

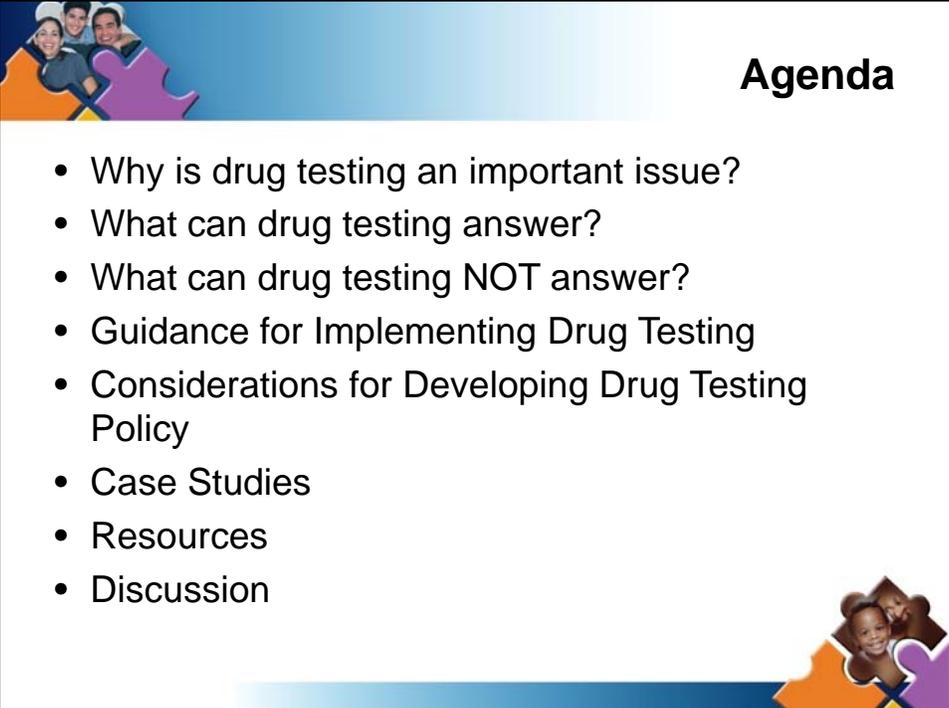
# Drug Testing in Child Welfare: A Discussion of Practice and Policy Considerations

*Nancy K. Young, Ph.D.*

*Presented at the:  
Missouri Department of Mental Health  
Spring Training Institute, 2010*

**NCSACW**  
National Center on  
Substance Abuse and Child Welfare  
Bringing Systems Together for  
Family Recovery, Safety, and Stability

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## Agenda

- Why is drug testing an important issue?
- What can drug testing answer?
- What can drug testing NOT answer?
- Guidance for Implementing Drug Testing
- Considerations for Developing Drug Testing Policy
- Case Studies
- Resources
- Discussion



## Why Is This An Important Issue?

- Drug testing is the most frequently used indicator for substance use in child welfare practice
- Test results may influence decisions on child removal, reunification and Termination of Parental Rights
- Courts often order drug testing as a standard protocol for parents in the child welfare system
- Lack of standardized recommendations for drug testing in child welfare practice



## What Questions Can Drug Testing Testing Answer?

- Whether an individual has used a tested substance within a detectable time frame





## What Questions Can Drug Testing *Not* Answer?

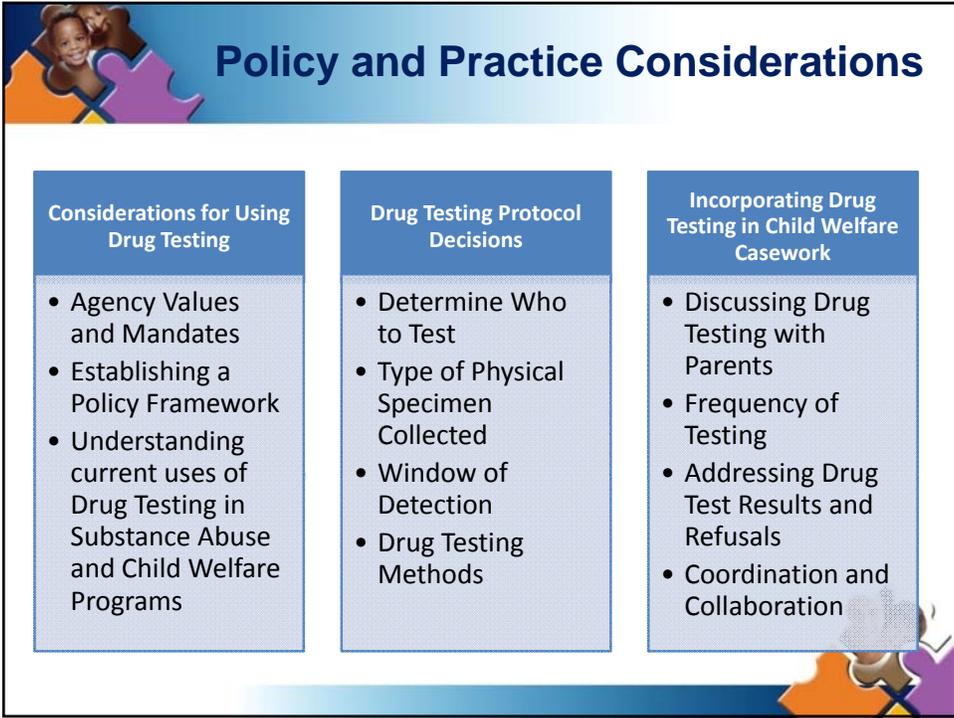
- A drug test alone cannot determine the existence or absence of a substance use disorder
- The severity of an individual's substance use disorder
- Whether a child is safe
- The parenting capacity and skills of the caregiver



