

**DRUGS OF
ABUSE**

A RESOURCE GUIDE

DESCRIPTIONS

DEFINITIONS

QUESTIONS

ANSWERS

A RESOURCE GUIDE

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OVERVIEW

Drug addiction is a widespread problem in the United States that affects individuals, families, and entire communities. Fortunately, abundant resources are available to help people understand the dangers of drugs, their effects, and how to prevent and treat drug abuse.

This comprehensive guide thoroughly examines drugs and drug use, including substance abuse, drug tests and testing, and related terminology. It is intended for many audiences, including parents and children, healthcare professionals, government agencies, law enforcement agencies, treatment facilities, educational institutions, and employers.

Preventing drug abuse is an essential goal, and education is a crucial step toward achieving it. The Drugs of Abuse, A Resource Guide, is a reliable source of information on the most commonly abused and misused drugs in the United States. This document provides valuable educational resources and should be used as a reference tool. However, it's important to note that the information provided may not be exhaustive or apply to all situations or circumstances, as they can vary widely.

DRUG CODES, TERMS AND SLANG

Emoji Drug Codes

OVERVIEW

Teenagers and adults buy deadly drugs from strangers — and they don't even have to name the narcotic they're looking for. According to the Drug Enforcement Agency (DEA), the "tech-savvy" message is a sequence of emojis that symbolize the substance they're after so that their dealer can avoid any digital detection.

The DEA has released a chart titled "Emoji Drug Code: Decoded" to raise awareness about the cryptic set of symbols amid the soaring number of overdose deaths.

The following reference guide will give parents, caregivers, educators, law enforcement, employers, and more a better sense of how emojis are used with illegal drugs. Fake prescription pills, commonly laced with deadly fentanyl and methamphetamine, are often sold on social media and e-commerce platforms – making them available to anyone with a smartphone.

EMOJI DRUG CODES

PERCOCET & OXYCODONE



XANAX



ADDERALL



COUGH SYRUP



HEROIN



KETAMINE



COCAINE



MDMA, MOLLIES & ECSTASY



MARIJUANA



METH



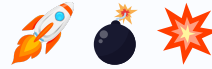
MUSHROOMS



DEALER ADVERTISING



HIGH POTENCY



UNIVERSAL FOR DRUGS



LARGE BATCH



PACKAGE ARRIVED



MOBILE / DELIVERY



100 PILLS



NOTE: These emojis reflect common examples found in DEA investigations. This list is not all-inclusive, and the images above are a representative sample.

DRUG CODES, TERMS AND SLANG

General Drug Slang

OVERVIEW

Drug use and distribution is a serious concern and can happen anytime and anywhere. However, using coded language among drug dealers and users makes it difficult for bystanders to identify a drug deal right before them. It is essential to be aware of drug dealer slang terms to recognize and help those struggling with drug addiction.

Drug slang constantly evolves and serves a critical purpose for those involved in the illegal drug trade. It allows them to communicate publicly without drawing attention and helps distinguish genuine customers from potential law enforcement officers. However, it also makes it incredibly challenging for authorities to track drug-related illegal activities.

Deciphering drug slang can be overwhelming for those unfamiliar with it. Most slang terms are not obvious and are often based on the drug's appearance, packaging, or effects rather than its name. Therefore, it is essential to be aware of the latest drug slang terms and stay informed about the changes in the language used by drug dealers and users. This knowledge can help prevent drug use and distribution and promote a safer and healthier community.

Drug use and distribution is a serious concern and can happen anytime and anywhere. However, using coded language among drug dealers and users makes it difficult for bystanders to identify a drug deal right before them. It is essential to be aware of drug dealer slang terms to recognize and help those struggling with drug addiction.

GENERAL DRUG SLANG

Dealer: Cooker, Dummy Man, Mad Hatter, Middleman, Pill Lady, Pump, Pusher, Source, Plug

User: Burnout, Fiend, Hophead, Zombie

Being High: Addled, Baked, Badgered, Bashed, Blasted, Blitzed, Bombed, Crooked, Crossfaded, Crunched, Faded, Fried, Geeked, Juiced, Keyed, Krunked, Lifted, Lit (Up), Smashed, Sozzled, Squiffy, Wasted, Zoned, Zonked

Paraphernalia: Blunt, Bowl, Bong, Bubbler, Doob(i.e.), Fatty, Glass, Hogger, J(ay), Joint, Left-handed cigarette, One-hitter, PAX, Percolator, Piece, Pipe, Rig, Roach, Sp(l)if, Vape, Water pipe

Dealer: Cooker, Dummy Man, Mad Hatter, Middleman, Pill Lady, Pump, Pusher, Source, Plug

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DRUG CODES, TERMS AND SLANG

Drug Combination Slang

OVERVIEW

Drug addiction is a serious and complicated issue involving various substances. Often, people combine different drugs to enhance the desired effect or experience a more intense "high." However, such a practice is extremely dangerous and can lead to life-threatening consequences such as respiratory failure, seizures, and overdoses. To prevent such catastrophic outcomes, it is crucial for individuals struggling with drug addiction to seek professional help and support. It is also essential to be familiar with drug slang and street names to identify and assist those dealing with drug addiction.

