

138200

Form 23.1

	TOLEDO POLICE DIVISION		SPECIAL ORDER		Chief of Police <i>[Signature]</i>
	Originated By: Internal Affairs <i>[Signature]</i>		Staff Review By: Planning/Inspections <i>[Signature]</i>		Processed By: Planning/Inspe <i>[Signature]</i>
	SUBJECT: TOLEDO POLICE DIVISION DRUG POLICY		Manual Sections Revised: Agreements between City of Toledo and T.P.P.A. / Section 2129.20 T.P.C.O.A. / Section 2109.17		
TO: All Personnel	Distribution: 1	Number: 89-09	Date of Issue: April 10, 1989	Effective Date and Time: April 10, 1989	

POLICY STATEMENT

The Police Division recognizes illegal drug usage as a threat to the public safety and welfare to the employees of the Division. Thus the Police Division will take the necessary steps, including drug testing, to eliminate illegal drug usage. The goal of this policy is prevention and rehabilitation rather than termination.

Drug abuse today is a cancer that threatens our society at every level. Insidious and addictive, costly and destructive, drug abuse is a major public health threat. The health and safety of the employees and the citizens depends on the extent that the Division can develop an appropriate response to the use of drugs.

The illegal use of drugs by employees of this Division can have a major impact on job performance including but not limited to the following areas:

1) Drug Related Crimes:

The Division is especially sensitive to the fact that even the one-time usage of a controlled substance feeds into a vast network of criminal activity. Frequent use of drugs may lead to selling drugs, theft of evidence, commission of other serious crimes, association with criminal corruption and involvement with organized crime.

2) Unreliable Witnesses:

Employees who have used or abused drugs can easily be discredited as a witness in a court case.

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3) **Morale and Loss of Public Trust:**

A scandal involving illegal drug usage in the Police Division would have a major impact on the vast majority of employees who have earned the public's trust, and the Division would face speculation about the integrity and the willingness of the Division to police its own.

4) **Safety and Liability Issues:**

Division members have a number of responsibilities which set them apart from employees in other organizations.

- a) They are entrusted with firearms and are required to carry them off-duty.
- b) They operate vehicles, sometimes under emergency conditions.
- c) They have the authority to deprive others of their liberty.
- d) They provide back-up to other officers in dangerous and sometimes life threatening situations.
- e) They may be recalled to duty 24 hours a day.

PROCEDURES FOR TESTING

Who is to be Tested:

Employees assigned to the Vice/Metro, Property Recovery Units and Property Management Section may be tested for illegal drug usage one time during a calendar year. A calendar year shall be from January 1st to December 31st.

Any employee may be tested for illegal drug usage based on reasonable suspicion.

* * Reasonable suspicion is a lesser standard than probable cause. There is reasonable suspicion when there is some articulable basis for suspecting that the employee is using illegal drugs. There is reasonable suspicion when there is some quantum of individualized suspicion as opposed to an inarticulate hunch.

Notification of Testing:

Annual Testing: Officers assigned to the Vice/Metro, Property Recovery Units and the Property Management Section may be ordered, at the Chief's discretion, to submit a urine sample for testing for illegal drug usage once each calendar year. The date and time of the testing shall be determined by the Chief of Police or his Designate.

Reasonable Suspicion: Based on reasonable suspicion any employee in the Division shall be notified he is to be tested for illegal drug usage. All notifications shall be in writing and on the Division's Illegal Drug Usage Screening Form - Reasonable Suspicion, T.P.D. Form 5.11 (See Attached).

It shall be the policy of the Police Division to have urine samples collected in a medical setting. Generally, the sample should be collected during normal business hours at the office of the designated city physician. However, samples may be collected in other medical settings during other than normal business hours.

Testing Officers Assigned to Special Units: When an officer from those units specified in the labor agreements is to be tested he shall be given a written order, T.P.D. Form 5.10 (See Attached) setting forth the time and date of the test.

During normal business hours the officer shall be accompanied to the city physician's office by a command officer of at least one rank higher. The officer shall then be ordered to submit a urine sample according to the specific procedures established by the city physician's office.

Testing Based on Reasonable Suspicion: When an officer is to be tested as a result of reasonable suspicion, the following procedures shall be followed:

- 1) The employee shall be immediately relieved of duty with pay in accordance with the language in the labor agreements by the appropriate ranking command officer.
- 2) The employee will be notified of his right to union representation.

