POLICY: CONSUMER DRUG SCREENING

The collection and analysis of body fluids, especially urine samples, for the detection of alcohol, nicotine, other drugs, or their metabolites, is a common feature of many addictions' treatment services. The chemical compounds that act on reward pathways in the brain can be taken into the body by various routes. Because of their water-solubility and lipid-solubility, alcohol and other drugs are rapidly distributed to virtually every tissue in the body and can be detected in these tissues for hours to even days after drug use. The term 'drug testing' is used as a general term for such testing of urine or other body fluids or tissues. The presence of alcohol, nicotine, other drugs, or their metabolites in a consumer's body fluids or tissues can provide evidence of substance use; but it must be emphasized that evidence of substance use alone is insufficient to substantiate that a case of addiction is present, and similarly insufficient to substantiate that any functional impairment related to substance use is present. Drug testing is also an important screening and diagnostic procedure in the assessment of psychiatric conditions, in which aberrant behavior, perceptions, thought processes, or affective states could be attributable to either a primary psychiatric condition or to the effects of a psychoactive substance.

Drug testing can be a component of the plan of care during MAT *treatment*. Drug testing is also a feature of programs designed to provide ongoing *monitoring* of the health status of individuals who are no longer in an active phase of addiction treatment. It is not unusual for health care professionals to have the status of their consumers' condition monitored (albeit indirectly) by periodically, often randomly, ordered drug testing. In monitoring programs, the confirmed presence of substances from analysis of the urine, while not in itself diagnostic of a reactivation of disease, may help determine whether the monitored individual is, in fact, still abstinent.

QBH aligns with SAMSHA in their position that urine drug testing is a key diagnostic and therapeutic tool that is useful for consumer care and in monitoring of the ongoing status of a person who has been treated for addiction. As such, it is a part of medical care, and should not face undue restrictions. Staff is fully trained on the benefits and limitation of toxicological testing procedures.

DEFINITIONS:

Addiction treatment is a professional health care service that addresses a diagnosed substance use disorder, which is producing or has recently produced active symptoms or functional impairment.

Monitoring is the ongoing assessment of clinical status in an individual whose substance use disorder is in a state of remission (i.e., there are no current active symptoms and functional level is not known to be currently impaired).

PROCEDURES:

URINE DRUG SCREENING

- The physician should interpret the results of the urine drug screen in conjunction with functional stability. It should be clearly understood by all involved that these are screening, not confirmatory, tests;

they do not meet forensic requirements and are not sufficient for a court of law.

- The results of the testing will be discussed promptly with the consumer.
- Any therapeutic interventions, as well as testing results, will be documented in the consumer's record.
- If the physician suspects a false positive or negative result, a confirmatory test will be ordered.
- Intervention is rapidly initiated with a consumer who discloses illicit drug use, has a positive drug test, or is suspected of diversion of opioid medication as evidenced by a lack of opioids or related metabolites in the drug toxicology test.

- Testing may include opiates, benzodiazepines, barbiturates, cocaine, marijuana, methadone (and its metabolites), amphetamines, and alcohol, and other substances as appropriate to the population drug use in the area and the individual consumer's history. Alcohol and barbiturates are the most widely used mood-altering substances in the USA, so are highly recommended by SAMSHA to be included in any testing. The physician will determine what substances will be covered in testing and reflect so in the order.

Use for Diagnosis

- During a consumer's initial intake, if suspicion exists as to whether the person is in abstinence and/or motivated for recovery, it is essential for the health care professional to have objective evidence about the recent substance use status of the consumer. Drug testing can provide evidence of current or recent exposure to intoxicants which could affect the consumer's current status and can serve as an objective means of verifying the consumer's substance use history as reported by the consumer or collaterals and can provide indicators of whether MAT is a safe alternative for this consumer.

    - As a minimum, specimens should be screened for: opioids, benzodiazepines, cocaine, THC, amphetamine, and methadone.
    - The intake counselor may discuss suspicion with the Medical Director who will determine if an order for drug testing is indicated during intake or prior to admission.
    - A prospective consumer receiving MAT intake to assess for the presence or absence of a diagnosable substance related disorder may refuse to provide a sample for urine drug testing, but an assessment without such data can be considered incomplete. The intake counselor in such circumstances may refuse to recommend the consumer for MAT services unless the consumer provides a urine sample for a drug test. Final determination of admission in such cases is left to the Medical Director.

- In circumstances where trauma is being evaluated and managed, toxicology testing may be an essential component in the diagnostic process and to assist in planning emergency medical care. In such cases, the Medical Director may order a drug test be conducted.

Use as an Aspect of Treatment

- In situations where the consumer's level of arousal or behavioral activity is markedly aberrant, it is appropriate to collect urine for diagnostic purposes in order to assist in the differential diagnosis and in the development of the plan for indicated emergency medical care. When a clinical or medical staff observes such a change in behavior, it should be reported promptly to the Medical Director who may initiate an order for a drug test.

