

What's the Buzz



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RECENT OR HISTORIC DRUG USE?





WHY IT MATTERS

BY ANDREW CURRENT

Introduction

Essential to the practice of workplace drug testing is knowledge of windows of detection. Using a testing device with the proper window of detection can be the determining factor between whether your workplace tests for recent use, or historic use. Particularly in today's culture of rising marijuana use, that information can be critical. This article will explore what a window of detection is and why they are important.

Detection windows are the length of time a substance or its metabolite is detectable in a biological testing sample.¹ This includes both how long it takes after ingestion for a substance to become detectable and how long after ingestion it stays detectable.² Detection periods depend on many factors, such as:

- Substances that are being tested for;
- Specimen donor's metabolism speed;
- How the substance was ingested by the donor;
- How often the donor ingested the substance;
- The donor's health, diet, weight, gender, and fluid intake;
- Most importantly, the type of specimen used to test.³

All specimen types may detect the presence of both the parent drug and the metabolite; however, metabolites usually stay in the body longer than the parent drug.⁴ Thus, detecting the parent drug is more indicative of recent use and therefore possible impairment.

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A positive drug test result does not always mean that an individual is under the influence of a drug. For example, while isolated marijuana use will normally only remain in a donor's system for 1–2 days, heavy marijuana users will have it in their system for weeks after last ingestion.⁵ Conversely, a negative drug test result does not always mean that an individual is not under the influence of a drug. Rather, it only means that a donor has not used the targeted drug within the detection window or under the cutoff level for a given testing method.⁶ With this in mind, a working knowledge of general detection windows for commonly tested drugs and specimens will determine many choices about how an employer conducts workplace drug testing.

Urine

Urine is the most commonly used specimen in workplace drug testing.⁷ Substances that are smoked are almost immediately available for detection in urine, while those that are ingested orally are usually slower, taking several hours.⁸ After that point, the detection window depends on the type of drug tested.

DRUG	WINDOW OF DETECTION
Alcohol	10–12 Hours
Amphetamines	2–4 Days
Cannabis	1–30 Days*
Cocaine	1–3 Days ⁹

* Light versus heavy use

This makes urine useful in many workplace settings, such as random testing; however, it would not always be effective in long-term monitoring settings, such as return-to-duty or follow-up testing. Depending on frequency of use, a donor may be able to test negative for any of these substances by abstaining for several days before the test, and simply return to habitual drug use once the pre-employment test has been passed and the job is offered.¹⁰

Hair

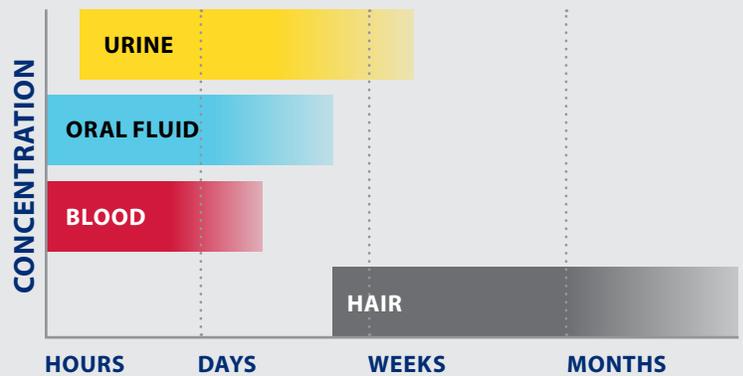
Hair testing has potentially the longest window of detection because the cells that generate hair absorb metabolites in the blood at the time hair is produced.¹¹ It also absorbs substances as sweat gathers and is absorbed at the base of a growing shaft of hair.¹² Generally, hair grows at a rate of 0.5 inches per month, thus, within a couple of weeks of substance use and until the donor cuts his or her hair, there is a record of what s/he ingested.¹³ For example, a 1.5-inch sample cut from near the scalp would provide a record of any substances ingested during the preceding three months.¹⁴ Comparing this to urine testing above, amphetamines, cannabis, and cocaine would all be detectable for the same amount of time when testing hair (i.e., approximately 90 days), whereas with urine testing the detection period varies by drug.¹⁵ This provides a long history of use, making it ineffective in detecting recent use (i.e., post-accident testing) but very effective in historical use (i.e., return-to-duty or follow-up testing).

Oral Fluid

Oral fluid provides a nearly instant snapshot of substance use, with most substances being detectable 1–24 hours after ingestion.¹⁶ This can extend up to 48 hours after ingestion regardless of the method of administration.¹⁷ Because bodies produce saliva on a continual basis, oral fluid testing provides nearly identical results to blood-based testing, as concentrations of a given substance in oral fluid generally correlate with plasma concentrations and are a good indicator of the presence of the parent drug and impairment.¹⁸ This makes oral fluid a good tool in situations such as post-accident testing or reasonable suspicion. However, as above, a donor may be able to test negative for a given substance by abstaining for several days before the test. Oral fluid testing offers the user an extremely short window of detection, particularly useful for pre-employment testing purposes where employers want to ensure that they're not eliminating a qualified candidate based on a one-time trip to Colorado two weekends ago.

