



12 Panel with Semi-Synthetic Opioids Drug Test

General awareness about the abuse of prescription medications including prescription opioids continues to rise. This misuse has led to an opioid crisis that continues to negatively impact worksites and devastate the lives of many Canadians and their families. Consequently, a number of worksites have expanded their testing standards from the standard 5 Panel drug test to larger test panels that screen for these additional drugs.

The expanded 12 Panel with Semi-Synthetic Opioids drug test not only screens for common illegal drugs like amphetamines, cocaine, THC, phencyclidine and heroine, but provides an additional screening for safety risks associated with medical (prescription) drugs including benzodiazepines, barbiturates, methadone, propoxyphene in addition to the four semi-synthetic opioids. (Full Panel found in Appendix A)

Companies evaluating the 12 Panel testing for their program should be aware of the safety implications, operational impact and risks associated with the practice.

Lab Based and Express Testing Available

CannAmm provides our 12 Panel with Semi-Synthetic Opioids drug test as both a lab-based test or an express test. Though our lab-based testing yields results within a quick 24 to 72 hours, our express urine testing or point of collection testing (POCT) typically offers companies same-day results on negative test results. If the sample is inconclusive, lab confirmation is required and results from an MRO are released within 24 to 72 business hours upon arrival at the lab. For additional information, review the Operational Impact and Summary sections of this Factsheet.

12 Panel with Semi-Synthetic Opioids Drug Test: Implication and Applicability Within Your Program

There are very compelling reasons to use an expanded panel drug test. Our 12 Panel with Semi-Synthetic Opioids screens for traditional drugs of the 5 Panel in addition to commonly misused prescription drugs. It includes four semi-synthetic opioids that were added in response to the opioid crisis. This makes this expanded panel drug test a more thorough panel that can be proactively used to respond to suspected drug abuse in the workplace. However, it is important to understand the true effects this can have on your testing program which is why CannAmm provides our clients with the information and the criteria to make an informed decision. Before changing your policy standards, we recommend considering the following to ensure you are fully informed:

- Does my current supplier provide testing at the screening and confirmation levels the worksite has mandated?
- Is there an immediate risk to worker safety that needs to be addressed?
- Is there sufficient evidence that this substance is being abused in our workplace or the workforce population?
- Are there established guidelines on testing and confirmation that can provide the same legal defensibility as your current panel?
- What impact will this have on your turnaround times in crunch situations (Post Accident/Incident, Reasonable Cause/ Suspicion, urgent Pre-Access)?
- Are there any limitations on the type of methods available for this drug, for example point of collection testing/ laboratory oral fluid testing?

So long as you have a good understanding of the answers to the above questions, you have the information to make an informed decision.

Evaluating Changes to Your Drug Testing Program

In addition to understanding the answers to the above questions, there are three key principles to further consider when making changes to your testing program: safety, operational impact and risk.

Safety:

- 5 Panel tests primarily for prohibited/illegal drugs, while the 12 Panel tests for illegal drugs in addition to misused prescription drugs. The safety risks of prohibited drugs are well supported, but responsibly taken prescription medications are more challenging to link to an actionable safety risk.
- Your program will change, from primarily focusing on identifying illegal drugs of abuse that negatively impact safety on the worksite, to now also including non-prohibited prescribed medications that are used in medical treatments. The risks certain medications pose in a safety sensitive environment will ultimately depend on the clinical opinion of the reviewing physician. Safety advisories are typically issued when the reviewing physician determines that there is a potential risk; however, there is also a legitimate prescription to justify the presence of the drug.

Operational Impact:

- Cost differences between a 12 Panel with Semi-Synthetic Opioids drug test versus a 5 Panel test will vary from provider to provider; typically the difference is relatively small.
- The general consequence of adding drugs to any panel is negatively affecting the average turnaround time to obtain a final result. The performance difference translates into more operational downtime and increased staffing expenses. The operational impact must be weighed to determine whether or not this is acceptable. In CannAmm's experience, which is consistent with that of many large US Third Party Administrators (TPAs), the Medical Review Officer (MRO)-Verified positive test rate for these additional drugs is very low, often less than 1%.

Risk:

- One of the key attributes of the standard 5 Panel with Semi-Synthetic Opioids drug test is its defensibility. This standard has been adopted by numerous associations and is recognized as an acceptable standard in regulated North American workplace drug testing programs. These standards often do not cover or comment on the 12 Panel with Semi-Synthetic Opioids drug test. While the same forensic process is followed, some of the fundamental testing standards, such as the concentration limit that separates a positive laboratory result from a negative laboratory result, are simply not there.

Summary

12 Panel with Semi-Synthetic Opioids drug testing can have useful applications, as it provides an additional screening for safety risks associated with medical (prescription) drugs that may be used as substances of abuse. Companies evaluating the extended 12 Panel for their programs should be aware that, historically, this panel and other similar "extra panel" tests have resulted in less than a 1% increase in positive rates, because many of the tests that require confirmation testing and are lab-confirmed positive are eventually overturned by the Medical Review Officer due to the presence of a valid prescription.

Often in cases where laboratory - positive tests are reversed by the MRO, a safety warning may accompany the test result. An additional consideration is that the full cycle to produce MRO reversed verified negative result typically takes several (4-6) days turnaround time. Companies need to be aware of the indirect financial impact of this process on their operations.

In addition, moving from the standard to the 12 Panel with Semi-Synthetic Opioids testing introduces risk because the additional drugs cutoffs are not set by DHHS - the only recognized authority. Companies can seek to mitigate this risk through the implementation of a prescription reporting policy within their organization.

Any clients interested in discussing such a policy are encouraged to contact CannAmm at 1.800.440.0023 - we are here to advise and assist.

References

1. "Major findings from the Canadian Alcohol and Drug Use Monitoring Survey (CADUMS) 2010." Health Canada. 14 March 2012. N.P. Web. March 28 2012. <<http://www.hc-sc.gc.ca/hc-ps/drugs-drogués/stat/index-eng.php>>
2. Pagel, ML, et al. "Marijuana and human performance: an annotated bibliography (1970-1975)." Percept Mot Skills. 45 (1977):1125-6. Print
3. Sobolevsky, T, et al. "Detection of JWH-018 metabolites in smoking mixture post-administration urine." Forensic Science International 200 (2010): 141-147. Print.

Appendix A: NON DOT Urine 12 Panel with Semi-Synthetic Opioids

Type of Drug or Metabolite	Initial Test (ng/mL)	Confirmation Test (ng/mL)
Amphetamines Amphetamines Methamphetamines	500	250
Cocaine metabolites Cocaine Benzoylecgonine	150	100
Marijuana Parent Delta-9-tetrahydrocannabinol-9-carboxylic acid (THC)	50	15
Opiate metabolites	2000	2000
Semi-Synthetic Opioids Oxycodone/Oxymorphone Hydrocodone/Hydromorphone	Oxycodone/Oxymorphone: 100 Hydrocodone/ Hydromorphone:300	Oxycodone/Oxymorphone: 100 Hydrocodone/ Hydromorphone:100
Phencyclidine (PCP)	25	25
MDMA MDMA MDA	500	250
6-Acetylmorphine	10	10
Barbiturates	300	100
Benzodiazepines	300	50
Methadone	300	100
Propoxyphene	300	-