

Drug testing in schools—26 March 2008

A major new report on whether drug testing should be introduced into Australian schools is being launched by the Australian National Council on Drugs on Wednesday 26th March.



The National Centre for Education and Training on Addiction put the report together. The authors, who spent a year looking at all available evidence from around the world, say there is insufficient evidence to indicate that drug testing has any proven benefits and if introduced could create mistrust and stigmatisation between students and teachers.

The authors also estimate that it would cost at least \$355 million to conduct just one saliva test each year for each student or \$302 million to conduct just one urine test each year for each student in Australian schools. The authors of the new report say even random testing of 10% of the national school population just three times per year would cost \$110 million for saliva tests or \$91 million for urine tests. The ANCD estimates that the cost for weekly random drug testing in all Australian schools would be likely to cost taxpayers billions of dollars.

A major new report from the Australian National Council on Drugs on the issue of drug testing in Australian schools will be launched on Wednesday March 26th.

The report was prepared by the National Centre for Education and Training on Addiction. Authors from the Centre have spent the last 12 months looking at all available evidence from around the world on drug testing in schools.

The new report '[Drug Testing in Schools: evidence, impacts and alternatives](#)' concludes that there is insufficient evidence to show drug testing in schools has any benefits, it lacks evidence of effectiveness and introducing it into Australian schools would create mistrust and stigmatisation ... leading directly to students becoming disengaged from the education system.

The National Centre for Education and Training on Addiction also calculated the cost to introduce drug testing into Australian schools. Authors estimate it could cost at least \$355 million for saliva tests or \$302 million for urine tests for nationwide drug testing of each child on a once yearly basis and \$110 million for saliva drug test or \$91 million for urine tests for random testing of 10% of the national school population three times per year.

ANCD Executive Member Garth Popple said "There are understandable concerns in the community about drugs in our schools. The whole point of this report was to get the evidence. This report has extensively looked at all available evidence worldwide and it shows that drug testing in schools could be legally risky, may not be effective in terms of deterring people, could lead to false readings and quite simply undermines trust. Children need to be taught how to become resilient against drugs — to know the facts and what could happen to them. Trust and 'connectedness' to their school is a vital component of education. This new report offers the clear alternatives to drug testing and highlights that health promotion and preventative intervention is vital."

“What we now also know is that binge drinking and alcohol are the big issues facing teenagers today with latest figures showing that in any given week 167,000 13–17 year olds have drunk at harmful levels and 1/5 of 16–17 year olds regularly binge drink at harmful levels. Alcohol is a major drug problem in this country and we need to recognise that young people are constantly being bombarded with messages in the community that tell them very clearly that drinking is THE thing to do. Drug testing in schools is not going to address this issue.”

“Illicit drugs in schools have been declining and this has been the case for a decade. Cannabis is the most common drug used by school aged children with less than 4% of school students regularly using cannabis and less than 1% of school students using other illicit drugs.”

“Drug issues can be a problem for schools and this new report also points out that below average academic performers are up to 3 times more likely to use illicit drugs than above average students.”

The report also reveals that disposable income is a significant contributor to school children using drugs. Authors found that students with \$21–\$60 disposable income a week were 60% more likely to have used any drug in the past 12 months than students with less than \$20 to spend each week. Students with more than \$60 a week to spend were 90% more likely to have used any drug in the last year.

ANCD Executive Director Gino Vumbaca said “Drug testing in schools in the Council’s view is not the most productive way forward according to the findings. It wouldn’t be reliable, it would be very costly and it’s ineffective. It could also lead to a number of negative unintended consequences. Instead there are more effective interventions available to schools. It has to be remembered that students bonding with schools depends on trust and nurturing relationships. Drug testing is only likely to break that down.”

Andrew Blair — the President of the Australian Secondary Principals Association — said “There is now available to schools an array of school based intervention strategies other than drug testing that are known to assist in addressing drug use by students and I strongly support the use of these strategies to develop positive cultures in schools that include an emphasis on health and wellbeing, education and supportive processes for staff and students.”

