DRUGS DON'T WORK IN NJ

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Good News and Bad News on Substance Use Trends

This edition of the Drugs Don't Work in NJ quarterly update focuses on recent trends in substance use and misuse in New Jersey and the United States, which feature both positive and negative developments. Part 1 of the update, contributed by Quest Diagnostics, highlights the 2017 drug testing results for various substances, including cocaine, opioids and marijuana. On an encouraging note, positive tests for prescription opioids have declined, but unfortunately, cocaine and marijuana are becoming more commonly detected in drug tests. In Part 2, the Partnership for a Drug-Free New Jersey takes a closer look at the numbers behind the opioid epidemic in New Jersey. The number of opioid prescriptions has decreased, but the total number of opioid overdoses continued to rise.

Part 1 of 2

Analysis on Drug Testing in the Workplace

Contributed by Quest Diagnostics

Driven by increases in cocaine, methamphetamine and marijuana, drug use by the American workforce remains at its highest rate in more than a decade, according to a new analysis released by Quest Diagnostics, the world's leading provider of diagnostic information services.

Nationally, the positivity rate for the combined U.S. workforce held steady at 4.2 percent in 2017, the same as in 2016, but a dramatic increase over the 3.5 percent positivity rate from 2012, which represented a thirty-year low. The analysis of 2017 data also suggests shifting patterns of drug use, with cocaine and amphetamines positivity surging in some areas of the country and marijuana positivity rising sharply in states with newer recreational use statutes. Prescription opiate positivity rates declined dramatically on a national basis.

For an interactive map with positivity rates and trend lines by three-digit zip code in the United States, visit DTIDrugMap.com.

The findings were unveiled at the Federal Transit Administration (FTA) Drug and Alcohol Program National Conference in Ft. Lauderdale, Florida. 2018 marks thirty consecutive years of the Quest Diagnostics Drug Testing Index™ (DTI), an analysis of national workplace drug positivity trends based on the company's de-identified laboratory data. The DTI has revealed insights into drug use in the

United States since the Drug-Free Workplace Act was signed into law in 1988. In 1988, the DTI analysis found that the overall drug positivity rate among American workers was 13.6 percent.

“It’s unfortunate that we mark 30 years of the Drug-Free Workplace Act with clear evidence that drugs continue to invade the country’s workplaces. Not only have declines appeared to have bottomed out, but also in some drug classes and areas of the country drug positivity rates are increasing,” said Barry Sample, PhD, senior director, science and technology, Quest Diagnostics. “These changing patterns and geographical variations may challenge the ability of employers to anticipate the ‘drug of choice’ for their workforce or where to best focus their drug prevention efforts to ensure a safe and healthy work environment.”

Cocaine positivity increases overall, jumps sharply in some areas

The positivity rate for cocaine increased for the fifth consecutive year in the general U.S. workforce across every specimen type. In urine testing, the most common drug test specimen type, the positivity rate for cocaine increased seven percent in the general U.S. workforce (0.28% in 2016 versus 0.30% in 2017). Year-over-year increases were also observed in the general U.S. workforce in oral fluid testing (up 16%) and hair testing (19%).

In the federally-mandated, safety-sensitive workforce, for which only urine testing is permitted, cocaine positivity increased by eleven percent (0.28% in 2016 versus 0.31% percent in 2017), representing the third consecutive year of increases in this workforce segment.

A new pattern emerged in this year’s analysis, with cocaine positivity in urine testing increasing significantly in certain states among the general U.S. workforce. Double-digit year-over-year increases in at least four of the five past years were seen in the states of Nebraska (91% increase between 2016 and 2017), Idaho (88% increase), Washington (31%), Nevada (25%), Maryland (22% increase), and Wisconsin (13%).

Prescription opiates continue decline in workforce testing data

“The depth of our large-scale analysis supports the possibility that efforts by policymakers, employers, and the medical community to decrease the availability of opioid prescriptions and curtail the opioid crisis is working to reduce their use, at least among the working public,” said Kim Samano, PhD scientific director, Quest Diagnostics.

