RESEARCH REVIEW COMMITTEE
COURT SERVICES AND OFFENDER SUPERVISION AGENCY AND
PRETRIAL SERVICES AGENCY FOR THE DISTRICT OF COLUMBIA

REVIEW RECOMMENDATION STATEMENT

DATE: January 8, 2013

I. RESEARCH PROPOSAL SUMMARY

Principal Researchers: Eric D. Wish, Ph.D., Director, Center for Substance Abuse Research (CESAR), University of Maryland, College Park

Title: Development of a Community Drug Early Warning System (CDEWS) for Tracking Emerging Drugs in the Criminal Justice Population

Institution: Center for Substance Abuse Research (CESAR), University of Maryland, College Park

Description:
The purpose of this study is to update defendant/offender drug testing protocols that were developed based on data collected from the District's drug testing program through the Department of Justice's Drug Use Forecasting Program (DUF, now ADAM), launched in 1987. Drug use patterns have changed significantly since then and new protocols are needed in order to track new emerging drugs and to ensure that drug monitoring programs are testing for the licit and illicit drugs most often used by defendants/offenders.

The White House Office of Drug Control Policy (ONDCP) is working with CESAR to develop a new way to rapidly and inexpensively obtain this type of information as part of a community drug early warning system (CDEWS). The researchers request that PSA participate in the CDEWS model, which is a rapid and cost effective approach that relies on sampling urine specimens that have already been routinely collected by a criminal justice agency and tested for a limited number of drugs. These are specimens that are ready to be discarded. The selected specimens are sent to an independent laboratory for expanded testing for a panel of more than 30 licit and illicit drugs. CESAR developed the CDEWS model through pilot studies with Maryland's Division of Parole and Probation. The proposed study with PSA will enable CESAR and ONDCP to test the feasibility and value of the CDEWS model with arrestee and probationer populations in Washington, DC.

This study applies to PSA only.

Type of Data and Analysis:

This study will sample and test specimens that are ready to be discarded by the PSA laboratory. Sampled specimens will be provided to the researchers without personal identifiers and then sent to a private independent lab for testing for an expanded panel of more than 30 illegal and prescription drugs. The researchers will obtain a total

of 900 specimens including 300 specimens from each of three populations: arrestee, pretrial and parole/probation. Of the 900 specimens, the researchers will test 450 specimens for synthetic marijuana (K2).

The duration of the sampling period depends on the length of time required for PSA staff to accumulate the desired number of positive and negative specimens. Researchers expect that all sampling and testing of urines will be completed by March 30, 2013.

II. RECOMMENDATION

The RRC recommendation for this study:

☐ Support ■ **Support with Conditions** ☐ Do Not Support

The RRC considers the proposed study to be non-agency research as defined in Research and Evaluation Policy Statement 1201. The RRC recommends support of this request with the following condition.

- Regarding page 4 of the proposal, section 2(b), step 2; as an additional protective measure, the RRC requires that PSA's Office of Information Technology send the database to PSA's Office of Research, Analysis and Development (RAD) to confirm that personal identifiers have been redacted. Once confirmed, RAD will forward the database to the researcher.

III. SUPPORTING INFORMATION

Regulatory:

- The prosed research has been submitted for review and approved by the University of Maryland College Park Institutional Review Board.
- The proposed research shows no evidence of non-compliance with Agency policies pertaining to research.

Other Considerations:

- The proposed research requests samples that have been rendered non-identifiable; and
- The samples can be provided using minimal PSA resources.

Benefits to Agency:

The proposed research is consistent with Agency priorities and/or interests as follows:

- This study will help the PSA lab determine the effectiveness of its current urine specimen testing protocols for arrestees, defendants, and offenders. Sampled specimens will be tested for an expanded panel of more than 30 illegal and prescription drugs, with a subset of the samples to be tested for synthetic marijuana (K2). This will help the PSA Lab to determine whether there are other drugs prevalent enough to begin testing for in individuals under supervision.
- By way of participation in this study, PSA will aid the White House Office of National Drug Control Policy to plan a new national community drug early warning system for tracking prescription and illegal drug misuse at the local level.
- PSA's participation in this project is consistent with the Agency's vision to be a leader in the field and support the implementation of evidence-based practices across the nation.

