

Briefing Paper

JAR WARS

The question of schools-based drug testing

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The International Drug Policy Consortium (IDPC) is a global network of NGOs and professional networks that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces occasional briefing papers, disseminates the reports of its member organizations about particular drug-related matters, and offers expert consultancy services to policymakers and officials around the world.

Introduction

In many parts of the world, the use of controlled drugs by schoolchildren is disturbingly common. For example, according to the most recent data compiled by the *European School Survey Project on Alcohol and Other Drugs* (ESPAD), illegal drugs are widely available to school students across much of the continent, though availability varies geographically. In the 35 participating ESPAD countries, an overall average of 23% of boys and 17% of girls reported lifetime use of any drug; in the Czech Republic the figure was 46%, while at the other end of the scale, levels of around 6% were reported in Cyprus, the Faroe Islands, Norway and Romania.¹ In the US, meanwhile, the latest data from the *Monitoring the Future* project indicates that 12th grade school students' lifetime drug use is similar to the upper levels in Europe at 46.7%.² We will not look further into methodological issues with these data in this setting; rather, the point is that, while prevalence

fluctuates from place to place and over time, it is evident that youthful sectors of large parts of the global population are presently able to access illicit drugs.

Various measures have been taken by educational institutions to suppress this use: they include metal detectors, closed-circuit cameras and sniffer dogs. Another preventative technique developed in order to respond to drug use amongst young people is *Schools-Based Drug Testing*, also known as Student Drug Testing. Though its prevalence has increased over the last couple of decades, the use of drug testing (usually urine-testing) on school students remains a controversial technique, both in terms of its ethical status and its effectiveness. Advocates believe that it makes an important contribution to drug use prevention amongst youth, who are considered an especially vulnerable section of the general population. They argue that schools-based drug testing is a tool that can stem initial experimentation with drugs and subsequent recruitment into the cultures that have clustered

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around their consumption. Opponents of the tactic, meanwhile, argue that it is unreliable and ineffective, and may even have harmful consequences, alienating the very population whose health and security it aims to enhance. This paper will examine the main contours of these debates; summarize the current state of research, and consider the appropriate place of testing, if any, within wider strategies of prevention. It will also involve a short re-consideration of the concept of ‘prevention’ itself, since this forms the overarching framework within which drug testing sits.

Drug testing in theory: rationale for use

The testing of school students for illegal drug use (and sometimes legal ones such as alcohol) is a tactical intervention deployed by some nation states within the overall strategy of drug prevention. Countries using the technique have thus far tended to be those associated with a more rigid and restrictive approach to drug policies, such as the United States and Sweden; Russia and Hong Kong also deploy the intervention. The Philippines has begun testing (see BOX 3), with Dangerous Drugs Board chairman Vicente Sotto III making the unusual claim that, “Preventing drug testing is a violation of human rights because you are preventing the government to cure drug dependence” (sic).³ Meanwhile, there are exceptions to this general rule: New Zealand represents an example of a state with a more pragmatic set of policies, into which harm reduction measures are well integrated; limited student drug testing commenced in the country late in 2009.

According to the Australian National Council on Drugs⁴, the rationale behind the use of these measures in prevention programmes is structured around three principles.

1. Deterrence: Perhaps the central idea underlying such testing is that it acts

as a *deterrent*, helping to prevent the initiation of drug use and discouraging its continuance among those who have already begun. The notion of deterrence rests on certain assumptions about the use of drugs, which are often left at the implicit level. If we unpack the concept briefly, we can see that it depends upon a kind of calculus of risk which individuals are believed to continually make—in other words, that decisions made about drug use proceed on the basis of rational choice informed by an ongoing accountancy of risk and reward. While rationalities of this type may indeed be an element guiding human conduct, it is clear that numerous other factors are also influential, including cultural and historical factors, socio-economic status and so on. This list is far from exhaustive, and we will return to the point later in the Briefing.

2. Detection: Interlinked with the former point is the principle of *detection*: those who have used drugs will be identified by testing and made subjected to interventions involving either punishment (expulsion or suspension from school, legal sanctions etc), supportive and healthcare measures (treatment, counselling, etc) or some mixture of both. It is the threat of detection as drug users that enables testing to act as a deterrent, since it is public shame and/or punishment that is believed to deter. Drug testing using the biological tools discussed in this briefing is also widely perceived to represent an objective (i.e. value-free) and scientific method of detection.

3. Health and wellbeing: The third component of the rationale is what these authors term the ‘reduction of drug-related harm’. By this, they are referring to the improvement of the student’s physical and psycho-social well-being, the reduction of truancy and other possibly drug-related behaviours, and improvements in educational outcomes.

