

Choices Mental Health Counseling PLLC Policy and Procedures Manual		Section: I	Part: A	Subpart: 2
		Unit: Substance Abuse		
		Subject: Operating Procedures		
Date Issued: 6/16/2011	Date Revised: 6/24/2019	Page: 1 of: 3	Topic: Protocol for Toxicology Screenings	

A. Rationale and Policy.

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death. (ASAM, 2011). There is affirmative hope for recovery when people with addiction abstain from alcohol and other drugs and comply with their treatment.

Urine drug screening is an effective diagnostic tool used in treatment to assess the severity of a person's addiction disease and current abstinence from drug and alcohol use. It is a medical procedure that may be ordered by a Qualified Health Professional, and specifically by a Licensed Mental Health Counselor (LMHC) when acting within the scope of practice for such profession defined by the NYS Education Department, "...including tests for alcohol and drugs of abuse ordered pursuant to NYS Vehicle and Traffic Law" (NYS DOH, 2011).

To provide the best patient-centered, high quality health care, Choices Mental Health Counseling, PLLC endorses the American Society for Addiction Medicine's 2010 public policy statement on drug testing which states: "Urine drug testing is a key diagnostic and therapeutic tool that is useful for patient care and in monitoring of the ongoing status of a person who has been treated for addiction." Under some circumstances, oral swabs may be substituted for urine for toxicology testing, in the discretion of the clinician. Urine is more frequently the testing modality of choice.

B. Urine Collection Procedures.

When a urine specimen is to be required the following procedures will be followed:

1. The staff person will obtain the following items in the office:
 - A. The appropriate lab form (paper or electronic) stating the reason for test and listing all prescribed medications (which shall be subject to documentary verification, including by signed consents to release of information;
 - C. A sealed plastic cup supplied by the lab to contain the urine specimen.
 - D. A plastic bag in which to place the urine specimen and the appropriate form.

2. The scope of testing should be sufficiently broad to detect metabolites of commonly abused drugs and alcohol.

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3. After the specimen is given, the client will be instructed to seal the cup's lid tightly and place it in a bag which will be refrigerated until pickup for overnight express shipping. Pickups generally occur on Mondays, Wednesdays, and Fridays.

4. Clients who fail to submit to urine testing when requested by treatment staff may be discharged and/or referred to a higher level of care. Refusal to submit to testing will be deemed by clinical staff in formulating treatment recommendations as though the results were positive.

5. During specimen collection clients are treated with dignity and respect and shall be afforded appropriate privacy. In cases enumerated below specimen collection may be observed.

6. Chain-of-custody will be documented for each sample collected. This will include placement of a sticker bearing the client's name, unique requisition number, and bar code on the specimen cup, client's signature on the requisition (electronic or on paper), secure storage in a dedicated refrigeration unit until pickup, and shipment to the laboratory by overnight express.

6. The temperature range of the specimen and creatine level will be monitored to determine the extent of water loading. Additional specimen validity tests performed by the lab include specific gravity, pH, and consistency with known prescribed medications if any. Some labs also perform pregnancy testing on urine specimens to this purpose.

7. Retesting (e.g. by split specimen) may be offered when initial results are contested.

8. Specimen collection may be visually observed by a staff member of the same gender whenever considered necessary in the discretion of the supervising clinician (including occasions that the person may be reasonably suspected to have a history of tampering with or substituting specimens in the past or the clinician otherwise considers it appropriate); and shall be observed as specified in § C (2-3) below.

