

(C) Urine assessment

Urine analysis is an adjunct to the history and examination in confirming drug use/abuse. It should be included in a comprehensive assessment. Apart from obtaining urine for testing at the outset, it should be randomly tested if client is engaged in treatment. Results must be interpreted with reference to other findings, e.g. clinical findings. False negative and positive result can occur.

It is important to take note that toxicological urine testing alone cannot be used to make a diagnosis of drug abuse or dependence. The threat (sometimes with parent backup) of urine testing is often sufficient to convince the adolescent to reliably report the substances that he/she has used. Very often, a refusal to give a sample may be considered as if the sample is positive, and this can be advised to patient and parents.

(Reference:

Annex 10: Notes of urine drug testing)

Approximate duration of detectability of abused substances in urine:

Substance	Duration of detectability
Opiates	1–2 days
Methadone	1–3 days chronic use: up to 7–9 days
Dextromethorphan	1–2 days
Amphetamine	1–3 days
Cocaine	1–3 days
MDMA (Ecstasy)	1–3 days
Ketamine	1–2 days
Cannabis	2–14 days chronic or heavy use: up to 4 weeks
Lysergic Acid Diethylamide (LSD)	1–2 days
Phencyclidine (PCP)	1–14 days chronic use: up to 4 weeks
Benzodiazepines	1–3 days chronic use: 4–6 weeks
Barbiturates	1–3 days chronic use: 2–3 weeks
Methaqualone (Mandrax)	14 days
Zopiclone (Imovane)	1–3 days
Gamma-hydroxybutyrate (GHB)	12 hours
Thinner (metabolite: hippuric acid)	1–3 days

- Duration of detectability is dependent on dosage, frequency & chronicity of abuse, route of administration and proportion of drug excreted in urine.