In a balanced and perceptive report produced for the UK's Joseph Rowntree Foundation, Neil McKeganey⁵ likewise suggests a threefold set of assumptions underpinning schools-based drug testing, which is nuanced slightly differently to that of the foregoing scheme.

1. The power of surveillance: Drawing very loosely on the work of French philosopher Michel Foucault, McKeganey argues that testing is a form of surveillance that can make the private consumption of drugs a matter of public knowledge, and thereby function as a mechanism of social control. The effect is one of deterrence- but only, argues the author, if certain other conditions are satisfied. These comprise *a shared system of norms*, in which the revelation of drug use is regarded as something shameful; the imposition of *negative sanctions* following a positive test, and the ability to *defeat counter-surveillance* measures that individuals might take. McKeganey notes that a range of tools are now available with which to evade drug testing surveillance. Indeed, a veritable industry exists (see BOX 1), much of it advertising its products on the internet, dedicated to enabling students and others to conceal the presence of drug metabolites from the chemical surveillance of the internal spaces of the body imposed by drug-testing.

2. Early identification and intervention: The second assumption specified by McKeganey is that early identification of drug use, and the interventions that ensue from it, will increase the chances of directing young people away from drugs and drug cultures before they have become deeply involved. In short, the assumption is that this form of testing is effective as a social screening tool, useful in identifying those just starting out on the road to perdition. The author points out that, while a phenomenon that may be unproblematically defined as an illness, such as cancer (which, if untreated, almost *inevitably* gets worse with the passage of

time) can be understood in terms of such a progression, to understand young peoples' drug use in this way is very simplistic. Many school students use drugs for a while and then simply move on to something else, with little or no harm done. There is no inevitable, or even probable, progression toward severe or problematic use or dependence. As a consequence, the random testing of entire school populations, for which some drug-testing proponents argue, is unlikely to be a very rewarding exercise. Many—indeed most—of those captured by such an intervention would not have got into difficulties anyway.

3. The peer pressure argument: Picking up on another important point, McKeganey notes that one of the oft-repeated arguments in favour of drug testing is that it gives students a tool with which to resist the pressure of their peers. He quotes from the US National Drug Control Strategy (NDCS) for 2004, which states: “The psychology behind student drug testing programs is straightforward. ‘They give kids an “out”... 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’.⁶ As the 2004 NDCS report goes on to state, the effectiveness of testing lies in “buffering the peer pressure that encourages teens to use drugs.”⁷ McKeganey notes that this rather simplistic version of the mechanisms involved in adolescent choices has been “comprehensively questioned” by other researchers. Although not referenced by McKeganey, these critiques would include accounts which stress the complex and interwoven roles played by culture and social structure in shaping decision-making, as well as the rational choices made by consumers aware of the relative risks of different drugs and modes of using them.⁸ ⁹ ¹⁰ While there is insufficient space to

address the topic here, the essential point is that the 'peer pressure' model implicit in the aforementioned quotes is too simple and mechanical. As McKeganey puts it, "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."¹¹ This is particularly the case as young people progress into later adolescence.

These are the main critical studies to have explored the assumptions underlying schools-based drug testing. The essential strengths claimed for the measures are deterrence, early identification and re-direction of young people, and support in resisting peer pressure to use drugs. These factors are viewed in an overarching concept of social and health protection linked to drug use prevention. As the 2009 NDCS puts it: "When it comes to alcohol and drugs, young people are especially vulnerable, in part because of the significant health and social consequences of early drug use and drug-using behaviour. Consequently, youth should be provided with an array of prevention activities—from an evidence-based substance abuse prevention curriculum to random drug testing—to shield them from drug-related harms."¹²

As already mentioned, because it relies on technological instrumentation, it is often assumed that drug testing is a particularly scientific, 'objective' modality. However, the quality of the instruments varies greatly, and their interpretation is often far from clear cut. These issues are discussed further in the following section.

Drug testing in practice: tools and techniques

1. There are four main strategies for drug testing school students.¹³
2. Test the entire school population.
3. Test specific groups within it – e.g. sportspeople or athletes, a group that may use performance-enhancing substances, or older students such as those of 16-18 years, an age group in which drug use may be widespread.
4. Testing at random.
5. Testing on specific grounds - i.e. where suspicions are raised by signs, symptoms and reports of drug use.

