UW PACC
Psychiatry and Addictions Case Conference
UW Medicine | Psychiatry and Behavioral Sciences

12/13/2018

WELCOME!

Today's Topic:

Urine Drug Screens in OUD Treatment

Should I test and how should I do drug testing in my patients on opioid use disorder treatment?

Speaker: Jared Klein, MD, MPH

PANELISTS:

MARK DUNCAN, MD, RICK RIES, MD, KARI STEPHENS, PHD, AND BARB MCCANN, PHD

UW Medicine
UW SCHOOL OF MEDICINE

Integrated Care Training Program
UW Psychiatry & Behavioral Sciences

project ECHO

UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

URINE DRUG TESTING IN PATIENTS WITH OPIOID USE DISORDER

JARED W KLEIN MD MPH

UW SOM / HARBORVIEW

UW Medicine
UW SCHOOL OF MEDICINE

Integrated Care Training Program
UW Psychiatry & Behavioral Sciences

project ECHO

GENERAL DISCLOSURES

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

SPEAKER DISCLOSURES

✓ No financial disclosures

Primary care internist – integrated addiction treatment

- *NOT a lab medicine specialist*
- *NOT discussing non-urine matrices*
- *NOT covering specialty settings or populations*

UW PACC

OBJECTIVES

After this talk learners will be able to…

1. Name four potential justifications for employing urine drug testing
2. Understand at least two differences between screening and confirmatory urine testing
3. Identify common pitfalls of urine drug testing algorithms

