

'Urine Analysis', an exploratory case study from the perspective of participants in a rehabilitation day programme

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Abstract

Urine analysis has been the preferred screening method used by many drug treatment agencies for a considerable time now. However this particular screening method has been viewed by some to be an intrusion of their human rights and its effectiveness in reducing illicit drug use has come in to question in recent times. This exploratory case study focused on the views of participants from the Bawnogue Youth and Family Support Group Rehabilitation Day Programme “Station One” in relation to their perspective of urine analysis. What is clear from the findings presented in this study is that urine analysis is viewed to be an important part of the participant’s recovery. If given the choice the majority of the participants would choose to continue to give urine samples as part of their recovery plan. This study includes the participant’s individual responses in relation to their perspective of urine analysis in the context of a rehabilitation day programme.

Brief History

Bawnogue Youth and Family Support Group, Station 1 Rehabilitation Programme

In 2006 The Bawnogue Youth & Family Support Group highlighted the lack of locally based CE rehabilitation places suitable for drug users in the early stages of recovery. Responsibility was given to the Bawnogue Youth & Family Support Group and the Clondalkin Drug Task Force Treatment & Rehabilitation Sub-Group to develop a proposal for a community based Rehabilitation Project.

In December 2007 the Bawnogue Youth & Family Support Group launched the Station 1 Rehabilitation & Development Programme.

Station 1 is a *F.A.S* sponsored rehabilitation day programme that is tailored to meet the needs of individuals in recovery from substance dependency.

Station 1 aims to provide a therapeutic setting to focus on returning to work and gaining economic/social independence, while providing a continuum of support in relation to recovery needs. The programme operates 2 x 19.5 hours per week (morning and afternoon programmes) & the main elements of the programme are Educational, Holistic and Therapeutic.

Although Station 1 is part of the Bawnogue Youth and Family Support Group Project it is located in separate premises. For the purpose of this report the Bawnogue Youth and Family Support Group Station 1 Rehabilitation Day Programme will be referred to as the Station One Rehabilitation Day Programme.

Rationale:

Urine Analysis has been the preferred screening method used by many drug treatment agencies, stretching across a wide spectrum of services encapsulating residential treatment centres, methadone maintenance treatment and drug detoxification services, to mention but a few. However this method of screening is mandatory in most cases, and although welcomed by some, others have viewed it as intrusive and a violation of their human rights.

In the review of the Methadone protocol under the section entitled individual client issues, concerns about urinalysis and invasion of privacy were raised. (Review of the Methadone Protocol, 2005)

With issues concerning human rights and mandatory screening in question what must be considered is the view of the client and the context for this particular testing. For some it may be intrusive, and for some it may be valuable.

This research will carry out an analysis of information collected from participants attending the Station 1 Drug Rehabilitation Programme.

Research Aim:

The main aim of this study is to investigate whether or not urine analysis is an important part of a participant's recovery plan. It is hoped that the voice of the participant will be heard through analysing information collected from the participants attending the Station 1 Drug Rehabilitation Programme in relation to their perspective of Urine Analysis in the context of a recovery programme.

Objectives:

The main objective of this study is to present the views of participants on urine analysis in the context of a rehabilitation setting. The other objectives are to increase service provider knowledge, to improve practices, and inform policies, procedures and best practice.

Review of Literature:

In this present climate of economic recession some drug projects are struggling to keep their heads above water, with the Department of Health's Drug Initiative budget been cut back by 34% since 2008. (Irish Examiner, 2012)

Most projects have to make decisions on what part of their service will take a hit due to these cutbacks, and unfortunately it is the client who loses out overall. With these extreme pressures in mind one of the services under the spotlight for cutbacks is urine analysis. A report by the Irish Independent in 2010 stated that "nearly €11m is being wasted by the HSE conducting urinalysis tests for drug addicts that doctors and addiction experts say serve no purpose"(Independent,2010)

In the only external review of the Methadone Protocol, the Farrell Report published in 2010 admitted the subject of urine analysis was a contentious item, with conflicting views. The general agreement was that a review of urine analysis was needed, in so that it was evaluated against current evidence based, best practice.

Although weekly testing was viewed by some to be suitable, others said it was too frequent, and too costly, recommending it should be reduced and/or randomised.