There are two stages to the process of testing; they are technically known as *screening* and *detection*. The first involves the Point of Collection Test (POCT), using an instrument such as a breathalyser or a urine dip card which can produce rapid results in the school setting. If a positive result is indicated, however, it is then necessary for the second stage of testing to come into play. This is the laboratory analysis, which is the phase of detection per se, a confirmation (or disconfirmation) of the initial screening phase.

- POCT devices are cheap, rapid, and relatively simple for someone who lacks specialist training to administer. They mostly utilise immunoassay techniques, and vary widely in accuracy. They are also subject to a number of limitations: they do not distinguish between illicit drugs and prescribed or over-the-counter medicines (for example, a POCT urine test is unlikely to tell apart street heroin and codeine purchased from a pharmacy); they can therefore be misleading. They also show up a limited range of drugs. Moreover, interpreting the results on a card using visual

markers is more difficult than manufacturers' descriptions often suggest. It may be easy to misread the result, and despite the vaunted objectivity of the instrumentation, interpretive errors can occur.

- Laboratory testing will employ techniques such as Gas Chromatography, which are much more chemically sensitive and reliable than POCT devices. Laboratory tests are comprehensive in their coverage of drug types. They can distinguish between closely related chemicals (such as heroin and codeine), detect many types of adulteration and store primary data for later use (such as in court cases, challenges to accuracy etc.) On the other hand, laboratory methods are much more expensive, requiring highly advanced technological equipment and teams with the specialised training necessary to use and interpret it. They can require a lengthy period before results are produced.

There are several types of drug test available.

- **Blood test.** This is, in many ways, the most accurate and reliable method. However, it is highly invasive and inappropriate for the school setting, and has, as a consequence, rarely been used.
- **Saliva test.** Growing in popularity, the method is considered less invasive by the ANCD; it is quite easily performed by staff, and is readily observable, rendering it less prone to interference by concealment techniques.
- **Hair testing.** This technique is rarely used, since no commercially available POCT devices currently exist and many laboratories are not equipped to perform the test. It does have the advantage of being able to detect the presence of drugs long after use.
- **Urine test.** This is the most widely used method, and the best researched. It is

cheap, relatively simple to administer and control, and will provide the focus for the remainder of this Briefing. Students are usually permitted to urinate into the collection vessel unobserved, though measures are taken to minimise 'tampering'. These include searching and supervision of entry and exit to the toilet cubicle, along with the dyeing of the water in the toilet bowl to prevent its use in dilution; they may involve the enforced wearing of a hospital-type gown to help prevent the concealment of clean specimens, etc, in the clothes. Urine tests can detect the presence of most drugs for a maximum of about three days after use. Cannabis is the exception, with the window of detection being available for around a week, and, in the case of regular use, several weeks.

In terms of the pragmatics of drug tests, a balance is sought between the accuracy of the testing modality and the cost and ease of using it. It is for this reason that urinalysis has been the predominant method of applying schools-based drug testing. Across the entire field of drug control, measures taken by governments and other authorities to restrict, reduce and prevent drug use have been met by a series of counter-measures on the part of those who produce, supply and consume these forbidden substances. Schools-based drug testing is no exception, and before going on to identify the locations in which the measure has been tried and examine research into its effectiveness, it may be of interest to briefly examine the market in concealment.

Box 1: playing hide and seek with drug metabolites

The use of drug testing in a number of contexts, especially in the United States, has prompted a thriving commercial market in products and services designed to conceal the fact of drug use from the surveillance imposed by testing—especially where the testing method is urine analysis, the most popular technique. A Google search performed by the author for the terms ‘*How to pass a drug test*’ generated approximately 3,700,000 results. For schools-based testing specifically, the number was considerably lower, the search resulting in 759,000 hits. While the quality of the information and products on offer varies greatly, the important thing is that it is readily available to today’s internet-literate youth, with forums, 24-hour advice lines and courier services all available to assist the customer to ‘Beat That Drug Test!’.

