GUIDE TO RESPONSIBLE FAMILY DRUG AND ALCOHOL TESTING

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THINKING ABOUT DRUG, ALCOHOL AND TOBACCO USE

This Guide is written to help families understand why a no-use drug and alcohol prevention standard that includes drug testing can be an important part of building a successful and happy family.

All children, including teenagers need actively involved, caring parents who set clear drug-free standards. Parents are most likely to succeed when their parental authority is unmistakably based on love and a commitment to the welfare of the children in the family, including a willingness to accept and even to celebrate the long-term uniqueness of each child.

Families function best, and kids do best in their own lives, when the children grow up alcohol and drug free. *Children become adults and determine the rules governing their behaviors for themselves when they leave their parents' home AND FINANCIALLY SUPPORT THEMSELVES.* Until children are on their own and paying their own bills, it is important for parents to be engaged directly with behaviors that have a potential for harming their children, such as alcohol, drug and tobacco use.

Drug and alcohol testing is now routine in the workplace, and is used with increasing frequency in schools. Tobacco testing is widely used in healthcare settings by insurance companies when establishing premiums and increasingly in wellness or other health promotion programs that require "good health" verification. Family drug and alcohol testing prepares young people for the inevitable tests they will face when they leave school and seek employment, or when they are required to be drug tested as a part of school based athletics or other extra-curricular programs.

Establishing a family policy about children's use of alcohol, drugs of abuse and nicotine is the key to a successful family drug and alcohol testing process.

Drug and alcohol tests used wisely as part of a family drug and alcohol abuse prevention program require careful thought about how parents and children relate to each other and about how drug and alcohol abuse develops among young people. Many families raising drug-free children are rooted in strong religious or moral values. In all families it is based on a commitment to healthy living and the stewardship of the children's precious opportunities to grow, learn and to serve the needs of others.

The establishment of a family policy in which every child in the family agrees, in writing, to refrain from the use of drugs and alcohol, and agrees to specific rewards for abiding by the policy and specific penalties for violating the policy, **and**, the parents, in writing, agree to enforce the policy fairly and reasonably *is the vital first step*. A sample family policy is provided on page 13. You may want to use this model as it is or use it to develop one of your own. What is important is that everyone in your family understands your family's rules.

An important part of your family drug abuse prevention policy is to establish clear rewards for adhering to the alcohol and drug-free policy and equally clear punishments for positive test results or other evidence of recent illegal drug use. Permission to spend the night at a friend's home, use of the family car, attendance at sporting or other recreational events, priority use of the family television set, or other benefits can be made contingent on negative drug tests which indicate freedom from recent drug, alcohol or tobacco use.

The consequences of a positive test for illegal drugs, alcohol, or tobacco should be prompt, certain, and unpleasant in order to deter drug and alcohol use. For some families, withholding the use of a car for 30 days is sufficient punishment for a positive drug or alcohol test, while other families may establish different consequences such as the young person's payment of a fine (to a designated charity, for example), withdrawal of participation in extracurricular activities, or grounding from social activities for a specific period of time. Another important option for responding to a positive drug or alcohol test is to get an evaluation and recommendations from a drug rehabilitation counselor or other mental health professional.

There are no legal barriers to families instituting drug and alcohol testing. Parents not only have the right to know about the drug and alcohol use of their children, but they have a responsibility to know and to act forcefully to prevent and stop this use. Marijuana, Ecstasy, GHB, and other non-medical drug use is always illegal, regardless of age. For children under the age of 18 the use of tobacco is illegal. Twenty-one is the legal age for alcohol use. Not only is use of these substances by youth illegal, it is unwise, unhealthy and often the source of failure at school and in life. If you have questions or concerns about your particular problems when it comes to using tests, you should talk with a local addiction specialist before you start to test for drug or alcohol use.

Parents who have alcohol problems, or who use illicit drugs, are urged to seek and make use of treatment for their own sakes and for the welfare of their children. Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are particularly recommended. Al-Anon is the 12-step program for family members who have to deal with another family member's drug and alcohol problems.

What Tests are Available for Alcohol, Drugs of Abuse, and Tobacco?