Alternative measures of collecting urines were also called for as the standard method of supervised collection was viewed to be intrusive and against human rights. This report also highlighted the benefits of urine analysis for service users whilst trying to remain drug free. (Farrell, 2010)

The HSE's National Service Plan in 2012 outlined that the implementation of new clinical guidelines on the treatment of opioid addiction will see less urine testing and a greater clinical focus on the results of drug-test samples. (HSE National Service Plan, 2012)

In the new HSE Drug Testing Guidelines draft document 2013, a minimum standard of 8 random drug tests is recommended to be spread out over a twelve month period or more frequently, if needed. Also supervised urine collection is not recommended in routine clinical practice, although it may be considered if required for legal reasons, or if there is a concern over the integrity of an unsupervised sample. (HSE Drug Testing Draft, 2013)

Previous international studies have shown that there was little to be gained by using urine analysis to monitor drug use stating that there is no compelling evidence that the absence of urine analysis leads to increased illicit drug use (Ward, 1998). On the other hand a more recent study has shown significant reduction in illicit drug use when random urine testing was combined with adherence monitoring. (Manchikanti, 2006)

As relevant as it may seem under the present economic pressures to cut back services that may be costly, it would seem appropriate to involve the participants in these decisions, or at least consult the participants in relation to what services they value for their recovery.

A study by Uisce, a drug user's forum in the North Inner City in 2003, asked clients on methadone maintenance to describe their ideal treatment centre. One of the areas clients felt needed to be addressed was urine analysis, with clients preferring other ways of determining illicit drug use. (Uisce, 2003)

However it must also be considered that a participant in a rehabilitation programme and a client on a methadone maintenance clinic may have a very different perspective on urine analysis. This study will focus only on the views of the participant from the perspective of a rehabilitation programme.

Methodology:

The cohort for this study is men and women participants of the Station One Rehabilitation Day Programme. This piece of research is an exploratory case study based on the perspective of participants in recovery and their views on urine analysis. The case study method allowed for this issue to be studied in some depth within a short space of time which in turn has yielded up the required information over the allotted time scale.

It is exploratory in that it has explored the participants experience and viewpoints. Information and data have been collected through the means of a structured interview process.

A qualitative approach allowed the researcher to investigate the humanistic nature of the participants involved, and therefore reflected their personal experiences and attitudes on urine analysis.

The main interview method chosen for this research was, a standardised open ended interview, where a carefully worded and arranged set of questions were presented to each of the interviewees.

The researcher himself was involved in the interview process which focused on relationship and communication, 'verstehen', where the researcher and the respondent were of equal importance and worked together for a common goal.

Denis O' Driscoll Chief 11 pharmacist for the HSE addiction services and member of the Opioid Substitution Treatment Clinical Guideline Committee was also interviewed in relation to his extensive knowledge in this area.

The overall sample size is 14 participants of which the researcher hoped to get a cohort of at least 8. The non-probability sampling method has been chosen for this study as the individuals identified have a background that is directly related to the subject of investigation, and therefore purposive in nature as the people chosen for this study are considered by the researcher to be also of expertise in this area.

The researcher arranged to call to the Station One Rehabilitation Day Programme and conduct interviews with each of the participants. These interviews were held over 3 days, with each interview expected to last no longer than 30 minutes.

It was hoped through the analysis of the data collected that the researcher would extract a clear picture of urine analysis, from the perspective of participants in a rehabilitation day programme.

Permission was granted by the Project Manager of the Bawnogue Youth and Family Support Group and the Coordinator of Station 1 to carry out this research. Key workers in the Station 1 project were also informed of this study and collected the names of those who wished to participate and relayed them back to the researcher.

Ethical Considerations:

Ethical considerations regarding the use of data gathered during the course of this study were observed. These considerations included the need for informed consent, honesty and trust, and confidentiality and anonymity. Participant confidentiality and anonymity were maintained and no names were recorded in this study.

Data collection:

Design: The main interview method chosen for this research was, a standardised open ended interview, where a carefully worded and arranged set of questions were presented by the means of a face to face interview with each participant. This questionnaire consisted of multiple choice, quantity or information, and open ended questions. After the questionnaire was designed, it was presented to, two other professional workers within the addiction field so that their opinion could be sought. This proved to be quite useful as there were some questions that were repetitive and could have caused confusion for the participants. Other questions were worded in a way that made sense to the researcher but may not have made sense to the participants. Suggestions were made by the other workers and adjustments followed in accordance to their suggestions. There were 3 drafts of the questionnaire before one was deemed acceptable.

Rationale: The rationale for this chosen method of data collection was to increase relationship and communication between the researcher and the participant, where the researcher was directly involved in the interview process, therefore placing the participant and the researcher in a place of equal importance where they could work together with a common goal. This would in turn increase the level of trust, and therefore yield honest and maximum results for the research project. The researcher was aware that the method chosen was of a qualitative approach. Multiple choice and closed questions were included as they have the advantage of being easy handling, simple to answer, and quick and relatively inexpensive to analyse. (Kothari, 2004)

The open ended questions were used in tandem with some of the multiple choice or closed questions in order to focus the participant on their reasoning for their particular viewpoint, therefore picking up important information from where the multiple choice or closed questions may have fallen short.