Conclusion

It goes without saying that not every testing specimen will meet every need. Depending on the type of workplace, the risk of substance abuse, and the event that triggers the need to conduct testing, different detection windows, and thus, different testing specimens, will be the right fit. In an increasing complex and litigious legal environment, a multi-specimen policy provides the best of each world.



This chart outlines the most popular methodologies for drug testing and how they compare with regard to the window of detection.

1. SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, CLINICAL TESTING IN PRIMARY CARE, TECHNICAL ASSISTANCE PUBLICATION SERIES TAP 32 p. 11 (2012), <https://store.samhsa.gov/system/files/sma12-4668.pdf>
2. AMERICAN SOCIETY OF ADDICTION MEDICINE, APPROPRIATE USE OF DRUG TESTING IN CLINICAL ADDICTION MEDICINE p. 4 (2017), [https://www.asam.org/docs/default-source/quality-science/appropriate_use_of_drug_testing_in_clinical-1-\(7\).pdf?sfvrsn=2](https://www.asam.org/docs/default-source/quality-science/appropriate_use_of_drug_testing_in_clinical-1-(7).pdf?sfvrsn=2).
3. *Supra* fn.1.
4. *Id.*
5. Scott E. Hadland and Sharon Levy, Objective Testing – Urine and Other Drug Tests, CHILD AND ADOLESCENT PEDIATRIC CLINICS OF NORTH AMERICA (Jul. 1, 2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4920965/>.
6. *Supra* fn.2 p. 5.
7. *Supra* fn.1 p. 51.
8. *Id.*
9. *Supra* fn.5.
10. *Supra* fn.1 p. 51.
11. *Supra* fn.1 p. 19.
12. *Supra* fn.2 p. 23.
13. *Supra* fn.5.
14. *Id.*
15. *Id.*
16. *Supra* fn.5.
17. *Supra* fn.1 p. 20.
18. *Supra* fn.2 p. 21.



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CBD OIL

WHAT EMPLOYERS NEED TO KNOW

BY YVETTE FARNSWORTH BAKER

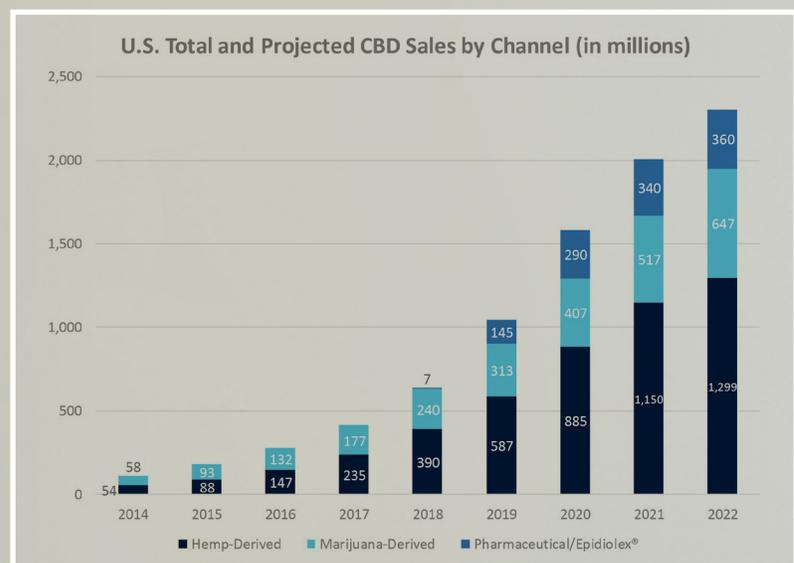
A 2017 study found that nearly 70% of CBD products do not contain the amount of THC advertised

Cannabidiol, also known as CBD, is growing in popularity as a cure-all for everything from insomnia to cancer to pet anxiety. CBD is extracted from either the hemp plant or mature marijuana plant and is generally believed to be the active “medical” ingredient in marijuana.

What is the legal status of CBD, and what do employers need to know about CBD when implementing workplace drug policies? This article will explore these questions and identify what we know, and what questions remain when it comes to CBD.

How is CBD Being Used?

Many believe that CBD can be used to treat medical conditions such as autoimmune diseases, neurological conditions, metabolic syndromes, neuropsychiatric conditions, gut diseases, cardiovascular dysfunction, and skin diseases. Some also claim CBD has cancer-fighting properties.¹



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However, the vast majority of these claims have not been validated by scientific research. Scientific research that supports CBD is most often limited to studies that fail to meet standard clinical guidelines. The lack of clinical data to support these claims can cause harm to users, as well as causing confusion and ineffective use of the drug. One example is studies that show that CBD is not absorbed well by the body when ingested orally. While research shows that less than 20% of the drug is absorbed if taken through traditional oral methods, oral ingestion remains one of the most common forms of use.² Another example is studies that show that CBD can interact with prescription medications either by raising the levels of the medication in the blood or by lessening the effects of the medication, depending on the substance.³

To date, one CBD product that has been approved by the United States Food and Drug Administration (FDA). CBD has been proven to be effective in treating childhood epilepsy, and in 2018 the FDA approved the CBD-based medication Epidiolex® as a Schedule V drug. Schedule V drugs represent the least potential for abuse and are shown to have accepted medical use as treatment in the United States. Epidiolex® is the only marijuana-based product to have approval at the federal level.