Related Issues or Concerns:

- None

I **ACCEPT** the RRC recommendation Clifford T. Keenan 1/9/2013	I **DO NOT ACCEPT** the RRC recommendation
Clifford T. Keenan, Director, Pretrial Services Agency for the District of Columbia	
Comments:	

Revised

(1) Summary Statement 12/4/12

(a) Name(s) and current affiliation(s) of the researcher(s):

Eric D. Wish, Ph.D., Director
Center for Substance Abuse Research (CESAR), University of Maryland, College Park
http://www.cesar.umd.edu

(b) Title of the study:

Development of a Community Drug Early Warning System (CDEWS) for Tracking Emerging Drugs in the Criminal Justice Population

(c) Purpose of the project:

Statistics from the DC pretrial drug testing program have formed the basis for important national innovations in drug policy. In 1987, the Department of Justice launched the Drug Use Forecasting Program (DUF, now ADAM) based on the results from the District's drug testing program. The DUF findings subsequently documented the epidemic of crack cocaine use in arrestees nationally and provided data that was used to document the need for a national program of drug courts. Drug use patterns have changed over the past 25 years, and the Centers for Disease Control (CDC) announced in 2011 that there is an epidemic of prescription drug misuse in the United States. The types of licit and illicit drugs being abused is continually evolving, with synthetic marijuana (Spice, K2) being one of the most prominent new illegal drugs to emerge. Unfortunately, most drug testing programs still test specimens for a small number of drugs that were the focus of prior drug epidemics, such as marijuana, cocaine, opiates, and PCP.

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It is time to update offender drug testing protocols in order to track new emerging drugs and to ensure that drug monitoring programs are testing for the licit and illicit drugs most often used by offenders. The White House Office of National Drug Control Policy (ONDCP) is working with CESAR to develop a new way to rapidly and inexpensively obtain this type of information as part of a community drug early warning system (CDEWS). It is only fitting that the DC Pretrial Services Agency (PSA) once again takes the lead in developing what may become a national model. The CDEWS model is rapid and cost effective because it relies on sampling urine specimens that have already been routinely collected by a criminal justice agency and tested for a limited number of drugs. These are specimens that are ready to be discarded. The selected specimens are sent to an independent laboratory for expanded testing for a panel of more than 30 licit and illicit drugs. CESAR developed the CDEWS model through pilot studies with Maryland's Division of Parole and Probation. The proposed study with PSA will enable CESAR and ONDCP to test the feasibility and value of the CDEWS model with arrestee, defendant, and offender populations in Washington, DC.

(d) **Location of the project:** DC Pretrial Services Agency Indiana Avenue NW Laboratory

(e) **Duration of the study:** November 2012 – March 2013

We expect to only be on-site for a few hours over a 5-7 day period. However, the duration of the sampling period depends on the length of time required for PSA to accumulate the desired number of positive and negative specimens for each population. It is our expectation that all sampling and testing of urines will be completed by March 30, 2013.

(f) Research methods to be employed:

This study will sample and test specimens that have already been tested by the PSA laboratory. Sampled specimens will be sent without personal identifiers to a private independent lab for testing for an expanded panel of more than 30 illegal and prescription drugs. PSA staff will set aside a total of 900 specimens including 300 specimens from each of three populations: arrestee (lock-up), defendant (pretrial), and offender (parole/probation). Based on consultation with PSA staff, we estimate that a CESAR researcher will need to spend a few hours over a 5-7 day period at the laboratory to select and package the specimens. The study methods involve the completion of the four steps described in detail under section 2b. These steps were developed based on consultations with PSA staff. They are designed to ensure that all PSA and IRB requirements are met and that no identifying information is released to CESAR.

(g) Sample type and size required and time frame for sample collection:

We will obtain 900 specimens ready to be discarded by PSA and send them to Friends Medical Laboratory for testing with an expanded screen. PSA staff will select 300 specimens from each of three populations: arrestee, defendant, and offender. Of the 900 specimens, we will test 450 specimens for synthetic marijuana (K2). We expect to be on-site for several hours on approximately 5-7 days. However, the duration of the sampling period depends on the length of time required for PSA staff to accumulate the desired number of positive and negative specimens. It is our expectation that all sampling and testing of urines will be completed by March 30, 2013.

