



## Toxicology Section – 2005

### K22 How HHS is Applying Recommendations From the Hair Testing Working Group

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After attending this presentation, attendees will understand how well the recommendations provided by the Hair Testing Working Group to the Department of Health and Human Services have apparently been received and are being incorporated in the current version of the Notice of Proposed Revisions to Mandatory Guidelines for Federal Workplace Drug Testing Programs on alternate matrix testing.

This presentation will impact the forensic community and/or humanity by providing a full list of the areas in which previous HTWG guidance had been incorporated or not followed by HHS in the NPRMG. In addition, since HHS (through SAMHSA and its DTAB process, in all likelihood) will have met several times between the electronic upload of this abstract (deadline of 1 August 2004) and the AAFS meeting (February 2005), feedback will be provided on changes made to the NPRMG in relation to hair drug testing to date.

The Hair Testing Working Group (HTWG) met on four (4) separate occasions from November 1998 to January 2001. These meetings were requested and supported by the Department of Health and Human Services (HHS) Division of Workplace Programs to provide input as the Substance Abuse and Mental Health Services Administration (SAMHSA) began considering and developing rules for active regulatory oversight of alternate matrix drug testing. Over the course of its 4 meetings, the HTWG involved dozens of individuals representing over 10 laboratories, the U.S. Military, ONDCP, RTI and academic researchers in the field.

When the Notice of Proposed Revisions to Mandatory Guidelines for Federal Workplace Drug Testing Programs (NPRMG, FR Doc 04-7984) was ultimately promulgated in April 2004, over 150 public comments were received by HHS. The work of the HTWG had been the subject of significant deliberation and interest by SAMHSA's Drug Testing Advisory Board (DTAB) during the authors' original work from 1998-2001. Therefore, as with many within the laboratory testing industry, MRO population and companies using workplace testing, a great deal of interest in the NPRMG was had. As Co-Chairs of the HTWG, the authors had intimate knowledge of the many hours of discussions from HTWG meetings.

Based on review of the NPRMG, a public comment was forwarded to HHS which spelled out specific areas of the document that were especially outstanding. Also specified are those areas of the NPRMG in which either the field would have reservations or trouble instituting, or for which there appeared to be misstatements about the science involved. For example, it was encouraging that the NPRMG recognized some of the less than favorable elements of urine drug testing approaches and applications and recognized the complementary nature of urine, hair, oral fluid, and sweat drug testing. No single matrix provides the information necessary for every investigation, detection and deterrence strategy, and the NPRMG was clearly building a much better environment for complementary uses of drug testing technologies for the future.

Several of the areas (among many) in which the NPRMG needed changes included: 1) over-discussion in the Preamble of unproven biases that have been suggested among populations of tested individuals; 2) lowering of overall industry standards through the Instrumented Initial Testing Facility (IITF) guidelines outlined in Section M of the NPRMG; 3) clearer guidelines involving metabolites, effective washing techniques and appropriate cutoff levels to differentiate environmental contamination and actual drug ingestion; 4) PT performance standards based more on efficient extraction/recovery procedures; 5) MDMA immunoassay detection recommendations; 6) allowance of body (other than pubic) hair rather than just head hair; 7) minimization of sample handling to prepare duplicates for testing; 8) changes in selected cutoffs and analytes representing drug classes; and 9) unnecessary "invalid sample" collection requirements.

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#### **Hair Drug Testing, Mandatory Guidelines, HHS/SAMHSA/DTAB Revisions**