

**United States Department of Education
Office of Elementary and Secondary Education
Safe and Drug-Free Schools Program**

Report of a Preliminary Study:

**Elements of a Successful
School-Based Student Drug Testing Program**

July 22, 2002

**Prepared By
The Institute for Behavior and Health, Inc.
6191 Executive Blvd.
Rockville, Maryland 20852
U.S. Dept. of Education Order No. ED-01-PO-3886**

Authors:

Robert L. DuPont, M.D., Teresa G. Campbell, Ph.D., and Jacqueline J. Mazza.

Table of Contents

List of Tables and Figures	i
Executive Summary	ii
Introduction	1
Methods	5
Selection Criteria	5
Procedures	5
Results	7
Characteristics of the Schools	7
Drug Testing Programs and Policies	8
Eligible Students	8
Inclusion of Faculty and Staff	8
Reasons/Schedules for Drug Testing	8
Cost of Program	8
Consequences of a Student's First Positive Drug Test	9
Cost of Repeated Positive Drug Test	9
Policies in Place to Protect Students	10
Descriptions of the Drug Tests	10
Specimens Tested	10
Specific Aspects of the Lab Testing	10
Testing Procedures	11
Drugs Tested For	11
Percentage of Positive Tests	11
History of the Programs and Lessons Learned	12
Determining the Existence of a Local Problem	12
How the Decision Was Made	12
Planning Time	12
Sources of Support and Opposition	13
Measuring the Program's Effectiveness	14
Legal Challenges	15
Changes Implemented or Planned	15
Advice to Other Schools	15

Discussion		17
References		21
Appendix A	Telephone Screening Questionnaire	23
Appendix B	Student Drug Testing Survey	26
Appendix C	The Student Drug Testing Programs Case Reports	42
	School A Region: MIDWEST	43
	School B Region: MIDWEST	47
	School C Region: WEST	51
	School D Region: EAST	54
	School E Region: MIDWEST	58
	School F Region: SOUTH	61
	School G Region: SOUTH	64
	School H Region: EAST	67
	School I Region: SOUTHWEST	70
Resources		73

List of Tables and Figures

Figure 1	The Institute for Behavior and Health, Inc. Pilot Study Timeline	6
Table 1	Summary Description of the 9 School Programs in Study	7
Table 2	Cost of Lab Tests and Drugs that are Tested For	9
Table 3	Number of Tests and Percentage Positive for Marijuana During Most Recent Full Year of Student Drug Testing (SDT)	12
Table 4	Total Number of Responses to Question: <i>Who supported and who opposed the student drug testing program at the start?</i>	13
Table 5	Total Number of Responses to Question: <i>Currently, what level of support does the drug testing Program have among the following groups?</i>	14
Table 6	Urine, Hair, Saliva, and Sweat Patch Testing for Drugs Of Abuse	19

EXECUTIVE SUMMARY

With funding from the U.S. Department of Education, the Institute for Behavior and Health conducted a survey of nine schools that have been pioneers in the field of student drug testing (SDT). The study was conducted during the 2001-2002 school year and included a telephone screening survey to identify nine schools with successful SDT programs for participation in an indepth survey that was mailed to the designated representative of each school's SDT program. There were 7 public schools and 2 private schools in the study, from suburban, rural and urban locations in several states throughout the U.S. The programs, which all include random testing, had been in place for an average of 3-4 years. In completing the surveys, the SDT program representative provided information about the program's policies, procedures, history and results.

The report provides descriptions of each of the 9 school programs and highlights some of the variations in their experiences. One major variation was in the categories of students tested (ranging from athletes only to all extracurricular activities plus student drivers to all students). As might be expected, the consequences of positive tests varied among schools, with only the private schools expelling students after a second positive test. Another variation was in the substances that were routinely tested for. Most included the 5 drugs that form the standard core of drug testing (marijuana, cocaine, amphetamine/methamphetamine, opiates and PCP), but there was considerable variation in how many other substances were included. Linked to the variation in substances tested for was a considerable range in the reported lab fees.

What is most striking in the study's findings are the common elements identified by these pioneer programs. All of the SDT programs were based upon a health and safety rationale, with the purpose of prevention rather than punishment. In every school surveyed the SDT program was just one part of a larger, comprehensive initiative to keep students safe from drugs. Formal written policies were established and publicized. Procedures were implemented to prevent fraud, ensure accuracy, and protect the confidentiality of test results. None of the schools reported students with positive drug tests to the police. Instead, students were referred to counseling and treatment. Programs' successes were indicated by reduced number of positive tests, lowered levels of disciplinary problems and, in some cases, self-report survey data. Despite some schools' concerns about—or direct experience with—legal challenges and objections from particular groups within the community, these SDT programs have persisted and appear to have won increasing support from the various groups. Lessons learned and advice to other schools strongly emphasize the importance of involving the various stakeholders in the planning process and making sure they understand that the program is intended to help students say no to drugs.

While the present study is small and exploratory, the information gathered here may pave the way for further research and technical assistance. Particularly in light of the recent Supreme Court decision, many school districts will be looking for guidance as they consider implementing SDT programs. They can benefit from the experience of these pioneers as they undertake their planning efforts.

INTRODUCTION

The modern American drug abuse epidemic began in the late 1960s with a sudden upsurge in the use of hallucinogenic drugs including LSD. Within a few years marijuana became the dominant drug. A host of other drugs including heroin, cocaine, methamphetamine and ecstasy are part of this unprecedented epidemic which peaked in 1979 when an estimated 25 million Americans used an illegal drug during the preceding year (DuPont, 2000). That figure fell to 14 million in 2000, based on the most recent national survey (National Drug Control Strategy, White House, 2002).

One of the most striking aspects of this epidemic is that the vast majority of initial drug use occurs during the teenage years. If a person gets to be 21 without using an illegal drug, the risks of illegal drug use are low and they diminish sharply in each successive year. The link between teen use of tobacco and alcohol and the use of illegal drugs is also clear (Johnston, O'Malley, & Bachman, 2001).

In response to this epidemic, a large drug abuse treatment system was developed and a variety of institutions found ways to reduce the threat of illegal drug use. The drug abuse treatment system uses drug testing as a major strategy to deter relapse to drug use. The response of many other major institutions has also involved drug testing. For example, within the criminal justice system drug testing is a central element in efforts to curb illegal drug use. The US Military introduced universal random drug testing in the mid- 1980s. A few years later drug testing became commonplace in the civilian workplace, led by the nation's major employers. Sports organizations also use drug testing from college and professional athletics to the international Olympic movement. In each of these cases the primary goal of the drug testing is not to "catch" illegal drug users, it is to discourage or prevent illegal drug use (DuPont, 2000).

During the past three decades a wide range of prevention efforts were created to reduce the use of illegal drugs by adolescents. Many of these efforts have produced solid results. Nevertheless, the drug epidemic retains a powerful hold on American teenagers as reflected in the 2000 Monitoring the Future survey that showed that 27 percent of the nation's 8th graders had used an illegal drug. The equivalent figure for the 10th grade was 45 percent and for the 12th grade 54 percent. Looking at this same survey data for the rate of illegal drug use during the 30 days prior to the survey ("current use"), the figures were 12 percent, 23 percent and 25 percent for these three grades (Johnston, O'Malley, & Bachman, 2001).

The National Drug Control Strategy opened its section on prevention with these words, "Common sense tells us that preventing young people from experimenting with drugs in the first place is preferable to later – and more costly – treatment, rehabilitation and possible incarceration." After noting that the social cost of illegal drug use is now \$160 billion a year in the United States the Strategy stated, "We know that, if we prevent young people from using drugs through the age of 18, the chance of their using drugs as adults is very small." Student drug testing (SDT) is one of the specific program initiatives listed as options for the landmark "No Child Left Behind" federal education law of 2002.

“Consistent with the fourth amendment to the Constitution of the United States, the testing of a student for illegal drug use or the inspecting of a student’s locker for weapons or illegal drugs or drug paraphernalia, including at the request of or with the consent of a parent or legal guardian of the student, if the local educational agency elects to so test or inspect” (Education Bill H.R.1., Safe and Drug-Free Schools and Communities Act, 2002).

The 2002 National Drug Control Strategy for the federal government sets these two ambitious goals for the 12 to 17 age group: a drop of current illegal drug use by 10 percent within 2 years and a drop of 25 percent within 5 years (National Drug Control Strategy, White House, 2002). The 2000 National Household Survey found that 3.0 percent of 12-13 year olds were current users of illegal drugs. That figure rose to 9.8 percent for 14 and 15 year olds and 16.4 percent for 16 and 17 year olds. Those are the figures the National Drug Control Strategy is committed to reducing in the next 5 years.

The interest in using drug testing to prevent illegal drug use among adolescents has been resisted largely on legal grounds as a violation of the childrens’ right to privacy. Beginning in the early 1990s a few schools began to conduct student drug tests. Some initial court decisions proved favorable, at least in so far as student athlete drug testing was involved. In a landmark Supreme Court ruling in 1995 student drug testing for athletes was declared to pass Constitutional tests in an Oregon case (*Vernonia School District 47J v. Acton*, 1995). Emboldened by that decisive 6 to 3 ruling, more schools, both public and private, began to conduct student drug tests, sometimes of the entire student body and sometimes for parts of the school community, often focusing on athletics and other extracurricular activities.

While the present study was underway, another legal challenge to SDT made its way to the highest court. The Tecumseh, Oklahoma School District’s policy requiring all middle and high school students to consent to urinalysis testing for drugs in order to participate in any extracurricular activities was challenged as unconstitutional under the Fourth Amendment’s prohibition of unreasonable searches and seizures. The case, which involved an extension of the Vernonia approach to a wider list of extracurricular activities and to a school district with a less severe drug problem, was heard by the US Supreme Court on March 19, 2002. (Greenhouse, 2002). On June 27, 2002 the Supreme Court issued its ruling that the school district’s SDT policy is constitutional. Justice Thomas, in delivering the opinion of the Court, stated: “Because this Policy reasonably serves the School District’s important interest in detecting and preventing drug use among its students, we hold that it is constitutional.” (*Board of Education of Independent School District No. 92 of Pottawatomie County, et al, Petitioners v. Lindsay Earls et al*, 2002)

Following the recent Supreme Court ruling we can expect the expansion of school-based student drug testing. Objections continue, however, and should be considered and addressed by SDT proponents at the local and national levels. Among these concerns are the privacy issues at the heart of legal challenges. There is also a concern about what level of drug use in the school community is sufficient to justify SDT as reasonable and whether a program is targeting the students most at risk. Beyond the purely legal concerns is the belief that failure to trust teenagers and the apparent mistrust and accusatory attitude behind SDT may alienate youth in their dealings with adults. Additional concerns are that students identified by SDT as drug users will be arrested and subject to the criminal justice system. There is also concern that drug-using

students will have their future prospects in college and the workplace compromised by positive drug test results. Some critics of SDT focus on the negative impact of suspending drug-using students from athletics, extracurricular activities, or school because students not participating in school or school-sponsored activities are considered more at risk for higher drug use. There is also concern that the money spent in SDT could be better spent on other prevention programs or on enhancing the quality of education in economically hard pressed schools. Finally, critics contend that drug testing which fails to detect alcohol and drug use in the tested students may give teachers and parents a false sense of security about just how “drug free” students subjected to SDT really are.

Prior to the Supreme Court’s 1995 *Vernonia* decision it was estimated that fewer than 20 schools in the country tested students for drugs and alcohol, with most SDT programs being voluntary and limited to athletes (Zirkel & Kiloyne, 1987). In the following 7 years as many as 1000 school districts in at least 38 states and Puerto Rico instituted student drug testing programs of one form or another (TRI Survey 2000; National Federation of High School Associations, personal communication, December 20, 2000; Ringwalt et al., personal communication, January 2001). According to Lloyd Johnston of the University of Michigan’s Institute for Social Research (personal communication, June 2002), the Youth Education and Society Study found that approximately 20 percent of the 600 schools surveyed from 1999-2001 have some form of student drug testing program. The most common type of program is testing based on suspicion/for cause (approximately 14 percent of all schools). Testing of student athletes was reported by approximately 5 percent of schools and 4 percent of schools indicated having voluntary drug testing programs.

The potential value of SDT to deter adolescents from using drugs is supported by a recent study of student athletes. Results from a longitudinal study, the Student Athlete Testing Using Random Notification Project (SATURN), reported that of the 25 percent of students surveyed who used marijuana and of the 60 percent who used alcohol, only 9 percent would continue to use drugs and 12 percent would continue to use alcohol if mandatory drug testing were present in their schools (Goldberg, 1999; Goldberg 2001).

Despite this dramatic growth of SDT programs there is a remarkable paucity of publications on the experiences of these schools (Ketterlinus, 2000). One notable exception to this observation was the survey of 26 schools conducted by Joseph C. Franz, M.D. entitled “Student Drug Testing Survey – Narrative.” Published in November 2001, the study found 15 schools with mandatory drug testing of student athletes, 2 with mandatory testing of students in other extracurricular activities as well as athletes, 7 schools with purely voluntary student drug testing programs and 2 schools with student drug testing programs which were limited to reasonable suspicion testing only. Most of the 26 school programs identified in this survey had been operating for only 2-3 years. Franz noted that all of the schools with mandatory student drug testing programs tested for marijuana while 97 percent tested for cocaine and 57 percent tested for alcohol. The rate of positive test results in these schools ranged from about 1 percent to 10 percent with an average of about 2 percent at the start of student drug testing but falling to less than 1% after a year or more of program operation (Franz, <http://server3003.freeyellow.com/sportsafe/SurveyWeb.html>).

In an effort to capture the pioneering efforts of schools now conducting student drug testing, the Institute for Behavior and Health, Inc. (IBH), with the support of the US Department of Education, has conducted a pilot study of 9 schools selected to be broadly representative of the

student drug testing (SDT) activities now taking place in both public and private schools in all parts of the country. IBH sought to answer questions about these programs in order to understand the current state of SDT and to identify problems that may have emerged. Among the questions asked of these 9 schools were these:

1. Which students are tested for drugs?
2. How often are they tested?
3. What matrix is tested, e.g. urine, hair, saliva, sweat?
4. What types of drug tests are conducted? Is there both a screening test and a confirming test?
5. What drugs are tested for?
6. What is the consequence of a positive drug test?
7. Is a Medical Review Officer used for positive student drug tests?
8. What protections are established for the confidentiality of the drug test results?
9. How much do the drug tests cost, per test and for the SDT program as a whole?
10. What results have been achieved by the SDT program? How many positive drug tests were there in the past year? What was the rate of positive tests? Has the rate of positive tests changed over the course of the testing program? Is there evidence that the SDT program has prevented or reduced illegal drug use among students?
11. What support and what opposition has emerged over time to the student drug testing?
12. Based on the school's experience to date, what changes would each school make if it were to start a SDT program again?
13. What use is made of parent involvement, substance abuse treatment and other services after a positive drug test?
14. What is the involvement of the criminal justice system and other community agencies in the school's SDT program?

