# Random drug testing of schoolchildren

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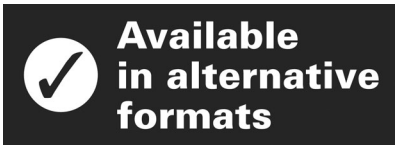


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# Random drug testing of schoolchildren

## A shot in the arm or a shot in the foot for drug prevention?

**Neil McKeganey**

JOSEPH ROWNTREE FOUNDATION

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# 1 Introduction

In February 2004 Prime Minister Tony Blair, in an interview with the *News of the World*, announced his support for randomly drug testing pupils in UK schools: 'We cannot force them to do it but if heads believe they have a problem in their schools then they should be able to use random drug testing.' The announcement of prime ministerial support for drug testing pupils on a random basis caused great surprise amongst experts in the field and some sections of the media, not least because there had been little prior indication that the government was considering this policy. Within the United States, by contrast, drug-testing programmes have been developed across the country and there has been a flourishing political, legal and public debate over the pros and cons of testing schoolchildren (Caulkins *et al*., 2002). This report looks at the theory, the evidence, the ethics and the practicalities of testing children in UK schools.

## Methods

Preparing this report involved an initial search of the main social science and medical databases through the bibliographic databases held on the Bath Information and Data System. This was carried out using the terms 'young people', 'drugs', 'drug testing'. This identified very little work specifically focused on drug testing students. An internet search on drug testing students identified an enormous literature comprising for the most part journalistic comment on drug testing rather than reports of research. However, from both of these sources it was possible to identify key articles which were then reviewed; these in turn led to the identification of other articles and websites including the www.studentdrugtesting.org site through which it was possible to access a number of key reports.

## Background

Within the last five years there has been a remarkable expansion in the technology of drug testing and in the range of materials that can now be tested to indicate whether an individual has used legal and illegal drugs. These materials now include: blood, urine, oral fluids, hair, nails and sweat. Whilst there are no data available on the number of schoolchildren in the UK that have been tested for illegal drugs, the recent Independent Inquiry into Drug Testing at Work reported that there are somewhere between 220,000 and 330,000 drug tests carried out each year within Britain (IIDTW, 2004). The majority of these tests occur within the employment, military and prison sectors. In the light of the increasing prevalence of drug testing more broadly, and the prime ministerial support for testing UK schoolchildren, it is at least possible that drug testing will become an increasingly prominent aspect of school life for many young people within the UK.

Whether one regards the development of school-based drug-testing programmes in a positive or a negative light depends in part on how one sees the issue of illegal drug use on the part of young people. There can be little doubt, for example, that much of the impetus behind drug testing has to do with the steady stream of research over the last few years that has documented the extent of illegal drug use on the part of young people within the UK (Barnard *et al*., 1996; Miller and Plant, 1996; Boreham and Shaw, 2001; Balding, 2002). In a recent national

survey of 10,000 children aged 11 to 15 carried out by the National Centre for Social Research and the National Foundation for Educational Research, 8 per cent of 11 year olds and 38 per cent of 15 year olds in England had used drugs in the last year. Although cannabis was the drug most widely used by pupils, 4 per cent of the sample reported having used a Class A drug in the last year (NCSR/NFER, 2003).

In addition to concern at the overall level of illegal drug use on the part of young people within the UK there has also been concern at the young age at which some people are starting to use illegal drugs. McKeganey and colleagues, for example, surveyed 2,318 children aged 10 to 12 in Glasgow and Newcastle. Nearly a third of the children had been exposed to illegal drugs, almost one in ten had been offered illegal drugs and one in 20 had used illegal drugs in the past; 2 per cent had done so within the last month (McKeganey *et al*., 2004). Whilst such surveys report important data on the overall level of illegal drug use on the part of young people, much of the drug use involved relates to cannabis and it is likely that only a minority of these children will go on to develop a pattern of longer-term drug misuse.

Over the last few years it has also been evident that the level of illegal drug use on the part of young people in the UK is higher than that amongst many other European centres. The European Monitoring Centre for Drugs and Drug Addiction, in its 2004 report on the state of the drug problem in Europe (EMCDDA, 2004), summarised the results of the 1999 European School Survey Project on Alcohol and Drugs (ESPAD) that obtained data on lifetime cannabis use amongst 15 to 16 year olds in a range of European centres. In Portugal and Sweden 8 per cent of 15 to 16 year olds had used cannabis in the past, in Greece 9 per cent, in Finland 10 per cent, in the Netherlands 28 per cent, in Spain 30 per cent and in the UK 33 per cent.

In the face of similar levels of cannabis use to that in the UK, the US government decided to make cannabis an important element in its 'war against [illegal] drugs'. In January 2002, following a Supreme Court ruling that random, suspicionless, drug testing was not in contravention of the Fourth Amendment, President George Bush signed into US law the No Child Left Behind Act authorising the use of federal funds for school-based drug testing. Following that law, student drug testing has been given high priority in the US National Drugs Control Strategy (2004):

> *This strategy highlights the importance of student drug testing, a prevention approach that accomplishes both goals: deterring drug use while guiding users to needed treatment or counselling. Student drug testing is a remarkable grassroots tool that the Federal Government is moving aggressively to support with research funding as well as support for program design and implementation. The fiscal year 2005 requests $25 million for student drug testing programs. Eight demonstration grants have already been awarded, with prior year funding, to expand existing programs and evaluate the effectiveness of others … Student drug testing programs advance the Strategy's goal of intervening early in the young person's drug career, using research-based prevention approaches to guide users into counselling or drug treatment, and deterring others from starting*

*in the first place. The purpose of random drug testing is not to catch, punish, or expose students who use drugs but to prevent drug dependence and to help drug-dependent students become drug-free in a confidential manner … Student drug testing programs work.*
(National Drug Control Strategy, 2004, p. 20)

The statement that 'drug testing programs work' and the allocation of funding totalling $25 million for such programmes gives a clear indication of the extent of political support for drug testing within the United States. On the basis of Prime Minister Blair's recent statements there are indications that he too shares the view that random drug testing offers a new and effective tool in the fight against illegal drug use in the UK.

