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University of Northern Colorado
Greeley, Colorado

THE ROLE OF RANDOM DRUG TESTING IN FAMILY REUNIFICATION:
MORE QUESTIONS THAN ANSWERS

Honors Thesis
Submitted in Partial
Fulfillment for Graduation with Honors Distinction and
the Degree of Bachelor of Arts in Psychology

Alejandra Long

School of Psychological Sciences

May 2020

Signature Page

THE ROLE OF RANDOM DRUG TESTING IN FAMILY REUNIFICATION:
MORE QUESTIONS THAN ANSWERS

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Abstract

Many of the practices taught in child welfare are evidence-based practices. One of the most widely used practices is to have parents or caregivers provide random and consistent urinalysis. Research on literature for an evidence-based research has not been found for this practice, and one article states that the practice, although widely used, does not have a clear origin. There is a lack of evidence and research to show if the practice of random and consistent urinalysis is an effective method of family reunification. With the opioid epidemic, more families are becoming involved with the child welfare system and required to submit urinalysis. This narrative literature review seeks to explore all research conducted on the practice.

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The opioid epidemic started in the late 1990s through increased prescription of opioid medications (U.S. Department of Health and Human Services, 2019). The U.S. Department of Health and Human Services created a website specifically for the opioid epidemic (HHS.GOV/OPIOIDS) in order to help the public understand the crisis. The U.S. Department of Health and Human Services stated (2019), "...pharmaceutical companies reassured the medical community that patients would not become addicted to opioid pain relievers and healthcare providers began to prescribe them at greater rates." Due the increased prescription of opioids, they were misused and were then found to be highly addictive (U.S. Department of Health and Human Services, 2019). There were 42,000 deaths from opioid overdoses; more than any previous recorded year (U.S. Department of Health and Human Services, 2019). The U.S. Department of Health and Human Services also declared a public health emergency in 2017 because of the opioid crisis.

The Substance Abuse and Mental Health Services Administration published a report in 2019 for the year 2018 regarding substance use in the United States. The report estimates that in 2018 there was an estimated 31.9 million people who used an illicit drug, 67.1 million people reported to have been binge drinkers within the past month, and 16.6 million people were heavy drinkers within the past month (Substance Abuse and Mental Health Services Administration, 2019). Of those millions of people, the Substance Abuse and Mental Health Services Administration (2019) estimates that 14.8 million people had an alcohol use disorder and 8.1 million people had an illicit drug use disorder. Of all the individuals that are diagnosed with a substance use disorder, the Substance Abuse and Mental Health Services Administration (2019) estimates that only 1.4% of those individuals ages 12 years old or older received any substance use treatment.

Bullinger and Wing (2019) conducted a study to find how many children are living with adults that have an opioid use disorder. Although there are other substance use disorders, opioids have been on the rise. The article did not research other substances due to the rise in of the opioid crisis. Bullinger and Wing (2019) found that the number of children living with an adult that misuses opioids has decreased; however, the number of children in homes with adults with an opioid use disorder, more specifically heroin, has increased. The research also found that opioid use disorders and heroin use of adults in the same home as children is increasing at a faster rate than the rate of adults who misuse opioids is declining. According Bullinger and Wing (2019), “the number of children living with an adult with opioid use disorder increased by 30%, from 423,000 to 548,000. The number of children living with an adult who uses heroin increased by 200% from 59,000 to 198,000.”

Although there is research that can be found on substance use disorders and their prevalence, there is little research on how many of those individuals are parents, primary caregivers, or even live within the same household of a child. Bullinger and Wing (2019) concluded the following:

It will be a long time before we can fully understand the consequences of the opioid crisis on long-term outcomes of children. This study suggests future research attempting to measure the costs to children living with adults with opioid use disorder should be a priority and should cover a variety of dimensions.

Title 19 of the Colorado Revised statute is also known as the “Colorado Children’s Code” (Colorado Revised Statutes, 2016). The Colorado Children’s Code serves different purposes, such as defining certain terms within child welfare as well as to child removal, child placement, strengthening family bonds, and improving home environment all with the purpose of the child’s

welfare (Colorado Revised Statutes, 2016). The Colorado Children's Code defines several different criteria for abuse or child abuse or neglect. In regards to substances, a child is considered to be abused and/or neglected as: "any case in which, in the presence of a child or on the premises where a child is found, or where a child resides, a controlled substance... is manufactured or attempted to be manufactured" (Colorado Revised Statutes, 2016). Abuse and neglect can also meet criteria if the child tests positive at either birth for a schedule I or II substance, with the limitation of the mother taking a schedule II substance as prescribed (Colorado Revised Statutes, 2016).

The removal of a child from their current home or placement is done in an effort to protect them from immediate or impending danger. Criteria for being an unfit parent is also defined in the Colorado Children's Code. Along with other variables, an unfit parent is defined as in any of the bases: "excessive use of intoxicating liquors or controlled substances... which affects the ability to care and provide for the child" (Colorado Revised Statutes, 2016).

Once a child is adjudicated as dependent or neglected, a treatment plan is drafted as a roadmap for the case (Colorado Revised Statutes, 2016). The Colorado Children's Code explains how a treatment plan must be drafted which includes goals to be achieved by the placement, services, length of services, and recommendation of length of placement (Colorado Revised Statutes, 2016). Services included in the treatment plan may be more specifically transportation, counseling, drug screening and treatment programs (Colorado Revised Statutes, 2016). Although drug screening is mentioned as part of the treatment plan, it does not define the length or frequency of the testing.

