

Random Drug Testing in Schools:

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Following the 2002 Supreme Court ruling in *Pottawatomie County v. Earls*, middle and high school students who participate in competitive extracurricular activities (including athletics and school clubs) may be tested for illegal drugs. Schools may also test non-randomly in reasonable suspicion/for-cause cases.

Educator rationales for drug testing generally include (1) deterrence, (2) early intervention and referral, and (3) improvement of the educational milieu. Schools have generally utilized urine toxicology tests, but recently, less intrusive oral fluid testing for cannabinoids has been developed (for use by highway patrol, police, school officials, and others) [1].

Does testing deter youthful drug use? According to a National Institute on Drug Abuse FAQ [2], the research in this area shows mixed results [2-6]; and, NIDA repeatedly recommends against drug test results being used for disciplinary purposes [2]. The American Academy of Pediatrics also does not support random drug testing of children and adolescents [7-10].

The American Academy of Pediatrics has strong reservations about testing adolescents at school or at home and believes that more research is needed on both safety and efficacy before school-based testing programs are implemented. The American Academy of Pediatrics also believes that more adolescent-specific substance abuse treatment resources are needed to ensure that testing leads to early rehabilitation rather than to punitive measures only [11].

It has been said that “the court system is the social welfare system of last resort,” and, we now have divorce courts, family courts, drug courts and juvenile courts. Schools are in an awkward collaboration with criminal justice over drug use and habitual truancy, so-called “status offenses.” Juvenile “status offenses” include parental ungovernability, curfew violations, alcohol and/or drug use, and habitual school truancy. Truancy is often, but not always, associated with drug use and abuse. A Student Assistance Program (SAP) is community based and likely to prove more efficacious than resorting to the criminal justice system.

In California, status offenders are known as “601 cases;” juvenile courts have broad adjudication options ranging from home supervision, to foster care, to incarceration, to involuntary mental health treatment [12]. And, nationally, long delays, poor outcomes and systemic abuses have generated criticisms of the “status offense” system and advocacy for demonstrably more effective community-based responses [13, 14]. Five features of a community system include: (1) Diversion from court, (2) An immediate response, (3) A triage process, (4) Community-based services that are accessible and effective, and (5) Internal assessments of outcomes [13].

Recommendation: Drug testing in schools should receive no financial support from a future California marijuana reform initiative; drug testing should be supported only when organized within a separate, professional Student Assistance Program (SAP) with rigorous privacy/confidentiality standards. The rationale is multifold. First, there is no research consensus in support of testing’s deterrent efficacy for non-treatment populations. (It is not supported by either NIDA or the American Academy of Pediatrics.) Second, it is often rightly perceived as an

enforcement/punishment tool. (How often a positive drug test leads to disciplinary action in California is not known.) Third, when done it should be carried out in a therapeutic environment run by clinical professionals, not educators, nor juvenile courts. Relapses are expected in the natural history of any drug dependence treatment; and, should not be seen as markers of failure and triggers for punishment. In a treatment system, a slip or relapse is generally seen as one indicator for additional services. Finally, fluid dilution and effective drug masking methods are easily found on the internet; and, “beating the test” quickly becomes part of school subculture.

Endnotes:

