Drug Testing White Paper

Produced by Kentucky Safe Families in Recovery, Practice Guidelines Workgroup

An In-Depth Technical Assistance Project of the Kentucky Department for Community Based Services; Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities; and the Kentucky Administrative Office of the Courts with support from the National Center on Substance Abuse and Child Welfare

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This white paper was developed to suggest an approach to drug testing in the child welfare system which considers child safety, national standards for drug testing, cost effectiveness, and a family-centered approach. Because this paper is exploratory in nature, it was never officially adopted as the position of the three agencies involved. The material in this white paper was synthesized from the experience of the lead author and from several sources listed in the references.

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Introduction:

Alcohol and other drug use are often contributing factors to child maltreatment. Consequently, there are times in which drug/alcohol testing for parents is necessary to ensure appropriate interventions are provided to the family. Drug testing is the most frequently used indicator for substance use in child welfare practice and courts often order drug testing for parents involved with the child welfare system. There are many factors to consider with regard to drug testing for families involved with the child welfare system and there are currently no standardized recommendations for drug testing in child welfare practice. The National Center on Substance Abuse and Child Welfare (NCSACW) (CSAT, 2010) has provided guidance on this issue and several other states have implemented drug testing protocols which may serve as guides to the development of a drug testing protocol in KY (Arizona, 2007).

In recent months, a series of discussions and review of relevant literature about drug testing occurred between individuals from DCBS, DBHDID, AOC and other members of the In Depth Technical Assistance (IDTA) Practice Guidelines workgroup. This document provides basic information and outlines considerations and recommendations for drug testing of families in KY involved with the Department for Community Based Services (DCBS) and who may also have involvement with the court and the substance abuse treatment community.

Drug Testing and the Use of Drug Test Results:

Drug tests are often used by DCBS, the courts and substance abuse treatment providers for different reasons. In the substance abuse treatment setting providers use drug testing as a tool to help clinically diagnose substance use disorders, plan treatment, monitor progress and support recovery. In the child welfare and court setting drug tests often serve as documented evidence that a parent is drug free and can be used to determine if substance abuse is associated with child safety and risk. Finally, drug tests are used to monitor a parent's sobriety and/or substance use during an open child welfare case. The challenge for all three systems (DCBS, Courts, Substance Abuse Treatment) is to employ best practices in the use of drug testing and to develop a shared understanding of the purpose of drug testing and the use of drug test results in decision making about children and families. Below are guidelines on the use of drug testing and the results that are based on national best practices (CSAT, 2010):

- Drug testing alone is not a treatment intervention or a child safety intervention.
- Use of drug tests and the results should only be one component in the identification of child safety, risk, strengths, protective capacities and needs of families.

- A positive drug test does not always equate to child maltreatment or a need to remove children from their home.
- A positive drug test should not be used to cancel visitation between parents and their children since this can be harmful to the child and affect bonding and attachment.
- A negative drug test is not enough information to make a decision on reunification.
- Drug testing should not be used punitively or as a stand alone tool to make any decisions.

Other Possible Indicators of Substance Use:

Drug testing results contribute to the full spectrum of client monitoring and support needed to ensure a child's safety, permanency, and well being as well as family recovery. There are also many other indicators that should be used in combination with drug test results to assist in the identification of substance use. Below is a list of factors that should also be considered:

> **Remember: Some of the following indicators may be indicative of a mental health condition or other barrier. Only a certified/licensed professional can diagnose any mental health condition or substance use disorder.**

- Absenteeism from work or other appointments.
- Tardiness to appointments or visitation.
- Is the person employed or are there changes in employment status?
- Is the person taking care of their family adequately?
- Is the parent impaired during home visits or other meetings?
- Overall appearance (Poor hygiene, disheveled, sores on face, dilated/constricted pupils, track marks).
- Erratic mood swings.
- Missed court hearings.
- Are children up to date on medical appointments?
- Manipulative behaviors.
- Lying or blaming others for their actions or problems.
- Isolation and evasive behavior.
- Increased frustration or a change in typical attitude or behavior.
- Physical signs of drug use or withdrawal (Agitation or euphoria, change in speech, mood and/or gait patterns, flu like symptoms, tremors or shaking, chemical odors)
- Drug paraphernalia in home.
- Criminal behavior.

