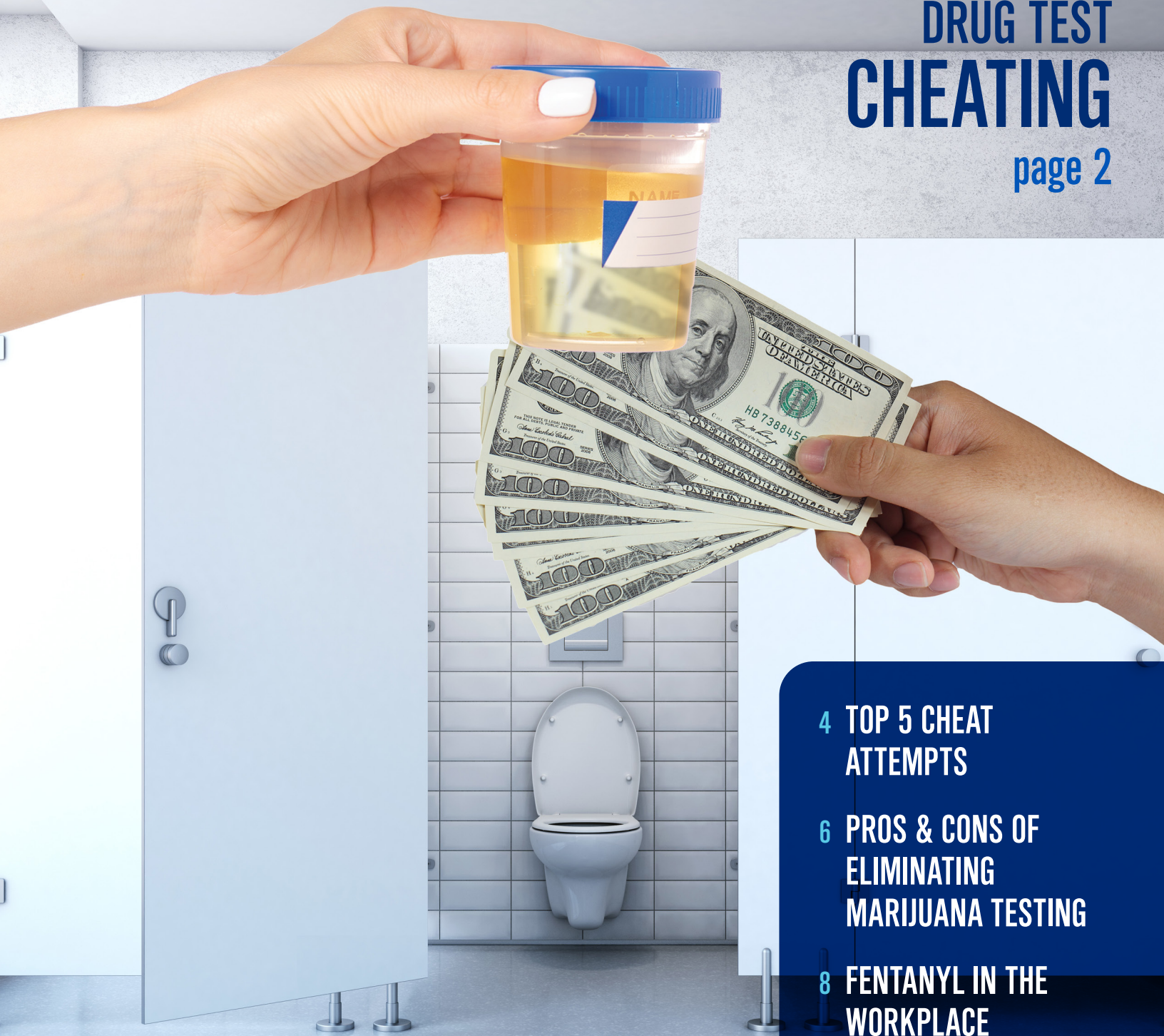


What's the Buzz



DRUG TEST CHEATING

page 2



- 4 TOP 5 CHEAT ATTEMPTS
- 6 PROS & CONS OF ELIMINATING MARIJUANA TESTING
- 8 FENTANYL IN THE WORKPLACE



BY ANDREW CURRENT

DRUG TEST CHEATING

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The percentage of cheaters has increased from over 15 percent in 2012 to over 26 percent in 2017.

