

Division of Children and Family Services Protection and Safety Procedure #17-2016	
Regarding:	Drug Testing Protocol
Date Effective:	May 13, 2016
Contact:	Sherri.haber@nebraska.gov or 402-471-7989
Issue by:	Douglas J. Weinberg, Director, Division of Children and Family Services

Philosophy:

The Division of Children and Family Services recognizes that alcohol and other drugs are often contributing factors in child abuse and neglect. Effective alcohol and drug testing is often necessary to ensure treatment compliance and manage safety and risk 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 the individual.

Procedure:

I. Purpose for Drug Testing

- A. The CFS Specialist will utilize the results of the Structured Decision Making (SDM) Assessments, reports from Law Enforcement and the UNCOPE tool to determine if:
 - 1. There are any individuals within the family who may need further evaluation regarding the individual's substance use; or
 - 2. Information exists that demonstrates that an individual is abusing substances. An evaluation of the individual's substance use may be necessary to determine the extent of the use and any treatment recommendations.

- B. The CFS Specialist must identify a clear purpose for using drug testing. Some of the more frequent uses for drug testing in a child abuse or neglect case, in concert with other tools, are to:
 - 1. Provide evidence of or rule out substance abuse as part of a child abuse or neglect investigation and determine whether substance abuse is associated with child safety or risk;
 - 2. Monitor whether a parent is continuing to use substances during an open court or non-court case;
 - 3. Provide evidence that family reunification is appropriate and child safety can be ensured; and,
 - 4. Provide documented evidence that the parent is substance free.
 - 5. Drug testing may also be used to motivate parents who use substances to become involved in treatment and to provide motivation and positive reinforcement while in the early stages of recovery.

<i>Table 1.</i>
<p><i>Appropriate uses for drug and alcohol testing</i></p> <ul style="list-style-type: none"> ➤ As one component of a comprehensive evaluation to identify or treat substance abuse as a contributing factor to maltreatment. ➤ 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 reinforcements and to monitor parents, particularly in early recovery.

<p><i>Inappropriate uses for drug and alcohol testing</i></p> <ul style="list-style-type: none"> ➤ When a parent is already an 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 (a safety assessment and assessment of the child’s wellbeing will be completed). ➤ When used as punishment to a parent. ➤ When used as the sole indicator of a parent’s progress. ➤ When used to determine the quantity of substance use. Drug and alcohol tests are qualitative and designed to determine the presence of drugs in the body and not to measure or compare concentrations.

II. Determining Whom to Test

Given the limitations of drug testing, the CFS Specialist should base decisions on which individuals to test using information from the safety assessment, risk or prevention assessment and family assessment. Other considerations may involve mothers of babies who were identified at birth as having been prenatally exposed to drugs. The CFS Specialist will also consider recommendations from the substance abuse evaluation or orders from the court. Drug testing is a service available for court and non-court involved cases.

III. Types of Testing

<p><u>Urine</u> 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. <u>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.</u></p>	<p><u>Hair</u> 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 <i>an 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><u>Breath</u> specimens are collected using a device that estimates a person’s blood-alcohol content. For forensically valid use, breath testing devices, commonly known as “Breathalyzer” must be calibrated according to the U.S. Dept of Transportation standards and State statutes or regulations. The major advantages of this specimen collection method include that it is inexpensive, noninvasive, and reliable for</p>	<p><u>Sweat</u> 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 of 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>

detecting the presence and concentration of alcohol. A limitation of breath specimen testing is that it only provides information about recent alcohol use but not drug use.	
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>	

IV. 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 recommended cutoff levels for urine tests are provided below. These cutoff levels are the same levels utilized by the Nebraska Administrative Office of Probation.

Drug and alcohol tests are qualitative and designed to determine the presence of drugs in the body and not to measure or compare 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.

V. Drug Test Cutoff Levels

The CFS Specialist will utilize the following guidelines to determine whether a screening level is positive or negative. The initial screening is presumptive and followed by confirmation. Screening tests are initial, qualitative drug tests conducted to identify classes of drugs present in the urine. They rely on a set threshold above which a positive result is produced and therefore do not detect lower concentrations of a drug. Confirmatory tests are used for further analysis of a sample, to confirm a positive or sometimes, negative, result.

