

Box 1. Talking to patients about UDT

Example 1: New patient

Clinician	One of the things that we offer our patients with chronic pain is urine drug testing. This is a safe and effective means of assisting with risk management, and it is part of our commitment to you as the patient to ensure optimum care.
Patient	Oh, so you mean I don't have to do it?
Clinician	Of course you don't have to do it, but you need to understand that failure to take advantage of this test will severely limit the options that I can safely offer you in terms of medication management.

Example 2: Existing patient†

Clinician	Urine drug testing is a safe and cost effective method of helping to manage risk in order to make sure that I'm here next week, next month, or next year when you need me, and to make sure that you get the care you need.
Patient	Do you think that I have a drug problem?
Clinician	I don't necessarily think that you have a drug problem, but in the interest of fairness and balance, testing is something that is now being recommended.

reprint of the sample

Please note this is an example. Prescribers must learn the characteristics of the specific test performed at their lab.

Table 1. Approximate windows of detection of drugs in urine

Drug	General detection time in urine
Amphetamines	Up to 3 days
THCA (depending on the grade and frequency of marijuana use) – Single use – Chronic use	– 1 to 3 days – Up to 30 days
Cocaine – BEG after cocaine use	Hours – 2 to 4 days
Opiates (morphine, codeine) – Heroin – 6-MAM	2 to 3 days – 3 to 5 minutes – 25 to 30 minutes
Methadone – EDDP (methadone metabolite)	Up to 3 days – Up to 6 days
Benzodiazepines (depending on specific agent and quantity used)	Days to weeks

6-MAM=6-monoacetylmorphine;
BEG=benzoylecgonine;

<http://www.pharmacomgroup.com/udt/udt5.pdf>