

# Urine or Oral Fluid?

Cracking the Code – solving the “Urine vs. Oral Fluid” puzzle



## Drug Testing Demarcation

UNIFORM Drug Testing MODEL	HEALTH (Medical)	SAFETY (Operational)
Setting	Medical Facility	Work/Roadside
Domain	Private	Public
Participation	Voluntary	Mandatory
Notification	Announced	Unannounced
Specimen	Urine	Oral Fluid
Drug Classes	Illicit & BZO	Illicit
Detection	Inactive Metabolites *	Active/Parent Drug *
Detection Window	Days (Recent Use)	Hours (Current Use)
Standard	AS 4308	AS 4760

Spent drugs discharged in urine Active (“under the influence”)

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This matrix solves the **Urine v Oral Fluid** problem, by acknowledging that the two specimens reveal different pictures (serving different purposes), *which do not substitute, but complement each other*. (Exactly as with alcohol, where police perform RBT, not RUT (random urine test), to check if you are “under the influence”. Only rehab clinics use urine tests – to *monitor* their patients drinking habits.)

	<p><b>Health Assessments</b> (recent &amp; habitual use)            “Voluntary” testing performed at medical facility:            Pre-employment, medical/check-up, rehab or RTW            = <b>Urine Testing</b> (revealing <i>spent, inactive metabolites</i>)</p>
	<p><b>Safety Assessments</b> (current use &amp; under the influence)            Mandatory testing performed at work or roadside by police:            Random (high-risk), suspicion, incident or accident, follow-up            = <b>Oral Fluid Testing</b> (revealing <i>presence of psychoactive drugs</i>)</p>

Urine testing is a blunt instrument, which is widely used by drug courts and in prisons to *monitor* inmates and parolees. It is also used by defence and police forces, to *monitor* police officers who are chasing and arresting criminals at gun point and seizing vast amounts of cash and drugs. Normal workers need not be treated as convicts or combatants, and their integrity is not on the line - as with sworn officers - *only their safety is*. The **NADATA Code** *makes the most of both standards*, aligns workplace drug testing with roadside drug testing in *all* states and territories and brings clarity, consistency and stability. Not rocket science, not forensic science - just common sense. Sheer logic in sync with privacy codes, where employers only seek personal information on a *need-to-know* basis, and - when at work - you do not need to know what a person did or drank several days or weeks ago. Consequently, as urine is not fit for purpose for impairment assessments, and oral fluid is not fit for purpose for health assessments, this *code* and *best practice* will eventually become a new **gold standard**. QUIZ (for old-school pathologists and policy makers): *Which tool is the best - magnifying glass or binoculars?*