



November 14, 2019

Senator Peter Harckham
Chair, Senate Committee on Alcoholism & Drug Abuse
Room 812 LOB
Albany, NY 12247

Senator David Carlucci
Chair, Senate Committee on Mental Health & Developmental Disabilities
Room 514 Capitol Building
Albany, NY 12247

Senator Gustavo Rivera
Chair, Senate Health Committee
Room 502 Capitol Building
Albany, NY 12247

Dear Chairmen Harckham, Carlucci, and Rivera:

On behalf of Quest Diagnostics, I submit the following testimony for consideration by the Joint Senate Task Force on Opioids, Addiction and Overdose Prevention. As this Task Force reviews strategies for reducing overdoses, improving individual and community health, and addressing the harmful consequences of drug use, we respectfully propose that it consider the importance of drug testing, and the objective information it provides, as a critical tool in the fight against the substance use epidemic.

Quest Diagnostics is the world's leading provider of diagnostic information services and serves one in three adult Americans and half the physicians and hospitals in the United States annually. We are particularly proud of our presence in New York, which includes 175 patient service centers, over 1,500 employees, and approximately 1.7 million patient encounters annually. New York is also home to three Quest Diagnostics laboratories.

More specifically, Quest has been a leader in drug testing and monitoring for many years. Through the services we provide and insights gleaned from large sets of data, we help physicians better assess, monitor, and treat their patients; and we help employers identify potential drug misuse in the workplace. For years, Quest's annual report, *Health Trends: Drug Misuse in America*, has measured drug misuse by going beyond the drugs that are prescribed to identify what is actually in a person's system.¹

As you may be aware, the CDC Guideline for Prescribing Opioids for Chronic Pain calls for baseline drug testing and periodic follow-up testing for patients undergoing opioid treatment for chronic pain. This particular guideline is critically important as drug testing adds to patient safety by assisting providers in making appropriate evidence-based decisions prior to and throughout treatment, including whether to choose non-opioid therapy or opioid therapy and referral for substance abuse disorder treatment.

Many agencies and states, in addition to the CDC, have recognized the importance of drug testing as a tool in the fight against the opioid and polysubstance epidemic. The Federation of State Medical Boards guidelines are similar to CDC's guidelines, and the U.S. Departments of Defense and Veterans Affairs call for baseline and ongoing random drug testing. In November 2017, the recommendations of the President's Commission on Combating Drug Addiction and the Opioid Crisis also recognized the value of drug testing in helping providers assess the individual patient and as an aid in providing insight into drugs available in the larger community.

¹ <https://questdiagnostics.com/home/physicians/health-trends/trends/pdm-health-trends.html>

Specifically, the Commission explained, "In the current crisis, drug testing not only allows providers to assess proper use of prescribed medications in individual patients, but it would also be part of a broader solution in fighting the opioid crisis, as it can provide a snapshot of controlled prescription drugs and illicit drugs available in a community."

Other states have also recognized the importance of urine drug testing as a tool in combating the opioid epidemic. For example, *Virginia* passed a law and issued regulations requiring baseline urine drug testing and retesting for chronic pain or addiction patients. In *Tennessee*, guidelines issued by the state Department of Health call for testing before starting chronic opioid therapy plus twice-per-year follow-up testing. In *Arkansas*, the State Medical Board approved a regulation for the prescription of opioids for chronic pain calling for baseline and follow-up drug testing, consistent with the CDC guidelines.

Objective information garnered from drug testing is critically important in the fight against the opioid epidemic. Because the opioid crisis has transitioned into a multi-faceted epidemic that involves a variety of substances and even a variety of afflictions, policymakers, healthcare providers, and patients must have as much objective information as possible to effectively combat it. State-based PDMPs are an essential component of our nationwide effort to combat the opioid crisis, but it is not enough to just know what has been prescribed – ***providers must also know what drugs are actually in a patient's system, whether prescribed or not.*** To properly treat patients – and to effectively monitor trends in the community – clinicians need the objective evidence of non-prescribed drug use and prescription drug misuse that only drug testing provides. ***Put simply: drug testing information, combined with that of state-based PDMPs, provides a current, comprehensive picture of a patient's drug use history as well as larger drug misuse trends.***

For example, our publicly available data shows that on average, 51% of prescription drug patients have inconsistent results when being tested for prescription drugs. Inconsistency indicates that a patient was found to have used different drugs than prescribed, additional drugs, or no drugs were found in their system at all. Patients in New York are near the average with a 49.7% rate of inconsistency. Notably, one of the most common drugs associated with inconsistent test results in New York were benzodiazepines, which are medications used to treat anxiety.