Gino Vumbaca adds “We need to put in place strategies where students feel a stronger sense of being connected to their school and the authors have concluded drug testing would just create alienation in schools.”

In the report the authors examined a number of approaches for drug detection and screening including biometric testing (using urine or saliva), psychometric measures of drug use (such as questionnaires, surveys or self-reporting) and devices for detecting drugs such as sniffer dogs or searching lockers and belongings.

Principal author, Professor Ann Roche from the National Centre for Education and Training on Addiction said “We looked deeply at the issue of drug testing as a deterrent. The available evidence is limited and is from the US only. There were no studies that provided appropriate controls or data to adequately determine whether changes in the number of students who tested positive for drugs could be linked to a drug testing program. In short, there is insufficient evidence to support the use of drug testing. One qualitative study we examined showed that whilst the majority of students were undisturbed by the drug testing experience, in fact more than a quarter were either distressed or angered.”

“The accuracy of tests was another issue we looked at carefully. Certainly we had concerns about false positive readings. Falsely accusing a child of illicit drug use could obviously have negative legal and social impacts... to say nothing of potential psychological damage.”

“We looked at the ethical and legal issues too. Consideration was given to the rights of the child and invasion of privacy. It is improbable to have drug testing on children without their parents consenting. Australia’s legal perspective places a greater weight on the rights of the child than, for instance, the US and affords children greater rights to privacy and protection from interference.”

“As part of our consultation process we received written submissions from professionals in the field indicating that 61% were not in favour of drug detection and screening and that overall the disadvantages of drug detection and screening in schools were seen to outweigh any potential advantages.”

“We also conducted a community survey where we found, 71% were either opposed or strongly opposed to drug testing in schools and 51% saw no advantages. 96% said mistrust between students and school would be the result. 72% said students with drug problems would be stigmatised as a result. These figures show the real level of concern.”

When it comes to alternatives there are 3 very different but complementary approaches in which schools can implement evidence based strategies to prevent drug related problems. They are supporting and developing connectedness between children and their school, providing targeted early and brief interventions for high risk students and offering family strengthening interventions.”

Authors also highlighted a number of other points relating to the issue.

- damage to the child–school or child–parent relationship and loss of school connectedness
- truancy to avoid testing and school exclusion for positive tests, particularly pertinent for students who are at risk and most in need of a supportive educational environment
- reduced participation in healthy activities
- use of other less detectable, but potentially more harmful substances
- diversion of school resources from educational programs to manage a drug testing program
- psychological distress and embarrassment due to unwarranted invasion of privacy
- breach of confidentiality where students may be required to declare use of prescribed medication
- false sense of a drug-free environment, where children with problematic drug use evade tests or are not detected and, therefore, not referred to appropriate treatment.

Media enquiries to Media Key on 03 9769 6488

Key findings from report

- Most drug tests are insufficiently reliable for testing all drugs in a setting such as schools.
- The cost of testing was found to be excessive and would represent a substantial impost on any education system’s budget.
- A wide range of moral and legal issues act as serious concerns, if not impediments.
- Prevalence of illicit drug use by schoolchildren has been declining for over a decade; current levels of regular use are very low, making detection a technically challenging task.
- Highest prevalence of drug use occurs among high-risk and vulnerable groups of children, including the poorer academic performers and Indigenous students, indicating that punitive and inquisitorial methods of

deterrence are ill-advised.

- Evidence indicates that drug testing is an ineffective deterrence mechanism.
- Two thirds of submissions received from professionals were opposed to drug testing in schools.
- The majority of survey respondents were opposed to testing in schools.
- An effective array of school-based prevention interventions are now available to schools which focus on building positive relations and developing pupils' sense of connectedness with the school.
- Effective mechanisms exist to target and intervene in appropriate ways with high risk students and/or their families.

