



MEDTOX® Journal

Government Public Safety Introductory Issue

December 2008

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MEDTOX News

New Product Announcement

MEDTOX® is pleased to announce the release of our newest drug testing product the Sure-Screen® 11 Panel with adulteration. MEDTOX® Sure-Screen® products provide clients with No-Tolerance testing programs to screen for drugs at lower than traditional cut-off levels. See [Our Products](#) for more information.

New Courier Services

In November, DHL announced that it would no longer be providing domestic courier services in the United States. MEDTOX® is pleased to announce that we have partnered with UPS, the largest package delivery company in the world, for all of our shipping services. UPS will accept DHL Lab Packs as long as there is a UPS airbill attached. Please visit [DHL/UPS Transition FAQ's](#) for more information.

New Team Members

MEDTOX® is pleased to announce the addition of our Government Client Service team. This group of individuals is dedicated directly to the needs of all government clients. They are available Monday thru Friday from 7:00 am to 6:00 pm CST. They can be reached by phone at: 888-294-7681,

Welcome to the MEDTOX® Journal Introductory Issue. This journal will be published on the 15th of every month. If you do not wish to receive future issues of this Journal and/or the DARS Report, please click the unsubscribe button which can be found at the top or bottom of this email.

Thank You.
MEDTOX® Scientific, Inc.

Frequently Asked Questions

Question: Do all onsite drug tests and lab providers do the same tests and methods for testing?

Answer: No. Different agencies are looking for different combinations of drugs in test panels, different individual drugs (metabolites) in each drug class, and looking for drugs at different cut-off levels. Regardless of the method, whether instant screen, laboratory screen, analyzer platforms, laboratory confirmation methods, or laboratory confirmation cut-off levels; what is being detected in all categories will be different between each agencies needs and the products/services they are using.

Question: Why is it a better idea for me to send the urine to the lab for a Confirmation if I question the result instead of re-running it on an instant screen?

Answer: Re-running urine using the same method used initially; a PRELIMINARY, QUALITATIVE (yes/no) method, is redundant and costly. You are not using a more analytical method to eliminate the gray area's that can (on rare occasions) exist in your screening process. Even if you use a second instant test and get the same answer, you do not have a CONFIRMED result. A more specific, alternative chemical method must be used in order to obtain a confirmed, analytical result. GC/MS or LC/MS/MS are preferred confirmatory methods.

Question: A client was prescribed Tylenol #3 and I expected a positive opiate result.... it was but then the drug isolated out was actually morphine. Is this correct or do I need to question if he took more than was prescribed for him?

Answer: Tylenol #3 contains codeine. Codeine is partially metabolized (broken down) by the body into morphine, and both codeine and morphine are excreted in the urine.

Question: I have two male participants one who has tested positive for Suboxone; the other for Marijuana. Both have severe kidney infections with kidney stones; is it true that the kidney stone formations contain impurities filtered into the kidneys from the liver, including residual amounts of drugs which have been consumed? If so is it possible the kidney stones will cause false positive results for Suboxone and/or Marijuana?

Answer: Suboxone contains buprenorphine and naloxone. When the urine sample is sent to the lab for confirmation testing, the laboratory confirms for the presence of buprenorphine and its metabolite norbuprenorphine (the presence of naloxone is typically not determined). LC/MS/MS is able to definitively 'fingerprint' and 'quantitate' the presence of buprenorphine and its metabolite. Likewise, GC/MS is able to fingerprint and quantitate the presence of the marijuana metabolite 'THC-COOH'.

In regards to kidney stones containing drug residue--currently, we are not aware of any studies done to determine if kidney stones contain any drug residue from suboxone treatment or THC use, and if

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Training Opportunities

MEDTOX provides clients with the following training opportunities. MEDTOX training programs are California POST, BBS and STC, CAADAC and OASAS certified and approved.

- *Standard Drug Abuse Recognition (DAR)
- *Rapid Eye Drug Abuse Recognition (DAR)
- *Street Development
- *Club Drugs and Trends in Adolescent Drug Abuse
- *Managing Methamphetamine
- *Understanding Dual Diagnosis: The Crossroads of Substance Abuse Disorders and Mental Illness
- *Ethics and Professional Standards for Community Corrections
- *Current Issues in Leadership and Supervision
- *Pharmacology of Drug Abuse
- *The Essentials of Search Warrant Development
- *The Essentials for Social Workers and Family Counselors I-IV
- *Grant Writing and Non-Traditional Fund Raising for Public Organizations

If your organization is interested in hosting one of the above training courses, would like to know where/when a course is available or would like further information, please contact Lisa Mize at: lmize@medtox.com

they do, if that amount is sufficient to be detectable in the urine sample and cause a 'positive result' when no drug is being excreted in the urine. The kidney stones associated with infections are stones usually composed of ammonium or magnesium phosphate. The majority of kidney stones are composed of calcium oxalate or phosphate. Some other stone types possible are composed of uric acid or cystine.

In regards to 'false positive' results--by definition, a false positive result is a result which states that drug or drug metabolite is present when, in fact, the drug or metabolite is not present. The opposite, a 'true positive' result is a result in which the drug is present and correctly identified. 'If it is possible that the kidney stones contained sufficient drug 'residue' and 'if' that drug residue dissolved in the urine, and the drug was then confirmed to be present, then the result reported is a 'true positive' because drug was found---no matter what the source.

