

Clinical Drug Monitoring - Patient FAQs

Q Why do I need to undergo clinical drug monitoring?

A: Controlled medications are different from other types of prescription drugs. They come with risks of physical dependence, the potential for misuse, and harmful interactions with other medications. Clinical drug monitoring can help protect you from these dangers. Testing provides essential information on what prescribed and non-prescribed drugs are in your system. The US Centers for Disease Control and Prevention (CDC) guidelines and medical boards encourage clinicians to monitor patients who take controlled substances, such as: prescription pain medicine (eg, opioids, such as Percocet® and OxyContin®; antianxiety medicines, such as Valium® and Xanax®; and certain ADHD medications, such as Adderall®). Clinicians may perform a urine drug test *before* prescribing an opioid, or other controlled medication, and may also test *during* treatment.

Q Are all patients being monitored for drug use?

A: Patients prescribed a controlled substance may be asked to conduct a drug test by his or her clinician. For example, a baseline urine drug test is recommended for any patient who is:

- starting chronic opioid therapy or another controlled medication
- already prescribed opioids when they visit a new clinician
- undergoing a major change in their medication treatment plan
- drinks alcohol or smokes cigarettes
- has a history of or exhibits a substance use disorder

Q Do I have to provide urine?

A: Urine is the preferred specimen for drug monitoring. If you are unable to provide a urine specimen, your clinician may be able to take an oral fluid sample.

Q How is the test performed? Do I have to go to a lab?

A: There are different ways to do the testing. There are some rapid screening tests that can be done in your clinician's office, similar to a rapid strep test, but these point-of-care tests are not always as sensitive as clinicians would like. For example, in-office tests may not be able to detect every type of medication and can, on occasion, provide misleading results known as false-positive or false-negative results. In most cases, a patient can provide a urine specimen at the clinician's office. The clinician will send the specimen to a diagnostic laboratory or you can go to a clinical laboratory collection facility to provide your specimen. Drug monitoring results are typically reported to your clinician.

Q What is my clinician looking for with drug monitoring?

A: Clinical drug monitoring is used to identify that you are taking your prescribed medications. These tests can also identify the use of additional medications, as well as illicit substances, that you may be taking that could pose a danger to your health or treatment plan. For example, combining a prescribed opioid with alcohol or an antianxiety pill (eg, Valium® and Xanax®) could lead to an overdose.

Q How often do I have to take a drug monitoring test?

A: Typically, low-risk patients are advised to conduct a baseline test before starting opioid therapy, with follow-up tests at least annually. When you are on chronic opioid therapy or using controlled medications, your clinician may use clinical drug monitoring as part of your treatment plan.

Q Is my clinician going to reduce my pain medication if my test results look off?

A: If you are honest with your clinician about the medications you are taking and your current medication treatment plan is effective, with minimal side effects, you should have no reason to be concerned. The best thing to do is to wait for your clinician to review your drug monitoring results.