The most common form of CBD is CBD oil. Currently, 14 states have a legalized CBD oil program. All but two of those states have no legalized medical marijuana program. Most states with CBD oil programs require that CBD be extracted from hemp rather than from marijuana and also restrict the amount of tetrahydrocannabinol (THC, the principal psychoactive ingredient in cannabis) to less than 1%.

Nearly 43% of products tested contained less CBD than what they had advertised, and 26% contained too much.

An Overview of Some State CBD Oil Programs

STATES WITH CBD OIL PROGRAMS	CBD LEVEL SPECIFIED	THC LEVEL SPECIFIED
ALABAMA	N/A	3% THC or less
ARKANSAS	N/A	0.3% THC or less
GEORGIA	N/A	5% THC or less
INDIANA	At least 5% CBD	0.3% THC or less
IOWA	N/A	3% THC or less
KANSAS	N/A	5% of CBD concentration or less
KENTUCKY	N/A	0.3% THC or less
MISSISSIPPI	Minimum of 50 mg of CBD per milliliter	Maximum of 2.5 mg of THC per milliliter; must have a 20:1 CBD to THC ratio
NORTH CAROLINA	At least 5% CBD	0.9% THC or less
SOUTH CAROLINA	At least 98% CBD	0.9% THC or less
TENNESSEE	N/A	0.3% THC or less
TEXAS	No less than 10% CBD	0.5% THC or less
VIRGINIA	At least 15% CBD; must contain at least 5 mg of CBD per milliliter	No more than 5% THC; up to 10 mg of THC per dose
WYOMING	At least 5% CBD	0.3% or less

Although CBD oil programs generally restrict THC levels, a 2017 study found that nearly seven in each ten CBD products do not contain the amount of THC advertised.⁴ Additionally, nearly 43% of products tested contained less CBD than what they had advertised, and 26% contained too much.

Because CBD products are not regulated, users have very little assurance that the product they are using is what they believe it to be. The amount of CBD in the product most likely is not as advertised, meaning either a person is using more CBD than they realize, which could be a safety risk, or the person is using less CBD than they realize, which could impact its effectiveness as a treatment. A person may be consuming THC or other risky chemicals unknowingly. A person may not even be consuming a CBD product at all, which was the case with at least 52 residents of Utah who were hospitalized after consuming a synthetic cannabis they thought was CBD.⁵

What is Hemp and What is Its Legal Status?

Coinciding with CBD's rise, hemp from which CBD can be derived has received a quasi-legal status. The 2018 federal farming bill legalized



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Reference: Thompson, Dennis. "CBD Oil: All the Rage. But Is It Really Safe and Effective?" WebMD, 7 May 2018, www.webmd.com/pain-management/news/20180507/cbd-oil-all-the-rage-but-is-it-safe-effective#1.

hemp cultivation broadly. Under the bill, industrial hemp cannot contain more than 0.3% THC, which is the major way it is differentiated from other varieties of cannabis plants. While hemp production is legal, CBD and hemp meant for consumption or as a dietary supplement remain illegal under federal law.

States that choose to allow industrial hemp production must submit a plan detailing hemp regulation to the federal Secretary of Agriculture, who can either approve or deny each state's plan. States are also permitted to prohibit hemp cultivation within their borders.

Nine states continue to prohibit hemp production in their states. In these states, all hemp products, including CBD oil, remain illegal, despite federal legalization of hemp cultivation. This is true even if those states permit medical or recreational marijuana. However, it appears that these restrictions are not enforced in many jurisdictions.

The Legal Status of Marijuana and CBD

In some states, medical marijuana is legal, but CBD oil is not. In other states, CBD oil and hemp are legal, but marijuana is not. The federal government permits hemp cultivation and one CBD product, but prohibits marijuana and CBD oil. It fits together about as well as the pieces from three different jigsaw puzzles.

Can employees test positive for THC in a workplace drug test after using CBD products? It is possible, particularly in states where CBD is largely unregulated, because the amount of THC in CBD oil can vary wildly. Workplace drug tests do not test for CBD presence; rather, they test for THC. A 2017 study found that one in five tested CBD products contained THC, meaning it is likely that an individual using one of those products could test positive for THC.⁶ If an employee tests positive for THC, it will not be clear from the test results whether the employee used a CBD product or marijuana. However, the onus is on the employee, not the employer, to make sure any product they use is permitted under their workplace policy. Employers are not required to accommodate employees who take prohibited substances by mistake.

