Drug Testing in Primary Care

to monitor adolescents attempting behavior change

1. Discuss how you will use drug testing with patient and parent
   - Decide if testing will be done at home, in the lab, or in the office.
   - Confirm that patients and parents will both get results.
   - Determine how results will be shared (by phone, in-person visit, etc.).
   - 1st negative test: OK to go out with friends, curfew 8 p.m.
   - 2nd consecutive negative test: curfew extended to 10 p.m.
   - 3rd consecutive negative test: driving privileges restored
   - 4th consecutive negative test: sleep overs allowed
   - If a test is positive at any point, start from the beginning.

2. Plan how drug test results will be used
   - Urine drug toxicology monitoring: Panel with confirmation
   - Urine drug toxicology monitoring: Specimen validity
   - Alcohol metabolite with confirmation
   - Nicotine and cotinine

3. Place orders
   - Collect a first-morning specimen to maximize concentration.
   - If collection is at home, recommend that parents “supervise” collection to the extent that they are comfortable. Parents can put dye in the toilet, listen for running water, and keep the door open to prevent a teen from using a stored urine sample.
   - Check for temperature. Use a cup with a temperature strip if possible.
   - After collection, be sure to supervise the specimen until it is dropped off at the lab.
   - For repeated testing, parents can choose the day for collection and should always collect the next morning if drug use is suspected. At times testing should be two consecutive days (to avoid use immediately after the test).
   - We recommend testing periods of 8-12 weeks or as clinically indicated.

4. Collect the specimen
   - THC is lipid soluble and is stored in fat tissue in heavy/chronic users. To compare consecutive tests, divide the THC level by the creatinine to correct for urine concentration.
   - Alcohol metabolites (ethyl glucuronide and ethyl succinate) can be positive in the urine for up to 5 days after heavy alcohol use. Low levels of these metabolites may be detected following incidental exposure to alcohol in many daily use products (mouthwash, hand sanitizer).
   - Cotinine is a metabolite of nicotine that can be detected 3-5 days after consumption. Use of nicotine replacement medications will make tests for cotinine positive, and we recommend not testing for nicotine while using these medications.
   - Sertraline can cross react with the screen for benzodiazepines, resulting in a positive screen with negative confirmatory test. For patients not prescribed sertraline, consider use of benzodiazepines not included in the panel (designer benzodiazepines) when the screen is positive and the confirmatory test is negative.
   - Poppy seeds contain small amounts of naturally occurring opiates, and patients who consume them can have small amounts of morphine and codeine in their urine. For tests with low levels of opiates we recommend advising the patient to avoid poppy seeds and retest.

5. Interpret the results
   - Check the urine creatinine to confirm specimen integrity.

For consultations or virtual counselling about SUD issues, call your MCPAP team and ask for the ASAP-MCPAP (SUD) program.

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