DRUG COMBINATIONS SLANG

Atom Bombs: Marijuana mixed with Heroin.

Bars: Heroin mixed with Xanax.

Bazooka: Crack Cocaine combined with Unrefined Cocaine and/or Marijuana.

Bumping Up: Ecstasy combined with Powder Cocaine.

Caviar: Taking Cocaine and Marijuana very closely together.

Dynamite: Cocaine mixed with Heroin.

Eightball: Crack Cocaine combined with Heroin.

Gimme: A mixture of Crack and Marijuana.

Greek: Marijuana and Powder Cocaine.

Handlebars: Crack Cocaine combined with Xanax.

Lace: Cocaine and Marijuana.

Hugs and Kisses: Combination of Methamphetamine and Cocaine.

Jet Fuel: PCP combined with Methamphetamine.

Moon Rock: Crack Cocaine and Heroin.

Nox: Nitrous Oxide and MDMA

Ozone: A Marijuana, PCP, and Crack Cocaine Cigarette.

Pharming: Mixing Prescription Drugs.

Primos: Marijuana Cigarettes treated with Crack Cocaine.

Screwball: Heroin and Methamphetamine.

Smoking Gun: Heroin and Cocaine.

Tar: Crack and Heroin.

Waffle Dust: Ecstasy and Methamphetamine.

DRUG CODES, TERMS AND SLANG

Marijuana Dabbing Terms

OVERVIEW

Marijuana use among teens has always been a concern, but dabbing, a recent trend, takes it to another level. Dabbing involves using highly concentrated cannabis extracts that contain more tetrahydrocannabinol (THC), the active ingredient in marijuana that produces a high. This trend is dangerous and poses a risk to teenagers. It is essential to know slang terms used for marijuana concentrates to understand better and recognize if teens are dabbing.

The consequences of dabbing are severe. The concentrated THC in marijuana dabs poses risks not commonly encountered when smoking marijuana. The US Drug Enforcement Administration (DEA) warns that overdosing on dabs can lead to paranoia, anxiety, panic attacks, and hallucinations. Furthermore, marijuana concentrates can cause increased heart rate, blood pressure, withdrawal, and addiction-related problems.

The process of creating dabs is equally hazardous. Butane is one of the most popular methods used to make marijuana concentrates, which creates an explosive gas. The risk of explosion is equivalent to that of producing methamphetamine. The methods often leave hazardous chemicals and byproducts behind, harming the environment and human health. The dangers of dabbing are real and should not be ignored.

COMMON DABBING TERMS

710: This number spells OIL when held upside down and refers to marijuana concentrates that may appear as an oil.

Alcohol Extraction: A method of extracting THC using alcohol.

Banger Hanger: A popular type of device used for dabbing.

Butter, Budder, Badder: Marijuana concentrates can look like butter and have the same consistency as butter, leading to butter and similar words being used to describe it.

Blasting: Slang term for extracting marijuana concentrates using butane, likely originating from the risk of explosion associated with this method.

Butane Extraction: A method of concentrating THC using butane.

Butane Hash Oil: Also called BHO, butane hash oil is a name for concentrated marijuana.

Butane Torch: Used to vaporize dab so that it can be inhaled.

Dabber: A slang name that refers to devices used to dab.

Dab nail: The part of most dabbing devices that the marijuana concentrates are applied to. Also just called a nail.

Dab Oil: Also called dab or dabs; a slang term for concentrated marijuana, derived from the small amount of substance used while using marijuana concentrates.

Dab Pen: An e-cigarette used to dab. Also called a wax pen.

Dab Rig: The most common name for the glassware used to dab.

Dome: A section of the glassware used while dabbing.

Ear Wax: A slang term for concentrated marijuana, derived from the appearance of certain types of concentrates.

Erri: A slang term for marijuana concentrates.

Glass: Slang term for the glassware used to dab.

DRUG CODES, TERMS AND SLANG

Marijuana Dabbing Terms

COMMON DABBING TERMS *continued...*

Carb Cap: Part of dabbing devices used to contain the vaporized marijuana concentrates within the device.

Crumble: A slang term for concentrated marijuana derived from the crumbly appearance of certain types of concentrates.

Ice Hash: A type of marijuana concentrate made by using ice water.

Hash: Also called hashish, the resin of the marijuana plant used to create marijuana concentrates.

Hash Oil: Hash that has been purified and concentrated into an oil.

Honey: Also called honeycomb or honey oil, a slang term for concentrated marijuana, likely originated because certain types of marijuana concentrates appear like honey.

Ice Wax: Also called water hash, a slang term for concentrated marijuana made using ice water.

ISO Oil: A slang term for concentrated marijuana made using isopropyl alcohol.

Kief: Part of the marijuana plant that produces a high THC resin.

Knife Hits: An older way to use dabs that involved heating two knives and using them to vaporize and direct the marijuana concentrates.