In 2018, the Mississippi Legislature introduced the now-dead “Urine Trouble Act” in an attempt to prohibit the sale of urine and synthetic urine for the purpose of defeating a drug test.¹ All puns aside, this is just one example of states’ efforts to address a rising concern over people trying to cheat a drug test, whether it is for employment purposes or otherwise. While cheating has always existed in drug testing, it is disturbing for employers. The good news is, there are ways for employers to avoid being taken advantage of by would-be cheaters.

“While we recognize the fairness, effectiveness and accuracy of urine tests, we also all realize that there is a tremendous cheating problem out there,” said Patrice Kelly, director of the Office of Drug, Alcohol, and Compliance within the U.S. Department of Transportation.² “Oral fluids and hair offer great promise because both of them are observed collections and arguably in many cases are less intrusive.”

This article will present statistics on the prevalence of drug test cheating, the most common methods cheaters use, and how oral fluid can present an alternative solution for drug-free workplace programs.

Prevalence

It is difficult to point to exactly how many people attempt to adulterate a drug test. One reason is that there is no way to identify those who succeed unless they come forward. However, anecdotal evidence supports the observance that drug test cheating poses a significant problem for employers. For example,

the owner of one testing site described performing 75 to 100 drug screens each week, of which he averaged three weekly attempts to cheat.³ “To me it’s a sign of desperation,” said the owner.⁴

Another example comes from the U.S. Nuclear Regulatory Commission. In 2017, it conducted drug testing on over 148,000 individuals.⁵ Of those tested, 1,143 resulted positive for drugs or alcohol, or refused to submit to a test.⁶ Of those who failed their test, 298 were because they attempted to cheat.⁷ The percentage of cheaters in that group of failed tests has increased year over year, from over 15 percent in 2012 to over 26 percent in 2017.⁸ Fortunately, 200 of those people were identified during pre-access testing, meaning that they were denied access to a nuclear facility.⁹ Unfortunately, the other 98 were identified through testing methods employed after they had gained access to a nuclear facility.¹⁰

This upward trend corresponds with results reported by a national drug testing laboratory, who found the percentage of invalid urine results in federally-regulated workplaces increased from almost doubled from 0.15 percent in 2017 to 0.27 percent in 2018.¹¹ Similarly, the percentage increased in non-federally-regulated workplaces, from 0.15 percent in 2017 to 0.21 percent in 2018.¹² While the percentage remains low overall, the upward trend is significant and presents an increased risk for employers with drug-free workplace programs.

Methods

A study released in 2010 found that the three most common methods of drug test cheating were dilution, substitution, and adulteration.¹³ Of those, the majority of people used dilution (58 percent), with a 71 percent success rate.¹⁴ Dilution of a urine specimens happens when a donor drinks large amounts of water in hopes that the level of drugs in the sample will be beneath the detection threshold.

Next, 25 percent of cheaters used substitution, with a 100 percent success rate according to a recent Medscape study.¹⁵ This means either asking a friend to provide a clean sample or going online to buy synthetics that the cheater can sneak into the testing facility. “There’s a whole cottage industry out there on the Net of substitute urines you can buy under different brand names,” said the study’s author.¹⁶ Finally, approximately 17 percent used adulteration, with a 75 percent success rate.¹⁷ This consists of mixing household or commercially available substances such as bleach into one’s sample in hopes that it will throw off the test.