There are several stories coming to light recently of individuals terminated from employment after testing positive for THC from CBD products. Bianca Thurston of Pennsylvania tested positive for THC and was fired after consuming CBD drinks advertised as 0% THC.⁷ Douglas Horn of New York likewise was fired after testing positive for THC after consuming CBD products that were advertised as THC-free.⁸ Both individuals are suing the CBD companies that developed the products.

In states with legal CBD oil programs, employers are unlikely to come across employees who are legal CBD users. These programs are mostly restricted to people with conditions such as intractable epilepsy and end-stage cancer. Additionally, no state CBD oil programs require employers to accommodate CBD oil use by employees. Even if an employee is using CBD oil legally, an employer still has the right to prohibit its use by employees. Remember, CBD oil remains illegal at the federal level.



In states with medical marijuana programs, employers can either treat CBD oil the same way medical marijuana is treated or prohibit it altogether. While some state medical marijuana laws require accommodation of medical marijuana use outside the workplace, these laws do not require the same of CBD oil. It should be noted though, that in states where state disability law requires accommodation of medical marijuana use, CBD oil may require accommodation for employees with disabilities. If state disability law requires an employer to accommodate medical marijuana use by disabled employees, CBD may possibly require accommodation as well.

Clearly, the issue of CBD is complicated, and it will only get more so as more states put legal CBD programs in place in conjunction with medical and recreational marijuana laws.

➔ **Have more questions about CBD?**

Watch our recent webinar, *CBD In the Workplace*, to learn more about how CBD can impact your workplace.

1. *CBD Oil: All the Rage, But Is It Safe & Effective?* WebMD, date unknown. <https://www.webmd.com/pain-management/news/20180507/cbd-oil-all-the-rage-but-is-it-safe-effective#2>.
2. Grinspoon, P., MD (August 24, 2018). *Cannabidiol (CBD) – what we know and what we don't*. <https://www.health.harvard.edu/blog/cannabidiol-cbd-what-we-know-and-what-we-dont-2018082414476>
3. *Id.*
4. Burns, Janet. (May 26, 2018). *Fake CBD Poisoned At Least 52 People in Utah Last Winter, Officials Say*. <https://www.forbes.com/sites/janetwburns/2018/05/26/officials-say-fake-cbd-poisoned-at-least-52-people-in-utah-last-winter/#3f3a6f577dd3>
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6. Long, J. (April 24, 2019). *Pennsylvania woman sues CBD company after failed drug test*. <https://www.naturalproductsinsider.com/litigation/pennsylvania-woman-sues-cbd-company-after-failed-drug-test>
7. *HempToday* (April 29, 2010). *Case against U.S. CBD firms moves forward after some claims stripped*. <https://hemptoday.net/case-against-u-s-cbd-firms-moves-forward-after-some-claims-stripped/>
8. *Id.*

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5 STEPS

FOR EMPLOYERS TO COMBAT THE OPIOID CRISIS IN THE WORKPLACE

An estimated **1.7 million** U.S. residents suffer from substance use disorders related to prescription opioids.¹

11.4 million Americans misuse prescription opioids.²

400,000 deaths
from overdoses involving opioids from 1999–2017.³

In 2012, enough prescriptions were written that **every American** could have their own bottle of pills.⁴

1 HAVE A CLEARLY WRITTEN POLICY

A good policy has a clearly defined purpose, is reviewed on an annual basis, and is custom created to ensure compliance with state laws, federal regulations, and applicable case law.

2 EDUCATE YOUR EMPLOYEES

Employee education programs should, at a minimum, cover addiction, the effects and dangers of substances of abuse, company policies and procedures pertaining to substance abuse, and obtaining treatment.

3 TRAIN YOUR SUPERVISORS

Supervisor training should include, at a minimum, information on company policy, policy implementation and maintenance, signs and symptoms of drug and alcohol use and abuse, and employee referrals.

4 CREATE AN EMPLOYEE ASSISTANCE PROGRAM (EAP)

Any treatment program counts as an EAP, whether it means counseling, problem resolution, or rehabilitation.

5 DRUG TEST REGULARLY

Identify your company drug and alcohol testing objectives, choose a testing provider, implement a custom drug testing policy, and where legal, implement a random testing program.

1. National Institute on Drug Abuse. Opioid Overdose Crisis, accessed 20 May 2019. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>

