ProcEDURE DRUG SCREENING
Intensive Outpatient Program Substance Abuse Medication-Assisted Treatment

Policy and Procedure

<table>
<thead>
<tr>
<th>Subject</th>
<th>Number</th>
<th>Date Issued</th>
<th>Date Revised</th>
<th>Date Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Home Drug Screening</td>
<td>T042_SUDMAT</td>
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<td>5-15-2016</td>
</tr>
</tbody>
</table>

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Purpose: To create a standardized procedure for conducting drug screening. To prevent invalid or adulterated samples, patients will be provided T-Cups will have adulteration tests and saliva drug screen tests. Staff should initially use T-Cups for drug screening. If staff suspects an adulterated sample or gets an invalid test, staff should request the use of a saliva test or refer patient to lab for confirmation testing.

Procedure(s):

1. To conduct a drug screen:
   a. For T-Cup
      i. Patient will show the unopened package, including security seal, initials and date.
      ii. Patient will open the package and remove the T-Cup.
      iii. Patient will fill the urine cup. Quantity of urine must be between 30 ml and 110 ml as indicated by the side of the T-Cup.
      iv. Staff should tell Patient they must take no more than 2 minutes to fill cup.
      v. Staff will ensure they have a valid sample
         1. Within 2-4 minutes of filling cup, temperature indicator should be green.
         2. Within 2-4 minutes, Staff should review 4 adulteration tests:
            a. OXI: Test for the presence of oxidizing agents such as bleach or hydrogen peroxide. Test should be white to light green. Dark green indicates abnormal test. See Adulteration Diagram for color coding.
            b. SG: Specific gravity tests for sample dilution. Test should be Green to Dark Yellow. Blue or orange yellow indicates abnormal reading.
c. pH: Tests for the presence of acidic or alkaline adulterants in urine. Tests should be orange to light green. Pink or dark green or dark blue indicates abnormal reading.

d. BUP: Test for presence of Buprenorphine in urine. Clients participating in the program should have a positive reading for Buprenorphine.

vi. Staff will review drug screens to determine the presence of other drugs.

1. Within 2-4 minutes of filling cup, staff can view each drug screen and not positive, negative or invalid reading.

2. Staff will note reading for each drug test:
   a. PPX: Propoxyphene is a mild analgesic. Detection: 6-12 hours after last use.
   b. THC: THC is the active ingredient in marijuana. Detection: 3-10 days after last use.
   c. BUP: Buprenorphine. Detection 2-4 days after last use.
   d. BAR: Barbiturates are central nervous system depressant. Detection: 4-7 days after last use.
   e. BZO: Benzodiazepines are prescribed for anxiety and insomnia. Detection: 3-7 days.
   f. MTD: Methadone is a analgesic and used for treating opioid dependence. Detection: 2-4 days.
   g. AMP: Amphetamines are central nervous system stimulant. Detection: 4-24 hours after last use.
   h. OXY: Oxycodone is a semi-synthetic opioid and includes Oxycodone, Percocet, Oxycontin. Detection: 2-4 days after last use.
   i. OPI: Morphine is derived from opium poppy and includes Morphine, Codeine, and heroin. Detection: 2-4 days after last use.
   j. COC: Cocaine is a central nervous system stimulant. Detection: 1-2 days after last use.
   k. PCP: Phencyclidine, known as PCP or Angel Dust, is a hallucinogen. Detection: 7-14 days after last use.
   l. MET: Methamphetamine is a central nervous system stimulant. Detection: 9-24 hours after last use.

b. For Saliva Drug Screen, client will soak dip stick in mouth for 10 minutes. Patient should move stick around and place stick under tongue.
   i. After 10 minutes, client should place dip stick in cup. Results are readable within 5-10 minutes.

2. Staff should never discuss test results with clients. Any questions should be referred to the physician.

3. If an abnormal test result appears for adulteration, Patient should be referred to an in-person drug test from a 3rd party provider such as Quest Diagnostics. Care Coordinator should consult with the physician on next steps.
4. If an abnormal test result appears for indication of drug usage, Staff should consult physician to determine if a 3rd party drug screen is necessary.