Cutoff Levels, in Monograms per Milliter		
Drug	Initial Screening	Confirmation Test
Amphetamines	1,000	100
Benzodiazepines	300	50
Cannabinoids	50	20
Cocaine (including crack)	300	50
Opiates (including heroin)	300	100
Phencyclidine (PCP)	25	10
**Alcohol - ETG	500	100
Methamphetamine	1,000	100
Oxycodone	100	50
Ecstasy	500	100
<i>Note: The cut-off level of 1000 ng/ml for methamphetamine and amphetamine was chosen to curtail the number of false positives due to non-prescription and other prescription medications that can cross-react. For opiates, a lower cut-off level than the Substance Abuse and Mental Health Services Administration (SAMSHA) is identified. SAMSHA has a cut-off of 1000 ng/ml due to the possibility of poppy seeds causing a positive.</i>		

See Attachment A for the Detection Windows by Drug Test Type.

VI. Probation:

When an individual is on Probation and the Office of Probation is conducting drug tests, the CFS Specialist must work with the parent to obtain a Release of Information or a court order for the results and documentation of any drug tests conducted by Probation. The Release of Information or court order should include language that all drug test information can be released by Nebraska Probation to DCFS upon request. CFS should not authorize additional drug testing unless it is court ordered or the individual will not consent to the Release of Information.

VII. Discussing Drug Testing with Parents

- A. The CFS Specialist will discuss with the parent the need for complete disclosure of medical conditions and prescription and over-the-counter drugs and medication. The CFS Specialist will seek confirmation from the parent's physician/medical practitioner of the parent's medical conditions and prescribed medications.
- B. The CFS Specialist will advise the parent of the purpose of the drug testing, which is to assist in case planning and to monitor progress if substance abuse treatment services are warranted. The CFS Specialist will explain to the parent the consequences of positive and negative test results, how DCFS will interpret a refusal (see page 7) to undergo a test and how DCFS will use the results in assessing child safety and risk.
- C. The CFS Specialist will discuss drug testing with the parent, allowing the parent to self-disclose what the drug test results are likely to reveal and his or her past use of illicit drugs and the misuse of prescription drugs, including previous patterns of drug use and specific drugs used.
- D. The CFS Specialist will describe the drug testing process and ensure the parent is aware of the agency that will have staff conducting the test. Recovery from drug use can be a long-term process and requires a disease management approach to recovery which acknowledges the chronic nature of substance use disorders. Drug testing can help the CFS Specialist assess the effectiveness of substance abuse interventions in reducing threats to child safety and risks of future maltreatment. The CFS Specialist will help the parent understand the scope and implications of his or her substance use disorder.

VIII. Frequency of Testing

- A. The CFS Specialist will utilize the information in Attachment A in establishing the frequency of drug testing including input from the parent, supervisor, substance abuse treatment provider and other professionals working with the family. The CFS Specialist will take into account the following:
 - 1. The type of drug and how long it can be detected;
 - 2. Clinical diagnosis, including the severity of the substance use disorder, the parent's historical patterns of use, and the changes in affect and physical appearance;
 - 3. Whether the parent is participating in a residential treatment program (because testing is not usually beneficial until the individual has left the campus or otherwise has access to alcohol or drugs);
 - 4. Whether the parent consistently attends or participates in service delivery, particularly substance abuse treatment, self-help groups, or other recovery-support activities, and his or her level of cooperation with the case plan;
 - 5. Parent's denial or minimization, which can indicate the parent does not understand the seriousness of his or her substance use and its consequences; and
 - 6. The parent's relapse-prevention plan, including the coping skills that the parent will use in unsafe environments in which he or she might face pressure to use, and whether the parent has made changes in the people, places, and things associated with his or her substance use.

- B. The CFS Specialist may recommend to the court that testing be discontinued, with supervisor approval and input from the substance abuse treatment provider, if the parent no longer exhibits substance use behavior or the parent has received consistent negative drug testing results. The parent may need additional drug testing after DCFS has stopped testing the parent if the CFS Specialist suspects that the parent has relapsed and is not admitting to resumed use.
- C. 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. Attachment A provides some guidelines to the CFS Specialist in authorizing drug tests. Testing should be modified to meet individual needs. (Family Drug Treatment courts may use a more intensive drug testing program). Do not use drug tests as the sole indicator of recovery.