Solutions

While there are processes to prevent cheating at the point of collection and there are specimen validity tests the lab can perform to determine whether a sample has been diluted, substituted, or adulterated, as shown in the study above, cheaters have a good track record for succeeding. The best way to prevent an individual from cheating is to observe the collection. Therein lies the drawback to urinalysis, because without some sort of suspicion triggering event, collectors do not go into the bathroom with the donor. Even when there is a triggering event, state laws often require collectors to be of the same gender as the donor. If the collector and donor happen to be of the opposite gender, then an observed collection is out of the question. In addition to needing a same-gender collector, many employers are squeamish about the privacy issues that arise when performing observed urine collections.

Alternative testing methods provide a solution for employers struggling with cheating. Oral fluid is especially useful because there are no privacy concerns that would prevent an observed collection. While products exist online that have a proven track record of fooling urinalysis,

such products for oral fluid simply do not exist currently. Other prevalent cheating methods are also thwarted by oral fluid testing because there is no opportunity to substitute one’s oral fluid with that of his or her willing friend. There is no opportunity to add in household products before delivering one’s sample to the collector because the collector watches the entire collection event. While oral fluid does not offer a solution for all testing programs, it does provide a valid solution in many workplace settings, such as pre-employment, post-accident, random, and any other testing where recent use or on-the-job impairment are a concern.

Conclusion

With the surge of marijuana laws and other decriminalization movements, the taboos that have kept drugs at the fringes of the workplace will decrease. As access increases, so, too, will those who feel entitled to a job despite an on-going habit or dependency on impairing substances. In those moments of desperation, more and more applicants and employees will turn to drug test cheating. Having a plan in place now that anticipates such efforts is essential.



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4. Id.

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Nuclear Power Plants and Fuel Facilities, Presentation to the Drug Testing Advisory Board at slide 7 (December 4, 2018) (https://www.samhsa.gov/sites/default/files/meeting/documents/dtab_harrisdrugtesting_508.pdf).

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8. Id.

9. Id.

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Since 2004, According to New Quest Diagnostics Analysis, Quest Diagnostics (last visited August 23, 2019).

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TOP 5 CHEAT ATTEMPTS

BY KATHERINE MILLER



Worried about drug test cheating in your workplace?

Try randomizing the type of test to catch potential cheaters off guard or perform an observed collection when warranted. Here are five ways that people attempt to beat the test.

1 WATER, WATER, EVERYWHERE...

As soon as the employee/applicant is notified to take a test, they drink as much water as possible, attempting to dilute their urine sample. Often, large amounts of water will dilute the sample to the point that even though drug metabolites are present, they don't appear in large enough quantities to warrant a positive test result.

2 ADULTERANT

Most often used with urine tests, an adulterant is a product that one adds to the sample in an attempt to lower the sensitivity of a test or mask the presence of drugs. Often, donors go to local "head shops" to receive a recommendation for which adulterant to use but there are hundreds of herbal remedies on the market in drug stores, vitamin stores, and online that can be used as well.

3 SUBSTITUTION

If a donor has enough warning, they may attempt to pay another individual for a "clean" specimen or purchase clean urine online. The urine can be real human urine or synthetic. While some states are looking toward banning synthetic urine, and others have already banned it, it is still widely available. It is challenging to keep the specimen in the correct temperature range and many laboratory based tests include adulteration and specimen testing panels, however, it is still a very real concern.

4 "SPECIAL" MOUTHWASH

Although oral fluid drug tests are nearly impossible to adulterate, there still exist products, such as special mouthwashes, that claim to beat an oral fluid test. Simply go to the bathroom, rinse, and don't drink anything before the test! Easy, right? Although these products exist, reports of them actually working are few and far between, if at all.

5 DETOXIFYING SHAMPOOS

Detoxifying shampoos can only be used if a donor has knowledge of the test in advance and should be used for 3-10 days. Although detoxifying shampoos are meant to wash away or compromise drug metabolites that appear in hair, based on studies with the FDA, there are not currently any shampoos that are known to be effective.



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HAIR TESTING

AN OVERVIEW

BY KYLE HICKS

Who are you and what is your role in the industry?

