Commonly asked Questions

We are here to answer your questions. The information found on our webpage can help answer some of the most common questions. When possible, we have also provided you with useful urine drugs screening related links to assist you in locating additional information should there be a need for it. We can assist you in managing abuse and drug monitoring program.

Q What is drug screening?

Drug screening is a general term used for the examination of samples for the presumed presence or absence of one or several prescription Rx or illicit drugs. The screening methods are easy to perform, as well as being both reliable and accurate.

Q Why is it important to incorporate drug and alcohol abuse monitoring in my practice?

- The size and enormity of prescription Rx and illicit drug abuse/misuse and addiction is the number one concern of the health care industry in US today.

Item	Health Care	Overall
Alcohol	$30 billion	$235 billion
Illicit Drugs	$11 billion	$193 billion

Source: National Institute on Drug Abuse

- Drug testing is recommended by ACOEM (American College of Occupational and Environmental Medicine) and many other Medical Boards.
- You, your practice, and your patients are protected. Also you assure against diversion, misuse, and abuse.
- It is one of the key tests that can manage your risks.
- It is federally mandated and many states do require UDS testing before controlled prescription Rx drugs are prescribed.

Q How often should I test my patients?

Our focus at ACL is drug monitoring of workers compensation treatment clinics, pain management practices, orthopedic surgery center patients, and internal medicine doctor patients'. In as far as frequency of the testing American College of Environmental Medicine Guideline is an effective tool to be followed:

Urine Drug Screening is recommended on accepting a new patient, randomly at least twice and up to four times a year and at the conclusion of the patient care (P&S). Screening should also be performed when there is any out of ordinary physical and mental behavior in consultation with Qualified Medical Review officer. The following can be used as examples of the unusual behavior, over-sedating, drug intoxication, car accidents and injuries, driving while intoxicated, requests for premature prescription renewals, lost or stolen prescriptions or drugs, using more than one provider for prescriptions (drug shopping), use of medication when there is no pain, excessive alcohol use, missed appointments, hoarding of medications and diverting and selling medications.

Q Why are EIA (qualitative) screening and confirmation (quantitative) cutoff levels different?

Cutoff levels of an immunoassay screens are typically higher than those of a more sensitive GC/MS or LC/MS/MS confirmatory test. They screen for a larger group of parent compounds, metabolites and other structurally similar compounds. If an immunoassay test detects a drug or lack thereof the positive or negative specimen should be sent to GC/MS or LC/MS/MS confirmation. The individual compounds concentration levels are much lower than the total immunoassay response. This necessitates the quantification on GC/MS or LC/MS/MS where the cutoff levels are lower.

Q What is the most appropriate test sample?

Urine is the most frequently used for testing since it is easy to obtain. It retains traces of the drugs and their metabolites for long periods of time.

Q Why is it important to break the seal of urine cup in presence of the Patient?

Since patients have to testify that the cup's seal was broken in front of them, it is important to assure opening a fresh and unadulterated cup before them. This will avoid any disputes later on.

Q What is the specimen adulteration?

Methods to adulterate urine samples for substance abuse testing commonly can be one of the four categories:

1. Drinking lots of fluids or compounds for flushing out the system, diluting the sample, or interfering with the testing process
2. Direct addition of adulterants to the urine specimen itself
3. The substitution of one's own urine sample with one which is clean can also be a possibility.

At Advanced Clinical Laboratories we do test for Specimen Validity to assure no adulteration has occurred.

Q How accurate is drug testing?

Drug screening procedures are highly accurate. Nevertheless, difficulties with specificity may occasionally produce a false positive result. That is why it is strongly recommend requiring confirmation of all positive or negative screens with higher specificity methodologies and instruments.

Q How Sensitivity and Specificity relate to drug screening tests?

Sensitivity is the ability of the test to detect a drug, if the drug is present in the urine.
Specificity is the ability to distinguish between the drug being tested for and drugs or other interfering substances.