The goal of this preliminary study by IBH is to capture the initial experiences of these early adopter schools to produce a picture of current SDT practices and to identify problems as well as successes from these early efforts. The study findings are presented in two forms. In the Results section the data from the 9 school programs are pulled together to give a picture of their collective experiences. In the Appendix of the report, a detailed description of each of the 9 school programs is provided.

METHODS

A variety of reliable techniques were used to identify schools and/or school districts throughout the U.S. that are conducting student drug testing. At the time of initial selection there was no nationwide database which listed all schools and/or school districts involved in a student drug testing program. Therefore, the identification of schools was generated by combining information from experts involved in substance abuse prevention and in the safe and drug free schools movement. Schools were identified through reviews of past and current court decisions on student drug testing, review of current legal actions involving student drug testing, literature reviews, internet searches, and the review of several nationwide surveys of school-based preventive programs.

Selection Criteria

Nine secondary school programs were selected to represent the current practice of student drug testing activities based on the following criteria:

1. The student drug testing program's apparent success.
2. The substantial period of time the student drug testing program had been in existence.
3. The major focus was on public schools.
4. Geographic diversity.

Procedures

The initial screening process involved a short survey questionnaire that was conducted over the telephone. Based on the results of the short questionnaire, the schools that were both eligible and willing to participate were then sent a second, more detailed survey.

Using the above criteria the school list was first narrowed down from 35 to 25 schools. Some schools were removed from consideration for reasons such as an upheld court challenge, the SDT program was not approved by the school board, or that the school and/or school district was still contemplating the implementation of a SDT program. Out of the 25 schools that were contacted by phone, one school was still thinking about implementing an SDT program and another school program was not approved by their local school board. That left a sample of 23 schools.

The short questionnaire conducted over the phone involved speaking to Principals, Assistant Principals, Guidance Counselors, Athletic Directors, and the drug prevention Program Coordinators themselves. As a result of this screening process the list was further narrowed to 12 schools (10 public, 2 private). From this list 9 school programs were tentatively chosen as primary representatives and 3 school programs were selected as alternates.

Once the 9 school programs and 3 alternates were chosen, the school list was submitted to the Department of Education for approval. Upon approval of the school list, the more detailed survey was sent to each of the selected schools. Each school was given ample time to complete and return the survey to the Institute for Behavior and Health, Inc. for data analysis. The school representative who completed the survey was contacted for clarification of any ambiguous responses.

Figure 1. The Institute for Behavior and Health, Inc. Pilot Study Timeline

TASKS	2001		2002						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
Develop Screening Questionnaire									
Develop Survey									
Gather School Source Lists									
Select 25 schools									
Conduct Tele. Screening Questionnaire									
Send survey to eligible schools									
Receive survey responses									
Follow up on survey responses									
Create annotated survey									
Create school summary drafts									
Send school summary drafts for review									
Receive drafts back from schools									
Create Final summaries									
Create Draft Report									
Submit Draft Report to DOE								May 3	
DOE Draft Review									
Submit Final Report to DOE									July 22

RESULTS

The study's results are first reported as aggregated findings that combine the responses from the nine school programs included in the written survey. A narrative description of each of the programs is provided in the Appendix. The participating schools are identified by letter (A-I).

Characteristics of the Schools

The programs that were included in the study cannot be considered a statistically representative sample of the schools in the country now conducting SDT. However, we attempted to obtain an appropriate mix of types of schools and geographic location. The nine schools selected include seven public schools and two private schools. The regions represented are: east (2), south (2), midwest (3), southwest (1) and west (1). Five of the schools are located in suburban communities, two are in urban areas, and two are rural. The schools' student population ranges from 246 to 2500, with an average of 1255 students.

Table 1: Summary Description of the 9 School Programs in Study

School	Type	Community	Grades Tested	Year Began	Categories Tested	% of Students	Specimen Tested
A	Public	Midwest Suburban	7 – 12	1997	Athletics Extracurricular Student Drivers	80%	Urine
B	Public	Midwest Suburban	7 – 12	1997	Athletics Extracurricular Student Drivers	80%	Urine
C	Public	West Rural	9 – 12	1997	Athletes Cheerleaders	41%	Urine
D	Public	East Suburban	9 – 12	1997	Athletics Extracurricular Student Drivers	76%	Urine Saliva
E	Public	Midwest Suburban	9 – 12	1999	Athletics Extracurricular	81%	Urine
F	Public	South Suburban	9 – 12	1997	Athletics	28%	Urine
G	Private	South Urban	8 – 12	1998	All students	100%	Hair
H	Private	East Urban/Suburban	9 – 12	2000	All students	100%	Urine
I	Public	Southwest Rural	6 – 12	1998	All students (Currently voluntary; formerly mandatory)	100% eligible; 90% volunteer	Urine

Drug Testing Programs and Policies

Eligible Students. The drug testing programs are generally focused on high school students (grades 9-12) although one school starts SDT in 8th grade, two schools begin in 7th grade, and one school starting in the 6th grade. Most (6) of the programs are directed toward specific categories of students rather than the entire population of students. Both of the private schools test all students and one public school tests all students, although participation in SDT is currently voluntary rather than mandatory in this public school. Of the six schools that test specific categories of students, all include athletes, four include other extracurricular activities, and three also include students who drive to school. The percentage of the entire student population of students in the schools that is subject to drug testing ranges from 28 percent to 100 percent. Only the two schools that limited testing to athletes had percentages of less than 50. The schools that included other extracurricular activities reported reaching 76 to 81 percent of the school population through their student drug testing program.

Inclusion of Faculty and Staff. Five of the nine schools make drug testing either available on a voluntary (2) or mandatory (3) basis to faculty and staff of the schools. At one school, drug testing is part of the hiring process for faculty and other staff. At two schools, faculty/staff are drug tested on a random basis (reaching 5-30 percent each year).

Reasons/Schedules for Drug Testing. All nine of the schools surveyed conduct drug tests of eligible students on a random basis—during the athletic season or the entire school year. The programs report testing from 10 percent to 100 percent of the students through random testing each school year, with a typical schedule of 5-15 percent of eligible students randomly selected every month or two. In addition to the random testing, two of the schools test all athletes at the beginning of the season. Other than random and periodic testing, most of the schools also test for cause (individualized suspicion of recent drug use), in response to parental requests for a drug test, and as follow-up after positive drug tests.

Most of the schools coordinate the drug testing program with the prevention curriculum (8), student counseling (7), parent/family counseling (6), and referral to drug abuse treatment outside of the school (5). Fewer SDT programs are coordinated with the Student Assistance Program (2), support groups for students and/or parents (2) and other (1).

Cost of the Program. The estimated annual cost of each school's drug testing program ranges from \$1,500 to \$36,500, with a median cost of \$5,800. Examining the annual cost in relation to the number of eligible students, the average cost per student is \$19 per year. The cost per test (lab fee) ranges from \$10 to \$148.50. The mean cost is \$42 and the median is \$21.

Table 2: Cost of Lab Tests and the Drugs that are Tested For♦

School	Cost Per Test (Lab Fee)	Specimen Tested	Drugs Tested For Routinely
A	\$ 21.00	Urine	SAMHSA-5* (but not heroin/codeine or PCP) + nicotine, alcohol
B	14.00	Urine	SAMHSA-5 + synthetic opiates, nicotine, alcohol
C	10.00	Urine	SAMHSA-5 (but not PCP) + synthetic opiates
D	148.50	Urine, Saliva	SAMHSA-5 + steroids, alcohol, others
E	70.00	Urine	SAMHSA-5 + LSD, nicotine, alcohol
F	20.00	Urine	SAMHSA-5 + Ecstasy/MDMA, synthetic opiates, others
G	45.00	Hair	SAMHSA-5 + Ecstasy/MDMA
H	30.00	Urine	SAMHSA-5 + LSD
I	19.00	Urine	SAMHSA-5 + steroids, nicotine, Ecstasy/MDMA, LSD, GHB, synthetic opiates

* SAMHSA-5 drugs form the standard core of drug testing and include: marijuana, cocaine, amphetamine/methamphetamine, opiates (heroin/morphine/codeine), and PCP.

Consequences of a Student’s First Positive Drug Test. The specific consequences vary from school to school and are more fully described in the individual school summaries. In general, there is a consistent pattern of parental notification (9), loss of playing time for athletes (8), drug education (8), counseling/therapy for the student/family (8), and follow-up drug testing (ranging from one time to at each future testing). Those schools that include extracurricular activities in the program (4) impose a temporary loss of participation in those activities. Only one of the schools (school D) imposes any type of suspension from school (5 days). Expulsion is only recommended by school B when the positive test results from “reasonable suspicion” based on behavior at school or a school function. None of the schools notify police or other law enforcement after a positive drug test and none of the 9 schools require community service.

Consequences of Repeated Positive Drug Tests. As expected, the consequences are more severe for a second positive drug test. For students of the two private schools, the consequence is expulsion/withdrawal by parent. One public school (D) imposes an 8-day out-of-school suspension. Loss of participation in athletics or other extracurricular activities may be as long as a year for a second positive drug test and may extend through the remainder of high school for a third positive. Follow-up testing is required to regain participation following the suspension from

♦ The laboratory costs of drug tests vary from about \$10 for an on-site screening test for the SAMHSA-5 drugs to nearly \$150 for testing that includes these five drugs plus a range of others from Ecstasy and LSD to nicotine, alcohol and steroids. At this time the broader range of substances is available only with urine testing although with wider use of sweat patches, hair and saliva these samples too can be tested for a broader range of drugs. Schools that test for more drugs generally report higher costs for their drug tests.

that activity. Even in the event of repeated positive tests from the random program, the schools do not notify police or other law enforcement personnel.

Policies in Place to Protect Students. Eight of the nine schools indicate that the student has a right to appeal a positive result by asking for a retest of the sample. All of the schools have procedures in place to protect the confidentiality of the drug test results. The labs use identification numbers rather than student names and the results are only reported to one authorized individual at the school (generally the substance abuse coordinator). That authorized person shares the results only on a “need to know” basis, according to the school’s policies. In one program (school B) the lab results for the junior high school students are not sent to the school at all, but only to the parents. In that school I’s SDT program is no longer mandatory but voluntary, only the parents are informed of positive drug test results.

Description of the Drug Tests

Specimens Tested. Most of the schools use urine testing (8). One of them also tests saliva and another uses Rapid Eye Screening (R.E.S.) as a preliminary screening tool. Only one of the nine schools uses hair as the specimen for student drug testing.

Specific Aspects of the Lab Testing. Respondents from five schools indicated that an immunoassay screen¹ is performed and four indicated that a GC/MS² confirmation is performed, although all nine schools reported that an initial positive drug test is subjected to a confirmatory test. Five schools reported that their laboratory is SAMHSA certified³. Six of the schools reported using a Medical Review Officer (MRO)⁴ for positive drug tests. In six programs only one sample is collected from each participating student, while split collections were indicated for three programs.

¹ This is an initial screening test for drugs of abuse. The immunoassay drug test is based upon a process of competition for binding sites on antibodies. Antibodies are protein substances with sites on their surfaces to which specific drugs or drug metabolites will bind during the testing process. The amount of drug or drug metabolites that do or do not bind (antibody-antigen linkages) are then measured to detect drugs in the sample. These measurements are called “cut off” levels. Immunoassays are suitable for mass testing and for on-site testing. They have the ability to detect drugs at very low concentrations and are also low in cost (a few dollars per test).

² Gas Chromatography/Mass Spectrometry (GC/MS) is a method of analysis in which the various components in a specimen can be separated by a chemical partitioning process. After separation, a detection method distinguishes the components for identification and measurement. GC/MS combines a gas chromatograph with a mass spectrometer. After the compounds are separated by the gas chromatograph, the mass spectrometer breaks it down into fragment patterns from which the drug can be detected. Initial immunoassay drug tests are generally confirmed by the GC/MS method. GC/MS tests are highly sensitive and high in specificity of drug identification. These tests must be conducted at a large, off-site laboratory.

³ Substance Abuse and Mental Health Services Administration. Mandatory Guidelines for Federal Workplace Drug Testing in accordance with Executive Order 12564 and section 503 Public Law 100-71. Subpart C. “Certification of Laboratories Engaged in Urine Drug Testing for Federal Agencies,” sets strict standards which laboratories must meet in order to conduct urine drug testing for Federal agencies. To become certified an applicant laboratory must undergo three rounds of performance testing plus an on-site inspection. To maintain that certification a laboratory must participate in a quarterly performance testing program plus periodic, on-site inspections. A laboratory must have its letter of certification from SAMHSA, HHS (formerly:HHS/NIDA)which attests that it has met minimum standards.

⁴ Positive drug test results should be reviewed by a Medical Review Officer, a physician trained in evaluating drug tests results who will consult the student if the test is positive to determine if the laboratory positive test was the result of drug use that was legitimate or not, e.g. whether it reflected use of a prescribed medicine.

Testing Procedures. All but one of the schools has the samples collected at the school. The testing contractor (lab) randomly selects the students to be tested on a given day and the designated school official matches the student identification numbers to the list of names and notifies the students who are selected. Typically schools also randomly select the days for student drug testing. The length of time between when a student is notified and when the sample is collected ranges from a few minutes to 1-3 hours. Supervision varies somewhat between schools, with most providing escorts from the classroom to the school clinic or office and then to the lavatory. The students provide the samples in a lavatory where they are unobserved. However, certain measures are generally taken to ensure that the samples are not tampered with. These include using blue dye in the toilets, taping the faucets, and having students use alternating stalls. The temperature of the urine sample is determined at collection and formal chain-of-custody procedures are used by all 9 schools.

When hair is the specimen tested, there are not the same concerns about the need for supervision to avoid fraudulent samples being provided. Urine tests are subject to a variety of techniques for “cheating” such as excessive water consumption to dilute the specimen, the addition of substances to the urine to block the laboratory result, and the substitution of a urine sample from another person. Hair samples taken under direct observation are not subject to any of these forms of cheating.

Drugs Tested For. All of the schools routinely test for marijuana and cocaine. Eight schools also test for heroin/codeine, amphetamine/methamphetamine, and PCP. Five include synthetic opiates in the routine tests. Fewer than half the schools routinely test for: ecstasy/MDMA (4), alcohol (4), nicotine (4), LSD (3), steroids (2), GHB (2), and others (3). The “others” included benzodiazepines, barbituates and designer drugs such as Ketamine. In addition to the substances tested for routinely, tests of other drugs can be ordered on special request at eight of the nine schools.

