Urine Drug Screening to Optimize Treatment

2017 Saskatchewan Methadone and Suboxone Opioid Substitution Therapy

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THERAPEUTIC Tool

- Most important that UDS is a tool used to guide THERAPY – not to be punitive
- Optimally used to guide therapy and to assist patients with their needs

Presenter Disclosure

- I have no relationships that might pose a potential conflict of interest
- The program has been developed without support from commercial entities

UDS as Part of OST Program

- Should be established in your treatment agreement that UDS will be a continuous, routine part of clinic visits – no exceptions
- Use a consistent approach
- Understand substance specific metabolite cascades
- Do not be surprised with tampering

Objectives

- Understand the benefits and limitations of Urine Drug Screening
- Become skillful in the therapeutic approach
- Learn how to introduce Urine Drug Screening into one's practice

How To Detect Tampering

- Always monitor UDS temperature – suggested range 30.0C – 36.0C – if out of range, simply have patient repeat
- Monitor for presence/absence of metabolites

Drug	Approximate Retention Time
Amphetamines	48 hours
Barbiturates	Short acting (eg, secobarbital): 24 hours Long acting (eg, phenobarbital): 2-3 weeks
Benzodiazepines	3 days, if therapeutic dose is ingested Up to 4-6 weeks after extended dosage (ie, 1 or more years)
Cocaine Metabolite	2-4 days
Ethanol	2-4 hours
Methadone	Approximately 3 days
Opiates	2 days
Propoxyphene	6-48 hours
Cannabinoids	Moderate smoker (4 times/week): 5 days Heavy smoker (smoking daily): 10 days Retention time for chronic smokers may be 20-28 days
Phencyclidine	Approximately 8 days Chronic users: up to 30 days (mean value = 14 days)

Case #1

- 28 year old female on MMT program for 6 months. UDS have been free from substances of abuse for 3 months until the last two samples - Crystal meth positive x 2. Has been requesting carries at previous visits. Leaves UDS at visit today and is 26.0C

CPSS Guidelines

- Use the gas chromatography/mass spectrometry available at the provincial lab
- Frequency of UDS:
  - 1-2 before initiation (ensure presence of opiates)
  - Every visit during stabilization
  - At least every 3 months during maintenance
- Respond to unexpected/unreported results with discussion with patients – consider changing carries, dosing, monitoring or care plan

Case #1

- What could be the causes?
- What would you want to explore with the patient?
- How would you proceed?

CPSS Guidelines

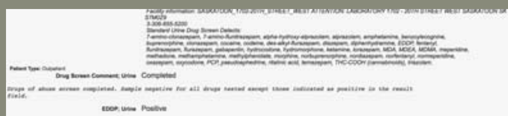
- Important to use PIP to know what to expect in UDS
- May need to consult with Provincial lab to clarify presence/potency of certain metabolites
- May need to consider observing screens if tampering suspected
- May need to consider random screen – patient has 24 hours to provide

Case #1

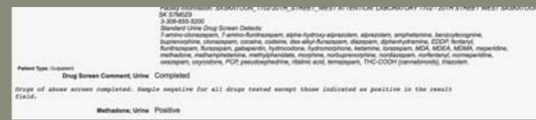
- Causes:
  - Low volume sample
  - Dilution
  - Substitution
- Important to address patient's issues – reasons for wanting carries; reasons for recent crystal meth use
- Must leave a second sample and send BOTH samples to the lab

Case #2

- 35 yo patient on methadone for 5 years and began taper down approximately 1 year ago. Currently at a dosage of 18mg Methadone daily. Most recent UDS:


Patient Type: Outpatient
Drug Screen Comment; Urine Completed
Drugs of abuse screen completed. Sample negative for all drugs tested except those indicated as positive in the result field.
EDDP; Urine Positive

Example of EDDP free UDS


Standard Urine Drug Screen Detects:
Patient Type: Outpatient
Drug Screen Comment; Urine Completed
Drugs of abuse screen completed. Sample negative for all drugs tested except those indicated as positive in the result field.
Methadone; Urine Positive

