

# Urine drug testing may be important in early phases of addiction treatment

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A new study performed by Boston Medical Center (BMC) and faculty at the Boston University School of Medicine shows that urine drug testing can be a useful tool to treat patients with opioid use disorder in a primary care setting. The analysis revealed that patients are less likely to disclose drug use earlier in treatment, and although the study was not able to identify reasons for this, the authors believe that it may be related to fear of discharge from a treatment program and stigma related to relapse. Published in *Drug and Alcohol Dependence*, the study indicates the need to develop interventions for patients who have positive urine drug tests in order to keep them engaged in care.

Office-based addiction treatment has become a key strategy in combating the opioid epidemic in the United States, where [patients](#) get treatment for their disease in a primary care setting with close monitoring during their recovery. However, one of the questions in the current practice of is how best to monitor for illicit substance use, especially when patients do not report it. There has also been a lack of data regarding how frequently patients in these programs report substance use compared to finding a positive result by [urine drug testing](#) (UDT).

"It is important for providers to understand more about how the lab results compare to what patients tell us in a visit," said Sarah M. Bagley, MD, the study's co-author who is an internist and pediatrician at BMC and assistant professor of medicine and pediatrics at Boston University School of Medicine.

The researchers correlated the frequency of patients' self-reported substance use and the results of their UDTs. It showed that 76 percent of UDTs positive for cocaine and 57 percent of those positive for opioids occurred when patients did not disclose substance use in their treatment visit. Additionally, rates of positive UDTs without self-reported substance use were higher earlier in treatment, possibly reflecting growing trust between the patient and the treatment team over time. Overall, the study reinforces the current guidelines that call for using UDTs to monitor for substance use in office-based addiction treatment but encourage less frequent testing as patients become stable in their recovery.

"Patients may not be self-reporting substance use early on in their treatment due to concerns about being discharged from programs if they disclose use, or they may feel shame about relapse and do not want to disappoint their care team, said Bagley, who also serves as director of BMC's CATALYST Clinic for [treatment](#) of addiction in adolescents and young adults. "These results provide [important information](#) for us, as providers, to improve how we treat patients with addiction both in the short and long term."

**More information:** Sarah M. Bagley et al. Opioid and cocaine use among primary care patients on buprenorphine—Self-report and urine drug tests, *Drug and Alcohol Dependence* (2018). [DOI: 10.1016/j.drugalcdep.2018.08.010](#)

Provided by Boston Medical Center

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