

WHITE PAPER

COVID-19'S AMPLIFYING EFFECTS ON DRUG & ALCOHOL USE AND THE OPIOID EPIDEMIC



By William J. Judge, JD. LL.M. & Nick Hartman Drug Screening Compliance Institute (DSCI)

Since the beginning of March 2020, the focus of the nation has been on the coronavirus pandemic. And rightfully so. With more than 2.8 million cases and over 120,000 deaths in the United States,¹ all of our attention on reducing the impact of the virus is warranted. But we cannot lose sight of the fact that the opioid epidemic in our nation has not gone away. Research shows that drug and alcohol use rise during a pandemic such as the COVID-19 coronavirus.

So as employers begin to reopen for business and to call employees back to work, one aspect of any return to work plan should include drug and alcohol testing. Employers are so focused on the COVID-19 prevention aspect of their return to work plans that their employees' drug and alcohol use could be overlooked.

THE GENERAL STATE OF DRUG USE

According to one of the largest testing laboratories in the United States, "[t]he rate of workforce drug positivity hit a fourteen-year high in 2018." Marijuana has the highest positive rate of illicit drugs with a general workforce increased positive rate of nearly 17% since 2014. The federally mandated positive rate for marijuana was up 24% since 2014.

Sixty-eight percent of 1,000 patients surveyed recently by a network of addiction treatment facilities³ found that 68.88% admitted using drugs on the job, 28.23% on the way to work, 22.75% on their lunch break and 48.03% in their car in the parking lot.

AN OVERVIEW OF THE OPIOID EPIDEMIC

As of March 20, 2020, data show that more than 750,000 people have died since 1999 from a drug overdose. In 2017, there were more than 70,000 overdose deaths in the United States. Two out of three drug overdose deaths in 2018 involved an opioid. Opioids are substances that work in the nervous system of the body or in specific receptors in the brain to reduce the intensity of pain. Overdose deaths involving opioids, including prescription opioids, heroin, and synthetic opioids (like fentanyl), have increased almost six times since 1999. Overdoses involving opioids killed nearly 47,000 people in 2018, and 32% of those deaths involved prescription opioids.

As noted by the CDC on March 20, 2020,5

- Of the 70,237 drug overdose deaths in the United States in 2017, approximately two thirds (47,600) involved an opioid.
- Increases in opioid-involved overdose deaths have been driven primarily by deaths involving synthetic opioids other than methadone.
- During 2018, a total of 67,367 drug overdose deaths occurred in the United States, a 4.1% decline from 2017; 46,802 (69.5%) involved an opioid.
- From 2017 to 2018, deaths involving all opioids, prescription opioids, and heroin decreased by 2%, 13.5%, and 4.1%, respectively.
- From 2017 to 2018 deaths involving synthetic opioids increased 10%, likely driven by illicitly manufactured fentanyl (IMF), including fentanyl analogs

According to a report by the Midwest Policy Institute, 6 nearly 1,000 construction workers died from an opioid overdose at a cost to the construction industry in the Midwest of more than \$5 billion.

¹ Centers for Disease Control and Prevention (CDC). (2020). Coronavirus Disease 2019 (COVID-19): Cases in the U.S. Accessed July 2020: https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html.

² Quest Diagnostics. (2019). Workforce drug testing positivity climbs to highest rate since 2004, according to New Quest Diagnostics analysis. Accessed July 2020: https://www. questdiagnostics.com/home/physicians/health-trends/drug-testing/.

³ Detox. Drugged out daily grind: Drug use in the workplace. Accessed July 2020: https://www.detox.com/explore/drugged-out-daily-grind/. Survey available upon request.

⁴ CDC. (2020). Opioid overdose: Data overview. Accessed July 2020: https://www.cdc.gov/drugoverdose/data/index.html.

⁵ Wilson, N., Karissa, M., Seth, P., Smith IV, H., & Davis, N. (2020). Drug and Opioid-involved overdose deaths—United States, 2017-2018. CDC. Accessed July 2020: https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6911a4-H.pdf.

⁶ Addressing the Opioid epidemic among Midwest construction workers. (2018). Accessed July 2020: https://midwestepi.files.wordpress.com/2018/02/opioids-and-construction-final2.pdf.

The CDC reports⁷ that:

95%

In 2017, 95% of the 70,067 U.S. drug overdose deaths occurred among the working-age population, persons aged 15-64 years. It is unknown how many were employed at the time of their death.

3.8%

According to the National Survey of Drug Use and Health, an estimated 3.8% of respondents age 18 years or older reported illicit opioid use in the past year. An estimated 63.0% of these self-reported illicit opioid users were employed full or part-time.

25%

The Bureau of Labor Statistics (BLS) reported that overdose deaths at work from non-medical use of drugs or alcohol increased by at least 25% annually between 2013 and 2017. The 272 workplace overdose deaths reported in 2017 accounted for 5.3% of occupational injury deaths that year, as compared to 1.8% in 2013. It is unknown how many of these deaths were caused by opioids specifically.

- While overdose deaths at work occur in a variety of industries, they are more common in some sectors. In a NIOSH analysis of BLS data for the years 2011 to 2016, 43% of drug overdose deaths at work occurred in only three industries – Transportation & Warehousing, Construction, and Healthcare & Social Assistance.
- The incidence of drug overdose deaths at work varies by state. The Massachusetts Department of Public Health reported 54 unintentional drug overdose deaths at work between 2016 and 2017, making unintentional overdoses the leading cause of injury death at work in the state.