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- 3) T.P.D. Form 5.11, Illegal Drug Usage Screening Form - Reasonable Suspicion, shall be completed by the command officer outlining the reasonable suspicion and ordering the employee to submit a urine sample. The officer submitting the sample shall sign T.P.D. Form 5.11, indicating he understands he is being ordered to submit the sample and understands his refusal to submit a sample may constitute a charge of insubordination and the basis for disciplinary action up to and including dismissal from the Division.

As provided for in Administrative Order 89-02 and to assure an orderly process, the command officer shall remain with the employee until the employee has submitted a sufficient sample and the process has been completed.

Sample and Chain of Custody:

When a urine sample is collected at the city physician's office, the procedures established by his office for the preservation of the integrity of the sample will be followed.

- 1) The urine sample collected for testing shall normally be obtained as the result of one void.
- 2) An officer shall be allowed a maximum of 90 minutes to provide a sufficient sample.
- 3) A minimum of 30 cc of urine must be obtained at one time in order for a split sample to be obtained. For those samples testing positive, the split sample will be subject to a second analysis at a second approved laboratory.
- 4) If less than 30 cc of urine is obtained, there will be no split sample. However, the original sample, if tested positive, will continue to be kept and available for testing at a separate laboratory.

Samples collected at medical locations other than the city physician's office will be treated as evidence by the command officer receiving same. The command officer shall insure that the following steps are adhered to:

Special Order 89-09
T.P.D. Drug Policy
Page 5 of 5

- 1) The name and division I. D. number of the employee submitting the sample are securely affixed to the bottle used to collect the sample.
- 2) The sample is collected directly from the employee submitting the sample or the medical personnel receiving the sample.
- 3) The command officer shall insure that the sample is properly sealed and is marked on the top of the container with the initials of the employee submitting the sample, the command officer and medical personnel.
- 4) The sample shall then be stored under refrigeration at existing Division facilities where it will be collected by a member of the Internal Affairs Unit and delivered to the city physician's office for processing. The city physician will make the request for analysis of the sample and insure that his standard procedures are followed.

Analysis of Sample:

The urine sample from the employee will be analyzed at a laboratory selected by the City. The laboratory will use established scientific principles in the analysis of the sample. However, to insure the highest degree of reliability, in every case where the initial screening test is positive, there shall be a confirmation test. Only samples testing positive through the confirmatory test will be reported as positive. Normally the EMIT test will be used as the initial screening test and Gas Chromatograph Mass Spectrometry (GC/MS) will be the confirmatory test. For cannabinoids (marijuana) the positive testing level shall be set at 50 nanograms per milliliter (50ng/ml). The positive levels of other drugs tested for will be determined by the established standards of the testing laboratory.

The confirmation test shall be qualitative in nature rather than quantitative.

Discipline:

Those employees testing positive may be subject to the disciplinary process.

ILLEGAL DRUG USAGE SCREENING FORM
ASSIGNMENT RELATED

Name of Employee _____

Identification Number _____

Date and Time _____

Bureau Commander Notified _____

I.A. Personnel Notified _____

TPPA/TPCOA Rep Contacted _____

In accordance with the labor agreement with the TPPA/TPCOA and by virtue of your assignment to property management, vice/metro or property recovery, you are hereby required to submit to a Urinalysis Test.

Refusal to comply with this order to submit to such examination may be considered insubordination and may constitute the basis for disciplinary action up to and including dismissal.

I _____ order _____
command officer employee
an employee of the Toledo Police Division to provide a urine sample to be used in testing for possible illegal drug usage.

signature

date

I understand that I am required to submit a urine sample and that refusal to sign any of the necessary forms or answer any of the necessary questions pertaining to the sample shall constitute a refusal to provide a sample in violation of the labor agreement and insubordination. I understand either of these may constitute a basis for disciplinary action up to and including dismissal.

employee signature

date

Original to Chief of Police
Copy to Officer

EDUCATIONAL DRUG INFORMATION

The following information has been prepared in conjunction with the issuance of the Toledo Police Division's Drug Policy. It is hoped that some of the fears, suspicions and erroneous assumptions relating to drug testing can be eliminated through the following Question and Answer format.

INTRODUCTION:

What is a drug?

A drug is any chemical substance that produces physical, mental, emotional or behavioral change in the user.

