



MEDICAL BOARD OF WESTERN AUSTRALIA

URINE DRUG SCREENING

**Medical Board Policy
Issued: September 2003**

INTRODUCTION

Urine drug screening has repeatedly proved to be an effective monitoring and rehabilitation tool in both managing drug addicted health professionals and assuring the Board that practitioners about whom they may have received concerns regarding self administration do not abuse prescribed or illicit substances. This Urine Drug Screening (UDS) policy has been developed to inform doctors of the Board's expectations and to ensure maximum consistency in the day-to-day running of the program.

A doctor participates in the Medical Board's urine drug screening program because a condition to do so has been imposed on his/her registration by the Medical Board.

Overall responsibility for decisions regarding the collection and testing protocol and progress through the testing groups rests with the Board.

Doctors must bear the cost of urine drug screening (collection and testing).

The Board is aware that urine drug screening is inconvenient, intrusive and expensive. However, it is the only quantitative means by which the Board can be assured that an impaired doctor is well enough to be maintained in active practice.

Breach of a condition relating to urine drug screening in accordance with the Board's protocol can result in the Board taking disciplinary action against the doctor.

Negative screens are the best available evidence that an impaired doctor has their substance abuse problem under control.

COLLECTION AND TESTING

Collection and testing must be in accordance with the Australian Standard No AS 4308-1995 and meet its chain of custody requirements. The Medical Board does not specify which provider the doctor should use for testing. Such testing provider must however apply the Australian Standards.

The pathology request forms may be written by the doctor undergoing the tests or by their treating medical practitioner.

The request form should state that the urinary drug screen is to include Pethidine and Methadone.

Collection

Doctors have two options in arranging supervised collection of urine samples:

- Supervised collection at a provider that meets the Australian Standards AS 4308-1995; or
- Where the doctor resides in a remote location, the doctor is required to identify a collection supervisor approved by the Medical Board. Collection is supervised by a supervisor approved by the board, using postage paid collection kits provided by an approved screening laboratory to the approved supervisor. (Supervised collection guidelines can be found in Section 5 of this policy entitled 'Supervised Collection Guidelines.' Kits can be obtained by contacting the approved laboratory. Kits must be paid for prior to dispatch.

SCREENING PROTOCOL

Doctors undertaking urine drug screening are expected to strictly comply with these requirements.

General Requirements

- Within seven days of the introduction of a condition requiring urine drug screening, the doctor is required to advise the Board of the location of the collection and testing facility to be attended or the name and address of the nominated collection supervisor.
- The doctor is required to meet the cost of screening by paying the screening laboratory directly.
- Urine samples are to be collected under direct supervision according to the protocol detailed in section 5 of this policy entitled 'Supervision Collection Guidelines'.
- Screening results must be forwarded both to the doctor (the subject of screening) and the Board-nominated supervising practitioner, as well as to the Medical Board.
- Doctors undertaking urine drug screening are prohibited from self administering any drugs referred to in Section 4 of the Misuse of Drugs Act 1981 (WA) or in Schedule 4 of the Poisons Act 1964 (WA). This includes any narcotic derivatives, non-prescription compound analgesics or cold medications unless prescribed and taken at the direction of a treating practitioner. The participant must notify the Board-nominated psychiatrist and the Board of any instance of illness requiring the administration of medications described above. In addition, the participant should provide the Board with written confirmation of such treatment from the treating practitioner.

- When consumed in sufficient quantity, poppy seeds may result in the presence of morphine and codeine metabolites in the participant's urine. Participants subject to a condition that requires them to attend UDS should actively avoid the consumption of any food containing poppy seeds. Screens showing metabolites for a known drug of addiction, for example Morphine, may result in the Board convening an Inquiry into the matter.
- All codeine products may give positive opiate results and also there is cross reactivity with Naltrexone.
- Doctors must advise the Board of any surgical procedures that they are required to undergo that may involve the administration of drugs. Where administration of drugs has occurred in an emergency situation, the doctor must advise the Board as soon as practicable in the circumstances.

A Random System Applies

The requirement of screening is determined randomly by computer. Doctors are required to telephone the Urine Drug Screening Hotline (9229 2840) each working day (Monday to Friday each week) after 5am to ascertain if a screen is required. If a screen is required, the doctor is to present for testing prior to 8pm that day.

No test is required on public holidays.

The message on the Urine Drug Screening Hotline is played in a continual cyclical manner. If a doctor telephones and connects mid way through the message, the doctor is required to remain on the line until the entire message is heard. The message will continue to repeat itself.

A doctor who presents for a screen after 8pm on the day on which testing is required shall provide an explanation in the form of a Statutory Declaration. That explanation will be placed before the Complaints Sub-Committee or Medical Board, who will determine if the explanation is accepted or if the screen will count as a positive test. If the Board or the Complaints Sub-Committee determines that the test will count as a positive test, either of the following actions may result:

- Extended duration in present testing frequency group;
- An increase in testing frequency group; or
- Being placed on probation (see below for details of being on probation).