Key findings from the report

1. Patterns and prevalence of drug use among school-aged children

[Figures taken from Australian Secondary Schools Survey on Alcohol and Other Drugs (ASSAD)]

- Lifetime, monthly and weekly prevalence of use of alcohol, tobacco and illicit drugs in 2005 was significantly lower ($p < .01$) than in previous years
- The overall pattern of drug use among teenagers indicates continual downward trends that are anticipated to continue into the future
- Cannabis most commonly used illicit drug by school-aged children on a regular basis ('regular' use is defined here as having used more than 10 times in the last year)
- Less than 4 % of total school student population report regular use of cannabis
- Less than 1 % of regular use for other illicit drugs
- Low levels of use present challenges for any detection devices and strategies and necessitate higher levels of testing sensitivity (see Section 4.2.1).
- Below-average academic performers are 2-3 times more likely to use illicit drugs compared to above-average students
- Indigenous school students also use all illicit substances at a significantly greater level than non-Indigenous students
- Disposable income is a significant predictor of drug use. Students with \$21–\$60 disposable income were 1.6 times more likely to have used any drug in the last year than students with less than \$20 to spend each week while students with more than \$60 per week to spend were 1.9 times more likely to have used any drug in the last year

2. Aims/rationale for drug testing

Drug testing is sometimes viewed as an appealing strategy to deal with drug use among school-age children as it is assumed to:

- Deter initiation of drug use and encourage cessation
- Detect users in order to refer them to treatment/counselling
- Reduce drug-related harm by improving young people's physical and psychological wellbeing, reduce truancy and behavioural problems, and improve educational outcomes.

What drug testing does not purport to do, however, is to:

- Provide a measure of intoxication or impairment
- Determine the quantity, frequency or context of drug use
- Distinguish between experimental, occasional or one-off users and those with problematic drug use

- Distinguish between similar metabolites found in over-the-counter or legally prescribed medications and illicit drugs.

3. Approaches to drug detection and screening

There are a number of different approaches that can be employed to address the use of drugs in a school environment. These include:

- biometric measures of drug use (e.g. biological assays of urine, saliva, sweat, hair)
- psychometric measures of drug use (e.g. self-report survey, questionnaires or interviews)
- devices for detection of drugs or drug paraphernalia (e.g. sniffer dogs, search of lockers or belongings).

4. Effectiveness of drug testing as a deterrent

- limited available evidence on the effectiveness of drug testing programs for deterring drug use, derived only from United States studies only and poor in quality
- No studies were found that provided appropriate controls or baseline data to adequately determine whether changes in the proportions of student who tested positive for drugs could be attributed to the presence of any drug testing program

5. Effectiveness of drug testing for reducing drug-related harm

- Only 2 studies located that evaluated the effectiveness of a drug testing program and/or measured other outcomes that may be impacted by drug use
- One of these a qualitative study found that while the majority of students were undisturbed by the drug testing experience, more than one-quarter were distressed or angered by it.
- The other study reported that drug-tested students had more negative attitudes and beliefs about drug testing, the school, and drug use outcomes, compared to students who were not drug-tested.
- No studies directly evaluated the safety or other adverse outcomes of implementing a drug testing program, but several potential harms were identified, including:
 - damage to the child–school or child–parent relationship and loss of school connectedness
 - truancy to avoid testing and school exclusion for positive tests. This is particularly pertinent for students who are at risk and most in need of a supportive educational environment
 - reduced participation in healthy activities
 - conversion to other less detectable, but potentially more harmful substances
 - diversion of school resources from educational programs to manage a drug testing program
 - psychological distress and embarrassment due to unwarranted invasion of privacy
 - breach of confidentiality where students may be required to declare use of prescribed medication
 - false sense of a drug-free environment, where children with problematic drug use evade tests or are not detected and, therefore, not referred to appropriate treatment.