What is drug abuse?

Drug abuse is the use of a drug for other than medicinal purposes which results in the impaired physical, mental, emotional or social well-being of the user. Drug misuse is the unintentional or inappropriate use of prescription or over-the-counter drugs, with similar results.

Which drugs are abused?

Narcotics, sedatives, alcohol, tobacco, stimulants, marijuana, inhalants, hallucinogens, phencyclidine - these are the major drugs of abuse. All have one thing in common: to one degree or another, they affect the user's feelings, perceptions and behavior. Most of these drugs affect the user in physical ways as well, but they are abused because of their psychoactive (mind-altering) properties.

What is drug addiction?

The term drug addiction has been popularly used to describe a "physical" dependence on a drug. Originally associated with narcotic dependence, the term is gradually being replaced by the more neutral drug dependence.

What is tolerance?

Tolerance is a state which develops in users of certain drugs and requires them to take larger and larger amounts of the drug to produce the same effect. Tolerance often, but not always, occurs along with (physical) dependence.

Why do people abuse drugs?

There are many reasons: they wish or believe that drugs can solve every problem, the pressure from friends to experiment, the enjoyment of drug effects, and easy access to socially acceptable drugs like alcohol and tobacco.

Reasons for drug experimentation, such as curiosity or social pressure, differ from reasons for occasional drug use, such as enjoyment or availability, and reasons for continuing to use drugs such as dependence and fear of withdrawal.

What is drug dependence?

Drug dependence is the need for a drug which results from the continuous or periodic use of that drug. This need can be characterized by mental and/or physical changes in users which make it difficult for them to control or stop their drug use. They believe that they must have the drug to feel good, or normal, or just to get by. This mental aspect of drug dependence is often called psychological dependence.

Some drugs, like narcotics and barbiturates, change the body's physical system so that it becomes used to the drug and needs it to function. When a user stops taking the drug, he or she will experience withdrawal symptoms, like vomiting, tremors, sweating, insomnia, or even convulsions. So to avoid withdrawal and to continue to function, the user takes the drug again. This aspect of drug dependence is often called physical dependence.

Are Drugs harmful?

Any drug can be harmful. Drug effects depend on many variables, including the amount of drug taken, how often it is taken, the way it is taken, and other drugs used at the same time. Also, the user's weight, set (personality, mood, expectations), and setting of use (environment) help determine how a drug affects a person.

How can misuse of legally obtained drugs be controlled?

Drugs should be used only as prescribed and should be destroyed when they are no longer needed. All drugs, including nonprescription, over-the-counter drugs, should be kept away from children. Doctors and pharmacists should watch prescription renewals for drugs that can lead to dependence.

Do drug users ever take more than one drug?

Yes. Multiple drug abuse is common. People who abused one drug are likely to abuse other drugs, either by taking a variety of them all at once or at different times. Multiple drug abuse means multiple risk. Mixing alcohol and sleeping pills, sedatives or tranquilizers is especially dangerous. Unfortunately, young people are experimenting more and more now with these potentially lethal combinations.

Is it unsafe to use drugs during pregnancy?

It can be. Pregnant women should be extremely cautious about taking any drug, even aspirin without first consulting their physician.

Research has shown that heavy smoking and drinking can harm the developing fetus. Babies born of narcotic and barbiturate dependent mothers are often born drug dependent and require special care after birth.

What is drug overdose, and what can I do about it?

An overdose of drugs is any amount which produces an acute and dangerous reaction. A severely low breathing rate, a stupor or coma are indicative of drug overdose. Get medical help immediately! In the meantime, make sure the overdosed person gets plenty of air. Artificial respiration may be necessary.

Sometimes hallucinogens, PCP, marijuana or stimulants produce a panic reaction. The person may become frightened, suspicious, and may fear harm from others. It is crucial that everyone remain calm and reassure the person that these feelings are drug related and will subside. Outside help is usually available from community hot lines, drug crisis centers, or hospital emergency rooms and should be sought after as soon as possible.

Can over-the-counter (nonprescription) drugs be dangerous?

Yes. When these drugs are overused or misused in some other way, they too can cause serious problems. Drugs bought without a prescription, such as antihistamines, aspirin, cough medicines, diet pills, sleeping pills and pep pills, can be helpful for minor, short-term discomforts. Although these preparations are relatively safe, users should always read labels carefully and check with their doctor if uncertain about the effect a particular over-the-counter drug may have.

