20. Substance Use Assessment and Drug Screening Policy

I. Introduction:

Substance use can impair a parent's cognitive, behavioral, and emotional protective capacities to keep their children safe. For child welfare workers who are charged with ensuring the safety of children, it is often difficult to determine what level of functional improvement will enable a parent with a substance use disorder to retain or resume their parental role without jeopardizing the child's well-being.

Due to statutory timelines, there is an urgency for finding effective ways to address concurrent substance use disorder and child abuse and neglect in families whose children are placed in protective custody.

Drug screening is one service that child welfare workers often use to facilitate decision-making with these families. Drug screening refers to the use of various biologic sources such as urine, saliva, sweat, hair, breath, blood, and meconium to determine the presence of specific substances and/or their metabolites in an individual's system.

II. Purpose of drug screening in child welfare:

1. Provide information on the presence or absence of a substance in an individual's body. This information contributes to the comprehensive assessment of investigations in new reports of harm;
2. Gather information on whether a parent is continuing to use substances during an open child welfare case;
3. Provide more information in the comprehensive assessment of family reunification;
4. Provide formal, documented information on the presence or absence of a substance in an individual's body as needed by the courts.
5. To motivate parents who use substances to become involved in treatment and to provide motivation and positive reinforcement for parents in the early stages of recovery.

III. Limitations of drug screening:

1. Drug screening results indicate only that the drug or its metabolite is present at or above the established concentration cutoff level in the specimen at that time. Drug screening:
    a. Cannot determine the existence or absence of a substance use disorder;
    b. Does not reveal whether a parent misuses or is dependent on illicit drugs or alcohol;
    c. Does not provide sufficient information for substantiating allegations of child abuse or neglect;
    d. Does not provide sufficient information for decisions regarding the disposition of a case (removal, reunification, or termination of parental rights); and
    e. At the time of birth, positive screenings on a newborn, does not determine whether the mother's use or the extent of the mother's use has compromised her infant's growth or development.
2. Decisions regarding case direction and disposition must be made using information from the child welfare assessment/investigation, safety and risk assessments, and a comprehensive substance use assessment.

IV. Parent engagement strategies:

1. Discuss the purpose of drug screening with the parent
2. Allow the parent opportunities to self-disclose their history and current use of illicit substances and misuse of prescription drugs
3. Use person-first language. Refrain from using terminology with a negative, judgmental, or disrespectful connotation and instead use objective language.

Do not use:	***Instead Use:***
Clean or dirty	Positive or negative drug screening
Addict, Junkie	Person in recovery
	Person with Substance Use Disorder
Relapse	Reoccurrence of use
Substance Abuse	Substance use or Substance Use Disorder

4. Discuss the need for full disclosure of medical conditions and prescription and over-the-counter drugs and medication – this information is needed to obtain an accurate history of current and recent prescription medication.
5. Advise the parent of the outcomes of positive and negative results, refusal to undergo a screening, and no-shows as it relates to case planning and assessment.
6. Inform the parent of drug screening procedures and drug screening locations and office hours.

V. Collaboration with treatment team:

1. As part of family-centered case planning, the caseworker shall make efforts to reduce duplication of services through communication with other state or community agencies working with the family.
2. **Drug screening shall not be used** when:
    a. The parent is an active participant in a substance use treatment program or other case or compliance plan that already requires frequent random drug screening; and
    b. The caseworker is able to obtain drug screening results from that provider.
        i. If the caseworker is unable to obtain drug screening results from providers, the worker shall:
            1. Consult with supervisor on strategies and efforts to obtain the results
            2. Document reasoning from the provider that they cannot provide results
        ii. Discuss other drug screening options with the parent

VI. Assessment of current substance use:

1. Assessment of the probability of current substance use includes:
    a. Self-report
    b. Observations of personal appearance, behavioral signs, and physical environment by substance abuse treatment providers or professional child welfare workers

(National Center on Substance Abuse and Child Welfare funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Children's Bureau (CB), Administration on Children, Youth and Families (ACYF), U.S. Department of Health and Human Services)

c. Screen families for substance use to determine presence of substance use and identify the need for a further substance use assessment. UNCOPE is a valid screening tool that asks six questions:

U - Have you continued to use alcohol or drugs longer than you intended?
N - Have you ever neglected some of your usual responsibilities because of your alcohol or drug use?
C - Have you ever wanted to cut down or stop using alcohol or drugs but could not?
O - Has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?
P - Have you ever found yourself preoccupied with wanting to use alcohol or drugs?
E - Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger, or boredom?