Knife Hits: An older way to use dabs that involved heating two knives and using them to vaporize and direct the marijuana concentrates.

Liquid Gold: A slang term for concentrated marijuana derived from the golden appearance of many concentrates.

Live Resin: Marijuana concentrates made from plants that have not been dried or cured.

Nug: A term for the flower of the marijuana plant which has a high concentration of THC.

CO2 Extraction: A method of concentrating THC using carbon dioxide.

Concentrate: Concentrated marijuana.

Concentrate pipe: A pipe used to inhale marijuana concentrates.

Nug Run: Marijuana concentrates are made from using only the flower of the marijuana plant.

Oil Rig: Slang term for a dab rig likely originated because dab is sometimes referred to as oil.

Pressed Hash: A slang term for concentrated marijuana that is extracted mechanically.

Reclaim Residue that is left over after dabbing that is then reused.

Resin: Also called sap, refers to the resin of a marijuana plant, a part of the plant higher in THC.

Seasoning A Nail: Refers to applying marijuana concentrates to a "nail," part of the device used to dab.

Shatter: A common slang term for concentrated marijuana.

Quick Wash ISO: Also called QWISO, this is a method of concentrating THC using isopropyl alcohol.

Vape Oil: A slang term for concentrated marijuana used to vape.

Vapor Rig: Slang term for a dab rig; a device used to inhale marijuana concentrates.

Vapor Straw: Simple, one-piece glassware used to inhale marijuana concentrates.

Wax: A slang term for concentrated marijuana, derived from.

Glycerin Extraction: A method of concentrating THC using glycerin.

DEFINITIONS AND DESCRIPTIONS

General

GENERAL

DRUG (noun): Medicine or other substances having a physiological effect when ingested or otherwise introduced into the body.

DRUG(s)-OF-ABUSE (noun): A drug that is taken for nonmedicinal reasons (usually for mind-altering effects); drug abuse can lead to physical and mental damage and (with some substances) dependence and addiction.

Description: In general sense, Drugs of abuse are drugs that people use for various reasons, including Curiosity and peer pressure, especially among school children and young adults. For example, prescription drugs that were initially intended for specific reasons/treatments may have turned into recreational use and become addictive.

DRUG USE (noun): The consumption of any substance (legal or illicit) that may cause interference with an employee's capacity to perform safe and productive work.

DRUG ABUSE (noun): The excessive use of addictive (legal or illegal) drugs.

Description: Substance abuse is using a drug in amounts or by methods harmful to the individual or others. It is a form of substance-related disorder. Differing definitions of drug abuse are used in public health, medical, and criminal justice contexts. In some cases, criminal or anti-social behavior occurs when the person is under the influence of a drug, and long-term personality changes in individuals may also occur. In addition to possible physical, social, and psychological harm, some drugs may also lead to criminal penalties, although these vary widely depending on the local jurisdiction.

CUTOFF (noun): A limit beyond which something cannot function or must be terminated.

Description: A cutoff is a threshold. If the concentration of a drug is above the cutoff, it is a positive result. If it is below, it is negative.

NG/ML: Drug testing cutoff levels are usually expressed in the units of measure ng/mL (nanograms per milliliter).

DETECTION TIME (noun): The amount of time after a person consumes a drug that a drug test can still show a positive result.

Description:

AGE: The body's metabolism slows, so older drug users often keep substances longer in their systems. It's, therefore, more difficult to flush out drugs from a user's body with higher body fat.

INGESTION/ADMINISTRATION METHOD: How drugs are consumed affects their detection times. By way of instance, the body takes longer to flush out orally ingested marijuana than when it's smoked.

CUTOFF DEGREE: The minimum amount of a drug that needs to be present in a specimen for it to be considered positive. By way of example, 'the cutoff level for marijuana in a urine specimen for a rapid urine test kit is 50 ng/mL, and If marijuana is present in the system and the amount is over 50 ng/mL, the test would show a positive drug test result.

STREET NAME (noun): Vernacular used to help drug users evade detection of their substance use by others.

Description: To maintain discretion, drug users and those selling drugs will use these street names to fly under the radar and continue their habitual use. In a very practical way, this is their natural language, and they use it as they seek, purchase, and use drugs.

DEFINITIONS AND DESCRIPTIONS

General

GENERAL *continued...*

DRUG CLASSES

STIMULANT (noun): An agent (such as a drug) that temporarily increases an organism's functional activity, efficiency, or parts.

Description: Stimulants speed up the body's systems. This class of drugs includes prescription drugs such as amphetamines [AdderDall® and Dexedrine®], methylphenidate [Concerta® and Ritalin®], diet aids [such as Didrex®, Bontril®, Preludin®, Fastin®, Adipex P®, Ionomin®, and Meridia®] and other illicitly used drugs such as methamphetamine, cocaine, methcathinone, and other synthetic cathinones that are commonly sold under the guise of "bath salts."

DEPRESSANT (noun): An agent that reduces a bodily functional activity or an instinctive desire (such as appetite).