Techniques

- **Urine substitution.** The most widely tried and tested technique for concealing use is to substitute clean urine for the student’s own. The process is usually assisted by friends, who supply one another with drug-free urine prior to the test, or it can be purchased. Thriving markets in urine have developed in schools where urine-testing is practiced.
- **Mechanical devices** can be used to contain the clean supply and to conceal its presence and use from any observers detailed to supervise the student during urination. Some of these systems are quite sophisticated; centred around a bag which acts as a sort of prosthetic bladder and a tube that delivers the product, they can apparently mimic the act of passing urine, even while under direct surveillance. A company called Puck Technology was recently prosecuted in the US for supplying kits containing prosthetic genitalia called ‘The Whizzinator’ and synthetic urine powder. The charge was that they conspired to defraud the federal authorities in relation to their federal duty to drug test employees.¹⁴
- **Chemical methods** are an alternative; here the objective is to purify or mask the drug metabolites in the urine rather than to substitute it for a clean alternative. The simplest way to do this is to dilute the specimen with water; however, security procedures are usually sufficient to render this ineffective. Instead, the subject may consume large amounts of water prior to testing, though this can have the effect of making the urine look unusually clear and thus arouse suspicion. Advice and products are available on the internet to counteract this diluted appearance, and generate urine that appears entirely innocent. Some of the commercial products claim to have been ‘independently tested’, and endorsed by youth-culture publications such as *The Face* and *Mixmag*.¹⁵
- **At its most counter-productive,** testing can lead users to substitute the use of drugs that are detectable for longer periods (such as cannabis) with others possessing a shorter detection profile (such as heroin or cocaine). This is a trend which has been observed in prisons but is also likely to affect schools where drug-testing is in place. It is another example of the type of displacement that qualifies as an ‘unintended consequence’ of the present system of drug control.

Drug testing in practice 2: regime, research and results

In the UK, though the Tony Blair government issued guidelines on schools-based drug testing in 2004, the measures are not government driven and are left to the discretion of school head teachers. While a number of privately funded schools do drug-test their students, the first state school to introduce testing was in Kent, in January 2005. Interestingly, the project was part-funded by the *News of the World*, an English tabloid newspaper notorious for its prejudices and its populist stance. However, the practice of drug-testing students is not one which has yet been widely taken up in the UK.¹⁶ The United States is the country where schools-based drug testing has been most widely deployed. Precise figures are disputed and not easy to come by; the Drug Free Project Coalition, Inc, has calculated that a minimum of 16.5% of US public school districts make use of random student drug testing, extrapolating from a 2005 study by Ringwalt et al suggesting that 14% of such districts made use of these measures during the academic year 2004-5.¹⁷

While the testing of school students has received the backing of the Federal authorities, the practice has been controversial in civil society and its use has been rejected by a number of states. It has progressed from initial use on athletes to a broader focus on students engaged in extra-curricular pastimes, to the random testing of entire school populations. In 2002, two school students in Tecumseh, Oklahoma took the principle of drug testing to the Supreme Court.¹⁸ In the case of Lindsay Earls and Daniel James and their families against the school board of Tecumseh, Oklahoma (see BOX 2), the appellants alleged that the school policy requiring students to consent to random urinalysis violated the Fourth Amendment of the United States Constitution. This gives citizens protection against 'unreasonable searches and seizures.' In Tecumseh, random testing was a requirement for participation in extra-curricular activities; this extended from choir practice

to cheerleading, and included activities such as the school chess club. A previous ruling in 1995 (the Vernonia school district vs. Aston) had confirmed the constitutionality of testing for athletes¹⁹, arguing that they have less expectations of privacy since they frequently dress and shower together in the course of their sports. The Pottawatomie vs. Earls case, known as the Lindsay Earls case, was to decide whether the principle extended to all extra-curricular activities organised by the school. By a majority verdict of 5 to 4, the court upheld the constitutionality and thus the legality of the principle. Judge Clarence Thomas stated that, in upholding its right to impose drug testing, the Court was not expressing any opinion as to the wisdom of doing so; rather, he wrote, "we hold only that Tecumseh's Policy is a reasonable means of furthering the School District's important interest in preventing and deterring drug use among its schoolchildren". Defining testing as a 'reasonable means' of drug prevention and deterrence implies that it works. The question is, does it?

As a consequence of the pre-eminence of the US in the use of schools-based drug testing, most of the research has been generated there. Yet the evidence base remains slim, and much of it is of limited validity and reliability; no randomised control studies have been carried out, and much of what poses as empirical evidence is, in fact, opinion and belief deriving from ideological commitment. According to a Department of Justice report noted by Yamaguchi et al in 2005, "the Vernonia ruling was deemed effective because some teachers noted an improvement in discipline following school implementation of drug testing."²⁰ The authors point out, however, that "no scientific studies were conducted in the Vernonia school district to measure actual student drug use rates. Thus, speculation about the effectiveness of the drug-testing policy could not be confirmed." This is not an isolated case, but part of a familiar pattern; many of the positive reports about the effects of drug testing at various US schools have relied not upon empirical evidence but on

