

# MEDICATION AND DRUG TESTING POLICY



Participant Name: \_\_\_\_\_

**Review each requirement with a Team Member and initial to acknowledge your understanding of the expectation**

## MEDICATION POLICY:

- I will inform my doctor (or any treating physician) of my status in the 81<sup>st</sup> Judicial District Mental Health Court and as such must not take any kind of narcotic (i.e., addictive, mind/mood altering controlled substance medication) if there is a non-narcotic substitute.
- I understand that if I am prescribed a narcotic for longer than one week the Mental Health Court Team may adjust my phase completion to compensate for the time period prescribed.
- I acknowledge that I have been given a copy of the Banned Substances list and understand the following medications are *forbidden* unless prescribed by a doctor and verified by the Mental Health Court Team:
- Opiates
  - Alcohol: found in Nyquil, nighttime cold or flu medication
  - Amphetamines
  - Ephedrine (*also Pseudo Ephedrine*): found in Sudafed, Dayquil, daytime cold or flu medication
  - Benzodiazepines
  - Dextromethorphan "DM": found in cough and congestion medicines
- I will call my Community Supervision Officer if I have any questions on banned medications.

## DRUG TESTING POLICY:

- I understand that I must call/check in with the UA hotline and when I am told to report for testing do so before the lab closes, or it shall be determined that I refused to submit to the urine test.
- I understand that failing to provide a urine sample or failing to provide enough urine for testing will constitute a refusal to submit and therefore be considered a positive test.
- I will not alter, manipulate, or in any way falsify any urinalysis specimens and will comply with all Specimen Collector instructions.
- I will not eat foods containing poppy seed products, creatine, kratom, or CBD.
- I will avoid activities which may lead to a dilute urinalysis test such as drinking large amounts of fluid within two hours of reporting, fasting/dieting/cleansing, or in any other way drastically changing my fluid intake.

**I have reviewed the above policies and understand my responsibilities to the 81<sup>st</sup> Judicial District Mental Health Court program.**

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_