A groundbreaking study regarding a potentially deadly combination of drugs conducted by Quest further illustrates the notion that Pennsylvania needs drug testing to serve as a tool in the fight against the multi-faceted substance abuse epidemic. The study published in the September 2017 issue of the *Journal of Addiction Medicine*, the official peer-reviewed publication of the American Society of Addiction Medicine, highlighted the importance of objective laboratory drug testing as a more sensitive measure to identify concurrent use of opioids and benzodiazepines. The study referenced an earlier analysis that looked only at prescription data and found ***9.6 percent of patients with opioid prescriptions were also prescribed benzodiazepines.*** However, the more recent *Journal* study, which looked at prescription and laboratory drug test data, found that ***25.8 percent of patients were positive for concurrent use of both drug classes.***

While some patients may be appropriately treated with both opioids and benzodiazepines, the findings are significant because the two drugs taken together can lead to depressed respiration causing death. In fact, more than 30 percent of opioid-related drug overdose deaths also involved benzodiazepines, according to the CDC.

Just this year, Quest Diagnostics undertook a survey of 500 physicians in consultation with the Center on Addiction, which found that although 51% of patients showed misuse of a controlled medication or other drugs, 72% of physicians trust their patients to take their controlled substances as prescribed. Further, nearly all physicians (95%) feel confident in their ability to discuss risks of prescription drug misuse with patients, but only 55% said they actually discussed potential misuse with most of their patients who were prescribed controlled substances in the past month.

Drug testing can also identify emerging trends, such as the rise in gabapentin use. In the latest *Health Trends* report, we share several insights regarding the rise in the use of gabapentin, which is a non-opioid that can be used to relieve neuropathic pain and can also be used as an alternative to opioids for managing chronic pain.

Although there is little potential for misuse or addiction when taken alone as prescribed, a patient can experience a high when taken in conjunction with other medications. ***Notably, non-prescribed gabapentin misuse rose 40% from 2017 to 2018.***

As these examples illustrate, drug testing is a trusted source of information that should be part of an effective health monitoring program. People are dying – we must work together to make every tool available to combat the substance use epidemic.

Thank you for your consideration of this testimony. We welcome the opportunity to discuss this issue in greater detail with you in the coming months.

Sincerely,

David M. Reiner

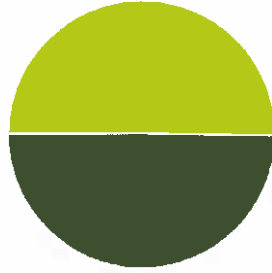
David M. Reiner
Senior Director, State Government Affairs

Quest Diagnostics Health Trends™

Drug Misuse in America: 2019

"In 2018, **51 percent** of drug monitoring tests performed by Quest showed signs of potential misuse"

New York



49.7%

Of de-identified patient test results from New York in 2018 were inconsistent with prescribed medications. A decrease of 5.0% from 2017.

Of the 49.7% with inconsistent results...

62.6%

Additional drug found

All prescribed drugs were detected, but at least one other drug, non-prescribed or illicit, was also detected

14.9%

Different drug found

Prescribed drug(s) was not detected, but at least one other drug, non-prescribed or illicit, was detected

21.9%

No Drugs Found

At least one prescribed drug was not detected; non-prescribed or illicit drug(s) were also not detected

Benzodiazepines

detection was more commonly associated with inconsistent test results followed by **Marijuana and Opiates**



Summary

Finding 2: Drug mixing, the most prevalent form of drug misuse, is underestimated by physicians

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Recognizing Misuse

Finding 2:
Underestimating Drug Mixing

Finding 3:
Treating Chronic Pain

Closer Look:
Illicit Drug Use

Finding 4:
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Prescription drug mixing — combining prescription medications with other drugs, including illicit drugs, other prescriptions, or alcohol — is the most prevalent form of drug misuse observed in the laboratory data.