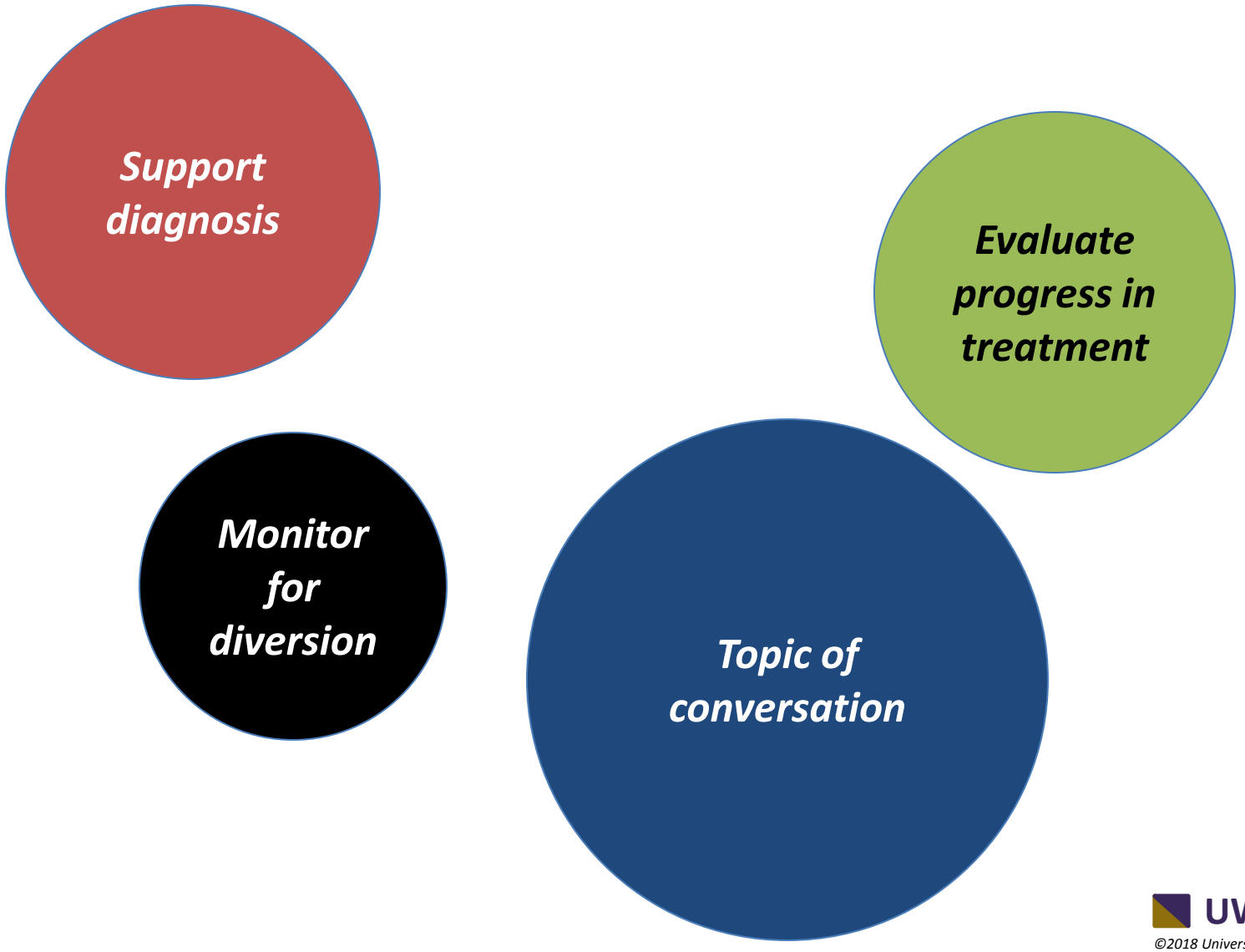
UW PACC

OUTLINE

- Philosophy
- Tests
- Pitfalls

UW PACC

PHILOSOPHY

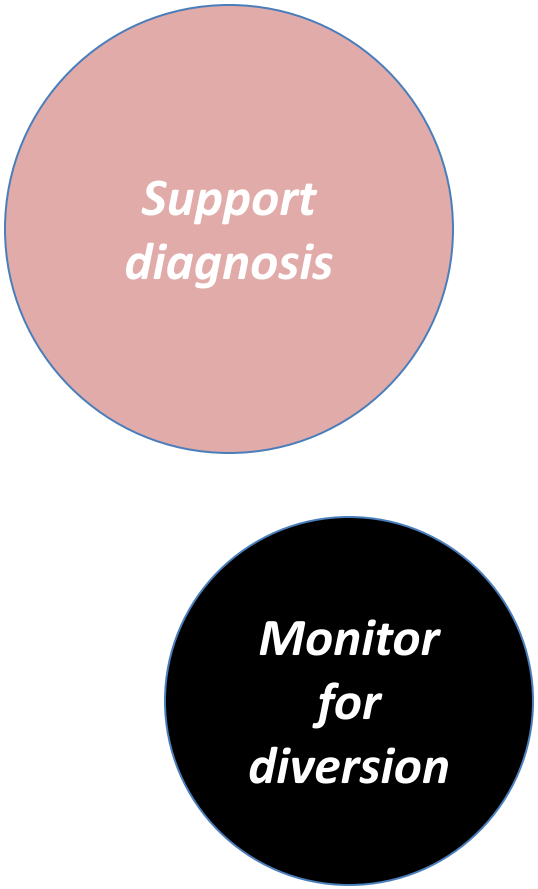