In addition, a parent may also be participating in substance abuse treatment and/or attending recovery support meetings (i.e., 12 steps, Celebrate Recovery) and that should be considered in determining client monitoring and support. However, drug testing is not appropriate in child welfare practice and policy if the substance abuse treatment program already requires frequent random drug testing.

DCBS staff can gather this type of information from making home visits (random and planned), talking with community agencies who are involved with the client, while taking into consideration communication with family, friends and the children to determine if any of these behaviors are noticeable, and then providing this information to the Court. Observations from various sources can show a better picture of how a person is truly functioning on a day to day basis.

Frequency of Drug Testing:

This workgroup could find no research supporting a specific frequency of testing. Evidence-based approaches such as the START model and family drug court have utilized a frequency of once or twice per week respectively. The *Drug Testing in Child Welfare: Practice and Policy Considerations* publication (CSAT, 2010) recommends twice a week during the first 60 days of services, with less frequent tests over time as indicated by treatment and case-plan progress.

Types of Drug Tests:

As identified in *Best Practices in the Use of Clinical Drug Testing in Addiction Treatment*, there are many different types of drug tests to assist in the identification of substance use including urine, saliva, hair, breath, blood and meconium. Below is an overview of the various options and the strengths and limitations of these tests. Consultation with substance abuse treatment providers can be helpful in selecting the most appropriate method.

Urine: Urine is the most widely used and well researched biological specimen for the detection of drugs and is the most likely method to withstand a legal challenge. The majority of illicit drugs are excreted from urine within about 48 hours of use with the exception of alcohol which has a twelve hour window of detection. Chronic use can result in an extended detection period for some drugs such as marijuana. Specimens can easily be tampered, replaced or adulterated therefore supervised collection is recommended. Currently, urine is the only biological specimen for which federal guidelines are available.

Saliva: Saliva is a newer technology. The advantages of saliva testing include the ease of collecting a sample, the noninvasive sample collection method, and the ability to identify drugs used within the previous 24 hours. While studies have shown clinically useful levels of accuracy with saliva testing, caution is advised as some commercial products are more reliable than others. Saliva may also be unable to detect use after 48 hours and is less reliable than urine when testing for Marijuana and Benzodiazepines.

Hair: The use of hair as a method for drug testing is more common in recent years. Advantages of hair analysis include a long detection window up to several months, samples do not deteriorate, it is a non invasive method and it can be used to measure chronic drug use. Several disadvantages include high cost and the inability to detect recent use (within the last 1-7 days) or single use. This method is not effective for monitoring regular compliance because it cannot differentiate between recent drug use and prior drug use and cannot detect alcohol. Differences in hair structure, porosity, use of hair color products and external contamination can affect the accuracy of results.

Blood: The use of a blood sample can detect presence of drugs or alcohol up to 12-24 hours. This is an invasive and expensive method and must be performed by qualified personnel.

Breath: Breath is an inexpensive method that is non invasive and reliable in testing for the presence and amount of alcohol in one's system. The limitation of using breath is that it can only detect alcohol use not other drug use.

Meconium: This method helps determine if an infant has been prenatally exposed to drugs or alcohol after the 13th week of pregnancy. Samples are taken from the newborn infant.

Detection Window:

Timing is a critical factor in drug and alcohol testing. The amount of time a particular drug remains in the body depends on how much of the drug was taken, as well as the metabolism of the individual. The following chart gives approximate detection periods for each substance by the four major test types. The ranges depend on amount and frequency of use, metabolic rate, body mass, age, overall health and drug tolerance. The following substances are commonly abused and should be tested for when appropriate. This table is synthesized from information found in the following sources: Laboratory Corporation of America, 2011, and Uritox Medical, 2011.

