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K26 A Homemade Device to Cheat the Urine Drug Screen

Iouri G. Boiko, MD, PhD*, Douglas Posey, MD, Ashraf Mozayani, PharmD, PhD, and Luis A. Sanchez, MD, Harris County Medical Examiner Office. 1885 Old Spanish Trail. Houston, TX 77054

Attendees will gain awareness of possible cheating in urine drug testing.

This presentation will impact the forensic community and/or humanity by increasing awareness of cheating on drug tests.

The goal of this paper is to report a novel mechanism that may have allowed a male subject to continue the use of illicit drugs while participating in a urine drug-screening program. The mechanism to be described was discovered during a postmortem examination.

Urine drug testing is currently recognized as the "gold standard" for drug testing because of its proven accuracy, reliability, and fairness. It is used to identify users of illicit substances in order to provide security for critical workplaces and to allow monitoring of known drug abusers during treatment. The mechanism described here provides a pathway to "pass" the urine drug screen while continuing the use of illicit drugs.

The recognition and prevention of methods and devices that can be used to alter the urine drug screen process is critical to the success of any drug-testing program. The following are details of the mechanism used in this case to interfere with the screening process.

The decedent was a 21-year-old Caucasian male who was found prone on the bed with his feet touching the floor. The decedent was nude but wearing his glasses. He had numerous tattoos and body piercings that included two penile piercings. There were multiple puncture marks on the body including the antecubital and femoral fossae. The puncture mark on the left upper arm was surrounded by blue-green discoloration. Prescribed medications at the scene included alprazolam, dextroamphetamine, Flonase, ketorolac, OxyContin, and two boxes of Duragesic (fentanyl) patches.

The "novel mechanism" encountered in this case was a container wrapped in duct tape. The container was in a plastic bag, and surgical tubing ran from the container through the piercing in the penis. According to the decedent's roommate, this device was used to hold urine samples that would be forced through the tubing at the time of urine drug screening. The decedent had a past history of street drug use but had been clean in the recent past. The autopsy findings included multiple old and more recent bilateral injection sites on the antecubital and femoral fossae. The examination of the container and tubing recovered from the scene showed that it could easily be hidden on the body under the clothing, thereby allowing for the replacement of the decedent's urine with a sample known to be free of drugs.

The device described here creates concern about the vulnerability of urine drug screen collection procedures. This case may be the sentinel event that refocuses attention on the conflict between the right of privacy and the need to maintain a safe and secure workplace

Urine Drug Testing, Homemade Device, Urine Substitution