

## Commentary

November 1, 2010

### *Increased Prescription Drug Abuse in the Workplace: Critical Distinctions*

The front page *New York Times* article “Drug testing poses quandary for employers” (October 24, 2010) usefully discusses the increasingly widespread problem of prescription drug abuse in the workplace. However, failure to make important distinctions makes the article unnecessarily disturbing.

As the article demonstrates, some employers now include prescription drugs on their workplace drug testing panels. While this is a positive development, it is just a start. All employers need to include the most commonly abused prescribed controlled substances on their routine drug testing panels because these potentially impairing drugs are widely used illegally.

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently added MDMA or Ecstasy to the standard panel of five drugs: marijuana, cocaine, amphetamines, heroin and PCP. Using this very limited panel fails to identify the recent use of virtually all prescription drugs.

Unfortunately this otherwise valuable article fails to distinguish between two groups of employees who test positive for prescribed controlled substances – those who have valid prescriptions for the tested drugs and those who do not. Making this distinction is the primary function of the Medical Review Officer (MRO), a medical role created in 1986 specifically for workplace drug testing. The article describes a company that routinely fires employees testing positive for prescribed drugs even when these employees have valid prescriptions for these drugs. This is not mainstream practice. It is not recommended by the Institute for Behavior and Health, Inc. (IBH). The use of medicines such as OxyContin, Vicodin and Xanax without a valid prescription is illegal and therefore should be subject to whatever consequences the company’s written policy details for violations of their drug-free workplace policies. This dangerous, illegal drug use is a common and widely missed problem today in the workplace because these drugs are seldom tested for in workplace drug tests, even in for-cause drug tests.

A second important distinction not made in the article is between drug testing in the absence of observed impairment or specific problems such as accidents that may be drug-related on the one hand, and testing with individualized suspicion on the other hand. Examples of tests not based on individualized suspicion of drug abuse are routine pre-employment and random testing. A more complex challenge is presented when employees who are drug tested because of observed impairment or in a post-accident setting are positive for prescription drugs for which they have valid prescriptions. In this situation, IBH supports the widely held practice that in the presence of

impairment, employees who test positive for legally prescribed drugs are referred to their Employee Assistance Program (EAP) for management and monitoring, rather than being fired.

These important qualifications are missing from this otherwise compelling *New York Times* article. In their absence, there will be regrettable confusion and controversy as the two distinctly different problems are conflated: employees with valid prescriptions and those without who test positive for prescribed controlled substances.

For more information about the Institute for Behavior and Health, Inc. visit [www.ibhinc.org](http://www.ibhinc.org).

**Robert L. DuPont, M.D.**

**President, Institute for Behavior and Health, Inc.**

**First Director, National Institute on Drug Abuse (NIDA) 1973 to 1978**