Description: Depressants will induce sleep, relieve anxiety and muscle spasms, and prevent seizures. Barbiturates are older drugs and include butalbital (Fiorina®), phenobarbital, Pentothal®, Seconal®, and Nembutal®. People can rapidly develop a dependence on and tolerance to barbiturates, meaning they need more and more of them to feel and function normally. This makes them unsafe, increasing the likelihood of coma or death. Benzodiazepines were developed to replace barbiturates, though they still share many undesirable side effects, including tolerance and dependence. Some examples are Valium®, Xanax®, Halcion®, Ativan®, Klonopin®, and Restoril®. Rohypnol® is a benzodiazepine that is not manufactured or legally marketed in the United States, but it is used illegally. Lunesta®, Ambien®, and Sonata® are sedative-hypnotic medications approved for the short-term treatment of insomnia that share many of the properties of benzodiazepines. Other CNS depressants include meprobamate, methaqualone (Quaalude®), and the illicit drug GHB.

NARCOTIC (noun): A drug (such as opium or morphine) that, in moderate doses, dulls the senses, relieves pain, and induces profound sleep but, in excessive amounts, causes stupor, coma, or convulsions.

Description: Also known as "opioids," the term "narcotic" comes from the Greek word for "stupor" and originally referred to a variety of substances that dulled the senses and relieved pain. Though some still refer to all drugs as "narcotics," today "narcotic" refers to opium, opium derivatives, and their semi-synthetic substitutes. A more current term for these drugs, with less uncertainty regarding its meaning, is "opioid." Examples include illicit heroin and pharmaceutical drugs like OxyContin®, Vicodin®, codeine, morphine, methadone, and fentanyl.

DISSOCIATIVE / HALLUCINOGEN (noun): A large and diverse class of psychoactive drugs that can produce altered states of consciousness characterized by significant alterations in thought, mood, and perception, as well as other changes.

Description: Hallucinogens are found in plants and fungi or are synthetically produced and are among the oldest known groups of drugs used for their ability to alter human perception and mood.

INHALANTS: (noun): Create a euphoric feeling, usually with household items ingested as gases or fumes.

Description: Inhalants are invisible, volatile substances found in everyday household products that produce chemical vapors that are inhaled to induce psychoactive or mind-altering effects.

DESIGNER (noun): A synthetic version of a controlled substance (such as heroin) produced with a slightly altered molecular structure to avoid being classified as an illicit drug.

Description: These are illicitly produced to develop substances that differ slightly from controlled substances in their chemical structure while retaining their pharmacological effects. These substances are commonly known as designer drugs and fall under several categories.

DEFINITIONS AND DESCRIPTIONS

Clearances and Regulatory

CLEARANCES and MARKETS

FDA 510K, CLIA-Waived (CLIA): A test anyone can perform at home or in any setting without special training or certification.

Over-The-Counter Cleared (OTC): Devices intended for detecting drugs of abuse and metabolites in human urine for the workplace and insurance screening purposes only, excluding tests intended for Federal drug testing programs (SAMHSA, DOT, US Military).

CE Mark (CE): A symbol is applied to products to indicate that they conform with relevant European Union (EU) health and safety or environmental protection directives.

Health Canada Class III: Depending on the risks associated with that device's use, a device would be licensed by Health Canada as Class I, II, III, or IV following the Medical Devices Regulations under the Food and Drugs Act, with Class I having the lowest risk and Class IV having the highest. A medical device used as an In-vitro Diagnostic Device (IVDD), like an on-site urine drug test, must have a Class III license.

Forensic-Use Only (FUO): Devices intended for use only in drugs of abuse testing for law enforcement purposes. FUO devices are not designed, tested, developed, or labeled for use in other settings, such as clinical diagnostic or workplace settings.

Employment-Use Only (EUO): Devices intended for detecting drugs of abuse and metabolites in human urine for the workplace and insurance screening purposes only, excluding tests intended for Federal drug testing programs (SAMHSA, DOT, US Military).

REGULATORY

FDA (Food and Drug Administration): The FDA is responsible for protecting and promoting public health through the control and supervision of food safety, tobacco products, caffeine products, dietary supplements, prescription and over-the-counter pharmaceutical drugs (medications), vaccines, biopharmaceuticals, blood transfusions, medical devices, electromagnetic radiation emitting devices (ERED), cosmetics, animal foods & feed and veterinary products.

The FDA's primary focus is enforcement of the Federal Food, Drug, and Cosmetic Act (FD&C). Still, the agency also enforces other laws, notably Section 361 of the Public Health Service Act and associated regulations.

cGMP (Current Good Manufacturing Practice): Ensures the quality of products by carefully monitoring manufacturers' compliance with its Current Good Manufacturing Practice (cGMP) regulations. The cGMP regulations contain minimum requirements for the methods, facilities, and controls used in the manufacturing, processing, and packing regulated products. The regulations make sure that a product is safe for use.

ISO (International Standards Organization): An international nongovernmental organization comprising national standards bodies; it develops and publishes a wide range of proprietary, industrial, and commercial standards and consists of representatives from various national standards organizations.