1. Desrosiers, N.A., et al., *Cannabinoids in oral fluid by on-site immunoassay and by GC-MS using two different oral fluid collection devices*. *Anal Bioanal Chem*, 2014. **406**(17): p. 4117-28.
2. NIDA. *Frequently Asked Questions About Drug Testing in Schools*. 2014; Available from: <http://www.drugabuse.gov/related-topics/drug-testing/faq-drug-testing-in-schools>.
3. Terry-McElrath, Y.M., P.M. O'Malley, and L.D. Johnston, *Middle and high school drug testing and student illicit drug use: a national study 1998-2011*. *J Adolesc Health*, 2013. **52**(6): p. 707-15.
4. Dupont, R.L., et al., *Response to commentaries on random student drug testing*. *Addiction*, 2013. **108**(5): p. 850-1.
5. DuPont, R.L., et al., *Random student drug testing as a school-based drug prevention strategy*. *Addiction*, 2013. **108**(5): p. 839-45.
6. Goldberg, L., et al., *Outcomes of a prospective trial of student-athlete drug testing: the Student Athlete Testing Using Random Notification (SATURN) study*. *J Adolesc Health*, 2007. **41**(5): p. 421-9.
7. American Academy of Pediatrics Committee on Substance Abuse, et al., *Testing for drugs of abuse in children and adolescents*. *Pediatrics*, 2014. **133**(6): p. e1798-1807.
8. Levy, S., M. Schizer, and AAP Committee on Substance Abuse, *Adolescent Drug Testing Policies in Schools (American Academy of Pediatrics Policy Statement)*. *Pediatrics*, 2015.
9. Levy, S., et al., *Testing for drugs of abuse in children and adolescents*. *Pediatrics*, 2014. **133**(6): p. e1798-1807.
10. Levy, S., M. Schizer, and Committee on Substance Abuse-American Academy of Pediatrics, *Adolescent Drug Testing Policies in Schools (Technical Report)*. *Pediatrics*, 2015.
11. American Academy of Pediatrics Committee on Substance Abuse, et al., *Testing for drugs of abuse in children and adolescents: addendum--testing in schools and at home*. *Pediatrics*, 2007. **119**(3): p. 627-30.
12. Pacific Juvenile Defender Center (PJDC). *Collateral Consequences of Juvenile Delinquency Proceedings in California: A Handbook for Juvenile Law Practitioners*. 2011; Available from: <http://www.pjdc.org/projects/collateral-consequences-handbook/-order>.
13. Salsich, A. and J. Trone. *From Courts to Communities: The Right Response to Truancy, Running Away, and Other Status Offenses, VERA and Status Offense Reform Center, Dec 2013*. 2013; Available from: <http://www.statusoffensereform.org/resource/courts-communities-right-response-truancy-running-away-status-offenses>.
14. NY Times Editorial Board. *Kids and Jails, a Bad Combination*. 2014; Available from: <http://www.nytimes.com/2014/12/29/opinion/kids-and-jails-a-bad-combination.html?action=click&pgtype=Homepage&module=c-column-top-span-region®ion=c-column-top-span-region&WT.nav=c-column-top-span-region&hp&r=0>.

EndNotes (Annotated)

American Academy of Pediatrics Committee on Substance Abuse, et al. (2007). "Testing for drugs of abuse in children and adolescents: addendum--testing in schools and at home." *Pediatrics* **119**(3): 627-630.

The American Academy of Pediatrics continues to believe that adolescents should not be drug tested without their knowledge and consent. Recent US Supreme Court decisions and market forces have resulted in recommendations for drug testing of adolescents at school and products for parents to use to test adolescents at home. The American Academy of Pediatrics has strong reservations about testing adolescents at school or at home and believes that more research is needed on both safety and efficacy before school-based testing programs are implemented. The American Academy of Pediatrics also believes that more adolescent-specific substance abuse treatment resources are needed to ensure that testing leads to early rehabilitation rather than to punitive measures only.

American Academy of Pediatrics Committee on Substance Abuse, et al. (2014). "Testing for drugs of abuse in children and adolescents." *Pediatrics* **133**(6): e1798-1807.

Drug testing is often used as part of an assessment for substance use in children and adolescents. However, the indications for drug testing and guidance on how to use this procedure effectively are not clear. The complexity and invasiveness of the procedure and limitations to the information derived from drug testing all affect its utility. The objective of this clinical report is to provide guidance to pediatricians and other clinicians on the efficacy and efficient use of drug testing on the basis of a review of the nascent scientific literature, policy guidelines, and published clinical recommendations.

Desrosiers, N. A., et al. (2014). "Cannabinoids in oral fluid by on-site immunoassay and by GC-MS using two different oral fluid collection devices." *Anal Bioanal Chem* **406**(17): 4117-4128.