This approach was deliberate as to draw out the human element that would in turn reflect the views of the participants involved. It was felt by the researcher that in order to elicit the human experience that this was the best method available.

The case study method gave the opportunity for the issue of urine analysis from the participant's perspective to be studied in some depth within a relatively short space of time. It allowed an in depth investigation into the issue presented and therefore stood out to be more than sufficient to yield maximum results within a short time frame.

Implementation: The researcher made contact with the project manager of the Bawnogue Youth and Family Support Group project and permission was sought to interview the participants on the Station 1 rehabilitation day programme. Contact was then made with the co-ordinator of the Station 1 project. The key workers of the project then spoke with the participants to see if any of them would volunteer their time to assist with this research piece. The coordinator also suggested that he would place a poster in the canteen area. A relevant sample size was needed so that it could be representative of the overall population of that programme.

A cohort of 11 participants came forward from a total of 14. (76%) From the 11 participants that came forward 2 were female and 9 were male.

An appointment was then set up for the researcher and the participants in the Station One Rehabilitation project so that the interviews could take place. These interviews took place on Thursday 14th, Wednesday 20th and Wednesday the 27th February 2013.

Although the method of data collection chosen was indeed effective, it was however time consuming. In order to achieve best results some time needed to be spent with the participants before presenting the questionnaire. It was important not to just barge in with a list of questions but to spend some time getting to know the participants and building trust.

It was imperative that the participants felt relaxed and knew that they could speak openly and honestly about their perspective on urine analysis. Also where some of the questions needed inward reflection, the participants needed to be assured that there was no rush so that they could think their answer through.

It was also imperative that the participants answered in their own words. When any of the participants looked to the researcher for guidance on any question, they were instead asked to take their time as it was their opinion that was sought. The researcher did not want to lead them in any way. It had originally been thought that the interviews would last maybe 30 minutes but in reality some were closer to an hour.

Analysis of data: From the method of data collection chosen for this research, it was hoped that through the analysis of that data, a clear picture would appear, of the participant's perspective of urine analysis in the context of a recovery programme. This method proved to be effective in that the results it yielded are directly related to the topic set out in the research title. An in depth view of the participants perspective of urine analysis was indeed extracted by the data collection process. For the purpose of participant confidentiality each participant has been given a number here as no names were recorded in this study.

This number does not coincide with the order in which the interviews took place as it was thought that this would give the participants that extra bit of anonymity. Below are the results from these interviews.

- **Is urine analysis helpful for your recovery plan? (10) YES (1) NO**

10 (90%) found urine analysis helpful for their recovery plan with 1(10%) saying that it was not.

- **Is urine analysis necessary for your recovery plan? (10) YES (1) NO**

Why:

Participant 1: "Keeps me in check even though I feel I am passed this stage in my recovery"

Participant 2: "Stops me from having a slip. Urine analysis is a deterrent"

Participant 3: "It was beneficial at the start but now I feel that I am not being trusted enough"

Participant 4: "It's a safety net. Keeps you on your toes"

Participant 5: "It stops me from using"

Participant 6: "Encourages and helps me to stay clean"

Participant 7: "It stops me from slipping"

Participant 8: "It helps me to stop using"

Participant 9: "Helps me not to use and is helpful for court and probation records"

Participant 10: "It's the safety aspect and it eliminates the choice of using"

Participant 11: "I'm not sure"

10 (90%) found urine analysis was necessary for their recovery plan with 1(10%) saying that it was not. Of the 10 that found urine analysis necessary 9 referred to it as a deterring factor for drug use.

It is clear from the data presented above that not only is urine analysis helpful for these particular individuals, but that these participants have also deemed urine analysis to be a necessary part of their recovery plan with 90% answering yes. The popular view presented here by the participant is that urine analysis acts as a preventative measure and supports them in a positive and helpful way.

- **If given the choice whether or not to give urine samples would you choose to give them? (10) YES (1) NO**

It was interesting to investigate the participant's perspective on choice. This allowed each individual participant freedom to express their views outside of an imposed mandatory structure, and could be useful in exposing any conflicting thoughts in

comparison to other stated viewpoints. This question was designed to be directive, rigid and to the point.

This result has shown that if given the choice that 90% of the participants would choose to give urine samples. This is an interesting finding because as previously stated urine analysis is generally a mandatory part of a rehabilitation programme and questions have arisen from time to time as to the ethical and humanistic side of this process.