HEALTH CANADA: A department of the Government of Canada responsible for national health policy. The department. These organizations help ensure compliance with federal law in various healthcare, agricultural, and pharmaceutical activities. This responsibility also involves extensive collaboration with other federal- and provincial-level organizations, health research, and pharmaceutical manufacturing/testing facilities.

DEFINITIONS AND DESCRIPTIONS

Test and Testing

TEST and TESTING

IMMUNOASSAY (noun): A technique or test (such as the enzyme-linked immunosorbent assay) used to detect the presence or quantity of a substance (as a protein) based on its capacity to act as an antigen or antibody.

Description: A biochemical test that measures the presence or concentration of a macromolecule or a small molecule in a solution through an antibody (usually) or an antigen (sometimes). The molecule detected by the immunoassay is often called an "analyte" and, in many cases, is a protein. However, it may be other kinds of molecules of different sizes and types as long as the proper antibodies that have the required properties for the assay are developed. Analytes in biological liquids such as serum or urine are frequently measured using immunoassays for medical and research purposes.

SANDWICH ASSAY: An immunoassay in which the analyte is bound to a solid phase, and a labeled reagent is subsequently bound immunochemically to the analyte.

Description: Binders that attach to the target and do not interfere with each other. The signal will increase at the test line if the target is present in the sample. A well-known example of a sandwich test is a pregnancy test.

COMPETITIVE ASSAY: An assay in which a substance competes for labeled versus unlabeled ligand; following the separation of free and bound ligand, the concentration of an unlabeled ligand is inversely proportional to the amount of labeled bound ligand. Values are compared with known standards.

Description: Used for small molecule analytes that don't have two binding sites. Since you can't bind more than one binder to the target molecule, you need to use a test line that contains your target molecule. If the target is present in the sample, the signal will decrease at the test line. An example of a competitive test is one used to test for drugs of abuse.

URINALYSIS TEST: An analysis that includes various tests to examine the urine contents for abnormalities that indicate a disease, condition, or infection.

Description: A urinalysis checks urine's appearance, concentration, and content. For example, a urinary tract infection can make urine look cloudy instead of clear. Increased levels of protein in urine can be a sign of kidney disease.

QUALITATIVE TEST: Relating to, measuring, or measured by the quality of something rather than its quantity. It is often contrasted with quantitative.

Description: Results expressed in terms of positive or negative. All rapid drug tests in the market are qualitative tests that indicate a positive or negative test result.

QUANTITATIVE TEST: Relating to, measuring, or measured by the quantity of something rather than its quality. It is often contrasted with qualitative.

Description: Results that estimate the amount of drugs found in a specimen.

DEFINITIONS AND DESCRIPTIONS

Lateral Flow Tests

LATERAL FLOW TESTS

METHODOLOGY: These tests are known as “lateral flow tests.” The methodology underlying these rapid tests is based on a reaction that follows the lock-and-key principle. This principle perfectly fits a drug’s physical structure and its corresponding antibody. The test only shows a positive result if the drug comes into contact with its perfectly matching antibody on the test strip.

TEST STRIP: The test strips constitute the core element of the test. Each strip consists of various zones. The most critical area is the conjugate pad. This is the location of the drug-specific antibodies labeled with microscopic gold particles.

POSITIVE/NON-NEGATIVE or NEGATIVE: When the test is activated, and if the sample contains molecules of drugs, these combine with the specific antibodies and are carried together as a complex to the test line. Antibodies are fixed at the test line and respond to the particular drug. They catch the complex comprising the drug and gold-labeled antibodies as it swims past. *The small gold particles produce the typical red color of a positive test line.

CONTROL LINE: The remaining gold-labeled antibodies are carried on with the liquid as far as the control line, which they change to red. A colored control line indicates that the test has been performed correctly with sufficient liquid and has produced a valid result.

ADULTERANTS

pH: Determines the presence of alkaline or acidic adulterants, and values outside the ranges can be considered that the urine sample could be tampered with.

SPECIFIC GRAVITY: Will test sample dilution related to tampering the urine sample with water. More water in the urine sample dilutes the concentration of drugs in the urine.

CREATININE: The measure of this waste product from creatine and amino acid from muscle tissue. This marker at low levels reflects the use of diuretics in the herbal flush to clean the body from drugs.

NITRITE: Normal urine shouldn't have any levels of nitrates, and this compound is found in most commercial use adulterants to oxidize and make undetectable the marijuana metabolite, which is the THC COOH².

GLUTARALDEHYDE: This adulterant will disrupt the enzyme that detects drugs in the test, causing false negatives. Since it is not present in human urine, it indicates adulteration.

BLEACH: Bleach is an oxidant that breaks down the metabolite present in THC. No human urine contains bleach.

PYRIDINIUM: As an adulterant, it is prevalent to change the results of a drug test. It is also an oxidant that breaks down the metabolite present in THC. No human urine contains Pyridinium Chlorochromate.

QUESTIONS AND ANSWERS (FAQ's)

Commonly Asked

COMMONLY ASKED

Q: HOW LONG CAN DRUGS BE DETECTED IN THE SYSTEM?