## Guidance for Implementing Drug Testing



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## Policy and Practice Considerations

- Considerations for Using Drug Testing**
  - Agency Values and Mandates
  - Establishing a Policy Framework
  - Understanding current uses of Drug Testing in Substance Abuse and Child Welfare Programs
- Drug Testing Protocol Decisions**
  - Determine Who to Test
  - Type of Physical Specimen Collected
  - Window of Detection
  - Drug Testing Methods
- Incorporating Drug Testing in Child Welfare Casework**
  - Discussing Drug Testing with Parents
  - Frequency of Testing
  - Addressing Drug Test Results and Refusals
  - Coordination and Collaboration



## Considerations for Developing Drug Testing Policy





## Key Action Steps: Considerations for Developing Policy

<b>Agency Values and Mandates</b>	<ul style="list-style-type: none"><li>• 1: Partner agencies need to understand value differences across systems concerning approaches to families affected by substance use disorders</li></ul>
<b>Establish a Policy Framework</b>	<ul style="list-style-type: none"><li>• 2: Determine how drug testing fits with agency's overall approach to working with families</li></ul>
<b>Understand the use of Drug Testing in Substance Abuse Treatment and Child Welfare Programs</b>	<ul style="list-style-type: none"><li>• 3: Complete training on recognizing signs and symptoms of substance use disorders</li><li>• 4: Identify clear purpose for using drug testing</li><li>• 5: Determine how drug testing currently fits with the child welfare agency's overall risk and safety assessment protocols</li></ul>



## Step 1: Agency Values and Mandates

- Different perspectives from Substance Abuse, Child Welfare and the Courts
- Includes attitudes about the nature of addiction, abstinence, relapse, and the effects of substance use, abuse and dependence on parenting
- Testing for pre-natal substance exposure
- Identification of substance exposed infants
  - Under identified
  - Child Abuse Prevention and Treatment Act (CAPTA) requirements





## Step 2:

### Establish a Policy Framework

- How does drug testing fit with overall approach to working with families?
  - Screening and assessment: SAFERR
  - Engagement of families and retaining them in care
  - Communication across agencies and courts



## Step 3:

### Conduct Training on Signs and Symptoms of Substance Use Disorders

- What drug tests *can* and *cannot* tell us
- The probability that someone is not using drugs is best evaluated by substance abuse treatment providers/professionals and child welfare workers using a combination of
  - random drug tests
  - observations of behavioral indicators
  - assessments
  - self-reports





## Step 4: Clarify Purposes of Drug Testing

- Provide objective data as a component of assessing and diagnosing substance use disorders and to monitor progress during treatment
- Provide an opportunity to address a parent's denial, inability or unwillingness to recognize a need for intervention or treatment services and to address their motivation to stop using drugs
- Present objective evidence to the courts, child welfare, criminal justice and other involved agencies that a parent is not using drugs, particularly when testing is conducted randomly over a period of time.



## Step 5: Drug Testing in CW Settings

- To provide documented evidence that the parent is drug free, as often ordered by the court
- To either provide proof of or rule out substance abuse as part of a child maltreatment or child abuse investigation and to determine if substance abuse is associated with child risk
- To monitor whether a parent is continuing to use during an open child welfare case