Question: I have a pregnant participant, would there be anything that would cause an EtG positive during pregnancy?

Answer: The lab is unaware of anything associated with pregnancy that would have the body generate ETG as a byproduct. It would appear that the donor was exposed to ethyl alcohol at some point prior to the specimen collection.

Question: I have an individual who's test came back from the lab positive for cocaine and its metabolite benzoylecgonine. This individual swears they have not done cocaine. Cocaine has NOT been this individual's drug of choice however; he/she has been taking a lot of Ibuprofen and has taken Tramadol for dental work earlier in the month. This individual has also been doing black coffee shots with high amounts of caffeine in them called STOK. I am wondering if there is anything other than Cocaine that would cause this to be positive?

Answer: No, benzoylecgonine is only produced by the ingestion/use of cocaine.

If you have have questions you would like to see answered in a future issue or articles to contribute please email Lisa Mize at: lmize@medtox.com.

Medical Marijuana



A summary of a study posted in Journal Watch Emergency Medicine in July 2008 addressed the alleged role that THC (cannabinoids) has in relieving pain. For years, marijuana legalizationists and other supporters of cannabis use have posited that the main psychoactive ingredient of marijuana has notable properties as a pain reliever. An Austrian based study using cannabis as treatment for burns to the legs of volunteers found that THC was no more effective as an analgesic than placebo. Marijuana is a popularly touted folk remedy for a variety of diseases and conditions. When put to the test of scientific analysis

in a controlled setting, marijuana frequently fails to meet up to its hype. Although pharmaceutical cannabinoids have proven roles in the stimulation of appetite and in reduction of nausea, any drug that must be delivered by smoking a cigarette should be viewed with great skepticism.

Another study published by the Journal of Psychiatry Watch in August of this year addressed marijuana as a means of reducing the symptoms of multiple sclerosis (MS). The study concluded that MS patients who reported the use of marijuana for symptom relief demonstrated significant cognitive impairment when subjected to a battery of tests and measurements. Other recent studies of marijuana found links between moderate use of marijuana and the development of serious psychiatric disorders. Marijuana use and its links to bi-polar disorder and major depression need to be explored and studied before definitive claims can be made. Newsletter readers must appreciate THC's power as a psychoactive substance and understand that a good percentage of marijuana users are addicted and physically dependent on the drug.

Strawberry Quick???



Have you heard a teenager or young adult talk about a substance called Strawberry Quick? Well, it's supposedly another iteration of methamphetamine that is now available and marketed to kids. Supposedly flavored with candies and syrups to make it more pleasant to ingest, it's been widely castigated as the lowest level that drug dealers have ever stooped to get new customers. Well, it appears that the story is not much more than urban legend. There were many suspicious angles to the claims about

Strawberry Quick, among them the fact that this altered and flavored drug could only be consumed orally, a highly inefficient method for ingestion of methamphetamine by anyone, child or adult. But there were other underlying features to the story that tended to indicate that it was more hoax than legitimate advisory. Kids should never accept candy from anyone they don't know, but parents, teachers and law enforcement officers can put Strawberry Quick down at the bottom of their lists of things to worry about.

Hairspray an Abused Drug???

The last couple of years have been witness to shifts in drug abuse trends within substance abusing populations. For some time now, law enforcement groups have been aware of increased inhalant abuse in adolescent and young adult drug cults; especially those who frequent the "rave" scene and visit "techno" music clubs and parties. The use of delirium drugs has increased substantially. The national news has documented injuries and deaths associated with the abuse of these chemical agents. Some of the more popular substances include hairspray, electronic parts cleaner and propane canisters. There are reported cases of stricken parents who've returned to a child's room in the morning after last tucking him or her into bed the night before only to find their child dead from asphyxiation. Most of these cases involve the inhalation of compressed gas from canisters of electronic parts cleaner. The gas in the can blocks the physiological uptake of oxygen into the blood. The lightheaded feeling that results from this type of chemical strangulation causes the user to experience a transitory feeling of euphoria. For many, this type of high is sufficient to cause compulsive use and abuse of these substances.



Abuse of the propellant in hairspray and to a lesser extent the propellant in the cooking additive "PAM" leads to a different sort of action in the brain. These substances are attractive means of getting high because they're ubiquitous household items. If an abuser can't find these substances around the house, a short trip to a nearby convenience store will solve the problem. To inhale a substance like compressed hairspray or PAM, abusers will spray out a cloud of the mist out in front of their face and then quickly inhale as much of the cloud as they can. An alternative and more dangerous form of spraying involves the direct spray of the compressed mist in the mouth and airway. Held at a distance of 6-8 inches, a user takes a short, direct blast of a compressed substance directly into the airway. Absorbed through the lungs, the gases in the propellant act to disrupt the transport activity of hemoglobin and oxygen. With a disruption of the oxygen transporter system to the brain, the deprivation of oxygen results in a transitory feeling of elation and relaxation. In reality, the inhalant abuser is choking the brain's supply route of oxygen. Continued application of inhalants can lead to a loss of consciousness and potentially asphyxiation or death.

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