

GUIDELINES & PROTOCOLS

ADVISORY COMMITTEE

Methadone Maintenance Therapy (MMT) Program: Urine Drug Testing of Patients

Effective Date: December 15, 2006

Scope

This guideline provides recommendations for appropriate urine drug testing of patients 19 years of age and older who are being assessed for Methadone Maintenance Therapy (MMT), or are in follow-up with the MMT Program. The MMT Program is administered by the College of Physicians and Surgeons of British Columbia (CPSBC). All users of this guideline are requested to also consult the Methadone Maintenance Therapy Handbook published by the CPSBC. This guideline does not apply to patients who present with drug overdose, and it does not cover patients who require a comprehensive drug analysis due to unexplained neurological or psychiatric symptoms. This guideline is not intended to provide recommendations for urine drug testing of patients who present with other addictions or chronic pain.

Definitions

Immunoassay – A chemical test that measures the level of a substance in a biological fluid, typically serum or urine, using the reaction of an antibody to its antigen.

GC/MS – A method that combines the features of gas liquid chromatography and mass spectrometry to specifically identify individual components within a test sample. GC/MS specifically identifies the actual presence of a particular substance in a given sample, whereas a non-specific test merely identifies the overarching substance categories that sample components are detected in.

RECOMMENDATION 1

MMT Program Screening Assays

Patients undergoing initial assessment, and follow-up once enrolled in the Methadone Maintenance Therapy Program, should have urine tested for:

T92511 Opiates
T92503 Amphetamines
T92505 Benzodiazepines
T92507 Cocaine/Cocaine Metabolite
P92510 Methadone/Methadone Metabolite

- * Screening assays are available without consultation with a laboratory physician.
- * Synthetic opiates may not be detected on immunoassay tests. Should screening for a synthetic opiate be required (i.e. Oxycodone, Hydromorphone, Meperidine, Fentanyl, etc.), GC/MS may be required. Physicians must specifically request which synthetic opiate to test for on the laboratory requisition. Physicians are advised speak to the laboratory physician regarding specific testing needs and also for the interpretation of UDT results.
- † Most screening assays detect the parent compound methadone, but not methadone metabolites. When a laboratory has the capability to screen for methadone metabolite, the laboratory will substitute this for a methadone screen.

RECOMMENDATION 2**MMT Program Immunoassay Testing**

Physicians may wish to consider additional immunoassay tests for other commonly abused substances on a case by case basis when clinically relevant (i.e. Alcohol, Tetrahydrocannabinoids, Phencyclidine, LSD, etc.). Specific immunoassay tests are to be ordered only when the results of the testing will have a significant impact on the management of the patient.

RECOMMENDATION 3**MMT Program Confirmatory Testing**

Confirmatory testing (reanalyzing a specimen which is positive on the initial immunoassay screening test using a different analytic method) is expensive and seldom necessary once a patient has enrolled in the MMT Program. Accordingly, confirmatory testing should only be utilized when medically necessary and when a confirmed result would have a significant impact on patient management. Confirmatory testing is available only upon approval by a laboratory physician.

Rationale

Urine drug testing is an integral component of the MMT Program. Test results assist physicians in the assessment of patients for MMT, and in the monitoring and management of patients already enrolled in the MMT Program.

The current guideline will help to guide best practices and ensure appropriate utilization of urine drug tests in the assessment, monitoring, and management of MMT Program patients.

Methadone Maintenance Therapy Program: The Advisory Committee on Opioid Dependency (ACOD) with the College of Physicians and Surgeons of British Columbia is responsible for the provincial Methadone Maintenance Program. The ACOD has endorsed this guideline and offers the following comments on testing for drugs of abuse in urine:

Urine testing for drugs of abuse is one component in the monitoring of patients' compliance with the objectives of the Methadone Maintenance Program. The Program guidelines recommend monitoring at unpredictable intervals for participants. Monitoring during the assessment phase is necessary for appropriate treatment planning. Monitoring of enrolled patients is necessary to assist in their ongoing clinical management. Urine testing done as part of methadone maintenance is not intended to be used for forensic purposes.

References

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Sponsors

This guideline was developed by the Guidelines and Protocols Advisory Committee, approved by the British Columbia Medical Association and adopted by the Medical Services Commission.

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This guideline is based on the scientific evidence at the time of the effective date.

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- permit exceptions when justified by clinical circumstances.