

Conducting the Test

Just as the drug problem differs from one school to another, so do the mechanisms by which various schools conduct drug tests. You should work closely with your advisory committee and legal counsel to map out a strategy and set clear guidelines for the nuts-and-bolts operation of the testing program. Your plan should cover, in detail, every step from beginning to end, including procedures for choosing which students can be tested, when and how they are summoned to the collection area, how the tests are performed and analyzed, and what happens in the event of a positive test.

Although there is no “one size fits all” approach to drug testing, there are strategies and techniques that have proven to be effective. Understanding these, and knowing how other schools have tackled some of the same issues you are facing, can be immensely valuable in helping you develop a plan for your school. Key issues, questions, and topic areas include:

- Whom to test, and when
- The procedure
 - Specimen collection
 - Certified labs
 - Point-of-collection urine tests
 - The confirmation test
 - Medical review officer
- Alternative testing methods
- Consequences of a positive test

Whom to test, and when

Methods and procedures vary widely, but on average, schools with drug-testing programs submit approximately 10-25 percent of their eligible students to drug tests each month. Typically, a school will test some students weekly, but there are those that test bi-weekly or even monthly. Most schools use a computerized system to select students randomly for drug testing. Others rely on a lottery system and pull names out of a “pool” of eligible students. On test days, schools often select a few alternate candidates to account for absences.

The procedure

For years, urine has been the only specimen collected for many federally regulated and most private-sector drug-testing programs. Today, the majority of schools with drug-testing programs continue to use urine tests because of the proven reliability, accuracy, and fairness of this method. However, schools are increasingly using tests of hair and oral fluids because both are easier to collect and more resistant to cheating.

Specimen collection. For urine tests, a school staff member usually escorts those chosen from the testing pool to the collection site. Here, students typically are given a specimen cup and sent to the lavatory unobserved. Blue dye has been placed in the toilets, and the water to the sink has been shut off or the faucets taped shut to lessen the risk of having the specimen adulterated. The person overseeing the collection procedure also checks the temperature of the specimen to make sure it is valid and that no substitution has occurred.

Once the specimen is determined to be valid, the cup is sealed and then initialed by the student, and the proper chain of custody is applied. To preserve confidentiality, an identification number rather than the student's name or initials may be used for marking the specimens and test results. Many schools send the specimens to a laboratory, where they are analyzed by sensitive and carefully calibrated instruments. Laboratory analysis gives the most accurate reading, but the test results may not be known for 24 to 48 hours from the time the lab receives the specimen.

At the laboratory, technicians check every specimen for possible substitution or adulteration by substances that the student may have ingested or put in the specimen afterward to “cleanse” it. (Specimen tampering or adulteration is less of a concern in hair or saliva testing.) Even if it turns out that an adulterated specimen does not reveal the presence of drugs or drug metabolites, the fact that it has been tampered with should bring on the same consequences as positive drug test.

Certified labs. Drug testing is mandated for Federal employees in safety- or security-sensitive positions. Because a positive drug test could cost someone in such a position his or her job, every possible precaution is in place to assure test accuracy. All specimens, for example, must be sent to laboratories certified by the Substance Abuse and Mental Health

Services Administration (SAMHSA). Although school drug-testing programs are not bound by the same strict procedures, many schools use SAMHSA-certified labs to ensure a high level of accuracy. (For more information about the Federal drug-testing program, as well as a list of certified labs, see <http://workplace.samhsa.gov/ResourceCenter/lablist.htm>.) This certification procedure is currently only for urine testing, but Federal guidelines under development will extend the process to hair, oral fluids, and sweat-patch testing.

Point-of-collection urine tests. Some schools perform a screening test of the collected specimens on-site, in a procedure known as point-of-collection testing. For urine testing, the collection procedure is the same as that for specimens being sent to a laboratory. The difference is that, in point-of-collection screening, the specimen is read by the test administrator, not by laboratory instruments. A variety of testing devices are available that allow the tester to “dip and read,” “tilt and read,” or “drop and read” the test results. This on-site collection test yields immediate results, most of which will be negative. However, because of the human involvement in reading the tests, it is imperative that the tester be properly trained. If a point-of-collection specimen tests positive, it is then sent to a laboratory, using proper chain-of-custody procedures, for a confirmation test.