However true that may be in relation to some other treatment settings, in this instance it does not seem to be the case and it is hard to argue against a majority of 90%.

- **Would you be fearful for yourself or other members of your group if urine analysis was not part of the programme? (11) YES**

Why:

Participant 1: "It wouldn't be good for the programme & there would be a lack of trust within the group. It leaves the door open for people to use & defeats the purpose of the programme"

Participant 2: "If urine analysis wasn't part of the programme people would use"

Participant 3: "Although we are told not to rely on urine analysis it keeps people in check"

Participant 4: "People would definitely use"

Participant 5: "People will use if there is no urines"

Participant 6: "If there was no urine analysis people could use & could put my recovery at risk"

Participant 7: "People would use if there was no urines"

Participant 8: "I would take advantage of using more often"

Participant 9: “People will definitely use”

Participant 10: “People in early recovery need that safety net”

Participant 11: “I would have fears for both myself and other Participants. Urines keep people in check otherwise people might use”

All 11 participants (100 %) would be fearful for themselves or other’s if urine analysis was not part of their recovery programme. “People will definitely use”, seems to be a common answer to this question with 6 out of the original 11(55 %) of participants agreeing that people would use, 3 (27%) agreeing that people may use, and 1 of the participants even admitting that they would take advantage of this by using more often. The fact that all see an absence of urine analysis as a danger needs to be seriously considered before external policies are allowed to restrict such a service.

- **Should there be a consequence for giving a positive sample? (9) YES (2) NO**

Why?

Participant 1: “Yes as a deterrent so the person won’t use again”

Participant 2: “Yes because if you’re getting off with it all the time there is no incentive to stop although people should be given a chance”

Participant 3: “Yes if there is no consequence what’s the point in giving the urine”

Participant 4: “There has to be a consequence or what’s the point in taking them in the first place”

Participant 5: “Yes as a deterrent, but not on a methadone clinic, because if you cut someone’s dose they will top up with other drugs”

Participant 6: “Yes there should be warnings and support but if not taken up then struck out”

Participant 7: “Not at first. A few chances should be given and if they are broken then there should be consequences”

Participant 8: “Yes there should be consequences as long as it is not a reduction on methadone, because people will use. I won’t go sick”

Participant 9: “Not sure it depends on the circumstance as to why it was positive”

Participant 10: “Yes it deters you from doing it again and again”

Participant 11: “Yes a warning should be given first and then a consequence”

9 (82%) agreed that there should be a consequence for giving a positive sample. 6 (55%) see the consequence as a deterrent. 4(36%) feel that there should be given a chance or warnings first. 2 (18%) do not recommend a reduction in methadone as a consequence.

- **Is urine analysis intrusive? (4) YES (7) NO**

Some participants were unclear as to what was meant by the word intrusive so it was explained in another way by the researcher. These participants were then asked if they found that giving a urine sample in the company of another person was an intrusion of their privacy. 7 or (64%) said that urine analysis was not intrusive and 4(36%) said that it was.

- **Is urine analysis necessary for all recovery programmes ?(9) YES (2) NO**

Why?

Participant 1: “Proof is needed of the seriousness of the addict about their recovery as they could be taking someone else’s place”

Participant 2: “Because it helps people to focus on their recovery”

Participant 3: “In the early stages definitely”

Participant 4: “Because it shows commitment and the fact that you deserve that place on the recovery programme”

Participant 5: “Stops people who really want to stop from using. A drug addict will continue to use drugs unless there are barriers put in place”

Participant 6: “Makes it a safer environment for all participants”

Participant 7: “So you know if people are using or not”

Participant 8: “Yes to supervise the Participants, trust is earned”

Participant 9: “I’m not sure I have never been in any other programme”

Participant 10: “It depends on the programme, some programmes work well without it & trust replaces urine analysis, but guys in early recovery need it more”

Participant 11: “To keep people in check”

9 (82%) say that urine analysis is necessary for all recovery programmes, with 2 (18%) saying that urine analysis is not necessary.

- **Is urine analysis necessary for Methadone Clinics? (11) YES**

Why?