2. *Id.*

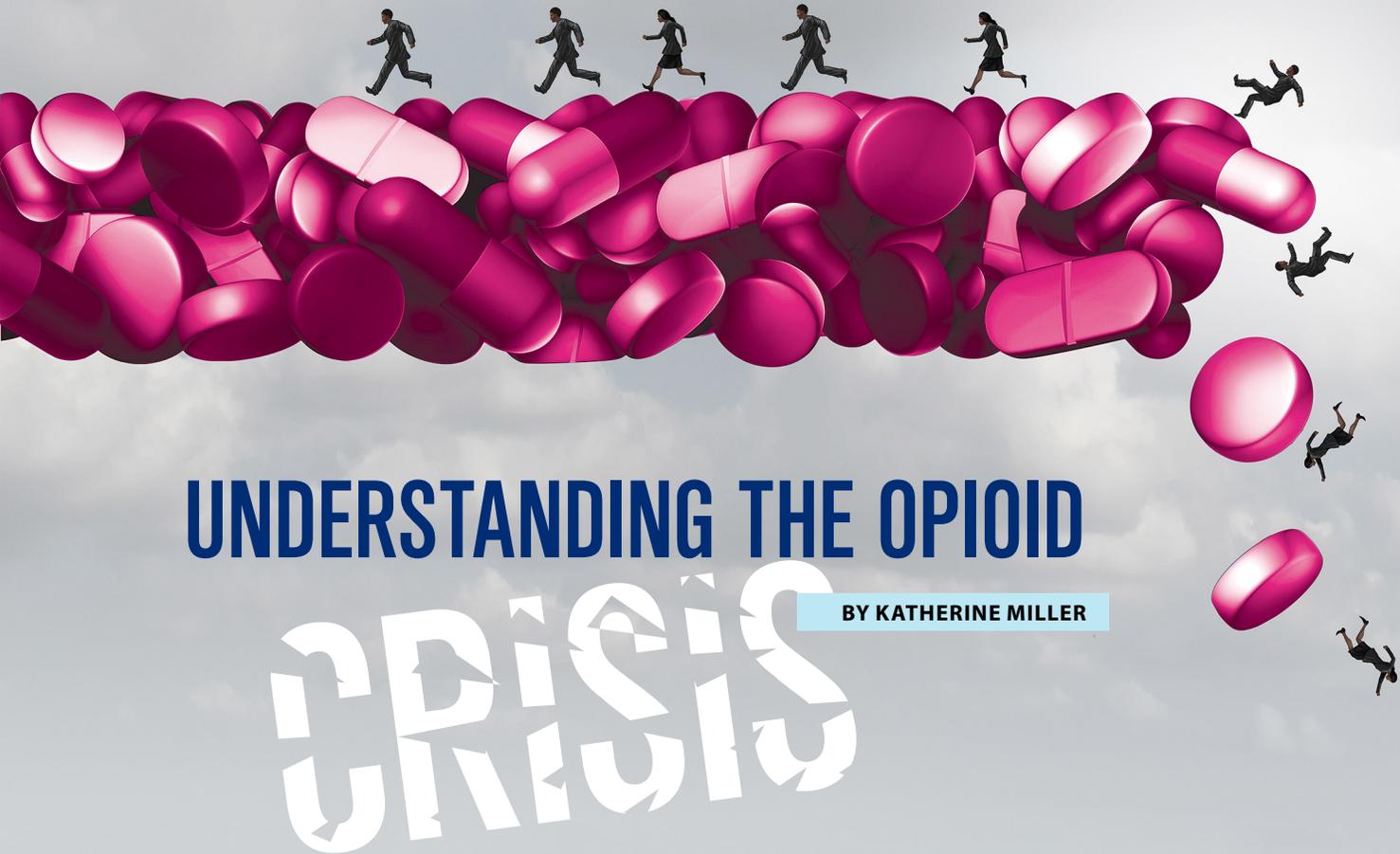
3. Centers for Disease Control and Protection. Understanding the Epidemic, accessed 20 May 2019. <https://www.cdc.gov/drugoverdose/epidemic/index.html>

4. American Society of Addiction Medicine. Opioid Addiction 2016 Facts & Figures, accessed 20 May 2019. <https://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>

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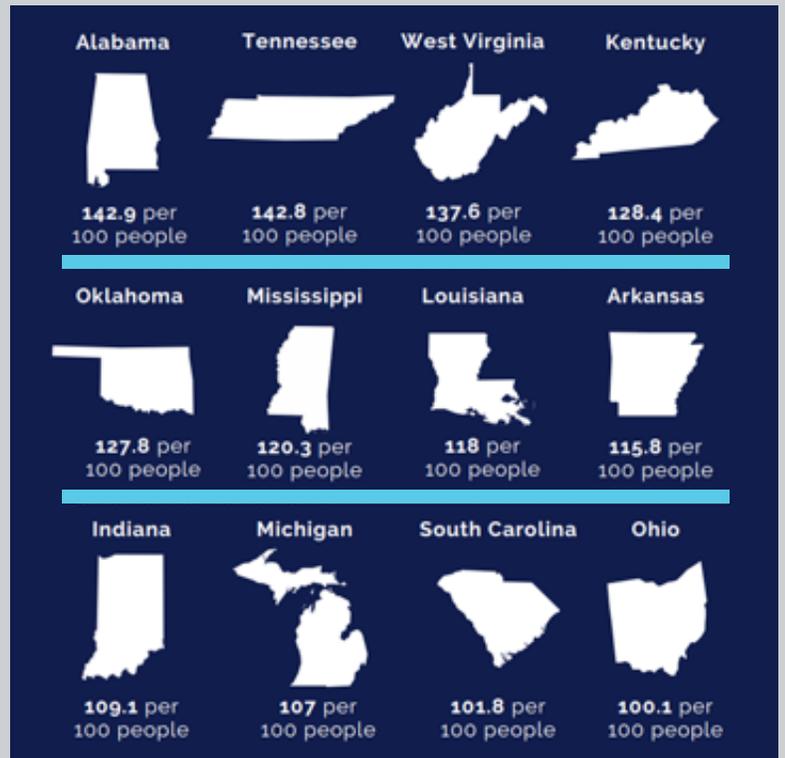