2. Disclosure of reoccurrence of or continued substance use in an ongoing case
   a. **Drug screening shall not be used** if a parent informs the caseworker, treatment provider, or other community provider involved in the case plan of a reoccurrence of or continued substance use
      i. The caseworker shall:
         1. Discuss the circumstance of the substance use with the parent;
         2. Assess the child's safety and risk;
         3. Notify and consult with the treatment provider, if applicable
         4. Assess the parent's current substance use patterns and need for a treatment or alternative intervention; and
         5. Document disclosure, discussion, and assessment in a log of contact.

VII. Referrals Substance Use Assessment:

1. Referrals for substance use assessments shall **only** occur when:
   a. The child welfare caseworker's assessment suspects or confirms current or recent substance use; and
   b. The parent is not currently participating in substance use treatment
2. Documentation:
   a. Caseworkers must document in a log of contact:
      i. The assessment of the probability or confirmation of substance use to justify the substance use referral
      ii. Referral date
      iii. Results and treatment recommendations of the substance use assessment

VIII. Referrals for Random Ongoing Drug Screening Services:

1. Random ongoing drug screening should only be used
    a. After a substance use assessment has been completed and random ongoing drug screening is recommended by the treatment provider;
    b. The parent requests to participate in random ongoing drug screening as a support or reinforcement; or
    c. As further ordered by the court
2. Frequency and intensity of random ongoing drug screening
    a. The contracted provider shall offer evidenced-based or evidenced-informed random ongoing drug screening services under the CWS Substance Use Assessment and Drug Screening Services (SUADSS) contract
        i. If a parent requires random ongoing drug screening **more than 4x a month**, the treatment provider must provide documented clinical justification for that level of intervention intensity
3. Documentation:
    a. Caseworkers must document in a log of contact:
        i. The date of the substance use assessment and recommendation of participation in random ongoing drug screening
        ii. The random ongoing drug screening's level of frequency and intensity and any changes to frequency or intensity
        iii. Parent progress in random ongoing drug screening
        iv. Results of drug screenings, including refusals to screen and no shows

IX. Referrals for One-Time Drug Screenings

1. Referrals for one-time drug screenings shall only be used when
    a. The caseworker's assessment suspects current or recent substance use in a **new report of harm** or there is a concerning **change in behavior, appearance, or environment** (*refer to VI. Assessment of current substance use for more information*); **and**
        i. The parent does not disclose that they have used substances recently or are using substances currently; **or**
        ii. There is reason to believe that the parent is not disclosing the extent of their substance use
2. Subsequent one-time drug screenings require supervisor approval
3. Documentation:
    a. The caseworker must document in a log of contact:
        i. The assessment that suspects current or recent substance use
        ii. Date of the one-time drug screening referral
        iii. Results of the one-time drug screening, including refusals to screen and no shows

X. Drug screening results, no shows, and refusals

1. For cases with court oversight, all drug screenings are to be transmitted to Family Court.
2. If a parent receives a **negative drug screening result**, the caseworker shall:

a. Discuss receipt of results during worker visits or other communication
b. Offer positive reinforcement by acknowledge the parent's accomplishments and offer continued support and encouragement

3. If a parent receives a **positive drug screening result**, the caseworker shall:
    a. Discuss the results with the parent immediately, upon receipt of the positive drug screening, giving the parent the opportunity to share about their current situation.
    b. Offer confirmatory lab testing to the parent to ensure the screening's validity
    c. Obtain confirmatory lab testing as needed to:
        i. Distinguish the presence of a specific substance and/or metabolite in the presence of other various substances; and
        ii. Determine the concentration of the substance in the sample
    d. Gather additional information as needed to assess the child's vulnerability and the parent's protective capacity
    e. If the parent **is not receiving substance use treatment or recovery services**, refer the parent for a substance use assessment
    f. If the parent **is receiving substance use treatment or recovery services**, consult with the parent's substance use treatment provider; this consultation should include:
        i. A review of the parent's substance use treatment recovery plan;
        ii. A reassessment of the array of services, level of care, and interventions in which the parent is currently participating; and
        iii. Modifications of the parent's substance use treatment recovery plan as needed
4. If a parent **refuses or fails to appear for a drug screening**, the caseworker shall:
    a. Provide the parent the opportunity to share about their current situation;
    b. Discuss with parents the next steps the caseworker will take in order to address the substance use concern and remind them of the potential outcomes
    c. Assess the need for an additional one-time drug screening
    d. Consult with the parent's substance use treatment provider, if applicable
    e. Notify other relevant parties to the case (e.g., CASA, GAL, parent attorneys etc.)
    f. Consult with the supervisor on how parental behavior impacts the comprehensive assessment of the family, if needed