Remember: Detection of a substance does not necessarily equate to current impairment.

SUBSTANCE	BLOOD	SALIVA	URINE	HAIR
Alcohol	12 hrs	4-12 hrs	6-24 hrs (5 days with EtG)	n/a
Amphetamine	12 hrs	3 days	1-4 days	up to 90 days
Barbiturates	unknown	unknown	2-10 days	up to 90 days
Benzodiazepines	unknown	6-48 hrs	1-42 days	up to 90 days
Cannabis (single	2-3 days	12-24 hrs	2-3 days	up to 90 days

use)				
Cannabis (habitual use)	2 weeks	12-24 hrs	15-30 days	up to 90 days
Cocaine	unknown	1 day	1-3 days	up to 90 days
Opioids	unknown	1-36 hrs	2-4 days	up to 90 days
Heroin	unknown	1-36 hrs	2-4 days	up to 90 days
Methamphetamine	1-3 days	1-48 hrs	3-5 days	up to 90 days
PCP	1-3 days	3 days	3-7 days	up to 90 days
Buprenorphine	unknown	6-12 hrs	1-6 days	unknown
Methadone	unknown	6-12 hrs	6-12 days	unknown

Chart adapted from a variety of sources (see end of document for all sources used in this document).

Payment for Drug Tests and Potential Ideas for Cost Savings:

The current mechanisms in place to pay for drug tests in KY are unsustainable. Sometimes families are asked to comply with drug testing through various systems at the same time, such as DCBS, substance abuse treatment, criminal and family court and probation and parole, which is not cost effective or convenient for families.

Parents could be asked to pay for at least some amount of the drug testing cost, but this may prove quite difficult due to the current economic climate. Additionally, an inability to pay for drug tests does not necessarily imply a lack of motivation on the part of the client, which is why it is important that other factors identifying substance use must be considered in addition to drug test results.

Medicaid could be used to pay for drug tests as part of substance abuse treatment if KY amends their state plan to include substance abuse treatment under Medicaid. This is not currently an option but may be in the future, along with changes anticipated with health care reform.

Other potential ideas for cost savings and drug testing include the following:

- KY could use one vendor for all systems who use drug testing: Courts, DCBS, substance abuse treatment providers, probation and parole. Better rates or discounts could be established with a larger volume of tests under one contract.
- All systems using drug tests could share drug test results and work collaboratively to cut down on duplication of drug testing the same families.
- Use quick test method and only send tests for lab confirmation on positive tests. Quick tests cannot meet legal challenges unless confirmation is completed and chain of custody standards are followed. This method is being used at one site in the state already and will soon be adopted by one of the START sites as a cost containment measure.

- Utilize a version of the Sacramento STARS program form that offers clients the option to waive the confirmation test and admit the positive result. This form also gives the option to not perform a test on a client who is admitting substance use. The form is at the end of this document. One of the START sites will soon begin using this form as a cost containment measure.
- No extra testing may be needed if client is actively participating in a substance abuse treatment program that conducts drug tests.
- Physician's office testing may be an option for some clients.
- Use a variety of sources to determine how the client is functioning on a day to day basis such as information from a treatment provider, support groups, probation and parole officer, family members, their children, law enforcement, and information from P&P home visits.

Medication-assisted treatment: (Methadone, Buprenorphine, Suboxone, Subutex)

Medication-assisted treatment (MAT) is an evidence-based practice for the treatment of opioid addiction. MAT is described by SAMHSA (Substance Abuse and Mental Health Services Administration) (CSAT, 2005) as the use of medications in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. DCBS does accept reports on infants who test positive for these medications to determine if the parents are actively engaged and compliant in their treatment program. Infants should not automatically be removed from women who test positive for these medications, but rather assessed on a case by case basis to determine the child's safety and the mother's current progress in treatment.