Nationally, the positivity rate for opiates in the general U.S. workforce in urine drug testing declined 17 percent between 2016 and 2017 (0.47% versus 0.39%). More notably, oxycodones (oxycodone and/or oxymorphone) positivity declined 12 percent between 2016 and 2017 (0.69% vs. 0.61%), hydrocodone positivity declined 17 percent (0.81% vs. 0.67%); and hydromorphone positivity declined 22% (0.59% vs. 0.46%). Opiates other than codeine were at their lowest positivity rate in more than a decade.

The company’s workforce drug testing services generally test for drugs and metabolites associated with prescription opiates and semi-synthetic opiates. They do not typically test for synthetic opioids, such as fentanyl and its synthetic analogs.

Prescription opiate testing for the federally-mandated, safety-sensitive workforce has not been required until recently. Such testing was implemented in October 2017 for certain U.S. government employees. Preliminary data in the fourth quarter of 2017 from the testing of these workers indicates a positivity rate slightly higher than for the opiate group prior to these new regulations which only included codeine and morphine. Prescription opiate testing for safety-sensitive transportation workers covered under U.S. Department of Transportation (DOT) rules went into effect in January 2018.

According to the Centers for Disease Control (CDC), the overall national opioid prescribing rate in 2017 fell to the lowest it had been in more than 10 years, though rates vary by state and are high in some areas of the country.

Urine drug test results for heroin, indicated by the presence of the 6-acetylmorphine (6-AM) metabolite, also declined in the general U.S. workforce (0.033% positivity, a three-year low and down nearly 11 percent in 2017 compared to 2016). There have been concerns by some public health experts that a reformulation of OxyContin, a popular opioid medication, has led to a corresponding increase in heroin use, which has been reflected in the Drug Testing Index data where 6-AM positivity more than doubled between 2011 and 2015. Data from 2016 and 2017 suggests this may be abating among workers subject to drug testing.

Marijuana positivity is up in states with new legalization statutes

Overall, marijuana positivity continued its five-year upward trajectory in urine testing for both the general U.S. workforce and the federally-mandated, safety-sensitive workforce. Marijuana positivity increased four percent in the general U.S. workforce (2.5% in 2016 versus 2.6% in 2017) and nearly eight percent in the safety-sensitive workforce (0.78% versus 0.84%).

Increases in positivity rates for marijuana in the general U.S. workforce were most striking in states that have enacted recreational use statues since 2016. Those states include: Nevada (43%), Massachusetts (14%) and California (11%). These three states also saw significant increases in marijuana positivity in federally-mandated, safety-sensitive workers: Nevada (39%), California (20%), and Massachusetts (11%). Federally-mandated, safety-sensitive workers include pilots, rail, bus and truck drivers, and workers in nuclear power plants, for whom routine drug testing is required by the DOT.

“These increases are similar to the increases we observed after recreational marijuana use statues were passed in Washington and Colorado,” said Dr. Sample. “While it is too early to tell if this is a trend, our data suggests that the recreational use of marijuana is spilling into the workforce, including among individuals most responsible for keeping our communities safe. We encourage policy analysts to track these trends closely to determine whether a correlation between the state legalization of marijuana and increased workforce drug use, as suggested by our data, bears out in other research.”

About the Quest Diagnostics Drug Testing Index™

The Quest Diagnostics Drug Testing Index™ (DTI) examines test results according to three categories of workers: federally-mandated, safety-sensitive workers; the general workforce; and the combined U.S. workforce. Federally-mandated, safety-sensitive workers include pilots, bus and truck drivers, and workers in nuclear power plants, for whom routine drug testing is mandated by the U.S. Department of Transportation and the Nuclear Regulatory Commission. Quest Diagnostics has analyzed annual workplace drug testing data since 1988.

The strengths of the Drug Testing Index analysis include its large, nationally representative sample size, longitudinal monitoring a testing population that is generally reflective of the U.S. workforce and the quality of the company's drug testing services to confirm positive results. Limitations include analysis only of employers that perform drug testing with the company and a lack of exact cross-specimen comparisons due to variations in substances for which employers test. Quest Diagnostics has analyzed annual workplace drug testing data since 1988, and publishes the findings as a public service. In 2018, The Quest Diagnostics Drug Testing Index™ celebrates 30 years of examining drug test results in the U.S. workforce.