# 2 UK guidance on drug testing

In 2004 the UK Department for Education and Skills issued *Drugs: Guidance for Schools*. This guidance covers, amongst other things, drug testing and the use of sniffer dogs within schools. In contrast to the United States where random drug-testing programmes are being federally funded, the UK guidance stresses that this is a matter for the determination of local school heads. The guidance states that where schools are considering testing pupils, attention should be given as to whether this:

- is consistent with the pastoral responsibility of the school to create a supportive environment
- is culturally sensitive
- may lead to labelling certain pupils
- will result in appropriate support being offered to pupils
- is a feasible and effective use of school resources.

The guidance stresses further that where such programmes are being considered this should be made explicit in school policies, and further that these policies should have been developed in consultation with parents, pupils, staff and governors. The guidance from the Department, although not critical of drug testing, can hardly be seen as a ringing endorsement of such programmes. Before looking at the evidence on drug testing it may be helpful to look at the assumptions underlying drug testing and its application to young people.

## The assumptions underlying drug testing

There are three theories or sets of assumptions underlying random drug testing. The first of these is a criminological theory about the power of surveillance, the second is about the importance of early identification and intervention, and the third is about the capacity to bolster young people's resistance to illegal drugs.

With regard to surveillance it is possible to see drug testing as a form of surveillance. Through being able to enquire into the more private areas of young people's lives, drug testing makes young people's drug use a 'public' rather than a 'private' matter and in so doing, according to the theory, reduces the likelihood of its occurrence. The idea of surveillance as a tool of social control was noted by Jeremy Bentham in his design for the model prison (the Panopticon) in which prisoners were accommodated in a serious of wings arranged like spokes around a central observatory hub. Prison staff could observe prisoners without themselves being observed. By creating an environment where the potential for surveillance was ever present, it was assumed that prisoners would desist from their deviant acts and ultimately be reformed (Foucault, 1977, 1980).

On its own, though, surveillance is an inadequate tool of social control unless it is associated with three further elements. The first of these is the degree of social consensus as to what constitutes socially transgressive behaviour, second is the degree to which the system of surveillance is associated with the capacity to apply some kind of negative sanction or punishment, and third is the capacity of the surveillance system to tackle concealment. In the

case of the first of these, drug testing is only likely to reduce the prevalence of illegal drug use to the extent that young people share the view that they would experience some kind of stigma in the event of their drug use becoming known about. Stigma is very much a matter of individual and group variation such that whilst one individual might place considerable weight on the views of others, another individual might be more inclined to disregard the views of other people and thereby disregard the power of surveillance. For example, those young people who have developed strong pro-drug attitudes, or who may have rejected other aspects of societal norms, may be rather less likely to be influenced by the fact that somebody else may become aware of their drug use as a result of a drug-testing regime. Indeed some young people may even derive kudos from having failed a drug test.

Drug testing may be more effective in relation to those young people who have not yet started to use illegal drugs, or who have used drugs on only a small number of occasions, than those young people who perceive drug use as something that is positive and desirable. Since these latter young people may be at greater risk of developing a pattern of longer-term drug use it could be argued that drug testing is likely to be least effective in relation to those who are in greatest need of help and support.

Second, the degree to which young people are likely to be influenced by a drug-testing programme is also likely to be influenced by the response to a positive test. Within a situation in which a positive drug test is not seen as bringing forth a negative sanction (exclusion from school or some valued element of the school programme, negative comment from parents, etc.) it is difficult to see how the testing programme itself could act as a deterrent. In the case of testing programmes targeted on adult athletes the punishment element of the programme is very clear in the exclusion of the individual from competition. In the case of school-based drug testing it is rather less clear what the punishment element of failing a drug test would be. Whilst it is often pointed out that one of the benefits of drug testing is the capacity to target support services on those young people who have started to use illegal drugs, counselling and support services are unlikely to be seen as a form of punishment. A programme of random drug testing would have to contain some additional element of punishment for the testing regime itself to be efficacious.

The third element has to do with the fact that whilst systems of surveillance can be seen as powerful tools of social control they are also very often subject to sophisticated means of concealment on the part of those being watched (Bloor and McIntosh, 1990). In the case of illegal drug use such concealment may involve the use of masking agents to undermine the accuracy of the testing procedures, the avoidance of providing a sample or the use of drugs that are harder to detect. One of the consequences of a testing programme may be the use of increasingly sophisticated means of concealing one's drug use from the view of others.

The second theory underpinning drug-testing programmes has to do with the assumed benefits of early intervention and screening. The belief here is that by applying some kind of screening tool to a population it is possible to identify problems at a much earlier stage than would otherwise be possible and to reduce the likelihood of the problem developing:

> *Student drug testing programs advance the Strategy's goal of intervening early in the young person's drug career, using research-based prevention approaches to guide users into counselling or drug treatment and deterring others from starting in the first place.*
> (US National Drug Control Strategy, 2004, p. 13)

Whilst the theory of early identification and intervention makes clear sense where one is talking about particular health problems, for example cancer, where there is a perceived inevitable worsening of the condition the longer it remains hidden, it would be somewhat simplistic to present teenage drug use in similar terms. As stated earlier most teenage drug use involves cannabis and most teenage drug users do not go on to develop a pattern of long-term problematic drug use. A key question therefore is whether drug testing can identify those individuals who are at greater risk of developing a pattern of more problematic drug use. The answer to this question depends in part on the nature of the drug-testing regime that is being applied. If the testing programme involves all pupils (irrespective of whether they are suspected of having used illegal drugs) and is supplemented with detailed interviewing of those pupils testing positive, there is the possibility of identifying those young people who are at greatest risk of developing longer-term problems associated with their drug use and of helping them accordingly. However, if what is being proposed is the development of a programme of random testing then the benefits of early identification will only apply to the small number of pupils who are called for testing and whose drug use is identified as a result.

