FR Doc #04-7984
Public Comment 840093

Institute for Behavior and Health
Creating Tomorrow's Drug Policy

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President

July 1, 2004

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Dear Doctor Vogl,

There are three additional areas of concern I would like to add to those identified in my letter of June 21, 2004.

First with reference to the oral fluids testing, this represents an important new matrix for drug testing that solves two serious problems which are common to urine testing: the bathroom problem and the cheating problem. The Proposed Revisions do not appear to recognize this important fact, a fact that underlines the importance of encouraging the wider use of oral fluids testing. In addition the guidelines require that a urine specimen be collected at the time an oral fluid specimen is collected. If an oral fluid specimen tests positive for cannabis, then the urine specimen must be tested and only the result from the urine specimen can be reported. Published data shows that environment contamination of oral fluids may occur within the first 30 minutes after exposure, but clears rapidly thereafter. In a further expanded study that is currently submitted for publication in the Journal of Analytical Toxicology, more extreme and quite unrealistic passive exposure to five marijuana smokers was evaluated and the same low levels of passively-acquired drug results were found in oral fluids. As it stands now, this requirement for a simultaneous urine specimen will prevent oral fluid testing from being practiced in regulated testing since no employer will pay for routine collection and testing of two different types of biological specimens.

Secondly, the guidelines require oral fluid collection by spitting in a bottle. This is not only unsanitary, but it is impractical and unpleasant. This requirement does not allow for convenient collection by any of the numerous reliable collection devices in current use today. Use of an FDA-cleared oral fluid collection device should be included, if not preferred.

Lastly, the proposed guidelines do not allow use of oral fluid testing for follow-up and return to duty testing. The justification for this restriction is oral fluid's short detection time.

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This is exactly the time when oral fluid testing can be used most effectively to detect recent drug use and not be confused with carry-over from previous use. Further, it has been found that oral fluid testing of over 77,000 specimens produced nearly identical, and in some cases better detection rates compared to urine testing (Cone et al., JAT, 26:541-546, 2002).

Regards,

Robert L. DuPont, M.D

RLD:apb