When people use alcohol it quickly finds its way into the bloodstream through absorption from the stomach and the intestines. The rapid circulation of the blood carries the alcohol to all parts of the body where it is absorbed into tissue including the lungs.

Alcohol tests usually are by breath analysis, though blood, saliva, and urine can also be tested. Breath drawn from blood vessels in the lungs (alveolar breath) contains a constant amount of alcohol in relation to the amount of alcohol in the blood at the time the sample of breath is taken. The breath alcohol test measures the presence of alcohol in the breath and reports it as a blood alcohol content (BAC) equivalent. Alcohol leaves the body rapidly but at a generally constant rate. There is nothing that one can do to speed up this rate. This means that a person who tests positive for alcohol has consumed alcohol within the hours immediately preceding the alcohol test.

When people use drugs including tobacco, the drugs also are found in all parts of the body. The drugs (and their breakdown products called metabolites) are excreted in the urine, laid down in the growing hair, and found in sweat and oral fluids (saliva).

The most common drug test today is a urine test. Hair tests are also widely used and increasingly sweat patches and oral swabs are used to detect drug use. The chemical tests used for each type of sample are the same beginning with an immunoassay screening test and going to a more sophisticated confirming test, when needed.

Most workplace and school-based drug testing uses urine samples. Drugs are usually found in urine for 1 to 3 days after the most recent drug use. Marijuana can be detected for longer periods for people who smoke every day for weeks at a time but urine tests are usually negative after a day or two for people who smoke marijuana only occasionally.

A standard hair sample is one and a half inches long. Since hair grows about one half inch a month, this length of hair has information about drug use over the prior 90 days. Sweat is tested by applying a patch to the skin. Drug use is detected over the period the patch is worn, usually 1 to 3 weeks. Oral fluids are tested by taking a swab from a person's mouth. They generally detect drug use within the past day or two after the most recent drug use.

What Are the Advantages and Disadvantages of Each Type of Test?

Alcohol Testing.

Breath tests for alcohol are easy to use, and are less invasive, less troublesome, and less expensive than blood tests. Both provide accurate results. A urine test can determine recent presence of alcohol, but requires a series of voids to determine a level of impairment. As we note below, urine testing is subject to cheating on a much greater basis than any other type of alcohol or drugs of abuse test.

Alcohol can be tested in oral fluids. Alcohol is not tested for in sweat or hair. Since alcohol is rapidly metabolized when breath and oral fluids are tested, the alcohol will be identified only for a few hours after the alcohol use has stopped. Urine, like oral fluids and breath, is in equilibrium with the blood but since urine is collected in the bladder for a few hours it may be positive for a few hours longer after drinking stops than are breath and oral fluids. Many urine tests do not detect alcohol. There are inexpensive alcohol breath tests available for spot checks of alcohol use in the few hours prior to testing. These tests cost between $3.00 and $5.00 each. Oral fluid alcohol tests cost about $8.00.

Drugs of Abuse Testing

Urine is the most widely available test and generally less expensive when testing for drugs of abuse. There are home testing kits that can provide immediate screening results. They usually require that a small amount of the collected urine be placed in a reservoir and as the urine moves through the testing strips, results appear. But, urine has to be collected in a bathroom and is subject to cheating since drug users – including teenagers - are often clever at substituting someone else's urine or adulterating their samples unless the collection is directly and carefully observed. To prevent this in family testing, it is usually wise to directly observe the urine leaving the tested person's body and going into the test cup to reduce cheating. The tested person should also be observed from the moment he or she is informed that a urine test will be taken to prevent the consumption of products designed to foil the test.

Hair samples require that a small amount of hair be cut from the back and top of the head and sent to the laboratory. Hair samples give information about drug use over a longer period of time. However they are not as widely available and hair tests are substantially more expensive (about $60 per test compared to about $15 for a urine test). Hair tests will not identify drug use within the most recent 3-5 days, since that is the time it takes for new hair to appear that would contain the drug metabolite.