UNDERSTANDING THE OPIOID

CRISIS

BY KATHERINE MILLER

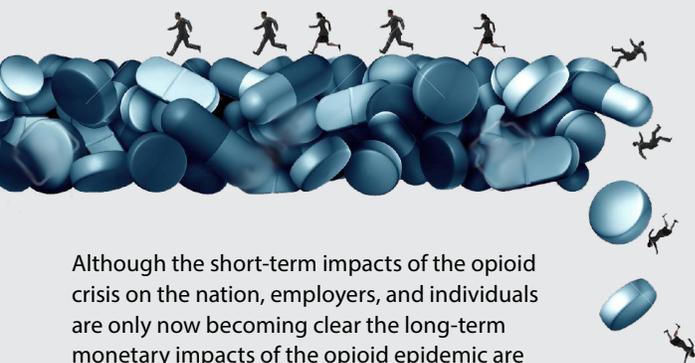
12 states in 2012 had more opioid prescriptions than people. www.ncsc.org/trends



Although today's news primarily covers the ongoing effort to legalize marijuana, the opioid epidemic is still raging on, impacting individuals, workplaces, and families across the United States. Every day, more than 130 Americans die due to an opioid overdose.¹ Although this number has fallen recently due to increased awareness and efforts on behalf of legislators and the healthcare industry, the fact remains that we are still in crisis. In fact, the CDC blamed the increase in drug overdose deaths along with a continuing increase in suicides, for a drop in life expectancy in 2017.² As of July 2012, 12 states had more opioid prescriptions than people.

Every day, more than 130 Americans die due to an opioid overdose.

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Although the short-term impacts of the opioid crisis on the nation, employers, and individuals are only now becoming clear the long-term monetary impacts of the opioid epidemic are still unknown. What we do know, however, is that already opioids are costing the nation billions of dollars, and that number will likely only increase as the epidemic continues. States, companies, and legislators are banding together in an attempt to stop opioid companies in their tracks and win billions of dollars that can be used to combat the impacts of the epidemic. In 2018, a massive federal court case made up of over 600 individually-logged government entities lawsuits against opioid companies was announced in Ohio.³ Since 2018 still more lawsuits have been rolled into the federal suit. Including the large federal suit in Ohio, to date over 300 opioid-related cases have been filed in at least 45 states across the country.⁴

Why are these lawsuits important? Due to the huge economic burden of the opioid crisis, the money that will be won or lost in these suits will determine how employers, workplaces, and individuals are able to act in the future in order to mitigate the financial costs and impacts of the crisis.

Impacts and Costs to the Nation

As of 2016, the total “economic burden” of prescription opioid misuse in the U.S. was estimated to top \$78.5 billion each year.⁵ Although this estimate includes the costs of healthcare, lost productivity, addiction treatment, and criminal justice, it does not include the costs of non-prescription opioid abuse, which would undoubtedly bring the estimate much higher. The total economic cost of the opioid crisis was estimated to be \$504 billion as of 2015, which was much higher than all previous estimates.⁶

In addition to the economic costs of the crisis are the personal and emotional cost to the people of the nation. In 2017, approximately 1.7 million people in the U.S. suffered from substance use disorders that were related to prescription opioids.⁷ The opioid epidemic leads to more than just increased opioid-related substance abuse issues—it is known that opioid abuse and addiction can lead to the abuse of other drugs, such as heroin, cocaine, and other stimulants. Fentanyl, a highly

potent, cheap synthetic opioid that has been becoming more prevalent across the country, is also leaking its way in to other drugs across the country. A recent report showed that fentanyl and other opioids were involved in nearly 3/4 of all cocaine overdose deaths in the country and are becoming involved in overdoses with other drugs as well.⁸

Impacts and Costs to Employers

Regardless of size, employers across the country have been and will continue to experience the fiscal and workplace impacts of the opioid crisis. Some of the costs to employers are easy to calculate and measure, while others will only be revealed as time goes on.

As of 2017, more than 70% of American employers reported experiencing some impact of prescription drug use.⁹ Among the most commonly reported impacts of prescription drug use in the workplace were absenteeism, missed work, and the use of pain relievers while in the workplace.