A: Please refer to the DRUG TYPES, DETECTION TIMES & STREET NAMES chart.

Q: CAN PASSIVE EXPOSURE CAUSE A POSITIVE DRUG SCREEN FOR THC?

A: Passive Inhalation: In general, routine passive exposure to marijuana smoke will not result in a positive result for cannabinoids over a 50 ng/mL screening cutoff or a 15 ng/mL THC-COOH confirmation cutoff.

Q: WHY USE OUR RAPID DRUG SCREEN TESTS?

A: Our rapid drug screen tests are cost-effective and offer lab-accurate screening results in minutes vs. days for a traditional laboratory test.

Q: WHY ARE SCREENING AND CONFIRMATION CUTOFF LEVELS DIFFERENT?

A: Screening and confirmation testing are performed using different methodologies that necessitate different cutoff levels. The cutoff levels of an immunoassay screen are typically higher than those of a more sensitive GC-MS or LC-MS/MS confirmatory test because they screen for a larger group of parent compounds, metabolites, and other structurally similar compounds.

If an immunoassay test detects a drug (above the screening cutoff level), the presumptive positive specimen may be sent for GC-MS or LC-MS/MS confirmation testing. This testing involves the definitive identification of a specific drug or metabolite. These individual compounds are often present in concentrations much lower than the total immunoassay response, thus the need for lower cutoffs for GC-MS or LC-MS/MS testing.

Q: WHAT TYPES OF ENTITIES PERFORM DRUG TESTS?

A: Companies, Governmental Agencies (Local, State, and Federal), Healthcare (Hospitals, Clinics, Rehab, Pain Management, Laboratories, and more), Educational Institutions, and many more.

Q: CAN EMPLOYERS DRUG TEST IN STATES WHERE MARIJUANA IS LEGAL?

A: Although smoking marijuana is now legal in several states, the federal government still considers it illegal. Moreover, since cannabis laws are constantly changing, employers often have difficulty keeping up with these laws.

While some entities have dropped marijuana from their testing, others still maintain the test for safety concerns, among other things.

Q: ARE HOME DRUG TESTS ACCURATE?

A: Home drug tests have a high degree of accuracy. Although there are factors that can affect the results of these tests, most of the home drug tests are 99% accurate. The results can be affected by the person's lifestyle, metabolism, and usage habits. Here are the things to consider before taking the test:

- Read instructions on how to perform the test thoroughly
- Test storage conditions
- Understand current prescription(s) and/or OTC medication(s) prior to testing

QUESTIONS AND ANSWERS (FAQ's)

Commonly Asked

COMMONLY ASKED *continued...*

Q: WILL CBD (CANNABIDIOL) MAKE ME TEST POSITIVE FOR MARIJUANA?

A: Consuming CBD or CBD products will not trigger most urine drug tests. The reason is that most drug tests do not specifically screen for CBD. Some CBD products, however, contain THC. If that is the case, it is certainly possible to fail a drug test that detects THC if THC is contained within the product consumed. Cannabidiol, or CBD, is from hemp, a cannabis strain that contains less than .3 percent of low tetrahydrocannabinol or THC, which has intoxicating effects.

CBD also does not react to the tests used to screen for marijuana use. However, if an independent third party hasn't tested the CBD you consume or is incorrectly labeled, it may not be honest with its THC content. Do your research to ensure the CBD product you're using is correctly marked, comes from a reliable source, and that the company is legitimate.

Q: WILL CBD SHOW UP ON A DRUG TEST?

A: CBD does not usually show up on drug tests. CBD does not contain intoxicating properties that will cause a person to become high. CBD products systematically contain tetrahydrocannabinol(THC) that accumulates and remains in body fat tissues. CBD products may have more than 0.3% THC unless incorrectly labeled. The detected substance is above the drug concentration levels that the federal government set. The best way to avoid failing a drug test is to prevent using zero-THC CBD products.

Also, skip using CBD products before a drug test. If your test results yield a false positive, speak to your primary care doctor.

Q: ARE THERE ANY FACTORS THAT COULD AFFECT THE DRUG TESTING RESULT?

A: Certain factors may affect the drug testing result, such as...

- Certain over-the-counter medicines and prescription medicines may cause a preliminary positive result.
- Urine can be adulterated (i.e., contaminated or tampered with) using bleach, cleaning supplies, and other liquids. This may dilute the urine, and the test may not be accurate.
- Drinking large amounts of liquids may dilute the urine so that the drug (if present) cannot be detected.
- Failure to use the Drug Test as directed may result in an inaccurate screening result.
- The following compounds are detected positive in urine using Drug Tests (CLIA Waived) with Adulterant testing strips.

TEST DEVICE

Q: WHAT IS SPECIMEN ADULTERATION?

- A:** Methods to adulterate urine samples for substance abuse testing generally fall into three categories:
- Urine substitution. The substitution of one's urine sample with another is a common practice
 - Ingestion of fluids or compounds for flushing out the system, diluting the sample, or interfering with the testing process.
 - Direct addition of contaminants to the urine specimen itself.

