

Title: Minimal Yearly Random Quantitative Urine Drug Screens in Patients Prescribed Chronic Daily Opiates

Introduced by: Edward P. Washabaugh III, MD, for the Washtenaw County Delegation

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Referred to: Reference Committee E

House Action:

Whereas, opiates are used in many chronic pain patients, and

Whereas, the rate of prescription opiate misuse and diversion is increasing¹, and

Whereas, more than half of the people who used pain relievers non-medically obtained them from a friend or relative for free¹, and

Whereas 81.7% of those recreational users stated that the medication originated with a prescription¹, and

Whereas, diverted prescription drugs are easier to buy than beer², and

Whereas, quantitative urine drug screens are able to measure levels of parent drug and metabolites as well as give an estimate level of appropriate drug use, and

Whereas, quantitative urine drug screens are routinely available in physician offices and hospitals, and

Whereas, patients that fail a random urine drug screen require closer management; therefore be it

RESOLVED: That MSMS actively educate physicians about the process and extent of prescribed opiate medication diversion in the community and urge the health care providers prescribing daily opiates in chronic pain patients to monitor those patients at a minimum with yearly quantitative urine drug screens.

WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

¹ Substance Abuse and Medical Health Services Administration. Results from the 2008 National Survey on Drug Use and Health: Detailed Tables. Rockville, MD: Office of Applied Studies. Us Department of Health and Human Services; September 2009. <http://oas.samhsa.gov/NSDUH/2K8NSDUH/tabs/Index.pdf>. Accessed January 20, 2010.

² The National Center on Addiction and Substance Abuse at Columbia University. National Survey of American Attitudes on Substance Abuse XIV: Teens and Parents, New York: August 2009