Oral fluid (OF) enables non-invasive sample collection for on-site drug testing, but performance of on-site tests with occasional and frequent smokers' OF to identify cannabinoid intake requires further evaluation. Furthermore, as far as we are aware, no studies have evaluated differences between cannabinoid disposition among OF collection devices with authentic OF samples after controlled cannabis administration. Fourteen frequent (≥ 4 times per week) and 10 occasional (less than twice a week) adult cannabis smokers smoked one 6.8% (9)-tetrahydrocannabinol (THC) cigarette ad libitum over 10 min. OF was collected with the StatSure Saliva Sampler, Oral-Eze, and Draeger DrugTest 5000 test cassette before and up to 30 h after cannabis smoking. Test cassettes were analyzed within 15 min and gas chromatography-mass spectrometry cannabinoid results were obtained within 24 h. Cannabinoid concentrations with the StatSure and Oral-Eze devices were compared and times of last cannabinoid detection (t(last)) and DrugTest 5000 test performance were assessed for different cannabinoid cutoffs. 11-nor-9-Carboxy-THC (THCCOOH) and cannabinol concentrations were significantly higher in Oral-Eze samples than in Stat-Sure samples. DrugTest 5000 t(last) for a positive cannabinoid test were median (range) 12 h (4-24 h) and 21 h (1- ≥ 30 h) for occasional and frequent smokers, respectively. Detection windows in screening and confirmatory tests were usually shorter for occasional than for frequent smokers, especially when including THCCOOH ≥ 20 ng L⁻¹ in confirmation criteria. No differences in t(last) were observed between collection devices, except for THC ≥ 2 mug L⁻¹. We thus report significantly different THCCOOH and cannabinol, but not THC, concentrations between OF collection devices, which may affect OF data interpretation. The DrugTest 5000 on-site device had high diagnostic sensitivity, specificity, and efficiency for cannabinoids.

DuPont, R. L., et al. (2013). "Random student drug testing as a school-based drug prevention strategy." *Addiction* **108**(5): 839-845.

AIM: This paper describes the goals and current practice of school-based random student drug testing (RSDT) as part of an overall drug prevention strategy, briefly explores the available literature evaluating its effectiveness and discusses the controversies related to RSDT. METHOD: The authors describe the rationale for RSDT programs and the prevalence of RSDT and other drug testing programs in schools. Eight major criticisms and controversies in RSDT are discussed, including those related to acceptance of RSDT, program effectiveness, costs, legality and effects of drug testing on students. The limitations of the current literature are explored. FINDINGS: Although there is limited empirical evidence to support or refute the efficacy of RSDT in schools, there remains substantial opposition to such programs, which may contribute to the paucity of empirical studies of RSDT. CONCLUSIONS: Rigorous long-term evaluations are needed to evaluate the effectiveness of various versions of RSDT programs to prevent drug use and identify students in need of assistance to become and stay drug-free.

DuPont, R. L., et al. (2013). "Response to commentaries on random student drug testing." *Addiction* **108**(5): 850-851.

Goldberg, L., et al. (2007). "Outcomes of a prospective trial of student-athlete drug testing: the Student Athlete Testing Using Random Notification (SATURN) study." *J Adolesc Health* **41**(5): 421-429.

PURPOSE: To assess the effects of random drug and alcohol testing (DAT) among high school athletes.

METHODS: This was a 2-year prospective randomized controlled study of a single cohort among five intervention high schools with a DAT policy and six schools with a deferred policy, serially assessed by voluntary, confidential questionnaires. DAT school athletes were at risk for random testing during the full academic year. Positive test results were reported to parents or guardians, with mandatory counseling. Indices of illicit drug use, with and without alcohol use, were assessed at the beginning and end of each school year for the past month and prior year. Potential mediating variables were evaluated. RESULTS: Student-athletes from intervention and control schools did not differ in past 1-month use of illicit drug or a combination of drug and alcohol use at any of the four follow-up periods. At the end of the initial school year and after 2 full school years, student-athletes at DAT schools reported less drug use during the past year ($p < .01$) compared to athletes at the deferred policy schools. Combining past year drug and alcohol use together, student-athletes at DAT schools reported less use at the second and third follow-up assessments ($p < .05$). Paradoxically, DAT athletes across all assessments reported less athletic competence ($p < .001$), less belief authorities were opposed to drug use ($p < .01$), and indicated greater risk-taking ($p < .05$). At the final assessment, DAT athletes believed less in testing benefits ($p < .05$) and less that testing was a reason not to use drugs ($p < .01$). CONCLUSIONS: No DAT deterrent effects were evident for past month use during any of four follow-up periods. Prior-year drug use was reduced in two of four follow-up self-reports, and a combination of drug and alcohol use was reduced at two assessments as well. Overall, drug testing was accompanied by an increase in some risk factors for future substance use. More research is needed before DAT is considered an effective deterrent for school-based athletes.

