Assisting a Community at a Crossroads: Tools to Support the Fight in the Ongoing Opioid Epidemic

By Dr. Joshua Schrecker

While the devastation of the COVID-19 pandemic has dominated headlines for the past two years, an ongoing epidemic has worsened due to an emerging threat: the rise of designer drugs.

These drugs, also known as novel psychoactive substances (NPS), are developed to have effects similar to commonly prescribed pharmaceuticals, such as fentanyl or alprazolam, and are sold on the street as prescription medications or illicit drugs. They are insidious, potent, and too often, deadly.

I have witnessed firsthand the way illicitly manufactured fentanyl has found its way into every common street drug, including heroin, methamphetamine, and even cocaine. In 2021, Nashville saw more than 700 deaths due to fentanyl overdose, a 15% increase over 2020.

Fentanyl is only the beginning. New unregulated and dangerous synthetic compounds arise almost daily and, if left unidentified, threaten to spread through the community like wildfire. One way to fight back is to identify use of these drugs by testing for them in urine or saliva specimens.

Drug testing often carries a negative connotation, and results are too frequently used in a punitive manner. However, testing has far greater capabilities and implications – for monitoring medication adherence, as a guidepost for providers, and when used correctly, as a tool for identifying use trends of existing and new designer drugs. With so much at stake for community health, we must ask: What differentiates the various available tests, and what are the implications of those tested and our community at large?

Two types of tests are primarily used today, by medical professionals, treatment clinics, businesses, and more:

• Presumptive Tests: When you think of drug testing, this is likely what comes to mind. These test for a small array of drugs and deliver rapid results. They are quick, easy, and cheap, but cannot detect many substances, including designer drugs.

• Definitive Tests: These are innovative, complex tests that require expertise to complete and time to identify what's in a submitted specimen; but they provide specific, actionable results and can detect designer drugs. However, few labs offer the advanced technology necessary to identify these substances.

The bottom line: There is no “standard” drug test, and what is determined to be medically necessary to perform is dependent on each unique treatment scenario. Too often, the medical field relies on the rapid, cheap results of presumptive tests instead of the in-depth portrait that definitive tests can provide.

The root cause isn't malice but misunderstanding. There is a knowledge gap regarding the differences in capabilities between presumptive and definitive test methods and their abilities to provide nuanced information on recently ingested substances. This misunderstanding and the frequent emergence of new compounds can leave health care providers unaware of which drug compounds to test for or how they can impact treatment decisions. There is also the urge among the public to say “it’s not happening here” about synthetic drug or non-prescribed substance use, an assumption as dangerous as it is incorrect.
And so, designer drugs will continue to pop up faster than we can address them and spread unabated due to lack of ability to identify them when use occurs. Data shows that designer drugs make up more and more of the illicit drug pool. We’ve reached a point where heroin may exist more commonly adulterated with fentanyl than not. This is a growing threat, with too little public insight into the dangers. We need objective, accurate information.

Testing should not be viewed as punitive, but instead as a necessary tool within the scope of medical practice to aid risk mitigation strategies and to help provide lifesaving treatment.

At a minimum, understanding and implementation of definitive testing technology helps providers develop clearer treatment plans and spotlight exposures to synthetic drugs.

Increased knowledge of testing methods and the information they provide also allows us to view city- and statewide trends, to determine what new drugs are circulating, chart their journey throughout our community, and deploy resources to confront them before they continue to cause harm to communities.

This starts with talking to your physicians and asking: What testing is being performed, and will the results provide actionable information to improve care?

We need the public and the medical community educated about the proper use of testing. Doing so can transform care and, ultimately, save lives.

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