Contrary to the laboratory data, which shows that 24% of patient test results showed misuse of controlled substances by combining prescription medications with other drugs — including illicit drugs, other prescriptions, or alcohol — most physicians (53%) underestimate drug mixing, believing that less than 20% of patient test results showed misuse of substances in this way.

The drug mixing and overdose death connection

Mixing drugs can be a potentially lethal form of misuse. According to a recent CDC review of overdose deaths, benzodiazepines and gabapentin were detected in 51.6% and 21.6% of prescription opioid-only overdose deaths respectively.³ Quest Diagnostics data shows that 17% of patient test results show potentially dangerous combining of opioids and benzodiazepines.

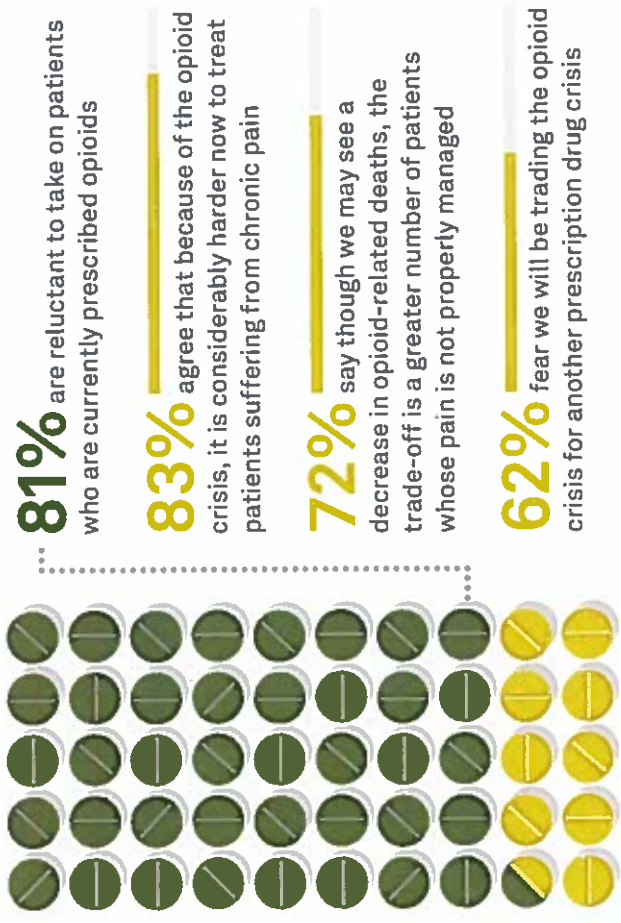
Drug mixing is not only a concern when prescription opioids are involved. For example, it can be dangerous when a central nervous system depressant such as gabapentin is combined with alcohol. Alcohol was found in 14% of specimens testing positive for non-prescribed gabapentin.

Health Trends™

Drug Misuse in America 2019

Finding 3: Physicians are reluctant to take on patients prescribed opioids and challenged by chronic pain

Physicians are on the front line of the opioid epidemic. Although **overall prescriptions of opioids have continued to decline from their peak in 2012**,⁴ physicians are confronted with new challenges of responsibly treating chronic pain patients in the wake of the epidemic.



Because of the opioid crisis, physicians expect more of their peers will recommend the following to treat patients with chronic pain:

85% naturopathic therapies
like acupuncture, massage, or physical therapy

58% marijuana

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Closer Look: Illicit Drug Use

In light of the opioid epidemic, physicians worry that chronic pain patients may turn to illicit drugs. In fact,



72%

worry that **chronic pain patients will turn to illicit drugs** if they do not have access to prescription opioids

While opioids and other traditionally misused medications may be top-of-mind, misuse of non-prescribed fentanyl and non-prescribed gabapentin warrant a closer look.