Hair samples are not only resistant to cheating, but the most widely available hair tests for family use also test for Ecstasy, which is not tested for with most urine tests. However, hair tests are not sensitive to occasional marijuana use. In general it requires use about twice a week for 90 days to produce a positive hair test for marijuana. In contrast to its insensitivity to marijuana, hair tests are very sensitive to the other drugs tested and can detect them after a few uses over the course of the 90 days the typical hair sample covers.

Oral fluid ("saliva") testing requires a brief swab of the tested person's mouth. It requires no special training to take the swab and it is much less invasive than a urine test. It is also very difficult to cheat during an oral-fluid collection. However, the marijuana detection window is from ingestion to a maximum of 24 hrs after drug use. On-site oral fluids tests, like hair tests are relatively insensitive to marijuana use. Oral

fluid drug tests for home use that provide an immediate screening result cost less than $20.00

Sweat patches are not available to families now but may be in the future. They can be used by physicians. They are resistant to cheating and cover longer periods of time than urine tests (but not as long as hair).

Nicotine Testing

Nicotine use is easily detected in urine, hair and sweat but commercially available tests seldom test for it using, hair or sweat. Home nicotine tests, which provide an immediate screening result using urine, cost less then $5.00.

WHEN TO TEST?

A responsible family testing program should include both unannounced and event related testing. We recommend that unannounced testing occur at least four times a year. This frequency will provide enough testing to be a real deterrent, as well as provide the child with a believable explanation to peers for not using alcohol, drugs, or tobacco.

In addition, the family should establish event oriented testing. For example, a testing *possibility* could always occur after a certain event, such as going out on Saturday night, or after a party. A model that has been successfully used in these instances is to have the child roll a die. If a certain number comes up, then the child will be tested. If not, then there is no test – but the deterrent effect is reinforced. Another example would be to require a drug and alcohol test if the child violates a curfew. There are many other possibilities for event testing and families should agree on one or more that they think will provide a real deterrent without overburdening the child or the parents. Parents should also reserve the right to test children any time that the parents are concerned about possible use of alcohol, tobacco and other drugs.

Testing should always occur if the child smells of alcohol or tobacco, if his or her clothes smell smoky or musty, or the child is clearly behaving in an abnormal manner.

A “Family of Tests” Approach

Families should consider using testing methods that best support the specific reason for testing. For example, a family may want to use hair testing once or twice a year to reconfirm negative drug use and to provide the children with a persuasive excuse for not using when approached to do so by peers and others. An oral fluids test for breaking curfew or after a party is easily administered and not burdensome.

Nicotine and alcohol tests could be immediately available if there are any signs of recent use due to odor or behavior. Whatever approach a family takes, ensure that it truly supports the family policy of deterrence without becoming complicated or burdensome.

A Comparison of Home Testing Methods

Method	Normal Window of Detection	Ease of Collection	Limitations	Approximate Cost at Publication	Comments
Drug urine test.	1 – 3 days since last use	Need privacy & awkwardness of urine collection	Vulnerable to cheating without observed collection	$12.00 - $15.00 for 5 drugs	Additional drug assays (e.g. barbiturates, benzodiazepines) more available
Drug hair test	5 – 90 days since last use	Moderately easy. Hard to cheat.	Must be sent to laboratory. Less sensitive to intermittent marijuana use	$60.00 - $65.00 for 6 drugs	Includes Ecstasy
Drug oral fluids (saliva) test	Up to 2 days since last use	Very easy. Hard to cheat.	Less sensitive to all marijuana use	$16.00	
Alcohol breath test	0 – 4 hours after last use	Very easy. Hard to cheat.	Not useful if used more than 6 hours after last use	$4.00	
Alcohol oral fluids (saliva) test	0 – 4 hours after last use	Very easy. Hard to cheat.	Not useful if used more than 6 hours after last use	$8.00	
Nicotine urine test	1 – 3 days since last use	Need privacy & Awkwardness of urine collection	Vulnerable to cheating without observed collection	$4.00 - $5.00	

QUESTIONS AND ANSWERS

Here are answers to the most frequently asked questions about family-based drug, alcohol or nicotine testing.

