URINE DRUG SCREENING

**SASKATCHEWAN
METHADONE AND SUBOXONE
OPIOID SUBSTITUTION THERAPY
CONFERENCE**

**SASKATOON
APRIL, 2015**

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Objectives

- Understand the benefits and limitations of urine drug screening.
- Become skillful in a therapeutic approach.

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Potty Training Made Easy: OST

- Your Treatment Agreement should establish UDS as a program requirement.
- Reinforce pharmaceutical surveillance as a professional standard.
- Do not be surprised with tampering.
- Use a consistent, therapeutic approach.
- Understand substance specific metabolite cascades!

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CPSS UDS Standards (2015)

- Use the Provincial Lab (GC/MS).
- Frequency: 1 before initiation
  Every visit during stabilization
  At least every 3 months during maintenance.
- Respond to unexpected results: consider carries, dosing, monitoring and care plan.
- Tampered urines = positive urine.

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CPSS UDS Guidelines (2015)

- Shared care requires coordination of UDS results.
- Consult with the Provincial Lab when indicated.
- Use PIP or E-health viewer.
- Be aware of all medications prescribed.
- Observe collection if tampering is suspected.
- Include random screens: no previously fixed date, within 24 hours.

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UDS Fundamentals

- Develop a consistent clinic protocol.

- Ideal: truly random and witnessed.

- For masking or substitution check:
  Urine Specific Gravity or Creatinine for dilution.
  Urine pH for masking.
  Urine temperature for substitution.

- Know your lab technology!

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The Technology

Immunoassay	Chromatography
Does not differentiate between opioids.	Differentiates: codeine, morphine, oxycodone, hydrocodone, heroin.
False +ve's: poppy seeds, quinolones.	Does not react to poppy seeds.
Often misses semi-synthetics & synthetics: oxycodone, methadone, fentanyl.	More accurate for semi-synthetics and synthetics.

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Oh No! Unexpected Results #1

- T.G. a 22 year old man is gradually tapering his methadone. You are concerned that he is coming down too quickly, with a current dose of 8 mg OD. He is positive for EDDP but negative for methadone.
- What are your concerns?
- How will you address them?

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EDDP Positive, Methadone Negative

- Methadone metabolite positive = methadone positive.
- Not uncommon at very low doses, especially for those tapering off.
- May occur at > initiation doses. Consider rapid metabolization: natural or drug induced?

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Oh No! Unexpected Results #2

- J.M. a 30 year old woman is negative for the morphine prescribed as part of your opioid withdrawal management.
- What are your concerns? How will you address them?

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UDS Negative for Prescribed Drug

- Considerations:

False negative?

Non-adherence?

Diversion?

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UDS Negative for Prescribed Drug: Action

- False negative? Review your UDS technology. If Provincial Lab, call and get confirmation. Otherwise, repeat using GC/MS and specify drug.
- Non-adherence? Review treatment plan. Is sedation a concern? Reduce the dose or discontinue.
- Diversion? Inquire into reasons: money, other drugs, safety, partner in withdrawal. Discontinue the drug and reinforce engagement principles. Offer discharge.

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Oh No! Unexpected Results #3

- M.J. a 28 year old female patient on methadone with mechanical LBP is positive for un-prescribed morphine.
- What are your concerns? How will you address them?

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UDS Positive for Non-prescribed Drugs

- Considerations:

  Illicit use?

  False positive?

  Drugs from another MD?

  Self-medication, with inadequate treatment?

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UDS Positive for Non-Prescribed Drugs: Action

- Illicit use? Check tracks, explore craving, triggers, withdrawal and their management. Consider increasing methadone dose. Encourage AC follow up.
- False Positive? Review testing methodology and repeat UDS.
- Other MD? Access PIP or E-Health.
- Self-medication for LBP: oral codeine or IV morphine? Reinforce a non-opioid approach.

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Oh No! Unexpected Results #4

- D.R. a 48 year old male patient is positive on the urine dipstick drug screen for THC and cocaine.

- What are your concerns? How will you address them?

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UDS Positive for Illicit Drugs

- Considerations:

  Stimulant Use Disorder?

  False positive?

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UDS Positive for Illicit Drugs: Action

- False Positive? Review technology. Repeat.
- Stimulant Use Disorder? THC a concern but not as pressing as cocaine. Review triggers and pattern of use. Be assertive on need to address drug addiction broadly, including stimulants. Offer CAS, detox and/or rehab. Refer as indicated.
- Review carry criteria.
- What will be your approach to persistent stimulant use?

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Oh No! Unexpected Result #5

- Patient’s UDS is negative for gabapentin, prescribed as 300 mg. TID for peripheral neuropathic pain.
- What are your concerns?
- How will you address them?

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Monitoring UDS

- Considerations:

  False negative?

  Diversion?

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Monitoring UDS

- Contact Provincial Lab. Threshold levels for controlled substances are set for international toxicology standards, not routine monitoring.
- Provincial lab converts quantitative results into qualitative (positive or negative) based on the above parameters.
- Discussions ongoing to provide quantitative levels, to permit better monitoring of controlled substances.

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Thank you!

QUESTIONS?

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