About the Author Part 1 of this update was produced by Quest Diagnostics Inc. Quest is an American Clinical Laboratory founded in 1967 which provides diagnostic testing, information, and services in order to improve the health of workers and reduce illegal drug use in the workplace. www.QuestDiagnostics.com Customer Service 1 866-697-8378

Part 2 of 2

Facts and Figures of New Jersey's Opioid Epidemic

By Bill Lillis, CPS

Reports from the National Institute of Drug Abuse (NIDA), the New Jersey Division of the Drug Enforcement Administration (DEA) and the New Jersey Office of the Attorney General offer both good and bad news as New Jersey continues to address the harm being done by the misuse of opioids and heroin.

As four out of five heroin users begin their substance abuse with a legal prescription, an important prevention strategy involves reducing the number of opioid prescriptions and finding better alternatives for pain management. The Attorney General's office reported that opioid prescriptions distributed throughout the state have declined significantly, from 5.3 million prescriptions in 2014 to 4.3 million in 2018. Horizon Blue Cross Blue Shield of New Jersey, the state's largest health insurance carrier, announced that opioid prescriptions declined by 28 percent among policy holders.

On National Prescription Drug Take Back Day, a program initiated in part due to the efforts of PDFNJ, more than 12,000 pounds of expired, unused and unwanted prescriptions were turned in at 181 police departments throughout the state. Hospitals throughout the state have either changed or are now in the process of changing policies so as to reduce opioid use in emergency rooms, inpatient care and when patients return home to recover. Furthermore, a recent survey conducted by PDFNJ and Fairleigh Dickinson University found that close to 70 percent of parents in New Jersey now understand there is a link between prescription medication and heroin.

While progress has been made, unfortunately overdose deaths in New Jersey have continued to rise. As of this printing, the New Jersey Attorney General's office reports that 2,852 people in the state have died so far this year from drug overdoses, a vast majority of which have been opioid-related. Reducing prescriptions will help in the long term, as fewer people will be exposed to opioids. However, many residents who already have a substance use disorder, and those who will begin experimenting with illicit drugs or prescription medication, might now be exposed to fentanyl.

As noted by the National Institute on Drug Abuse (NIDA), fentanyl is a synthetic opioid 50 to 100 times more potent than morphine. The DEA has called fentanyl "the most significant opioid threat to the United States," and it will remain so in the near future. Dealers on the street are lacing heroin, methamphetamines and prescription drugs with fentanyl. In 2017, more than 29,000 people in the United States died of a fentanyl-related overdose, according to NIDA's provisional estimates.

As we move forward in 2019, a comprehensive effort needs to be made so that New Jersey residents are made fully aware of this problem. This effort needs to include expanding prevention education throughout the state, especially in our schools; increasing the use of recovery coaches who have demonstrated proven success in bringing individuals into treatment; making greater efforts to ensure treatment and extensive recovery programs are in place for anyone with a substance use disorder; and providing ongoing support for families who have individuals living with this disorder or who are suffering from the loss of a loved one. The business community, by promoting prevention and dealing appropriately with employees regarding intervention, treatment and long-term recovery, plays a vital role in overcoming this challenge.

We extend our best wishes to you and your staff for a happy holiday season and a healthy and successful New Year!

Bill Lillis is a certified prevention specialist and is the coordinator of *Drugs' Don't Work in NJ!* and the PDFNJ Parent Education Program. Information from part 2 of the update was taken from the National Institute for Drug Abuse (www.drugabuse.gov), the Office of the New Jersey Attorney General (www.nj.gov/oag/) and the New Jersey Division of the Drug Enforcement Administration (www.dea.gov/domestic-division/new-jersey).

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The Partnership for a Drug-Free New Jersey (PDFNJ) is a private 501 (c) (3) not-for profit organization that promotes the prevention of substance abuse throughout the state through media campaigns, school-based programs and community and workplace initiatives. PDFNJ programs are made possible by support from the Governor's Council on Alcoholism and Drug Abuse, the New Jersey Department of Health, and funding from corporations and foundations. All programs and services provided by PDFNJ are free of charge. For more information visit www.drugfreenj.org or call 973-467-2100.