My name is Kyle Hicks and I am the Marketing Director for Omega Laboratories. At Omega, we specialize in laboratory-based advanced specimen testing for drugs of abuse. Our primary business centers on oral fluid and hair specimen testing, and we offer a variety of different panel options to suit the needs of various companies and organizations. I first joined the Omega team in 2011.

What sets Omega apart from other laboratories?

Omega Laboratories was the first laboratory to truly embrace the complementary nature of hair and oral fluid testing. In recognizing the unique benefits of using hair and oral fluid specimens together, Omega has been able to assist organizations in crafting well-rounded drug testing programs which capitalize on the strengths of both methodologies. The longer window of detection characteristic of hair testing, which is helpful in evaluating a donor's lifestyle for pre employment and return to duty scenarios, pairs nicely with oral fluid's shorter timeframe, which is a necessity for random and post accident testing scenarios.

What does hair and oral fluid offer over urine programs?

When people discuss their urine testing programs, my first question is always "what does urine offer you that you can't get with hair and oral fluid?" From my perspective, unless you are required to comply with certain regulations, urine testing is becoming outdated with positive rates the lowest of the 3 matrices. Oral fluid offers similar recent usage detection to urine, benefits from a faster collection time, and is always an observed collection eliminating problems of observed urine collections. Hair testing offers a longer detection window than urine, requires no special collection facilities, and is extremely effective in deterring use. Both hair and oral fluid specimens are stable, are easier to ship than urine specimens, and neither can be delayed by "shy bladder" issues. On top of all of this, both hair and oral fluid specimens are much harder to adulterate and substitute than urine specimens, making them much more difficult tests to cheat.

How do you see hair and oral fluid working in a paired drug testing program?

The flexibility offered by a paired hair and oral fluid drug testing program has many different applications in the current market. Obviously, safety sensitive industries favor programs which feature hair testing for pre-employment and return to duty, which helps to ensure that drug users do not enter their workforce. Oral fluid is then utilized for random, post-accident and for cause testing to make sure that drug use has not become a problem for those already employed by the company. In the retail and food service industries, though, the model is flipped.

Retail and food service employers prefer the speed and cost-effectiveness of oral fluid for pre-employment, random, post-accident, and for cause testing as collections can be quickly and inexpensively self-administered on site. Hair testing is often reserved for promotions to manager level positions, where an employee's actions can have larger consequences.

There is also a lot of drug testing being performed in the education sector, primarily by private schools. This is a scenario that is tailor made for oral fluid testing, as there are simply too many privacy concerns for educators to consider urine testing students. In a school setting, oral fluid simply offers more benefits and less drawbacks than urine testing.

Do you have any closing thoughts?

Simply put, if you are still using outdated urine testing methods, it's time to make the switch to a more capable program featuring hair and oral fluid.





THE PROS & CONS

OF ELIMINATING MARIJUANA FROM WORKPLACE TESTING

BY NINA M. FRENCH

Imagine yourself in the role of recruiting for a national employer. The unemployment rate is low. In fact, it is lower than it has been in nearly 20 years.¹ That alone makes your job more difficult. Now imagine you are in a highly competitive field like healthcare or Information Technology. Finding and keeping good employees just became a bit more difficult. Finally, imagine that the majority of the states where you do business have legalized marijuana. Actually, that is not difficult to imagine as it is the reality in 2019. Over 30 states and the District of Columbia have legalized medicinal marijuana and 11 plus D.C. have legalized marijuana for recreational use. As a result, the rate of workforce drug positivity hit a fourteen-year high in 2018, according to Quest Diagnostics.² Positivity rates in the combined U.S. workforce increased nearly 5% in urine drug tests from 4.2% in 2017 to 4.4% in 2018. That represents the highest level since 2004 (4.5%) and is more than 25% higher than the thirty-year low of 3.5% recorded between 2010 and 2012.³

As a national employer, elimination of THC in all states and for all positions is simply not possible at this time.