VS


Facility information: SASKATOON_1702-20TH_STREET_WEST ATTENTION: LABORATORY 1702 - 20TH STREET WEST SASKATOON SK S7M0Z9
3-306-655-5200
Standard Urine Drug Screen Detects:
7-amino-clonazepam, 7-amino-flunitrazepam, alpha-hydroxy-alprazolam, alprazolam, amphetamine, benzoylecognine, buprenorphine, clonazepam, cocaine, codeine, des-alkyl-flurazepam, diazepam, diphenhydramine, EDDP, fentanyl, flunitrazepam, flurazepam, gabapentin, hydrocodone, hydromorphone, ketamine, lorazepam, MDA, MDEA, MDMA, meperidine, methadone, methamphetamine, methylphenidate, morphine, norbuprenorphine, nordiazepam, norfentanyl, normeperidine, oxazepam, oxycodone, PCP, pseudoephedrine, ritalinic acid, temazepam, THC-COOH (cannabinoids), triazolam.
Patient Type: Outpatient
Drug Screen Comment; Urine Completed
Drugs of abuse screen completed. Sample negative for all drugs tested except those indicated as positive in the result field.
Methadone; Urine Positive
EDDP; Urine Positive

Case #2

- Not uncommon at doses < initiation doses
- Can occur at higher doses in rapid metabolizers – consider split dosing if ongoing therapy
- Methadone metabolite positive = methadone positive

Case #3

- Possible causes?
- What issues do you want to explore with this patient?
- How would you proceed?

Case #3

- 26 year old female who has recently given birth to a child and living in supported family living at NIWA. History of stability on methadone for opiates but ongoing consistent cocaine abuse. Currently at risk of children being apprehended and being discharged from NIWA. Last UDS EDDP free.

Case #3

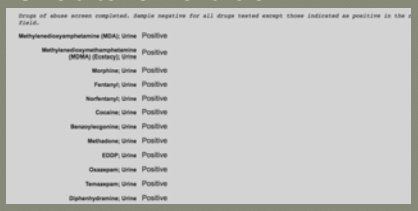
- A tampered with/substituted UDS is a POSITIVE UDS for substance of abuse
- Important to explore patient's reasoning for tampering with UDS
  - Clients partner continued to use substances; significant stress; used a benzo and was worried about being caught
- Bring in supports needed by patient
- Important to reference MMT contract that this is not acceptable behaviour and could be grounds for discharge from the program

Case #4

- 21yo male initiated on the program because of fentanyl abuse and history of 2 overdoses in the previous years. On admission to program admits to multiple substances of abuse including cocaine, ecstasy, crystal meth and marijuana.

Case #4

- UDS after 3 months of MMT



- Next steps?

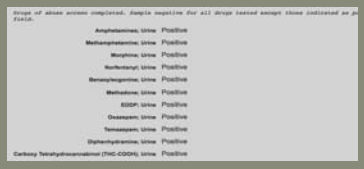
Case #4

- Initial UDS upon presentation and MMT start

- How would you want to proceed with this patient?

Case #4

- Patient agreed to attend inpatient treatment facility
- Was kicked out after 9 of 28 days
- Returns to program; after 4 months UDS:



Case #4

- Important to address all substances of abuse, not just opiates
- Make it clear that if ongoing issues, more intensive treatment with be required such as:
  - Further counseling/psychology support
  - Detox
  - Inpatient treatment
  - Day programming/meeting

Case #4

- Next Steps?

Case #4

- Patient unwilling to attend ongoing treatment
- Discuss contract with patient and begin to initiate taper

Case #4

- Patient returns during taper; charged with drug trafficking and has court date pending – would like to re-engage and go to treatment again
- Next steps?

Case #4

- Completes 28 day treatment out of city, currently working full-time job
- Most recent UDS

Drug Screen Comment; Urine	Completed

Drugs of abuse screen completed. Sample negative for all drugs tested except those indicated as po field.

Methadone; Urine	Positive
EDDP; Urine	Positive
Carboxy Tetrahydrocannabinol (THC-COOH); Urine	Positive