Under no circumstances will permission be given for a doctor to abstain from screening on certain days on a routine basis.

There are six levels of frequency of urine drug screening:

Group	Approximate No. Tests per Month
1	12 to 16
2	8 to 12
3	4 to 8
4	2 to 4
5	1 to 2

Doctors in Group 6 will be required to screen up to five times per year. The following protocol applies to Group 6:

- There is no requirement to telephone the UDS Hotline each day;
- Board staff will contact the doctor up to five times per year when a screen is required;
- The doctor must attend for a screen prior to 8pm on the day the staff member contacts the doctor;
- The doctor must provide at least two reliable contact telephone numbers;
- Compliance will ordinarily be reviewed twelve months after commencing Group 6; and
- Non-compliance, including an inability by staff to contact the doctor, will result in a reversion back to one of the other five groups.

Frequency of screening is determined on an individual doctor basis and depends on a number of factors, including:

- The severity of the original abuse disorder;
- The period of time the doctor has abstained from drug use;
- The doctor's practice environment;
- Recommendations from an independent health assessor;
- Recommendations from the doctor's treating psychiatrist; and
- Overall compliance with the program.

Compliance for doctors in Groups 1 and 2 will be reviewed ordinarily at the conclusion of twelve months from commencement. Doctors in Groups 3, 4 and 5 will be reviewed approximately every six months. At the time of review a decision will be made as to whether a reduction in testing frequency is appropriate. A doctor's progression through each testing frequency group is determined by overall compliance with the program.

In addition to the routine reviews outlined above, review of a doctor's participation in the program may be on an 'as needs' basis. The most common reasons for unscheduled reviews are non-compliance, positive, dilute or missed tests.

Leave of Absence from Screening

Generally a doctor will be granted leave from screening to travel for holidays or to attend conferences. However, leave will not be granted when a doctor has already been granted significant amounts of leave. This is particularly the case where the doctor is on a high frequency of screening and has recently had their authority to prescribe controlled drugs restored.

Doctors are required to make written application for leave of absence from screening at least five business days before any anticipated absence. This is to arrange clearance from screening or, if necessary for an alternative provider (e.g. interstate) to perform screening.

Leave from screening will not be granted for verbal requests.

Where extraordinary circumstances prevent a doctor providing at least five days notice, the written request must be faxed to the Board's offices as soon as it becomes apparent that leave is required. The doctor must identify the date(s) of leave required and the reason(s). The doctor must then telephone the relevant staff member within an hour of sending the fax. The circumstances and the doctor's compliance record will be taken into account if deciding if leave will be granted. Before leave is granted, the doctor may be required to attend for an additional screen prior to their leave.

Where the leave of absence protocol has not been adhered to, the Board may consider any test that has been missed as a result of the doctor taking unrequested leave from screening to be a missed test.

For Groups 1 and 2 - If the period of abstinence is 2 days or longer, an extra test will be required on the day following the period of abstinence.

For Groups 3, 4 and 5 - If the period of abstinence is 5 days or longer, an extra test will be required on the day following the period of abstinence.

For Group 6 - If the period of leave is 4 weeks or longer an extra test will be required on the day following the period of abstinence.

Additional Screens May be Required

In addition to usual screening requirements for each group as provided by the UDS Hotline, additional tests may be requested at any time. Additional screens may be required to compensate for the detection levels and wash-out times of certain drugs.

Doctors requested to provide an additional test will be required to submit a urine specimen within a specified timeframe. For example, if contact is made at 10am, the Doctor may be asked to provide a screen prior to 3pm. Refusal to comply with the request will be brought to the attention of the Board for further action.

It is anticipated that additional tests will only be requested on an infrequent basis unless there is cause for concern in relation to a particular Doctor.

Missed Screens

- Any doctor, who according to the Board's records has missed a screen, will be advised in writing and requested to provide a written explanation.
- Similarly, if a doctor is aware that he/she has missed a screen, he/she must immediately notify the Board in writing and provide an explanation. Explanations will be placed before the Complaints Sub-Committee. The Sub-Committee may view the matter as a breach of conditions and recommend disciplinary action to the Medical Board.

Positive Screens

Any doctor who returns a positive screen will be notified in writing and required to provide a written explanation. That explanation, together with any additional information obtained from the screening laboratory, will be placed before the Complaints Sub-Committee. The Sub-Committee may view the matter as a breach of conditions and recommend disciplinary action to the Medical Board.

