

DRUG TESTING IN COMMUNITY CORRECTIONS: A REVIEW OF THE LITERATURE



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Abstract: The use of drug testing is pervasive in community supervision requiring probationers to regularly submit to urine drug testing. Positive drug tests may result in sanctions, technical violations, probation revocations, and even prison sentences. However, experts in addiction medicine recommend testing be used to support recovery rather than to exact punishment. This article reviews the literature on drug testing offering information on efficacy, best practices, and limitations. Recommendations for drug testing include improved communication between probation officers and treatment providers and clients, as well as utilizing specialized probation.

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Introduction

A large number of U.S. citizens were under correctional supervision—4.3 million on probation and 824,000 on parole at year end 2007.¹ In Illinois in 2016, 143,000 individuals were on probation and 34,000 were on parole.² One study found up to 80 percent of probationers and parolees misused drugs or alcohol.³ A national study found probationers and parolees had diagnosable substance use disorders (SUDs) up to nine times higher than the general public.⁴

Individuals sentenced to community supervision, which includes standard probation and problem-solving courts, are often subject to urine drug testing, even when not convicted of a drug-related offense.⁵ Drug testing offers an objective measure to identify the presence and use of illicit drugs while deterring use. Drug tests can be administered by clinical treatment staff and probation and parole officers to monitor their clients' drug use. For individuals under community supervision, positive tests can result in sanctions, technical violations, and revocations. These punitive strategies run counter to American Society of Addiction Medicine (ASAM), guidelines stating drug tests should support an individuals' recovery and not be used to punish them.⁶ In this article, literature on drug testing in criminal justice is explored, including recommended uses, responses, and limitations.

Research on Efficacy of Drug Testing

The limited research available offers no conclusive evidence that drug testing alone reduces recidivism or improves behavioral health outcomes for justice-involved individuals. Holloway and colleagues (2006) conducted a meta-analysis on drug treatment effects on criminal offending. The authors reviewed four studies on drug testing and found no effect on reducing criminal behavior.⁷ In a 2014 systematic review of the use of drug testing for medical management of patients, DuPouy and colleagues found no clinical value in drug testing among the limited studies available.⁸

Drug testing is used most frequently in drug court settings than other forms of criminal justice supervision.⁹ While drug courts are evidence-based,¹⁰ few studies have isolated the effects of drug testing practices. However, one drug court study showed drug testing made no significant differences in retention or graduation rates.¹¹

Best Practices for Drug Testing

There is a lack of guidance on drug testing for community corrections. The American Probation and Parole Association last offered guidelines in 1992.¹² ASAM, the premier association for addiction medicine professionals, developed clinical guidelines for drug testing in 2017, which should be in line with non-clinical probation and parole practices.¹³ To develop the guidelines, ASAM analyzed more than 100 studies and incorporated the views of multidisciplinary experts and scientific evidence.¹⁴ The [National Association of Drug Court Professionals' \(NADCP\) Adult Drug Court Best Practice Standards](#) also offers guidance on the practice of drug testing for the supervision of criminal offenders.¹⁵

Testing Procedures

Drug testing is typically done via a urine specimen, which is the cheapest option, but can also be done with hair or saliva. Urine collection is monitored with direct observation to ensure the sample is not compromised.¹⁶ Practitioners suggest collecting specimens in a way that “conveys trust and dignity; rather than punishment and power.”¹⁷

Random testing, rather than on a predictable schedule, is considered the best method to detect drug use.¹⁸ Some programs require individuals to call in each day to see if they have been chosen for testing.¹⁹ The NADCP Best Practice Standards recommend urine testing at least twice per week.²⁰ Programs may also reduce the frequency of drug testing as the clients progress through phases of probation. It is estimated that testing once per week yields a 35-percent chance of detecting an incident of drug use and testing twice per week yields an 80-percent chance or more.²¹ One study of nine drug courts showed testing three times per week led to the most positive outcomes, while more than three per week added no benefit, and fewer than three tests led to less positive outcomes.²² However, increased drug testing frequency also increases cost.