Fentanyl: a risk of illicit drug use

Emerging evidence suggests rates of overdose deaths from synthetic opioids, like fentanyl, now outpace those from prescribed opioids. Overdose deaths involving fentanyl and other synthetic opioids other than methadone increased almost 47% from 2016 to 2017.⁵

Fentanyl is often mixed with other illicit drugs — with or without the user's knowledge. Quest Diagnostics data show high rates of non-prescribed fentanyl found in individuals using cocaine or heroin:



64% of patient

test results that were positive for heroin were also positive for non-prescribed fentanyl



24% of patient

test results that were positive for cocaine were also positive for non-prescribed fentanyl

Illicit gabapentin on the rise



According to Quest Diagnostics data, gabapentin is now the **most commonly used medication without a prescription**, surpassing opioids and benzodiazepines.

In 2018, 13% of patient test results showed evidence of non-prescribed gabapentin — trailing only marijuana (14%) and alcohol (14%).

Non-prescribed gabapentin is one of only three drug groups for which misuse increased from 2017 to 2018 (along with alcohol and non-prescribed fentanyl).

Finding 4: Gabapentin is emerging as an alternative pain therapy to opioids — just as misuse and illicit use increase

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Gabapentin, an anticonvulsant that can be used to relieve neuropathic pain, is a non-opioid pain treatment that may be prescribed as an alternative to opioids for managing chronic pain. When taken alone and as prescribed, there is little potential for misuse or addiction. However, when a person takes gabapentin with other medications, such as muscle relaxants, opioids, or anxiety medications, it can produce a high.

While physicians may think of gabapentin as a less risky alternative to opioids, rates of misuse are surging. Laboratory data from Quest Diagnostics show that non-prescribed **gabapentin misuse rose 40% in one year** — to 13.4% in 2018 from 9.6% in 2017. This makes gabapentin the most commonly misused prescription drug in 11 states and in the top three drug groups in an additional 10 states.

Despite the increase in misuse rates, physicians are turning to gabapentin and are relatively less concerned about its potential for misuse:



78% say that in an effort to avoid prescribing opioids, they often prescribe gabapentin to their patients with chronic pain



85% have prescribed gabapentin in the past six months for chronic pain

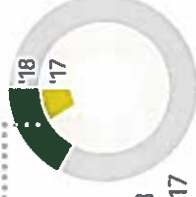


62% who have prescribed opioids for chronic pain in the same time frame



63% believe less than 10% of patients prescribed gabapentin misuse it

Gabapentin misuse rose **40%** in one year



to 13.4% in 2018 from 9.6% in 2017

Percentage of physicians concerned about the potential misuse of:

opioids



benzodiazepines



amphetamines



gabapentin



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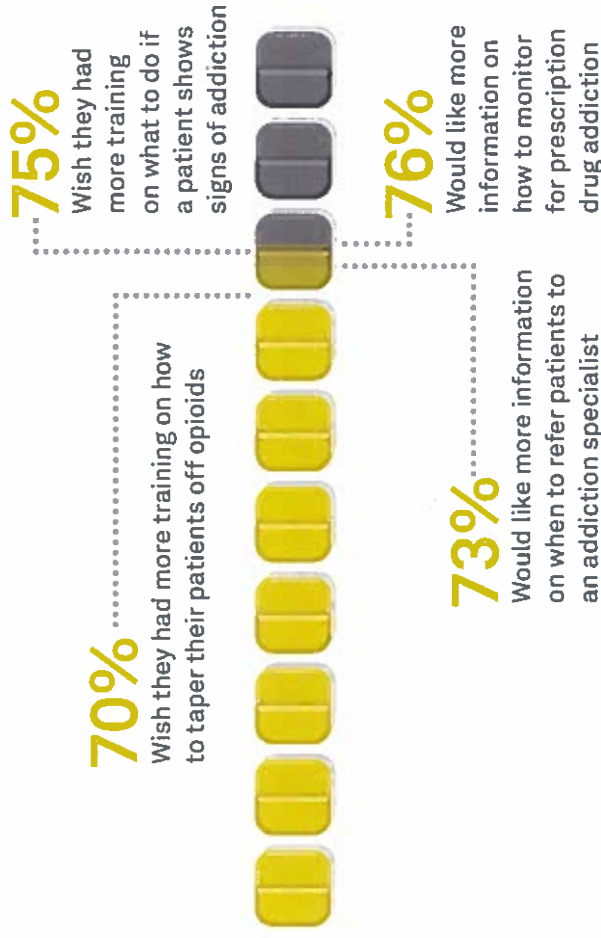
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Finding 5: Physicians seek more education and see prescription drug monitoring as part of the solution

To combat prescription drug misuse, the healthcare community and policy-makers have the opportunity to develop resources and tools to confront prescription drug misuse and protect patients from substance use disorders. A majority of physicians recognize a need for more education about addiction — from what to do if a patient shows signs of a substance use disorder, to how to taper patients off opioids.