Levy, S., et al. (2015). "Adolescent Drug Testing Policies in Schools (American Academy of Pediatrics Policy Statement)." *Pediatrics*.

School-based drug testing is a controversial approach to preventing substance use by students. Although school drug testing has hypothetical benefits, and studies have noted modest reductions in self-reported student drug use, the American Academy of Pediatrics opposes widespread implementation of these programs because of the lack of solid evidence for their effectiveness.

Levy, S., et al. (2015). "Adolescent Drug Testing Policies in Schools (Technical Report)." *Pediatrics*.

More than a decade after the US Supreme Court established the legality of school-based drug testing, these programs remain controversial, and the evidence evaluating efficacy and risks is inconclusive. The objective of this technical report is to review the relevant literature that explores the benefits, risks, and costs of these programs.

Levy, S., et al. (2014). "Testing for drugs of abuse in children and adolescents." *Pediatrics* **133**(6): e1798-1807.

Drug testing is often used as part of an assessment for substance use in children and adolescents. However, the indications for drug testing and guidance on how to use this procedure effectively are not clear. The complexity and invasiveness of the procedure and limitations to the information derived from drug testing all affect its utility. The objective of this clinical report is to provide guidance to pediatricians and other clinicians on the efficacy and efficient use of drug testing on the basis of a review of the nascent scientific literature, policy guidelines, and published clinical recommendations.

NIDA (2014). "Frequently Asked Questions About Drug Testing in Schools." from <http://www.drugabuse.gov/related-topics/drug-testing/faq-drug-testing-in-schools>.

NY Times Editorial Board (2014). "Kids and Jails, a Bad Combination." from http://www.nytimes.com/2014/12/29/opinion/kids-and-jails-a-bad-combination.html?action=click&pgtype=Homepage&module=c-column-top-span-region®ion=c-column-top-span-region&WT.nav=c-column-top-span-region&hp_r=0.

Pacific Juvenile Defender Center (PJDC) (2011). "Collateral Consequences of Juvenile Delinquency Proceedings in California: A Handbook for Juvenile Law Practitioners." from <http://www.pjdc.org/projects/collateral-consequences-handbook/> - order.

Salsich, A. and J. Trone (2013). "From Courts to Communities: The Right Response to Truancy, Running Away, and Other Status Offenses, VERA and Status Offense Reform Center, Dec 2013." from <http://www.statusoffensereform.org/resource/courts-communities-right-response-truancy-running-away-status-offenses>.

This white paper aims to raise awareness about status offenses and spur conversations about how to effectively handle these cases by citing several promising examples of state and local reform. The white paper discusses the

status of status offenses in America, explains why courts are poorly suited to handle status offense cases, describes the hallmarks of an effective community-based response for young people charged with status offenses, provides evidence that community-based responses work well, and then concludes by explaining how the Status Offense Reform Center (SORC) can help states and localities develop effective community-based responses to young people who commit status offenses.

Terry-McElrath, Y. M., et al. (2013). "Middle and high school drug testing and student illicit drug use: a national study 1998-2011." *J Adolesc Health* **52**(6): 707-715.

PURPOSE: This study uses 14 years of data from nationally representative samples of U.S. middle and high school students in the Monitoring the Future study to examine associations between school student drug testing (SDT), substance use, and participation in extracurricular activities. **METHODS:** Analyses use questionnaire data collected from 1998 to 2011 from 89,575 students in 883 middle schools and 157,400 students in 1,463 high schools to examine: (1) the current prevalence of SDT; (2) SDT trends over time; (3) associations between substance use and SDT type, volume, or duration among the general student population or students participating in activities subject to testing; (4) associations between students' beliefs/attitudes about marijuana use and SDT; and (5) associations between extracurricular participation rates and SDT. **RESULTS:** Moderately lower marijuana use was associated with any random testing of the general high school student population and for SDT of middle and high school sub-populations specifically subject to testing (athletes or participants in nonathletic extracurricular activities). However, SDT generally was associated with increased use of illicit drugs other than marijuana. **CONCLUSIONS:** Because the study design is observational and the data are cross-sectional, no strong causal conclusions can be drawn. However, there is evidence of lower marijuana use in the presence of SDT, and evidence of higher use of illicit drugs other than marijuana. Until further research can clarify the apparent opposing associations, schools should approach SDT with caution.