

Opioid Treatment Programs Screening Guidelines

Executive Summary

The primary goal of medication assisted therapy is to improve overall individual functioning of the patient. A necessary component in reaching this goal is the monitoring of illicit substance use and ensuring programmatic compliance. Urine toxicology testing is consistent with the reasonable standard of practice and is a requirement for medication assisted therapy programs in the State of Vermont for providers governed by the Medication Assisted Therapy (MAT) rules. Current federal and state regulations, however, are not prescriptive of which substances must be tested for in urine toxicology panels. It is recommended that a comprehensive screening for drugs of abuse shall be done at admission into Opioid Treatment Programs (OTPs) and should reflect the prevailing use patterns in the community.

Guidelines for Opioid Treatment Programs

Under current regulations, individuals receiving MAT in Opioid Treatment Programs (OTP) are required by 42CFR8.12 to receive a minimum of 8 urine toxicology tests annually. The results of those urine toxicology tests are part of the “8 factor checklist” required by the Center for Substance Abuse Treatment (CSAT) as a determinant factor in an individual’s ability to obtain “take home” medications.

The absence of illicit substances is specified as the goal of doing urine toxicology testing. Evaluation may include opioids (morphine, codeine, heroin, hydrocodone, hydromorphone, oxycodone, methadone, and buprenorphine), cocaine, amphetamine and methamphetamine, barbiturates, benzodiazepines, cannabis, bath salts, ecstasy, PCP, GHB, and ethyl alcohol. Further confirmation shall be performed via testing, primarily in the urine, but other sources such as saliva, sweat, hair, and breath may be used.

Based on history and testing, drugs of abuse can then be identified as requiring intervention, or not, and an individualized treatment plan shall be developed at that time, with commensurate changes to the treatment plan as clinically indicated. While Opioid Treatment Plans (OTPs) will continue to be accountable to both 42CFR8.12 requirements as well as the “8 Factor Checklist” under federal authority, the determination of the frequencies of testing beyond the minimum number of 8 annually, as well as the substances for which one is tested, should be a clinical decision, and again be guided by the primary goal of improving the functioning of the individual. Further testing of drug use will be based on the individual treatment plan, at the discretion of the medical director in consultation with the clinical staff, and informed by the overall functioning of the patient.

Conclusion

It is recommended that a comprehensive screening for drugs of abuse shall be done at admission to Opioid Treatment Programs and should reflect the prevailing use patterns in the community. Further confirmation shall be performed via testing, primarily in the urine, but other sources such as saliva, sweat, hair, and breath may be used. Determination of the frequencies and substances tested beyond the requirements federally mandated in “8 Factor Checklist” should be a clinical decision, and guided by the individual treatment plan with the primary goal of improving patient functioning.