Question:
How do I answer the charge that testing violates the basic trust which families establish between parents and children, especially if the test result is negative?

Answer:
Trust is one of the first casualties of alcohol and other drug use. **Lying, even by previously honest young people, is universal once drug use begins.** Families who rely on the word of their children when it comes to drug and alcohol use are engaged in dangerous wishful thinking, and often involved in denial of a potentially serious problem. Alcohol and other drug use promote the twin corroders of family trust – denial and dishonesty. To the drug user, deceit and lying are a way of life. All of the love and caring in the world will not overcome this reality.

Drug and alcohol tests are the only objective way of establishing that a person has not recently used these substances. Then and only then can you know whether your child is telling the truth about alcohol and drug use. A negative test is a reinforcement for open and honest communication between parents and children. A positive drug test is a call to action to end the use of drugs. Informed and involved parents are most likely to help their children grow up healthy, happy and drug free.

Our experience is that the use of tests as a part of a family alcohol and drug prevention strategy often results in the establishment of stronger bonds of trust and love between family members because deceit and deception are removed from the discussion of the important issue.

Remember also that loving, involved parents routinely "check up" on their children. You may have checked with another parent to confirm that your child has his or her permission to eat a meal or stay overnight with a friend. Most parents have contacted other parents to determine if a party or other events their children will be attending will be chaperoned. You may have checked your child's homework to ensure that the "Yes, I finished it" statement is true. *This is considered a part of routine parental responsibility. Using drug testing is an extension of that vitally important responsibility.*

Question:
How do I answer the "But you did it when you were young!" challenge from children who know their parents previously used illegal drugs? Or who presently use alcohol and/or nicotine?

Answer:
These are two important but separate questions. Just because a parent used alcohol, other drugs, or tobacco as a teen is no justification for a child to use it. In acknowledging such, parents need to emphasize that this was adolescent behavior and as they matured they came to realize much more fully the potential negative consequences of their actions: endangering the lives of themselves, their friends, and others, and endangering their chances to go to college, get a job, or hold a driver's license. Parents concern grows out of love for the child and caring for each and every member of the family.

Current parental use of tobacco or alcohol is an adult choice and a choice children can make when they attain adulthood. However, discussion of parental alcohol and tobacco use is also an opportunity for parents to assess their own tobacco and/or alcohol use and determine whether it is a behavior that befits their family role model or promotes healthy living.

Question:
What does our family need to do before we use a drug or alcohol test?

Answer:
Drug and alcohol testing is best used as a prevention technique. In other words, the primary goal of testing is to provide a strong incentive not to use drugs or alcohol, especially young people.

The first step is to establish a family policy concerning the use of alcohol and such drugs as marijuana, cocaine, Ecstasy, and other drugs of abuse. This is best done by the adults working with the youth in the family. The earlier it is done, the better. It is useful to have this policy written out and understood before any drug testing is done.

Question:
What is the best time to take a drug test? An alcohol test? A nicotine test?

Answer:
For drug testing using urine, the best time to get a urine sample is right after a person wakes up in the morning and before he or she has had an opportunity to go to the bathroom. However, anytime during the day or night a person can provide an acceptable urine sample for testing is sufficient. For oral fluids testing, a sample should be taken within 24 hours of suspected drug use. Hair tests can be done at any time that is convenient.

For any alcohol test, the test should be done as soon as there is suspicion for alcohol use. Because alcohol leaves the body very quickly, an alcohol test 12 hours after suspected alcohol use will seldom reveal the presence of alcohol in the body. The liver metabolizes alcohol at the rate of about one drink each 60 - 90 minutes. That means

that if a person has consumed 4 drinks in an evening, the blood alcohol concentration will be close to zero about 6 hours after the drinking stopped. For this calculation 1 drink equals 0.5 ounces of ethyl alcohol, the amount of alcohol in 12 ounces of beer, one and one-half ounces of distilled spirits (e.g. gin, vodka or whiskey) or 5 ounces of wine. The best time for an alcohol test is when the person first gets home after a drinking episode. Testing for alcohol the next morning is a waste of time and money since the alcohol will be fully metabolized unless the young person drank a prodigious quantity of alcohol (10 drinks or more) in the 8 hours prior to testing.