## Drug Testing Protocol Decisions

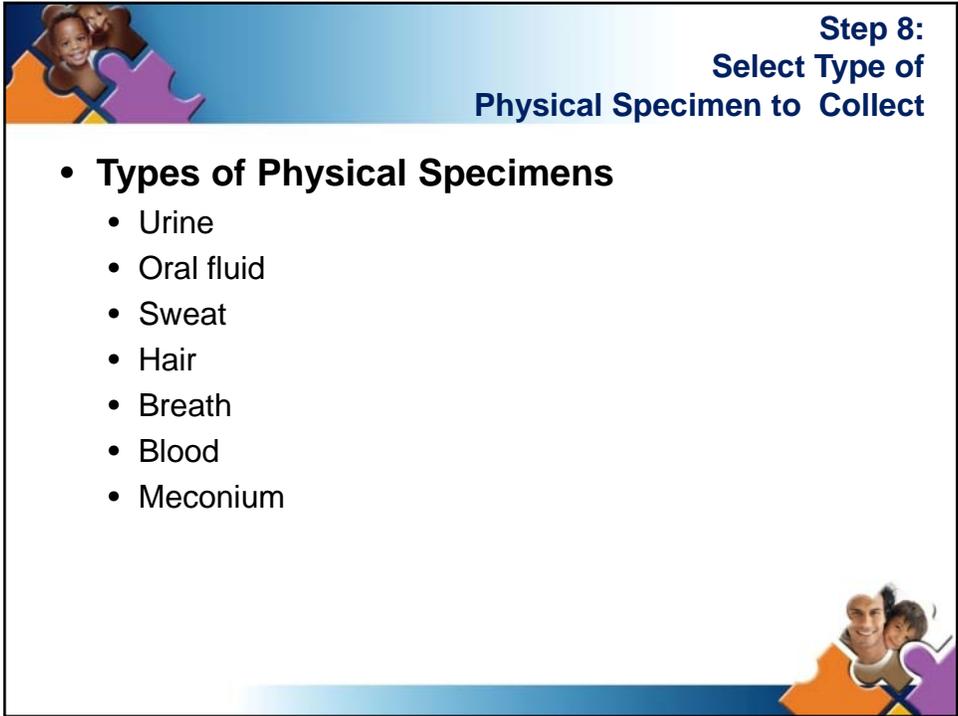
- Determine Who to Test**
  - 6: Decide which individuals will be tested
  - 7: In the case of newborns, know how local hospitals determine which individuals will be tested and child welfare's response to the test results
- Drug Testing Methods**
  - 8: Select the type of specimen to collect and the testing device to use
  - 9: Determine when to use point-of-collection versus laboratory testing
  - 10: Establish the logistics for drug testing and observation
  - 11: Determine which drug(s) to include in the test
  - 12: Consider cost implications of the practice protocol and in choosing a vendor
  - 13: Determine the type of staff training to provide and the type of qualifications needed to administer the test



## Steps 6 and 7: Determine Who to Test

- Test all parents under the jurisdiction of the court?
- Based on child safety assessment, case history information, and comprehensive family assessment, including substance abuse assessment
- Positive test of newborn does not determine if infant development has been compromised





## Step 8: Select Type of Physical Specimen to Collect

- **Types of Physical Specimens**
  - Urine
  - Oral fluid
  - Sweat
  - Hair
  - Breath
  - Blood
  - Meconium



## Pros and Cons of Specimen Sources

(Source: Office of National Drug Control Policy, 2004)

Specimen	Window of Detection	Pros	Cons
Urine	Up to 2-4 days	<ul style="list-style-type: none"> <li>• Highest assurance of accurate results</li> <li>• Least expensive</li> <li>• Most flexibility in testing different drugs</li> <li>• Most likely of all drug testing matrices to withstand legal challenge</li> </ul>	<ul style="list-style-type: none"> <li>• Specimen can be adulterated, substituted or diluted</li> <li>• Limited window of detection</li> <li>• Sometimes viewed as invasive or embarrassing</li> <li>• Biological hazard for specimen handling and shipping to laboratory</li> </ul>
Oral Fluids	Up to 48 hours	<ul style="list-style-type: none"> <li>• Specimen obtained under direct observation</li> <li>• Minimal risk of tampering</li> <li>• Non-invasive</li> <li>• Specimen can be collected easily in virtually any environment</li> <li>• Can detect alcohol use</li> <li>• Detects recent drug use</li> </ul>	<ul style="list-style-type: none"> <li>• Drugs and drug metabolites do not remain in saliva as long as they do in urine</li> <li>• Less efficient than other testing methods in detecting marijuana use</li> <li>• pH changes may alter specimen</li> <li>• Moderate to high cost</li> </ul>



## Pros and Cons of Specimen Sources

(Source: Office of National Drug Control Policy, 2004)

Specimen	Window of Detection	Pros	Cons
Sweat	Up to 1-4 weeks	<ul style="list-style-type: none"> <li>• Non-invasive</li> <li>• Variable removal date generally from 1 to 14 days</li> <li>• Quick application and removal</li> <li>• Longer detection window than urine</li> <li>• No specimen substitution possible</li> <li>• Useful for compliance monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• Limited number of labs able to process results</li> <li>• People with skin eruptions, excessive hair or cuts and abrasions cannot wear the patch</li> <li>• Moderate to high cost</li> </ul>
Hair	Up to 4-6 months	<ul style="list-style-type: none"> <li>• Long window of detection</li> <li>• Greater stability and does not deteriorate</li> <li>• Can measure chronic drug use</li> <li>• Convenient shipping and storage causing no need to refrigerate</li> <li>• Collection procedure not considered invasive or embarrassing</li> <li>• More difficult to adulterate than urine</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate to high cost</li> <li>• Cannot detect alcohol use</li> <li>• Will not detect very recent drug use between 1 to 7 days prior to drug test</li> <li>• Not effective for compliance monitoring</li> </ul>