- Drug testing is appropriate during MAT services and is particularly appropriate at the onset of a course of treatment. Drug testing can be an effective therapeutic tool to assist in contingency contracting or other behavioral therapies. It can also serve as a deterrent to substance use and increase the likelihood of successful abstinence, especially if specimens are collected at random intervals. The treatment team shall determine whether periodic and/or random drug testing will be part of the treatment protocol of a particular consumer. The determination will be reflected in the consumer's treatment plan.

    - Whereas some consumers may initially object to the notion of having to produce urine samples on demand, it is important for consumers to understand the therapeutic utility of incorporating urine drug testing into treatment plans. Our consent for treatment obtained at the onset of treatment includes an explicit statement of the role of urine drug testing in the treatment plan.

- As an addiction treatment setting, where it is expected that the consumer will be maintaining abstinence while participating in ongoing MAT care, it is appropriate to collect urine for diagnostic purposes to confirm a state of abstinence or to confirm a state of suspected recent use. If a consumer refuses this aspect of the master treatment plan, such refusal will itself become an area of focus in the consumer's treatment plan. Clinicians have a right to decline to continue to treat a consumer for a substance use disorder if the consumer refuses to consent to essential components of the treatment plan; such termination of treatment shall be a determination made by the treatment team in consideration of the consumer's unique situation.

- Frequency of testing is individualized, but should, at a minimum, be done:
    - Initial drug screening at intake/admission
    - During the first 6 months of treatment: weekly
    - If stable (bio-psychosocially and at optimal dose) during the next 6-12 months of treatment: every 2 weeks
    - After 12 months of continuous treatment: monthly

- To comply with federal regulations, the following is a minimal number of random urine drug screens that will be reflected in the consumer's MAT treatment plan, whether or not the above recommendations are followed:
    - At least 8 random drug abuse screens per year while in MAT
    - At least 1 initial and then monthly random drug screens for long-term MAT consumers

<u>Use for Monitoring of Treatment Compliance</u>

- The frequency and duration of a drug monitoring and testing protocol for a monitored consumer should be individualized but should at least follow the schedule above at a minimum.

- All positive screening test results should be verified through confirmatory testing before any adverse action based on test results is taken (e.g., program termination, administrative withdrawal, etc.).

- The frequency and duration of monitoring, whether periodic and/or random, shall be established by the treatment team and reflected in the treatment plan.

Sharing of Test Results

- When urine, blood or other body fluids are collected for testing for clinical, diagnostic, or therapeutic purposes, the test results should be used for such purposes. Release of test results to police departments, prosecutors, or other governmental authorities (e.g., child protection agencies) shall occur only under court order or with the authorization of the consumer, consistent with federal and state confidentiality regulations.

- The Medical Director shall limit use of drug testing to circumstances of medical necessity. If legal authorities were to request that the Medical Director, or any staff, collect a sample of urine, blood, or other body fluids from a person solely for the purpose of aiding in the investigation of a criminal or civil legal proceeding, the Medical Director shall inform such nonmedical parties that the consumer's consent or a valid court order is required.

The Collection, Handling And Analysis Of Specimens Used In Drug Testing

- There are various methods for collecting, handling, and analyzing samples of urine or other body fluids for the purpose of detecting the presence of alcohol, nicotine, other drugs, or their metabolites. These include witnessed or unwitnessed specimen collection, chain of custody specimen handling, and screening vs. confirmatory laboratory analysis methods. QBH shall follow an established protocol, minimally including the aspects as bulleted below, that involves witnessed specimen collection, a chain of custody that does not allow the consumer to handle the specimen and uses an on-site or off-site urine screening process according to physician order.
- Testing should occur in a therapeutic context that suggests trust and respect yet minimizes falsification.
- As a minimum, specimens should be screened for: opioids, benzodiazepines, cocaine, THC, amphetamine, and methadone. Drug screens should:

    - Be obtained on a random schedule.
    - Be collected under the direct supervision of a treatment team member who has the authority to request a second specimen if deemed necessary. Direct observation is often indicated but is not required in all cases.
    - No children will be permitted into the collection area.
    - Consumers should not be allowed to take any bag, jacket/coat, purse or similar into the collection area.
    - Heat strips can be used to determine temperature of the specimen.

- Validity of test can be increased by:

    - Measuring the temperature of the sample immediately after sampling.
    - Having the consumer remove obstructing clothing and turn all pockets inside out.
    - Having the consumer leave all handbags, etc., outside the collection area.
    - Bluing of the toilet water.
    - Monitoring that no access to running water exists in the collection area.

- If tampering is suspected, the physician should be notified and whenever possible a second sample

should be collected the same day.

- Confirmatory lab analysis will be done only if ordered by the Medical Director.

EVALUATION:

This policy will be reviewed and, as needed, revised by the Clinical Director and submitted to the Clinical Committee for approval.