UW PACC

PHILOSOPHY

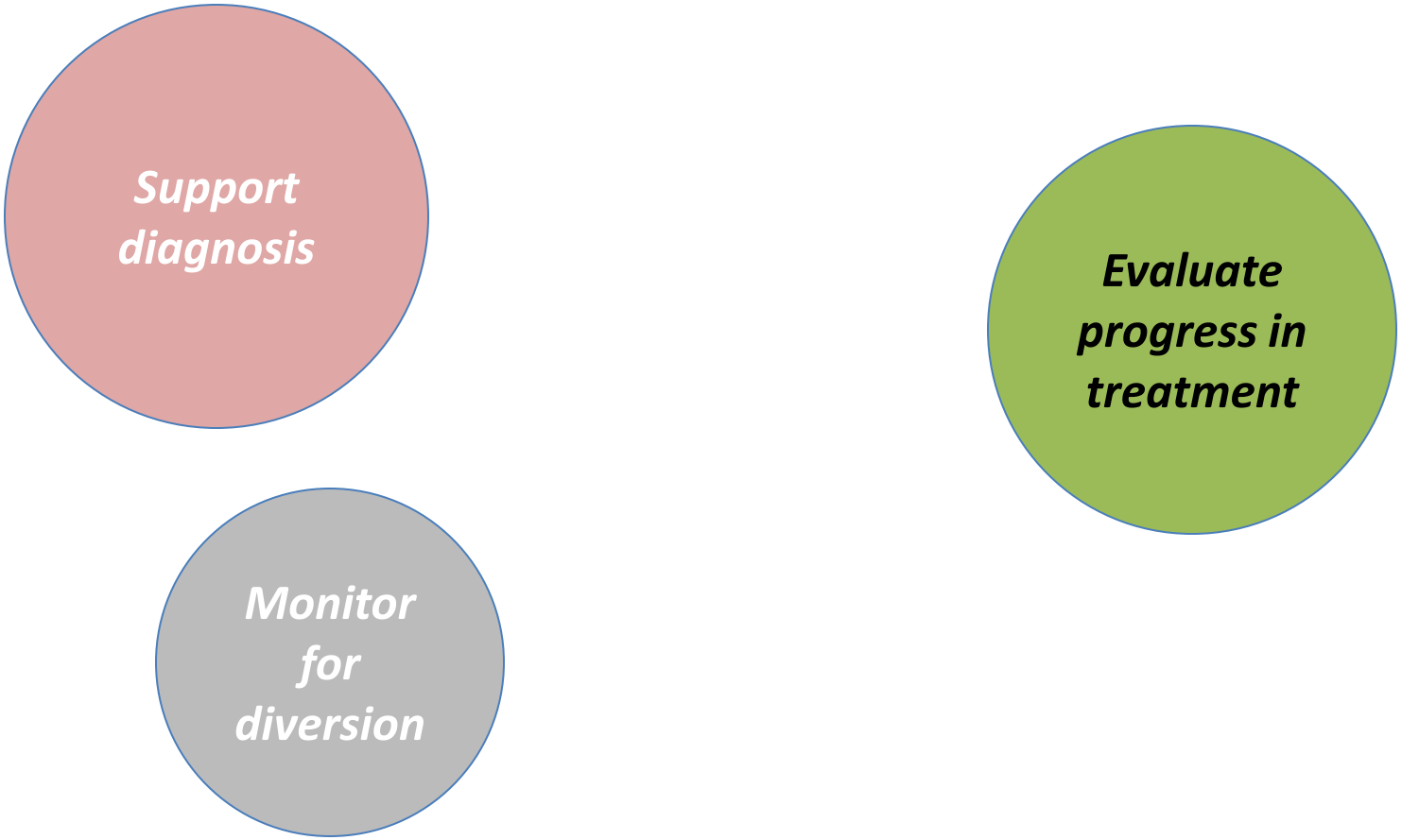
UW PACC

PHILOSOPHY



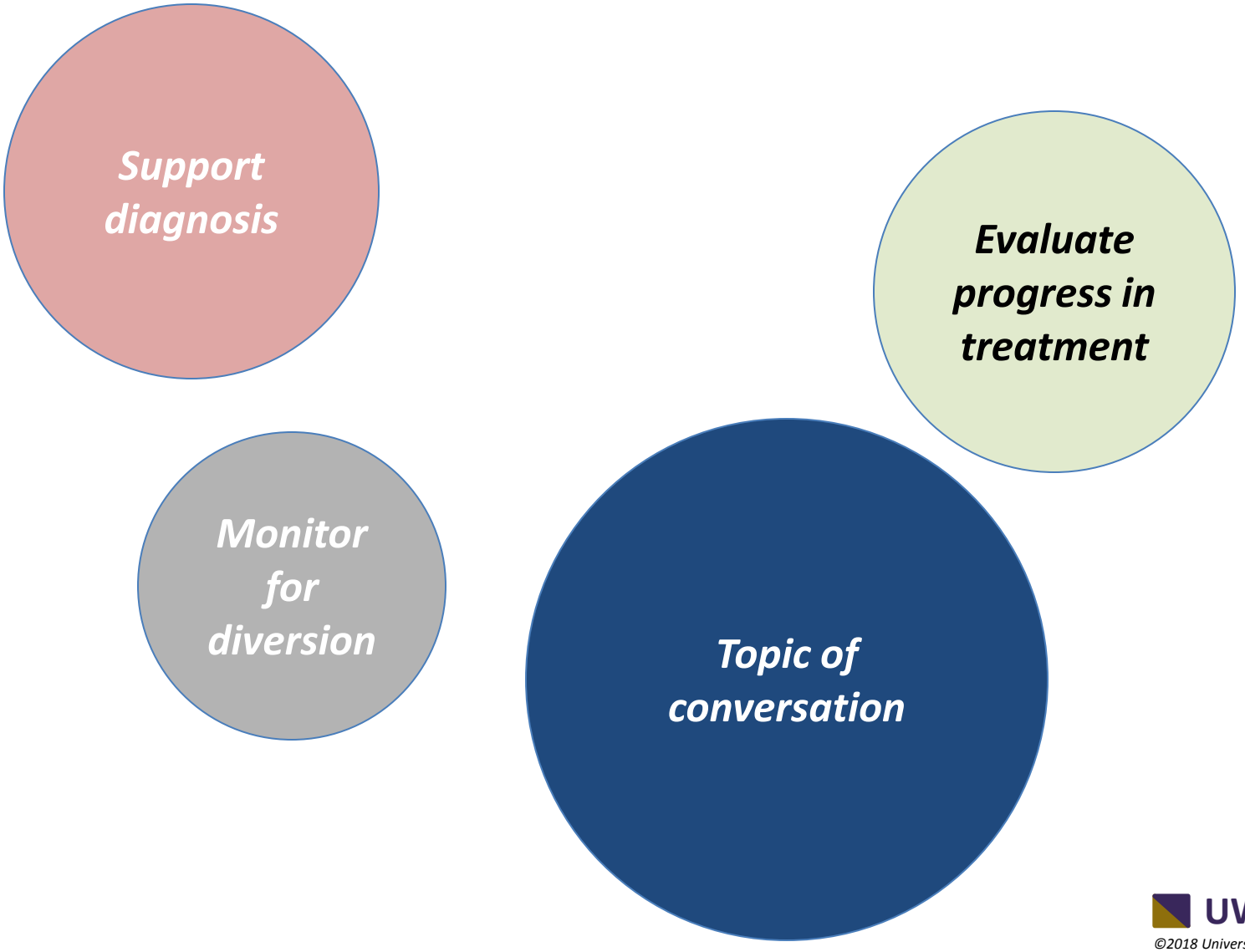