## Pros and Cons of Specimen Sources

(Source: Office of National Drug Control Policy, 2004)

Specimen	Window of Detection	Pros	Cons
Breath	Up to 12-24 hours	<ul style="list-style-type: none"> <li>• Minimal cost</li> <li>• Reliable detector of presence and amount of alcohol using Blood Alcohol Concentration</li> <li>• Noninvasive</li> </ul>	<ul style="list-style-type: none"> <li>• Very limited time window of detection for ethanol concentrations</li> <li>• Only detects presence of alcohol</li> </ul>
Blood	Up to 12-24 hours	<ul style="list-style-type: none"> <li>• Detects presence of drugs and alcohol</li> <li>• Accurate results</li> </ul>	<ul style="list-style-type: none"> <li>• Invasive</li> <li>• Moderate to high cost</li> </ul>
Meconium	Up to 2-3 days	<ul style="list-style-type: none"> <li>• Able to detect long term use</li> <li>• Detects presence of drugs and alcohol</li> <li>• Easy to collect and highly reliable</li> </ul>	<ul style="list-style-type: none"> <li>• Short window of detection prior to infant's birth</li> </ul>



## Step 9: Drug Testing Methods

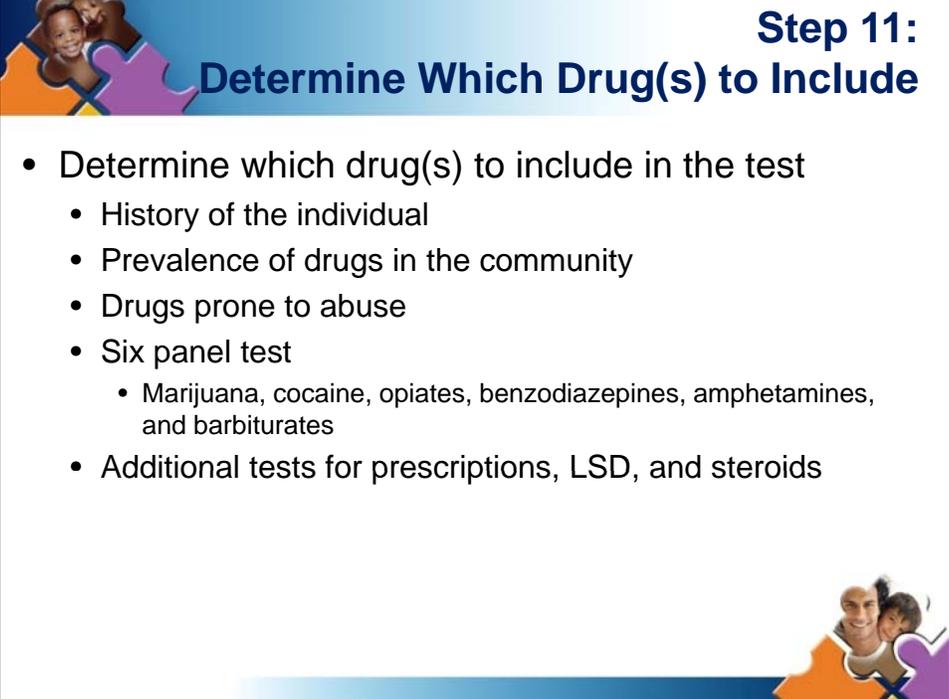
- Determine when to use point of collection and laboratory testing
  - **Point of collection tests**
    - Urine, saliva, breath
    - Requires confirmation laboratory testing for positive tests
  - **Laboratory tests**
    - Screening
    - Confirmation
    - Use of SAMHSA certified labs



## Step 10: Drug Testing & Observation

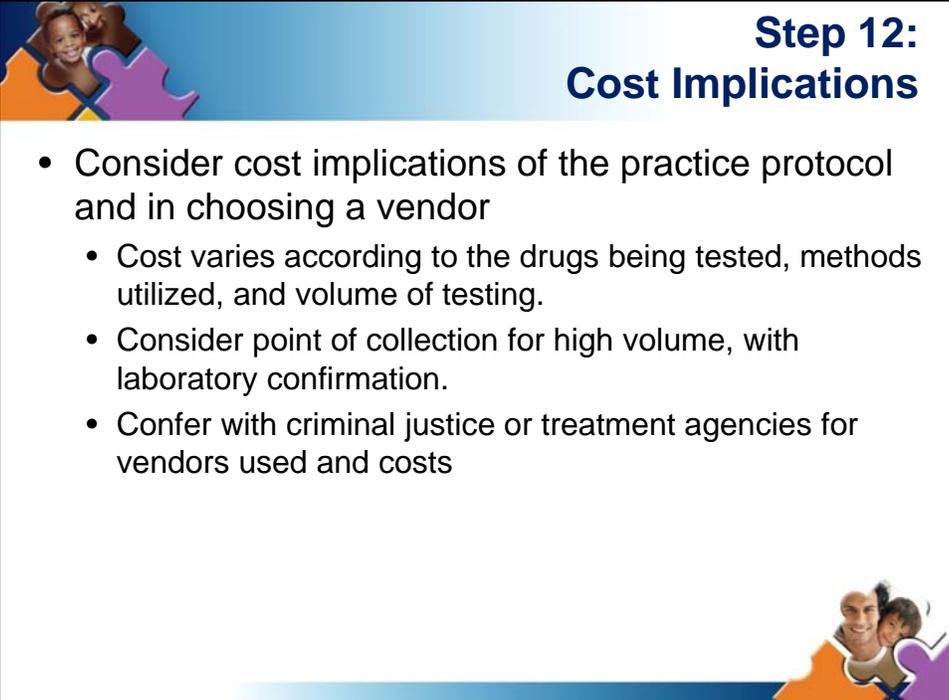
- Establish the logistics of drug testing and observation
  - Specimen integrity
  - Chain of custody protocol
  - Observation issues