Percentage of Positive Tests. Eight of the nine schools reported data on the number or percentages of positive tests for each substance during the previous two school years. The most common source of positive drug tests was marijuana. Seven schools reported some positives for marijuana, ranging from 0.3 percent of the tests to 15 percent of the tests. Three schools reported positives for nicotine, ranging from 2 percent to 12.7 percent. Two schools had positives for heroin/codeine (0.5 percent to 4.1 percent) and two reported positives for cocaine (each at 1 percent). Substances that students tested positive for at just one school each were amphetamine/methamphetamine, PCP, GHB, synthetic opiates, alcohol, and “others”.

Table 3: Number of Tests and Percentage Positive for Marijuana During Most Recent Full Year of SDT (8 of 9 school programs reporting)

School	Number of Tests	Percentage Positive for Marijuana
A	402	4.0%
B	188	4.0%
C	280	0.4%
D	98	13.3%
E	69	4.3%
G	740	2.7%
H	126	0.0%
I	300	0.3%
Mean:	275	3.6%

History of the Programs and Lessons Learned

The narrative summary of each of the nine surveyed schools provides insight into the school’s particular reasons for implementing the program and an overview of the processes of planning, implementing, and (in some cases) revising the program over time. Some schools were acting to prevent student drug use while others sought to curb or reduce existing drug use problems. Regardless of the extent of the local teenage drug problems, a consistent theme heard from all these program administrators is that the SDT program is not intended to be punitive but rather the SDT program is preventive, supportive and helpful.

Determining the Existence of a Local Problem. The schools included in this study identified the existence of a local problem of student drug use through a combination of methods or sources. Seven of the nine schools observed drug-related problems such as arrests, overdoses, disciplinary problems, suspensions, drug sales, etc. Six also responded to concerns raised by parents and faculty/administration. Five schools received police reports or other incident reports and five schools participated in a self-report survey of student drug use.

How the Decision Was Made. In describing the process of decision-making and planning, school officials list a combination of sources and stakeholder groups who were involved in the process. Only two of the surveyed schools describe a “top-down” approach; the others emphasize the involvement of various stakeholder groups through committees or task forces. In developing the specific policies and procedures for the program, all nine schools consulted with school officials from other schools that had previously implemented student drug testing programs. Most of the schools consulted with faculty and staff (8), involved local experts on drug use and drug use prevention (7), involved the parent community (6) and students (5), and referred to published materials, studies, etc. (6).

Planning Time. The planning time reported by the participating schools ranges from two months to four years. The median period of time is 6 months and the mean is 12 months.

Sources of Support and Opposition. The following tables summarize responses that address the sources and levels of perceived support and opposition to the SDT program. Using a 5-point scale (from 1=strongly opposed to 5=strongly supported) and a list of 10 categories of stakeholder, we first asked: “Who supported and who opposed the student drug testing program at the start? We later asked: “Currently, what level of support does the drug testing program have among the following groups?” The list of categories was the same and the 5-point scale used the same labels except for the present tense.

Table 4: Total Number of School Responses to Question: Who supported and who opposed the student drug testing program at the start?

	Strongly Opposed	Opposed	Neutral	Supported	Strongly Supported
Students	0	2	3	4	0
Parents	0	0	1	4	4
Faculty/Staff	0	0	1	1	7
School Board	0	0	0	1	8
Other Schools	0	0	4	2	2
Community at large	0	0	0	6	3
Media	0	2	1	4	2
Religious Organizations	0	0	0	3	5
Law Enforcement	0	0	0	1	8
Others (Specify)	0	0	0	0	1

Table 5: Total Number of School Responses to Question: Currently, what level of support does the drug testing program have among the following groups?

	Strongly Oppose	Oppose	Neutral	Support	Strongly Support
Students	0	1	1	6	0
Parents	0	0	0	1	8
Faculty/Staff	0	0	0	1	8
School Board	0	0	0	1	7
Other Schools	0	0	3	1	5
Community at large	0	0	0	2	7
Media	0	1	1	4	3
Religious Organizations	0	0	0	1	7
Law Enforcement	0	0	0	0	9
Others (Specify)	0	0	0	0	3

As might be expected, support for the SDT program was stronger from the school board, law enforcement, and faculty/staff than from other groups. Other groups generally expressing support include parents, religious organizations, and the media. Interestingly, only two schools report that there was significant opposition to the program and it came from students and the media. However, more schools reported support from students (4) and neutral or mixed reaction (3) than opposition (2). Over time, the schools observed an increase in the level of support for the SDT program from nearly all groups, particularly from students, parents and religious organizations. Only one school reports continued opposition on the part of the students. On the other hand, no schools report strong support from students overall.

Measuring the Program’s Effectiveness. Although none of the schools conducted a formal evaluation, they assessed the program’s effectiveness through a combination of methods. Six schools mention tracking the number of students who tested positive for drug use and three of them specifically identify declines in the percentages of positive tests. Six schools report anecdotal evidence regarding the impact of the program. Examples include: “observed changes in behavior,” “students word of mouth,” “productivity from kids.” There were some measurable decreases in discipline problems, such as: “85% reduction in detentions for fighting and 65% reduction in detentions for disruptive behavior,” “noticeable drop in student arrests,” “reduction of incidents related to student trips and travel,” and “reduction in discipline referrals.”

Four schools mention student surveys, but the surveys include all students (or a representative sample of them), not just those who are eligible for testing, so the program’s impact is not always evident. One promising finding was a significant reduction in the use of drugs by students of school D from the year prior to the program’s implementation to two years following implementation. Another school (A) experienced an increase in self-reported drug use during the

time that the SDT program was temporarily suspended. Monthly use of several drugs by 9th graders and 11th graders was significantly higher during the program suspension than it had been 2 years earlier (when the SDT program was in effect)—and higher than the statewide averages.

Overall, the participating schools report a variety of positive outcomes from the student drug testing program. Two somewhat negative consequences should also be noted, however. One respondent states that “alcohol has become the drug of choice among athletes because of its community acceptance and short-term tracking.” At another school they hear from students that “people who are doing drugs must make a decision about coming out for sports.”

Legal Challenges. Only one of the nine schools has been directly involved in a legal action taken to block the drug testing. The school (D) lost the lower court decision on their SDT program but the school district has appealed that ruling. The Appellate Court had not rendered a decision as of this report. Another school has been threatened with a court challenge by the ACLU representing parents of several disciplined athletes, but no legal action has yet been taken. Three schools not directly involved in any legal action have been affected by court cases in their states. Two schools (A & B) suspended their drug testing programs for several months in 2000-2001 due to a nearby case. Another school (I) reluctantly changed its program from mandatory to voluntary because of a court ruling against another school with a similar SDT program.

Changes Implemented or Planned. Participating schools report having encountered few problems with their student drug testing programs. Four schools indicate no problems at all. Two experienced problems with off-site testing, one encountered problems of students missing class time, and one indicated cost as a problem. Most of the changes that have been implemented in the SDT programs are procedural rather than policy changes. For example, one school has changed the drug testing time from class time to the lunch hour. Another now issues a pass rather than have the assistant principal escort the students. And one of the two schools experiencing problems with off-site testing has moved the testing to the school. The school concerned about cost has reduced the frequency of random testing and has chosen a new company for the laboratory tests. None of the schools indicate any changes being planned for the immediate future, but one points out that they review the SDT program every year.

When asked what changes they would make to their program if they were starting a new student drug testing program now, six of the nine respondents would make no changes to it. The only changes suggested were: “emphasize the education element of the program,” “recommend on-site testing⁵ [*specimen collection*] to the testing facility,” and “pending national litigation, we’d like to go back to where we were to a mandatory plan.”

Advice to Other Schools. The major piece of advice, expressed by seven of the nine respondents, was to involve parents and the community from the beginning. Suggestions included were to bring different parts of the community together, have public forums to get input, involve staff and coaches, and get support before implementing a program. Other points

⁵ An on-site drug test is a drug test that is easily portable and can be administered in a location outside a laboratory such as a school or work site. Any on-site drug test should be able to meet the requirements of the Food and Drug Administration (FDA) for commercial distribution and can meet the generally accepted cutoff levels such as those in the Mandatory Guidelines for Federal Workplace Drug Testing Programs.

focus on the value of the student drug testing program and the rationale to use in promoting it. One example is: “Give today’s kids another weapon in their arsenal to say no to their peers. We were never motivated to ‘catch kids’ but to give them another reason to say no and if there was a drug problem, to identify it early before it becomes an addiction.” Another suggests that school officials “stress the importance that the behaviors being tested are illegal for all people, regardless of age.” One includes a reminder that “this is only one of many programs needed to curb alcohol and drug use.” And on a practical note, one respondent suggests that planners “discuss all worst-case scenarios and be prepared to have an action plan.”

Clearly these respondents are strong believers in and advocates for school drug testing programs. One advises: “Know that you are never going to get 100 percent buy-in, but do what you think is right for kids. Get your supportive parents to be as high-profile as your opposition parents.”

DISCUSSION

This preliminary study describes the experience of 9 of the pioneer schools that have begun student drug testing programs after the Vernonia decision. Most of these programs have been in operation for about 4 school years. The experience of these schools is complex, but it suggests that many of the fears of the critics of SDT have not been realized in these initial experiences. None of the schools, for example, reported students with positive drug tests to the police and all of the schools had procedures to protect the confidentiality of drug test results. All of the schools appeared to have benefited from the experience of workplace drug testing, reflected in the 1988 Federal Guidelines (US Dept of Health and Human Services, Fed Reg, 1988) and subsequent modifications to insure that the highest levels of science and practice are used in their SDT programs.

All 9 school-based programs had formal, written drug abuse prevention policies that were widely discussed within their school communities prior to the start of SDT. The policies emphasized that the primary purpose of these SDT programs was to give students one more good reason not to use drugs and to reinforce other prevention programs in the schools as well as parental and community messages about the importance of the students not using drugs. The purpose of these SDT programs is clearly prevention and not punishment. The 9 school programs made clear that they did not want to “catch” kids using illegal drugs. Instead, they did want to prevent their students from using illegal drugs in the first place.

The written policies of all 9 school programs also spelled out the procedures to be used in the SDT program and the consequences for failing a drug test. Eight of the 9 school programs tested urine, while one tested hair. One school tested saliva as well as urine. All 9 school programs used an immunoassay screening test followed by a confirming test. Although many of the schools had policies for handling disputed drug test results, none of the 9 school programs reported that any students and parents had availed themselves of these opportunities to dispute the test results. Positive drug test results were accepted in all cases as accurate by students and parents.

According to the school officials surveyed, all of the SDT programs studied enjoyed much support and little opposition within their communities when they started student drug testing. All of them reported increased support from their communities as they have continued to operate SDT programs over time. None of these 9 SDT programs have been disruptive to student life and none has been considered by their schools to be hugely expensive or administratively burdensome. It is notable that the lowest level of support for SDT has been found in the media and among students, with parents, school boards, and teachers showing high levels of initial support, as have religious and law enforcement organizations. Over time the levels of support increased in each of these categories, including support among students and the media in these 9 communities, as reported by school officials.

SDT is neither a stand-alone program nor an alternative to other drug abuse prevention approaches, but rather it is intended to be used in combination with the other components of a comprehensive initiative to keep youth safe from drugs. All of the 9 schools emphasized that their SDT programs are only one part of comprehensive school programs to prevent the use of alcohol, tobacco and other drugs among students. All emphasized the need to involve parents in the development of the SDT programs and the importance of engaging and supporting parents in

handling students who test positive for drug use. School officials also emphasized the need to engage the entire community in their drug prevention efforts including the nearby religious, health, and law enforcement communities.

Within the 9 school programs there was a range of consequences for positive drug test results, although none of the schools expel students for their initial positive drug test and none reported any of their students, no matter how many times they failed drug tests, to law enforcement authorities. All of the 9 schools involved the parents of students who test positive and all made an effort to evaluate the needs of individual students who test positive for drug use, including the need for substance abuse treatment.

None of the schools had conducted a formal evaluation of the SDT program's effectiveness in curbing adolescent drug use, although they had anecdotal evidence and, in some instances, survey data to support the value of the program. Nevertheless, all of the school officials surveyed strongly supported their SDT programs and all were convinced that their SDT programs benefited their entire school communities, including the students. None of the school officials wanted to give up their SDT programs and none would make major changes were they to begin their drug testing programs anew. They all would encourage other schools to implement SDT. These school communities have considerable experience and thoughtful advice to pass on to other schools.

In addition to the important question about the demonstration of effectiveness of SDT in its primary purpose of reducing adolescent drug use, there were many questions that remained in defining the best model, or models, of SDT. The 9 school programs in this study drug tested a wide range of students from only athletes to the entire student body. They tested for a variety of substances with some limiting their drug testing to a relatively small number of drugs which are illegal for people of all ages while other schools tested also for club drugs, alcohol, and nicotine. Two schools tested for anabolic steroids as well as other more typical drugs of abuse.

The simplest and most widely used drug testing model is to use urine to test the SAMHSA-5 drugs which form the core of workplace drug testing. These tests are widely available and relatively inexpensive. In this panel the drugs tested are: marijuana, cocaine, amphetamine/methamphetamine, morphine/codeine, and PCP. Many drugs used by youth are not on that abbreviated list including LSD, club drugs (such as GHB, Ketamine and Rohypnol), ecstasy, barbiturates, benzodiazepines, and synthetic narcotics such as oxycodone and methadone. Nicotine and alcohol, while legal for adults, are illegal for teenagers. Both are widely abused by youth. Alcohol testing at school produces few positive tests because of the relatively short time alcohol can be detected after use and because few teenagers use alcohol during the school day. Steroids are also abused especially by athletes. Testing for this broader range of drugs is important in SDT in order for these programs to be as effective as possible. Broadening this panel beyond the SAMHSA-5 is not possible today with hair and saliva tests. Using a broader panel substantially raises the costs of drug testing.

Table 6 Urine, Hair, Saliva, and Sweat Patch Testing for Drugs of Abuse

	Urine	Hair	Saliva	Sweat Patch
Immunoassay screen	Yes	Yes	Yes	Yes
GC/MS confirmation option	Yes	Yes	Yes	Yes
Chain-of-custody option	Yes	Yes	Yes	Yes
Retained positives for retest option	Yes	Yes	Yes	Yes
MRO option	Yes	Yes	Yes	Yes
Surveillance window	1-3 days	7-90 days	2-12 hrs	1-21 days
Intrusiveness of collection	Moderate	None	Slight	Slight
Retest of same sample	Yes	Yes	Yes	Yes
Retest of new sample if original test disputed	No	Yes	No	No
Number of drugs screened	Unlimited	5 ^a	5 ^b	3 ^c
Cost/sample (SAMHSA-5)	~ \$15-\$30	~ \$40-\$65	~ \$10	~ \$20
Permits distinction between light, moderate, and heavy use	No	Yes	No	Yes
Resistance to cheating	Low	High	High	High
Best applications	Reasonable cause and random testing. Frequent testing of high-risk groups such as post-treatment follow-up and CJS.	Pre-employment testing. Random and periodic testing. Testing to determine severity of drug use for referral to treatment. Testing subjects suspected of seeking to evade urine-test detection. Opiate addicts claiming poppy-seed “false positive.”	Roadside testing. Post-accident testing. For-cause testing.	Post-treatment testing. Maintaining abstinence.