Parents should be notified each time their child is tested, and the results—positive or negative—should be shared with them. It is up to each school to determine which staff members, if any, are permitted to see the test results. High schools generally allow at least one staff member access to the results. A middle school, on the other hand, might send the results to the parents only, along with literature on what to do if the test is positive.

The confirmation test. If the results of the screening test are negative, no further action is necessary. However, if the specimen tests positive, regardless of the testing method, a confirmation test should be done. In the case of urine testing, the confirmation test involves an analytical process known as gas chromatography/mass spectrometry (GC/MS). Technicians use gas chromatography to separate the various substances in the specimen, and then make a positive identification through mass spectrometry. Some schools automatically authorize a confirmation test

in the event of a positive screening; others do so only at a parent's request. If the confirmation test also comes up positive, a qualified "medical review officer" should determine whether the positive reading was caused by illicit drugs or by proper prescription medication.

Medical review officer. A medical review officer is a licensed physician who is also an expert in drug and alcohol testing and the Federal regulations governing such testing. It is the job of a medical review officer to ensure the integrity of the drug test. If a test is positive, the medical review officer consults with the student and/or the student's family and gives them an opportunity to supply evidence that there was a justifiable reason for the positive test, such as a properly prescribed drug. If the medical review officer determines that the positive test was not the result of illegal drug use, the test is reported as negative. Having a medical review officer on board helps protect the rights of students and can have the added benefit of strengthening the school's position if the test results are ever challenged.

Most laboratories can provide a list of available medical review officers. To verify the certification status of medical review officers, see the American Society of Addiction Medicine (ASAM) Web site at <http://www.asam.org/search/search4.html>. For more information about certified labs, visit the Web site for SAMHSA's Division of Workplace Programs at <http://workplace.samhsa.gov/DrugTesting/MedicalReviewOfficers>

Alternative testing methods

Drugs or drug metabolites can be detected in hair, oral fluids, and sweat. Several factors, including the stigma of wearing a sweat patch, make sweat testing more suited for use in the criminal justice system and for follow-up testing after drug treatment.

Hair testing is less intrusive and has a longer detection window than urine testing, but it may present some special problems. If, for example, a student athlete shaves his head, where would you take a sample? (In this case, a urine test could be used as an alternative.) Moreover, hair specimens can be analyzed only in a laboratory.

Another less-intrusive alternative involves the testing of oral fluids, the generic term for saliva and other material collected from the mouth. Due to the sensitivity of testing devices required to detect marijuana and cocaine in oral fluids, specimens should be sent to a laboratory to ensure the most accurate readings. Although drugs and drug metabolites do not remain in oral fluids as long as they do in urine, oral-fluids testing offers a number of advantages. For example, specimens can be collected relatively easily—a swab of the inner cheek is the most common way—and in virtually any environment. Oral fluids are also harder to adulterate or substitute, and collection is less invasive than in urine or hair testing.

Consequences of a positive test

Depending on the school's policy, students who test positive for drug use may be suspended from their extracurricular activities for a period of time. They may also be required to attend drug education classes, undergo counseling, or seek treatment for clinical dependency. These students usually must submit to follow-up drug tests as well. What's most important, once users have been identified through drug testing, is for those involved in their lives—family, friends, counselors, treatment providers—to practice early intervention and do all they can to dissuade these students from using drugs. Recovery support services can be especially helpful at this time.



If subsequent tests also yield positive results, students might face graduated sanctions, such as a longer suspension from an extracurricular activity. On the other hand, when a student admits drug use and shows a willingness to come to grips with the problem, this is usually seen as a positive step toward stopping the use, in which case sanctions may be much lighter or lifted altogether. Whatever the consequences, it is essential that students who test positive for drugs, particularly those who are in recovery after treatment for chemical dependency, get all the help and support they need, whether through student assistance or other services.