A nicotine test should be done as soon as there is suspicion of nicotine use. Because nicotine is identified in urine for 1-3 days after the most recent use the time the test is taken is not critical.

Question:
What if my child refuses to take a drug or alcohol test?

Answer:
The most straightforward way of handling a refusal to be tested is to consider the consequences of refusal to be the same as the consequences of a positive test and to impose the routine consequences for a positive test result. This is the standard used in the workplace and in school-based drug tests. There should be no reward for refusing to take a test.

Question:
Are there other ways to approach refusals?

Answer:
Yes. One alternative for unannounced tests is to agree to have all of the family tested so that the child will not feel singled out. Another is to suggest that the family doctor or the child's pediatrician do the collection. However, the consequences to any approach must be no less than the consequences for a positive test or else almost everyone using drugs or alcohol would refuse to be tested.

Question:
What if the child says he or she can't provide a urine sample?

Answer:
If you have chosen to use a urine testing kit, have the person drink some fluids and wait until he or she can urinate. Tell the child that if an acceptable urine sample is not given, the refusal will be treated the same as a positive test. Almost everybody can provide a urine sample within a few hours after drinking fluids. Oral fluids collections are seldom a problem. In the event of dry mouth give the person some water to sip. If there is no head hair available for testing, use one of the other methods or sample hair from any part of the body since all hair has drugs in it after repeated drug use.

Question:
Are drug and alcohol tests accurate?

Answer:
Yes! Drug tests are positive for specific drugs, not for "drugs in general." For example, the tests are positive for marijuana or cocaine use, or for PCP or amphetamine/methamphetamine use. Drug tests do not confuse one chemical with another, and they are not positive for an abused drug on the basis of use of an over-the-counter or prescribed drug (unless the prescription was for the specific drug identified in the test, such as codeine). A cocaine positive urine test will not occur on the basis of the use of a cold tablet or an antibiotic, for example, and ibuprofen will not give a marijuana positive urine test result.

The urine, oral fluid, or hair sample taken will be analyzed only for those drugs to be tested, usually amphetamine, methamphetamine, cocaine, marijuana, phencyclidine (PCP), codeine, heroin, and morphine. These drugs are the standard panel for most drug tests. Most urine testing is done using standards established by the U.S. Department of Health and Human Services (DHHS) which is also developing standards for hair and oral fluids testing. Hair testing also analyzes for Ecstasy.

Breath alcohol tests identify the presence of ethyl-alcohol that has come from the lungs. You can easily prevent "mouth alcohol" positives which can occur after a person uses an alcohol-containing mouthwash by simply having the individual wait fifteen minutes after putting anything in his or her mouth. Any "mouth" alcohol will completely dissipate during this time.

Question:
Is a confirming test needed or is a screening test sufficient for family drug testing?

Answer:
In general the screening tests for alcohol, drugs of abuse and nicotine are accurate and in most family testing situations they are sufficient. There are two exceptions to this conclusion and one caveat to be understood. First, there are no other drugs or substances that cross-react with immunoassay tests for marijuana, cocaine or PCP. When one of these substances is detected it is usually safe to conclude the person tested recently used the drug which was detected.

Second, in contrast both the amphetamine/methamphetamine and the opiate tests are subject to misinterpretation. Cold medicines containing pseudoephedrine and stimulants used to treat Attention Deficit-Hyperactivity Disorder (ADHD) both can produce "positive" screening tests for amphetamine/methamphetamine. Poppy seeds can produce a positive urine test for opiates as can codeine-containing medicines.

When a positive screening test is obtained for either amphetamines/ methamphetamines or opiates, and when the tested person denies drug use, then it is desirable to see an addiction professional and/or to consult a clinical toxicologist at a clinical laboratory for help in interpreting the drug test result.