^a Currently hair testing is available only for SAMHSA-5 (cocaine, opiates, marijuana, amphetamines, and PCP).

^b Saliva tests are limited to the SAMHSA-5 drugs.

^c Morphine/codeine, cocaine, amphetamine/methamphetamine. Additional sweat patch tests will become available, including marijuana, PCP, and alcohol.

The current study is exploratory, due to the small size of the sample. Only 9 schools were included in this sample of convenience. Although the schools were diverse in many dimensions they cannot be considered statistically representative of all U.S. schools conducting SDT programs. We were limited to only schools that consider their SDT programs successful and we were only able to interview one official from each school program. It was not possible to obtain input from a variety of perspectives in each school in this exploratory study.

As a pilot or pretest, the current study could be used as a preliminary stage in a survey of a larger number of schools that would be more inclusive and statistically representative. It would also be helpful to cast a wider net to locate any schools that have conducted formal evaluations of their SDT programs and review and compare their findings. Because of the importance of measuring the true costs and benefits of SDT, it would be especially valuable to work with a group of schools as they begin planning their SDT programs and then evaluate their programs prospectively over time. Matching them with similar schools that are not doing SDT would be ideal, to allow for comparisons with a (non-equivalent) control group in addition to pre- and post-intervention measures of a number of variables related to drug use at different points in time.

Following the recent Supreme Court decision, it is likely that many more schools throughout the U.S. will consider implementing SDT programs. While further research could be helpful to them in making their decisions, the shared experiences of the pioneer schools (including those represented in the current study) can also be of help. Information sharing can be facilitated through a variety of methods, including: 1) conferences to share what is currently being done and how to get started; 2) a series of teleconferences or webcasts, each with a focus on one issue or one school; and 3) developing a website where schools officials can log on to find out what other schools are doing. While these technical assistance efforts could be offered nationally, it would also be useful to work with one state or a region of states, bringing together the state education agency and state drug abuse agency to do some coordinated planning regarding SDT and related programs. And, finally, a written guide could identify and describe the key elements of model SDT programs that can be replicated elsewhere.

REFERENCES

- Board of Education of Independent School District No. 92 of Pottawatomie County et al. v. Earls et al., No.01-332 (10th Cir. June 27, 2002)
- Center on Addiction and Substance Abuse at Columbia University. (1997). *Back to school 1997 – CASA National Survey of American attitudes on substance abuse III*. New York:Author.
- Developing Drug-Free School Policies and Procedures. (1999). Flemington, NJ: Drug-Free Schools Coalition, Inc.
- DuPont, R.L. (2000). *The Selfish Brain – Learning From Addiction*. Center City, MN: Hazelden.
- Goldberg, L., Elliot, D., Moe, E., Kuehl, KS, Clarke, G.(1999). Acceptability and Potential Deterrence Effects of Drug Testing. *Med Sci Sport & Exer*, 31(5:S122).
- Goldberg, L., MacKinnon, D., Moe, E., Kuehl, K.S., Nohrae, L., Lockwood (2001). Drug Testing Adolescent Athletes: Does it reduce drug use? Results of a prospective controlled trial. *Med Sci Sport & Exer*, 35(5).
- Greenhouse, L. (2002). Supreme Court Seems Ready To Extend School Drug Tests. *The New York Times*, pp. A1, A22.
- Franz, J., (n.d.). *Student Drug Testing Survey – Narrative*. Retrieved November 14, 2001, from <http://server3003.freeyellow.com/sportsafe/SurveyWeb.html>
- Johnston, L.D. (personal communication, June 26, 2002). Re: Youth Education and Society Study.
- Johnston, L.D., O'Malley, P.M., & Bachman, J.G. (2001). *Monitoring the Future National Survey Results on Adolescent Drug Use: Overview of Key Findings, 2000* (NIH Publication No. 01-4923). Rockville, MD: National Institute on Drug Abuse.
- Ketterlinus, R.D. (2000). *Student Drug Testing Proposal*. Submitted to NIDA.
- National Institute of Citizen Anti-Drug Policy. (2001). *Breaking the Chains*. Great Falls, VA: Author.
- No Child Left Behind. Education Bill H.R.1., § 4115, ---- Congress (2002).
- Ringwalt, C et al. (personal communication, January, 2001)
- Treatment Research Institute (TRI) Survey; National Federation of High School Associations (personal communication, December 20, 2000).

U.S. Department of Health and Human Services: Mandatory Guidelines for federal workplace drug testing programs. *Fed Reg.* April 11, 1988, pp. 11979-11989.

Vernonia School District 47J v. Acton, No. 94-590 (9th Cir. June 26, 1995).

White House. (2002). *National Drug Control Strategy*. Washington, D.C.: Government Printing Office.

Zirkel, P.A. & Kiloyne, K.M. (1987). Drug testing of public employees or students. *West's Education Law Reporter*, 37, 1030.

Appendix A

Institute for Behavior and Health, Inc.

Telephone Screening Questionnaire

Screening Questionnaire

Name of school: _____

Contact person: _____

Title: _____

Phone number: _____

Address: _____

Date contacted: _____

Hello, my name is _____, I am calling from the Institute for Behavior & Health, a non-profit research organization. We have a grant from the U.S. Department of Education to study schools that have effective student drug testing programs. I have several questions about your school's experience with drug testing.

1. Is your school public or private?

Public

Private

Non-sectarian

Related to a Church or faith
(describe) _____

2. What grades does your school include? _____

3. Do you currently have a student drug testing program at your school?

Yes

*When did the program begin? _____

No

*Did you ever have a student drug testing program in the past?
(from when to when were the tests conducted?)

[IF NO, END SURVEY]

4. Would you say that your school's drug testing program has demonstrated its effectiveness?

Yes

No

[IF NO, END SURVEY]

5. Has there been a formal evaluation of the program?

- Yes *Would you be willing to send us a copy of an evaluation report? (If yes, give IBH address)
- No

6. What grades are included in your school's drug testing program? _____

7. What categories of students within these grades are tested for drugs?

- All students
 - Mandatory
 - Voluntary
- Specific categories of students:
 - Athletes
 - Other Extracurricular Activities
 - * Please describe (other) activities: _____
 - Other category: _____

8. Which types of specimens are tested in your student drug tests?

- Urine
- Hair
- Sweat
- Saliva
- Other (specify) _____

9. Approximately how many student drug tests does your school conduct each academic year?

- Less than 10
- 10 to 100
- 101 to 500
- 501 to 2000
- More than 2000

10. In our initial study we will be selecting 9 schools to learn from their experiences with student drug testing. Would you be willing to participate in our study, which involves a detailed questionnaire that will take about 2 hours to complete and to participate in a 30-minute telephone interview?

- No
- Yes (Be sure that mailing address on Page 1 is complete)

If you are selected for participation in the study, you will receive the questionnaire within the next two weeks.

Thank you for your help.

Appendix B

Institute for Behavior and Health, Inc.

School Drug Testing Survey

Institute for Behavior and Health, Inc.

School Drug Testing Survey

This is a survey of public and private schools that have instituted effective student drug testing programs. The survey is to be completed by the school official with the best first-hand knowledge of the school's drug testing program. Please attach additional pages as needed. Once you have completed the survey please return it, along with any supplemental information, in the return envelope that has been provided. If you have any questions about this study, please contact Jackie Mazza at 301-231-9010.

1. Name of school _____

Person completing survey _____

Title: _____

Mailing Address _____

Phone Number _____

E-mail Address _____

Date _____

Description of the Student Body

2. Description of student body:

Co-ed Single-sex
 Male
 Female

3. Total number of students in school _____

Specify the number of students for each grade level

6th Grade _____ 8th Grade _____ 10th Grade _____ 12th Grade _____
7th Grade _____ 9th Grade _____ 11th Grade _____

4. Community served by school:

Urban Suburban Rural

5. Approximate ethnic profile of the student body of the school (%):

White (*Non-Hispanic*) _____ Black _____ Hispanic _____
Asian _____ Other _____

6. Percentage of students who graduate from high school _____%

7. Percentage of students who go to college _____%

8. Average total SAT score of seniors _____

Description of the Drug Testing Program

9. Date program was first proposed _____

10. Date of first student drug test at your school _____

11. Is signed parental permission required?

Yes No

12. Do the students eligible to be tested sign informed consent forms?

Yes No

13. What grades are included in your school's drug testing program?

14. What categories of students within these grades are tested for drugs?

All students:

Mandatory

Voluntary

Specific categories of students:

Athletes

Is testing part of a Student Athlete Code of Conduct? Yes

No

Testing is done: All year School year

Athletic season

Other Extracurricular Activities

Types of activities:

Other category

15. In total, how many students are subject to drug testing annually? *For example, if only athletes in grades 9 through 12 are covered by tests, how many students in the 9th through 12th grades are subject to drug testing?*

_____ Students

16. **Reasons for student drug testing (check as many as apply in this school and describe)**

**Periodic for covered students (example: at beginning of school year).
Describe:**

Random (what frequency, e.g. 50% per year or 10% per year) _____ %

For cause (individualized suspicion of recent drug use) Give examples of "causes":

Parental request for a drug test

Other (describe)

17. **What is the approximate cost of the school's Drug Testing Program, including administrative costs associated with the program?**

\$ _____ per year

18. **What is the cost per test (lab fee)?** \$ _____ per test

19. **Is the drug testing program coordinated with other services? (Check all that apply)**

Student Assistance Program (SAP)

Student counseling

Parent/Family counseling

Referral to drug abuse treatment outside the School

Prevention curriculum

Support groups for students and/or for parents

___ **Other** (*specify*)

20. **What are the consequences for first positive drug test of a student?** (*Check all that apply and briefly describe*)

___ **Parental notification**

___ **Loss of playing time for athletes**

___ **Loss of participation in extracurricular activities**

___ **Suspension** *For how long?* _____

___ **Expulsion**

___ **Counseling/therapy for parent/family/student**

___ **Drug education**

___ **Community service**

___ **Follow-up drug testing: *What frequency?*** _____

For how long? _____

___ **Notification of police or other law enforcement personnel**

___ **Other**

21. **What are the consequences for repeated positive drug tests?** (*Check all that apply and briefly describe*)

___ **Parental notification**

___ **Loss of playing time for athletes**

___ **Loss of participation in extracurricular activities**

___ Suspension: *For how long?* _____

___ Expulsion

___ Counseling/therapy for parent/family/student

___ Drug education

___ Community service

___ Follow-up drug testing: *What frequency?* _____

For how long? _____

___ Notification of police or other law enforcement personnel

___ Other

22. What percentage of drug tests were positive for each of the specific drugs routinely tested during the past two school years?

Substance	Tests 1999-2000 School Year		Tests 2000-2001 School Year	
	No. of Tests	% Positive	No. of Tests	% Positive
Marijuana				
Cocaine				
Heroin/Codeine				
Amphetamine/methamphetamine				
PCP				
Ecstasy/MDMA				
LSD				
GHB				
Synthetic opiates(<i>e.g. oxycodone, methadone</i>)				
Steroids				
Alcohol				
Nicotine				
Others				

23. Does a student have a right to appeal a positive result by asking for a retest of the sample?

___ No

___ Yes (*If yes, what is the process and how often is a retest requested?*)

24. Who is notified of a positive test result? *(Check all that apply)*

Principal

Athletic Director

Substance Coordinator

Parents

Law enforcement officials

Other *(Describe)* _____

25. Are there procedures in place to protect the confidentiality of drug test results?

No

Yes *(Describe)*

Description of the Drug Tests

26. Which types of specimens are tested in your student drug tests?

Urine Sweat Other (specify)

Hair Saliva

27. Type of test performed:

Immunoassay screen GC/MS confirmation

28. Is the lab SAMHSA certified?

Yes

No

Unsure

29. Do you use a Medical Review Officer (MRO) for positive tests?

Yes

No

30. How many samples are collected from each participating student?

- One
- Two (split collections)

31. What supervision, if any, is maintained of students between the time they are selected for testing on a particular day and the time the sample is collected?

32. For urine, how is the sample collected?

Direct observation of urination (*by whom and under what circumstances*)

In a lavatory where students are alone, unobserved

In a group of students who submit samples at the same time

At a site away from the school, if so describe:

Other

33. Is temperature of urine sample determined at collection?

No

Yes (*Describe*)

34. Drugs tested for routinely.

- | | |
|--|--|
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Ecstasy/MDMA |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> LSD |
| <input type="checkbox"/> Heroin/Codeine | <input type="checkbox"/> GHB |
| <input type="checkbox"/> Amphetamine/methamphetamine | <input type="checkbox"/> Synthetic opiates
(<i>e.g. oxycodone, methadone</i>) |
| <input type="checkbox"/> PCP | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Steroids | <input type="checkbox"/> Others |
| <input type="checkbox"/> Nicotine | |

35. Can tests of other drugs be ordered on special request?

Yes No

36. Are tests conducted on particular days of the week and if so how are those days selected?

Yes No

37. When tests are conducted how are individual students selected to be tested on a particular day?

38. How long do students have between the time they are notified that they will be tested on a particular day and the time samples are collected?

39. Are formal Chain of Custody Procedures used?

No
 Yes (*Describe*)

40. Where is initial testing of the specimen performed?

Off-site laboratory

On-site/at school

Other, describe: _____

41. Is an initial positive test subjected to a confirmatory test?

No

Yes, if so what procedure is used for the confirmatory test? _____

42. Is the positive sample retained for future retest, and if so for how long?

No

Yes: *For how long?* _____

43. Are faculty and staff at the school drug tested?

No

Yes (*describe*) _____

History of the School Drug Testing Program

44. How did you become aware of the national problem of student drug use?

(Check all that apply.)

Media

National surveys (e.g., Monitoring the Future, Back to School Survey, etc.)

Faculty or administration

School board

Parents

Other: _____

45. **Prior to implementing your student drug testing program how did you determine that your school had a problem with student drug use?** *(Check as many as apply and briefly describe. Please attach any related materials such as survey results.)*

Self-report survey of student drug use

Identification of drug-related problems such as arrests, overdoses, disciplinary problems, suspensions, drug sales, etc.