IX. Authorizing Drug Testing

- A. The CFS Specialist will create a Service Referral that specifies the length and frequency of drug testing. The CFS Specialist will review the parent’s substance use and refer to Attachment A to determine the frequency of testing needed for the parent. The CFS Specialist will need to check with the DCFS Contracted Drug Testing providers to determine which provider(s) are able to provide the type and frequency of testing needed.
- B. The CFS Specialist may request testing for one or more of the following drugs, marijuana, cocaine, opioids, amphetamines, and benzodiazepines, following the national Institute on Drug Abuse (NIDA, 2007) recommendations. The CFS Specialist may request testing for other drugs which are prone to be abused or based on the history of the individual. The CFS Specialist will list the drugs to test for in the Service Referral.
- C. CFS Specialists are encouraged to utilize drug testing providers who conduct testing at the provider’s location. Requiring a parent to go to a provider promotes the parent responsibility regarding their recovery.
- D. Drug testing will not be conducted with parent(s) who admit to use unless there is additional information in which the use of substances other than what is disclosed is suspected that would impact the safety of the child. The goal of drug and alcohol testing is to hold parents accountable for their substance use and to provide opportunities for intervention at critical points in their recovery process. The purpose of testing should not be to ‘catch’ parents using drugs. It is an effective way to gather evidence about their successes and ability to care for their children.

X. Notification of Drug Test Results

- A. DCFS contract providers of drug tests will report the following to the CFS Specialist by the end of the next business day, unless otherwise directed in the service referral.
 - 1. Voluntary Self Disclosure
 - 2. Refusal to Submit
 - 3. Failure to provide a specimen or No Show
 - 4. Adulteration or Dilution of a Specimen
 - 5. Masking
- B. The results of the laboratory confirmation test must be provided in writing to the CFS Specialist or supervisor by the end of the next business day following receipt of the lab testing results.

XI. Addressing Results of Drug Tests

- A. The CFS Specialist will report all drug test results (positive & negative), self-disclosures, refusals and no shows to the court. Unless there is a court order authorizing the release of the results to other parties, the results of the drug test will be shared with the court, the county attorney and the attorney for the parent who was tested.
 - 1. **Negative Drug Test Results:** Results will be shared with the parent. In most cases, parents with an initial negative drug test do not undergo further drug testing. Confirmatory laboratory

analysis may be considered if the parent's behavior is not consistent with point-of-collection test results or if the specimen temperature suggests laboratory testing is warranted.

2. **Positive Results:** A positive drug test can serve as a 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. When a parent receives a positive drug test result, the CFS Specialist should:
 - a. Discuss the results in a timely manner with the parent, preferably within 1-2 days of obtaining the results, giving the parent the opportunity to explain the results;
 - b. Obtain an evaluation by a substance abuse professional if the parent is not receiving substance abuse treatment or recovery services;
 - c. Consult with the parent's treatment provider; this consultation should include a review of the parent's relapse prevention plan and a reassessment of the array of services and interventions in which the parent is currently participating, as well as modification of the parent's relapse prevention plan as needed;
 - d. Consider a modification of the frequency of the current drug testing; and
 - e. Reassess for child safety, a safety plan may need to be developed or modified to assist the parent to safely care for their child.
3. **Voluntary Self-Disclosure:** When a parent self-reports any drug or alcohol use, the CFS Specialist will not require a formal drug test to be completed. This does not prevent the CFS Specialist from requesting formal testing if there is additional information in which the use of substances other than what is disclosed is suspected that would impact the safety of the child. The CFS Specialist will work with the parent to discuss recovery needs as described in the section on Positive Results.
4. **Refusal to Submit:** The CFS Specialist will consider a parent's refusal to submit to a drug test as a failure to test on that given day and will be considered as a positive result. This refusal will be documented and reported to the courts and the appropriate attorneys.
5. **Failure to Provide a Specimen or No Show:** When a parent fails to provide a specimen, it will be considered a positive result.
6. **Adulteration or Dilution of a Specimen:** When a parent tampers with or adulterate the drug test, it will be considered a positive result.
7. **Masking:** Masking is a possible way to change the results of a drug test. This strategy involves ingesting a particular substance that disguises (or masks) the traces of drug metabolites in the urine sample. When 'masking' is identified, it will be considered a positive result.
8. **No Show – Excused:** When a parent has experienced an extreme circumstance. Must be verified by the CFS Specialist.

XII. Documentation: The CFS Specialist will document the results of drug test in Document Imaging in the category of "Evaluations and Provider Reports". Any narrative can be documented in the appropriate narrative section based on the context of the discussion.

References:

Drug Testing in Child Welfare: Practice and Policy Considerations: Substance Abuse and Mental Health Services Administration.

Drug Testing Practice Guidelines - Adopted by the Children's Justice State Council, 06/10/2011.

Office of Probation Substance Use Testing Protocol

Children's Justice State Council

Attachment:

Attachment A: Detection Windows by Drug Test Type

Attachment A: 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 to 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				
Adopted by the Children's Justice State Council, 06/10/2011				