At least seven out of ten physicians state they:



The devastating impact of stigma

by Center on Addiction

More education is necessary to help healthcare professionals challenge the stigma and stereotypes long associated with addiction. Stigma can prevent people from seeking treatment and affect a healthcare professional's willingness to assess or treat dependence or substance use disorder.

The survey we fielded with Quest Diagnostics and The Harris Poll found **77% of physicians felt that the stigma surrounding prescription drug addiction impairs patient care.**

The time is now to end the stigma: one in two people know someone affected by the opioid epidemic — and **only about 20% of those with opioid addiction get the treatment they need.**⁶

Summary

Closer Look: Prescription Drug Monitoring

One tool physicians believe is useful in preventing and identifying prescription drug misuse is **prescription drug monitoring**; however, they also express challenges in using it in practice. Prescription drug monitoring is clinical testing (commonly via urine testing) to identify the drugs in a patient's system, including controlled prescription medications and illicit drugs.

Despite positive perceptions of prescription drug monitoring, physicians cite concerns:

Physician perceptions regarding prescription drug monitoring:

88% say prescription drug monitoring is critical to help identify patients who may be misusing prescription drugs



50% of physicians who do not always use prescription drug monitoring say access and cost issues (i.e., concerns around insurance coverage, feeling it is too expensive, or finding it inconvenient for patients) prevent them from using prescription drug monitoring more often

33% worry they will offend their patients if they recommend prescription drug monitoring

95% say it is important to use prescription drug monitoring while a patient is prescribed a controlled substance

90% say it is important to use prescription drug monitoring as a baseline prior to prescribing a controlled substance

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About Drug Monitoring Tests and Drug Misuse

Summary

Finding 1: Recognizing Misuse
Laboratory test results provide objective information that can assist healthcare providers to assess patients' use of prescribed medications, other controlled non-prescribed drugs and illicit drugs.

Finding 2: Underestimating Drug Mixing
In the case of prescription drug monitoring, a healthcare provider orders drug testing and indicates the drug or drugs prescribed for the patient. Quest Diagnostics categorizes test results as "consistent" or "inconsistent" based on the presence of drugs or drug metabolites identified through laboratory testing and their alignment with the prescription information provided by the healthcare provider.

Finding 3: Treating Chronic Pain
Closer Look: Illicit Drug Use
A consistent result indicates that the prescribed drug or drugs found match those the healthcare provider indicated were prescribed for the patient on the test order.

Finding 4: Turning to Gabapentin
An inconsistent result — suggesting possible misuse — occurs when:

Finding 5: Seeking Solutions
Additional drugs are found: all prescribed drugs are detected, but at least one other drug, non-prescribed or illicit, is also detected

Closer Look: Prescription Drug Monitoring
Different drugs are found: at least one prescribed drug is not detected, and at least one other drug, non-prescribed or illicit, is detected

About Drug Monitoring and Drug Misuse
No drugs are found: at least one prescribed drug was not detected, and non-prescribed or illicit drug(s) were also not detected

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Why would a prescribed drug not be found?



Patients may not take their prescribed drugs due to concerns of side effects, because their pain or other symptoms have subsided, or to hoard for future pain relief.



Some patients may not take their prescribed drugs because they cannot afford them.



Some patients sell or give their drugs to others not authorized to use them.



A small number of patients may be rapid metabolizers of the prescribed drug and the drug or metabolite is undetectable at the time of testing.

Health Trends™

Drug Misuse in America 2019



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About Quest Diagnostics Health Trends™

Quest Diagnostics Health Trends™ is a series of scientific reports that provide insights into health topics, based on analysis of objective clinical laboratory data, to empower better patient care, population health management and public health policy. The reports are based on the Quest Diagnostics database of 48 billion de-identified laboratory test results, believed to be the largest of its kind in healthcare. Health Trends has yielded novel insights to aid the management of allergies and asthma, drug monitoring, diabetes, Lyme disease, heart disease, influenza and workplace wellness.