## Step 11: Determine Which Drug(s) to Include

- Determine which drug(s) to include in the test
  - History of the individual
  - Prevalence of drugs in the community
  - Drugs prone to abuse
  - Six panel test
    - Marijuana, cocaine, opiates, benzodiazepines, amphetamines, and barbiturates
  - Additional tests for prescriptions, LSD, and steroids



## Step 12: Cost Implications

- Consider cost implications of the practice protocol and in choosing a vendor
  - Cost varies according to the drugs being tested, methods utilized, and volume of testing.
  - Consider point of collection for high volume, with laboratory confirmation.
  - Confer with criminal justice or treatment agencies for vendors used and costs



## Step 13: Staff Training

- Determine the type of staff training to provide and what type of qualifications are needed to administer the program
  - Who will administer the tests?
  - Point of contact tests require training in administration and reading results
  - Use of a Medical Review Officer




## Incorporating Drug Testing into Child Welfare Practice

<b>Discuss Testing With Parents</b>	<ul style="list-style-type: none"> <li>• 14: Develop a parent engagement strategy</li> </ul>
<b>Frequency of Testing</b>	<ul style="list-style-type: none"> <li>• 15: Establish frequency and random protocol of testing</li> </ul>
<b>Addressing Drug Test Results and Refusals</b>	<ul style="list-style-type: none"> <li>• 16: Decide how to address positive results, negative results, refusals and adulterated specimens</li> <li>• 17: Develop a notification procedure for drug test results</li> </ul>
<b>Coordination and Collaboration</b>	<ul style="list-style-type: none"> <li>• 18: Establish drug testing coordination strategy with treatment agencies</li> </ul>





## Step 14: Discussing Testing with Parents

- Develop parent engagement strategy and provide information in clear writing
  - Advise parent of purpose of drug testing policy
  - Discuss disclosure of medical conditions and prescription medications
  - Discuss how test results will be used
  - Discuss logistics of drug testing



## Step 15: Frequency of Testing

- Establish frequency of testing
  - Random testing
  - More frequent to less frequent
  - Arizona Dept of Economic Security and Child Protection:
    - First 60 days in treatment – 2 times weekly
    - 61-120 days – 2 times per month
    - 121 days and no other warning signs – monthly





## Steps 16 and 17: Addressing Drug Test Results

- How will test results, refusals and adulterated tests be handled?
- Develop a notification procedure for drug test results
- Discuss results in a timely manner
- Establish efficient communication to other partners
- Provide parent the opportunity to disclose use
- Incentives and recognition for negative drug tests
- Implications for case plan modification
- Not as a sanction for child visitation



## Step 18: Coordination and Collaboration

- Establish drug testing coordination strategy with treatment agencies
  - Multiple demands on families in case plans
  - Drug tests may be occurring in treatment, probation
  - Minimize duplication and associated costs
  - Moving beyond the drug test alone to collaborative policies and practices