the perceptions of Head Teachers that drug use levels seem to have gone down. This is the case with a report produced in 2004 by Prof. Joseph McKinney, a member of the Student Drug Testing Coalition, an advocacy organisation supporting the expansion of testing. McKinney interviewed a group of 83 school principals, finding that 85% believed that drug use had increased when their testing programme was suspended while legal disputes were settled, and that 89% believed testing reduced student drug use by enabling them to resist peer-pressure. He 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... this study does show that random testing policies are effective in reducing the temptation to use drugs and alcohol.”²¹ This, however, does not constitute scientific evidence. Rather, it is a statement of continued belief in the efficacy of testing by those who favoured it sufficiently to introduce it in the first place. As McKeganey observes: “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.”²² He points out that it is precisely the school’s lack of knowledge about drug use among its students that prompts the testing measures, and that it is logically inconsistent to then rely on that knowledge to gauge their effectiveness.

The most extensive research on US schools-based testing thus far carried out is represented by the work of Yamaguchi, Johnston and O’Malley at the University of Michigan. These researchers carried out a study in 2002, based on data derived from the *Monitoring the Future* surveys supported by the US government’s National Institute on Drug Abuse. It covered over 75,000 school students. The study explored a number of related questions, but the one that concerns us here is, “What relationship exists between student drug use and school drug testing?” In a discussion of their results,

the authors state: “Does drug testing prevent or inhibit student drug use? Members of the Supreme Court appear to believe it does. However...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 and other illicit drug use by high school male athletes.”²³ While the results were acknowledged as not definitive, they “suggest that drug testing in schools is not the panacea that some...had hoped.”²⁴

Later in 2003, Yamaguchi et al published an update, a second paper that included another year of student and school data to the process, and a number of methodological and conceptual refinements. Perhaps the most important of these was the inclusion of schools where random testing was practiced, so that any and each student in a school may find himself or herself subject to testing procedures. This method of testing may be assumed to be the most likely to possess the deterrent effects claimed by advocates. Only a small number of schools using this method were identified by the study (seven), though this was prior to the 2003 Supreme Court ruling that extended and clarified somewhat the legality of school-based testing. According to the authors, “Marijuana prevalence was 4.7 percentage points lower in the schools with such random testing; but the use of other illicit drugs was 3.3 percentage points higher.”²⁵ While they point out that the suggestion that users have shifted their use to drugs with a shorter window of detection is ‘not unreasonable’, Yamaguchi et al urge caution, and call for more data prior to deciding on such issues. They do, however, observe once again that, in answering the question as to whether testing prevents or inhibits use, “Our data suggest that, as practices in recent years in American secondary schools, it does not.”²⁶ Moreover, they add that, “The two forms of drug testing that are generally assumed to be most promising for reducing student drug use—random testing applied to all students (and,

therefore, also likely to be applied to those in any extra-curricular activities, which may come close to encompassing all students), and testing of athletes—did not produce encouraging results.”²⁷ A subsequent study by Goldberg et al in 2007²⁸ (the Student Athlete Testing Using Random Notification, or SATURN) did randomise schools to testing versus no testing conditions. However, this study too found minimal impact. “At best the results were inconclusive about impacts on substance use and if anything negative in terms of the students’ attitudes to risk taking.”²⁹

These studies and the conclusions they have drawn have been the object of sometimes quite vociferous attacks by those advocating a wholesale policy of schools-based drug testing,

but, to be fair, the University of Michigan study does acknowledge its shortcomings (absence of pre-post design, lack of randomization to treatment interventions). As already mentioned, little or no ‘gold-standard’ research has been carried out to date, and further research is needed. However, while it is impossible in a Briefing of this kind to explore all the intricacies of the methodological debate, IDPC finds these studies more scientifically persuasive than the arguments of their critics. (Further reading is available in the list of references.) Therefore, with evidence of their effectiveness so far found to be slender or lacking, we will now consider whether the ethical implications of these programmes are sufficient to support their wider introduction into policy.

Box 2- jar wars in the USA

Case: Board of Education, Pottawatomie vs. Earls

While student drug testing is in use in several parts of the United States, the programme has been highly controversial and socially divisive. Tecumseh is a small town in Oklahoma, which in 1998 introduced random student drug testing for middle and high school students; consent to testing was a strict requirement for participation in any extracurricular activity. Two students, Lindsay Earls and Daniel James, with the support of the American Civil Liberties Union, contested the legality of student drug testing in the Supreme Court, under the provisions of the Fourth Amendment of the US Constitution. The Fourth Amendment guarantees the privacy of the individual, protecting them from unreasonable searches and seizures by the state.