XI. Modifications to Random Ongoing Drug Screening frequency and intensity:

1. Caseworker decisions to modify drug screening frequency and intensity shall be made with input from the parent, supervisor, substance use treatment provider, medical provider, and other professionals working with the family as necessary.
2. Caseworkers shall also consider:
    a. The type of substance used and how long it can be detected;
    b. Clinical diagnosis, including the severity of the substance use disorder, the parent's historical patterns of substance use, and changes in affect and physical appearance;
    c. Whether the parent is participating in a residential treatment program (screening is not usually beneficial until the individual has left the campus or otherwise has access to alcohol or drugs);

   d. Whether the parent consistently attends or participates in service delivery, particularly substance use treatment, self-help groups, or other recovery-support activities, and their level of participation in the case plan;
   e. Parent's denial or minimization, which can indicate that the parent does not understand the seriousness of his or her substance use and its consequences; and
   f. The parent's substance use treatment recovery plan, including the coping skills that the parent will use in unsafe environments in which they might face pressure to use substances, and whether the parent has made changes in the people, places, and things associated with his or her substance use.
3. Caseworkers may **discontinue random ongoing drug screening services** after obtaining input from the substance use treatment provider and with supervisor approval.
4. If ongoing drug screening services are ordered by the court, consult with supervisor and legal counsel regarding modifications or discontinuation.

XII. Specimen Types:

Pros and Cons of Different Specimen Sources			
Specimen	**Window of Detection**	**Pros**	**Cons**
Urine	Up to 2–4 days	• Most accurate results • Least expensive • Most flexibility for testing different drugs • Most likely to withstand legal challenge	• Specimen can be adulterated, substituted, or diluted • Limited detection window • Collection can be invasive or embarrassing • Specimen handling and shipping can be hazardous
Oral Fluid	Up to 48 hours	• Collecting the oral fluid specimen can be observed • Minimal risk of tampering • Noninvasive • Can be collected easily in virtually any environment • Can be used to detect alcohol use • Can be used to detect recent drug use	• Drugs and drug metabolites do not remain in saliva as long as in urine • Less efficient than other testing methods for detecting marijuana use • pH changes can alter specimen • Moderate to high cost
Sweat	FDA cleared for 7 days	• Relatively noninvasive • Sweat patch typically worn for 7 days • Quick application and removal of sweat patch • Patch seal tampering minimized • Longer window of drug detection than urine and blood • Relatively resistant to specimen adulteration • No specimen substitution possible	• Only a few laboratories offer sweat patch testing • Those with sensitive skin may react to the patch • Possible time-dependent drug loss from the patch • Possible external drug contamination from improper skin cleansing prior to application • For marijuana, current use by a naïve user may not be detected • For marijuana, positive sweat results are possible in current abstinent, but previously chronic high dose, users • Sweat production dependent • Moderate to high cost
Hair	Up to 4-6 months	• Collecting the hair specimen can be observed • Long detection window • Does not deteriorate • Can be used to measure chronic drug use • Convenient shipping and storage; needs no refrigeration • Noninvasive • More difficult to adulterate than urine	• Moderate to high cost • Cannot be used to detect alcohol use • Cannot be used to detect drug use 1–7 days prior to drug test • Not effective for compliance monitoring • External contamination
Breath	Up to 12-24 hours	• Minimal cost • Reliable detector of presence and amount of alcohol • Noninvasive	• Very limited detection window for alcohol • Can only be used to detect presence of alcohol
Blood	Up to 12-24 hours	• Can be used to detect presence of drugs and alcohol • Test produces accurate results	• Invasive • Moderate to high cost
Meconium	Up to 2-3 days	• Can be used to detect long-term use • Can be used to detect presence of drugs and alcohol • Easy to collect and highly reliable	• Short detection window after infant's birth

(Office of National Drug Control Policy, 2002; Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 2006)

XIII. Other considerations for practice:

(National Center on Substance Abuse and Child Welfare funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Children's Bureau (CB), Administration on Children, Youth and Families (ACYF), U.S. Department of Health and Human Services)