Student drug testing to establish student drug use rates

Parental concerns

Concerns raised by faculty or administration

Concerns raised by school board

Police or other incident reports

Local media

Other, specify:

46. **How was the decision made to institute a drug testing program?**

47. **Prior to implementation, how did you develop your specific student drug testing program?** *(Check all that apply)*

Consultation with faculty and staff

Involvement of parent community

Involvement of students

Involvement of local experts on drug use and drug use prevention

Consultation with school officials from other schools that had previously implemented student drug testing programs.

Reference to published materials, studies, etc.

Other, describe:

48. Who supported and who opposed the student drug testing program at the start?

	Strongly Opposed	Opposed	Neutral	Supported	Strongly Supported
Students	1	2	3	4	5
Parents	1	2	3	4	5
Faculty/Staff	1	2	3	4	5
School Board	1	2	3	4	5
Other Schools	1	2	3	4	5
Community at large	1	2	3	4	5
Media	1	2	3	4	5
Religious Organizations	1	2	3	4	5
Law Enforcement	1	2	3	4	5
Others (Specify)	1	2	3	4	5

49. Was legal action taken to block drug testing?

No
 Yes (By whom? With what result?)

50. Has there been a threat of a court challenge to your student drug testing program?

No
 Yes, describe:

51. Has there been a court decision on your student drug testing program?

No

Yes, describe:

52. Currently, what level of support does the drug testing program have among the following groups?

	Strongly Oppose	Oppose	Neutral	Support	Strongly Support
Students	1	2	3	4	5
Parents	1	2	3	4	5
Faculty/Staff	1	2	3	4	5
School Board	1	2	3	4	5
Other Schools	1	2	3	4	5
Community at large	1	2	3	4	5
Media	1	2	3	4	5
Religious Organizations	1	2	3	4	5
Law Enforcement	1	2	3	4	5
Others (Specify)	1	2	3	4	5

53. After you began your drug testing program, how did you track or measure whether the program was effective in reducing student drug use? (e.g., through surveys, reduction in problem behaviors, decline in the number of positive drug tests, etc.)

- 54. What evidence of changes in student drug use have you observed since the program began? *(Please provide statistics if available.)***
- 55. What problems, if any, have emerged with the testing program and how have they been handled?**
- 56. How has your program changed since it began?**
- 57. Are you planning to make specific changes in the student drug testing program in the immediate future?**
- No**
- Yes, describe:**

- 58. If you were starting a new student drug testing program now — based on your experience — how would it be different from the program you have today?**
- 59. Is there any other additional information that would be useful for us to know in order to understand your program?**
- 60. What advice would you give to a school that is considering implementing a student drug testing program?**

THANK YOU VERY MUCH FOR COMPLETING AND RETURNING THIS SURVEY.

Appendix C

The Student Drug Testing Programs

Case Reports

SCHOOL A
REGION: MIDWEST

Type of School:	Public
Type of Community:	Suburban
Grades:	7-12
Total Number of Students:	1878 (1213 High School, 665 Middle School)
Year Program Began:	April 1997
Mandatory or Voluntary:	Mandatory
Percentage of Students Included:	80%
Categories Subject to Testing:	Athletics, extracurricular activities, student drivers
Type of Specimen Tested:	Urine

Description of School

School A is a public school district with a single drug testing program for both the high school and middle school. The community is suburban and the student population is 98 percent white, 1 percent black and 1 percent Hispanic. Approximately 89 percent of the student body graduate from high school and 58 percent go on to college. The average SAT score of seniors is 935.

Description of the Drug Testing Program

The mandatory drug testing of all 7th through 12th grade students involved in athletics, extracurricular activities, or driving a vehicle to school is administered on a random weekly basis. In addition, students in 6th grade who are involved in swimming or wrestling are subject to the mandatory, random drug tests. Other reasons that may warrant a drug test include parental request for a drug test, for cause/direct observation (used very infrequently), and follow-up after drug treatment of the students. The eligible students comprise approximately 80 percent of the entire student body. All high school students who are involved in athletics, extracurricular, and/or drive to school are subject to the random drug testing. The same applies for the junior high students. Approximately 50 percent of these students are tested each year. Faculty and staff are also tested, but only a voluntary basis.

The cost for each test is \$21 and the annual cost of the program is approximately \$9000. The drug testing program is coordinated with student counseling, parent/family counseling and a prevention curriculum. The program drug testing procedures are clearly described in the school's Drug Testing Policy.

Consequences for the first positive drug test of a student include parental notification, loss of playing time for athletes, loss of participation in extracurricular activities (competition not practice), counseling/therapy for parent/family/student, drug education, loss of driving privileges, and follow up drug testing approximately 30 days from the first

test or at the end of a 21 day suspension. The student is subject to the follow up drug test over the course of 3 months on a periodic basis. If a student chooses to participate in counseling/therapy, participation from sports or extracurricular activities is only suspended for 21 days. Otherwise, suspension from sports or extracurricular activities lasts for 42 days. The consequences for a repeated positive drug test includes the above, however suspension is extended to 365 days and the student is subject to a follow up drug test upon completion of the 365 days suspension over a 3 month period.

School A also outlines consequences specific to a positive test for nicotine in their drug testing policy. The consequence for the first positive is parental notification and a follow up test within 30 days. At this point, there will be no penalty involving competition or participation in extracurricular activities; however, the coach/sponsor/director, etc can suspend the student's participation from practice. The consequences for a repeated nicotine positive test are the same as the penalties given for repeated positive drug tests.

In the case of a positive test result, the principal, athletic director, substance abuse coordinator, parents, and band or choral directors may be notified. There are procedures in place to protect the confidentiality of the drug tests results. The student has the right to appeal a positive test result. In the case of an appeal, the parents would call the school's testing facility and request a sample to be sent to another recognized lab of their choice for a retest.

The substances that are tested for through urinalysis include: marijuana, cocaine, amphetamine/methamphetamine, nicotine, alcohol, and some others periodically. Drugs that are considered as "others" include barbituates, benzodiazepines, methodone, methaqualone, PCP, propoxyphene, and steroids. Tests for other drugs can be ordered on special request. During the 1999-2000 school year 10.0 percent of the high school students tested positive for nicotine and 4.0 percent tested positive for marijuana use. For the following 2000-2001 school year, 12.7 percent tested positive for nicotine and 6.7 percent tested positive for marijuana use. It is important to note that the program was suspended from August 2000 – March 2001 due to a court case in the state and therefore a smaller number of tests were done. In particular, very few freshmen were tested because consent forms were still being collected when testing ended for the school year.

Description of the Drug Tests

The drug testing program uses a CLIA and State Board of Health-certified lab for urinalysis. The program utilizes both the immunoassay screen and GC/MS confirmation types of tests. A Medical Review Officer (MRO) is consulted in the review process of positive test results. One sample is collected from each student. Students are selected randomly from a pool of students who are participating in athletics, an extracurricular activity, or drive a vehicle to school. The Substance Abuse Coordinator requests a specific number of students to be randomly selected from the lab collector's computer data base. This selection is done weekly and the testing is administered on any given day

of that week (Monday – Saturday). Testing is not done during the last 6 weeks of the school year.

Upon selection, the students are then supervised by an administrator or guidance counselor from the moment they leave class to when they enter the testing site. The student provides a sample in a lavatory where they are alone and unobserved. Blue dye is placed in the toilet bowl and faucets are taped. The student then gives the sample to the collector who is outside the fully contained stall. Students sign and initial when the specimen is sealed and packaged for transport to the lab. The initial testing of the specimen is performed at the off-site laboratory and in the case of a positive test, a GC/MS confirmation is used to confirm that result. The positive sample is also retained frozen for one year for future retest.

History of the Drug Testing Program

The school district became aware of the national problem of student drug abuse through the media, faculty/administration, the school board, parents, and from students who expressed concern for their friends. Prior to the implementation of the student drug testing program, determination of the existence of a local problem of student drug abuse came about through self-report surveys, identification of drug-related problems (student arrests, increased disciplinary problems, and increased suspensions), parental concerns, concerns raised by faculty or administration, police or other incident reports, and student concerns for friends and fellow peers.

This specific student drug testing program was developed as a result of consultation with faculty and staff, involvement of the parent community, involvement of local experts on drug use and drug use prevention, and consultation with school officials from other schools that had previously implemented student drug testing programs. The decision to institute a drug testing program began with the current Substance Abuse Coordinator. He states, “I was aware of some schools in our area that were drug testing after a youth conference I took students to. They were ‘fired up’ that we need testing in our school. I talked to my administrator(s) and principal and then coaches and some faculty; virtually all encouraged me to move forward. Students on my Healthy Lifestyles Committee spoke compassionately to the adults on the committee together. We heard from those running testing programs and different labs.”

The program was first proposed in February of 1997 and implemented in April of that year. Prior to the start of the drug testing program, all but the students were in support of the program. Students had mixed opinions about the program, but the coordinator believes that “more students were supportive than not.” At this time (five years after the program began), support is stronger and more widespread than at the beginning. Support is evident from all groups within the school and community.

Since the beginning of this program, the effectiveness has been tracked/measured through the collection of statistical data, including the number of positive drug test results. There

has also been a noticeable decrease in the number of student arrests. The drug testing program was temporarily suspended between August of 2000 and March of 2001 due to legal action taken against another school within their state. The program resumed testing once the court gave a favorable decision in response to an appeal. Monthly use of several drugs by 9th graders and 11th graders was significantly higher in 2001 than in 1999 and higher than the statewide averages, according to a self-report survey. The coordinator stated that drug activity within their school system increased during the program's suspension. They know that from teachers, students, and parents. The coordinator added that: "Every school I was in contact with said their drug activity had also increased...thus can we not conclude that drug testing was working?"

Other than the temporary interruption during the 2000-2001 school year, the only problem that had emerged dealt with the amount of time in which the test results were administered. Now that the Substance Abuse Coordinator has been given more authority and responsibility in this area, results are given in a more timely manner. Since the program began in 1997, the only change was the addition of the 21-day suspension from competition if the student and at least one parent went to counseling on the drug of abuse. At this time there are no plans to make any future changes to the program.

Lessons Learned and Advice to Others

The Substance Abuse Coordinator suggests several ideas to consider prior to implementing a student drug testing program. He emphasizes the importance of bringing different parts of the community together (law enforcement, parents, administration, judge, etc.) and if there is a drug problem, one must "identify it early before it becomes an addiction." The coordinator most importantly believes there is a need to "Give today's kids another weapon in their arsenal to say no to their peers. We were never motivated to 'catch kids' but to give them another reason to say no."

SCHOOL B
REGION: MIDWEST

Type of School:	Public
Type of Community:	Suburban
Grades:	7-12
Total Number of Students:	2,251 (1,386 High School, 865 Junior High School)
Year Program Began:	1997
Mandatory or Voluntary:	Mandatory
Percentage of Students Included:	80%
Categories Subject to Testing:	Athletics, extracurricular activities, student drivers
Type of Specimen Tested:	Urine

Description of School

School B is a public school district with a drug testing program that operates in both the high school and the junior high school. The community is suburban and the student population is 97 percent white, 1 percent Asian, 1 percent Hispanic, and 1 percent black or other. Approximately 95 percent of the students graduate from high school and 75 percent go on to college. The average SAT score of seniors is 1026.

Description of the Drug Testing Program

The random drug testing program is mandatory for all students who participate in athletics or other extracurricular activities or who drive to school. The eligible students comprise approximately 80 percent of the student body. In addition to those categories, some other students voluntarily participate in testing and mandatory testing may be imposed on any student if there is reasonable suspicion. Random testing is done throughout the school year and reaches 16 percent of the eligible high school students and 10 percent of the eligible junior high school students.

The cost for each test is \$14 and the annual cost of the program is \$5,800. The drug testing program is coordinated with the prevention curriculum, the Student Assistance Program, student counseling, parent/family counseling, support groups for students and/or parents, and referrals to drug abuse treatment outside the school. The policies and procedures are thoroughly described in the Student Handbook and the Student Athlete Handbook.

For junior high school students the only consequence of a first positive drug test under the random testing is parental notification. In fact, the junior high students' results from the lab remain unopened by school personnel and are forwarded to the parents along with an information packet. High school students with a first positive drug test lose participation in athletics and other extracurricular activities as well as the privilege of driving to school until a follow-up test is completed with negative results. The student

must request a follow-up test within 8 weeks of the first positive test or else it will be treated as a second violation. Once the request is made, the test will be done on the next random test date. If the follow-up test is negative, the student will be allowed to resume extra-curricular and/or driving privileges. If a second positive result is obtained from the follow-up test, or any later test of that participant, the student will be prohibited from participating in extra-curricular activities and/or driving to school for one year from the date of the second test. During this period of ineligibility, the student may be required to continue random testing. A student can apply for a probationary period between months 6 to 8 of ineligibility, which involves passing an initial drug test and then agreeing to participate in all random drug tests between the eighth and twelfth month following the second violation. The costs of all tests during the probationary period are to be paid in advance by the student/family. A third positive result on a drug test will result in the student being prohibited from participating in extra-curricular activities or from driving to school for the remainder of his/her tenure in that school district.

The consequences of a positive drug test under a situation of “reasonable suspicion” that a student is using or under the influence of alcohol, marijuana, or any other illegal substance while on school grounds (before, during or immediately after school hours or a school function), off school grounds at a school event, or traveling to or from school or a school activity are more severe. If any student tests positive, disciplinary action will be taken which will result in suspension for 10 days and recommended for expulsion for up to one school year. A student’s refusal to submit to the chemical test will result in the administration’s proceeding with the appropriate disciplinary action. If a parent or guardian refuses to allow the test to be administered to his/her child, a disciplinary action will be recommended as if the test were positive.

The substances that are tested for routinely include: marijuana, cocaine, heroin/codeine, amphetamine/methamphetamine, PCP, synthetic opiates, and alcohol. Tests of other drugs can be ordered on special request. During the most recent full school year of testing (1999-2000) there were positive tests for marijuana (4%), nicotine (4%), cocaine (1%), amphetamine/methamphetamine (1%), heroin/codeine (.5%) and synthetic opiates (.5%). Testing was only done for the final 2-3 months of the 2000-2001 school year, due to a court case elsewhere in the state. Positive tests for marijuana shot up to 15 percent. The other positive tests were amphetamine/methamphetamine (2%) and nicotine (2%).

The student may appeal a positive test by asking for a retest, but there has never been such a request. Student confidentiality is protected by assigning an identification number to the specimen; the student’s name is never used. In the event of a positive test result, the student assistance coordinator, principal and parents are notified, as well as the athletic coordinator or sponsor, if the student participates in an extracurricular activity. However, for junior high school students only the parents are notified.