Lindsay Earls was a member of the choir, the band and the debating team, while Daniel James wished to join the debating team. With their families’ backing, the two students challenged the requirement for drug testing, claiming that the US Constitution protected them from this kind of intrusive measure and that random testing under these conditions was unconstitutional. A federal court found against them, but its decision was overturned by Circuit court, which ruled that the school “must demonstrate that there is some identifiable drug abuse problem among a sufficient number of those subject to the testing, such that testing that group of students will actually redress its drug problem.” In addition, the Court commented that, “it is difficult to imagine how participants in vocal choir...are in physical danger if they compete in those activities while using drugs, any more than any student is at risk simply from using drugs.”

The case was fought right through the US legal system, reaching the Supreme Court in June 2002. The ruling was reversed again, the Court deciding by a narrow margin in favour of the Board of Education and, as a consequence, extending schools-based drug testing well

beyond its previous limits. Any student wishing to participate in extra-curricular activities could now be required by their school to take a drug test. In effect, this includes most students at US schools.

“I’m in college now, but I’m really sad that every other school kid in America might have to go through a humiliating urine test like I did just to join the choir or the debate team,” said Lindsay Earls later. “I also worry that as a result of this decision more employers are going to start drug testing, and that I’ll always be under suspicion for something I’ve never done and never intend to do.”³⁰

The ruling was decided among the judges by 5 to 4. One of the dissenting judges said that the decision “falls short doubly if deterrence is its aim: It invades the privacy of students who need deterrence least, and risks steering students at greatest risk for substance abuse away from extracurricular involvement that potentially may palliate drug problems.”

*(U.S. Supreme Court Justice Ruth Bader Ginsburg’s Dissenting Opinion in Board of Education of Pottawatomie v. Earls)*³¹

The ethics of schools-based drug testing

As we have seen, advocates of schools-based drug testing find its ethical justification in the various preventative effects they believe flow from it: detecting those who are using drugs before they become more deeply involved and diverting them into health and social support services; deterring others who might potentially begin using; and providing students with mechanisms they can use to deflect peer-pressure (‘Yes, I’d like to smoke that spliff with you, but I can’t because I could be tested at any time.’)

There are, however, a number of (often interwoven) practical and ethical issues associated with the deployment of these techniques. We will briefly outline them here.

- In terms of the practicalities of the tests, potential problems arise with their fallibility: POC testing is prone to false positives, false negatives, masking by concealment techniques, and misinterpretation by staff. POCT devices cannot distinguish between occasional and problematic use,

or, generally, between illicit drugs such as street heroin and the slight morphine content found in (for example) poppy seed buns. Neither can they distinguish between illegal street drugs and legal, medically prescribed drugs.

- Some of these technical problems can be overcome or minimised, but the problem is that the more effective the tools are, the more they cost. Best quality POCT kits are expensive, and the decisive, laboratory phase of testing and confirmation still more so. In one US school district, the expense of identifying the eleven students who were found to test positive totalled £35,000.³² The funds for testing must be found from within the educational budget, which means other areas of expense must be downgraded.
- Where a positive result is generated by the POCT, problems of confidentiality and privacy arise; in cases of false positives, students may be wrongly identified as users and suffer the attendant social stigma. This

remains a problem even where a positive result is accurate; the labelling process begins and may lead to a student who had only used drugs once or twice being marginalised, with the resultant stress possibly driving them toward the use of more or stronger drugs as a coping mechanism.

- Where random testing is applied, accounts by students involved have revealed that the pattern of testing is not always genuinely random but may be subject to manipulation according to the imperatives of the school. “At my school, certain pupils (most notably those with poor grades who were in danger of bringing down the school’s league-table position) found themselves ‘randomly’ picked to take the test five or six times. Straight-A students, meanwhile, would breeze through two years of education without ever getting the dreaded call-up.”³³ There is a circularity here that self-justifies such practices, since students’ lower grades can easily be attributed to their ‘probable’ drug use.
- The core issue at stake, as identified by critical researchers who have examined this question, is the impact of testing on the educational relationship, which includes the important *pastoral* element—that is, the support, care and guidance given to students by the school staff over and above the purely academic-learning element of the curriculum. An essential facet of the relationship between school and students is trust, and the feeling of connectedness that individuals have toward the school as an institution and a community. It is here that the impact of drug testing is potentially at its most damaging, since it casts staff in the role of policemen and pupils in the role of criminals. The testing process often requires teachers to hang around outside bathroom cubicles where students are delivering urine specimens, or even to spy on the act of urination itself, leading to embarrassment at the least and, in the worst cases, shattering

relations of trust that have built up over a student’s school career. The relation of trust is highly important for educational instruction, and critical for the pastoral relation, in which students need to be able to approach teachers with their questions and dilemmas—possibly including those related to drugs. Researchers have identified the feeling of school-connectedness as a key variable in developing the skills necessary to deal with the complexities of contemporary life, of which drugs are for many an inevitable part.³⁴

