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Date: 7/5/04 5:40PM

Subject: SAMHSA Guidelines. Docket#04-7984

> TO WHOM IT MAY CONCERN

- > Thank you for the opportunity to comment on the proposed SAMHSA Federal
- > Drug Free Workplace Guidelines. The Institute of Environmental Science and
- > Research Limited (ESR) provides forensic science services to the New
- > Zealand Police and a range of other services including workplace drug
- > testing to a wide range of clients. ESR has representation on the
- > Committee responsible for developing and amending the Australian/ Nwe
- > Zealand Standard AS/NZS 4308:2001 " Procedures for the Collection,
- > Detection and Quantitation of Drugs of Abuse in Urine". We would like to
- > comment on several issues raised in the guidelines specifically as they
- > relate to oral fluid testing.

- > 1. In our view the guidelines are unnecessarily wordy and could be greatly > improved by separating the requirements for the different matrices into
- > separate sections ie Urine, Oral Fluids, Sweat etc.

- > 2. The requirement that oral fluid be collected by spitting in a tube is
- > unnecessarily crude and unsanitary. Certainly it would seem premature to
- > exclude (or include) the alternative collection devices and tubes with
- > diluent on the market, some of which may provide superior sample
- > collection and storage. It would be more appropriate to establish criteria
- > that all collection tubes and devices should meet. These should include > the following:
- > (1) limits for the fraction of drug(s) lost on the collection device
- > (2) the stability of drugs in oral fluid stored in the collection tube
- > at say room temperature and 4 degrees C. This should apply whether or not > the specimen has been placed in a diluent.
- > (3) the ease of specimen splitting. This is of concern as particulate > matter should be eliminated prior to specimen splitting. The proposed
- > guidelines have not addressed this point.
- > (4) the volume of oral fluid collected should be determined by
- > analytical requirements. The guidelines stipulate that at least 2 mL of
- > oral fluid be collected. This seems well in excess of the requirements of
- > a competent laboratory and greatly in excess of the volume collected by
- > many systems currently on the market.

- > 3. The proposed guidelines require a urine specimen be collected at the
- > same time as an oral fluid specimen. Such a proposal would essentially
- > eliminate oral fluid as an option. Indeed one could reverse the argument
- > and suggest that when an unwitnessed urine specimen is collected an oral
- > fluid specimen should also be collected. The guestion of environmental
- > contamination of oral fluids (by THC) however does not seem to be strongly
- > supported by good evidence and further work is required.
- > Oral fluid testing in its own right should be permitted by the guidelines
- > but only once it is supported by the weight of scientific evidence. While
- > an extensive study by Cone et al. in The Journal of Analytical Toxicology
- > 26 541-546 (2002) demonstrates similar positive drug test results for oral
- > fluid and urine specimens, it is our view that it is premature to include
- > oral fluid testing in the guidelines. Certainly it was the general
- > consensus at the November meeting of The International Association of

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