Description of the Drug Tests

The program uses a SAMHSA-certified lab for the urine test (immunoassay screen) and an MRO for positive tests. Split collections are used, which are then subjected to a confirmatory test (within 72 hours) in the event of a positive result. When students are selected for the random testing, they are issued passes by the school clinic where they gather to be escorted to the lavatory. Water to the sinks is shut off at the valve and blue dye is placed in the toilet. The student selects a specimen kit and then goes into the restroom alone, with the door closed, to provide a specimen. Once the specimen has been obtained the student takes it to the nurse in a private area. The nurse checks the temperature of the specimen by the temperature strip on the side of the collection cup. If determined to be valid, the nurse places the specimen in two separate bottles and the student places a seal over the lids of the bottles and initials and dates the seals. The nurse places the specimen bottles in a clear plastic bag, along with the chain of custody form that has been signed by the nurse and initialed and numbered by the student. The specimens are picked up by lab personnel the day of the testing and transported to the lab.

The Student Assistance Coordinator (SAC) and the Assistant Principals establish a list of dates for the testing. The drug testing of students is scheduled for 1 particular day of each week. The labs are then provided with the dates and the list of numbers assigned to students who are eligible for random testing. The SAC has the only copy of the student's names and corresponding numbers. Two days before a given testing date the lab randomly selects 10 high school student numbers. This includes 7 who are required to be tested that day and 3 alternates in case of student absences. The lab also selects 5 junior high school student numbers. This includes 3 who are required to be tested that day and 2 alternates in case of student absences. The day the testing is to occur, the SAC checks student schedules and notifies the nurse what period the testing will take place. Every effort is made to not take students out of academic subjects for drug testing. Parents are contacted to inform them that their child will be tested that day and to let them know that test results will be mailed.

History of the Drug Testing Program

The school district became aware of the national problem of student drug abuse through state surveys, faculty/administration, parents and the school board. Determination of the existence of a local problem of student drug use came about through identification of drug-related problems, police/incident reports, parental concerns, and concerns raised by faculty, administration and the school board. The existence of the drug problem was most apparent with increases in the number of expulsions/suspensions and arrests for possession. A 40-member task force including school personnel, students, parents, and community members assessed the problem and came up with five possible solutions. A drug testing program was researched and developed, utilizing the services of a local lab.

The program was proposed in 1996 and implemented in 1997. There was strong support expressed by faculty/staff, the school board, media, religious organizations, law enforcement, and most parents. Students generally supported the program and other schools were neutral. The only opposition was from a small but vocal group of parents. Currently, the program enjoys the same level of support. There have been no legal actions or threats of a court challenge in this school district. However, testing was suspended last school year as a result of a court challenge in another school district in the state. After the State Supreme Court ruled that school drug testing is constitutional in the state, the school district reinstated the program in April 2001.

The school district has tracked the effectiveness of the drug testing program through surveys, observation of changes in student behavior, and observation of the decline in positive tests results. There has been a decline in the amount of testing that is done for reasonable suspicion and so far this year the percentage of positive tests is lower than it was last spring.

When the program was first implemented there was opposition from only one parent. That was resolved by giving that parent notice when her child was selected for random testing so that she could be present. Other than the interruption in the program last year due to another school's legal challenge, the only change in the program has been in the way students leave their classes for the testing. Initially, students were escorted from their classes by the assistant principal. Now a pass is issued by the clinic.

Lessons Learned and Advice to Others

No changes are currently planned for the drug testing program, and the school district's director for the Student Assistance Program indicated that they would not do anything differently if they were starting a new program today. In advising other school districts that are considering implementing a drug testing program, she suggests that "it is very important to have public forums in order to gain input from parents, students, and the community." She would also advise other schools to contract with a reputable lab that has good history.

SCHOOL C
REGION: WEST

Type of School:	Public
Type of Community:	Rural
Grades:	9 - 12
Total Number of Students:	1100
Year Program Began:	1997
Mandatory or Voluntary:	Mandatory
Percentage of Students Included:	41%
Categories Subject to Testing:	Athletes and cheerleaders
Type of Specimen Tested:	Urine

Description of School

School C is a rural high school that is 52 percent Hispanic, 46 percent white, 2 percent black, and 2 percent Asian. Approximately 90 percent of the students graduate from high school and 50 percent go on to college. The average SAT score of seniors is 900.

Description of the Drug Testing Program

The program is mandatory for all athletes and cheerleaders and is part of the Student Athlete Code of Conduct. Eligible students comprise 41% of the student body and are subject to random testing during the athletic season. All athletes are R.E.S. (Rapid Eye Screening) tested at the beginning of the season. If a student fails the R.E.S. test, then he or she is given a urinalysis test. The Assistant Athletic Director and two other trained teachers on staff are the R.E.S. testers. A student-athlete must fail three or more of the five categories to fail the test. The categories are: 1) Pupil Size (using a pupilometer), 2) Pupil Reaction (reaction to light – Slow, Normal, Non-React), 3) Nystagmus (Bounce Horizontal, Bounce Vertical, Normal, Circle Bounce), 4) Convergence (Drift Right, Drift Left, Can't Hold, Can't Cross, Normal), and 5) Direct Observation (Red, Swollen, Droopy, Watery, Glazed, Bugeyed). Parents and students sign consent for the drug testing at the beginning of the athletic season.

Students may also be tested for cause if there is “reasonable suspicion.” The written policy states: “The District ... expects student athletes to remain alcohol and drug free twenty-four (24) hours a day and seven (7) days a week.” Since alcohol does not have a long half-life, the school cannot test for alcohol. However, if there is, for example, reasonable suspicion that an athlete was not alcohol-free during the weekend, the principal can notify the parents to see if they want the school to take action. No action can be taken without parental consent.

The lab fee for each test is \$10 and the annual program cost is \$1500 per year. About 150 athletes throughout the entire year are randomly drug tested. The drug testing

program is coordinated with the prevention curriculum. In addition to preseason meeting that explains the policy to the parents and student athletes, each sport is required to have one drug education meeting per season. The meeting covers the use and abuse of alcohol and other drugs and how it affects one's performance on the playing field.

The program is guided by a detailed written policy that makes the consequences of positive tests very clear. In the case of a self-referral, the student is suspended from practice pending clearance by a physician, must enroll in a recognized drug education program, and is subject to mandatory urinalysis. That testing, which takes into account the half-life of the particular substance, will be conducted weekly during the current athletic season and then every 30 days if the student continues to participate in the school's athletic program. Following a first violation, a student is suspended from athletic competition for four weeks, must enroll in a recognized drug education program and is subject to the same mandatory urinalysis described above. There is a provision (which can be used only once during a student's high school career) that allows for as few as two weeks restriction from competition plus community service if the student is cooperative and honest. In the case of a second violation, the student is ineligible to participate in any sport for one school year and must participate in a minimum of a 16-week program of drug assessment and education. There may also be a treatment referral. Mandatory urinalysis will continue on a weekly basis for the duration of the season and then every 30 days if the student continues with sports past the current season. If there is a third violation, the student will be out of the school's athletic program permanently and will be encouraged to seek further assistance and counseling. The student may petition the Governing Board for reinstatement in the athletic program if he or she has proven to be clean of substances.

The substances that are routinely tested for are marijuana, cocaine, heroin/codeine, amphetamine/methamphetamine, and synthetic opiates. In the past two school years, about 280 student-athletes have been tested. During that time, only one test came up positive and that was for marijuana.

If there is a positive test result, the parents, athletic director, principal and superintendent are notified. In the case of a positive test result, the student does not have a right to ask for a retest of the sample. However, the student athlete or parent is entitled to file an appeal to an Administrative Review Panel, consisting of three District administrators and chaired by the Director of Pupil Services.

The urinalysis is done at the school. A random number generator is used to select student athletes for testing on a given day. The students who are called in are tested immediately. The urine sample is collected in the lavatory, unobserved. The testing administrator supervises the students, walking them to the bathroom and waiting outside the door. The initial testing of the specimen is performed at the school. If there is a positive test, that sample is sent to Uni-Stat Lab in Texas for a confirmatory test. The sample is not retained for future retest.

History of the School's Drug Testing Program

The program was developed in response to drug-related problems involving athletes on campus. In addition, student drug use was identified in a self-report survey and parents also expressed concerns. The driving force was concern primarily from parents, coaches and the administration, with school board support. In developing the specific program, faculty and staff were consulted, along with officials from other schools that had implemented student drug testing programs.

The strongest support for the program came from faculty/staff and law enforcement. The program was also supported by the school board, parents, religious organizations, and the community at large. Students and other schools were neutral or mixed, with the only opposition coming from the media. The program was first proposed in 1996 and was implemented in 1997. The level of support from each group remains roughly the same as it was initially. There has been no legal action taken to block student drug testing, but the ACLU and parents of disciplined athletes have threatened a court challenge.

In its written policy, the school district points out that student participation in a school-sponsored athletic program is a privilege. Explaining the rationale for the program, the policy indicates: "Unfortunately too many student athletes have been known to be in possession and use of substances in our high school. Therefore, the district has reasonable basis to implement a rule or policy specifically geared to student athletes." The program is intended to protect the health and safety of all student athletes.

The program is believed to be effective in reducing student drug use since there have been few, if any, positive drug test results. Students understand the limits and, for the most part, accept them. "Alcohol, however, has become the drug of choice among athletes because of its community acceptance and short-term tracking."

When the program began, School C sent the students to the local health center to be tested. However, problems emerged when the students left campus. They have since modified the program procedures to do the drug test on-site at the school. No other changes are currently planned or anticipated.

Lessons Learned and Advice to Others

The high school's Assistant Athletic Director suggests that she would recommend emphasizing the education element of the program. She would advise other schools to discuss all the worst-case scenarios and be prepared to have an action plan. Some situations to anticipate might include, for example, what to do if six athletes on one team test positive or if students turn each other in. It is also strongly suggested that the school be sure to have parental support.

SCHOOL D
REGION: EAST

Type of School:	Public
Type of Community:	Suburban
Grades:	9 – 12
Total Number of Students:	2500
Year Program Began:	September 1997
Mandatory or Voluntary:	Mandatory
Percentage of Students Included:	76%
Categories Subject to Testing:	Athletics, All Extracurricular Activities except Band, and student drivers
Type of Specimen Tested:	Urine and Saliva

Description of School

This is a public high school that is 95 percent white and 5 percent other. Ninety-nine percent graduate from high school and 90 percent go on to college. The average total SAT score of seniors is 1088.

Description of the Drug Testing Program

The program is mandatory for all extracurricular activities and athletics, excluding band because students receive credit for participation. The program involves 76 percent of the students in grades 9 – 12. These students are subject to random drug testing which is administered on a periodic basis (reaching about 10% per year) during the sport season or extracurricular activity. Student drivers are also subject to the annual random drug test. Faculty and staff are not subject to random testing but are tested as part of the hiring process.

Drug testing is not only done on a random basis but also on a “for cause” basis such as abnormal behavior or reactions, when the student appears “high,” or if there are significant changes in class work habits. Testing may also be done based on a parental request, as a follow-up after drug treatment, or re-entry after a positive drug test result. The cost for each test is \$148.50. This includes testing for steroids which are tested for randomly among the random tests. A urinalysis test without steroids is approximately \$80. The oral swab test is \$35 which includes the lab testing. The overall annual cost of the total program is approximately \$3,267.

The drug testing program is coordinated with a student assistance program (SAP), student counseling, parent/family counseling, referral to drug abuse treatment outside the school, prevention curriculum, and support groups for students and/or parents. The

consequences for the first positive drug test of a student include: parental notification, loss of playing time for athletes, loss of participation in extracurricular activities, 5 days in-school suspension, counseling/therapy for parent/family/student, drug education, a one time follow-up drug test 5 days after re-entry, and loss of parking privileges. The consequences for repeated positive drug tests include the above, 8 days suspension and a one time follow-up drug test 8 days after re-entry. Expulsion for a repeated positive drug test is also a possible consequence. The consequences cited above apply to the “for cause” program but not the random program. In the random program students are referred to counseling and readmitted to the activity after submitting a clean urine and attending 5 STOP program education sessions.

The student drug testing program is guided by a written policy that states the drug testing procedures and the consequences for each positive test result. The program procedures explicitly states that “All students wishing to participate in any interscholastic athletic program, extracurricular activities or wishing to obtain a campus parking permit, as well as the student’s custodial parent/guardian shall consent in writing, to alcohol and drug testing....” Any student who does not sign the consent form will be dropped from the activity. If a student has a positive test result, only the principal, vice principal, nurse, athletic director, substance coordinator and the student’s parents are notified. The positive test sample is subject to an immunoassay screen and to a medical review officer (MRO). In the case of a positive test result, the student has the right to appeal the result by asking for a retest of the sample.

The drugs that are tested for routinely are: marijuana, cocaine, heroin/codeine, amphetamine/methamphetamine, PCP, steroids, and alcohol. Tests of other drugs can be ordered on special request. During the 1999-2000 school year a total of 121 tests were randomly administered. Eight were positive for marijuana, 5 for heroin/codeine, 7 for alcohol and 18 for others. In the following school year (2000-2001) a total of 98 tests were randomly administered. Thirteen tests showed positive for marijuana, 1 for cocaine, 1 for heroin/codeine, 2 for PCP, 4 for GHB, and 32 for other drugs. Drugs that fell under the classification of “other” were the “designer drugs” such as ketamine and ecstasy. Also included in this category were prescription drugs that may not have been prescribed to that student and which did not show up as other substances.

The collection of both urine and saliva samples is done on-site, in a lavatory where students are alone, unobserved. ID numbers of all students involved in a sport or activity are selected by a computer. A minimum selection of 10% will be subject to drug testing. Students are fully supervised during the brief time between when they are notified that they will be tested on a particular day and the time samples are collected. The vice principal accompanies the students to the health office and remains with the students until the sample collection/test is completed.

The saliva test is now done as part of the “under suspicion” testing program instead of urinalysis. It identifies the same drugs as the urine sample – marijuana, PCP, heroin, amphetamines, and cocaine. In addition, the saliva sample will be read for any designer drugs like GHB, ecstasy, and ketamine upon request at no additional charge. This is not

an “instant” read but must be sent to a lab. There is a 24 hour “turn around” time on these results.

History of the School’s Drug Testing Program

Awareness of the national problem of student drug use came from the media and from national surveys. Prior to implementation of this program, the local problem of student drug use was determined through a self-report survey of student drug use, student drug testing to establish student drug use rates, parental concerns, concerns raised by faculty or administration, concerns raised by the school board, police or other incident reports, and the local media. The problem of student drug use at this school was also determined by the identification of drug-related problems such as arrests, overdoses, disciplinary problems, suspensions, and drug sales. All of these situations were looked at by the Random Drug Testing Task Force.