The third theory underpinning random drug-testing programmes involves a set of assumptions about young people's routes into illegal drug use. It has been suggested that by initiating a programme of random drug testing it is possible to bolster young people's resistance to illegal drug use. Thus in the US National Drug Control Strategy it is stated that:

> *The psychology behind student drug testing programs is straightforward. 'They give kids an "out",' Brady says* [one of the pioneers of student drug testing]. *'Kids will tell you that the program gives them a reason to say no. They're just kids, after all, they need a crutch. Being able to say "I'm a cheerleader, I'm in the band, I'm a football player and my school drug tests" – it really gives them some tools to be able to say no'.*
> (National Drug Control Strategy, 2004, p. 14)

The view of teenage drug use here is one of young people being drawn into a pattern of use as a result of the actions of their peers and others around them. However, the idea of young people being pressured into using illegal drugs by those around them has been comprehensively questioned by research which has identified instead the volitional element of much teenage drug use (Sheppard *et al*., 1985; Bauman and Ennet, 1996). From this perspective peer selection (young people choosing friends whom they see as attractive and whom they may wish to be like), curiosity or an interest in drugs are seen as offering a more adequate explanation of teenage drug use than peer pressure. In a qualitative study which followed a sample of 12 year olds in Glasgow over a two-year period, McIntosh and colleagues found that at the youngest age children were indeed fearful that their peers might pressure them into using illegal drugs. However, as the children

increased in age, those who went on to use illegal drugs described their drug use as having occurred largely as a result of their own growing curiosity about, and interest in, illegal drugs. Peer pressure then seemed to have a diminishing influence on young people as they moved from their pre-teens to their teens (McIntosh *et al*., 2004).

It would seem that the capacity of a drug-testing programme to influence young people's drug use in relation to illegal drugs probably has more to do with young people's belief about the likelihood of their drug use being identified than it does either with the capacity of the programme to provide a convenient way of turning down unwelcome drug offers or with targeting help. In the next section we look at the evidence in relation to student drug testing.

## The evidence

In reviewing the evidence on school-based drug-testing programmes, it is important to make three key points. First, there has been surprisingly little evaluative research published on the impact of such programmes. Second, the evidence base, such as it is, contains studies that are a long way from the methodological gold standard of independent, rigorous research, published in peer-reviewed journals. Third, much of the evidence that is available relates to the United States where student drug testing was initially targeted on athletes, and then expanded to include students participating in extra-curricular activities and students more broadly.

### Introducing drug testing in schools

DuPont and colleagues (2002) have provided a useful profile of a range of testing programmes within US schools. In their report *Elements of a Successful School-Based Student Drug Testing Program* the authors provide a detailed account of the testing programme in nine US schools which have had long-running testing programmes. The research team describe the nature of the programmes developed, the type of drug testing undertaken and the consequences for the individual of submitting a positive drug sample. All of the schools participating in this research had formal written policies covering their drug-testing programmes, and all of the testing programmes, it is claimed, enjoyed considerable support from their local communities. Schools emphasised that their drug-testing activities were part of a comprehensive programme to prevent the use of alcohol, tobacco and other drugs amongst students. Although none of the schools referred individuals (including those who provided repeated positive tests) to law enforcement agencies, there was considerable variation between schools in the consequences of testing positive for illegal drugs. Some schools suspended the student for varying lengths of time from participating in extra-curricular activities, some suspended student parking privileges, most informed parents and most required students to attend some form of counselling and follow-up testing. One of the schools, however, expelled pupils testing positive on more than a single occasion.

Mason (2003) undertook PhD research looking at high school student attitudes towards drug testing within a school in New Orleans that has been testing pupils for the last five years. In total 620 pupils were surveyed. This research identified that, in the main, students were fairly neutral in their attitudes towards

drug testing, neither being strongly in favour nor strongly critical of it. There were some indications that as children increased in age they were less positive towards the idea of drug testing (the youngest pupils were more positive than the older pupils), females were slightly more positive about drug testing than males and students were more critical of testing for alcohol than for illegal drugs (the author suggests that this may be as a result of more pupils using alcohol). Finally, this study showed that self-reported drug use was negatively related to acceptance of drug testing – those students who were more critical of illegal drug use, and who had not used illegal drugs, were more likely to be supportive of drug testing than those pupils who had more pro-drug attitudes and experiences (Mason, 2003). On the basis of this research Mason encourages schools to involve students in any discussions around setting up a testing programme, and suggests that through building a consensus between pupils, staff and parents, testing programmes will be that much more effective. This advice echoes that found within the Department for Education and Skills on the importance of involving the whole school community in discussions around drug testing where this is being considered.

**Evaluating the impact of drug testing in schools**

In the National Drug Control Strategy considerable prominence is given to the results of the drug-testing programme developed at the Hunterdon Central Regional High School in New Jersey. In this school pupils completed an anonymous survey in the years 1997, 1999 and 2002. These years covered the time period during which a random drug-testing programme was implemented, temporarily suspended as a result of a court action initiated by the American Civil Liberties Union, and subsequently reinstated following a successful defence of the action. Lisa Brady, principal of Hunterdon Regional High, has produced a short report on the results of this survey published by the Student Drug Testing Coalition (Edwards and Student Drug Testing Coalition, 2004). Whilst Hunterdon Regional High had some 2,600 students over this period, the published results of this survey do not report the precise number of pupils completing the questionnaire in each year, or the number of pupils absent on the days of data collection. Similarly, no information was available on the circumstances within which data were collected: for example, it was not evident whether school staff supervised and collected completed questionnaires or whether this was done by an outside agency.