Q Why check for and document the urine temperature strip on the collection cup?

Fresh urine will display a temperature between 90 and 100 degrees Fahrenheit on the temperature strip, if read within 4 minutes of the collection. Should the temperature strip not register, the specimen should be immediately re-checked using a new cup (or strip) and the results recorded on the requisition. Specimens with a temperature out of range might indicate a substituted or adulterated urine sample.

Q Why is it important to check for the Creatinine levels in urine?

Creatinine is a metabolic by-product of muscle metabolism, and normally appears in urine in relatively constant quantities over a 24 hour period with "normal" liquid intake. Therefore, urine creatinine can be used as an indicator of urine water content (dilution) or as a marker identifying a specimen as urine. More than normal water intake will lower the creatinine level (diluting any drug which might be present in urine). A limited intake of water results in abnormally concentrated urine specimen (higher creatinine levels).

Q How do I use rapid Point of Care (POC) screening device in my practice?

Rapid screening urine cups (CLIA Waived) are available in a variety of capabilities. Some test for 6 and some test for as many as 12 drugs. They are Qualitative Screening and are not as sensitive and or specific as it would on an Analyzer at ACL. There are some precautions and steps to follow to assure an acceptable result.

Q If the POC patient testing results are negative shall I assume it is sufficient?

POC devices are only capable of testing a limited number of drugs and at times lack the sensitivity and specificity of a complex analyzer. There are a large number of other drugs that are used or abused by patients that are not available in these devices. Furthermore, their results are not accepted in court of law as evidence. Additionally the cutoff levels of POC devices are higher than those obtained by the more sensitive, high-complexity testing methodologies. You will experience some false positives or negative results with these POC devices.

Q What are urine screening cutoffs?

ACL screens urine specimens by enzyme immunoassay (EIA). An immunoassay is a test that uses antibodies to detect the presence of drugs and other substances in urine. The initial screening process does not measure the specific amount of drug present in urine samples. It provides either a positive or negative result, indicating the presence or absence of detectable drug metabolites above a specific cutoff level. When the test is processed for Confirmation (Quantification) then the test will give exact cutoff levels.

Q Why test for drug and alcohol abuse problem in the workplace?

The following are some of the primary contributing factors that concerns employers:

- Loss of productivity and increased absenteeism,
- Permanent injury to the worker (loss of a limb),
- Medical expenses,
- High cost of training and retraining,
- Workplace crimes related to drug abuse
- And it hurts the bottom line of the employers and disables them to grow and hire more employees.

These are some of the factors that cause many employers to mandate pre and during employment mandatory drug and alcohol testing. The problems of drug and alcohol abuse are as prevalent on high tech companies as are on the blue collar companies. It encompasses illicit drugs, alcohol, as well as prescription drugs which pose the same potential problems as marijuana and cocaine.

Q What if a patient refuses to take a urine drug test?

It is prudent to have a **uniform drug testing policy** in your practice that is clearly communicated with patients and uniformly administered to all. This will avoid the so called discrimination issue that can potentially be brought forth by any patient. Physicians are mandated to do drug screening by federal and state laws as well as many of Medical Boards. It can be explained that it is simply to provide better care and compliance with your practice drug screening policy, while protecting your practice. If a patient does not agree with drug testing you would then have to accept or reject them as the patient of your practice.

Q Can passive exposure cause a positive drug screen for THC?

Passive exposure to marijuana smoke **will not** result in a positive result for cannabinoids in excess of a 50 ng/mL screening cutoff.

Q How long does it take to receive test results?

The results of Qualitative tests will be released within 24 hours. The Quantified test results will be available within 48 to 72 hours of receipt of the specimen (normally two to three working days).

Q How long do most drugs stay in a patient's system?

Each drug has a varying degree of time for being detected in the urine. If the cut-off levels are lowest it reduces the chances of a drug going undetected in a urine specimen.