In the past, when otherwise qualified applicants are located, interviewed, and an offer is made, the vetting process continues for many employers and an essential part of that process is the pre-employment drug test. If that candidate's drug test comes back positive for marijuana, you are back to the drawing board. Suddenly, your job of finding a qualified candidate is a lot more difficult. As an employer is it just smarter to drop marijuana from your drug testing panel altogether? As with most things in the complex world of marijuana, the answer is not simple. There are pros and cons that must be considered before making this very important decision.

Eliminating Marijuana from your Panel

STATE LAW DISPARITY

Pro: Simply put, state laws pertaining to marijuana vary, and several states have laws that prohibit and/or severely limit an employer's right to test and/or discipline most non-safety-sensitive employees based on marijuana card-holder status or even, in some cases, a marijuana positive drug test regardless of card-holder status. Given the disparity between states, dropping THC from all drug testing panels seems easy, creating uniformity across the entire population and simplifies policy enforcement.

Con: Many states have mandatory drug testing laws that require a specific panel and that panel, without exception, includes marijuana. As well, many other states provide voluntary laws that protect employers from some of the costs of drug use in the workplace. Many of these laws require testing for THC. As a national employer, elimination of THC in all states and for all positions is simply not possible at this time.

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COST

Pro: If your current program includes testing for marijuana, eliminating it from the panel is unlikely to reduce or change the laboratory cost. In fact, if you are using an outside collector, collection fees will remain the same as well. If the elimination of THC from your panel results in a lower positivity rate, there is a possibility to negotiate a lower fee structure from the Third-Party Administrator (TPA) or the Medical Review Officer (MRO). If the MRO fee is bundled into the cost of the test, tracking the decrease in positives may support a lower per test fee. Although the trend will take some time to be established, the data in the first year should be sufficient to establish the reduction in MRO reviews.

Cons: Increased use of drugs in your workplace equals increased cost. Substance abusers are responsible for 35% of all absenteeism and 2.5 times more likely to be absent more than eight days a year than their non-substance abusing co-workers.^{4,5} Additionally, substance abusers are 1/3 less productive than their non-substance abusing co-workers.⁶ Nationally, U.S. companies lose approximately \$100 billion/year due to alcohol and drug-related abuse.⁷ 40% of all industrial workplace fatalities are caused by substance abusers.⁸ On average, 10-20% of all work-related fatalities in the U.S. test positive for drugs or alcohol.⁹ 55.1% of adults with a substance use disorder are employed full-time.¹⁰ Each substance abuser with a pain medication use disorder costs their company an average of \$2,500/year in missed work (this does not include other costs as lost productivity, potential workplace accidents, etc.).¹¹ The costs are somewhat challenging to correlate directly, but are irrefutable.

REASONS FOR TESTING

Pro: Eliminating marijuana from your panel may improve your ability to hire quickly. That speed to hire can improve productivity and, in turn, profits. Eliminating marijuana from random, post-accident, and reasonable suspicion testing can make HR decisions easier to

administer since they no longer require you to understand and incorporate medical and recreational marijuana accommodations or considerations at a state level.

Cons: Hiring fast may improve productivity, but quality may suffer in turn. Review the costs, consider your corporate culture, and balance the benefits against the risks. Speed to hire may seem like a benefit, but the downstream impact could be far more difficult to fix than a bit of additional time spent up front finding the right candidate. Additionally, THC elimination from post-accident and reasonable suspicion testing allows for a greater number of impaired employees on the job without the ability to discipline them based on that use.

RISK

Pro: Based on the current state of marijuana in the US, the risks are plentiful. Eliminating marijuana from your test panel will likely protect you from the myriad of lawsuits that are popping up across the country alleging discrimination.

Cons: Eliminating testing for THC will increase the number of marijuana users at your workplace. The increase in users will likely result in more accidents, errors, and incidents, which means opening your company up to a negative impact to your brand as well as potential lawsuits from customers, shareholders, and employees by way of negligence suits. As an employer, you are required to take reasonable efforts to maintain a safe workplace, and failure to test for marijuana when vetting of employees and during the employment lifecycle could open that risk for your organization.