Court-ordered urine drug tests typically screen
for the following drugs:

AMPHETAMINES

BARBITURATES

BENZODIAZEPINES

COCAINE

MARIJUANA

PCP

OPIOIDS

Responding to Drug Test Results

Rather than simply drug testing all criminal justice clients, practitioners should consider the reason for testing and how it can help with long-term outcomes.²³ Drug testing should be accompanied by a discussion of substance misuse, which can give clients the opportunity to disclose relevant information. Any discrepancies between self-reported drug use and drug test results should be discussed. Hunt et al. (2015) stated, “it is logical that individuals will deny or underreport their drug use in circumstances where that use is embarrassing and/or stigmatized,” as well as when there are “very real negative consequences that come from telling the truth.”²⁴ One study found that marijuana users were more likely to admit drug use than other drug users.²⁵ The authors hypothesize that this is due to marijuana being more commonly used, less stigmatized, and legalized in some states.²⁶ Younger users of opioids are less likely to admit to using them.²⁷

A positive drug test can guide a change in substance use disorder (SUD) treatment.²⁸ Even negative tests deserve discussion as the client could have used a drug that is not detected, and it does not rule out a SUD.

*DRUG TESTING SHOULD BE USED
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Source: American Society of Addiction Medicine²⁹

Rewards and sanctions. Sanctions should only be applied in response to a lack of effort or adherence to treatment rather than for exhibiting the signs and symptoms of a SUD.³⁰ A multi-site study of drug courts found positive drug tests resulted in sanctions. In Illinois, drug use during pregnancy is illegal, and health care workers must report drug use during pregnancy.³¹

Community corrections staff are encouraged to apply contingency management (CM), as well as swift, certain, and fair sanctions, as a response to positive drug test results. A negative test can provide an opportunity for positive reinforcement.

Contingency management (CM). [CM](#) is a form of operant conditioning in which negative behavior (such as positive drug tests) is managed with positive and negative consequences.³² CM is often done in conjunction with drug testing in which negative tests result in rewards and positive tests result in sanctions or therapeutic adjustments.³³ Common types of CM include:

- Voucher-based reinforcement offers a voucher, which can be exchanged for things like movie passes, goods, or services, for every negative urine test.
- Prize incentives CM allows clients to pull from a bowl chances to win cash prizes that vary in value.

CM is an evidence-based practice; a meta-analysis found that CM is effective at improving abstinence.³⁴

Swift, certain, and fair sanctions. Swift, certain, and fair sanctions require regular random drug testing with immediate, but graduated, sanctions for violations and drug treatment if indicated. A positive drug test might warrant a brief stay in jail.³⁵ Initial research on Hawaii’s swift, certain, and fair sanctions model, the Honest Opportunity Probation with Enforcement (HOPE) program, showed reductions in recidivism in a treatment group compared to a control group on traditional probation. However, HOPE programs in other jurisdictions did not replicate those findings.³⁶ A 2018 multi-state, randomized control trial of the program found no statistically significant differences between groups on recidivism.³⁷

Probation revocations. A positive drug test, among other things, can cause an individual’s probation to be revoked, exhausting more court time and may result in a prison sentence. Some argue probationers who fail to comply with probation conditions are not a public safety threat³⁸ and that revocations contribute to mass incarceration across the country.³⁹ In some states, the extent of supervision revocations for technical violations significantly contributes to high levels of incarceration.⁴⁰ Some felony probationers report preferring prison to probation as it is perceived as being less severe and difficult to complete.⁴¹

Drug Testing Limitations

Drug testing is not a panacea; it will not create abstinence, nor can it be used to diagnose substance dependence or SUD, which must be done by a clinician in accordance with the DSM-5 criteria.⁴² Practitioners have noted clear advantages and disadvantages of urine drug testing in community corrections (*Table 1*).

**Table 1
Pros and Cons of Urine Testing⁴³**

Pros	Cons
Objective measure of substance misuse or relapse on which to base decisions and planning.	When misused, tests can create a climate of distrust and antagonism.
Increased personal interactions with the program staff.	May be humiliating for patients and staff.
Basis for dialogue and relationship-building.	Limited quality and quantity of information from tests.
Can contribute to reductions in substance misuse.	Misinterpreted results or laboratory errors can result in negative interactions and jeopardize relationships.
Can be a measure of patient progress and recovery.	Requires extra staff time, burdens clients, and is costly.

