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The contentious and misunderstood world of drug testing

Posted by Joe Paduda on July 18, 2014 | [Link to this post](#) | [Reply](#)



Any time you have to mention urine in a blog post you know it's going to be a tough one.

There's a **kerfuffle in the world of urine drug testing**, one of the more litigious and contentious industries I've ever encountered. The parties involved, Ameritox and Millennium Labs, have been involved in litigation for some time now. [full disclosure, Millennium has been a consulting client for a couple of years; I work closely with them, and have found them to be great people who do the right thing consistently.]

A while back, [Ameritox lost a suit brought by Millennium over alleged deceptive advertising](#); more recently [a jury ruled Millennium had improperly given cups to docs in four states](#), a practice the jury deemed an unfair trade practice. Ameritox trumpeted their "win", however the jury's finding was inconsistent with the opinion of several experts in the area, all other charges were dropped, and the case is on appeal. And there was a [serious legal question raised](#) when one of the [key witnesses allegedly provided information that perhaps they had no right to](#).

Be that as it may, the [case was noted by friend and colleague David DePaolo, who opined](#):

While medical guidelines recommend drug testing for compliance purposes and to help ensure that drugs aren't being diverted to the black market, we know those are specific case recommendations particular to a certain set of medical facts, not to be applied universally.

But the way medical suppliers stimulate sales with physician gifting and revenue enhancement programs tests the ethical and moral qualities of the individuals on the front lines, and physicians should not be placed in those positions, and we should not be placed into positions of having to pay for it.

Sometimes drug testing is warranted. Most of the time it is not.

A couple comments.

First, research from various organizations including **WCRI clearly indicates there's far too much testing going on of a small population, and far too little of most**. About a quarter of folks who should be tested are, while some unscrupulous docs test every patient every time, making bank. I respectfully disagree with David's **statement that "most of the time" drug testing isn't warranted**.

Second,

What is correct is to say many **more patients taking opioids should be tested, and that testing should comply with accepted evidence-based clinical guidelines**; Washington State, Colorado, ACOEM, and others are all excellent sources.

Opioid abuse, misuse, diversion, and related problems have long surpassed crisis status – we're now in a national disaster with more people dying from this than motor vehicle accidents. Drug testing is a critical part of the answer. Yes, there are vehement disagreements among stakeholders, and yes, they can get very contentious, and yes, I have a dog in this fight. That said, I – and many others – have been working long and hard to bring attention to the opioid disaster, and **we need to keep the focus on addressing the problem and not get distracted by tangential issues.**

On that all parties should agree.

What does this mean for you?

There's a real danger that we over-react, over-simplify this issue, and in so doing make blanket statements that do more harm than good.

- See more at: <http://www.joepaduda.com/2014/07/the-contentious-misunderstood-world-drug-testing/#sthash.Gz3MqCL9.dpuf>