Legislation Complicates the Issue

A number of states and cities passed or considered legislation in 2019 that only complicates the issue of dropping or keeping marijuana in your testing panel. Massachusetts proposed eliminating testing for marijuana in the workplace entirely. Nevada passed legislation that

Continued on back cover...

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FENTANYL IN THE WORKPLACE

BY DR. DAVID KUNTZ

Fentanyl is one of the most dangerous and deadly drugs known to man. According to the Centers for Disease Control and Prevention (CDC), of the estimated 70,200 total drug overdose deaths¹ in 2017, fentanyl and fentanyl analogs (other synthetic narcotics) accounted for more than 28,400 total overdose deaths. In light of this, it's easy to conclude that fentanyl abuse contributes significantly to the total economic cost of the opioid crisis, which was estimated to be \$504 billion in 2015.²

Fentanyl, a schedule II prescription drug, is a powerful synthetic opioid analgesic that is 50 to 100 times more potent than morphine. It is normally prescribed to treat severe pain following surgery or to treat chronic pain in people who have a tolerance to other opioids. Known by such retail names as Actiq®, Duragesic®, and Sublimaze®, fentanyl carries several common street names such as Apache, China Girl, China White, Dance Fever, Friend, Goodfella, Jackpot, Murder 8, TNT, and Tango and Cash.

The CDC also reports that the overall rates of fentanyl overdose deaths is higher among males versus females, non-Hispanic black people versus other ethnic groups, and people between the ages of 25–44.³ Rates of fentanyl overdose deaths among non-Hispanic black people increased between 2011–2016 by nearly 141 percent per year. Fentanyl overdose death rates among Hispanic people rose by about 118 percent per year. Rates for non-Hispanic whites remained fairly static from 2011 through 2013, but then shot up by almost 109 percent in each of the following years.⁴

Opioid use, including fentanyl misuse and abuse, can be a concern in the workplace for several reasons. The short-term side effects include drowsiness, nausea, vomiting, euphoria (feeling high), difficulty breathing, headaches, dizziness and confusion, all of which can negatively impact a worker's ability to effectively and safely perform many normal job functions.

According to the Canadian Centre for Occupational Health and Safety,

“opioid use and misuse tend to be higher in workplaces that have lower paid sick leave and lower job security, suggesting that individuals may feel they need to return to work quickly after an injury and use these substances to control pain. Lack of paid sick leave and lower job security may also make workers reluctant to take time off to get appropriate treatment.”⁵

As of 2017, more than 70% of U.S. employers reported experiencing some impact of prescription drug use.⁶ Among the most commonly reported effects of prescription drug use in the workplace include absenteeism, missed work, and the use of pain relievers while in the workplace. And the economic impact adds up quickly.

For instance:

- Substance abusers miss nearly 50% more days than their peers, totaling up to six weeks annually.⁷
- The average per capital cost to employers for each worker with an untreated substance use disorder is \$6,643.⁸

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- Each untreated disorder adds an additional \$1,267 per person to the annual cost of health care coverage for employers.⁹
- The average employee without a substance use disorder misses 10.5 days total per year versus an individual with a pain medication use disorder who misses an average of 29 days per year, the highest of any substance use disorder.¹⁰

Clinical Reference Laboratory, Inc. (CRL) has screening and confirmation procedures for fentanyl and fentanyl analogs to identify users in oral fluids. The fentanyl compounds are an extension of the opioid epidemic with tremendous escalation in overseas illicit production with the restriction in the pharmaceutical production and physician prescribing of the traditional opioids of hydrocodone and oxycodone. As part of the strategy to increase use of these drugs, dealers have included these compounds with heroin to increase potency. The drug user is not aware of the heroin “spiking”, which makes overdoses common, requiring naloxone injections to save the individual. In addition, the drug distributors are also including fentanyl’s into methamphetamine, cocaine and other drugs of abuse to improve the “high” and also rapidly create addiction. China has been the early provider of these compounds but manufacture and distribution has also been tracked to Mexico making these compounds easy to obtain on the street and cheap.