INCIDENTS EXPERIENCED DUE TO PRESCRIPTION DRUG USAGE

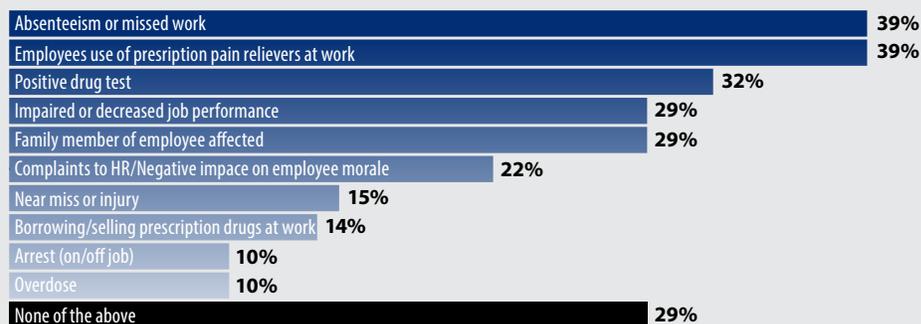


Figure 2 Hersman, Deborah A.P. How the Prescription Drug Crisis is Impacting American Employers. National Safety Council, 2017.

Not only are employers dealing with misused and/or abused prescribed opioids, but they are also dealing with the impacts of illegal opioid use. The costs associated with employee opioid use and abuse add up quickly for employers, regardless of workplace size.

- Substance abusers miss nearly 50% more days than their peers, totaling up to six weeks annually.¹⁰
- The average per capital cost to employers for each worker with an untreated substance use disorder is \$6,643.¹¹
- Additionally, each untreated disorder adds an additional \$1,267 per person to the annual cost of health care coverage for employers.¹²

Many of the costs to employers associated with opioid use and abuse are not easily quantifiable—for example, the average employee without a substance use disorder misses 10.5 days total per year. An individual with an alcohol use disorder misses an average of 14.8 days per year, while an individual with a pain medication use disorder misses an average of 29 days per year, the highest of any substance use disorder.¹³ Of all the types of substance use disorders, opioid or prescription pain medication disorders are generally the most costly to employers across the board.



An individual with a pain medication use disorder misses an average of 29 days per year

Nationwide, the estimated annual cost of substance abusing employees to U.S. businesses is north of \$400 billion, a large portion of which includes the costs due to opioid use and abuse.¹⁴

Impacts and Costs to Individuals

Undoubtedly, almost every American has been touched in some way by the opioid epidemic, rather from individual use, a family member's use, or an acquaintance's or coworker's use. In 2017, approximately 70,237 Americans overdosed, 67.8% of which were due to opioid use or abuse.¹⁵

The estimated annual cost of the opioid epidemic is \$78.5 billion, over 14% of which is funded by public health insurance programs and almost 25% of which is shouldered by state and local government entities.¹⁶ The remaining cost left uncovered by public programs and government entities is \$57.8 billion, a large portion of which is undoubtedly covered by individuals across the U.S. Divided equally amongst the U.S. population, each resident is stuck footing a bill of \$176.58 annually.

For some residents, costs due to the opioid epidemic will be more. For those with family members that overdose on opioids, the average cost of a funeral is between \$7,000–\$9,000.¹⁷ Additionally, individuals may be burdened paying the cost of a substance abuse counseling or treatment program, the costs of the drugs themselves, and more.

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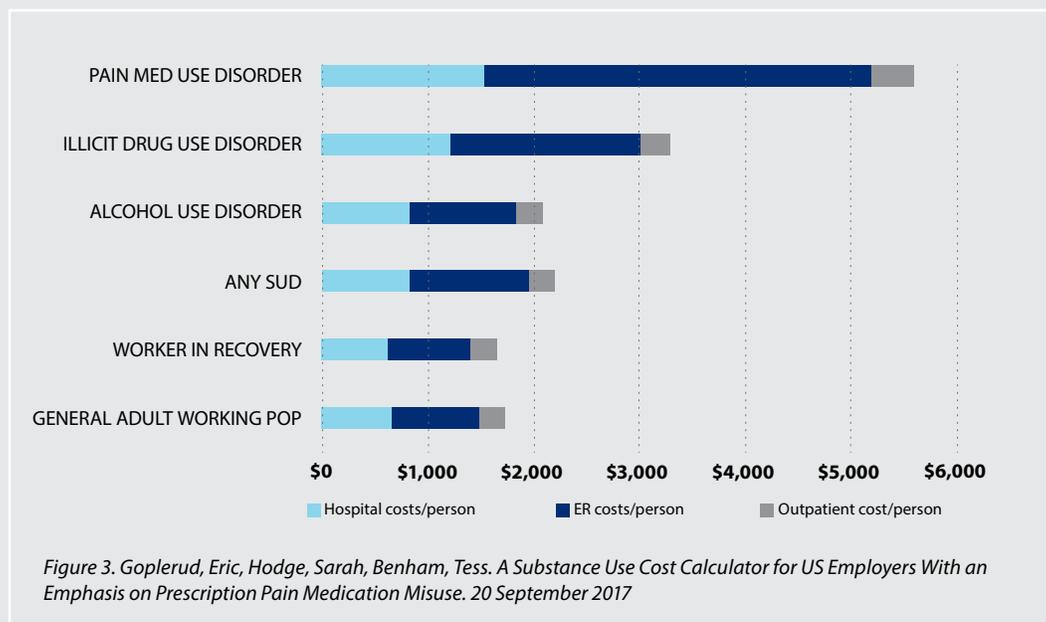


Figure 3. Goplerud, Eric, Hodge, Sarah, Benham, Tess. A Substance Use Cost Calculator for US Employers With an Emphasis on Prescription Pain Medication Misuse. 20 September 2017

MARIJUANA, THE MOST COMMONLY DETECTED DRUG.

