



### **URINE DRUG SCREENING PROGRAM PROTOCOL** **To monitor drugs of abuse**

This protocol has been developed to inform registrants of the Board's expectations and to ensure standardisation in the operation of the Program.

#### **Preamble:**

The Board's Urine Drug Screening Protocol is based on the following principles:

1. A registrant participates in the Board's Urine Drug Screening Program for one of three reasons:
  - An undertaking has been agreed upon and entered into between the Board and the registrant.
  - A condition to do so has been imposed on his/her registration; or
  - An Order to do so has been imposed.
2. The Board's primary responsibility is the protection of "vulnerable persons." This includes the public and the registrant.
3. Urine drug screening has been shown repeatedly around the world to be one of the best rehabilitation tools available in treating health professionals.
4. The Board runs the Program so that registrants who have a substance abuse disorder can remain in the workforce. The Board is aware that urine drug screening may be inconvenient. However, the alternative may be cancellation of registration.
5. Urine drug screening provides the Board with ongoing evidence that a registrant is drug-free.
6. Consistently negative screens and full compliance with the requirements of the protocol is the best proof that a registrant has his/her substance abuse problem under control.
7. Urine drug screening provides a constant deterrent against relapse.
8. Breach of an Order, condition or undertaking to attend for urine drug screening in accordance with the Board's Program can result in the Board taking disciplinary action against the registrant.

#### **Requirements:**

##### **The Board requests a urine drug screen**

When the Board requests a urine drug screen, it writes to the registrant specifying the Group (frequency of screening) and the Level (of observation) required. A copy of this protocol is also provided to the registrant.

When presenting for a screen a registrant must present to the collector with a Board-issued Occupational Pathology request form.



The registrant is responsible for meeting the costs of screening.

### **Release of information**

In order to enable the Board to monitor your compliance with urine drug screening, information will be exchanged between the Board and QML Pathology.

### **Australian Standard requirements for collection protocols and chain-of-custody**

All urine drug screens are to conform to the Australian Standard No AS 4308-2008. QML is the only collection agency and laboratory that is approved for the Program.

In accordance with the Australian Standard, a correctly completed Chain of Custody form must accompany each screen. It is the registrant's responsibility to ensure the collector completes the form. If the form is not completed correctly, an explanation may be sought from the registrant.

All screens are to be collected under Level 1 supervision unless otherwise specified. That is, with the collector standing in front of the registrant directly observing the passage of urine from the urethral meatus to the container. The level of supervision will be recorded on the Chain of Custody form by the collector.

The registrant must ensure that the collector measures the temperature of the sample within 4 minutes of collection and records it on the Chain of Custody form.

A Drug Information sheet identifying medications taken must accompany each screen and is to be completed by the registrant. The registrant must complete the form accurately and include details of all prescription and over the counter medications taken since last presenting for a screen.

### **Scope of urine drug screening**

The Board employs thin layer chromatography and immunoassay screening. Drugs routinely screened for by immunoassay include Benzodiazepines, Methadone, Opiates, Sympathomimetic Amines, Cannabinoids, Cocaine Metabolites and Barbiturate. The Board may also screen for the presence of alcohol.

The Board may require more specific screening, such as Gas Chromatography - Mass Spectrometry. In addition, genetic disease screening may be required to verify the source of the specimen. Should genetic screening be required the registrant will be contacted and requested to provide a blood sample for verification purposes. The Board will usually meet the cost of any additional screening.

### **Registrants residing in rural areas**

Registrants residing in rural areas are required to make their own arrangements for the collection of urine drug screens. Such arrangements must be approved by the Board.

Where registrants assert that it is not possible to undertake screening in the locality, and screening is a requirement either as a result of the imposition of a condition or Order or an undertaking given to the Board, then the Board will take the appropriate statutory action on the grounds of non-compliance with the condition, Order or undertaking.



### Using an alias

Registrants may use an alias when presenting for urine drug screening. Registrants requiring an alias should contact the HAM Unit so that appropriate arrangements can be made.

### Treating health practitioners

Copies of all urine drug screening results will be forwarded to a registrant's treating psychiatrist and/or other treating health practitioners, as deemed appropriate by the Board. If a registrant requires copies of their results, the registrant should advise the HAM Unit in writing so that arrangements may be made for copies to be forwarded.

### Frequency of urine drug screening

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

1. The severity of the original abuse disorder.
2. The period of time the registrant has abstained from drug use.
3. The registrant's practice environment.
4. Recommendations from an independent health assessor.
5. Recommendations from the registrant's treating psychiatrist.
6. Overall compliance with the program.

There are six frequencies of urine drug screening:

GROUP	APPROXIMATE NUMBER OF TESTS PER MONTH
1	12-16
2	8-12
3	4-8
4	2-4
5	1-2

Registrants in Group 6 will be required to screen up to 5 times per year. The following protocol applies to Group 6:

1. there is no requirement to telephone the Hotline each day,
2. Board staff will contact the registrant up to 5 times per year when a screen is required,
3. the registrant must attend for a screen prior to 8pm on the day the staff member contacts the registrant,
4. the registrant must provide at least 2 reliable contact telephone numbers,
5. screening may be required on a Saturday or public holiday, therefore any application for leave is to be made as per the protocol,



6. non-compliance, including an inability by staff to contact the registrant, may result in a reversion back to one of the other 5 groups.

### **Review of urine drug screening frequency**

For Groups 1 and 2 - Compliance will be reviewed approximately every 3 months.

For Groups 3, 4 and 5 – Compliance will be reviewed approximately every 6 months.

For Group 6 - Compliance will be reviewed after 12 months.

At the time of review a decision will be made as to whether a reduction in testing frequency is appropriate. A registrant's progression through each frequency group is determined by overall compliance with the program.