What are controlled drugs?

Controlled drugs are those placed on a schedule or in special categories to prevent, curtail or limit their distribution and manufacture. Under the Controlled Substances Act of 1970, the Attorney General of the United States (on recommendation of the Secretary of Health, Education and Welfare) has the authority to place drugs into five schedules or categories, based on their relative potential for abuse, scientific evidence of the drug's pharmacological effect, the state of current scientific knowledge about the drug, and its history and current pattern of abuse.

What kind of treatment is available for the drug abuser?

In recent years, the kinds of treatment programs have multiplied since no single therapeutic approach seems to succeed for all people and with all drugs.

Treatment approaches for narcotics abusers principally include drug-free or methadone maintenance in residential or outpatient facilities. Approximately two-thirds of the 3,400 treatment programs located across the country are drug free; the remaining one-third utilize methadone maintenance. Rehabilitation services such as career development, counseling and job skills training are also available.

There are many other programs providing short-term counseling or drug crisis therapy in health agencies,

schools, community mental health centers and other organizations.

MARIJUANA:

What is marijuana?

Marijuana ("grass," "pot," "weed") is a common plant with the botanical name of Cannabis sativa. The chief psychoactive (mind-altering) ingredient in marijuana is delta-9-tetrahydrocannabinol, or THC, although over 400 other chemicals are also contained in the plant. A marijuana joint (cigarette) is made from the dried particles of the whole plant except the main stem and roots. The amount of THC in the joint primarily determines its psychoactive potential. In recent years, the strength of street samples of marijuana has markedly increased.

Does marijuana vary in strength?

Plant strain, climate, soil conditions, time of harvesting and other factors determine the strength of marijuana. The plant that grows wild in the United States is usually lower in THC than cultivated marijuana, especially Mexican, Lebanese, Southeast Asian or Indian varieties. Sensemilla, a relatively new cultivated form of marijuana, is now grown in this country and may contain as much as 7 percent THC. Because the strength and chemical composition of naturally grown marijuana vary so much, delta-9-THC is synthesized (created through a chemical process) so a pure measurable drug is available for drug abuse research.

What are some of the immediate effects of smoking marijuana?

Most users who smoke marijuana experience an increase in heart rate, reddening of the eyes, and dryness in the mouth and throat. Studies of marijuana's mental effects have revealed that the drug temporarily impairs short-term memory, alters sense of time and reduces the ability to perform tasks requiring concentration, swift reactions and coordination. Many feel that their hearing, vision and skin sensitivity are enhanced by the drug, although these reports have not been objectively confirmed by research. Feelings of euphoria, relaxation, altered sense of body image and bouts of exaggerated laughter are also commonly reported.

Do people ever react badly to the drug?

The most commonly reported immediate adverse reaction to marijuana use is the "acute panic anxiety reaction." It is usually described as an exaggeration of normal marijuana effects in which intense fears of losing control and going crazy accompany severe anxiety. The symptoms often disappear in a few hours when the acute drug effects have worn off. Other physical and mental effects are described below.

Can marijuana cause dependence?

Physical dependence on marijuana has been demonstrated in research

subjects who have ingested large amounts of marijuana on a daily basis. When the drug was discontinued, subjects experienced withdrawal symptoms - irritability, sleep disturbances, loss of appetite and weight, sweating and stomach upset. Tolerance to marijuana, the need to take more and more of the drug over time to get the original effect, has been proven in animals and humans.

Can marijuana affect pregnancy?

Research on women is limited because of possible risks to the unborn child. But laboratory tests using female monkeys, whose reproductive systems are very similar to humans, have found that THC-treated monkeys were four times more likely than untreated monkeys to abort or have stillborn infants. And males born of the THC-treated monkeys weighed less than average at birth. Scientists believe that marijuana, which crosses the placental barrier in the pregnant mother's womb, may have a toxic effect on embryos and fetuses. Using marijuana during pregnancy is taking an unnecessary risk.

Can marijuana cause brain damage?

To date, no definitive neurological study of humans has turned up evidence of marijuana-related permanent brain damage. However, in a recent study a rhesus monkey was trained to smoke a marijuana cigarette 5 days a week for 6 months. The researcher reported that persistent changes in the

structure of the monkey's brain cells followed. This and other studies lead researchers to conclude that the possibility of subtle and lasting changes in brain function from heavy and continuous marijuana use cannot be ruled out.