Quest Diagnostics also produces the **Drug Testing Index (DTI)™**, a series of reports on national workplace drug positivity trends based on the company's de-identified employer workplace drug testing data.

Quest Diagnostics empowers people to take action to improve health outcomes.

For more information visit
www.QuestDiagnostics.com or
www.QuestDrugMonitoring.com.

About Center on Addiction

Center on Addiction merged with Partnership for Drug-Free Kids in January 2019 and is the nation's leading science-based nonprofit dedicated to transforming how the nation addresses addiction. We empower families to support loved ones, advance effective addiction care and shape public policies that prevent and treat addiction as a public health issue. Center on Addiction is the only national organization committed to supporting the whole family as it addresses every aspect of substance use and addiction, from prevention to recovery.

For more information, visit
www.CenterOnAddiction.org.

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Methodology

The objectives of this study were to assess the scope and demographic drivers of prescription drug misuse in America based on:

- Analysis of clinical drug monitoring ordered by physicians through Quest Diagnostics
- A survey of 500 primary care physicians

The Health Trends™ laboratory analyses drug test result inconsistency rates. All patients were tested using the proprietary Quest Diagnostics prescription drug monitoring service and our medMATCH® reporting methodology for tests of commonly prescribed and misused drugs, including: pain medications, central nervous system medications including amphetamines, as well as certain illicit drugs such as marijuana and cocaine. Our medMATCH reports indicate whether the prescribed drug(s) specified by the ordering provider, or other drugs, are detected in a specimen. Drug testing may include presumptive immunoassay screens as well as definitive mass spectrometry quantitative analyses and confirmations of presumptive positive results.

Our study's strengths include its use of validated testing by mass spectrometry, the most sensitive and specific drug testing method, as well as its size, geographic scope and multiple years of test results. The report presents findings from analysis of more than 4.4 million de-identified aggregated clinical drug monitoring tests performed by Quest Diagnostics for patients in all 50 states and District of Columbia from 2011 through 2018. The study's limitations include geographic disparities and our inability to validate or contextualize test results with medical records. Test results from drug rehabilitation clinics and addiction specialists were excluded from the analysis, given the higher rates of testing and potentially higher rates of inconsistency in populations served in these clinical segments; thus, drug misuse rates are likely even higher than those reported here.

Like any laboratory test, a clinical determination is made by a physician according to several factors. Patient variations, such as hydration state and drug metabolism, and methodology limitations, can contribute to a failure to detect drugs in a small minority of specimens. Laboratory testing does not identify substance use disorders or impairment due to drug use. It is possible that in some cases, patients were referred to testing because their healthcare providers suspected misuse. In addition, some healthcare providers may have neglected to indicate all prescribed drugs a patient was taking when submitting the test request. The population of patients may have shifted over time. The term patient(s), when associated with the diagnostic data, refers to the subset of people under the care of a physician for the treatment of pain and other conditions, who were tested by Quest Diagnostics. Our medMATCH reports compare drugs prescribed (as indicated by the clinician on the test report) to those detected. It is not reflective of the general population.

Summary

Quest Diagnostics Health Trends studies are performed on de-identified aggregated data in compliance with applicable privacy regulations and the company's strict privacy policies, and are deemed exempt by the Western Institutional Review Board.

Finding 1:

Recognizing Misuse

The survey portion of this report was conducted online by The Harris Poll on behalf of Quest Diagnostics and Center on Addiction between July 31 and August 16, 2019 among 500 physicians who specialize in family practice, general practice, or internal medicine and are licensed in the state where they practice. Results were weighted for years in practice by gender and region to align them with their actual proportions in the population.

Finding 3:

Treating Chronic Pain

While a team of medical, data and communication experts contributed to this report, additional analysis was performed by Harvey W. Kaufman, M.D.; Justin K. Niles, M.A.; Jeffrey Gudin, M.D.; Jack Kain, PharmD, on behalf of Quest Diagnostics. Advisors to the report include Linda Richter, Ph.D., Director of Policy Research and Analysis, and Emily Feinstein, Executive Vice President, from Center on Addiction.

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References

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