

Adding to Your Toolbox:

Oral Fluid Testing

AN INTERVIEW

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Oral fluid drug testing is getting a lot of attention due to two major events that have occurred in the past year.

First, in October 2019 the Substance Abuse and Mental Health Services Administration (SAMHSA) issued final mandatory guidelines for the use of lab-based oral fluid drug testing in federal workplaces. It was the first new endorsement of a drug testing method by the federal government in more than 30 years and established, for the first time, lab-based oral fluid testing in the workplace as a "gold" standard.

Second, the COVID-19 pandemic has created problems for some companies to get urine sample collections done, thus motivating employers to find alternative drug testing methods in order to work around obstacles and maintain their workplace programs.

More recently, the Office of Drug and Alcohol Policy Compliance (ODAPC) within the U.S. Department of Transportation (DOT), an agency that mandates more than six million drug tests a year of private-sector safety-sensitive transportation workers, issued a new version of the required Custody and Control Form (CCF).¹ The new form includes a box to indicate which specimen was collected, urine or oral fluid, perhaps a significant indicator of DOT's intention to allow lab-based oral fluid testing sooner rather than later.

What's the Buzz recently met with Tom Ellis, CEO of Croft Workplace Drug Testing, a national TPA based in Arizona. Tom became a fan of lab-based oral fluid drug testing years ago when he was looking for ways to help his clients maximize their return on investment in drug testing and to give him an upper hand when competing for business against other drug test providers.

WTB: Tom, you've been providing lab-based oral fluid drug testing for a while now. What you would say are some of the advantages of oral fluid testing?

TE: First, let me say that as a TPA, I trust oral fluid testing and think it is the wave the future. More than half of our clients already use oral fluid testing, and some have asked that we only use oral fluid testing.

Oral fluid testing sells itself when you know how to explain the advantages.

Oral fluid testing is non-invasive, and every collection is directly observed; therefore, it is far more difficult to subvert the testing process.

It also solves collection delays due to a shy bladder or when a donor has just gone to the restroom prior to testing.

WTB: Many of your clients utilize traditional urine drug testing. How do they react when you bring up the subject of oral fluid testing?

TE: I find the best time to bring it up is following a known or suspected problem such as drug test cheating, a large number of diluted specimens, or shy bladders. Then we offer to set up a parallel program of oral fluid testing to compliment or support their urine testing program. This way the client can see how the two methods work side-by-side.

We also emphasize that this is not a point-of-collection device, but rather a lab-based testing system with fully confirmed results. They typically ask if it is a full drug panel, and if they can test for the same drugs as their urine testing program, and we explain that it is.

WTB: How common is drug test cheating and how does oral fluid testing help solve the problem?

TE: With urine testing we count out-of-temp specimens and other attempted subversions on a weekly basis because they are so numerous.

We relay that type of information to our clients on a regular basis. This is when we typically discuss the need to consider oral fluid testing as a back-up or to complement to urine testing. This way, if there is something that seems amiss with a urine specimen, we can automatically shift to an oral fluid sample.

Designated Employer Representatives (DERs) are usually quick to see and appreciate how many problematic samples we are able to back up with an oral fluid test and they become fans of the process.

WTB: When does an automatic oral fluid back-up test occur?

TB: Any time our collectors suspect something on a non-regulated collection may hinder or slow the process (shy bladder, dilute, out-of-temp, unusual odor/color, etc.), we immediately shift to an oral fluid collection.

WTB: How long does it usually take for the client to see bottom-line results from this automatic back-up approach?

TE: Typically, within two or three billing cycles the cost savings becomes apparent. Even though we charge more for oral fluid testing, the overall savings in time and fewer repeat collections is easy to measure. In some cases, after less than six months clients have asked to completely shift to oral fluid testing.

WTB: What type of company is most likely to shift to oral fluid testing?

TE: Actually, employers from nearly every sector we serve have adopted our approach.

WTB: Do many companies conduct their own oral fluid collections?

TE: Most companies prefer to have a professionally trained person conduct the collection. However, some actually prefer doing their own collections (especially if they are in remote locations). When a remote company gets frustrated with trying to locate a traditional urine collection facility, we offer to train them to collect oral fluid

samples and ship them directly to the lab. They are often surprised by how easy it is.

WTB: If a company conducts its own oral fluid collections, whom within the company typically does the collection?

TE: We always discourage using standard employees as collectors. In fact, we will only train managers or supervisors, and prefer those who are part of safety or human resources. We also ask that they allow us to train the in-house collectors directly.

Additionally, we provide the collection kits complete with the device, chains of custody, reminder instructions, specimen bags and an air bill. We make it completely turnkey and bulletproof.

WTB: Why would a TPA be reluctant to offer oral fluid testing?

TE: Honestly, I don't know, unless they're relying on old data and old misconceptions and don't understand all the advantages. I really believe all TPAs should offer it. Oral fluid testing sells itself when you know how to explain the advantages.

It builds upon the trust with your clients. For example, we only recommend oral fluid testing if we honestly believe it will be the right fit for a particular client. There are still times when a company must do urine testing. Some clients may be resistant, but most employers are looking for easier and better ways to get the job done.

Oral fluid may not replace urine testing right now, but I believe it is the future of drug testing.

1. "Guidance: Revised Federal Drug Testing Custody and Control Form." U.S. Department of Transportation, 31 Aug. 2020. www.transportation.gov/odapc/Notice_CCF_August_2020.