DO YOU TEST FOR IT?



BY JACKIE PIRONE

OraSure Technologies

While marijuana legalization efforts in the U.S. continue, the positivity rates for marijuana (THC) have outpaced all other illicit drugs detected in the workplace in 2018. The positivity rate of marijuana among the workforce has hit an all-time new “high” since 2004. Last month, Quest Diagnostics released their annual Drug Testing Index which analyses more than 10 million workplace drug tests performed each year. This report examines both federal safety-sensitive and non-federal employee drug testing for the various types of drugs including marijuana. The news was not surprising—illicit marijuana use was the most commonly detected drug. What may be more surprising is that post-accident positivity rate increased in federally-mandated and general workforces by nearly 81% since 2014. Corresponding to this increase is the rise in “invalid” test results which indicates that more employees in federally-mandated occupations are creatively finding new ways to “cheat” on their urine drug test.

While the benefits of marijuana will continue to be hotly contested for both recreational and medicinal use, the effects are undeniable and can readily be drawn from Colorado’s experience. Since recreational legalization, marijuana-related traffic deaths increased 151%, marijuana-related hospitalizations have increase 148%, and 69% of THC users admitted driving while high in the past year. It doesn’t take a lot of imagination to correlate how this must be impacting the workplace. Fortunately, legalized marijuana for any application under the current laws in all states, protects employers. Quite simply stated, employers do not have to accommodate employees working ‘under the influence’ while on the job. There are no limits or exceptions.

In a recent survey of nearly 1,000 employers, 83% expressed concern with marijuana use in the workplace, citing among other things the decrease of quality new-hires along with the increase in expected costs. As one employer stated...

“... we cannot afford to have a worker's senses impacted in any way. The likelihood of increased accidents and the resulting increased in workers' compensation insurance are my primary concerns. If the accident rates and insurance increase too much, it could result in lost contracts/business.

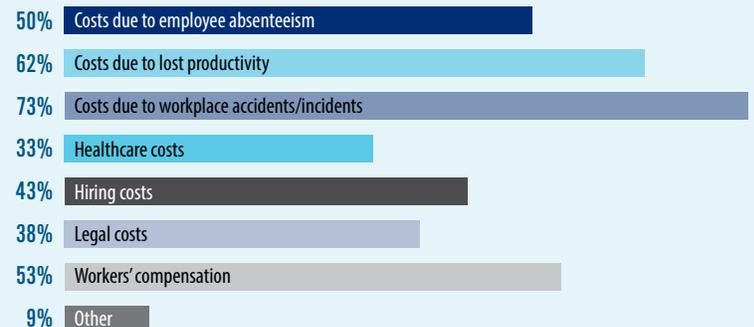
Lost productivity is also a concern.”

Expected on the rise with marijuana use, employers are anticipating increases in worker’s compensation, legal costs, healthcare costs, as well increases in accident and incidents as possibly already suggested by the 2018 Drug Index Report. What isn’t captured are the anticipated losses that may also occur from “poorer performance and subsequently lost clients [business],” as one employer stated. “The usage on a workplace will be costly.”

Assessing marijuana impairment is very complicated and individualized unlike alcohol impairment testing. Furthermore, there is no standardization on the potency of marijuana that is

used today compounding the effects on individuals. Currently, there is no test on the market that can assess the level of marijuana impairment, however there are alternative testing methods that can establish recent use in a non-invasive method. Oral fluid testing is currently the best practice as it can detect not only **recent marijuana** use, but exclude long-past use unlike urine testing. What is even more convenient, oral fluid can be collected anytime, anywhere.

If you are concerned about increased costs in the workplace due to legalized marijuana, what costs do you anticipate increasing?



PLEASE NOTE: Oral Fluid testing CANNOT be utilized for DOT mandated testing

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Costs Continue Rising

As the opioid epidemic continues, costs will continue rising across the board. Already, legislators are mobilizing across the country with the hope that legislation will help to staunch the flow of money the epidemic is costing the country. For employers, some legislation has been passed that allows economic boons for employers in states hit particularly hard by the opioid crisis. However, it is largely up to individual employers to determine how they will combat the opioid crisis in their workplaces.

Without a doubt, a workplace drug testing program is one of the best deterrents for opioid-abusing employees. Employees and applicants

that know that a drug testing program is in place are less likely to abuse drugs. Additionally, training for supervisors and employees as to the impacts of opioid use, signs and symptoms of abuse, and reasonable suspicion testing is essential.

As the opioid epidemic continues, associated costs will continue rising, and someone will be stuck footing the bill. Each and every person in the U.S. has been impacted in some way because of the opioid crisis, whether they know it or not.

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