Q: IF A DRUG TEST READS POSITIVE, CAN IT DETERMINE HOW LONG PRIOR THE DRUG WAS TAKEN/INGESTED?

A: No. Drug testing by blood, urine, or saliva can only detect whether or not a specific drug or metabolite is present when the test is performed. While there are comprehensive estimates (see DRUG TYPES, DETECTION TIMES & STREET NAMES in the DRUG FACTS GUIDE) as to how long a particular drug may have been in the system, no bodily fluid-based drug test, regardless of method, is intended to include a time variable. Many factors unique to the individual being tested determine the actual half-life of the particular drug, including age, weight, sex, metabolic rate, overall health, amount of drug consumed over what period, etc. Therefore, no conclusions can be drawn about when a particular drug was taken or how much was consumed with these drug tests.

Q: HOW DO I KNOW IF THE TEST DEVICE IS NEGATIVE?

A: If the test is negative, lines appear in the Control region (**C**) and next to each particular drug name in the Test region (**T**). The negative result indicates that the drug concentration is below the detectable cutoff level. The shade of the line in the test region will vary, but it should be considered negative, even if there is a faint line (**ANY LINE IS STILL A LINE**).

PROCEDURE NOTE: Refer to the manufacturer's product insert for complete instructions, limitations, and warnings.

Q: DOES A DOT OR PARTIAL LINE MEAN A NEGATIVE?

A: Any hint of a (**T**) line is considered a negative result so long as the (**C**) Line is present and you have waited 5 minutes after the urine has been placed in the cup to read the result. All results become invalid once 10 minutes have passed.

Q: HOW DO I KNOW IF THE TEST DEVICE IS POSITIVE?

A: If the test is presumptive positive, lines appear in the Control region (**C**), and no line appears in the Test region (**T**) next to a particular drug name. This positive result indicates that the drug concentration is above the detectable cutoff level.

Q: HOW DO I KNOW THE TEST DEVICE IS WORKING PROPERLY?

A: A Control line (**C**) will be present if the test works correctly. Repeat the test with a new device if a Control line (**C**) does not appear. Insufficient specimen volume or incorrect procedural techniques are likely reasons for the Control line failure (**C**). Review the procedure and repeat the test using a new device.

Q: WHAT IS THE SHELF LIFE OF THE ON-SITE SCREENING DEVICES?

A: The on-site screening devices have a minimum shelf life of 12 months and up to 24 months from the date of manufacture. The expiration date is indicated on each foil pouch, and can be used until that date.

TEST DEVICE *continued...*

Q: DOES THE URINE HAVE TO BE A CERTAIN TEMPERATURE?

A: To perform the test correctly, the urine can be fresh or at room temperature. The purpose of the temperature strip is to verify the intended donor's urine sample was voided just before the test is performed. Urine, freshly voided from the human body, registers between 90 and 100 degrees F. If your urine sample has been refrigerated before testing, you should allow the urine sample to warm back up to room temperature before testing.

Q: WHAT DOES 'CLIA WAIVED' MEAN?

A: Clinical Laboratory Improvement Amendments (CLIA) establishes quality standards for all laboratory testing to ensure patient test results' accuracy, reliability, and timeliness. The FDA categorizes commercially marketed tests (such as rapid drug tests) into one of three CLIA categories according to complexity and their potential for risk to public health:

- Waived tests
- Tests of moderate complexity
- Tests of high complexity

CLIA Waived devices are the least complex. To receive CLIA Waived status, a manufacturer must demonstrate that a device is simple to use (7th-grade education simple), has low risk to public health, and that an untrained person can get accurate results by reading the instructions. By regulation, all devices with FDA clearance for home and consumer use are also automatically CLIA Waived.

A device that is CLIA Waived does not require highly trained laboratory personnel to administer the test and does not require costly laboratory quality control testing. Because non-professional staff is permitted to use CLIA Waived tests, the cost of testing is more economical and can be performed timelier by front-line staff.

Q: WHAT IS THE 'CTP CODE' FOR RAPID DRUG TESTS?

A: 80305 "Drug Test(s), presumptive, any number of drug classes, any number of devices or procedures (e.g., immunoassay); capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges) includes sample validation when performed per date of service."

FACTS, FIGURES AND STATISTICS

Random

FACTS, FIGURES and STATISTICS

PAIN MANAGEMENT: Clinically, the benefits of UDT are multiple. These include *reducing the risk for toxicity in patients vulnerable to adverse drug effects, avoidance of medico-legal problems, detecting patient non-compliance, reducing the risk of therapeutic failure, and avoiding or detecting drug-drug interaction.* Additionally, UDT enhances the physician's ability to use drugs effectively and minimizes treatment costs

CMS.gov
Centers for Medicare & Medicaid Services
HCPS: 80305 EFFECTIVE: 2022.01.01 RATE: 12.60
SHORT DESCRIPTION: DRUG TEST PRSMV DIR OPT OBS
LONG DESCRIPTION: TESTING FOR PRESENCE OF DRUG,
READ BY DIRECT OBSERVATION

2 mg of fentanyl is a LETHAL dose, but doses as small as 0.25 mg place the user at a high risk of overdose

The risk of **OPIOID ADDICTION** increases in as little as **5 DAYS**

CPT CODE 80305

Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g. immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service.