(h) Agency staff and/or resources needed to support the study and description of the support needs:

According to PSA staff, it will be possible to complete several tasks to support this research. PSA staff will select and store samples for inclusion in the study, meet with the CESAR RA during the final sample selection at PSA, and ensure that only one specimen is selected from each unique individual. In addition, PSA staff will work with their IT staff to develop a database to house the required demographic information for the study. CESAR and PSA staff have already met to develop procedures for completing these tasks which are described in section 2b.

(i) Indication of risk or discomfort to subjects as a result of participation:

No human subjects will be recruited for participation in this study. It will use only leftover urine specimens processed by PSA for routine testing and ready to be discarded.

The PDIDs and lab numbers (specimen IDs) will be used only by PSA staff to keep track of specimens set aside for sample selection. They will be removed and replaced with unique temporary PSA IDs and later CESAR assigned study IDs as a part of final sample selection. **No identifiers will be included on specimen labels or in the database retained by CESAR.**

(j) Anticipated results; and

We anticipate that these results will assist PSA in better assessing the effectiveness of their drug testing protocols in detecting the drugs being used by the populations which they supervise. This will also be part of a larger effort for the Office of National Drug Control Policy (ONDCP) to test the feasibility of this testing method to track drug trends nationally.

(k) List of deliverables:

A report on the study results will be prepared for ONDCP. Results for this study will be reported in aggregate. Results may also be reported by population type, gender, age or zip code, if sample sizes permit.

A summary of the methodologies and results of this study may be included in a publication in a scholarly journal and a *CESAR Fax*.

Copies of all reports and faxes will be provided to PSA for review before release.

(2)

(a) Review of the related literature:

In 1987, the National Institute of Justice (NIJ) launched the national Drug Use Forecasting Program (DUF). DUF was designed to provide the country with a new drug monitoring system that could enable the country to obtain advance warning of future drug epidemics. The program was based on research using urinalysis test results from arrestees in Washington, DC, and New York City who provided a specimen as part of local criminal justice testing programs or for the research. PSA was a valuable DUF site. The arrestee test results from adults subsequently foreshadowed the cocaine epidemic in the District in the 1980s and the juvenile arrestee test results mirrored the resurgence of marijuana use among youths in the District and the nation in the 1990s. The DUF program involved sending teams of researchers into a city's busy booking facility for several weeks to obtain about 200 voluntary and anonymous urine specimens from randomly selected samples of arrestees each calendar quarter. It often took many months for local researchers to work out the approvals and the logistics required to enter a booking facility and to collect the necessary data.

In 1993, the GAO published a report critical of the DUF program's use of random, convenience samples to estimate recent drug use. As a result, NIJ redesigned the DUF Program as the Arrestee Drug Abuse Monitoring (ADAM) program in 1998. The ADAM program introduced systematic probability sampling and an extended arrestee interview protocol. However, after a few years, NIJ ceased funding the ADAM program, as it had become too expensive for that

agency to sponsor. In 2007, ONDCP brought back the ADAM program as ADAM II. The new program will continue the original ADAM methodology in nine counties and DC through 2012. However, after this year, DC and four other sites will be dropped due to funding constraints.

In 2005, researchers at the University of Maryland pilot tested the Adult Offender Population Urine Screening (OPUS), a new system for expanded testing of specimens already collected from probationers and parolees by Maryland's criminal justice system. Each year, the Maryland Division of Parole and Probation (DPP) offices routinely collect about 500,000 specimens from the people they monitor. Our pilot study collected specimens sent to the Guilford laboratory, which received specimens submitted by offices in and around Baltimore City. Lab staff allowed our researchers to draw stratified random samples for additional testing. In a few hours, the researchers sampled 299 specimens, and sent them to an outside, independent laboratory, Friends Medical Laboratory, to be screened for more than 30 substances using a combination of immunoassay and TLC screens, with GC/MS confirmation of selected drugs.

