



Health Professional Councils Authority

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Health Practice Council of NSW  
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Dental Council of NSW  
Medical Radiation Practice Council of NSW  
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Optometry Council of NSW  
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Pharmacy Council of NSW  
Physiotherapy Council of NSW  
Podiatry Council of NSW  
Psychology Council of NSW

# Transition to revised drug & alcohol screening policies

## Fact sheet: Changes to drug screening

### What have we done?

We have reviewed our drug screening policy to ensure the way we screen is up to date, evidence-based and in line with best practice.

This extensive review was conducted as part of our program of continuous improvement and in response to the release of a national drug and alcohol screening protocol by AHPRA. This involved:

- convening an expert working party of drug and alcohol specialists, Council decision makers and staff to provide recommendation to the Council on the future direction of screening
- engaging a new national pathology provider to provide all services of the revised policies
- reviewing the language of our policies and the way you communicate with us
- preparing new screening policies and participant procedures, and supporting material.

### How will the changes to screening affect you?

The changes to screening will ensure a more practical process to screening that may benefit you. Potential benefits you will experience include:

- improved **access** to an increased number of collection centres within NSW and around Australia
- enhanced **privacy and confidentiality** during collection at centres outside of hospitals
- nationally **consistent costs** for screening with no collection or transport fees
- improved **timeliness** of receiving results
- streamlined **communication** with us including standardised forms
- nationally **consistent approach** to screening.

What has changed?	Item	Changes
	Drug screening	<ul style="list-style-type: none"> <li>• hair drug screening will be added to urine drug screening if you have a drug-related impairment</li> <li>• urine and hair samples will be screened for the comprehensive schedule of substances screened by AHPRA (see <a href="#">Appendix A</a>).</li> </ul>
	Pathology provider	<ul style="list-style-type: none"> <li>• a nationally consistent pathology provider will provide all collection and screening services (Queensland Medical Laboratory (QML) with NSW collection partner Laverty)*</li> <li>• you will pay for screening at the time of collection.</li> </ul>
	Absence from screening	<ul style="list-style-type: none"> <li>• nationally consistent absence from screening process, namely that you must continue to screen if you travel within Australia.</li> </ul>
	Policy documents	<ul style="list-style-type: none"> <li>• a primary drug screening policy document that outlines how to comply with drug screening</li> <li>• an individual, user-focused participant procedure that tells you how to screen</li> <li>• standardised forms for providing information to us (e.g. leave from screening, illness certificates).</li> </ul>

\* A list of Council-approved collection centres is available [here](#)

**What about the time I have already spent screening?**

The time you have already spent undergoing screening will be counted toward your minimum required screening timeframe after transition to the revised policy.

**What about the cost?**

Our review identified that the cost of screening varied significantly depending on your location and which pathology group collected your sample. We were particularly concerned by the amount some of you were paying for collection and transport of your samples.

We have negotiated a memorandum of understanding with QML to ensure nationally consistent costs for screening. Because we will be screening for more comprehensive schedule of substances in urine and hair, by necessity you may pay more for your screening.

However, we can confirm you will not pay any collection or transport costs if you screen at a Council-approved collection centre. The proposed costs are included in [Appendix B](#).

**Quality improvement**

We are committed to ongoing improvement in drug screening. We will evaluate the new screening policy during and after implementation to determine whether the policy is working as intended and whether further improvements can be made.

**What happens next?**

The revised policy takes effect on 1 August 2018. We will write to you and tell you what needs to happen to transition to the revised policy. We encourage you to talk to your Professional Indemnity Insurer, support organisation or adviser about this process and what you need to do next.

## Appendix A – Substances we screen for

Substance to be tested	Detection limits
<b>Amphetamine type substances</b> <ul style="list-style-type: none"> <li>• Amphetamine</li> <li>• Benzylpiperazine</li> <li>• Ephedrine</li> <li>• Methylamphetamine</li> <li>• MDA</li> <li>• MDMA</li> <li>• Phentermine</li> <li>• Pseudoephedrine</li> </ul>	As per AS/NZS 4308:2008
<b>Benzodiazepines and their metabolites</b> <ul style="list-style-type: none"> <li>• Alprazolam</li> <li>• Clonazepam</li> <li>• Diazepam</li> <li>• Flunitrazepam</li> <li>• Nitrazepam</li> <li>• Oxazepam</li> <li>• Temazepam</li> </ul>	As per AS/NZS 4308:2008
<b>Cannabis metabolites</b>	As per AS/NZS 4308:2008
<b>Cannabinoids</b>	As per AS/NZS 4308:2008
<b>Cocaine metabolites</b>	As per AS/NZS 4308:2008
<b>Opiates</b> <ul style="list-style-type: none"> <li>• 6-acetylmorphine</li> <li>• Codeine</li> <li>• Morphine</li> </ul>	As per AS/NZS 4308:2008
<b>Anaesthetic agents</b> <ul style="list-style-type: none"> <li>• Ketamine</li> <li>• Norketamine</li> <li>• Propofol</li> </ul>	<ul style="list-style-type: none"> <li>• 10 ng/ml</li> <li>• 5 ng/ml</li> <li>• 50 ng/ml for hydrolysed urine measuring total propofol or 20 ng/ml for propofol itself and one or more of its metabolites</li> </ul>
<b>Anxiolytic agents</b> <ul style="list-style-type: none"> <li>• Zolpidem</li> <li>• Midazolam</li> </ul>	<ul style="list-style-type: none"> <li>• 10 ng/ml</li> <li>• 10 ng/ml</li> </ul>
<b>Synthetic/semi-synthetic opioids</b> <ul style="list-style-type: none"> <li>• Fentanyl</li> <li>• Norfentanyl</li> <li>• Hydromorphone</li> <li>• Methadone</li> <li>• Oxycodone</li> <li>• Pethidine</li> <li>• Norpethidine</li> <li>• Tramadol</li> </ul>	<ul style="list-style-type: none"> <li>• 0.5 ng/ml</li> <li>• 0.5 ng/ml</li> <li>• 10 ng/ml</li> <li>• 10 ng/ml</li> <li>• 10 ng/ml</li> <li>• 10 ng/ml</li> <li>• 20 ng/ml</li> <li>• 20 ng/ml</li> <li>• 20 ng/ml</li> </ul>
<b>Cathinone analogs (designer stimulants)*</b>	Dependent on drug being used
<b>Synthetic cannabinoids*</b>	Dependent on drug being used

Substance to be tested	Detection limits
<b>Hallucinogens</b> <ul style="list-style-type: none"> <li>• LSD</li> <li>• Nor-LSD</li> <li>• NBOMe derivatives*</li> </ul>	<ul style="list-style-type: none"> <li>• 0.5 ng/ml screen kits and 0.2 ng/ml for confirmation or using MS techniques</li> <li>• 0.2 ng/ml</li> <li>• This will depend on drug, but likely to be &lt; 1 ng/ml</li> </ul>

Adapted from AHPRA – [Drug and Alcohol Screening Protocol – Registrant Information \(October 2017\)](#)

\* Will require further expert advice in each case.

+ QML routinely screen for a range of other substances. The full list of substances screened can be found on their website for [urine](#) and [hair](#).

## Appendix B – Proposed costs of screening

Screening test	Cost*
Urine drug screen (for all substances in appendix A)	\$ 60
Confirmatory test for urine drug screen (if required)	\$ 100 per drug class
Hair drug screen (for all substances in appendix A)	\$ 825

\* inclusive of GST, collection and transport if participant attends a QML-approved collection centre