The American Drug and Alcohol Survey was administered to approximately 25 percent of the school’s students during the 1996-97 school year. Results from the anonymous, self-report survey indicated considerable experimentation with and usage of a variety of substances. The survey results were reviewed and presented to the school board by the Superintendent who recommended random drug testing after the *Veronia* decision. The program was developed through the consultation with faculty and staff, involvement of local experts on drug use and drug use prevention, consultation with school officials from other schools that had previously implemented student drug testing programs, and reference to published materials, studies, etc. The drug testing program was proposed in July 1997 and implemented in September of the same year.

The strongest support for the program came from the school board, religious organizations, the law enforcement, and school administration. Support also came from other schools and from the community at large. The parents and faculty/staff members were neutral on this matter. The student body and the media were somewhat opposed to the idea of a student drug testing program. The level of support from each group in ensuing years increased from the initial levels. At this time even the students and media support the program and all of the other stakeholders strongly support it.

Despite the widespread support for the program, there has been legal action taken against it. In August 2000 the ACLU took legal action to block drug testing and the lower court ruled against the school district in February 2001. The school district has appealed. The case was recently heard in the Appellate Court and a decision has yet to be rendered.

Since implementation of the program, its effectiveness has been measured through surveys, reduction of incidents related to student trips and travel, and the decline in positive drug tests. When the American Drug and Alcohol Survey was administered again in 1999, the results indicated an overall decrease in reported drug use by the students. Of the 28 categories of drug use evaluated by the survey (7 categories within each grade 9-12), drug use went down in 20 categories.

Since the beginning of the program, procedures have been refined, sample collection is performed in a quicker fashion, student ID numbers that were once selected by hand are now selected via computer, and now only one attempt is made to reach parents instead of waiting all day to definitely “speak” with someone. There are currently no plans to make any specific changes to the drug testing program.

Lessons Learned and Advice to Others

The Principal suggests three major points to consider prior to implementing a student drug testing program. First, be sure to involve the parents and community in the beginning – not after the fact. Second, know that you are never going to get 100 percent buy-in, but do what you think is right for kids. Finally, get your supportive parents to be as “high profile” as your opposition parents.

SCHOOL E
REGION: MIDWEST

Type of School:	Public
Type of Community:	Suburban
Grades:	9 – 12
Total Number of Students:	246
Year Program Began:	January 1999
Mandatory or Voluntary:	Mandatory
Percentage of Students Included:	81%
Categories Subject to Testing:	Athletics, Extracurricular Activities
Type of Specimen Tested:	Urine

Description of School

School E is a suburban high school that is 93 percent white. Ninety-five percent of the students graduate from high school and 30 percent go on to college.

Description of the Drug Testing Program

The program is mandatory for all extracurricular activities and athletics, involving 81 percent of the students in grades 9-12. Depending on the duration of the extracurricular activity, some students are subject to testing for only a particular season while others can be tested anytime during the school year.

Drug testing is done on a random basis and reaches 38 percent of the eligible students each school year. A student may also be tested based on a parental request. The cost per test (for all fees) is \$70 and the annual cost of the total program is estimated to be \$5,000.

The drug-testing program is coordinated with the prevention curriculum, student counseling, and other services as determined by the particular student. The consequences for the first positive drug test of a student include: parental notification, loss of playing time for athletes, loss of participation in extracurricular activities, counseling or therapy, and drug education. The consequences for repeated positive drug tests include the above and possible suspension from extracurricular activities/sports for the remainder of the year or, in extreme cases, permanently.

The drugs that are tested for routinely are: marijuana, cocaine, heroin/codeine, amphetamine/methamphetamine, LSD, alcohol and nicotine. Tests of other drugs can be ordered on special request. During the past two school years, the only positive tests have been for marijuana (1% and 3%) and nicotine (4% and 6%). In the case of a positive test result, the student, parents, principal, and athletic director are notified. To protect the confidentiality of the results, the student meets alone with lab technician and information is shared only after all the results are final. The lab contacts the student directly regarding

questions. The student has the right to appeal a positive result by asking for a retest, but this has never happened.

Description of the Drug Tests

School E's program uses a SAMHSA-certified lab for the urine test and a Medical Review Officer (MRO) for positive tests. Two samples are collected from each participating student.

The days of testing are selected at random and individual students are selected at random by the drug-screening agency. After being selected for testing on a particular day, the students are confined to the office area under the supervision of a District employee. Students are not allowed out of the area without an escort. The urine sample is collected in a lavatory where students are alone, unobserved. The temperature of the sample is determined at collection by the lab technician. The initial testing is performed at the school. If an initial test is positive, there is a confirmatory test by the MRO. A positive sample is retained for future retest.

History of the School's Drug Testing Program

School E became aware of the national problem of student drug use from faculty/administration, parents and students. Before implementing their program they determined that they had a local problem with student drug use because of specific problems observed, police/incident reports, concerns raised by faculty/administration, and parental concerns. The decision was made through the Board of Education.

The planning phase only took five months. The program was first proposed in August 1998 and testing began in January 1999. The program was developed with consultation with faculty and staff, involvement of the parents and students, and consultation with officials from schools that had previously implemented student drug testing programs. When the program began, there was no opposition to it. The drug-testing program was supported by the students, parents, community, and media. It was strongly supported by the faculty/staff, the school board, and law enforcement agencies.

After three years, there is still no opposition. Now students, parents and the community appear to strongly support the program. There has been no legal action taken to block drug testing or any threat of a court challenge.

The program's effectiveness has been demonstrated through surveys, reduction in problems, and fewer positive tests. The faculty and administration have observed less discussion among the kids regarding drug use and big "parties" have seemed to lessen.

No problems have been encountered in the three years the program has been in effect. The only change in the program is that the time of testing has been changed from classroom time to the student lunch hour. No changes are planned for the future.

Lessons Learned and Advice to Others

If starting a new drug testing now, the administration indicated they would not change much from their current program. In advising other schools considering such a program, the importance of involving staff and coaches when discussing policy was stressed. Also, keep in mind that “this is only one of many programs needed to curb alcohol and drug use.”

SCHOOL F
REGION: SOUTH

Type of School:	Public
Type of Community:	Suburban
Grades:	9 – 12
Total Number of Students:	2048
Year Program Began:	1997
Mandatory or Voluntary:	Mandatory
Percentage of Students Included:	28%
Categories Subject to Testing:	Athletics
Type of Specimen Tested:	Urine

Description of School

School F is a suburban high school that is 75 percent white, 18 percent black, 3.6 percent Asian, 1.6 percent Hispanic, and 1.5 percent other. Approximately 95.7 percent of the students graduate from high school and 85.7 percent go on to college. The average total SAT score of seniors is 1156.

Description of the Drug Testing Program

The program is mandatory for athletes, involving 28 percent of the students in grades 9-12. The student, upon making the team, is subject to a mandatory drug test that is administered at the beginning of the school year. These same students are then subject to a second test that is administered on a random basis during the sport season. Drug testing may be done as a follow-up on a student who has just completed drug treatment. A student may also be tested based on a parental request.

The cost for each test is \$20 and the annual cost of the total program ranges between \$17,000 and \$20,000. The drug tests are solely funded by the individual sport Booster Club. For smaller teams (e.g., golf), the drug test costs are incorporated with the fee for the student's physical check-up.

The drug testing program is coordinated with student counseling, parent/family counseling, and referrals to drug abuse treatment outside of the school. The program is guided by a written policy that clearly states the consequences of each positive test result. Following the first violation, a student is suspended for the next four consecutive interscholastic events or for four weeks of the sport season. After a first violation, the student is required to receive an assessment or evaluation for chemical dependency prior to being reinstated to the athletic team. In addition to an evaluation, the student must submit to another drug test prior to readmission to the athletic team. If the drug test reveals a positive result, it will count as a second violation. If a student is serving a suspension for one sport, he or she may participate in another sport provided that the

student produces a negative drug test result prior to admittance to the new team. Upon making the team, the student shall continue to serve the “unexpired portion” of the previous suspension. If a student commits a third violation, the student shall be excluded from any further participation from any sport or extracurricular activity for the remainder of the student’s years at the school. Only the principal and the parents of the student are notified of a positive test result. The positive test sample is subject to a GC/MS confirmatory test and is retained for one year for any future retest. In the case of a positive test result, the student has the right to appeal the result by asking for a retest of the sample.

The drugs that are tested for routinely include: marijuana, cocaine, heroin/codeine, amphetamine/methamphetamine, PCP, ecstasy/MDMA, synthetic opiates, others (barbituates, benzodiazepines, methayualene, propoxaphene). Data on results of the tests were not made available.

Description of the Drug Tests

The testing is done on-site at the school. A computer generates a random selection of student athletes. Approximately 20 to 30 students of the same gender are chosen for any given drug testing session. The students have approximately an hour and a half between the time they are notified of their selection and the time urine samples are collected. The athletic director in a waiting area supervises the students until a specimen is provided. The urine sample is collected in a lavatory, in enclosed stalls, and monitored by a member of the collection crew of the same gender. Students use alternating stalls so that no two students are in adjacent stalls. The temperature strip attached to the collection cup is read by the collector prior to sealing the specimen. One sample is collected from each participating student and formal chain-of-custody procedures are followed. The lab is SAMHSA certified. Although a Medical Review Officer is not used for positive tests, parents are asked to verify any prescriptions.

History of the School’s Drug Testing Program

This particular program was completely student-initiated in response to constant peer pressure to use drugs. The principal was approached by some freshmen on the boys’ soccer team to help them say no to older players who were pressuring them to use drugs. In addition, student drug use was identified in a self-report survey given to all athletes. The program was developed through the involvement of parents, students, local experts on drug use and drug use prevention, consultation of faculty and staff, and consultation with school officials from other schools that had previously implemented student drug testing programs.

The strongest support for the program came from faculty/staff, the school board, other schools, the media, religious organizations, law enforcement, and the community at large. The parents also showed support for this program. The overall student body remained

somewhat opposed to the drug testing program. The program was first proposed in 1996 and was implemented during the 1997-1998 school year. The level of support from each group in ensuing years remained the same as it was initially. There has been no legal action taken to block the student drug testing program at school F nor has there been a threat of a court challenge.

In its written policy, School F clearly states the program's primary purpose is to "encourage a drug-free lifestyle for their students/children." It further states, "... that this program is created to provide the appropriate action plan to address and nurture a drug-free environment for the entire [high school] community." The program at this school was developed in response to the request of students who wanted a way to say "no" to drugs. The student drug testing program is intended not only to encourage a drug-free lifestyle, but to also provide the students with a clear and concise reason that would support them when saying "no" to drugs.

After the program was implemented, the program's effectiveness was measured through student surveys. Students who are involved in drug activity now express difficulty in deciding whether or not to participate in a sport.

The program is subject to review every year for any necessary changes. Two challenges in the administration of the program are the cost of the program and student absences from class. To reduce the cost of the program, the school is now contracting with a new drug testing company and has also reduced the frequency of the random testing. The school is currently looking for corporate sponsorship as a way to further help with the cost. Two solutions are being implemented/considered to deal with the problem of students missing class time. One is to move some of the testing days to Saturday and another is to rotate the class a student might miss for testing.

Lessons Learned and Advice to Others

The high school's Athletic Director suggests that when considering the implementation of a student drug testing program, support from parents, teachers and the community is clearly necessary. It is important to obtain their support before implementing the program. It is also important to remember that this program "was asked for by students as a way to say no to drugs."

SCHOOL G
REGION: SOUTH

Type of School:	Private
Type of Community:	Urban but also draw from suburban area
Grades:	8 - 12
Total Number of Students:	730
Year Program Began:	March 1998
Mandatory or Voluntary:	Mandatory
Percentage of Students Included:	100%
Categories Subject to Testing:	All students
Type of Specimen Tested:	Hair

Description of School

This is a private, co-educational high school that includes grades 8 – 12. The student population is 75 percent white, 18 percent black, 5 percent Hispanic, and 2 percent Asian. All of the students graduate from high school and 90 percent go on to college. The average SAT score of seniors is 1111.

Description of the Drug Testing Program

The program is mandatory for all students enrolled in the school. Parental permission is provided through the school registration form. Students do not sign informed consent forms. Drug testing is also part of the Student Athlete Code of Conduct and testing is done all year. In addition, faculty and staff are subject to random drug testing; approximately 30 percent are tested each year.

During the school year all students are screened for drug use at least one time but the students don't know when each of them will be randomly selected for testing. In addition, about 20 percent are retested on another day during the school year. Follow-up testing is also done if a student tests positive. The cost per test is \$45 and the annual cost of the overall program is \$36,500.

The drug-testing program is coordinated with the prevention curriculum, student counseling, and student-family counseling. The consequences for a student testing positive (first time) include parental notification, drug education, and follow-up testing in 90 days. Counseling/therapy is recommended but not required. If the student tests positive a second time, the parents are notified and must withdraw the student from enrollment in the school.

The drugs that are tested for routinely are marijuana, cocaine, heroin/codeine, amphetamine/methamphetamine, PCP and ecstasy/MDMA. Other tests can be ordered on special request. During the past two school years, the only positive tests have been for

marijuana (.8% and 2.7%). The student does not have a right to appeal a positive result by asking for a retest of the sample. The school allowed for this at first but found no false positives. To protect the student's confidentiality, the results are given only to the Dean of Students. Ordinarily, if a student tests positive, the family is contacted by the Dean of Students and a conference is scheduled.

Description of the Drug Tests

In this school's program the type of specimen tested is hair and the testing is done by Psychemedics Corporation. An immunoassay screen is done on all tests and then any positives are subject to a GC/MS confirmation. The school is unsure about the SAMHSA certification of the lab. One sample is collected from each participating student on a testing day. The test involves a cosmetically undetectable snip of hair. No special supervision is required between notification and testing because of the type of specimen that is collected. Tests may be conducted any day and students are selected randomly for testing on any particular day. They are then tested within minutes of being notified. Formal chain-of-custody procedures are used. The student and the tester sign twice and seal the sample. The initial testing is performed at school. An initial positive test is subjected to a confirmatory test at the lab, with three doctors reviewing the results. It is deemed unnecessary to retain a positive sample for future retest since drugs stay in the hair for 3 months.

History of the School's Drug Testing Program

The school became aware of the national problem of student drug use through the media. At the local level, the school administration identified drug-related problems involving some of their students. According to the school president: "We like to say our school does not have a problem, but we do have students who experiment with drugs." Prior to the program's implementation, the school participated in the Youth Risk Behavior Survey and the self-report data indicated that some of the students had used alcohol, marijuana, and/or cocaine. The main goal of the program is "to ensure that the school is a safe learning environment."

The planning of the program occurred between October 1997 and March 1998. The process began with the administration, and then involvement followed sequentially from faculty to parents to students. In developing the specific policies and procedures, the school administration consulted local experts, officials from other schools that had implemented similar programs, and published materials. When the program began it was strongly supported by the administration, faculty, parents, religious organizations, and law enforcement. Support was also expressed by other schools, the media, and the community at large. The students were neutral or mixed in their support for the new program.