In analysing the results of this survey respondents were divided by age group and by the level of risk associated with their drug use (multi-drug users, stimulant users and heavy marijuana users were defined as level one (high risk); occasional drug users and light marijuana users were defined as level two (moderate risk); those who had tried a drug but had no current use and those whose use was negligible or who reported no use were defined as level three (low risk). In terms of the results of this research just over 1 per cent of ninth-grade children in 1996/7 were classified as multi-drug users; this decreased during the period of drug testing to just under 1 per cent and then increased to 3 per cent in 2002/3 during the period when testing was suspended. Similarly, 15 per cent of ninth

graders were defined as occasional drug users in 1996/7 prior to the introduction of testing; this figure decreased to 5 per cent during the period of testing and rose to just over 5 per cent during the period that testing was suspended. Similar differences are reported for tenth, eleventh and twelfth graders. Amongst the twelfth graders, 7 per cent were classified as multi-drug users in 1996/7; this decreased to 3 per cent during the period 1999/2000 whilst the testing regime was in place and increased to 10 per cent in 2002/3 when the testing programme was suspended. In the case of heavy marijuana users there were 4 per cent of twelfth graders in this category in 1996/7 in advance of the testing programme; this figure decreased to 2 per cent during the period of drug testing and to 1 per cent in the period covered by the suspension of the programme in 2002/3. With regard to light marijuana use this was measured at 14 per cent of twelfth graders in 1996/7, decreasing to just under 14 per cent during the period of the testing programme and then increasing in the period when the programme was suspended to 16 per cent.

The data within the Hunterdon report have been widely cited (including within the US National Drug Control Strategy, 2004) as evidence that student drug testing works. In fact it is impossible to attribute the various changes in reported drug use to the effects of the drug-testing programme. At minimum it would be necessary to have comparable data, over similar time periods, from similarly circumstanced schools. It is also evident from the data that in some cases marijuana use decreased also during the period when the testing programme was suspended. In addition, one would have to question the reliability of self-reported data where this is being collected, possibly by school staff, within the context of a drug-testing programme. Finally, since there are no tests of statistical significance included within the report it is impossible to comment on the significance of the changes in drug use identified.

Research on student drug testing has also been reported by Joseph McKinney, Professor of Educational Leadership at Ball State University. Like Lisa Brady, from Hunterdon Regional High, McKinney is a member of the Student Drug Testing Coalition and in that capacity is an advocate for student drug testing. He has produced a series of short papers looking at the effectiveness and the legality of student drug testing. In one report McKinney outlines the views of 83 school principals with regard to their experience of drug testing. He reports that 85 per cent of the principals surveyed felt that drug usage amongst their students had increased at the point at which their own drug-testing programme had ceased, and that 89 per cent of principals said that they believed that student drug testing undermined the effects of peer pressure by providing young people with a reason to decline the offer of illegal drugs. On the basis of these results McKinney concludes that:

> *Random drug testing policies appear to provide a strong tool for schools to use in the battle to reduce alcohol and drug usage amongst teens. Yet, there are several legal, financial, educational and privacy issues that must be considered by schools that want to implement or continue random drug testing policies. Whilst the legal debate will continue over drug testing in schools this study does show that random testing policies*

> *are effective in reducing the temptation to use drugs and alcohol.*
> (McKinney, 2004a, p. 4)

Despite the clear support for drug testing in this report there is simply no way that school principals' views about the level of drug use in their school can be cited as evidence of the effectiveness of a testing programme to reduce teenage drug use. Indeed the very existence of a testing programme is presumably premised on the belief that school staff do not know which pupils are using which illegal drug. Thus it is difficult to see how school principals' views on this matter can be regarded as a valid assessment of students' actual drug use.

In another paper McKinney reports summary data from the student drug-testing programmes in Columbus, Ohio (McKinney, 2004b). This research compared one school with a testing programme and one school without such a programme. The author points out that the school with a testing programme had lower levels of expulsions and suspensions due to drugs, alcohol and weapons, that the testing school scored higher than the state average in graduation rates and state-mandated tests, and that marijuana use was significantly lower. The author also points out that pupils in the school with drug testing felt safer, were more disapproving about smoking marijuana, and were less likely to use inhalants, tranquillisers and amphetamines. Again, however, it is very difficult to regard such statements as proof of the effectiveness of drug-testing programmes in reducing drug use or changing students' attitudes. The study contains insufficient information about the two schools included within the comparison (the existence of other possible differences between the schools) or indeed about the profile of the school in advance of the programme of student drug testing having been initiated.

One of the most promising studies evaluating the impact of school-based random drug-testing programmes was the SATURN research (Student Athlete Random Notification Study) initiated by the University of Oregon in 1999. Preliminary results of this study were published in 2003 and have been widely cited thereafter. This is an important study, not least because, as the authors point out:

> *There have been no prospective controlled studies to substantiate the prevention efficacy of biological testing programs.*
> (Goldberg *et al.*, 2003, p. 14)

The aim of this study was to identify the effect of random drug testing among high school athletes by comparing two schools, one with a testing programme and one without. Pupils within both schools completed a questionnaire at the start and end of the school year (pupils had an average age of 15). According to the authors of this report, 30-day illicit drug use for athletes in the drug-testing school decreased, whereas monthly use amongst student athletes in the non-testing school increased from the beginning of the school year to the end of the year. The authors of this research also point out that there was a larger reduction in positive attitudes towards school on the part of those in the drug-testing school compared to those in the control group. This suggests that the drug-testing programme *may* have had an adverse impact on students' attitudes towards school. The authors of this study offer cautious conclusions as to the possible benefits of random drug testing within schools:

> *A policy of random drug testing surveillance appears to have significantly reduced recent drug use amongst adolescent athletes … A larger randomized study extending over several years is necessary to establish drug prevention efficacy.*
> (Goldberg *et al*., 2003, p. 15)

It is important to underline that the comparison here is only between two schools. Any systematic evaluation of the impact of student drug testing would have to include a significant number of schools to control for possible differences between schools and it would have to be extended beyond those taking part in school sports. Despite the clear need for further research this study was terminated in 2004 by the US Office for Human Research Protections (Department of Health and Human Services, 2004).