Dilute Samples

- The Board considers a test to be dilute when the urine creatinine is below 2.0mmol/L. Dilute urine suggests that the doctor has consumed a large volume of water prior to passing the urine, or that there has been adulteration of the sample after collection. This renders the test invalid as drug metabolites are diluted to concentrations below screening detection levels.
- Should a dilute screen be received, the doctor will be notified in writing and requested to take the necessary steps to avoid further dilute tests.
- Should further dilute screens be received, the doctor will be notified in writing and required to provide a written explanation. That explanation will be placed before the Complaints Sub-Committee. The Sub-Committee may view the matter as a breach of conditions and recommend disciplinary action to the Medical Board.

Sample Substitution

The Board may, at any time, conduct any test on a urine sample as may be required to determine whether the sample has been substituted. Any participant who returns a result indicating sample substitution will be notified in writing and required to provide a written explanation. That explanation, together with any additional information obtained from the screening laboratory, will be placed before the Complaints Sub-Committee. The Sub-Committee may view the matter as a breach of conditions and recommend disciplinary action to the Medical Board.

ADVICE TO SUPERVISORS

- Supervisors should be familiar with all aspects of the Medical Board's Urine Drug Screening Policy and protocol, as well as the medical and behavioural consequences of drug addiction.
- Supervisors should maintain a purely doctor-patient relationship with the doctor undertaking urine drug screening.
- Where necessary, supervisors should generally be available to supervise collection and ensure that, in their absence, an alternative supervisor is available and informed of the Board's requirements.
- Payment for supervised collection is to be directly negotiated between the supervisors and the doctor concerned.
- The Board is appreciative of the service that supervisors provide, but supervisors should be aware that failure to comply with the supervised collection guidelines may be viewed unfavourably by the Board. Supervisors are strongly advised not to cut any corners.
- Supervisors should contact the Medical Board on (08) 6380 3500 and speak to the Board's Monitoring of Conditions Officer if they have any queries or concerns.

SUPERVISED COLLECTION GUIDELINES

Supervisors must maintain a permanent record of specimen collection. Copies of this record, or part thereof, must be made available to the Medical Board on request.

Precautions must be taken to ensure that a urine specimen cannot be adulterated, substituted or diluted during the collection procedure and that information on the urine bottle and in the supervisor's record can identify the individual from whom the sample was collected.

Collection Procedure

The following procedures will ensure that unadulterated specimens are obtained and correctly identified. Every effort should be made to minimise the number of persons handling specimens.

- a) After washing hands, the donor shall remain in the presence of the supervisor and not have access to any water fountain, tap, soap dispenser, cleaning agent or any other materials that might be used to adulterate the specimen.
- b) The donor shall provide the specimen under direct supervision. This may include video supervision, where such facilities are available.
- c) Upon receiving the specimen, the supervisor shall determine that there is sufficient sample to enable all required testing to be performed. In the event that insufficient sample is provided, an additional sample may be collected.

- d) Immediately after the specimen is collected, the supervisor shall inspect the urine specimen to determine its colour and look for any indication of adulterants or diluents. The specimen temperature is to be taken and should be in the range of 33°C to 38°C. Any unusual finding should be noted in the supervisor's record.
- e) If the validity of the sample cannot be established, or if it is suspected that the specimen may have been adulterated or substituted, then another specimen shall be collected as soon as possible and both forwarded to the laboratory for testing.
- f) Both the supervisor and the donor shall keep the specimen in view at all times prior to it being sealed and labelled.
- g) The supervisor shall request that the doctor observe the transfer of the specimen and the placement of the tamper-proof seals over the bottle cap and down the sides of the bottles. The donor shall sign the seals.
- h) After the specimen has been provided and submitted to the supervisor, the donor shall be allowed to wash his/her hands.

Preparation for Dispatch

The supervisor and the donor shall be present during the Steps a to d of the following preparation for dispatch procedures.

- a) The supervisor shall securely place labels on the bottle. The label should list the date of collection and a minimum of two identifiers for the donor (e.g. name and DOB).
- b) The supervisor shall enter the date and time of supervised collection into their record and sign the record.
- c) The donor shall be asked to read and counter-sign the record.
- d) The supervisor shall complete the chain-of-custody form.
- e) The urine bottles and the chain-of-custody form are now ready for shipment. If the specimens are not immediately prepared for transport, they shall be appropriately safeguarded and refrigerated during temporary storage. Postage should occur as soon as possible.
- f) While any part of the above chain-of-custody procedures is being performed, it is essential that the urine specimen and chain-of-custody documents be under the control of the supervisor.

Transportation to the Laboratory

- g) The supervisor shall place the specimen in the containers provided.
- h) The containers shall be securely sealed to eliminate the possibility of undetected tampering.
- i) The supervisor shall ensure that the signed chain-of-custody form is inside the sealed container in which the specimen is shipped to the laboratory.
- j) The supervisor shall arrange postage to the laboratory.

Note: The above protocol has been adapted with permission from the NSW Medical Board and the Medical Board of Queensland.