What is marijuana burnout?

"Burnout" is a term first used by marijuana smokers themselves to describe the effect of prolonged use. Young people who smoke marijuana heavily over long periods of time can become dull, slow moving and inattentive. These burned-out users are sometimes so unaware of their surroundings that they do not respond when friends speak to them, and they do not consider themselves to be burned out. Scientists believe that burnout may be a sign of drug-related mental impairment that may not be completely reversible, or is reversible only after months of abstinence.

How does marijuana affect the heart?

Marijuana use increases heart rate as much as 50 percent depending on the amount of THC in the cigarette. It brings on chest pain in people who have poor blood supply to the heart - and it produces these effects more rapidly than tobacco smoke does. For this reason, doctors believe that people with heart conditions, or those who are at high risk for heart ailments, should not use marijuana.

How does marijuana affect the lungs?

Scientists believe that marijuana can be particularly harmful to the lungs because users typically inhale the unfiltered smoke deeply and hold it in their lungs as long as possible, thereby keeping the smoke in contact with lung tissue for prolonged periods. Repeated inhalation of smoke, whether of marijuana or tobacco, inflames the lungs and affects pulmonary function. In one study on humans, it was found that smoking five "joints" a week, over time, is irritating to the air passages and impairs the lung's ability to exhale air more than smoking six packs of cigarettes a week. Another study on animals using THC at levels similar to daily human use found that extensive lung inflammation developed after a time period equal to a quarter to half the animal's lifetime.

Can marijuana cause cancer?

Marijuana smoke has been found to contain more cancer-causing agents than is found in tobacco smoke. Examination of human lung tissue that had been chronically exposed to marijuana smoke in a laboratory showed cellular changes called metaplasia that are considered precancerous. In laboratory tests, the tars from marijuana smoke have produced tumors when applied to animal skin. These facts suggest that it is likely that marijuana may cause cancer if used for a number of years.

How long does marijuana stay in the body after it is smoked?

When marijuana is smoked, THC its active ingredient, is absorbed by many tissues and organs in the body. The body, in its attempt to rid itself of the foreign chemical, chemically transforms the THC into metabolites. Human tests on blood and urine can detect THC metabolites for some time after marijuana is smoked. Tests involving radioactively labeled THC have traced these metabolites in animals for up to a month.

How does marijuana affect driving?

Research has shown that social doses of marijuana can impair driving ability. Actual driving experiments reveal that the drug has a significant effect on judgement, caution and concentration. Marijuana also affects the driver's perceptual and motor abilities. A recent study of 300 drivers responsible for fatal accidents in Boston showed that 39 percent were intoxicated with alcohol and 16 percent were under the influence of marijuana at the time of the fatal crash, according to interviews with witnesses. With its increased use among the general population, marijuana presents a definite danger on the road.

Do marijuana users go on to use other drugs?

Surveys show that regular marijuana users are more likely to experiment with

other drugs such as hashish, hallucinogens, amphetamines and, occasionally, barbiturates and heroin. In addition, a recent study found that regular users combine use of alcohol with marijuana, which is more hazardous than the use of either drug alone.

COCAINE:

What is cocaine?

Cocaine, a stimulant drug extracted from the leaves of the coca plant, increases heart rate and blood pressure. Street cocaine is a powder which is most commonly inhaled, although some users ingest, inject, or smoke a form of the drug called freebase.

What dangers are associated with cocaine abuse?

Paranoia is not an uncommon response to heavy doses of cocaine. The drug may also trigger psychosis in users who are prone to mental instability.

Repeated inhalation often results in nostril and nasal membrane irritation. Injection with nonsterile equipment can cause hepatitis or other infection.

Some regular users have reported feelings of restlessness, irritability and anxiety. Others have experienced hallucinations of touch, sight, taste, or smell.

When people stop using cocaine after taking it for a long time, they frequently become depressed. They tend to fight off this depression by taking more cocaine, just as in the up/down amphetamine cycle.

Cocaine is toxic. Although few people realize it, overdose deaths from injected, oral and even snorted cocaine have occurred. The deaths are a result of seizures followed by respiratory arrest and coma, or sometimes by cardiac arrest.

Cocaine use has increased at an alarming rate. Overdose deaths average over 500 per year, compared to less than 30 deaths five years ago.