The program has been in effect for four years and the support is widespread now. All of the stakeholder groups express support for the program, with all but the students showing strong support. There have been no legal actions taken against the program, although some concerns have been expressed by the ACLU.

The program has been seen to be effective in reducing problem behaviors. Detentions for fighting have reduced by 85 percent and those for disruptive behavior have decreased by 65 percent. When testing first began, 3.4 percent of the students tested positive and 10 percent of them retested positive. The percentage of positives dropped to 2.1 percent the second year, with only 5 percent of them retesting positive. Although there has been some fluctuation in the rate of positive tests during the past two years, the rate has stayed below the levels initially observed.

The school has not encountered any significant problems in administering the program. The only change that has been made was the elimination of the word “random” since all students are tested at least once during each school year. No further changes are planned at this time.

Lessons Learned and Advice to Others

School officials would not do anything differently if they were starting a new program. According to the president, “I think we did it well the first time.” Advice to a school considering implementing a student drug testing is: “Come visit our school and talk to our students.”

SCHOOL H
REGION: EAST

Type of School:	Private
Type of Community:	Urban and Suburban
Grades:	9 - 12
Total Number of Students:	265
Year Program Began:	September 2000
Mandatory or Voluntary:	Mandatory
Percentage of Students Included:	100%
Categories Subject to Testing:	All
Type of Specimen Tested:	Urine

Description of School

School H is a private boys school that is 89 percent white, 8 percent black, 2 percent Hispanic and 1 percent Asian. All of the students graduate from high school and go on to college. The average SAT score of seniors is 1080.

Description of the Drug Testing Program

School H has implemented a drug testing program that is mandatory for all students and faculty. The faculty are subject to a 5 percent random testing and for them the policy is “one strike and you’re out.” Students are subject to random testing at a frequency of 5 percent each month. The day of the month varies, but there is only one testing day each month. The cost per test is \$30 and the annual cost of the total program is \$3,800.

The drug testing program is coordinated with the prevention curriculum and to referrals to drug counseling/treatment programs in the community. The consequences of the first positive drug test are notification of the parents, referral to an approved drug counseling/treatment program, and follow-up drug testing monthly until graduation. The only person at the school who is informed of a positive drug test is the Director of Guidance, who then maintains contact with the drug treatment counselor. If a student were to test positive for drugs a second time, the Headmaster would be notified and the student would be expelled.

The drugs that are tested for routinely are: marijuana, cocaine, heroin/codeine, amphetamine/methamphetamine, PCP and LSD. During the first full year of testing (2000-2001) there were 126 tests administered and none were positive for any illegal substance. In the case of a positive result, the student would have the right to ask for a retest of the sample. The original sample could be retested at another agency at the student’s expense.

Description of the Drug Tests

School H's program uses a SAMHSA-certified lab for the urine test and a Medical Review Officer (MRO) for any positive tests. On each day of testing 5 percent of the students are chosen at random through a process whereby the testing program randomly selects a group of numbers and then the numbers are matched to particular students by the school counselor. The selected students are transported to the testing facility by school personnel, who supervise them until they are returned to school. When the sample is collected, the student is alone and unobserved in the lavatory at the testing facility. Temperature of the sample is checked. The testing facility has a form that tracks the chain of custody. An initial positive test is rechecked at the lab and the positive sample is retained for future retest. To protect the confidentiality of the drug test results, the testing facility uses numbers to identify the students. Results are reported only to the school counselor, who matches the numbers to the names.

History of the School's Drug Testing Program

The program was first proposed in April 1996. Although there were no precipitating incidents or local surveys identifying drug use, there was an awareness of the national problem through national surveys and parents. They recognized that their students "are a microcosm of society, so we should assume that some students experiment with drugs."

The Headmaster reviewed similar programs in the state and collaborated with the Board of Trustees on how and whether to implement it. In planning the program, the school got input from local experts on drug use and prevention, consulted with officials from other schools, and referred to published studies and other materials. The program was strongly supported by parents, faculty/staff, the Board of Trustees, and local law enforcement. Support was also expressed by students, media, religious organizations, and the local community. There was no apparent opposition and other schools were neutral. Currently, the level of support appears to be the same as it was, with the exception that other schools now support it.

The program is perceived as being effective in reducing or preventing drug use. Although no student surveys on drug use are conducted and the results of the testing are kept confidential, there is anecdotal evidence of a decline in marijuana usage.

There have been no legal challenges to School H's program and no changes have been made in the program since it began last school year. However, they are grappling with a few problems and looking for ways to make the program run more smoothly. One problem involves transporting students to the testing facility and then following up with any students who were absent or didn't initially respond to being paged by the office. Based on their experience, the school counselor would recommend on-site testing. Another problem is that because testing is done once a month and the date is randomly chosen, students are aware that they are "safe" until the first day of the next month. Changes to the testing day schedule have not been considered at this time.

Lessons Learned and Advice to Others

In summing up the value of the drug test program, the School Counselor indicated that: “The program has been most effective in giving students a reason to say no, particularly those students who aren’t resilient to peer pressure. His advice to other schools that are considering implementing such a program is to emphasize “the behaviors being tested are illegal for all people, regardless of age.”

**SCHOOL I
REGION: SOUTHWEST**

Type of School:	Public
Type of Community:	Rural
Grades:	6 – 12
Total Number of Students:	281
Year Program Began:	Fall 1998
Mandatory or Voluntary:	Was mandatory for first 3 years; now voluntary
Percentage of Students Included:	100%
Categories Subject to Testing:	All students
Type of Specimen Tested:	Urine

Description of School

School I is a public school that includes grades 6-12. The school, located in a rural community, is 49 percent Hispanic, 49 percent white and 2 percent black. Ninety-eight percent of the students graduate from high school and 60 percent go on to college. The average total SAT score for seniors is 970.

Description of the Drug Testing Program

The drug testing program is for all students in the school. The program was mandatory when it began in 1998 and for the first three years. However, due to a court decision that went against a similar program in another school district in the state, the program was changed to be voluntary as of the fall of 2001. Currently 90% of the student body volunteers for the drug testing program.

When mandatory, the program tested all students in the school and also faculty and staff. Testing is conducted monthly during the school year. All students were tested the first year. Random testing for all students was conducted annually the following year, with the exception of incoming 6th graders who were all included in the testing. Random testing reaches/reached 15 percent of the students per month and testing can/could also be done for cause if there is/was reasonable suspicion at school or if the parents request a drug test. Another reason for testing is follow-up after drug treatment. All testing is conducted on a random basis at the parents' request. Once the students volunteer, they stay in the program unless they request to exit. The enrollment period is open to 6th graders and anyone who has not been involved, in August each year. The lab fee is \$19 per test and the annual cost of the program is currently \$11,000. The annual cost of the program was approximately \$12,000 when it was mandatory.

The drug testing program is coordinated with other services, including prevention curriculum, student counseling, parent/family counseling, and referral to drug abuse

treatment. When the program was mandatory, a positive drug test resulted in parental notification, loss of playing time for athletes, loss of participation in extracurricular activities, counseling, drug education, and follow-up drug testing at each future testing for one year. The consequences for repeated positive drug tests were similar, but the student would lose participation in extracurricular activities for a longer period of time. Currently, now that the program is voluntary, there is no report to the school, with all results going to parents, and thus no consequences.

The substances that are tested for routinely include: marijuana, cocaine, heroin/codeine, amphetamine/methamphetamine, PCP, steroids, nicotine, ecstasy/MDMA, LSD, GHB, and synthetic opiates. Tests of other drugs can be ordered on special request. During the three year period, there were five positive tests for marijuana. During the past two school years, there was only one positive test each year (.3% of those tested) and it was for marijuana. The student has a right to appeal a positive result by asking for retest. Using a split sample, a retest can be done at the usual lab or another lab of choice.

When the program was mandatory, a positive result would be communicated to the superintendent, principal, and athletic director or other extra-curricular coordinators, as well as the parents. Now that the program is voluntary, only the parents are notified. Confidentiality is currently protected by results only being shared with the parents. Formerly, under the mandatory program, positive results went to the superintendent and were shared on a “need to know” basis. However, sometimes a suspension for 30 or 60 days from extra-curricular activities made a positive test evident to others.

Description of the Drug Tests

School I’s program uses a SAMHSA-certified lab for the urine test and a Medical Review Officer (MRO) to review positive tests. Two samples are collected from each participating student. Students to be tested receive a note in their lockers during the morning. The students typically have 1-2 hours notice and the only supervision is the normal activity of the morning. The urine sample is collected in a lavatory where the student is alone, unobserved. The temperature of the sample is determined at that time. The days of testing are/were selected randomly as are/were the students to be tested. Professional testers administer the tests and follow standard chain of custody procedures. The initial testing of the specimen is performed at an off-site laboratory and an initial positive test is subjected to a confirmatory test.

History of the School Drug Testing Program

The school district determined that the school had a problem through a variety of sources, including: a self-report survey of student drug use; observation of disciplinary problems and a lack of productivity and participation on the part of some students; police or other incident reports; and concerns raised by parents and staff. The decision to implement a drug-testing program began with a committee at the school, which then received initial

approval from the Board of Trustees to move forward with the planning. Community meetings were held and, following confirmation from the committee, the Board approved the plan. There was involvement from many different stakeholders in planning the program (faculty/staff, parents, students, and local experts). School officials from other schools with drug testing programs were consulted, as were published materials.

Strong support was expressed by the parents, faculty, school board, religious organizations, law enforcement, and the community at large. Students were also in overall support of the program, but not as strongly. No groups were opposed to the program and only the media and other schools were neutral regarding the proposed program. Currently, the program still enjoys the same level of support from the various interest groups. Although there has been no legal action taken or threatened in School I's district, a case elsewhere in the state has had an impact there. The mandatory program in the nearby district was modeled after School I's program. When a parent challenged that program and the court decided in favor of the parent, it set a precedent that prompted the School I to change its program from mandatory to voluntary.

The mandatory student drug testing program at School I was deemed to be very effective. The program's effectiveness was evident in the reduction in discipline referrals, improved student productivity, and the low number of positive tests. According to the Superintendent: "It was a complete change in atmosphere! We're very concerned that we'll see a loss of ground."

The current program is deemed to be better than nothing, but not as effective as the mandatory program was. Results now go to parents, with the school just providing the opportunity whereas before the results were communicated to the school, with specific consequences prescribed. Pending national litigation, School I would like to return to a mandatory program.

Lessons Learned and Advice to Others

If they were developing a new program today, based on their experience, School I would follow its original model. The major piece of advice for any school considering implementing a student drug testing program is to get community input and buy-in.

RESOURCES

Drug-Free Schools Coalition, Inc.

David G. Evans, Esq., Executive Director

203 Main Street

P.M.B. 327

Flemington, NJ 08822

p) 908-284-5080

f) 908-284-5081

drugfreesc@aol.com

Sport Safe Testing Service, Inc.

Joseph C. Franz, M.D.

18 Grace Drive

Powell, OH 43065

p) 614-847-0847

f) 614-847-0874

www.sportsafe.com

National Institute of Citizen Anti-Drug Policy (NICAP)

DeForest Rathbone, Chairman

1044 Springvale Road

Great Falls, VA 22066

p) 703-759-2215

DZR@prodigy.net

Drug-Free Kids: America's Challenge

Joyce D. Nalepka, President

1805 Tilton Drive

Silver Spring, MD 20902

p) 301-681-7861

f) 301-592-9100

AmerCares@aol.com

Student Athlete Testing Using Random Notification Project (SATURN)

Linn Goldberg, M.D., Principal Investigator

Oregon Health Sciences University L475

3181 SW Sam Jackson Park Road

Portland, OR 97201-3098

p) 503-494-8051

www.ohsu.edu/som-hpsm/saturn.html

Center on Addiction and Substance Abuse at Columbia University (CASA)

Joseph A. Califano, Jr., Chairman and President

633 Third Avenue

New York, NY 10017-6706

p) 212-841-5200

f) 212-956-8020

www.casacolumbia.org

Northwest Center For Health & Safety

Sandra S. Bennett, Director

P.O. Box 5833

Portland, OR 97228-5853

p) 360-263-5905

f) 360-263-3964

GABRIEL364@aol.com

Psychomedics Corporation

1280 Massachusetts Avenue, Suite 200

Cambridge, MA 02138

p) 617-868-7455 or 800-628-8073

f) 617-864-1639

Drug & Alcohol Testing Industry Association (DATIA)

1600 Duke Street, Suite 400

Alexandria, VA 22314

p) 800-355-1257

f) 703-519-1716

datia@wpa.org

Substance Abuse and Mental Health Services Administration (SAMHSA)

National Clearinghouse for Alcohol and Drug Information (NCADI)

P.O. Box 2345

Rockville, MD 20847-2345

P) 800-729-6686

www.samhsa.gov

www.health.org

www.drugfreeworkplace.gov

*drug testing information, testing technologies,
products and services.*

<http://workplace.samhsa.gov/ResourceCenter/lablist.htm> *SAMHSA certified laboratories*

Drug Free America Foundation, Inc.

600 1st Avenue North, Suite 302

St. Petersburg, FL 33701

p) 727-828-0211

f) 727-828-0212

www.dfaf.org

The National Association of Student Assistance Professionals

www.nasap.org

Center for Substance Abuse Research (CESAR)

4321 Hartwick Road, Suite 501

College Park, MD 20740

p) 301-403-8329

www.cesar.umd.edu

Robert D. Ketterlinus, Ph.D.

Senior Research Associate

Philadelphia Health Management Corp.

260 South Broad Street

Philadelphia, PA 19102-5085

p) 215-985-2524

RobertK@phmc.org

C. Elizabeth Edwards

HIDTA Demand Reduction Coordinator

Drug-Free Workplace

p) 520-547-8845 (Tucson, AZ) or

877-817-6809 (toll free)

f) 520-547-8776

dfw@theriver.com

Nancy Starr

5203 Robinhood Lane

Erie, PA 16509

p) 814-866-6381

Pennstarr@aol.com

Malcolm K. Beyer, Jr.
138 Beacon Lane
Jupiter Inlet Colony, FL 33469-3504
p) 561-744-3213
Beyerm@aol.com

The Anti-Drug.com
www.theantidrug.com

Freevibe.com
www.freevibe.com

National Youth Anti-Drug Media Campaign
www.mediacampaign.org

National Institute on Drug Abuse
www.nida.nih.gov

Center for Substance Abuse Prevention
www.samhsa.gov.csap

Center for Substance Abuse Treatment
www.samhsa.gov.csat

The Safe and Drug-Free Schools program (U.S. Department of Education)
www.ed.gov/offices/OESE/SDFS/index.html