14.8 days

Workers with a current substance use disorder miss an average of 14.8 days per year, while the subset with a pain medication use disorder misses an average of 29 days per year. This is in contrast to an average of 10.5 days for most employees and an average of 9.5 days for workers in recovery from a substance use disorder.⁸

⁸ Alpert, A., Evans, W., Liber, E., & Powell, D. (2019). Working Paper 26500: Origins of the Opioid crisis and its enduring impacts. National Bureau of Economic Research. Accessed July 2020: https://www.nber.org/papers/w26500.pdf.



⁷ CDC. (2020). The National Institute for Occupational Safety and Health (NIOSH): Opioids in the workplace. Accessed July 2020: https://www.cdc.gov/niosh/topics/opioids/data.html.

TRAUMA AMPLIFIES DRUG USE

It's been reported that alcohol sales were up 55% during the week of March 21.° Likewise, marijuana sales in states authorizing its use are up. For instance, the Oregon Liquor Control Commission (OLCC) says marijuana sales were up 30% in March, compared to 2019 sales. This made March 2020 the most significant month of sales on record for the state of Oregon.

Those with opioid use disorders and other drug abuse conditions are more likely to be impacted by COVID-19.10 Several studies have documented that individuals exposed to disasters such as hurricanes and terrorist attacks can experience substantial adverse substance use and mental health effects.11 Those who were displaced for two weeks or more "had significantly higher rates of past-month use of illicit drugs or marijuana . . . than those who were not displaced."12

Many additional studies found that Post-traumatic Stress Disorder (PTSD) can initiate drug abuse and drug dependence, and can cause recovering drug abusers to relapse as they attempt to "self-medicate" their way through the trauma they are experiencing.¹³

DRUG USE AND COVID-19 RETURN-TO-WORK PLANS

Because of the unprecedented impact of the COVID-19 epidemic, and the evidence from studies of past group traumatic situations, employers must prepare for increased drug and alcohol use by returning workers. Your return-to-work plan must include drug testing.

Just before the pandemic hit this country, the U.S. was dealing with the increased use of marijuana and the opioid epidemic. State and, in some cases, local rules were limiting what employers could do.

These rules still exist. Thirty-three states have authorized the medical use of marijuana. Eleven states have authorized the personal use of marijuana. Many states and some cities, such as New York City, have prohibited pre-employment marijuana testing.¹⁴

Employers must be sure that their return-to-work plans reflect not only the appropriate medical safety rules and procedures but also those related to drug and alcohol testing that apply to your workplaces.

EMPLOYER TAKEAWAYS

As employers manage reduced or remote workforces and begin planning for the eventual return to the workplace during the Coronavirus pandemic, employers should remain committed to their drug-free workplace programs and rely on drug testing to maintain a safe workplace during these uncertain times. The services provided by third-party administrators (TPAs), laboratories, mobile collectors, device manufacturers, trainers, policy consultants, and medical review officers are essential.

©2020 Drug Screening Compliance Institute ("DSCI"). All rights reserved. DSCI is NOT a law firm. The information contained herein is for general informational purposes only. DSCI does not practice law, is not licensed to practice law, and is not providing legal advice. Best efforts are made to present the most up-to-date information available; however, this material changes often. You should consult an attorney regarding the use of information before taking any action. Redistribution of this content in any form must first be approved by DSCI.

⁹ Bremner, Jade. (2020). U.S. alcohol sales increase 55 percent in one week amid Coronavirus pandemic. Newsweek. Accessed July 2020: https://www.newsweek.com/ us-alcohol-sales-increase-55-percent-one-week-amid-coronavirus-pandemic-1495510.

Volkow, Nora. (2020). COVID-19: Potential implications for individuals with substance use disorders. National Institutes of Health. Accessed July 2020: https://www.drugabuse.gov/ about-nida/noras-blog/2020/04/covid-19-potential-implications-individuals-substanceuse-disorders

¹¹ Flory, K., Hankin, B., Kloos, B. & Cheely, C. (2009). Alcohol and cigarette use and misuse among Hurricane Katrina survivors: Psychosocial risk and protective factors. Substance Use & Misuse. Accessed July 2020: https://www.ncbi.nlm.nih.gov/pmc/articles/ PMC2782914/.

¹² Substance Abuse and Mental Health Services Administration (SAMHSA). (2008). Impact of Hurricanes Katrina and Rita on substance use and mental health. Accessed July 2020: https://www.datafiles.samhsa.gov/study-publication/impact-hurricanes-katrina-and-rita substance-use-and-mental-health-nid15002. Copy available upon request.

National Institute on Drug Abuse (NIDA). (2001). Stress and substance abuse: A special report after the 9/11 terrorist attacks. Accessed July 2020: https://archives.drugabuse. gov/publications/stress-substance-abuse-special-report-after-911-terrorist-attacks.

¹⁴ Typically the states that prohibit pre-employment marijuana testing, such as New Jersey, Nevada, and Oklahoma and cities such as new York City have carved out safety-sensitive positions from the limitation.



ABOUT CISIVE

At Cisive, we are experts in the specific risks and regulations that apply to the financial services and other highly regulated industries. For many years, we have provided tailored solutions to meet the unique requirements of our enterprise clients.

Cisive's service model provides a single, integrated system throughout the globe using complete applicant information and country-specific forms. Cisive returns information to our clients through a centralized system for analysis, quality control, presentation, and billing.

With over 4 decades of experience and expertise in working with many of the world's largest financial services institutions, Cisive's deep insight into employment screening practices and industry knowhow, is unlike any other background screening provider in the industry.

Your business will not only get a background screening provider, but a lifelong partner – a company that stands by their work; protects their clients and provides the consultation and guidance world class act organizations are looking for.

CONTACT US



www.cisive.com



info@cisive.com



866.557.5984

