., G. Yacoubian, E. Fost, and E.D. Wish. (2002). Ecstasy use among club rave attendees. *Archives of Pediatrics and Adolescent Medicine* 156: 295-296.

Yacoubian, G., J. Deutsch, and E. Schumacher. (in press). Estimating the prevalence of ecstasy use among club rave attendees. *Contemporary Drug Problems*.

A copy of the "in press" manuscript is attached.

4. The Department proposes that the "donor provide an oral fluid specimen directly into an appropriate container," to be sure that "a minimum amount of oral fluid is collected." This type of "spit sample" is inappropriate and unnecessary, for three reasons. First, there are toxicological differences between OF and "spit" or saliva. Second, I am aware of no studies that have compared "spit" test results to OF test results. Third, sample volume can be easily determined by weighing the collection vial before administration (presumably a standard tare weight) and then weighing the vial post collection. In the studies I have conducted to date, I do not recall ever having problems with low volume.

If you have any questions, or would like to discuss these issues further, please contact me at (301) 755-2790 or by email at gyacoubian@pire.org. Thank you for the opportunity to respond, and I look forward to seeing the final Guidelines.

Respectfully,

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