What is cocaine base?

Cocaine base, or freebase, a smokable mixture converted from street cocaine, is the most toxic form of the drug. Since smoking is the fastest way to get cocaine to the brain, freebase smoking increases the risk that a user will become fearful, anxious, or develop serious psychological symptoms. Freebase smokers appear to be less able or willing than other cocaine users to control their use, which suggests that smoking can produce a strong form of psychological dependence.

Can people become addicted to cocaine?

Recent evidence suggests that cocaine produces a physical dependence, and it is clear that a psychological dependence can result from heavy or continuous use.

URINALYSIS:

How reliable are urinalysis methods?

A variety of methods are available to laboratories for drug screening through

urinalysis. Most of these are suitable for determining the presence or absence of a drug in a urine sample. Accuracy and reliability of these methods must be assessed in the context of the total laboratory system. If the laboratory uses well-trained and certified personnel who follow acceptable procedures, then the accuracy of the results should be very high. Laboratories should maintain good quality control procedures, follow manufacturer's protocols, and perform a confirmation assay on all positives by a different chemical method from that used for the initial screening.

Equally important are the procedures that are followed to document how and by whom the sample is handled from the time it is taken from the individual, through the laboratory, until the final assay result is tabulated. This record is referred to as the "chain of custody" for the sample.

What does laboratory quality assurance mean?

A quality assurance program includes all of the practices carried out by the testing laboratory to assure that the goal of reliably identifying urine specimens containing defined quantities of specified drugs or drug metabolites is achieved. All of the parameters of drug testing (such as accuracy, precision, detection of outliers, etc.) are monitored by quality control procedures. Quality assurance involves all aspects of the testing laboratory. Specimen

acquisition, processing, testing, and reporting of test results must all be as error free as possible in order to achieve the goals of urine drug testing.

Dedication to quality testing must be of paramount importance to the laboratory management. Not only must laboratory directors and supervisors be committed to these goals, but administrative support is essential to provide a budgetary basis for space, equipment, staff and all other resources necessary for quality testing. The cost involved in maintaining quality assurance must be recognized at the outset.

What are the primary methods being used for urine screening?

Two of the most widely used methods are the EMIT system, distributed by SYVA Co., and the ABUSCREEN system, distributed by Roche Diagnostics, Inc. The Toledo Police Division will normally be using the EMIT system.

What are "confirmation assays"?

If an initial screening assay shows a sample as being positive, a second assay should be employed to confirm the initial result. Two different chemical principals having both given a positive result greatly decreases the possibility that a "cross reacting" substance or methodological problem could have created the positive.

A confirmation assay usually is made by a method which is more specific

(or selective) than a screening assay. Examples of commonly used confirmation methods include gas chromatography (GC), gas chromatography/mass spectrometry (GC/MS), and high performance liquid chromatography (HPLC). These are sophisticated instrumental methods requiring highly trained technicians to operate them. They are capable of providing highly selective assays for a variety of drugs. Such assays cost more than the screening methods, but they provide a greater margin of certainty when used in concert with the screening assay.

What is the preferred method for confirmation of presumptive positives from initial urine screens?

Gas chromatography coupled with mass spectrometry (GC/MS) is the preferred method for confirmation of a positive urine screening test, although other methods such as GC or HPLC can provide acceptable results. (The Police Division will be using the GC/MS.)

What do assay "sensitivity" and assay "cutoff" mean?

The ability of any assay to detect low levels of drugs has an inherent limit. The concentration of drug in the urine sample below which the assay can no longer be considered reliable is the "sensitivity" limit. the "cutoff" point is the concentration limit that will actually be used to assay samples. Any sample which assays below this level is considered a negative. Manufacturers of commercial

urine screening systems set cutoff limits to their assays well above the sensitivity limits of the assay to minimize the possibility of a sample which is truly negative giving a (false) positive result.

For example, although the immunoassay screens such as the EMIT for detection of marijuana use are sufficiently sensitive to detect drug metabolites at levels below 20 ng/ml, the assays are usually used at cutoff levels of 50 or 100 ng/ml. This not only decreases the possibility of a false positive resulting from operating the assay too close to its level of sensitivity, but also significantly decreases the possibility of a positive test resulting from passive inhalation.

Can passive inhalation of marijuana smoke lead to a positive urine even if the person did not smoke a joint?