6. Cost of tests

- Limited available information in literature on test costs
- Authors undertook their own process to obtain estimates on the tests; outcomes were

Urine

- \$302.3m to test total school population nationally (done once annually for all schools and all students)
- \$91.4m to random drug test population nationally (10% random sample done 3 times a year)
- \$47.9m to test targeted groups nationally (5% targeted sample three times a year)
- \$11.7m to test for cause (2% for cause (targeted individual students where physical or other evidence exists to suggest using once with 50% retested)

Saliva

- \$355.2m to test total school population nationally (done once annually for all schools)
- \$110.6m to random drug test population nationally (10% random sample done 3 times a year)
- \$58.6m to test targeted groups nationally (5% targeted sample three times a year)
- \$15.9m to test (2% for cause (targeted individual students where physical or other evidence exists to suggest using once with 50% retested)

7. Accuracy of tests and other limitations

- many tests available for use in school drug testing have unacceptable levels of accuracy
- where tests have a minimum acceptable accuracy level concerns remain when these tests are used with children in school settings. For example, a specificity level of 90 per cent results in a false positive error rate of 10 per cent, or one in 10. Such common results would necessitate strategies to be in place to cope with the consequences of false positives. Falsely accusing a child of illicit drug use may have a range of negative legal, social and psychological sequelae.

8. Ethical and legal issues

Comparison was made between the Australian and US legal frameworks as drug testing and screening of schoolchildren has been employed as a drug prevention strategy in many US schools, and the experience there is often cited as a basis for emulating such approaches in this country. Australia's legal framework differs markedly from that of the United States in a number of important respects. The Australian and United States legal perspectives differ greatly in regard to a number of key issues pertinent to drug testing. Hence, legal determinations by United States courts cannot be readily transferred to the Australian context.

- 1. Duty of care in Australia is considerably more limited in its extent than in the US. The duty of care of an Australian school does not normally extend to cover activities outside of school hours. On these grounds, it is unlikely that a case could be made for drug testing to be necessitated or justified as part of the school's duty of care.
 2. It is improbable that drug testing of a child could occur without their consent, or that of their parents. Moreover, failure to offer consent would be unlikely to be deemed an admission of guilt within the current Australian legal framework.
 3. The Australian legal perspective places great(er) weight on the rights of the child (than does the US) and affords the child greater rights to privacy and protection from interference, especially where it may negatively impact their reputation. Australian law is also sensitive to the lack of avenues for redress and natural justice available to children.
 4. Best practice in workplace drug testing involves extensive consultation processes with employees, management and unions to achieve consensus. Even then, it is considered reasonable only where specific workplaces are deemed safety-sensitive or special needs settings. Zero tolerance random drug testing, in the absence of strong justification, has been judged as unreasonable.

9. Submission findings (n = 33)

- 61% of respondents were not supportive of drug detection and screening measures in schools
- disadvantages of drug detection and screening in schools were seen to outweigh any potential advantages
- lack of credible evidence on the effectiveness of such measures was highlighted

- Disadvantages included:
 - potential stigmatisation, discrimination and alienation of students who are subject to screening and detection
 - creation of mistrust, suspicion and loss of respect between teachers and students and/or parents and their children
 - disengagement of young people from schools
 - The 27 % of stakeholders who were in favour of drug detection and screening in schools saw it as
 - providing an opportunity for early detection and intervention
 - acting as a deterrent to drug use
 - providing a legitimate reason for young people to refuse the offer of drugs and resist peer pressure
 - providing scope to identify young people at risk and thereby of benefit to parents and the community in general by reducing drug use
10. Survey results (n = 284)
- 71 % were opposed/strongly opposed drug testing
 - 51% felt there were no advantages to drug testing in schools
 - 96% believed that 'it would lead to mistrust between students and school personnel'
 - 72% believed 'it would stigmatise students with drug problems'
11. Alternatives to drug testing
- There is a close association between the level of connectedness felt by students and behaviours such as drug use
 - Enhancing student bonding to schools decreases behaviours such as drug use among young people
 - Schools most important settings for health promotion and preventive interventions among children and youth
 - considerable scope for the school to act as an agent for prevention of drug use and associated problems
 - schools are well placed to:
 - support and develop connectedness between the child and their school
 - provide targeted early and brief interventions for high-risk youth
 - offer family strengthening interventions

The ANCD is the principal advisory body to Government on drug and alcohol issues.

Media enquiries to Media Key on 03 9769 6488