The fentanyl compounds have a basic core structure known as 4-ANPP and is the backbone for all fentanyl compounds. The modified fentanyl structures all have varying potency and more than 50 different compounds have been identified and distributed. The list of distributed compounds has reduced to the list below based on reports on the east coast.

There are three legitimate medical fentanyls: fentanyl, alfentanil, and sufentanil. Fentanyl is available by prescription for severe pain while alfentanil and sufentanil are injectable and associated with anesthesia but are also known to be abused by medical personnel . CRL has created three panel options to detect fentanyl’s use/abuse (1) fentanyl and its metabolite norfentanyl, (2) panel containing medical alfentanil and sufentanil, and a (3) panel to include all relevant fentanyls in circulation.

- Fentanyl
- Norfentanyl
- Alfentanil
- Sufentanil
- Methoxyacetyl fentanyl
- Acryl fentanyl
- o-Fluorofentanyl
- Furanyl fentanyl
- Cyclopropyl fentanyl
- 3-Methylfentanyl
- p-Fluorobutyryl
- 4-ANPP (precursor basic structure)

CRL methods for fentanyl and its analogs are state of the art and are performed along with the traditional drugs of abuse panel. No additional Intercept Collections are necessary to test for fentanyl or the full fentanyl analog panel. Confirmation methods are performed using LC-MS/MS with confirmation results the following day. Screening and confirmation cutoff levels are established at 1 ng/mL for all compounds.

Inquiries into the addition of fentanyl to expand their drug testing program should be addressed to the CRL Account Executives already supporting your account.

DAVID KUNTZ, PH.D., EXECUTIVE DIRECTOR OF ANALYTICAL TOXICOLOGY



Dr. Kuntz has been with CRL since 2006 and is a Board Certified Toxicologist. He is a national expert in urine adulteration and drug detection in urine, oral fluid, hair, and sweat using GC/MS, GC/MS/MS and LC/MS/MS. He has worked in workplace drug testing for over twenty years. He has testified extensively for employment hearings, child endangerment proceedings, military court-martial courts, Federal merit system protection boards, the FAA, and Department of Energy regarding drug use, interpretation, and adulteration of urine samples. In addition to workplace testing, Dr. Kuntz has been involved for many years in developing drugs of abuse testing panels for medical professionals. Dr. Kuntz is an inspector for the SAMHSA and CAP forensic drug testing programs. He currently serves on the editorial board for Clinical & Forensic Toxicology News and as a consultant to the MRO Examination Development Committee for the Medical Review Officer Certification Council (MROCC). Dr. Kuntz received his B.S. in Pharmacy from North Dakota State University and practiced five years as a retail and hospital pharmacist. He went on to receive his Masters of Science in Pharmaceutical Sciences from the University of Oklahoma and his Ph.D. in Pharmaceutical Sciences from North Dakota State University. He further completed a post-doctoral program in biochemical toxicology at Washington State University and the University of Utah.



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FDA-cleared oral fluid drug test for the 9 most abused drugs.



- Collect anytime, anywhere
- Non invasive, dignified collections
- No gender-specific personnel or bathrooms required
- Accurate and defensible
- Lab-based results
- Recent-use detection
- Difficult to cheat

Laboratory confidence
Oral fluid convenience

Swab



Snap



Seal



3 easy steps

Reduce adulteration and increase positivity rates with oral fluid

SAMHSA Drug Panel	Urine Analysis	Saliva Analysis
Overall positive rate	5.10%	10.20%
Amphetamine/ Methamphetamine	1.20%	1.20%
Cocaine	0.28%	0.59%
Marijuana	2.80%	8.70%
Opiates/ Oxycodone	1.271%*	0.75%
PCP	0.01%	0.04%