Inadvertent exposure to marijuana is frequently claimed as the basis for a positive urine sample. Passive inhalation of marijuana smoke does occur and can result in detectable body fluid levels of THC (tetrahydrocannabinol, the primary pharmacological component of marijuana) in blood and of its metabolites in urine. Clinical studies have shown, however, that it is highly unlikely that a nonsmoking individual could inhale sufficient smoke by passive inhalation to result in a high enough drug concentration in urine for detection at the cutoff of currently used urinalysis methods.

Can time of previous drug use be determined from analysis of urine?

Not specifically. Urine specimens positive for cannabinoids, for instance, signify that a person has consumed marijuana or marijuana derivatives from within 1 hour to as much as 3 weeks or more before the specimen was collected. Generally, a single smoking session by a casual user of marijuana will result in subsequently collected urine samples being positive for 2 to 5 days, depending on the factors which cause drug concentration to vary. Detection time increases significantly following a period of chronic use. Determination of a particular time of use is thus difficult. The same issues would hold for other drugs, although the time after use during which a positive analysis would be expected might be reduced to a few days rather than a week or more.

Can the level of "intoxication" of an individual due to marijuana use be gauged by urinalysis?

Can his or her "use patterns" be determined?

Impairment, intoxication, or time of last use cannot be predicted from a single urine test. A true-positive urine test indicates only that a person used marijuana in the recent past, which could be hours, days or weeks depending on the specific use pattern. Repeated analyses over time will, however, allow a better understanding of the past and current use patterns. An

infrequent user should be completely negative in a few days. Repeated positive analyses over a period of more than 2 weeks probably indicates either continuing use or previous heavy chronic use.

How long after use can cocaine/heroin/phencyclidine be detected by urinalysis?

Detection times are dependent on the sensitivity of the assay. The more sensitive the assay, the longer the drug can be detected. Drug concentrations are initially highest, hours after drug use and decrease to undetectable levels over time. The time it takes to reach the point of nondetectability depends on the particular drug and other factors such as an individual's metabolism. The sensitivity of urine assay methods generally available today allows detection of cocaine used for a period of 1-3 days and heroin or phencyclidine (PCP) use for 2-4 days. These detection times would be somewhat lengthened in cases of previous chronic drug use but probably to no more than double these times.

How long after marijuana is used can such use be detected?

Metabolites or the active ingredients of marijuana may be detectable in urine for up to 10 days after a single smoking session. However, most individuals cease to excrete detectable drug concentrations in 2-5 days. Metabolites can sometimes be detected several weeks after a heavy chronic smoker (several cigarettes a day) has ceased smoking.

The questions and answers in this material were obtained from the following NATIONAL INSTITUTE ON DRUG ABUSE pamphlets:

"Let's Talk About Drug Abuse"

"Employee Drug Screening; Detection of Drug Use by Urinalysis,"
1986, U.S. Department of Health and Human Services

"Urine Testing for Drugs of Abuse," 1986, U.S. Department of
Health and Human Services

	TOLEDO POLICE DIVISION		ADMINISTRATIVE ORDER		Chief of Police <i>[Signature]</i>
	Originated By: Internal Affairs <i>[Signature]</i>	Staff Review By: Planning/Inspections <i>[Signature]</i>	Processed By: Planning/Inspections <i>[Signature]</i>		
	SUBJECT: DRUG TESTING PROCEDURES		Manual or Order Reference: Special Order 89-09 "T.P.D. Drug Policy"		
TO: All Command Officers	Distribution: 1	Number: 89-02	Date of Issue: April 10, 1989	Effective Date and Time: April 10, 1989	

Background:

In the past there has been no standard policy for testing employees for drugs. The negotiated labor agreements with the TPCOA and the TPPA allow the police administration to test employees assigned to specific units and to test employees based on reasonable suspicion of illegal drug usage.

Purpose:

To provide guidelines and a standard operating procedure for the testing of Division employees for illegal usage of drugs.

Order:

Whenever there is reasonable suspicion to believe an employee is involved in illegal drug usage or under the influence of drugs, the procedures listed below shall be followed:

- 1) The employee shall be immediately relieved of duty with pay by the appropriate ranking command officer.
 - a) The officer's service revolver, badge, hat piece and I.D. card shall be collected
- 2) The employee's on duty Section Commander shall be notified immediately.
- 3) The employee shall be notified of his right to union representation.