The caveat: in workplace testing when an employee can lose a job for a single positive drug test, the gold standard is to have not only a confirming test done on all immunoassay, screening positive results but to use a Medical Review Officer (MRO) in the process for all drug results to insure that rare and unusual circumstances cannot explain away the apparent positive result. In family drug testing, the child usually admits to alcohol or other drug use after a positive screening test making these additional steps unnecessary. If the child denies use of the detected use, the family can pursue the issue further in a variety of ways including getting a consultation from an addiction specialist as described later in this booklet.

Alcohol tests do not need a confirmation test.

Question:
What is a medical review?

Answer:
Medical review is performed by a physician with experience in the addictions to determine if there is any legitimate medical explanation for a laboratory confirmed test. For example, a doctor or dentist may prescribe a pain-killer such as Tylenol No. 3® which has codeine in it. Codeine is an opiate. If taken within a day or so of a drug test, codeine will probably cause a positive drug test for opiates. *You do not want to penalize a person for taking medicines which are properly prescribed and properly used*. You can find an MRO using the guide at the end of this booklet. Medical review can be done on a laboratory positive test to determine if there is a legitimate medical reason for the drug test result.

Question:
What if I or my child gets angry during a drug, alcohol, or nicotine test?

Answer:
Parents do best when they remain calm about all sorts of teenage behavioral problems. Anger is most likely to lead to hasty or ill-conceived actions. Do not impose consequences on your child when you are angry. Your child and your family are best served by a steady and reasonable but firm approach to all sorts of problems, including drug use. Do not be ashamed or afraid to get expert help if you have worries about your choices or your feelings. Remember that Al-Anon is available to family members who are concerned about drug problems, including problems of their teenage children. *There is no charge for this program*. You can also speak to a local addiction specialist to advise and support your family.

We never recommend draconian punishments for youth who test positive for illegal drug or alcohol use. This goes even more strongly for a single positive test when the tested person denies use. If that happens in your family, and it is not a common outcome, get help and do not impose severe punishments. Keep an open mind, continue open communication and get expert help.

Question:
What does a positive drug test mean?

Answer:
A positive urine test result indicates use of the identified drug usually within the one to three days prior to the collection of the urine sample. A hair test positive means use of the identified drug during the previous 3 months, usually repeated use during that time. An oral fluids test positive means use of the identified drug within one to two days prior to the collection of the oral fluids sample.

Question:
What does a negative drug test mean?

Answer:
It can mean one of two things. Most often it means that your tested family member is drug free. You should smile and give that person a hug and a "thank you" and celebrate the moment. Take this opportunity to reinforce the message that you care for your child or other family member and thank him or her for this drug free behavior.

A negative drug test can also mean the person submitting the sample has not used any illicit drug in the test panel in the three days immediately prior to the test, that the amount of drug in the urine or oral fluids is too low to be identified, or that a drug which was used was not tested for (such as inhalants, LSD, or Ecstasy if using urine or oral fluids testing). If you get a negative urine drug test result and you think the child being tested had used other drugs nonmedically just before the test, you may want to consult an expert in addiction for help or discuss your concerns with a counselor.

Question:
What does a positive alcohol test mean?

Answer:
A positive alcohol test usually means that the person being tested has used alcohol within the previous four to six hours. Alcohol tests are usually read as a specific BAC.

Highway alcohol test results for adults are considered "negative" when BACs are under 0.08. That is the legal threshold for "intoxication" and "impairment" on the highway. Many young - and older - drinkers are seriously impaired at BACs well under 0.08. BAC

levels over 0.08 are not often seen in youth unless there has been very heavy drinking not only just before the test but many other times before in that person's life.

When people under the age of 21 are tested, in contrast to adult testing, there is no alcohol level that is acceptable since any alcohol use in this age group is illegal. Impairment of one's decision making and cognitive skills occur in some people with test results as low as 0.02 BAC. ***We recommend that anything over 0.02 BAC be considered a positive alcohol test when anyone under 21 is tested.***

Question:
What does a negative alcohol test mean?