- The question of trust also overlaps into the relationship between student and parents, since parents are required to give consent, at least in the case of younger children, potentially adding further layers to the alienation the student may feel.
- Many US schools, as noted above, have focused the measures on extra-curricular activities, making participation conditional upon testing. This again runs the risk of diverting students away from forms of social life that offer protective life-skills, since such participation is closely identified with health and wellbeing.
- The possibility of driving pupils toward truancy is another danger, with students missing school altogether rather than submit to a test—and not necessarily because they have been using illicit drugs, but owing to other factors, such the embarrassment at having a prescribed medication show up, and so on.
- As mentioned above, the longer window of detection for drugs such as cannabis can lead students to opt for shorter-acting alternatives, thus diverting individuals toward more dangerous types of substances.

It is clear that there is a veritable ethical minefield surrounding the introduction of schools-based drug testing, aside from the slim evidence base in support of the tactic. Apart from the practical

difficulties, the process itself can be destructive of the trust that is the core ingredient of good educational relationships. Moreover, there are alternative measures available to policy-makers,

which are centred on the provision of good quality drug education and, particularly, on the development of a strong sense of engagement and connectedness between students and school.^{35 36}

Box 3: jar wars in the Philippines

In January of 2009, President Arroyo of the Philippines named herself the country's new drug czar. This was in the wake of the *Alabang Boys* affair, a police buy-bust operation which was surrounded by a corruption scandal. She quickly announced a crack down on drugs, including the roll out of random student drug testing. This was to begin at the start of February, and would initially entail 15 schools in the Manila area. Later it would be extended to cover 8,500 schools nationally, and would involve the testing of a total of 85,000 students.³⁷ 10 students will be selected randomly at each of the schools, with a total school population of approximately 6 million. The Philippines had deployed such programmes in 2003-2005, but on a much smaller scale, and critics pointed out that from 9,000 students tested then, only 0.8% yielded positive results. The measures cost 3.6 million Philippine pesos.³⁸

There is a widespread perception that the President's moves were made in response to the country's pervasive culture of corruption and consisted primarily of a symbolic attempt to be seen to 'do something'. In addition, the Philippine Commission for Human Rights (CHR) was strongly critical of the testing programme, pronouncing it unconstitutional and suggesting that it violated the human rights of school students. Dangerous Drug Board Chairman Vicente Sotto is believed to have been the instigator of the testing initiative, and defended it by claiming that, "They (CHR) got it completely wrong. The objective of the test is not punitive, but preventive...This is a health issue. The students' confidentiality is assured and anyone testing positive can be rescued in time through counselling." Sotto claimed that blocking the measure was, in fact, the real violation of human rights.³⁹

The issue was taken to the nation's Supreme Court in November 2008 by a civil society organisation named the Social Justice Society, and was found to be constitutional. However, the CHR continues its critical stance toward schools-based testing, promising to "intensify our monitoring of (its) application." The Commission issued an advisory note reminding implementers of the rights of youth, and issued guidelines to school administrators. CHR Chair Leila de Lima insisted that any violation of rights would be met with a legal response, and pointed out that the Supreme Court's November ruling did not mention the human rights issue. Teachers' and lecturers' organizations also maintained opposition to the reintroduction and scaling up of testing, and were supported by Student Unions. The President of the National Union of Students of the Philippines criticized this use of limited educational resources: "Already scarce funds for education must be used wisely to buy basic school needs like textbooks, classrooms and facilities and not for an expensive and ineffective drug testing program," he commented.⁴⁰

Many citizens were also alarmed that testing violated school students' privacy; despite government reassurances, many believed that test results would leak out and that vulnerable youth would face rumour, innuendo and discrimination.⁴¹ As in the US, the issue has proved highly divisive; at the time of writing the programme continues to be implemented, but no scientific research has yet been conducted into its delivery or impact.

Drug-testing and prevention

The following passage is taken from a paper authored by a US charity named *Educating Voices Inc.*, a drug prevention organization advocating the use of student drug-testing. “There are significant numbers of students in America’s schools with great potential who are underperforming. *They are drug users*. In 2006, a Monitoring the Future survey showed nearly half (48 percent) of the students graduating from high school in this country admitted to using illicit drugs before graduation...Drug use impacts individual students, fellow students and a school’s performance. Drug use impairs learning, memory, abstract thinking and problem solving, and it can lead to poor attendance, dropping out of school, delinquency, and behavioural problems. These students are currently being left behind.”⁴² (Original emphasis.)