Drug tests measure the presence of drugs (positive/present or negative/absent) at a pre-determined detection threshold. However, drug testing cannot offer more qualitative information, such as how much of a drug was used, when it was used, whether a client has relapsed, levels of use, or compliance with prescribed medications.⁴⁴

Urine drug tests are limited in the types of drugs they can detect. In addition, opioid drugs metabolize as morphine, so specific drug use cannot always be determined without a separate test.⁴⁵ Some drugs are prescribed for legitimate health reasons, such as benzodiazepines for anxiety disorders or insomnia and opioids for pain management or for the treatment of opioid use disorders. Probation and parole officers should be informed of and confirm their clients' prescriptions for medications.

Other limitations to drug tests include:

- **Potential human or lab errors.** False positives and false negatives may occur. Clients may attempt to cheat the system.
- **Cost.** Broad drug testing and unnecessary frequent testing can be costly (ASAM 2017).⁴⁶ Some screenings may be duplicative if treatment providers are already administering tests.
- **Delayed results.** It can take weeks for test results to be returned and/or reviewed, typically through an off-site lab, creating a barrier to implementing swift and meaningful sanctions intended to promote behavior change.
- **Scheduling burden on probation officers and clients.** With high caseloads, it is hard for probation officers to find time to administer frequent drug tests on a large number of clients.⁴⁷ Revocations due to positive drug tests result in added appearances to already full court dockets. Also, frequent testing may be a scheduling burden on clients, especially those who have full-time employment or childcare obligations.

Conclusion and Recommendations

There is a dearth of research on drug testing in community corrections, as well as a lack of guidance and training on the subject. Drug testing in community corrections is a common practice that appears to lack critical scrutiny and broad discussions on its use. More research is needed to explore the nuances of drug testing and justice-involved populations and develop guidance and training for community corrections staff. The following are recommendations for probation officers who conduct drug testing.

Increase Communication

Regular communication between treatment providers and probation officers benefits individuals under supervision. Research on drug courts found that while a variety of treatment providers may offer more individualized services, single provider systems allow for greater communication between the court and treatment providers regarding their clients, and courts with single provider systems had the most positive outcomes.⁴⁸

Practitioners also recommend building a dialogue between the person conducting the test and the person taking the tests. Those subjected to drug testing should be aware of the department’s policies and procedures, including potential sanctions.⁴⁹ Probation and parole officers should remember to not solely focus on negative behavior and sanctions, but also on positive behavior, positive reinforcement, and rewards.⁵⁰

Utilize Specialized Probation

As Taxman (2015) stated on individuals battling SUDs while on probation, “Essentially, there is little regard for how the behavioral health status of an individual may affect his or her functioning or behaviors, or ability to be successful on supervision” (p. 42).⁵¹ Therefore, those with behavioral health issues should be on specialized probation units or drug courts that address SUDs and focus on treatment over monitoring.⁵² Specialized probation units and [drug courts](#) feature specialized caseloads, staff training, increased access to treatment, and therapeutic approaches to violations of conditions of probation (e.g., positive drug tests). Specialized probation units, unlike drug courts, do not use a specialized court docket, overseen by one judge with specialized training, but can receive clients from any court docket or judge.⁵³ [Adult drug courts](#) are supported by a large body of evidence of its effectiveness and is considered evidence-based.⁵⁴ There is some evidence of effectiveness of specialized probation units, mostly focusing on mental health disorders than SUDs, but more research is needed.⁵⁵ In one study of specialized probation for women in Cook County, Ill., the women on specialized probation for SUDs significantly increased access to treatment, reduced substance misuse, HIV risk behaviors, illegal activity, rearrest, and incarceration compared to traditional probation.⁵⁶

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⁵ Note: Drug testing in the criminal justice system may also be done during pretrial, as well as when in jail or prison. There are other methods of testing such as saliva and hair, but urine testing is the most prevalent.

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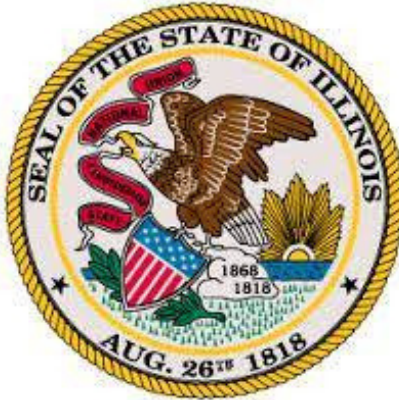
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