

Authorizing Urine Drug Screens

Only those licensed, Medicaid enrolled CBH providers may enter into an agreement with a CBH contracted laboratory to conduct urine drug screens. An authorized provider may order a predetermined seven-panel drug screen. Considerations such as the reported use by a specific patient, the specific symptoms of intoxication or withdrawal and known patterns of drug use/abuse in a community are important when conducting drug screening.

Urine drug screening is an essential part of the evaluation of patients and the Behavioral Health System requires that this laboratory evaluation be conducted on both known substance abusers as well as those suspected of illicit drug use. Care must be exercised in the interpretation of these laboratory results. Knowing which substances are included (and not included) in the screen is important in the clinical interpretation of the drug screen. For example, a routine screen for opiates will not detect the presence of synthetic opiates such as Darvon (Propoxyphene) or Methadone. The results of the urine drug screen must be interpreted in the context of the specific clinical situation of a patient. Urine drug screening is not the sole measure of success or failure in the treatment of addictions, but is a useful, objective assessment of individuals participating in treatment for their addictive disorders.

An understanding of the length of time that a substance can be detected with urine drug screening is important. Certain drugs are metabolized and excreted quickly while others may be detected for considerable lengths of time. In addition, the length of time that a substance can be detected may vary significantly, depending on the metabolic rates of individual patients. Also, the different specific drugs within a group of drugs may have quite different times of detectability. The chart below provides specific information about selected substances and may be useful in treatment planning.

Drug	Time of Detection	Comments
Amphetamines	24 - 72 hours	Currently, not a common drug of abuse in the Philadelphia area; over the counter medications containing ephedrine may make this screen positive
Barbiturates	Very wide range from 24 hours to weeks	Currently, not a common drug of abuse; if screen is positive, most likely source is Phenobarbital or Butabarbital in Fiorinal or Fioricet - a headache preparation
Benzodiazepines	Very wide range from a few hours to weeks depending on dose and specific type	Xanax (Alprazolam) and Valium (diazepam) are the most commonly abused and can be detected from a few days to weeks, depending on duration of use
Cocaine	24 - 96 hours	Fairly rapidly excreted, thus the closer to the time of last use the more likely the screen is to be positive
Methadone	72 hours after last dose, may be longer or shorter depending on the individual and the amount of the dose	A required part of drug screening for Methadone Maintenance Programs. Occasionally, methadone is bought on the street

Drug	Time of Detection	Comments
Opiates	24 - 72 hours	<p>Typically, this screen tests only for morphine and codeine.</p> <p>Heroin is metabolized to morphine. Urine screening cannot detect heroin itself.</p> <p>Synthetic opiates (Darvon, Darvocet, Methadone, and Demerol) will not be detected by routine opiate screening.</p> <p>Semisynthetic opiates (Oxycontin, Dilaudid, Vicodin, Lorcet, and Lortab) may be detected by routine screening. Labs should be contacted about their ability to detect these substances</p>
Phencyclidine (PCP)	14 - 30 days	PCP is long acting and can be detected for long periods of time after the last dose
Marijuana	<p>Light smoker - 1-3 days</p> <p>Moderate (4 times a week) - 3 -5 days</p> <p>Heavy (daily) 10 days</p> <p>Chronic use of 5 or more joints daily - 10 - 21 days or more</p> <p>Eating 1- 5 days</p>	Common drug of abuse. Only those who smoke marijuana for long periods of time at high levels of use will have detectable levels for weeks after the last use.

The frequency of testing is often an issue in the clinical setting. For stable patients, usually monthly urine drug screening is adequate. Patients early in their course of treatment may need weekly screening. However, occasionally additional testing may be indicated. For example, an otherwise stable patient who exhibits behavior that indicates drug and/or alcohol use may require additional testing. Instances where testing is conducted more frequently than once weekly should be carefully documented.

CBH expects that 10 urine drug screens or less per six months will be adequate for the management of the average patient. Certain situations will require additional testing, however, and the medical record should clearly indicate the details of the clinical situation and the medical necessity for this additional testing.

When properly applied, urine drug screening can be a useful tool in the treatment of the addicted individual. However, the results of this testing are not the sole indicator of success or failure for the provider or the patient. The results of urine testing should be incorporated into the overall planning of treatment and tempered with the clinical data specific to the patient. This treatment planning must be carefully and thoroughly documented in the patient's record. Some understanding of the technical aspects and limitations of urine drug screening is essential for the proper interpretation of both positive and negative results. Following these simple guidelines will yield the proper perspective on urine drug screening and increase its clinical usefulness.