One of the largest studies seeking to identify the possible impact of school-based drug-testing programmes utilised data from the nationally representative Monitoring the Future survey of young people in the USA to identify whether students attending schools with a drug-testing programme reported lower levels of illegal drug use compared to students attending schools without a testing programme (Yamaguchi *et al*., 2003). The results of this research received both academic publishing and widespread media coverage within the United States ('Study finds no sign that testing deters student drug use', *New York Times*, 17 May 2003). This study also received prominent attention in a report on drug testing from the American Civil Liberties Union and the Drug Policy Alliance (Gunja *et al*., 2004). The researchers on this study reported that:

> *… among the eighth, 10th and 12th grade students surveyed in this study school drug testing was not associated with either the prevalence or the frequency of student marijuana use or of other illicit drug use. Nor was drug testing of athletes associated with lower than average marijuana use and other illicit drug use by high school male athletes. Even among those who identified themselves as fairly experienced marijuana users drug testing also was not associated with either the prevalence or the frequency of marijuana or other illicit drug use.*
> (Yamaguchi *et al*., 2003, p. 164)

On the basis of these results the authors of this paper concluded that:

> *… drug testing in schools may not provide a panacea for reducing drug use that some (including some on the Supreme Court) had hoped. Research has shown that the strongest predictor of student drug use is students' attitudes towards drug use and perceptions of peers. To prevent harmful student behaviors such as drug use, school policies that address these key values, attitudes and perceptions may prove more important in drug prevention than drug testing.*
> (Yamaguchi *et al*., 2003, p. 164)

As one might have anticipated, the results of this research have been disputed by those in favour of student drug testing. Robert DuPont, a former director of the National Institute on Drug Abuse and member of the Student Drug Testing Coalition, has commented that in failing to differentiate between schools in the nature and extent of their drug-testing programme, the Yamaguchi study is equivalent to:

> *… taking a sample of all of the patients in the country over a year, who took one dose of a blood pressure medicine, compared to patients who*

> *took no medicine, and finding no difference in the blood pressure of the two groups, and concluding that antihypertensive treatments do not work.*
> (DuPont, 2003, p. 3)

DuPont goes on to argue that what is needed is a:

> *… controlled study comparing student drug use rates in schools using several different, adequately implemented, student drug testing approaches with schools that do not do student drug testing whilst both groups of schools use standard drug education approaches. A well designed study would not only show whether drug testing works to reduce student drug use, but it would show which of the several different approaches to student drug testing is the most cost effective.*
> (DuPont, 2003, p. 3)

## Summing up

It is a matter of concern that student drug testing has been widely developed within the USA and may conceivably be so within the UK (given the prime ministerial support) on the basis of the slimmest available research evidence. However, the drug prevention field is not alone in embracing initiatives on the basis that they seem promising rather than that they have been subjected to rigorous and independent evaluation. Mark Chaffin, for example, has noted much the same in relation to the use of home-visiting programmes aimed at reducing child sexual abuse:

> *Across much of the child abuse prevention field, there is no randomized trial data on whether home visiting interventions actually deliver their intended bottom-line benefits, namely, preventing future abuse or neglect. Like dietary supplements and herbal remedies, unqualified claims that 'prevention works' are loosely made and sometimes widely accepted, but supported only with the weakest sorts of program evaluation data based either on no group comparisons or on comparisons of completers versus drop-outs or self selected enrolees versus non-enrolees. Too often the field has grasped at anything new and hopeful, taking intervention models directly from prototype to large-scale implementation, without the difficult and time-consuming intermediate steps involved in careful controlled field testing … Once taken to scale, once institutionalized and heavily funded, and once imbued with a sense of mission and mass commitment, programs take on lives of their own and subsequent hard data on program effectiveness are welcomed only if the news is good.*
> (Chaffin, 2004, pp. 591–2)

Within the UK, the importance of developing initiatives on the basis of clear evidence of what works has been underlined within the drug strategy and in a host of other government documents. It is surprising, given that commitment, how few initiatives within the drugs field have been subjected to rigorous and independent evaluation. The belief seems to be that it takes too long to undertake the necessary research to guide service development. Preventing drug abuse, however, is a topic that is too important to be guided by anything but the best research. Where it is guided by political viewpoint or lobby support this is something that should concern us all. In the next chapter we look at some of the ethical and practical issues to do with student drug testing.

# 3 The ethics and practicalities of school-based random drug testing

In considering the ethics of random drug testing it is important to underline the fact that the review is focused upon random, suspicionless, testing rather than testing those pupils who are suspected of having used illegal drugs, or who are found in possession of illegal drugs. It was this element of suspicionless testing that was initially felt to violate the Fourth Amendment of the United States constitution. The Fourth Amendment ruled that individuals, and their property, could only be searched by law enforcement officers and others on the basis of evidence that a crime had been committed (probable cause). Random drug testing was challenged within the US courts as entailing a violation of these rights. In 2002 the US Supreme Court ruled that this was not the case and that schools had the right to initiate programmes of random drug testing as a way of protecting young people from the dangers of illegal drugs.

## Cost

As is mentioned in the guidance on drug testing provided by the Department for Education and Skills, school staff would need to consider whether the cost of a drug-testing programme is an appropriate use of school resources. The cost of testing samples for the presence of illegal drugs varies considerably depending upon the medium that is being employed (blood, urine, hair, nails, sweat, oral fluid etc.), the number of samples that are being tested, the range of drugs that are being tested for and the proportion of positive samples identified. This latter is a variable cost because most drug testing includes two levels of analysis with samples initially analysed for any indication of possible drug use (indicative testing) and those samples that appear to be positive analysed in greater detail to confirm the presence of illegal drugs (confirmatory testing). Confirmatory testing is more costly than indicative testing and thus the cost of the testing programme will vary depending on the number of positive tests identified.

The recent Independent Inquiry into Drug Testing at Work noted the lack of clear and detailed information on the costs of drug testing, although the report included a statement from one of the leading UK drug-testing companies that it charged between £30 and £35 for an initial test and £52 for a confirmatory test (IIDTW, 2004). Robert DuPont and colleagues have commented that the annual cost of the school testing programme ranged from $1,500 to $36,000 per school (DuPont *et al.*, 2002). The fact that, within the UK, testing programmes will need to be funded from within a school's existing budget means that school heads, governors and parent teacher associations will need to form a view as to whether this is a justifiable use of scarce resources.