In addition to the routine reviews outlined above, review of a registrant'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.

### **A random system applies**

The requirement to screen is determined randomly by computer. Registrants are required to telephone the urine drug screening Hotline (3225 2787) 6 days per week (every day except Sunday) after 5am to ascertain if a screen is required. If a screen is required the registrant is to present for testing prior to 8pm that day.

The message on the Hotline is played in a continual cyclical manner. If a registrant telephones and connects mid way through the message, the registrant is required to remain on the line until the entire message is heard.

A registrant who presents for a screen after 8pm will be required to provide an explanation in the form of a Statutory Declaration. That explanation will be placed before the Board, which will determine if the explanation is accepted or if the screen will count as a positive test. If the Board determines that the test will count as a positive test, either of the following actions may result:

1. Extended duration in present testing frequency.
2. An increase in testing frequency.

Under no circumstances will permission be given for a registrant to abstain from screening on certain days on a routine basis. For example, a registrant will not be permitted to routinely abstain from screening on weekends because he/she is working on call.

### **Leave of absence from screening**

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



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Registrants are required to make written application for leave of absence from screening at least 5 business days before any anticipated absence, either by post, email ([monitoring@medicalboard.qld.gov.au](mailto:monitoring@medicalboard.qld.gov.au)) or fax. This is to arrange clearance from screening or, if necessary, for an alternative provider (e.g. interstate) to perform the screening.

Leave from screening will not be granted for verbal requests.

Where extraordinary circumstances prevent a registrant providing at least 5 business days notice, the written request must be provided as soon as it becomes apparent that leave is required. The registrant must identify the date/s of leave required and the reason. The registrant must then telephone the relevant staff member within an hour of sending the email or fax. The circumstances and the registrant's compliance record will be taken into account in deciding if leave will be granted. Before leave is granted the registrant 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 registrant 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 Hotline, additional tests may be requested at any time in order to compensate for the detection levels and wash-out times of certain drugs.

Registrants 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 registrant may be asked to provide a screen prior to 3pm. Refusal to comply 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 registrant.

### **Dilute screens**

The Board considers a screen to be dilute when the urine creatinine is below 2.0 mmol/Lt. Dilute urine suggests that the registrant has consumed a large volume of liquid prior to passing the urine, or there has been adulteration of the sample with water after collection. This renders the test invalid as drug metabolites are diluted to concentrations below screening detection levels.



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Should a dilute screen be received the registrant will be notified in writing and requested to take the necessary steps to avoid further dilute tests. Such steps may include reducing fluid intake prior to presenting for a test.

Should further dilute screens be submitted the registrant will be notified in writing and required to provide an explanation in the form of a Statutory Declaration. That explanation will be placed before the Board, which will determine if the explanation is accepted or if the screen will count as a positive test. If the Board determines that the test will count as a positive test, either of the following actions may result:

1. Extended duration in present testing frequency.
2. An increase in testing frequency.

### **Positive tests**

A positive test may result in the matter being further investigated.

Any registrant who returns a positive test will be notified in writing and required to provide an explanation in the form of a Statutory Declaration. That explanation together with any additional information obtained through further investigation, will be placed before the Board, which will determine if the explanation is accepted or if the screen will count as a positive test.

If the Board determines that the screen will count as a positive test, either of the following actions may result:

1. Extended duration in present testing frequency.
2. An increase in testing frequency.

### **Prohibited Substances - Poppy Seeds and Quinine**

Registrants must avoid the use of non-prescription compound analgesics and cold medicine, and narcotic containing substances such as poppy seeds. Poppy seeds can be found in baked foods such as muffins, cakes, breads and crisp bread. Such substances can result in a test positive for opiates. The Board will not accept repeat explanations that the ingestion of poppy seeds has resulted in subsequent positive screens. Such positive screens will be counted as positive.

Registrants are also to avoid ingestion of substances containing quinine, such as tonic water and bitter lemon. Quinine can potentially mask the presence of other substances on a urine drug screen.

The Board may take action in the case of registrants who persistently show quinine in their screens or have difficulty refraining from the ingestion of poppy seeds. This action may include either of the following:

1. Extended duration in present testing frequency.
2. An increase in testing frequency.

### **Missed tests**

Any registrant who has missed a screen will be notified in writing and requested to provide an explanation in the form of a Statutory Declaration.



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A registrant who is aware that he/she has missed a test must immediately notify the Board in writing, and provide an explanation. Any registrant who telephones the Board to inform of a missed test will be instructed to provide the explanation in writing. The registrant's explanation will be considered by the Board, which will determine if the explanation is accepted or if it will count as a positive test. If the Board determines that the missed test will count as a positive test, either of the following actions may result:

1. Extended duration in present testing frequency.
2. An increase in testing frequency.

### **Operational failures of the Hotline**

If the Hotline is non-operational on any particular day and registrants do not receive a message advising which groups are required to test, no test will be required on that day.

Registrants need only telephone the Hotline once and, if non-operational, should notify the Board, and not telephone again until the following day in accordance with the usual protocol.

### **Restoration of authority to prescribe controlled drugs**

Registrants who have their authority to prescribe controlled drugs restored will have their screening frequency increased to Group 1.

Registrants who only have partial prescribing rights restored and believe that a return to Group 1 is unjustified may make a written submission to the Board for consideration of return to a lesser screening frequency. The final decision regarding the appropriateness of screening frequency will rest with the Board.

### **Non-test days**

The only days in the year when registrants are not required to screen are Christmas Day, Good Friday, Easter Sunday and New Year's Day. Abstention from screening will also be provided for other religious holidays upon written application to the Board by the registrant.