# Case Studies:

## *STARS Program- Sacramento, CA*

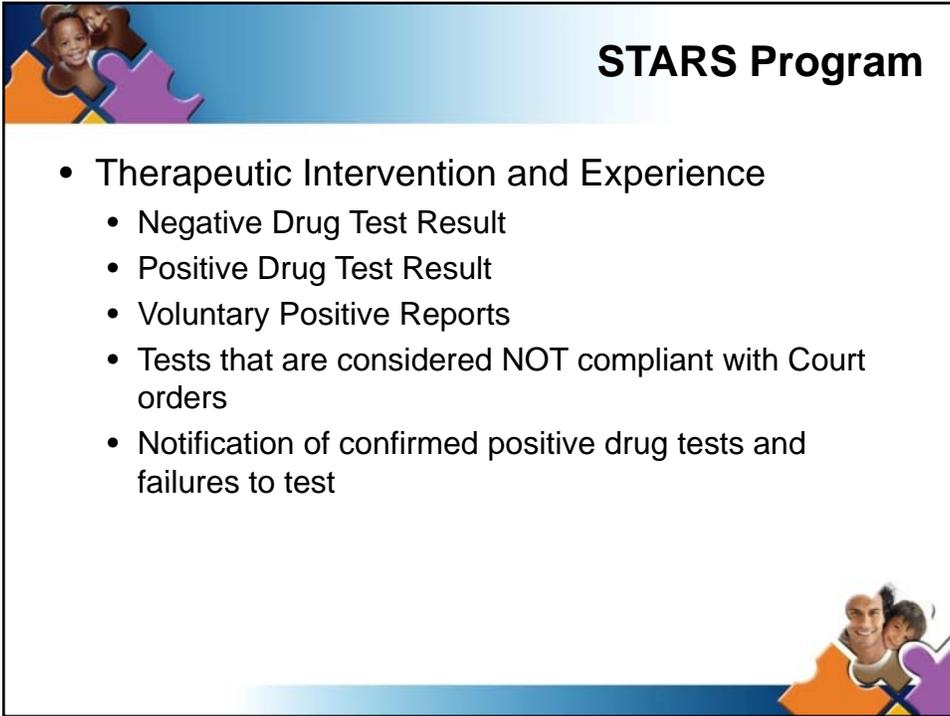
### *Arizona Child Protective Services*

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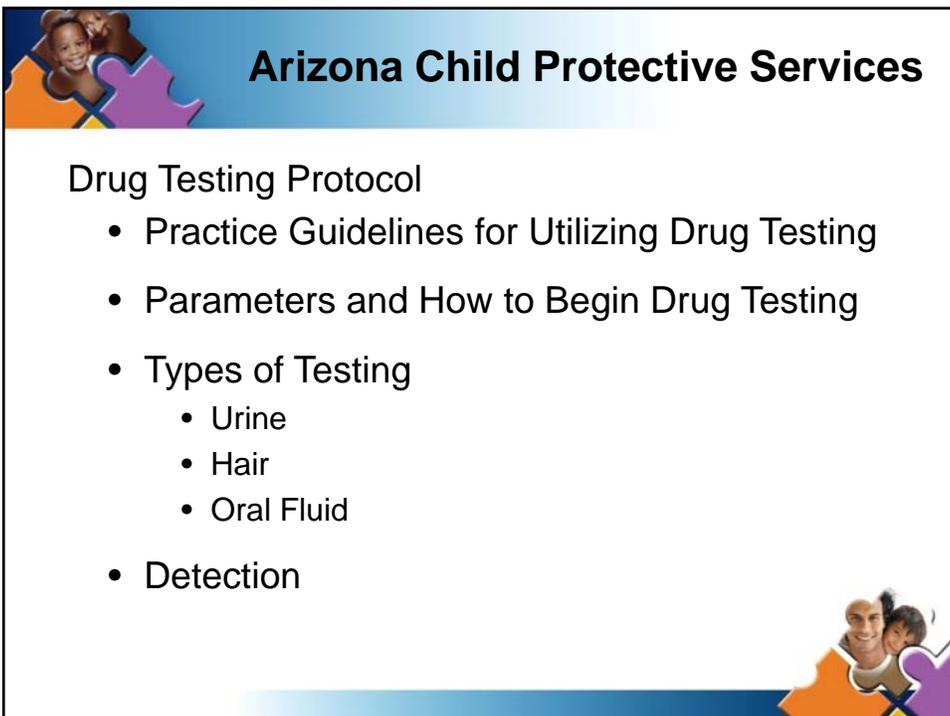
## **Specialized Treatment & Recovery Services (STARS) Program, Sacramento, CA**

- Policy Environment and Purposes
  - Funding
- Drug Testing Procedures
  - Random Tests
  - Color Code System
  - Frequency
  - Testing Equipment
  - Chain of Custody



## STARS Program

- Therapeutic Intervention and Experience
  - Negative Drug Test Result
  - Positive Drug Test Result
  - Voluntary Positive Reports
  - Tests that are considered NOT compliant with Court orders
  - Notification of confirmed positive drug tests and failures to test



## Arizona Child Protective Services

### Drug Testing Protocol

- Practice Guidelines for Utilizing Drug Testing
- Parameters and How to Begin Drug Testing
- Types of Testing
  - Urine
  - Hair
  - Oral Fluid
- Detection



## Arizona Child Protective Services

Drug Testing Protocol

- Randomized or Ongoing Drug Testing
- Addressing a Positive Drug Screen
- Communication