This text could have taken from any number of places; the point in repeating it is to illustrate a series of underlying assumptions linked to both drug testing and the drug use prevention discourse more generally. Although the quotation represents an isolated point taken outside of its context, in fact the entire text demonstrates those same assumptions, which are either deployed as factual statements or not acknowledged at all, functioning at the level of presupposition. The central assumption is that the educational failings to which the authors refer are attributable to drug use, and are manifested in the conduct and experience of individual students, who are referred to as ‘drug-impaired’—as in the sentence: “The very fabric of America’s future is threatened when a significant sub-population of drug-impaired students is allowed to go unnoticed and uneducated.”⁴³ The implication is: if society identifies these ‘drug-impaired’ individuals and cleans up their performance, America’s economic future will be secured. There is a great deal wrong with such an analysis.

Firstly, the individuals are abstracted from their social context; factors such as ethnicity, socio-economic status, gender, geographical location, cultural identity and other forms of social difference and inequality are simply ignored, and the problem of low educational attainment is laid straightforwardly at the door of drugs. Drugs, historically, have been a highly convenient political tool for the powerful, since unwanted social developments can always be blamed on them.⁴⁴ In reality, educational difficulties are bound up much more with social circumstances⁴⁵ such as poverty and the thousand anxieties it generates; poor housing and lack of private space in which to work; the stigma of family unemployment and racism; a violent and stressful environment; teachers’ low expectations of performance, and so on—the list is not exhaustive; its objective is to draw attention to the numerous other variables influencing students’ school careers, many of them outside the control of the student, his or her family, and even the school.

Secondly, ‘drugs’ and ‘drug use’ are utilised in an all-embracing sense—there is no differentiation between different types of drugs or ways of using them. The ‘48 percent’ of schools entrants who have used drugs (accepting for now that the figures are accurate) represent, in reality, a highly diverse population, including all those who have smoked cannabis once or twice in their entire lives to those injecting or smoking stimulants every day of the week. These terms, ‘drugs’ and ‘drug users’, are blunt instruments, and are a characteristic tool of the prevention discourse as currently conceived, and part of the reason why prevention has often been so ineffective. Such shortcomings are particularly apparent in relation to testing, which intervenes in terms of the individual student, while leaving aside the much broader and very powerful set of social, economic and political conditions that actually underpin problematic drug use.

In IDPC’s recent *Drug Policy Guide*, we outlined a substantially different approach to prevention, one which is both more focused and

more comprehensive, and advocates policies that recognise that individual behaviour should be understood within its social setting. The key message on prevention is that, “Effective drug prevention interventions need to be designed as an integrated response at individual, community and environmental levels. They should focus to a greater extent on social and environmental factors, such as poverty and social exclusion, that facilitate drug problems.”⁴⁶ Clearly, there are individual factors in play; by no means all young people from impoverished, marginalised communities develop problematic forms of drug use; and, as we are regularly reminded by the popular media, individuals from wealthy and privileged backgrounds can and do become mired in the most intractable forms of addiction. As a general rule however, a large body of social scientific research has demonstrated the existence of powerful linkages between oppressive social circumstances and a susceptibility to problematic drug use.⁴⁷ This evidence should underpin our policies for preventing drug-related harm.

Conclusions

Schools-based drug testing is a tool used in the drug use prevention strategies of a number of countries; so far, the United States has made the most extensive use of it, and, while some other countries have adopted the intervention, the vast majority of the research stems from the US. The evidence base, however, remains an exceedingly narrow one. Moreover, the research thus far has not demonstrated that schools-based drug testing is significantly effective at preventing or reducing drug use. When we examine the ethical dimension, it is apparent that there are very significant risks associated with its deployment, centring on the potential for damage and disruption in the relationship between the educational institution staff, family and the student. The imposition of this type of surveillance reduces the trust that is at the heart of both the educational and socialising role of

the school. On balance, therefore, weighing up the potential benefits in terms of prevention with the financial costs, implementation problems and the risks to a fundamental relation for society and its youthful members, IDPC believes that schools-based drug testing is not an option that policy-makers would be wise to adopt. Resources are better directed toward enhancing the sense of engagement and connection between school and student, and in addressing factors in the social, political and economic environment that drive people toward harmful and problematic forms of drug use in the first place.

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