DRUG TESTING IN ADDICTIONS GUIDELINE

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VALIDITY – Guidelines should be accessed via the Trust intranet to ensure the current version is used.

CHANGE RECORD

Version	Date	Change details
1.0	22/10/18	*New guideline*
1.1	Oct-21	*Reviewed and updated minor changes* - *5.b) Electronic laboratory system* *Approved in Additctions clincal network19 October 2021*

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1. INTRODUCTION

Drug testing forms an integral intervention when assessing and providing biopsychosocial management for addictions patients. It is essential to that staff have guidance for undertaking drug testing to ensure that this is compliant with national guidelines (DH 2017).

1.1. Types of drug test available:

There are two available separate types of analysis: a screening test and a confirmation test.

Screening test

Screening tests are useful as there is an immediate result and normally low price, however accuracy is not confirmed. A negative result can usually be accepted as negative, but a positive result, particularly if substantial weight is to be placed on it, may be confirmed by a different confirmation test.

Please note that there are two types of screening test available – on site testing where the practitioner tests the sample 'on site' with immediate results, or laboratory screening, where the practitioner sends the sample to a laboratory for screening tests. This is associated with high costs.

Confirmatory test

Laboratory confirmation tests give accurate information on substances tested, but take longer to receive the results and are very expensive. The confirmatory test is normally only done on samples that have shown positive on the screening test if a confirmation is required. Confirmatory tests are laboratory based, and use either gas or liquid chromatography coupled to mass spectrometry (GC/MS or LC/MS).

Please note, ERP staff need to get an agreement via MDT for all confirmation tests due to high costs.

1.2. Biological samples used in drug testing

Urine

This should be used in the first instance – as most cost effective – unless not possible or concerns with adulteration of urine.

This would be used for all drug testing in the first instance unless not possible at the clinic. Urine is the most versatile biological fluid for drug testing and has the advantage of indicating drug use over the past several days. However, urine can be prone to adulteration and so steps should be made to check the integrity of the sample by examining the sample colour and temperature. It is worth being aware that a positive result can be achieved by direct addition of a substance e.g. methadone to the sample.

In routine clinical practice, strict supervision, including observation of urine specimen collection, is rarely necessary. Supervised urine should only be undertaken with informed patient consent – see supervised urine policy.

Oral Fluid

Oral on site immediate testing should be used second line.

Oral fluid has the advantage of being easier to collect, supervised and harder to adulterate. However the drugs are present in lower concentrations and the sample size is usually much

smaller than for urine. The detection window for oral fluid testing is normally 24-48 hours for most drugs, so only very recent drug use can be detected.

Hair testing

We do not have access to this type of testing.

Hair testing is poor at detecting very recent use but can be used to look at drug use over the preceding few months. Normally hair testing can detect drug use at some stage during a preceding month, and can be used to compare months, but cannot differentiate continual from sporadic use. Hair testing is much more complicated than urine or oral fluid and is restricted to specialist laboratories. We are not commissioned to do hair testing and this is normally the remit of the courts in relation to family proceedings.

2. SCOPE

This guideline is aimed at all clinical staff working in Addiction services provided by Humber Teaching NHS Foundation Trust. The type of tests available will depend on commissioning.

3. PROCEDURES

3.1. Uses of drug testing

- Initial assessment and confirmation of drug use (although testing does not confirm dependence and should be used with comprehensive assessment).
- Confirming prescribed medication treatment compliance.
- Monitoring illicit drug use, including as a drug-specific treatment goal (for example, as part of a psychosocial intervention).

The rationale for testing and the use made of drug test results is important and must be clearly delineated to those responsible for patient care, in order to be cost effective and efficacious.

Drug testing to confirm drug use when a patient has admitted to it and is already in treatment is generally not cost-effective, except occasionally if it is felt essential to assess for evidence of compliance with medication prescribed or if there are concerns about other non-disclosed substances.

3.2. Choosing an appropriate drug test

1. Preliminary ‘immediate’ screening via a urine test in the first instance.

2. If there are concerns about adulteration of a urine sample e.g. colour or temperature indications – this would normally be reported as such. No further testing would normally be indicted.

   However, see below.

3. An oral fluid ‘immediate’ screening test results could be considered as second line:
   a. when urine testing facilities are not available; or
   b. If staff are concerned about adulteration.

4. If the immediate test is positive for a drug, and the patient denies drug use in preceding eight days for urine tests and preceding three days for oral tests, a laboratory screening could be completed considered.
   a. Please note that this is extremely costly (see below) and should only be undertake when there will be a clinical change related to the test and following MDT discussion.

5. Currently we can undertake laboratory confirmation test with:
    a. Urine via Hull Royal Hospital Pathology Laboratory
        i. The urine sample would need to be sent direct to Hull Royal via ESR 0333 240 4912.
    b. Urine samples must be appropriated labelled on the cup, sealed and put in a laboratory bag which is labelled. This is an electronic system and requires a bar code label to be printed.
        ii. Contact admin for details.

3.3. When to test

- Testing will be required more frequently in the assessment and engagement phases of treatment when there is still active focus on stabilisation of illicit/problem drug use.
- For patients on stable doses of medication, random intermittent drug screening is probably the most practical and cost-effective option for providing reliable information about an individual's recent drug use (DH 2017).
- As a minimum, please ensure that patients have testing at least every three months prior to the medical and recovery care plan reviews. More frequent testing may be required to support psychosocial interventions or for specific purposes, e.g. safeguarding.

4. REFERENCES

Drug misuse and dependence: UK guidelines on clinical management. How clinicians should treat people with drug misuse and drug dependence problems. Published 14 July 2017. Last updated 15 December 2017.

5. APPENDIX

5.1. Drug testing Costs

This is based on current drug testing costs and is subject to fluctuate with inflation.

Urine

Screening: On site costs approximately £3.25 per test for up to 10 substances, e.g. Amphetamines, Buprenorphine, Benzodiazepines, Cocaine, EDDP, Methamphetamine, Morphine/Opiates, Oxycodone, THC/Cannabis and Tramadol.

Laboratory confirmation: This is costed per drug tested for example opiates cost approximately £16 for a confirmation. Each drug would be costed individually.

Oral

Screening: Using onsite tests – approximately £7.50 per test for up to six drug parameters.

Laboratory confirmation: This is costed per drug tested and is approximately £15 per drug.