The findings from the 2005 pilot study demonstrated the feasibility of the Adult OPUS procedures. Urine specimens were easily and quickly sampled from all of the DPP collection sites that had submitted specimens to that lab. The expanded testing identified a number of drugs not tested for by DPP, including buprenorphine, methadone, and oxycodone. Moreover, we found that approximately one-half of the specimens that contained buprenorphine or oxycodone also contained two or more other drugs, raising the possibility that these prescription drugs were being misused. Not a single specimen tested positive for methamphetamine, providing evidence that the widely predicted epidemic of methamphetamine use was not apparent in this population. The findings showed considerable geographic face validity, in that specimens containing drugs like PCP and opiates tended to come from DPP collection sites in counties which typically have a larger number of substance mentions for these drugs at admission to treatment. Finally, the fact that the more limited DPP five drug screen identified almost all of the *users* detected by our expanded screen gave the agency some assurance of the ability of their routine screens to identify most recent drug users, even as some drugs went unidentified.

In 2008, a statewide pilot study was conducted using the 2005 OPUS methodology to collect and analyze a larger, statewide sample of 1,061 specimens from 45 DPP collection sites submitted to the three labs used by DPP at that time. The statewide study aimed to determine if this methodology could successfully be used to sample enough specimens submitted by DPP offices from the smaller, more rural areas of the state. The methodology proved viable once again. We look forward to completing a similar study with PSA which will allow us to assess the value of this methodology to DC.

(b) **Detailed description of the research method:**

We propose to sample 300 specimens from each of the following populations: arrestee, defendant, and offender (900 total) stored at the PSA Laboratory that are ready to be discarded. During the study period, PSA staff will select the specimens after PSA testing is complete. To increase the probability of detecting rare drugs, we will oversample specimens that tested positive in PSA's routine drug screen. We will therefore select 200 positive and 100 negative specimens (total = 300) from each population group – arrestee, defendant, and offender. Because of the cost, one half (150 specimens) – 100 positives and 50 negatives – from each population will be tested for synthetic marijuana (K2) by our independent lab. To remove personal identifiers and ensure that the results are anonymous and cannot be linked back to the original

individuals, all specimens will be aliquoted into new specimen bottles and labeled with temporary IDs assigned by PSA staff. We will work closely with PSA lab staff to ensure that all specimens are handled and labeled appropriately. It is our expectation that the sampling of urines will be completed between December 15, 2012 and February 28, 2013. Each selected specimen must contain a minimum of 30 ml of urine for testing and not appear to be adulterated. The precise steps described below were developed in collaboration with PSA staff.

Step 1: For each population (arrestee, defendant, offender), the PSA lab staff will set aside a minimum of 300 specimens (200 positives and 100 negatives) that are ready to be discarded. The PSA lab will freeze these specimens as a group so that they are located separately from other specimens in the lab, dividing the positive and negative specimens into two distinct groups and keeping each population together.

Step 2: PSA staff will scan the specimen labels into a database to provide to their IT staff. The IT staff will generate a database containing a record for each specimen set aside for the study. This database will be used to collect demographic information for each specimen and delete duplicate persons from the sample. The database will contain the PDID, specimen collection date, lab number (specimen ID), population (arrestee, defendant, offender), year of birth, gender, zip code of address, and whether the specimen tested positive or negative for any drug. This list will be sorted by test result (positive or negative), PDID, and then collection date. The PDIDs and lab numbers will be used only by PSA staff to keep track of specimens selected for the study and ensure that unique specimens are selected. The PDID and lab numbers will be deleted from the database before it is shared with CESAR.

Step 3: Once the database has been created and a minimum of 300 specimens have been obtained for a population group, PSA staff will exclude duplicates from the database using the PDID so that only one specimen from each unique individual is included. When there are duplicates, PSA staff will select the most recent specimen collected from that individual which also contains an adequate quantity of urine for expanded testing (30 ml). All duplicate records will be deleted from the database. The selected specimens will be renumbered by PSA staff with sequential temporary IDs (1-900). The selected specimens will be aliquoted into new specimen cups and relabeled with the temporary PSA ID.

Step 4: CESAR staff will schedule onsite visits to pick up the specimens that have been set aside by PSA staff. PSA staff will provide the CESAR RA with a copy of the database with temporary PSA IDs (PDID and lab numbers will not be included) and access to the selected urine specimens. The RA will select and package 300 specimens from each population for inclusion in the study.

