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Walter Vogel, Ph.D.
DWP, SAMSHA, HHS

Yale H. Caplan, Ph.D.

RE : Comments to 69FR19673-01

The proposed guidelines pose many questions involving new specimens and approaches suggested for workplace testing programs. I have participated continuously in various capacities since alternative or complimentary specimens were first considered in April 1997. I know that many comments regarding the specifics for the various options will be submitted by others, as many of the issues are still controversial, therefore, I will not comment on these. Rather I suggest consideration be given to the process to be followed:

1 There needs to be a consensus process for each of the major issues. You will remember that focus groups were to be convened to develop this consensus. However, this step was not undertaken prior to publication of the guidelines. It is essential, therefore, that once these issues are identified by the comments, they be rapidly followed by consensus meetings.

2. HHS should consider review and publication of final rules in stages as final information is developed from the consensus meetings. There are some obvious sub groups, e.g. improvements in the urine program, POCT considerations, oral fluid, hair and sweat. It is not likely that all issues for all groupings can be resolved in the same time frame. Hence, a phase in will allow continuous program improvement over a progressive period of time rather than to wait for a final rule that includes all issues.

In addition to the procedural suggestions, I also urge HHS to consider testing for urine specimen validity on-site when the specimen is collected. This could serve as a precursor to the suggested POC testing for drugs. At the same time it could vastly improve one of the most contentious concerns in urine testing.