UW PACC

PHILOSOPHY



UW PACC

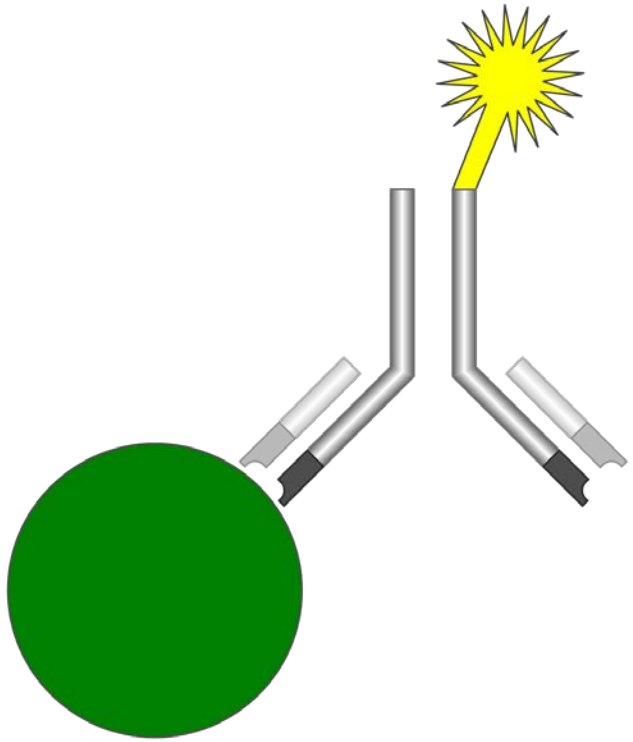
PHILOSOPHY



UW PACC

TESTS

- Immunoassay (aka ELISA)