For each specimen selected, a CESAR Research Assistant will black out the temporary PSA ID on the specimen label and re-label the specimen cup with a non-identifiable CESAR assigned study ID. The study label utilized by CESAR will include the CESAR assigned study ID and other administrative codes required by FRIENDS lab such as date, testing panel type, and agency number. The CESAR assigned study ID will not be shared with PSA staff. CESAR staff will then place the urine specimen in a sealed plastic bag and prepare the specimen for pick up by FRIENDS Medical Laboratory. Once the specimen is ready for pick up, the CESAR RA will replace the PSA ID in the database with the CESAR assigned study ID. The database retained by CESAR will NOT contain any identifying information from PSA. Therefore, **it will not be**

possible to link the specimen or the records in the database back to the person by CESAR or by PSA.

Results of the outside testing for the expanded drug screen (by FRIENDS Medical Laboratory) will be made available to CESAR through a password-protected secure website. These online records will contain only the randomly assigned CESAR study ID. The CESAR study IDs will NOT be shared with PSA lab staff. The findings from this study will be aggregated and analyzed to assess the frequency of positive drug test results from the expanded screen. Results may also be reported by ward/region and by any of the data elements retained by CESAR (i.e. demographics).

(c) Significance of anticipated results and their contribution to the advancement of knowledge:

This study will enable DC PSA/CSOSA to determine if their current testing protocol is detecting all drugs likely to be used by these populations of offenders. It will also provide ONDCP with a national model for the use of this methodology to measure emerging local drug use trends in criminal justice populations. It will help them to determine the feasibility of this method as a nationwide method for tracking drug use trends.

(d) Benefits of research and/or participation to CSOSA/PSA:

This study will help the PSA lab to determine the effectiveness of its current urine specimen testing protocols for arrestees, defendants, and offenders. Note, however, that CESAR will not know the exact test results for a specimen and cannot therefore validate PSA's individual test results. Sampled specimens will be sent without personal identifiers to a private independent lab for testing for an expanded panel of more than 30 illegal and prescription drugs, with a subset of the samples to be tested for synthetic marijuana (K2). This will help the PSA Lab to determine whether there are other drugs that are prevalent enough to begin testing for in individuals under their supervision.

(e) Specific resources required from the Agency:

Discussions with Jerome Robinson and other PSA staff have resulted in the following four tasks which appear to be reasonable:

1. As described in Step 1 in section 2b, PSA staff will select urine specimens for each of three populations (arrestee, defendant, offender) and freeze them grouped by population with positive and negative urines divided for easy access.
2. As described in Step 2 in section 2b, PSA staff will set up and maintain a database or spreadsheet containing the following fields: PDID, lab number (specimen ID), specimen collection date, population (arrestee, defendant, offender), year of birth, gender, zip code of residence, and whether the specimen tested positive or negative for any drug.
3. As described in Step 3 in section 2b, PSA staff will sort the database by PDID and remove any duplicates. The remaining specimens will be renumbered with sequential temporary IDs (1-900) assigned by PSA and all identifying information (PDID, lab number) will be removed from the database. Selected specimens will be aliquoted into new bottles and relabeled with the temporary PSA IDs.

4. As described in Step 4 in section 2b, PSA staff will meet with CESAR researchers during site visits to allow access to the urine specimens set aside for this study and to the created database (with the PDIDs and lab numbers removed). The CESAR researchers will assign unique study IDs and re-label and package specimen bottles for shipping to FRIENDS lab.

(f) Description of all possible risks, discomforts, and benefits to individual subjects or a class of subjects, and a discussion of the likelihood that the risks and discomforts will actually occur:

This project will use urine specimens collected by PSA for routine testing and ready to be discarded. This study will involve no primary data collection from human subjects and involves only minimal risk to the subjects. **No identifying information will be contained in the database retained by CESAR.**

This study will not personally benefit the subjects but will help the White House Office of National Drug Control Policy to plan a new national community drug early warning system for tracking prescription and illegal drug misuse at the local level.

(g) Description of steps taken to minimize any potential risks or discomforts:

To protect the confidentiality of urine specimen donors, no identifying information will be included on the labels of the specimens selected for inclusion in this study. The temporary PSA IDs will be blacked out on the specimen cups provided by PSA and each container will be re-labeled with a unique CESAR assigned study ID. All testing results from the private lab will be sent to and analyzed by CESAR. The data will be presented in aggregate in a report. All CESAR staff members assigned to this study have been trained in confidentiality procedures, including the CITI IRB training program.