## False positives/false negatives/storage problems

Whilst it is important in any drug-testing programme to undertake indicative and confirmatory analysis, the testing procedures themselves are not 100 per cent accurate. Thus there is a small likelihood that an individual

may test positive when in fact no illegal drugs have been used or test negative when illegal drugs have been used (Cohen, 1990; Newton, 1999; Lawler, 2000). Similarly, all testing programmes need to have a system for storing samples and test results in secure conditions. This may be hard to implement within a school setting, yet unless schools are able to guarantee the security of such systems it is likely that young people or their parents will dispute test results.

## Undermining trust

One possible adverse outcome of a school instituting a drug-testing programme is the undermining of the trust that one would ordinarily wish to see between staff and students in an educational setting. The fact that the Goldberg study found more negative attitudes towards school on the part of those pupils included within a testing programme suggests that the undermining of trust may well be something that school staff need to pay attention to if such programmes are being considered. The worry, of course, would be that any such undermining of trust could impact negatively on other aspects of young people's educational work, including drug education.

The development of a testing programme might also have an adverse impact on students' willingness to report the details of their drug use. Whilst it might be assumed that drug testing is much less reliant on individuals self-reporting the details of their drug use, in fact those who test positive will almost certainly then be asked to provide more detailed information on the nature of their drug use, how frequently they have used drugs, in what contexts and with which other people present. The success of random drug testing will depend in part on encouraging individuals to report the details of their drug use and yet individuals' willingness to do so may be compromised as a result of the testing regime. Similarly, individuals' willingness to become involved with counselling services (as many schools in the USA require of those who test positive) and the level of trust pupils have in working with such drug counsellors, may be undermined by the coercive nature of the testing programme which has identified their drug use.

## Overreacting to non-problematic drug use

Most definitions of what constitutes problematic or less problematic drug use take account of such factors as the age of the individual using the drug(s), the types and quantities of drugs involved, the method by which the drug may have been used, e.g. smoking or injection, the frequency with which the drug use has taken place, the individual's motive for using the drugs and the context within which the drugs were used. By and large, most drug testing is designed to reveal what drugs were used (and to a lesser extent when the drug use occurred) rather than these more finely tuned aspects. To obtain more detailed information with which to form a view as to the nature and extent of any problematic drug use, it would generally be necessary to interview the young person involved and to get them to give a much fuller account of their drug use. However, the fact that the drug use may have been low level and episodic may be somewhat eclipsed by the sheer fact of the young person having submitted a positive drug test. School staff, parents and

carers may find themselves responding to the fact of the drug test rather than the young person's own needs and in this sense may run the risk of overreacting to what may in fact be a one-off incident.

There will, of course, be those who say that when it comes to young people and illegal drugs, any use – no matter what substances or frequencies are involved – is problematic. Equally, there will be those who say that some level of drug experimentation is a normal part of growing up for many teenagers. How adults respond to a positive test result is likely to be shaped by such views, giving rise to the possibility that a positive test for cannabis in one school may be responded to very differently by staff in another school. There could, then, be considerable inequity in the way in which a positive drug test may impinge on students' education.

## Is it the role of the school to police young people's drug use?

Whilst there will be little doubt that the primary role of the school is to educate young people, there is likely to be considerable disagreement as to whether the school should take on the role of policing young people's drug use. There will be those who say that, given the dangers of illegal drugs to the user and to society, it is entirely appropriate for schools to take on this role and to do all they can to minimise the likelihood of young people using illegal drugs. However, even where it is accepted that schools should present a morally rooted view of illegal drug use, there may still be doubt as to whether it is appropriate for school staff to actively seek out the details of young people's drug use, especially where this may have occurred outwith the school. Many teachers may regard it as an unwelcome extension of their powers of surveillance to be monitoring children's leisure and family life through the means of drug testing and many may be reluctant to take this on.

## Consent

Whilst it has been reported within the USA that random drug testing has attracted considerable support from parents, nevertheless a number of the legal actions that have been initiated within the USA against random drug testing have been instigated by parents questioning the right of the school to test their child. Parents are by no means universally supportive of drug testing. Indeed it is possible that, as testing kits become increasingly available for use within the home, even those parents who are supportive of the idea of drug testing may decide that they would prefer to do this in their own home rather than have it done in the school with all of the implications that this would entail.

Any programme of school-based drug testing is going to have to consider what to do where parents or young people withhold their consent. Clearly any random testing programme can only be effective to the extent that pupils have an equal likelihood of being tested. Where a significant number of parents or pupils withhold consent, the concern may well be that those young people and their parents who have consented to the testing are effectively being penalised as a result of the increased likelihood of being tested.

Similarly, if schools are going to insist upon young people's involvement in a testing

programme they are going to have to consider what level of compulsion (and punishment) to bring to bear upon those students who do not consent to being tested. This issue could be further complicated where a young person is prepared to be tested but where his or her parent refuses permission for the testing to go ahead. Within such circumstances school staff may feel that it is unfair to punish the young person for a decision taken by their parent(s). However, at least one of the schools within the DuPont *et al*. review took a very different view:

> *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.*
> (DuPont *et al.*, 2002, p. 48)

Whilst some staff may feel that it would be appropriate to suspend a pupil who refuses to participate in a testing programme, such a measure could mean that one was potentially damaging a young person's education not on the basis of something they have been proved to have done (used illegal drugs) but on the basis of something that they had not done (failed to co-operate with a testing programme that may have been imposed upon them). From the perspective of those promoting testing, the capacity to insist upon pupils' participation and the need to punish those who withhold their consent may be seen as important parts of ensuring the integrity of the testing programme. From a children's rights perspective, by contrast, the coercive element of a testing programme, and the willingness to punish those pupils who do not agree to be tested, may be regarded as entirely unwelcome. It is difficult to square this level of compulsion, and the assumption of guilt where consent is withheld, with several of the articles in the UN Convention on the Rights of the Child, for example:

> *No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family or correspondence, nor to unlawful attacks on his or her honour and reputation.*
> (Article 16)

> *States Parties recognize the right of every child alleged as, accused of, or recognized as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity and worth …* [Children have the right not] *to be compelled to give testimony …* [but to] *have his or her privacy fully respected.*
> (Article 40)

## Labelling

As a result of identifying a child as having used an illegal drug there is a danger that the positive drug test itself may lead to a more general labelling of the child as 'deviant', 'difficult', 'immoral' or 'criminal' with a consequent adverse impact on his or her educational performance. Clearly this will depend in part on the question of how widely the results of a positive test result are shared. To the extent that a positive test may have been produced by a single episode of drug usage it is possible that a child may be labelled as 'difficult' or a 'drug user' on the basis of an activity that may not even have reoccurred.