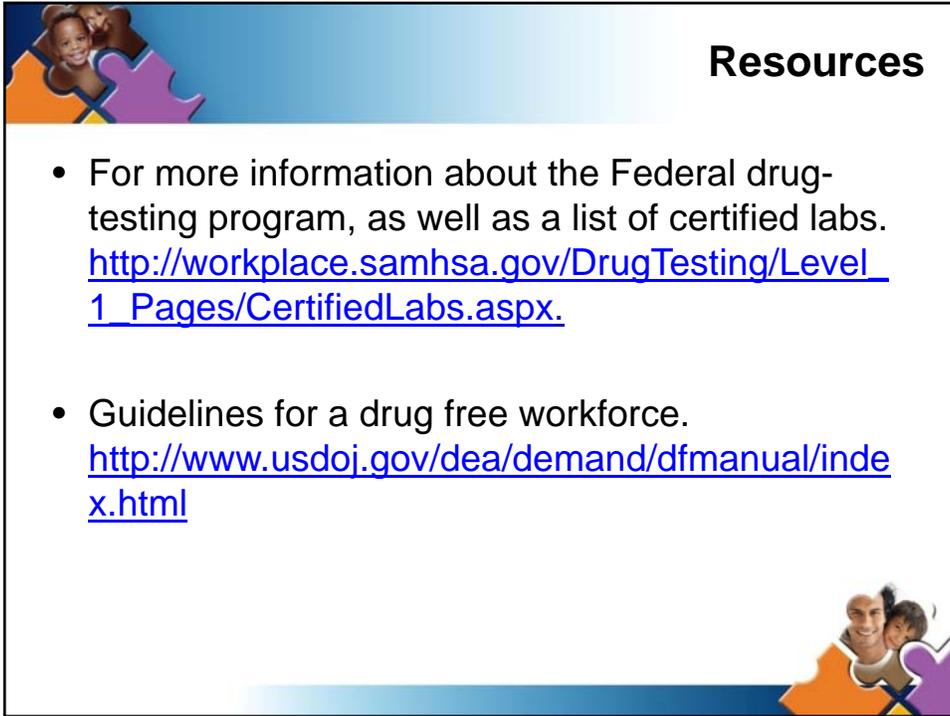


## Resources



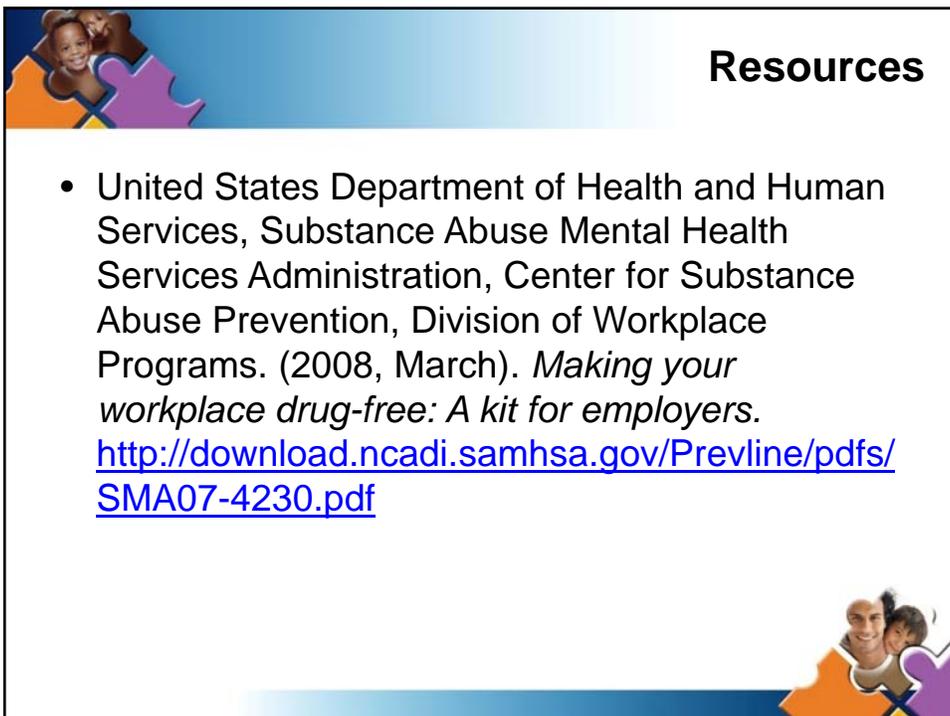
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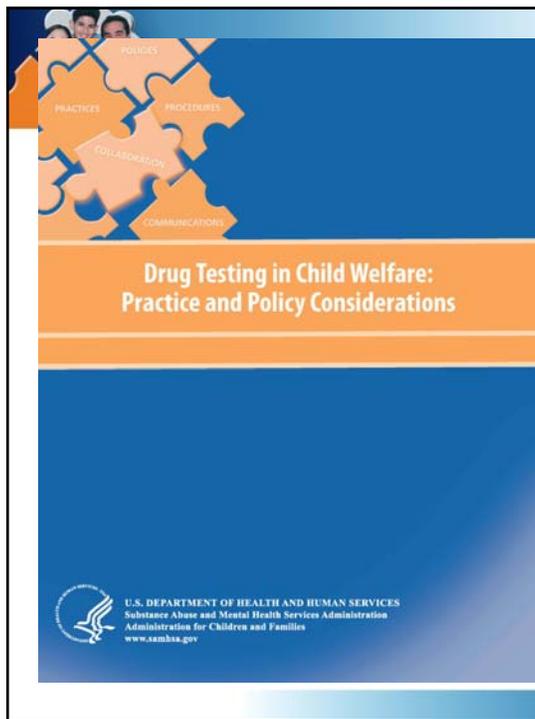
## Resources

