

MEDICAL OFFICERS OF SCHOOLS ASSOCIATION

GUIDELINES FOR TESTING FOR SUBSTANCE MISUSE IN SCHOOLS

1. The misuse of illegal substances by young people in schools is increasing, eg. 55% of teenagers will have experimented with or used cannabis by the age of 17 years.
2. All schools, day and boarding, independent and state, must appreciate that they will have a number of illegal drug users amongst their pupils. No school is immune.
3. Every school should have a drug policy or charter which states in an unequivocal fashion the way in which the school will deal with the problem of drug misuse. Such a policy is best outlined in the school prospectus so that parents of potential pupils can be quite clear before their child enters the school what the school's policy is.
4. Such a policy must include statements about drug education, detection of illegal use, drug testing and the handling of positive and negative results.
5. Drug education should be part of a comprehensive PSHE (Personal, Social and Health Education) programme. The school MO should have input into this.
6. Drug education should be provided not just for the pupils but also for parents and staff. Awareness of drug misuse (for example: change in demeanour, change in personal appearance, declining academic performance) is vital for all members of the school community. But beware the normal adolescent personality and avoid thinking of drug users in a stereotyped way.
7. It is recommended that the Medical Officer, Medical Centre or Sanatorium, should be involved in policy-making decisions only. The MO is in a unique position to help protect the interests of the individual.
8. The school should be encouraged to view drug testing as a useful tool (one of many) in the drug education programme. It should not be seen as a purely authoritarian tool carried out for purely punitive reasons.
9. "For cause" testing is preferable to "random" testing. Testing should be reserved for situations where there is suspicion of drug misuse or where drug abstinence is being monitored. "Random" testing is unethical, cost-ineffective, and likely to offend the innocent.
10. Testing should be conducted in a precisely formatted way which ensures certifiable origin and unbroken chain of custody. Many schools choose to contract this work to one of the many reliable and bona fide agencies that provide such a service on a fee for service basis. The school MO and nursing staff should not be involved in the testing procedures. To do so compromises their ability to provide confidential supportive care either to the index pupil or to other pupils who might no longer see the medical service as either confidential or independent. The ability of the medical service to counsel and support pupils in trouble is greatly reduced if pupils cannot feel sufficient trust to consult. (Appendix provides detailed example of testing procedure).

11. Results of tests should be considered to be confidential information and their ownership rests with the appropriate school authority who has required the test. The school MO should only be involved in “interpretation” should this become necessary.
12. The school drug policy will have decided how positive and negative results will be handled. As part of a contract to keep pupils who have tested positive in school, some school authorities may decide to use repeat testing to monitor the contract.
13. There is no statutory requirement to inform the police of a positive result and using drugs is not of itself an offence. The actual offence is possession and in the case of the school “allowing” its premises to be used for drugs misuse. Discussions should take place with the local police as to whether or not they would expect to be informed of every positive result but it is worth the school taking the line that it will inform the police every time.
14. Who pays for the test? School or parent? It is suggested that the school pays for the first test and parents pay for future tests if required as part of the process of keeping the pupil in school.

APPENDIX

SUGGESTED PROTOCOL FOR DRUG TESTING USING URINE:

1. Written informed consent is required before the sample is collected. The pupil does not need to be over 16yrs of age to give valid consent. “Competency” ie. ability to understand the nature of the test and the consequences of refusing to provide a sample, is the measure.
2. It is not necessary to have parental consent although this is desirable. Certainly they must be informed at the earliest opportunity. However the test should not be unreasonably delayed in order to achieve this. Inordinate delay can allow the pupil to influence the outcome of the test eg. drinking large amounts of water overnight can dilute the urine sufficiently to turn in a negative result where the levels are not high to start with.
3. The testing procedure should be standardised and preferably it should be performed by the same team. To ensure that the process is witnessed, there should be two collection officers neither of whom are medical centre staff.
4. A toilet should be chosen that does not contain a wash basin within the cubicle itself. The water in the toilet bowl and in the cistern should be coloured with a dye (eg. Jeyes Bloo or fountain pen ink).
5. The pupil should be prepared in such a way that it is impossible for the pupil to bring any liquid in to the cubicle. (Certified drug-free urine is available for purchase on the Internet!)
6. Bottles should be prepared prior to collection. A suitable example is the DOXTECH urine sample container system from BDH which has an irreversible positive lock and a special waterproof (urine proof) label which is placed *inside* the bottle. Once locked the ID cannot be changed, removed or adulterated, yet remains visible through the clear bottle. Each bottle is prepared by writing on the label the date of collection and the pupil’s name and date of birth. The pupil then signs the labels to confirm that the bottles contain his or her urine and does not let go of the bottles until the bottles are sealed with urine within them.

7. The collectors must be satisfied that the liquid in the bottle contains urine from the pupil. The bottles are then sealed in the presence of the pupil. Two bottles should be collected in this way. The first is for testing by the school's agents, the second is to be frozen and made available to a second laboratory chosen by the pupil or his/her family should the need arise. A third sample may be collected in a universal container for local testing. Such testing could not be considered in any way legally binding but it has the advantage of speed of result and advance indication of what the result of the formal testing might be.
8. The formal testing should be carried out by a recognised authority in such analyses so that any positive result can have the power to withstand legal scrutiny. An example of such is the Laboratory of Government Chemists based at Teddington.

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