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

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
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

Agency Values and Mandates

- 1: Partner agencies need to understand value differences across systems concerning approaches to families affected by substance use disorders

Establish a Policy Framework

- 2: Determine how drug testing fits with agency’s overall approach to working with families

Understand the use of Drug Testing in Substance Abuse Treatment and Child Welfare Programs

- 3: Complete training on recognizing signs and symptoms of substance use disorders
- 4: Identify clear purpose for using drug testing
- 5: Determine how drug testing currently fits with the child welfare agency’s overall risk and safety assessment protocols

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)

<table>
<thead>
<tr>
<th>Specimen</th>
<th>Window of Detection</th>
<th>Pros</th>
<th>Cons</th>
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</thead>
<tbody>
<tr>
<td>Urine</td>
<td>Up to 2-4 days</td>
<td>• Highest assurance of accurate results</td>
<td>• Specimen can be adulterated, substituted or diluted</td>
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<td></td>
<td></td>
<td>• Least expensive</td>
<td>• Limited window of detection</td>
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<td></td>
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<td>• Most flexibility in testing different drugs</td>
<td>• Sometimes viewed as invasive or embarrassing</td>
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<tr>
<td></td>
<td></td>
<td>• Most likely of all drug testing matrices to withstand legal challenge</td>
<td>• Biological hazard for specimen handling and shipping to laboratory</td>
</tr>
<tr>
<td>Oral Fluids</td>
<td>Up to 48 hours</td>
<td>• Specimen obtained under direct observation</td>
<td>• Drugs and drug metabolites do not remain in saliva as long as they do in urine</td>
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<tr>
<td></td>
<td></td>
<td>• Minimal risk of tampering</td>
<td>• Less efficient than other testing methods in detecting marijuana use</td>
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<tr>
<td></td>
<td></td>
<td>• Non-invasive</td>
<td>• pH changes may alter specimen</td>
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<tr>
<td></td>
<td></td>
<td>• Specimen can be collected easily in virtually any environment</td>
<td>• Moderate to high cost</td>
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<tr>
<td></td>
<td></td>
<td>• Can detect alcohol use</td>
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<tr>
<td></td>
<td></td>
<td>• Detects recent drug use</td>
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# Pros and Cons of Specimen Sources

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<tr>
<td>Sweat</td>
<td>Up to 1-4 weeks</td>
<td>Non-invasive&lt;br&gt;• Variable removal date generally from 1 to 14 days&lt;br&gt;• Quick application and removal&lt;br&gt;• Longer detection window than urine&lt;br&gt;• No specimen substitution possible&lt;br&gt;• Useful for compliance monitoring</td>
<td>Limited number of labs able to process results&lt;br&gt;• People with skin eruptions, excessive hair or cuts and abrasions cannot wear the patch&lt;br&gt;• Moderate to high cost</td>
</tr>
<tr>
<td>Hair</td>
<td>Up to 4-6 months</td>
<td>Long window of detection&lt;br&gt;• Greater stability and does not deteriorate&lt;br&gt;• Can measure chronic drug use&lt;br&gt;• Convenient shipping and storage causing no need to refrigerate&lt;br&gt;• Collection procedure not considered invasive or embarrassing&lt;br&gt;• More difficult to adulterate than urine</td>
<td>Moderate to high cost&lt;br&gt;• Cannot detect alcohol use&lt;br&gt;• Will not detect very recent drug use between 1 to 7 days prior to drug test&lt;br&gt;• Not effective for compliance monitoring</td>
</tr>
<tr>
<td>Breath</td>
<td>Up to 12-24 hours</td>
<td>Minimal cost&lt;br&gt;• Reliable detector of presence and amount of alcohol using Blood Alcohol Concentration&lt;br&gt;• Noninvasive</td>
<td>Very limited time window of detection for ethanol concentrations&lt;br&gt;• Only detects presence of alcohol</td>
</tr>
<tr>
<td>Blood</td>
<td>Up to 12-24 hours</td>
<td>Detects presence of drugs and alcohol&lt;br&gt;• Accurate results</td>
<td>Invasive&lt;br&gt;• Moderate to high cost</td>
</tr>
<tr>
<td>Meconium</td>
<td>Up to 2-3 days</td>
<td>Able to detect long term use&lt;br&gt;• Detects presence of drugs and alcohol&lt;br&gt;• Easy to collect and highly reliable</td>
<td>Short window of detection prior to infant's birth</td>
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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

Discuss Testing With Parents
- 14: Develop a parent engagement strategy

Frequency of Testing
- 15: Establish frequency and random protocol of testing

Addressing Drug Test Results and Refusals
- 16: Decide how to address positive results, negative results, refusals and adulterated specimens
- 17: Develop a notification procedure for drug test results

Coordination and Collaboration
- 18: Establish drug testing coordination strategy with treatment agencies
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

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
Drug Testing Protocol

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

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).


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

Contact Information

National Center on Substance Abuse & Child Welfare (NCSACW)
Phone: (714) 505-3525
Fax: (714) 505-3626
5940 Irvine Blvd, Suite 202
Irvine, CA 92620
E-mail: ncsacw@cffutures.org
Website: www.ncsacw.samhsa.gov
Discussion