2021 'Despite years of decline, positivity rates increased'

>95K ALCOHOL DEATHS PER YEAR up to **60% RELAPSE**

ADDICTION Definition [by Task Force of APS, AAPM and ASAM]: A primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors, influencing its development and manifestations. It is characterized by behaviors including **impaired control over drug use, compulsive use, continued use despite harm, and/or craving.**

OVERDOSE KEY FINDINGS

96K+ OVER 96,700 PEOPLE DIE FROM DRUG OVERDOSES IN A YEAR
72% OPIOIDS ARE A FACTOR IN 7 OUT OF EVERY 10 OVERDOSE DEATHS
1M DRUG OVERDOSES HAVE KILLED ALMOST A MILLION PEOPLE SINCE 1999

70% ...of those who try illegal drugs **before 13** develop a substance abuse disorder

DRUGS-OF-ABUSE DEFINITION: [NOUN] A DRUG THAT IS TAKEN FOR NON-MEDICINAL REASONS (USUALLY FOR MIND-ALTERING EFFECTS); DRUG ABUSE CAN LEAD TO PHYSICAL AND MENTAL DAMAGE AND [WITH SOME SUBSTANCES] DEPENDENCE AND ADDICTION

REHABILITATION Definition: [noun] The action of **restoring** someone to health or normal life through training and therapy after imprisonment, **ADDICTION** or illness.

A **HOT SPOT** IS A HIGH CONCENTRATION OF FENTANYL WITHIN A MIX OF OTHER PRODUCT(S). FENTANYL'S MOLECULAR NATURE DOES NOT ALLOW IT TO MIX EVENLY INTO OTHER POWDERS WITHOUT LEAVING BEHIND INDETECTABLE CLUMPS.

16 OF 17 INDUSTRIES Saw overall positivity rates, based on urine drug testing in the general U.S. workforce, by industry, **INCREASE** from 2017-2021 (all except MINING)
*2022 QUEST DIAGNOSTICS DRUG TESTING INDEX

BENEFITS OF ORAL FLUID TESTING

- OBSERVED TESTING ELIMINATES ANY CONCERN OF ADULTERATION OR TAMPERING
- OFFERS 'ANYTIME - ANYWHERE' COLLECTIONS AND ELIMINATES SAME SEX COLLECTION REQUIREMENTS
- EARLIER DETECTION OF INGESTED DRUGS

If you know someone who uses opioids, watch for these **OVERDOSE SYMPTOMS**

Cold, clammy skin | Cyanosis | Pinpoint Pupils | Slowed respiration | Unconsciousness†

†If someone is sleeping or unconscious, move them into the recovery position

Place person on their side | Bend knees (into fetal position) | Rest head on top of arm closest to floor

FACTS, FIGURES and STATISTICS

Drug overdose deaths are up 30% year-over-year.

- 96K** Over 96,700 people die from drug overdoses in a year.
- 72%** Opioids are a factor in 7 out of every 10 overdose deaths.
- 1M** Drug overdoses have killed almost a million people since 1999.

Youth drug abuse is a high-profile public health concern, with at least 1-in-8 teenagers abusing an illicit substance in the last year.

- 61%** How much drug use went up among 8th graders between 2016 & 2020.
- 62%** Of teenagers in 12th grade have abused alcohol.
- 50%** Of teenagers have misused a drug at least once.

Prescription drug abuse is insidious and widely misunderstood. Young adults are the heaviest users, but older and elderly patients are at heightened risk of misuse and addiction.

- 16M** 6% of Americans over the age of 12 abuse prescriptions in a year.
- 2M** 12% of prescription drug abusers are addicted.
- 82%** 4 out of 5 pharmacy-filled prescriptions are opioids.

Alcohol abuse, alcoholism, and alcohol use disorder (AUD) kill over 3 million people each year, accounting for up to 6% of global deaths.

- 141K** 140,557 Americans die from the effects of alcohol in an average year.
- 10%** 1-in-10 Americans over the age of 12 have Alcohol Use Disorder.
- 60%** Over half of Americans increased their alcohol consumption during COVID-19 lockdowns.

1.16 million Americans are arrested annually for drug related offenses.

- 80%** 6% of Americans over the age of 12 abuse prescriptions in a year.
- 244K** 12% of prescription drug abusers are addicted.
- 26%** 4 out of 5 pharmacy-filled prescriptions are opioids.

FACTS, FIGURES and STATISTICS

Fentanyl abuse statistics indicate it is the world's deadliest opioid, causing almost half of all overdose deaths nationwide.

- 53%** Fentanyl is a factor in more half of overdose deaths.
- 2MG** Less than 0.007% of an ounce of fentanyl causes certain death.
- 43K** Statistics indicate 42,700 fentanyl overdose deaths in 2020.

The average cost of drug rehabilitation per person is \$13,475.

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