Prescription Drugs: Legitimate vs. Illicit Use:

The misuse of prescribed medications by parents/caretakers can place a child at risk and be the basis of a report to DCBS. Examples of misuse may include: (a)use of a prescription(s) for a non-medical reason; (b)use of a medication by an individual for whom the medication was not prescribed; (c) medication that was obtained through deception; or (d) medication being taken in an amount that exceeds the prescribed dosage. DCBS will need sufficient time to conduct an investigation to seek out the facts in these situations and BEFORE A REMOVAL is considered it must be determined how the parent is obtaining the prescription medication(s) and if the parent's use is impairing their ability to care for their children.

If the parent has obtained prescription drugs through a physician, as part of the investigation, it is important that the DCBS worker speak to the prescribing physician to determine several factors: (a)why a drug was prescribed; (b) does the client appear to be using it in an appropriate manner; (c) is the physician aware of any side effects and; (d)are other options available for the client if the drug is interfering with activities of daily living for the adult or how they are able to parent their children. Proper releases of information signed by the client are needed before this information can be obtained from the physician.

When the DCBS worker has specific concerns that a client may be misusing a prescription medication that is directly related to suspected abuse or neglect, a KASPER analysis report can be sought by the worker as outlined in the policy link below. This information can be used as another tool in the overall assessment.

The following links provide more information about the KASPER analysis report.

http://chfs.ky.gov/os/oig/**kasper**.htm

http://manuals.sp.chfs.ky.gov/chapter30/34/Pages/3021**KASPER**Reports.aspx

Conclusion:

Ensuring the safety of children who reside in substance abusing environments requires a multifaceted approach and can happen without children being removed from their parents' care. This type of approach requires regular and detailed communication between all systems and agencies involved with a family to monitor progress and provide support. The process of recovery from substance use disorders can be a long term process that often times involves relapse. It can take as long as six months of participation in treatment or recovery supports to begin to integrate recovery strategies into daily life. Determinations about a parent's ability to care for their children should not be made based on drug test results alone but instead by considering a combination of factors including a parent's participation on case plan objectives and services, observations of the parent's behavior, parent self reports, progress in recovery, random drug tests and ongoing assessment.

Sample Form from the Sacramento STARS Program

Drug and Alcohol Test

Presumptive/Altered Results

Client Name_____

Test Date _____/_____/_____ Temperature_____

Social Worker_____ Worker Code_____

Test Location:

STARS___ Treatment Provider___ Field___ Home___ Other___

I understand that I submitted a breath/urine sample on the above stated date and that the breath/urine sample has indicated a presumptive positive result for the following:

Alcohol Breathalyzer Result:_____	Cocaine	Opiates
Methamphetamine/Amphetamine	Marijuana	Benzodiazepines
Sample Diluted/Altered	PCP	Other:

_____I waive my option of a confirmation test and accept the positive result of the initial test. I recognize that this acceptance constitutes a full admission of drug use and further admit using the above drugs on the date listed _____.

_____I waive my option of providing a breath and urine sample and admit that I used the above noted drug/alcohol on the date listed_____.

_____ I do not accept the result of the initial test that resulted in the presumptive positive and/or diluted/altered test. I hereby request a confirmation test to be completed.

_____ ***Client Signature and Date***

_____***Recovery Specialist Signature and Date***

Source: CSAT, 2010

Sources:

Arizona Department of Economic Security Child Protective Services. (2007, July). Practice Guidelines for Utilizing Drug Testing.

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Laboratory Corporation of America. (n.d.). Retrieved January 28, 2011, from https://www.labcorp.com

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Additional information and examples can be found at https://ncsacw.samhsa.gov/resources/resources-Drug-Testing-in-Child-Welfare.aspx