(h) Description of physical and/or administrative procedures to be followed to:

1) Ensure the security of any individually identifiable data that are being collected for the project; and

The only individually identifiable data collected during this study will be by PSA staff during the sampling stage to ensure that only one specimen is taken from each unique individual. This will include PDIDs and lab numbers which will be included in a database prepared and maintained by PSA staff. PDIDs and lab numbers will be removed from the database and replaced with temporary IDs by PSA staff prior to sharing the database with the CESAR researchers. The CESAR researchers will never have access to the PDIDs or the lab numbers. The temporary ID will be removed from both the specimen labels and database and replaced with a unique study ID by the CESAR researchers as each specimen is selected following the methods described under section 2b. No identifying information will be included in the database retained by CESAR or on the labels for selected specimens.

2) Destroy research records or remove individual identifiers from those records when the research has been completed:

All selected specimens will be aliquoted into new bottles and labeled with temporary IDs by PSA staff. PDIDs and lab numbers (specimen IDs) will be removed from the database by PSA staff before it is provided to CESAR. CESAR researchers will replace the temporary PSA ID in the database and on the label with a unique CESAR assigned study ID. There will be no way for CESAR or PSA to link back the results to individuals. The findings from this study will be reported in aggregate. Results may also be reported by demographics of the sample (age, gender, zip code).

(i) Description of any anticipated effects of the research project on Agency programs and operations:

None. The above procedures have already been discussed with PSA staff for feasibility and appropriateness.

(j) Relevant research materials such as vitae, endorsements, descriptions of similar work undertaken, sample informed consent statements, questionnaires, and interview schedules:

IRB documentation is attached as #3. The drug testing protocol is attached as #4. The CV for the principle investigator is attached as #5.

(k) Statement indicating that copies of all deliverables will be provided to CSOSA/PSA; and

A final report will be prepared that describes the findings and methodology used. A summary of the methodologies and results of this study may be included in a publication in a scholarly journal and a *CESAR Fax*. Copies of all reports and faxes will be provided to CSOSA/PSA administrators and staff for review before release. Copies of all deliverables will be provided to CSOSA/PSA.

(l) Statement that copies of any datasets will be provided to CSOSA/PSA at the conclusion of the project.

Providing PSA with the resulting database would violate the extreme precautions we have taken to ensure confidentiality. By merging CESAR's database with the original database created by PSA to select the specimens, it would be possible to identify the individual participants. CESAR will work out an acceptable agreement with PSA to provide them all requested analyses from the final database.

(3) Copy of application for review to IRB

This study has been approved by the UMCP Institutional Review Board. The approval letter for the DC PSA site is provided on the following page.

UNIVERSITY OF MARYLAND
INSTITUTIONAL REVIEW BOARD

1204 Marie Mount Hall
College Park, MD 20742-5125
TEL 301.405.4212
FAX 301.314.1475
irb@umd.edu
www.umresearch.umd.edu/IRB

DATE:	October 23, 2012
TO:	Eric Wish, PhD
FROM:	University of Maryland College Park (UMCP) IRB
PROJECT TITLE:	[374060-2] Development of a Community Early Warning System for Tracking Prescription and Illegal Drug Misuse at the Local Level
REFERENCE #:	
SUBMISSION TYPE:	Amendment/Modification
ACTION:	APPROVED
APPROVAL DATE:	
EXPIRATION DATE:	
REVIEW TYPE:	
REVIEW CATEGORY:	Expedited review category # 5

Thank you for your submission of Amendment/Modification materials for this project. The University of Maryland College Park (UMCP) IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the signed consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure which are found on the IRBNet Forms and Templates Page.

All UNANTICIPATED PROBLEMS involving risks to subjects or others (UPIRSOs) and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. Please use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

This project has been determined to be a project. Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of .

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact the IRB Office at 301-405-4212 or irb@umd.edu. Please include your project title and reference number in all correspondence with this committee. This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within UMCP IRB's records.

