

Drug Testing Practice Guidelines

Adopted by the Children’s Justice State Council, 6/10/2011

Because alcohol and other drug use are often contributing factors in child maltreatment, effective alcohol and drug testing is often necessary to ensure treatment compliance and manage safety and risks concerns. **However, drug testing by itself is not an effective gauge of progress, and drug testing results should always be considered in light of other behaviors.** An effective program of drug testing should be **random, monitored** to protect against tampering, and **results should be quickly evaluated and addressed with clients.** This fact sheet has been developed to assist you in understanding and evaluating drug testing practices.

Appropriate uses for drug and alcohol testing include:
➤ As one component of a comprehensive family assessment to identify or treat substance abuse as a contributing factor to maltreatment when there are indicators of substance use
➤ To assist a parent in their readiness for treatment interventions
➤ When substance abuse is a contributing factor in maltreatment and the parent is not participating in a substance abuse treatment program
➤ To provide positive reinforcement and to monitor parents, particularly in early recovery

Inappropriate uses for drug and alcohol testing include:
➤ When a parent is already a active participant in a substance abuse treatment program in which frequent, random testing is a required component of the program
➤ When the parent admits to a relapse (though a safety and risk assessment of the child’s well being should be done)
➤ When used as punishment to a parent
➤ When used as the sole indicator of a parent’s progress
➤ When used a quantitative measure (see below)

Types of Testing	
<p>Urine is the most widely used and researched biological specimen for the detection of drugs in the human body. Most illicit drugs are excreted through urine within approximately 72 hours. The exception is alcohol which is excreted usually within 12 hours. However, EtG testing which detects the Ethyl glucuronide metabolite (chemical byproduct) of alcohol can allow for detection for up to 48 hours. <i>Urine specimens can easily be tampered with, replaced or adulterated, therefore observed collection and creatinine analysis is required for a test to be considered valid.</i></p>	<p>Hair is an increasingly common method of drug detection. An advantage of hair analysis is that it has the widest window of detection and detects drug exposure for a period of several months. Disadvantages include an <i>inability to detect recent use (within 5-7 days)</i>, the expense of testing, and some concerns about the accuracy of results because of different types of hair and other factors.</p>
<p>Oral fluid is also used for drug testing. The strengths of oral testing are that it is non-invasive and easy to administer. However, the <i>window of detection is shorter than urine testing and concerns have been raised about the accuracy of “on-site” commercial products.</i></p>	<p>Sweat patch testing has also become a popular form of drug testing. Among the advantages of the sweat patch is that they have a detection window is 10-14 days and are relatively non-invasive and difficult to tamper with. The disadvantages are that <i>the patch does not detect alcohol</i> and there are some concerns about accuracy due to contamination.</p>

Detection

Timing is a crucial factor in drug and alcohol testing. The amount of time a drug remains in the body is dependent on a variety of factors including the amount of drug taken and the metabolism of the individual. A negative test indicates that no drugs or metabolites were detected in the sample tested above the cutoff level. There is no form of testing that can absolutely guarantee that an individual is not using drugs. Detection windows and SAMHSA recommended cutoff levels for urine tests are provided on the next page.

Drug and alcohol tests are qualitative and designed to determine the presence of drugs in the body and not to measure or compare drug concentrations. Urine drug concentrations are of little or no interpretative value, and interpretations based on urine drug test levels are generally inappropriate, factually unsupported and without a scientific foundation.

Detection Windows by Drug Test Type				
Substance	Urine	Hair	Oral Fluid	Sweat
Alcohol	10-12 hours EtG -- Up to 48 hours	N/A	Up to 24 hours	N/A
Amphetamines	2 to 4 days	Up to 90 days	1-48 hours	7-14 days
Methamphetamine	2 to 5 days	Up to 90 days	1-48 hours	7-14 days
Barbiturates	Up to 7 days	Up to 90 days	N/A	N/A
Benzodiazepines	Up to 7 days	Up to 90 days	N/A	N/A
Cannabis (Marijuana)	1-30 days	Up to 90 days	Up to 24 hours	7-14 days
Cocaine	1 to 3 days	Up to 90 days	1 – 36 hours	7-14 days
Codeine (Opiate)	2 to 4 days	Up to 90 days	1 – 36 hours	7-14 days
Morphine (Opiate)	2 to 5 days	Up to 90 days	1 – 36 hours	7-14 days
Heroin (Opiate)	2 to 3 days	Up to 90 days	1 – 36 hours	7-14 days
PCP (Phencyclidine)	5 to 6 days	Up to 90 days	N/A	7-14 days
LSD, Mushrooms, Synthetic Cannabinoids, Ecstasy (MDMA) will not be detected by typical drug testing.				

Drug Testing provides limited information about the misuse/abuse of prescribed medications.

SAMHSA* Recommended Urine Drug Test Cutoff Levels		
Drug	Initial Screening	Confirmation Test
Amphetamines	500 ng/mL	250 ng/mL
benzodiazepines	300 ng/mL	variable
Cannabinoids	20 & 50 ng/mL	15 ng/mL
cocaine (including crack)	150 ng/mL	100 ng/mL
opiates (including heroin)	300 ng/mL	variable
phencyclidine (PCP)	25 ng/mL	25 ng/mL
alcohol	20 mg/dL	10 mg/dL

(* benzodiazepines and alcohol are not SAMHSA tested drugs)

Randomized Drug Testing

Recovery from substance abuse disorders is a long term process and it may take time for parents to begin to integrate recovery into their lives. A random drug testing program can be beneficial in reducing safety concerns and lowering the risk of future maltreatment. The table below can assist in determining the frequency of drug testing; however testing should be modified to meet individual needs. (Family Drug Treatment Courts may use a more intensive drug testing program)

Suggested Testing Schedule

Time from Court Case Opening	Suggested Frequency
0-30 days	2 times weekly
31-60 days	2-4 times per month
61 + days –or when no other indicators of use	1-2 times per month

Modifying a Drug Testing Schedule

A decision to modify and individualize the testing schedule should be made with input from the professionals involved with the family and should also consider the following factors:

- The type of substance use and detection times for those substance
- The severity of the substance use
- The historical patterns of use (weekends, stressful events and situations)
- The results of prior test – both positive and negative
- Changes in personal appearance and affect
- Other behaviors such as participation in substance abuse and other services, cooperation with case plan goals, employment consistency

Do not use drug tests as the as the sole indicator of recovery.

Addressing a Positive Drug Test

A positive drug test can serve as means to talk about recovery needs and positive tests should be viewed as an indicator of the need to adjust the parent’s treatment planning. Some suggested responses to a positive test are:

- Provide an opportunity for the parent to explain the result
- Consult with the treatment provider about the parent’s relapse prevention plan
- Reassess the array of services offered to the parent
- Consider a modification of the frequency of the current drug testing