Amphetamine

THC

Opiate

Cocaine

PCP

Benzodiazepine

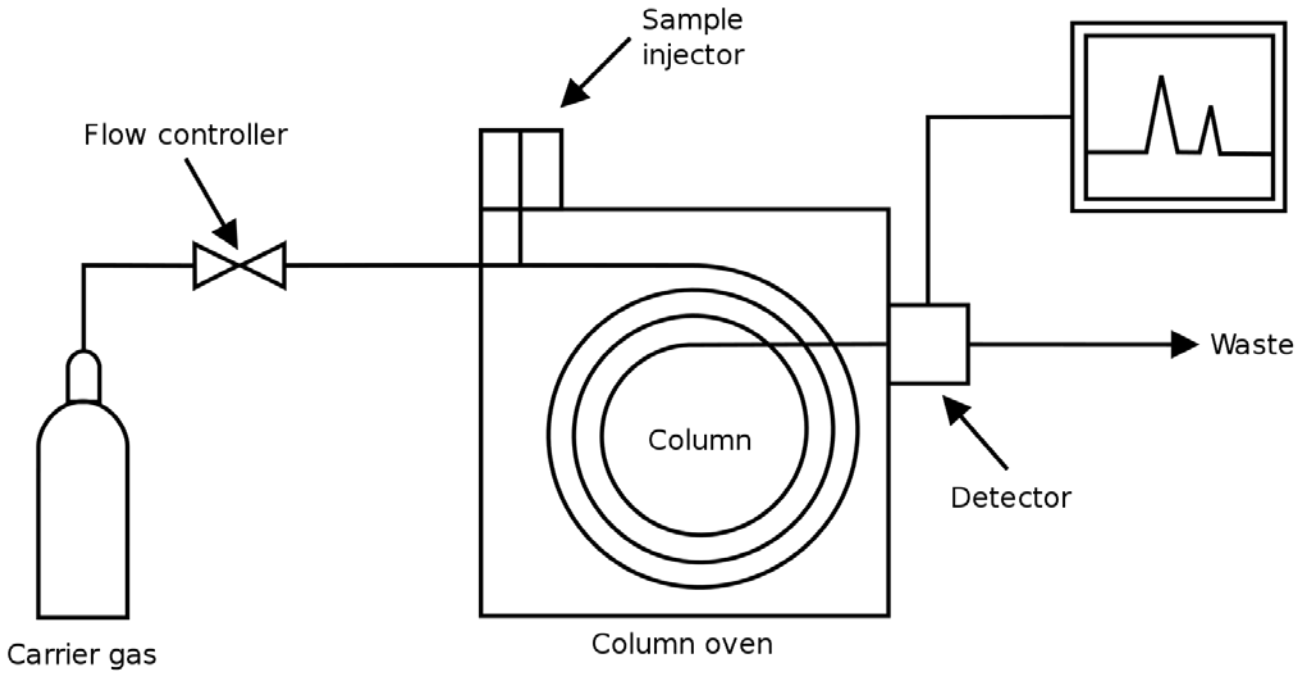
Methadone

Oxycodone

Others (fentanyl, bupe, barbiturate, etc.)