C. Special Populations.

1. Impaired Driver Assessments: Urine specimens will be collected from impaired driving offenders in accordance with the "Standards for Clinical Services Provided to Individuals Arrested for an Impaired Driving Offense" of the NYS Office of Alcoholism and Substance Abuse Services (§ E[1][a-c] below) pursuant to § 1198-a of the New York State Vehicle and

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Traffic Law (VTL) and § 19.07(g) of the New York State Mental Hygiene Law, as added by Chapter 732 of the Laws of 2006 and amended by Chapter 669 of the Laws of 2007:

“(E) Providers shall obtain and utilize the following documentation as part of the Impaired Driver Assessment. Any exclusions or omissions shall be adequately justified and documented. Administration of the Impaired Driver Assessment shall be augmented by each of the following:

“(1) An alcohol and drug screening test performed by a laboratory licensed pursuant to Section 575 of the Public Health Law to analyze and report on samples and which:

“(a) includes an initial test for the use of alcohol; specifically, ethanol with Ethyl Glucuronide (EtG) must be included in the initial drug panel with a cutoff point of 10 mg/dL and 500 micrograms per liter, respectively, using a method of analysis that is approved by the FDA or the Department of Health;

“(b) if the initial test is not negative or is presumptive positive, includes a quantitative test identified for a specific drug that utilizes a method of mass spectrometry or an equivalent scientifically accepted method that provides quantitative data on the detected drug or drug metabolites; and

“(c) considers a routine drug panel initially with a more specialized target once a baseline has been established and a specialized substance has been identified.”

2. Criminal Justice: Consistent with national guidelines adopted by the American Probation and Parole Association (APPA) as well as local requirements, urine specimen collections of persons supervised by County, State or Federal departments of Probation or Parole (including Alternatives To Incarceration, Pre-Trial Release, and Drug Treatment Court) who are referred to this office for legally mandated treatment will be visually observed by a staff member of the same gender as the client. Supervising officers will be notified if a probationer or parolee who is attending treatment at this office as a condition of legal supervision has tested positive, has failed to submit to testing, or has submitted an adulterated sample.

3. Family Court and Child Welfare: Clients who are in care at this office with active cases in Family Court or DFS Children’s Services will be subject to direct observation of urine collection procedures similar to the above effective as of the date such may be so ordered by a Judge of the Family Court, or it may be requested in writing – on paper or by email – by any designee of the Commissioner of Health and Family Services, or by any of the parties’ attorneys.

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4. Addiction Medicine: Positive or inconsistent toxicology results obtained at this office with clients who are prescribed addiction medications such as buprenorphine, naltrexone, or similar products, for purposes of maintenance and relapse prevention, as well as certain prescribed psychotropics, will be transmitted to the prescriber to aid in coordination of care.

4. US DOT: See § 49 CFR Subpart E (40) for details on the testing of safety-sensitive employees regulated by the US Department of Transportation. This office does not conduct DOT urine collection or testing but does provide DOT qualified Substance Abuse Professional services. DOT drug and alcohol testing can only be performed at a DOT testing site.

REFERENCES

American Society of Addiction Medicine (2011). Public Policy Statement: Definition of Addiction, available at asam.org/for-the-public/definition-of-addiction [accessed 23 June 2019].

Burlington Labs of Saratoga (2010). "Urine Drug Testing Guidance: Collection Procedures and Best Practices, Drug Testing Procedures and Interpretations" (Powerpoint, 56 slides).

NYS Department of Health (2011). "Persons Authorized to Order Tests and Receive Directly the Results of Certain Laboratory Tests, for Specimens Accepted From New York State", Rev. 14 September 2011 (table).

R.H. Peters and M.G. Bartoi (1997). "Screening and Assessment of Co-Occurring Disorders in the Justice System", GAINS Center for People with Co-Occurring Disorders, Justice System Policy Research Inc.

Sullivan County Division of Health and Family Services (1998). "Drug and Alcohol Evaluations for the Employment Assistance Response Network", Adopted September 1998. [Policy drafted by Thomas Rue, Staff Social Worker; adopted September 1998 by Commissioner Judith Maier.]

Wilcher v. City of Wilmington, 139 F.3d 366 (3d Cir. 1998), describes approaches to observing urine collection with city firefighters demonstrating varying degrees of invasiveness and respect.