- For more information about the Federal drug-testing program, as well as a list of certified labs.  
[http://workplace.samhsa.gov/DrugTesting/Level\\_1\\_Pages/CertifiedLabs.aspx](http://workplace.samhsa.gov/DrugTesting/Level_1_Pages/CertifiedLabs.aspx).
- Guidelines for a drug free workforce.  
<http://www.usdoj.gov/dea/demand/dfmanual/index.html>



## Resources

- United States Department of Health and Human Services, Substance Abuse Mental Health Services Administration, Center for Substance Abuse Prevention, Division of Workplace Programs. (2008, March). *Making your workplace drug-free: A kit for employers*.  
<http://download.ncadi.samhsa.gov/Prevline/pdfs/SMA07-4230.pdf>



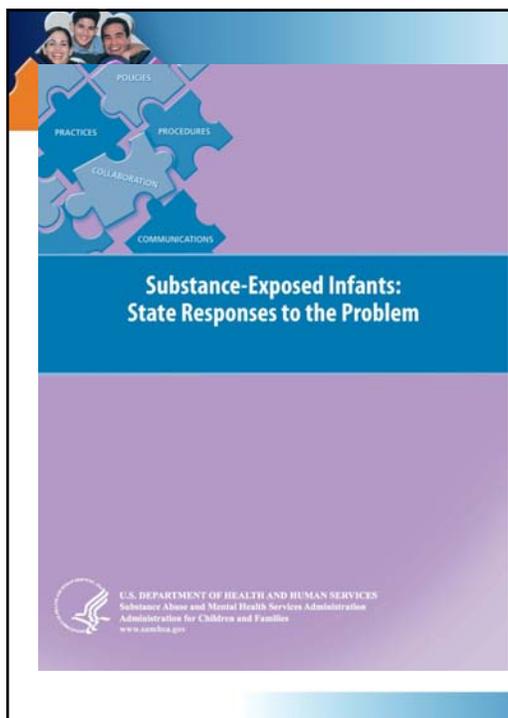
## Resources

To Obtain a FREE Copy:

Child Welfare Information Gateway:  
1-800-394-3366  
<http://www.childwelfare.gov/index.cfm>

SAMHSA  
National Clearinghouse for Alcohol  
& Drug Information:  
1-800-729-6686  
<http://ncadi.samhsa.gov/>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Administration for Children and Families  
[www.samhsa.gov](http://www.samhsa.gov)



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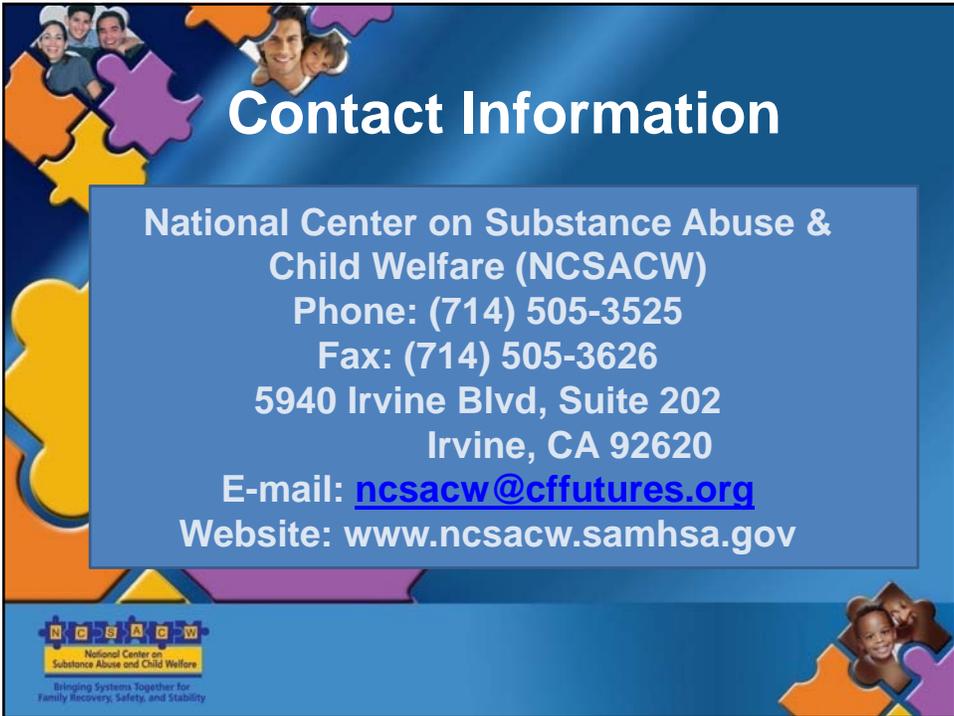




Please see  
**Michelle Freeman**  
at our  
**Exhibit Booth**  
for resources!

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# Discussion