Ghertner, Waters, Radel, and Crouse (2018) did an analysis on the hypothesis on drug overdose rates and drug-hospitalization rates are positively associated with child welfare

caseloads. Ghertner et al., (2018) stated in their analysis, “despite the anecdotes, there is limited nationally-representative evidence of the link between substance use prevalence and child welfare caseloads.” Ghertner et al. (2018) suggested that a possible explanation for these findings might be that “substance use prevalence may lead to more complex or severe cases, resulting in a greater need to remove children from an unsafe environment with their parents.” Cunningham and Finlay (2013) and Smith, Johnson, Pears, Fisher, and DeGarmo (2007) found that substance use not only has a damaging effect on families, but research has shown a strong relationship between parental substance use and child maltreatment (as cited in Ghertner et al., 2018). The prevalence of the opioid epidemic and the effects it has on child welfare caseloads has not been deeply explored, despite recent studies showing the impact the opioid epidemic is having in communities (Ghertner et al., 2018).

Canfield et al., (2017) estimated that of the children in foster care, around 50% to 80% of them came from a household with at least one parent that uses substances (as cited in Besinger, Garland, Litronik, & Landsverk, 1999; Fernandez & Lee 2013). McGlade et al. (2009) studied child protection outcomes in 2009 for infants in Australia. With no data on child protection outcomes for infants with parents that use substances, and roughly 80% of referrals to the Australian child protection agencies including parental drug use, McGlade et al. (2009) gathered data to make comparisons (McGlade et al., 2009). McGlade et al. (2009) compared child protection outcomes for infants that had a mother that used substances to child protection outcomes for infants that did not have a mother that used substances (McGlade et al. 2009). McGlade et al. (2009) found that when comparing the two, infants of mothers that use substances were more likely to suffer harm and enter the child welfare system compared to infants of mothers that did not use substances.

The National Center on Substance Abuse and Child Welfare (NCSACW) prepared the publication “Drug Testing in Child Welfare: Practice and Policy Considerations” for the Substance Abuse and Mental Health Services Administration and the Administration for Children and Families, which are both within the U.S. Department of Health and Human Services. Substances can be tested in different ways. Most commonly referred to as “drug testing,” various biologic sources are used to determine to detect the presence of certain substances (Center for Substance Abuse Treatment, 2010). These biological sources may include urine, blood, and saliva. The Center for Substance Abuse Treatment explains drug testing in child welfare as a tool that is often used for monitoring and evidence (Center for Substance Abuse Treatment, 2010). This tool is used to make decisions regarding placement, removal of the child or children, termination, and reunification (Center for Substance Abuse Treatment, 2010).

A section of the publication from the Center for Substance Abuse Treatment (2010) emphasizes, “a drug test alone cannot determine the existence or absence of a substance use disorder...drug tests do not provide sufficient information for substantiating allegations of child or neglect or for making decisions about the disposition of a case.” There are other tools that the caseworkers, attorneys, and judges use like risk and safety assessments, that direct removal, reunification, and termination (Center for Substance Abuse Treatment, 2010).

The Center for Substance Abuse Treatment (2010) found that urine drug testing is the most commonly used method of drug testing due to being cost effective. As of the time the publication was made, urine was the only method of drug testing with Federal guidelines (Center for Substance Abuse Treatment, 2010). There is a chart shown in the publication which shows suggestions of frequency of testing. Within the first 60 days, the publication recommends testing

twice weekly (Center for Substance Abuse Treatment, 2010). Then after, the frequency lowers, when and if the testing is returning negative.

Positive drug results could indicate a few different things. A positive drug test could mean there was a one time lapse or the return of substance use (Center for Substance Abuse Treatment, 2010). Caseworkers need to consider other variables such as missed appointments, cooperation, and change in parent's behavior when making decisions when there is a positive drug test (Center for Substance Abuse Treatment, 2010). The Center for Substance Abuse Treatment (2010) also states that drug testing alone shows the strengths or needs of a family. This tool needs to be accompanied by other tools when making a decision within a child welfare case.

The publication done by the Center for Substance Abuse Treatment (2010) does have a disclaimer that states:

The views, opinions, and content of this publication are those of the authors and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS. Resources listed in this document are not all-inclusive and inclusion in the list does not constitute an endorsement by SAMHSA or HHS.

This publication was one of the very few found when attempting to search for the practice of drug testing within child welfare. The disclaimer shows that although the publication was drafted for HHS, it does not mean what was explained is policy. The publication reiterates throughout that drug testing should be used as a tool and not alone when making decisions regarding termination and removal.

In searching through rules and policies, centered in Colorado, there is a lack of research behind drug testing within child welfare. When reading through the different sources, there was little to no mention of drug testing within practice. The only source of drug testing and frequency was done by the Center for Substance Abuse Treatment, but had a disclaimer stating the publication was not necessarily a reflection of policies within HHS.

Methodology

Using Summon: University of Northern Colorado Libraries, I searched for previously published articles or analysis that have been able to examine drug testing within child welfare. Due to the lack of research and information for this specific topic, I also included searches that included key words such as substance use disorders, child welfare reunification, and drug testing in child welfare. Within the Child Welfare Information Gateway website, I was able to find articles related specifically to child welfare practices and policies. I found the rules and policies that are published for child welfare caseworkers in Colorado.

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