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FAMILY LAW ON THE FRONTLINES

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**IS YOUR CLIENT UROPHOBIC,  
A DRUGGIE  
OR A LIAR?**

**INNOVATIONS IN SUBSTANCE  
ABUSE TESTING**

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## INTRODUCTION

In a family law case, it is common for one party to accuse the opposing party of substance abuse. As a result, drug and alcohol testing has become a commonplace tool used to determine the accuracy of substance abuse allegations and issues related to custody and visitation. When used properly, drug and alcohol testing is a valuable tool. Armed with the proper information, drug and alcohol testing can then be used to provide evidence of use and non-compliance with the court orders or abstinence and compliance with court orders. Unfortunately, Judges and attorneys are often uninformed regarding the technical nuances of the various testing methods and myths which results in drug and alcohol testing that is inappropriate to the specific circumstances of the case.

The objectives of this paper are to provide the reader with information regarding technical applications and limitations of the various drug and alcohol testing methods. It will explain the myths and truths about drug and alcohol testing including the products used, or attempted to use, with the intent to falsify or negate a test result or to cleanse his or her system of all toxins.

All tests referenced in this paper are forensic tests therefore HIPAA regulations do not apply. Forensic means we are looking for the evidence of the drug and drug metabolites in the specimen to be tested. HIPAA regulations apply to medical or monitored drug tests. The one exception that HIPAA may apply is when using a razor blade (a medical device) to scrape the nails to collect the sample. This is discussed again under nail testing.

## COMMONLY ABUSED DRUGS

Alcohol: Alcohol, while a legal drug, is often abused and habitual use can lead to addiction and significant physical and psychological health problems. Alcohol is rapidly metabolized by the liver into its principle chemical components including carbon dioxide and sugars. Alcohol is within the family of depressant drugs with symptoms including slurred speech, loss of motor coordination and impaired judgment. Alcohol is consumed primarily for its psychotic effects which include a loss of inhibitions and euphoria.

Amphetamine: (AMP) Amphetamines are central nervous stimulants whose effects include alertness, wakefulness, increased energy, reduced hunger and an overall feeling of well being. Large doses and long term usage can result in higher tolerance levels and dependence. The most common source for amphetamine is the prescription diet pills.

Barbiturates: (BAR) Classified generally as depressants, barbiturates produce a state of intoxication that is remarkably similar to alcohol intoxication. Symptoms include slurred speech, loss of motor coordination and impaired judgment. Depending on the dose, frequency, and duration of use, one can rapidly develop tolerance, physical dependence and psychological dependence on barbiturates. Barbiturate abusers prefer the short-acting and intermediate-acting barbiturates pentobarbital (Nembutal), secobarbital (Seconal) and amobarbital (Amytal). Other short-and intermediate-acting barbiturates are butalbital (Fiorinal, Fioricet), butabarbital (Butisol), talbutal (Lotusate) and aprobarbital (Alurate). After oral administration, the onset of action is from 15 to 40 minutes and the effects last up to 6 hours.

Benzodiazepines: (BZO) Also classified as depressants, benzodiazepines are used therapeutically to produce sedation, induce sleep, relieve anxiety and muscle spasms and to prevent seizures. In general, benzodiazepines act as hypnotics in high doses, as anxiolytics in moderate doses and as sedatives in low doses. Like the barbiturates, benzodiazepines differ from one another in how fast they take effect and how

long the effects last. Shorter acting benzodiazepines, used to manage insomnia, include estazolam (ProSom), flurazepam (Dalmane), quazepam (Doral), temazepam (Restoril) and triazolam (Halcion). Benzodiazepines with longer durations of action include alprazolam (Xanax), chlordiazepoxide (Librium), clorazepate (Tranxene), diazepam (Valium), halazepam (Paxipam), lorazepam (Ativan), oxazepam (Serax) and prazepam (Centrax). Abuse of Benzodiazepines occurs primarily because of the "high" which replicates alcohol intoxication. Approximately 50 percent of people entering treatment for narcotic or cocaine addiction also report abusing benzodiazepines.

Cocaine: (COC) Cocaine is made from coca leaves. Its effects include alertness, wakefulness, increased energy and an overall feeling of euphoria. Cocaine may be smoked, inhaled ("snorted") or injected. Cocaine can be a very addictive drug.

Ecstasy: Methylenedioxymethamphetamine (MDMA) is a designer drug first synthesized in 1913 by a German drug company for the treatment of obesity. Those who take the drug frequently report adverse effects, such as increased muscle tension and sweating. MDMA is not clearly a stimulant, although it has, in common with amphetamine drugs, a capacity to increase blood pressure and heart rate. MDMA does produce some perceptual changes in the form of increased sensitivity to light, difficulty in focusing, and blurred vision in some users. Its mechanism of action is thought to be via release of the neurotransmitter serotonin. MDMA may also release dopamine, although the general opinion is that this is a secondary effect of the drug. The most pervasive effect of MDMA, occurring in almost all people who have taken a reasonable dose of the drug, is to produce a clenching of the jaws. Symptomatic and biological responses to MDMA are similar to those produced by methamphetamine.

A new version of Ecstasy, called "Extreme Drug" and laced with methamphetamine, is entering the US through the northern states from illegal labs in Canada. Canadian ecstasy laboratories are producing more than 2 million tablets per week.

Methadone: (MTD) Although chemically unlike morphine or heroin, methadone produces many of the same effects. Methadone is primarily used today for the treatment of narcotic addiction. It is also used as a mild pain reliever. The effects of methadone are longer-lasting than those of morphine-based drugs. Methadone's effects can last up to 24 hours, thereby permitting administration only once a day in heroin detoxification and maintenance programs. Ironically, methadone, used to control narcotic addiction, is a frequently abused narcotic, often encountered on the illicit market and methadone has been associated with a number of overdose deaths.

Methamphetamine: (MET or M-AMP) Methamphetamine is a stimulant drug. It is used in pill form or in powdered form by snorting or injecting. Crystallized methamphetamine is inhaled by smoking and is a considerably more powerful form of the drug. Some of the effects of methamphetamine use include: increased heart rate, wakefulness, physical activity and decreased appetite. Methamphetamine use can cause irreversible damage to the brain, producing strokes and convulsions, which can lead to death. Ecstasy, a new trendy and popular drug among teenagers is a refined and processed form of methamphetamine.

Opiates: (OPI) Opiates are any of the addictive narcotic drugs derived from the resin of the poppy plant. Opiates are analgesics (pain reducers) which work by depressing the central nervous system. They can also depress the respiratory system. Doctors often prescribe them for severe or chronic pain. Opiates are very addictive, both physically and psychologically. Used for only a short time normally results in addiction. Some commonly used opiates are: Codeine, Heroin, Methadone, Morphine, Opium, Percodan, Talwin, Dilaudid, Hydrocodone and Demerol. Opiates are commonly referred to as "downers". Opiates can appear in many forms: white powder or crystals; small white, yellow or orange pills; large colorful capsules; clear liquid and dark brown, sticky bars or balls. Heroin accounts for the majority of the illicit opiate abuse. Some physical indications of opiate use include: extreme loss of appetite and weight, needle tracks or

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