RELATED POLICIES/FORMS

Consumer Handbook
UA and Drug Results Form
Clinical Policies

POLICY: WAIVED LAB

Information obtained utilizing waived lab equipment shall be used primarily for the purpose of screening and to support clinical care decisions. Results of waived lab procedures, in and of themselves, shall not be used as the sole basis for making a diagnosis. Staff shall consistently manage waived lab procedures in a fashion complaint with the CLIA Act of 1998. The CEO shall be responsible for maintaining a current waived lab certification authorizing the use of waived lab equipment.

Results from waived lab tests are recorded in the consumer's record. Quantitative result reports are accompanied by reference intervals (normal values) specific to the test and population served. Semi-quantitative results such as from urine dipsticks do not require inclusion of reference interval data.

Lab procedures that are needed beyond those authorized under the CLIA Certificate for on-site completion shall be provided under contract with a local certified laboratory in the vicinity of each MAT program. Consumers may also use a laboratory of their choice if authorized by their insurance coverage.

PROCEDURES:

- The Lead Nurse, or designee, has the responsibility, in the MAT programs, to:
    - Keep a current inventory of equipment that falls within the waived lab equipment list established in JC standards.
    - Post a current copy of all waived lab CLIA certificates in the immediate area where procedures are performed at each site.
    - Initiate an application when a waived lab CLIA certificate is required, and reapplication every ***two years*** thereafter.
    - Maintain protocols for the collection and preservation of specimens for which waived lab equipment is required.
    - Maintain protocol that defines proper instrument calibration, logs that document the calibration results, and any remedial action required.
    - Maintain protocol that describes trial performance of equipment to be initiated before the test on the specimen.
- The CEO has responsibility to:
    - Maintain an official CLIA certification of waiver for each site on file in the Administration Department.
    - Provide the Director of Nursing with a copy of each certificate for posting.

- The CEO maintains a list of the staff who are competent and authorized to do waived lab testing. This list is available to the Lead Nurse who supervises the waived lab processes.

- The CEO oversees that quality control records, test record results, and instrument records are retained for at least two years.

- The CEO oversees that a written quality control plan for waived labs done by the program specify the method(s) for controlling procedures for quality, establishes timetables, and explains the rationale for choice of procedures and timetables. Rationale is based upon:
  - How the test is used
  - Reagent stability
  - Manufacturers' recommendations
  - The Company's past experience with the test
  - Currently accepted guidelines

- All waived lab policies or protocols shall be approved by the CEO initially and at least every ***3 years*** and as manufacturer updates occur. The policies/protocols must be always available to staff conducting waived lab tests. Protocols shall address:
  - Clinical use and limitations of each test
  - Need for confirmatory testing and result follow-up recommendations
  - Specimen type, collection, and identification, and required labeling
  - Specimen preservation, if applicable
  - Instrument maintenance and function checks, such as calibration
  - Storage conditions and test components
  - Reagent use, including not using a reagent after its expiration date
  - Quality control (including frequency and type) and corrective action when quality control results are unacceptable
  - Test performance
  - Result reporting, including not reporting individual consumer results unless quality control is acceptable
  - Equipment performance evaluation

- The Human Resources Manager will aggregate compliance each quarter and report to the Clinical Committee quarterly. Compliance will be calculated by dividing the number of nurses who were due for competency verification during each quarter, either because they were a new hire or due for their annual evaluation and competency check, by the number who received competency verification that utilized at least two of the approved formats listed above in this policy.

Training

- The Lead Nurse, or qualified designee, shall define and document orientation, training, and competency demonstration for all staff that will use the equipment. Only staff who have demonstrated competence (verification of competence shall be retained in the staff's personnel file) may conduct waived lab testing. Competence measurement shall include two or more of the following:
  - Performance of test on an unknown specimen,

- Periodic observation by the supervisor or designee,
- Monitoring of quality control performance,
- Use of a written test specific to the test assessed.

- The Lead Nurse shall check that at least two forms of verification have been employed, forward documentation of training and competence to the Human Resources Manager for inclusion in each staff member's personnel file. The HR Manager shall include compliance data on this requirement of two forms of verification to the Clinical Committee as part of the HR Report every six months.

- Training for identified staff is conducted at orientation and at least annually and documented in the staff member's personnel file.

- Waived lab quality control results shall be reported annually as scheduled to the Clinical Committee.
  - Quality controls for instrument-based testing require two levels of control, if commercially available. Control checks follow manufacturer instructions.
  - For non-instrument-based testing, quality control checks are performed at the frequency and number of levels recommended by the manufacturer which shall be defined in the waived lab plan.

EVALUATION:

- The Lead Nurse will review this policy annually and make modifications as needed based upon changes in regulations, changes necessary due to nature of services, and any revisions will be submitted to the Clinical Committee as scheduled.

RELATED POLICIES/FORMS:

Waived Lab Testing and/or Calibration Logs
Protocols for Testing and/or Calibration of Lab Equipment