

## Urine Drug Screening to Optimize Treatment

2016 Saskatchewan Methadone and Suboxone Opioid Substitution Therapy

Dr Larissa Pawluck, MD, CCFP

## 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

## 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

## UDS as Part of OST Program

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

## How To Detect Tampering

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

## Example of EDDP free UDS

- Will add photo

### Metabolite Cascades

- Opiates (photo will be inserted)
- Stimulants
- Benzos

### 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

### 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 Presentations to Be Added

- UDS is below temperature
- UDS has EDDP but no methadone
- UDS has methadone but no EDDP
- Diversion case
- Ongoing substances of abuse found in urine