

BY DR. TODD SIMO

WHY IMPLEMENT AN ORAL FLUID DRUG TESTING PROGRAM

A THIRD-PARTY PERSPECTIVE

PREFACE

In my current role, I am the Chief Medical Officer for HireRight (an employment screening company). In that position, I am honored to serve approximately 10,000 clients that consumed well over 2.5 million drug tests in 2019. But in 2001 when I started my transition from clinic physician to running a drug-free workplace third party administrator (TPA) business, I was brokering about 50 urine drug tests per month from my clinic. I know the stresses that small businesses are under—every dollar matters. If you run a collection site, urine collections can be vital, revenue business. However, not having oral fluid testing as an arrow in your quiver ultimately puts you at a disadvantage, particularly for client use cases as delineated in this article.

IN THE BEGINNING, THERE WAS URINE

Many drug-free workplace programs began in the time when the Omnibus Transportation Act of 1991 was rolling out. The specimen of choice at the time was urine. The reasoning for it was sound. Urine was easy to collect and transport, inexpensive to test, accurate, and provided an adequate detection window; furthermore, urine testing at that time was difficult to adulterate or subvert as evidenced by the positive rates year over year.

URINE DRUG TEST POSITIVITY RATE FOR COMBINED U.S. WORKFORCE



Source: Quest Diagnostics Drug Testing Index from 8/25/2020

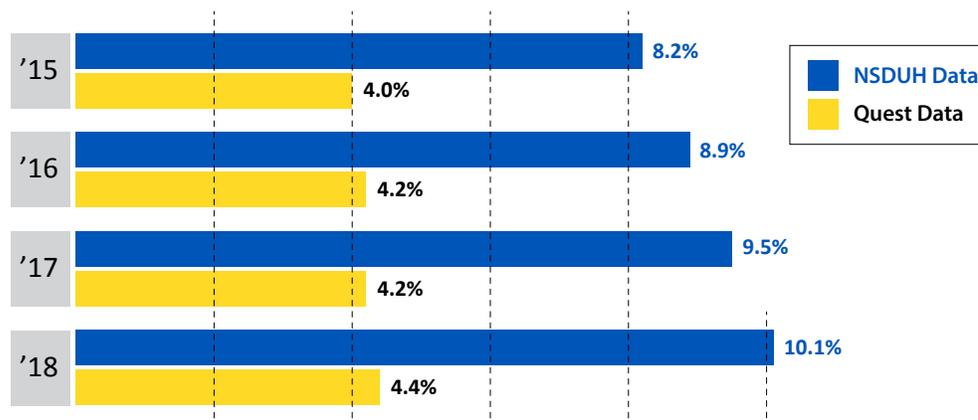
Artificially Low Positivity Rates

In the late 1980s, urine drug screening programs showed nearly double-digit positive rates. Over time these rates have fallen dramatically. Due to the drop in the positive rate, suspicion amongst drug screening professionals is that positive rates on urine drug screens have become artificially low, demonstrating that a persistent population of illicit drug users has discovered ways to sidestep or subvert drug tests.

The chart below depicts Quest Diagnostic lab positive rates from 2015 and 2019 compared to self-reported illicit drug use from a study conducted by the National Survey on Drug Use and Health. Self-reported illicit drug use is more than two times higher than urine lab detection.

While urine remains the “gold standard” specimen for drug testing, urine positivity rates have decreased over time to around a 4.0% level. This divergent data suggests that an alternate specimen may benefit some employers seeking a more robust drug-free workplace solution.

PAST MONTH SELF-ADMITTED ILLICIT DRUG USE VS. QUEST DIAGNOSTIC'S URINE POSITIVE RATE



Source: 2019 National Survey of Drug Use and Health Quest Drug Testing Index

Why Offer Oral Fluid Screening for Your Clients?

ORAL FLUID POSITIVES ON THE RISE

While positive rates for urine have remained fairly stable (only incrementally increasing) year over year, oral fluid positives are on the rise, which reveals a more accurate view of current usage. Our HireRight data shows that the rate of Medical Review Officer (MRO) verified positives using oral fluid testing has consistently been higher than urine. In 2015, it was 4.0%, and it has consistently risen since then (6.0% in 2019 with a high watermark of 7.5% in 2018). To put that positive rate in context, oral fluid's MRO positive rate is 300% higher than our urine-based MRO positive tests.

WINDOW OF DETECTION

Oral fluid is excellent for detecting recent drug use. The window of detection for oral fluid is one to two days for all substances, whereas the window of detection for urine extends to weeks. This timeframe more closely mirrors the impairment window—the duration of time an individual is impaired by drug use. That means if someone gets a positive result on an oral fluid drug screen, they may have been impaired when the sample was collected.

DRUGS IT CAN SCREEN FOR

Most oral fluid screens are 5-panel tests that look for cocaine, amphetamine, opiates, phencyclidine, and cannabinoids (THC). Broader panel tests are available, which include additional analytes such as benzodiazepines, barbiturates, and methadone.

MARIJUANA AND ORAL FLUID

With the ever-shifting sands of marijuana decriminalization, oral fluid is the one current drug testing specimen that can be used to make a determination of occupational safety impairment at the time of collection. The reason is that oral fluid's known detection window is 20 hours or less; however, there is ever growing evidence that THC causes impairment for periods greater than 24 hours. This means that if someone tests positive for marijuana (THC) using oral fluid, the donor is most likely impaired or under the influence at the time of collection, and any adverse employment action taken is based upon impairment and not just simply being positive. This impairment determination may allow employers to take negative employment action on candidates/employees even in states that require accommodation for decriminalized marijuana use.



GROWING IN PREVALENCE

Oral fluid testing is becoming more and more popular for employment drug screening programs. It's currently FDA-approved for drug-free workplace programs. In the HireRight world, from 2017 to 2019, the number of employers who used oral fluid rose 72%, and I expect this trend to continue, especially since oral fluid has been approved as the second specimen for federally regulated testing.

What Type of Companies /Programs is Oral Fluid Testing Best Suited For?

With a window of detection that mirrors the impairment window, oral fluid testing is an excellent fit for certain types of employment screening.

It is beneficial for incumbent employee programs that test regular workers at random and for-cause/reasonable suspicion. If the test shows positive, it means the employee is likely still under the influence and possibly impaired. Conversely, oral fluid is not ideal for companies that perform pre-employment screening as their sole deterrent for illicit drug use, since applicants who use illegal substances can abstain from drugs for a couple of days before the test and get a clean result, even if they're regular users.

In general, oral drug testing also works best for businesses with static facilities—places where employees regularly come into a facility to work. Examples might include a warehouse or manufacturing plant, or companies with white-collar jobs for which people come to an office every day.

Some companies would benefit from random testing, but don't implement it because they think they'll lose significant staff-hours and productivity because employees must leave and get tested at a collection site. This isn't the case with oral fluid testing, which can be done in just 10 minutes on site.

Conclusion

As a third party administrator, one of your chief roles is being a trusted advisor to your clients pertaining to their drug-free workplace programs. Having a discussion about oral fluid with your clients can make a real impact. Because in the end, helping clients configure a solution that works best for them is ultimately the best business decision for you and your company.