Participant 1: “Yes because you don’t want to be giving people huge doses of methadone if they are still using it could cause overdose”

Participant 2: “It’s necessary to make sure no one is using heroin & their recovery is going well”

Participant 3: “If there wasn’t urine analysis most people would continue to use & it would be quite dangerous for overdoses”

Participant 4: “Yes to monitor heroin use”

Participant 5: “Yes to make sure people are not using other drugs. Methadone clinics are just for methadone”

Participant 6: “Yes because it would show if people are using substances whereas methadone is a stabilisation programme”

Participant 7: “Yes to prove that people are not using because the majority of people on methadone clinics are not stable”

Participant 8: “Yes if I wasn’t giving urines I wouldn’t of stopped using”

Participant 9: “Yes so it can prove that their not on heroin”

Participant 10: “Definitely. A lot of people on methadone clinics are just there for the methadone and not the recovery”

Participant 11: “Yes it’s necessary only for people who are unstable”

All 11(100%) participants feel that urine analysis is necessary for methadone clinics. The general view according to 82% is that without urine analysis it would be impossible to monitor other drug use, especially heroin use. Overdose was a concern for 2 (18%) of participants.

- **Has there ever been a time that you didn’t want to give urine? (9) YES (2) NO**

Why?

Participant 1: “Yes because I was using when I wasn’t supposed to be”

Participant 2: “No”

Participant 3: “Yes because I knew it was not clean and I knew there would be a penalty”

Participant 4: “Yes because it would be dirty”

Participant 5: “Yes because it was dirty and also because of different staff members who were taking the urines”

Participant 6: “Yes when I used drugs”

Participant 7: “Yes because it wasn’t clean”

Participant 8: “Yes because I had used”

Participant 9: “Yes because I was after using”

Participant 10: “When I had used”

Participant 11: “No”

9 (82%) said that there had been a time when they did not want to give a urine sample. 2 (18%) said that there was never a time that they did not want to give a urine. Of the 9 all (100%) said that the reason for not wanting to give a urine sample was because they had used drugs.

- **Have you ever tried another alternative to urine analysis, i.e. Mouth swabs or blood etc.? (6) YES (5) NO**
- **If yes what was your experience of this alternative?**

Participant 1: “No”

Participant 2: “Yes, I tried mouth swabs. I didn’t like them because you can collect DNA from mouth swabs”

Participant 3: “No”

Participant 4: “Yes I tried saliva sticks, I didn’t like the saliva swabs it was disgusting, it’s easier to give a urine”

Participant 5: “No”

Participant 6: “Yes, I tried mouth swabs; I didn’t like them because they reminded me of giving DNA to the police”

Participant 7: “Yes, I tried mouth swabs, didn’t like the mouth swabs it felt degrading”

Participant 8: “Yes, I tried mouth swabs in prison and I got paranoid about my DNA, bad experience”

Participant 9: “Yes”

Participant 10: “No”

Participant 11: “No”

6 (55%) said they had tried another alternative to urine analysis and 5(45%) said they had not. Of the 6 that had tried another alternative 5 were not happy with that alternative. From that 5, all had tried mouth swabs with 3 of the 5 mentioning that this method was similar to DNA collection techniques. One of the participants that had tried an alternative found it degrading and another said it was disgusting and would prefer to give a urine sample.

Discussion:

Some of the findings from these interviews were surprising to the researcher. For one the researcher expected that most participants would find urine analysis to be intrusive as this is one of the main issues presented by recent studies in Ireland and indeed worldwide. In fact it is one of the main contributing issues reflected in the recent draft document by the HSE that proposes new measures that will limit the need for supervised urine collection. Most participants interviewed actually supported supervised urines. This may be in relation to the way that urine samples are supervised within the Station 1 programme. For one there are no large mirrors in front of or to the side of the participant when they are giving a sample. Although the workers are present to monitor the sample they do not hang over the shoulder of the participants and are guided by strict policies and procedures that are supportive of a client centred approach.

The recommendation made by the Farrell report (2010) suggesting alternative measures to collecting urine samples as the standard method was viewed to be intrusive, is not supported by this study. As already mentioned most of the participants in this study found urine analysis non intrusive and on the other hand the participants that had in the past tried alternative measures had preferred urine analysis over these methods.

The other surprising finding was the willingness of the participants to highlight the need for consequences for giving a positive sample with one participant saying that “without consequences there would be no deterrent for other participants on the recovery programme”.

The fact that most of the participants interviewed were supportive of urine analysis as an important factor in their recovery plan needs serious attention. This issue of relevance had been something that had come up in conversations before when speaking with other participants about their recovery; however further investigation was required.

It was felt that there was a need to present the participants perspective from a recovery setting and it is hoped that this perspective has been presented here.

Moreover and of fundamental importance are the individual perspectives that have been recorded in this study in relation to the unique responses which without doubt have much more to say than any external interpretation could offer.

In all, this research and the results that it has yielded, has proved to be extremely valuable in that the participants perspective of urine analysis in the context of a rehabilitation day programme has indeed been captured.

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