Welcome back to the SCOPE of Pain Podcast Series. This is Dr. Daniel Alford, Professor of Medicine and
Course Director for the Boston University School of Medicine SCOPE of Pain Program.

Your patient on chronic opioids for posttraumatic chronic knee pain for the past two years has achieved very
good pain relief and excellent functional benefits, including working full time. At yesterday's visit, he denied
illicit drug use, but his urine drug test returned positive for cocaine, along with his prescribed opioid.

How will you assess this unexpected urine drug test result? What changes will you make to his treatment plan,
and how will you communicate with the patient about this finding? You will note that I am referring to the urine
result as unexpected, not using terms such as "clean" or "dirty." We should not use this type of nonclinical
language, as it serves to further stigmatize patients who have chronic pain or patients suffering from the
disease of addiction.

The rationale for requiring a urine drug test should always be discussed openly with patients. It's not about
catching patients doing something wrong, but it's about assessing increased prescription opioid misuse risk,
such as ongoing illicit drug use. Before I send a urine drug test, I always ask the patient, "Will I find something
unexpected in your urine today?" Sometimes the patients will tell me about a substance use that I'm not even
testing for. Remember, the goal for urine drug testing is to monitor that the patient is actually taking the
medication that you're prescribing, and to continually assess for active illicit drug use, which will increase the
risk of prescription opioid misuse.

I'm often asked, "How do you deal with a patient who has lied about their drug use," like in our case. Well,
having worked with many patients suffering from substance use disorders, I fully appreciate that these patients
will often lie to themselves. They'll lie to their family, and they'll lie to their healthcare providers, so I don't take it
personally. But this really reinforces the need to confirm the patient's reports of substance use or not with an
objective measure like urine drug testing.

When the result of a screening test, usually an immunoassay, is unexpected, like in this case, you want to
make sure the result is valid and not a false positive. Because urine testing is complex, it's important to have a
specialist, such as a toxicologist or clinical pathologist in your lab to advise you on determining if a urine result
is actually expected or not, and if not what the confirmatory or definitive test should be.

If the test is confirmed cocaine-positive, it means the patient has used cocaine at least once in the past 48 to
72 hours. It's not telling you more than that. That is, it's not diagnostic for a cocaine use disorder or addiction.

You should discuss the unexpected urine drug test result non-judgmentally by asking the patient, "Your urine
was positive for cocaine, and I'm concerned about how cocaine can cause health problems. Please tell me
about your cocaine use."

Then review the risk of taking the illicit drugs, like cocaine, and offer to find the patient help if he agrees that his
cocaine use is a problem. If he states that he'll stop his cocaine use, tell him that you'd like to see him back
soon to assess how successful he's been or what challenges he's experienced with his plan to not use
cocaine.
I generally conclude by saying that due to this new information, I'll need to increase the level of monitoring for drug use with increased drug testing, and if illicit drug use continues, I really need to stop prescribing opioids because of the increased risk, despite the fact that he's achieving pain and functional benefits. And we'll need to come up with non-opioid alternatives to treat his pain.

I will, again, offer to find specialist treatment for his continued substance use if that's the case. I always ask the patient to repeat the change in treatment plan in their own words to ensure that it's well understood.

How to interpret urine drug test results, communicate unexpected findings and change the treatment plan are all addressed in detail in the SCOPE of Pain program. You're not alone in facing these challenging issues.

Thanks for listening.

Be sure to check back often, as new Audio Shorts will be added throughout the year.

myCME.com/SCOPEofPain