## Reduction in the level of young people's involvement in school

As a result of a school initiating a programme of random drug testing there may be a reduction in the involvement in school activities on the part of some pupils. There are two ways in which this could happen. First, as a result of failing a drug test the school may insist on the pupil being suspended from either the whole school programme or some element of it. Second, some young people may decrease their involvement in school (attending less frequently or not participating in extra-curricular activities) as a way of reducing their own likelihood of being tested. Such a reduction in involvement within school on the part of some pupils would be highly regrettable given the finding from research that a lack of involvement in school is one of the factors associated with an increased likelihood of young people using illegal drugs and developing a pattern of more problematic drug use (Rhodes *et al*., 2003).

## Development of concealment techniques

As has already been mentioned, one of the consequences of increasing surveillance is the development of techniques of concealment on the part of those who do not wish to have their behaviour monitored. Bloor and colleagues (2001) have described the various ways in which staff on merchant ships sought to reduce the effectiveness of the random testing procedures on ship by anticipating when the testers were likely to come on board and scheduling their drinking accordingly. In the case of elite athlete testing the methods of concealment include an array of masking agents which are designed to undermine the ability of testing procedures to identify which drugs an individual may have used. Indeed in this context there is a constant war between, on the one side, the increasingly sophisticated methods of drug detection and, on the other side, the increasingly sophisticated means of masking the presence of the drugs an athlete may have used.

Concealment techniques also include attempts to substitute samples (e.g. providing a sample of drug free urine in place of one's own sample) or seeking to tamper with a sample in a way which would break the chain of custody through which the sample has been collected and stored, thereby invalidating the test results. Whilst it may be thought unlikely that most young people would have the resources to embark on any such sophisticated methods of concealment, it is already the case that information and products are available through the internet to undermine the accuracy of such drug testing. Mills (2004) has described the market in clean urine that developed in his school once it instigated a drug-testing programme.

## Switching substances and compounding the drug problem

Whilst cannabis use is detectable within the body for up to three weeks, heroin is detectable on the basis of urine testing for only a matter of days. As a result there must be a concern that some individuals may switch to using substances that are harder to detect but which carry greater risk for the individual. DuPont and colleagues identified such drug-switching behaviour in their review of US testing programmes:

> *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.* (DuPont *et al.*, 2004, p. 53)

Such a development would be of considerable concern given the short- and long-term harm associated with excessive alcohol consumption. This is an issue that would need to be given particular attention in any evaluation of student drug testing.

## Observation of sample collection

It is widely accepted in the case of criminal justice drug testing that it is important to witness the provision of samples so as to ensure that the sample being analysed does indeed relate to the person being tested. In the case of a urine sample this may entail witnessing the provision of a sample or attaching a temperature strip to the sample to ensure that the urine being produced is within the range of normal body temperature and has not been stored outside of the body. Clearly some of the methods for ensuring the authenticity of samples involve a reduction in individuals' privacy. Any school considering developing a drug-testing programme is going to need to give careful consideration to what level of observation (if any) they would wish to apply to the process of sample collection, and will need to balance the requirements of a rigorous testing regime with the pupils' own expectations regarding personal privacy. Schools will also need to consider whether an imposed testing regime is congruent with the principles of the European Convention on Human Rights and the United Nations Charter on the rights of the child.

## Recording information on test results

Given the fact that schools will need to differentiate between a first positive test and any subsequent positive test it will be necessary to store information relating to individual test results. Clearly, school staff, parents, governors and indeed pupils will need to know who will have access to the information relating to these test results as well as the conditions under which this information will be stored. It cannot be assumed that there will be an immediate consensus between all of the parties involved with regard to these issues.

## Changing perceptions

In situations where drug testing is being targeted on those individuals who are thought to have used illegal drugs, there is a clear division between the majority of young people (who are thought to be drug free) and the small number of individuals who are being tested (who are thought to have used illegal drugs). In a situation where schools are developing programmes of random, suspicionless, testing the reverse is the case. In this scenario all young people within the age groups being tested are cast in the role of potential drug users. Whilst this may seem a small shift in perception on the part of those designing a testing programme, it could be a significant shift in perception on the part of those young people who may have never

thought of themselves as potential drug users. In this sense, the testing regime may actually make illegal drugs more salient for some children than it would otherwise be.

## The attraction of a positive test result

Whilst those designing and implementing a drug testing regime would perceive a positive drug test as being unwelcome, one cannot assume that this will be the case for all individuals in all circumstances. It may be that some young people would actually welcome a positive test result as an indication of their status in the eyes of some of their peers. In the event that this were to occur one could find oneself in a position where the drug-testing programme itself had given rise to the very behaviour which the programme was designed to reduce.

## Disclosure of prescription medication

Most drug-testing systems require participants to reveal the details of any prescription medication they may be taking. This is important because some prescription medicines produce the same metabolites within the body as some illegal drugs and as a result it is important to be able to discount these drugs in the process of analysing submitted samples. Where pupils are consuming prescribed medication within schools (authorised drug use) there is a clear need to explain to school staff the nature of the medication being consumed. However, where a testing programme is in place there will be a need for pupils to provide the details of all authorised medication they are taking (both those which are being consumed within the school and those which are being consumed outside of the school). In doing so the young person will in effect be being asked to reveal the details of the condition they are being treated for, thereby breaking the confidentiality of the medical consultation which resulted in their prescription. Whilst there are many medical conditions where this would not necessarily be seen as a problem there are other circumstances where the requirement to provide the details of prescribed medication would be highly sensitive and unwelcome.