TESTS

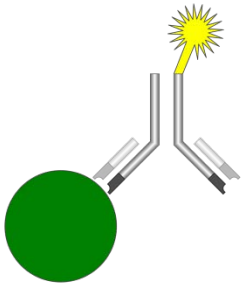
- Gas chromotography/mass spectometry (GC/MS)

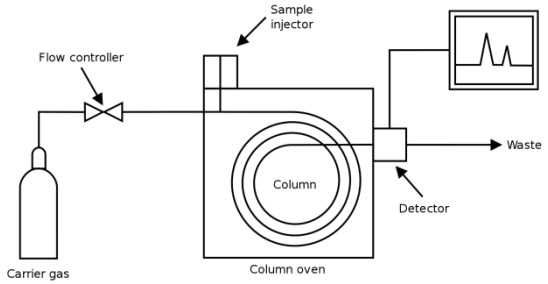


Can detect dozens of unique substances

UW PACC

TESTS





Immunoassay	GC/MS
Cheap	Expensive
Rapid	Slow
More false positives/false negatives	Accurate

UW PACC

TIPS & PITFALLS

- Test at least monthly
  - Random urines preferred, but logistically difficult
- Always ask about anticipated results
  - Last substance used, timing of last use
- Never order quantitative testing
  - Expensive and rarely helpful
- Language matters
  - “Positive/negative” preferred over “clean/dirty”

UW PACC

TIPS & PITFALLS

- All tests can provide in false **positives**
  - Don't rely on a single test result!
- Common false positives
  - Dextromethorphan → opiate
  - SSRIs → amphetamines
  - Sertraline → benzodiazepines

UW PACC

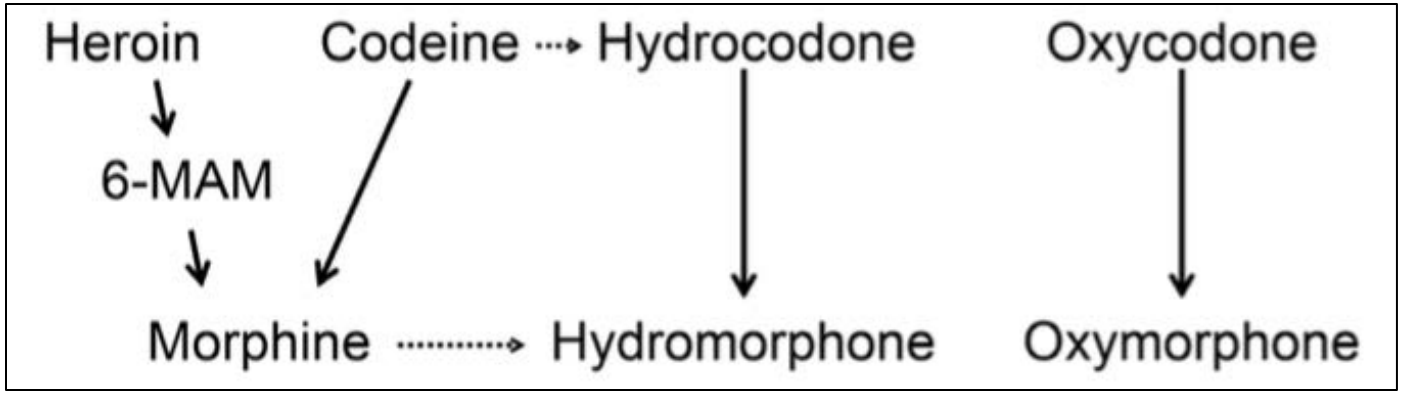
TIPS & PITFALLS

- All tests can provide in false **negatives**
  - Don't rely on a single test result!
- Common false negatives
  - Benzodiazepine → clonazepam, Z-drugs
  - Amphetamine → MDMA
  - THC → synthetic cannabinoids
  - Opiates → synthetic/semi-synthetic (next slide)

UW PACC

TIPS & PITFALLS

- Opioid metabolism
  - Opiates (morphine, codeine, heroin)
  - Semi-synthetic opioids (oxycodone)
  - Synthetic opioids (fentanyl, methadone, bupe)



UW PACC

REFERENCES

- Appropriate Use of Drug Testing in Clinical Addiction Medicine (ASAM 2017)
- Drug Testing: A White Paper of the American Society of Addiction Medicine (ASAM 2013)
- URINE DRUG TESTING: A Reference Guide for Clinicians (Starrels and Wu, 2013)
- Office-Based Opioid Treatment Policy and Procedure Manual (Harborview, 2018)