(4) Drug Testing Panel

Table 1. The Friends Lab Expanded Drug Screening

Profile 1 (NA)	Profile 2 (S2)	EIA Profile	LC/MS	GC/MS Confirmations
Morphine	Valium	Oxycodone	K2 - JWH018 and JWH073	Opiates
Codeine	Ativan/Dalmane	Barbiturates		Amphetamines
Dilaudid	Clonazepam	Methadone		PCP
Hydrocodone	Benzodiazepines (Unspecified)	EDDP		
Oxycodone (TLC & EIA)		Benzodiazepines		
Opiates (As a family)		PCP		
Amphetamines (As a family)		THC		
Cocaine		MDMA		
Amitriptyline/ Nortriptyline		Buprenorphine		
Demerol		Opiates (Included in NA)		
Doxepin		Amphetamines (Included in NA)		
Methadone (TLC & EIA)		Cocaine (Included in NA)		
Phenmetrazine				
Phenothiazines (As a family)				
Quinine				
Tramadol				
Hydroxyzine				

(5) CV (Dr. Eric D. Wish, Principal Investigator)

Eric David Wish, Ph.D.

Center for Substance Abuse Research
University of Maryland
4321 Hartwick Road, Suite 501
College Park, MD 20740
ewish@cesar.umd.edu
(301) 405-9774

PRESENT POSITIONS

Director, Center for Substance Abuse Research (CESAR)
University of Maryland, College Park
Appointed July 2, 1994 (Acting Director, August 1990 to July 1994)

Associate Professor, Department of Criminology and Criminal Justice
University of Maryland, College Park
Appointed July 1994, Tenured July 1997

EDUCATIONAL BACKGROUND

National Research Service Postdoctoral Fellowship, National Institute on Drug Abuse (NIDA), Predictors of Abstinence and Relapse in Heroin Addicts. Sponsor: Lee N. Robins, Ph.D., Department of Psychiatry, Washington University School of Medicine, 1977–78.

Ph.D., Washington University, St. Louis, Missouri, Social Psychology, 1977
Thesis: Prediction of Client Satisfaction by the Cognitive Consistency and Content Relevance Models

B.S., Cum Laude, University of Massachusetts, Amherst, 1968

EMPLOYMENT BACKGROUND

Visiting Fellow, National Institute of Justice, U.S. Department of Justice, November 1986–July 1990. Established the National Drug Use Forecasting (DUF) Program for the National Institute of Justice.

Adjunct Professor, Institute of Criminal Justice and Criminology, University of Maryland, College Park, 1987–1990.

Adjunct Professor, Graduate Center, City University of New York, 1984–1987.

Adjunct Professor, Drugs and Society Seminar, Columbia University, 1984–1987.

Senior Research Scientist, Narcotic and Drug Research, Inc., New York State Division of Substance Abuse Services, 1981–1990.

Senior Research Psychologist, Institute for Law and Social Research, 1979–1981.

Research Instructor in Medical Psychology and Psychiatry, Department of Psychiatry, Washington University School of Medicine, Summer 1979.

Senior Research Analyst, Burt Associates, Inc., and the Institute for Human Resources Research, 1978–1979.

Department of Psychiatry, Washington University School of Medicine:
Research Instructor, 1977–1978.
Research Associate, 1976.
Research Assistant, 1973–1975.

Instructor, Department of Psychology, Washington University, Fall 1974.

Drugs and Addiction Research Trainee, National Institute on Mental Health, 1972–1974.

Research Assistant; Departments of Physics, Education, and Social Work; Washington University; 1970–1972.

COMMITTEES

Member of University of Maryland Committees:

Institutional Review Board for the Protection of Human Subjects (IRB), 2002-Present.
Intellectual Property Committee, 2007-Present.
Conflict of Interest Committee, 2009-Present.
Chair, UMCP President's Committee on Drug and Alcohol Policy, April 1997–98.

Member of Federal Agency Committees:

Member of the SAMHSA CSAP DACCC External Steering Committee (ESC), 2011-present.
Member of Consensus Panel for Development of a Treatment Improvement Protocol (TIP) on Domestic Violence and Substance Abuse, Center for Substance Abuse Treatment, 1996.
National Drug Use Forecasting (DUF) Advisory Board, National Institute of Justice, 1990.

PUBLICATIONS

Chapters in Books/Monographs

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