## Who to test?

Within the United States much of the impetus behind drug testing has come from the aspiration of creating drug-free schools. From within this perspective drug testing is believed to be one way of trying to create an educational environment around children that is free from illegal drug use. Young people are, however, only one of a range of groups within the school environment and an equal case can be made for school staff themselves (heads, teachers and support staff) to be subjected to random testing. Within the review undertaken by DuPont and colleagues some of the schools did include an element of staff drug testing either prior to appointment or on a voluntary basis thereafter. Within the UK, school staff are subject to a variety of pre-employment checks; however, there has been no equivalent suggestion that staff should be subjected to similar random drug testing and it is likely that staff and unions would contest such a proposal were this to be made.

# 4 Discussion and conclusions

Random drug testing of school pupils is commonplace within the United States and, following Prime Minister Blair's recent statements, may become increasingly commonplace within the United Kingdom. If this were to happen in the UK is this something we should applaud or something we should lament? The theories or sets of assumptions underpinning drug testing seem straightforward enough and are premised on the idea that illegal or socially transgressive behaviours are less likely to occur if they are made more visible. In addition there are the assumed benefits of early identification and early intervention and the capacity to bolster young people's resistance to illegal drugs. For reasons that have been set out in this report both of these additional theories are subservient to the surveillance element of drug testing.

Random drug testing is principally about increasing the surveillance of young people and, in doing so, reducing the chances that they may use illegal drugs (if you do use you stand a reasonable chance of being caught). The fact that those procedures are random means further that you can never anticipate when you might be asked to take a test, and in this way students become like Bentham's Panopticon – prisoners subject to the ever present threat of being watched.

Whilst the theory behind drug testing is plausible enough, the evidence for it is remarkably thin. Testing programmes have been developed in the United States in advance of the research needed to assess their efficacy. They have been embraced by a government clearly worried at the level of illegal drug use on the part of its young people and the evident failure of existing methods of drug prevention. However, even in the face of governmental support, there is a need to subject drug-testing programmes to rigorous and independent evaluations. To be effective this research will need to compare schools with different testing programmes with schools that do not test pupils. There will be a need to measure not only young people's use and attitudes towards legal and illegal drugs but also their attitudes towards school, their relationships with school staff, their involvement in extra-curricular activities, their attendance pattern and their academic performance. It will be important to look at the impact of drug testing not on single schools but on a sufficiently large number of schools to be able to control for differences between schools. The research will need to be able to compare the experience of both mandatory and voluntary testing in schools. It will also be important to collect information on the extent of random drug testing of pupils and the different types of testing regimes that may develop. Within the United States, as has been pointed out by DuPont and colleagues, testing programmes differ markedly from one school to the next. Within the UK, where these schemes are to be funded at a local level, there is an even greater likelihood of individual variation between schools in the testing regimes developed, which underlines the need to closely monitor the development of such programmes.

In the absence of clear evaluations of the effectiveness of random drug testing, the question remains as to whether it is seen as a positive development in the fight against illegal drugs or as an alarming extension in the surveillance of young people's lives by adults. The answer to that question is very much a matter of how one views the issue of teenage

drug use. Within the United Kingdom cannabis has recently been rescheduled from class B to class C within the Misuse of Drugs Act. According to the Home Secretary, this reclassification, and the accompanying guidance to police forces to caution rather than arrest those found in possession of small amounts of the drug for personal use, should enable the police to focus upon the two drugs (heroin and cocaine) which are seen to cause the most harm. At the same time the Prime Minister has expressed his support for school-based drug testing (which will principally identify cannabis use on the part of young people). The coincidence of these two developments stands as a clear sign of the confusion which cannabis elicits on the part of those in government. At the present time we have a situation where a young person may receive a formal warning from a police officer for being found in possession of cannabis and yet be permanently excluded from school for having failed a drug test for the same substance.

Setting these issues aside, the question remains: if drug testing were seen to reduce the levels of illegal drug use by young people would it be something that we should adopt in UK schools? If the answer to that question is yes, would it still be yes if one found out that whilst the testing programme had reduced illegal drug use amongst the generality of pupils it had had no impact on the minority of more troubled young people who were using drugs more frequently? Or that it had resulted in some young people switching from using cannabis, which is easy to detect in urine, to using other, more harmful drugs, that are harder to detect? These are questions about the limits of drug testing, the possible harms of drug testing, and about whether the ends (of reducing teenage drug use) justify the means (of random drug tests). In the absence of robust evaluation, student drug testing will continue to be promoted or contested on the basis of political viewpoint and opinion rather than evidence and we will be no nearer to answering the question of whether it works.

Finally there is the question of whether school-based random drug-testing programmes are likely to take off in the UK as they have done within the United States. While schools within the private sector may undertake random drug testing (as some of them currently do) there is rather less likelihood that such schemes will develop widely in the state sector. The current guidance from the Department for Education and Skills, although certainly not anti-drug testing, is very cautious in identifying the range of issues that would need to be considered by any school thinking of developing a testing programme.

In forming a judgement about the likelihood of drug testing in the UK it is important to recognise the very different context of opinion within the UK from that within the USA. Within the United States, federal funding for drug testing has been provided within the context of a strong movement towards creating 'drug-free schools'. Within the USA cannabis is seen by policy makers as posing a serious threat to the health and well-being of young people. Within the UK, by contrast, although the government may not have a relaxed attitude towards it, cannabis is certainly not seen in the same threatening way as it is in the USA. Equally, there is no central government funding for drug testing and no equivalent campaign to create drug-free schools. As a result it does not seem

likely that drug testing will take off in the UK as it has in the USA. Whether one applauds or regrets that outcome should depend upon the evidence. If that evidence is positive we may feel that we are missing a valuable tool in the field of drug prevention. If the evidence is negative we may congratulate ourselves on having avoided a programme that is potentially costly, intrusive and ethically complex, and which may still leave those children at greatest risk of developing a pattern of more long-term drug use in need of care and support. However, until the evidence one way or another is available it would seem prudent for the government to advise caution rather than encourage experimentation with a costly and potentially damaging new approach to drug prevention.

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