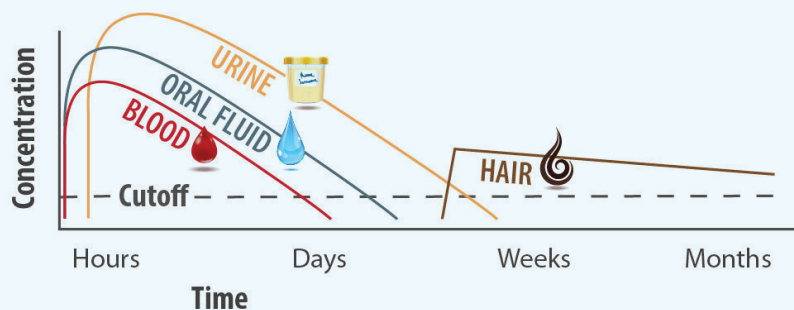
* 6-AM also included in urine analysis.

Proven clinical lab accuracy²

Oral fluid lab-based testing has been outperforming and outpacing urine-lab-based testing since 2009, and has now doubled the overall positivity rates in 2018.

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¹ 2019 Drug testing survey by CCG of U.S. based companies only.

² General Workforce based on Quest Drug Testing Index-Spring 2019

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prohibits employers from discriminating against applicants based on a marijuana positive drug test. Texas has a proposed bill that would eliminate screening for THC or CBD for employees and/or independent contractors of state agencies and/or political subdivisions. Washington, D.C. has multiple proposed bills that eliminate pre-employment testing for marijuana entirely.

Additionally, a number of states proposed legislation that would make it so an employer cannot take action based on a medical marijuana card holder's positive test for marijuana metabolites unless they are able to prove impairment. While a number of these bills contain safety-sensitive carve-outs for certain positions and industries, not all of them do. How is an employer supposed to juggle where they can or cannot test, which positions they can or cannot take action against, and keep track of new legislative updates?

Conclusion

Bandages may stop a wound from bleeding, but they don't fix the cause of it and failure to

repair the real problem is likely to make the issue worse. Likewise, eliminating marijuana from your drug screening panel may seem like a quick remedy but it will, for most employers, only cause their issues to worsen.

Savvy employers will consider an evaluation of their program and positions against the testing methodologies, laws, technology, and reasons for testing that are available today and consider modifications to their program versus outright elimination of testing for THC. The shorter window of detection for THC in oral fluid compared to that of urine or hair may provide a solution that allows an employer the benefits of testing as a hiring assessment tool while allowing for responsible use of legal products outside of the workplace. And although no drug test available on the market today proves "impairment" from THC, the shorter detection window aligns more closely with near term use and, if challenged, could offer more protections to employers.

Marijuana is complicated. The right solution may not be as simple as eliminating THC from

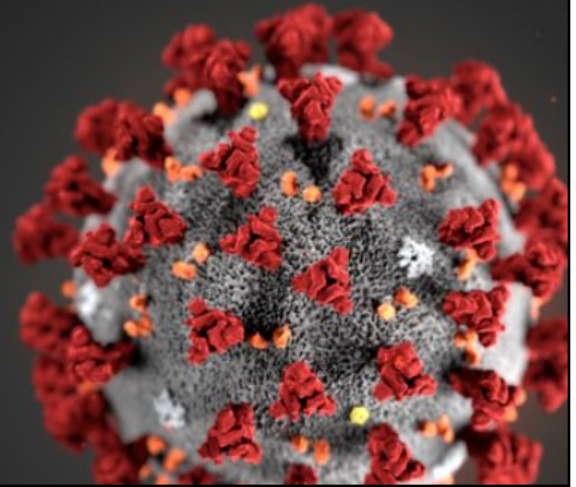
your panel altogether but, as is most always the case, the effort in developing the right solution will provide far better returns.

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OraSure Technologies

220 East First Street, Bethlehem, PA 18015

800-ORASURE • chooseintercept@orasure.com

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