(OVER)

Administrative Order 89-02
Drug Testing Procedures
Page 2 of 4

- 4) The facts outlining the reasonable suspicion of illegal drug usage shall be reviewed with the appropriate Deputy Chief and Internal Affairs Commander.

If there is reasonable suspicion, the Commander of the Internal Affairs Unit will be responsible for obtaining the approval from the office of the City Manager to have the employee submit a urine sample.

Based on the information available, the Commander of the Internal Affairs Unit will make the determination if the employee will be required to immediately submit the urine sample. He will notify the Deputy Chief of what action is to be taken.

Procedure for Testing During Normal Business Hours

When an employee is to be tested immediately, he shall normally be taken to the designated city physician's office for screening.

Before the urine sample is collected, the Command Officer shall complete T.P.D. Form 5.11, **ILLEGAL DRUG USAGE SCREENING FORM - REASONABLE SUSPICION** outlining the reasonable suspicion and ordering the employee to submit the urine sample.

The designated City Physician's office has established specific procedures for obtaining the urine samples for drug testing. The responsibility of the Command Officer will be to see that the form listed above has been completed and that the employee knows that his refusal to submit a sample may subject him to the disciplinary process.

After the sample has been obtained the employee shall be taken home or to Internal Affairs if during business hours. If taken home the employee shall be ordered to contact the office of Internal Affairs at 0900 hours the next business day.

All required and appropriate reports, including an Unusual Incident Report shall immediately be completed and forwarded to the officer's Bureau Commander, and the Chief of Police. All copies of reports shall be placed in sealed envelopes and marked PERSONAL AND CONFIDENTIAL.

Administrative Order 89-02
Drug Testing Procedures
Page 3 of 4

Procedure for Immediate Testing Outside Normal Business Hours

When it has been determined that an employee is to be required to immediately submit a urine sample outside of normal business hours the following procedures in addition to those listed on page one shall be adhered to:

- 1) T.P.D. Form 5.11 shall be completed.
- 2) A command officer shall transport the employee to the appropriate medical facility.
- 3) The designated City Physician's or medical facility's procedure shall be followed in obtaining the urine sample.
- 4) In order not to cause embarrassment to the employee the Command Officer shall generally not be required to witness the submission of the urine sample unless required by the policies of the medical facility.
- 5) When the Urine sample is collected at a medical facility other than the City Physician's office, the command officer shall take custody of the sample and handle it as evidence (i.e. sealed, marked and placed under refrigeration at existing Division facilities).
- 6) The Command Officer shall insure that the sample is positively identified by the officer's name and Division I.D number, and the officer submitting the sample, the command officer and medical personnel shall initial the seal.
- 7) The officer shall be taken home and ordered to contact the Internal Affairs Unit at 0900 hours the next business day.

It shall be the responsibility of the Internal Affairs Unit to pick up the urine sample and deliver it to the appropriate laboratory for testing.

Procedure for Testing the Following Day

When it has been determined by the Bureau Deputy Chief and Commander of Internal Affairs that the urine sample will be collected the following day, the following procedures shall be followed:

(OVER)

Administrative Order 89-02
Drug Testing Procedures
Page 4 of 4

- 1) The employee shall be relieved from duty, with pay.
- 2) The employee shall be given a direct order to contact the office of Internal Affairs at 0900 hours the following morning.
- 3) The Command Officer making this notification shall advise the employee that failure to follow this order will be considered both insubordination and refusal to provide a sample and the employee may be subject to the disciplinary process up to and including dismissal from the Division.
- 4) All necessary reports shall be completed and forwarded to the officer's Bureau Commander, and the Chief of Police. The reports shall be placed in sealed envelopes and marked PERSONAL AND CONFIDENTIAL.

It shall then be the responsibility of the Internal Affairs Unit to make arrangements for the urine sample to be collected.

NOTE:

An employee who in the judgement of the collecting official attempts to substitute another persons urine, alter by placing or mixing any foreign substance into the sample bottle with his urine or in any way tamper with the collection process will be required to remain at the medical facility and submit a proper sample.

A Command Officer shall remain with the employee until a sufficient sample has been submitted.

This order shall pertain to employees both on and off duty.

NOTE:

While this order pertains to illegal drug usage, command officers are not precluded from the use of the intoxilyzer when appropriate, and as provided for by established division policy.