Answer:
Because alcohol is rapidly metabolized, a negative alcohol test means that the tested person has not used alcohol in the few hours before the test, or used so little alcohol so long ago that the Blood Alcohol Concentration has returned essentially to zero by the time the test was conducted. For example if a young person drank one drink about 9 PM and came home after 11 PM and was tested when first arriving at the front door, the BAC would be close to zero. It would probably require the consumption of 3 or more drinks that evening to trigger a positive alcohol test even at 0.02 BAC if the drinking had stopped more than 2 hours before the young person came home and was tested.

Question:
What about tobacco (nicotine) testing?

Answer:
Nicotine, the addictive chemical found in tobacco, is rapidly metabolized to cotenine and other metabolites in the liver. It is cotenine that is detected in drug tests after the use of tobacco. Cotenine is identified for several days after the last tobacco use. Cotenine can be detected in urine, hair, oral fluids and sweat. Many insurance companies test urine samples of people applying for insurance for cotenine to detect recent tobacco use. Most drug tests today do not test for cotenine although it is easy to identify this substance in all drug test samples. The only reason cotenine is not currently more widely identified in drug tests is that the market is too small for the drug test manufacturers to build this into their standard test panels. Look for tests that can identify nicotine use. It is important that test manufacturers see that the market for drug tests is interested in cotenine testing. When that happens cotenine testing will become routine for all drug tests. This is especially important for youth drug testing.

Question:
What about drugs in addition to the standard 5 drug panel?

Answer:
Until recently, the drug test market was dominated by urine testing in the workplace done at laboratories. Taking a urine sample to a laboratory to be tested was the best way to test for drugs outside the 5-drug panel. Most laboratories however required a physician's order to conduct a clinical test (which is how they think of drug tests).

Today, however, there are variety of home testing options for drugs in addition to the standard 5 drug panel. Currently, parents can purchase urine drug tests for Ecstasy, synthetic narcotics (e.g. Oxycontin®, oxycodone, hydrocodone), benzodiazepines (e.g. Valium®, Librium®, Xanax®), barbiturates, and methadone. Tests for other drugs such as LSD and GHB require urine tests performed by laboratories. In those instances, to get a laboratory test, parents are likely to need a physician to help them. This can be your child's pediatrician or an addiction specialist or a drug treatment program.

It is possible to identify additional drugs, in addition to the 5-drug panel (6-drug panel for hair) in hair, oral fluids, and sweat, but the manufacturers of these tests which are less often used than urine tests, seldom include a wide range of drugs since they have relatively small markets for even the 5-drug panel. In the future, as the drug test market grows there will be a wider range of drugs that can be identified in on-site urine drug testing as well as in tests using samples other than urine.

Question:
Where can I turn for help?

Answer:
You can find a physician expert in addiction near you by calling the American Society of Addiction Medicine (ASAM) at (301) 656-3920 (www.asam.org). You can also check your telephone directory under Alcohol and Drug Abuse Services to find your local alcohol or drug abuse treatment services or other programs in your area that can help you and your family. You might also find help from your local school system, particularly if it has a Student Assistance Program (SAP), or from an Employee Assistance Program (EAP) at your workplace.

One of the best ways for family members to get help with an alcohol or drug problem is to go to local meetings of Al-Anon, the 12-step support program affiliated with Alcoholics Anonymous (AA). You will find Al-Anon listed in your phone book's white pages, or you can find their 24-hour-a-day Helpline by calling information. Call Al-Anon and find the most convenient meeting times and locations for you. Go to the meetings a few minutes early, introduce yourself by your first name, and say that you have come for help. At Al-Anon you will find other family members who are coping with the problems of nonmedical alcohol and other drug use. The members of Al-Anon have used many

treatment and prevention services in your community. They can give you advice as to where to find the best local resources, since these are the active consumers of the services in your community.

Question:
Where can I get information on the effects of drugs, including alcohol and nicotine?

Answer:
At the end of this guide there is a list of organizations which provide information about the effects of drugs. Libraries and bookstores are additional sources of information. In recent years, specialty bookstores with a vast amount of information on addiction and recovery have become more widespread.

Question:
If our family needs drug treatment, how do I find the best program?

Answer:
Some of the best and the least expensive treatment in the country is provided by the Betty Ford Center in Rancho Mirage, California (800-854-9211 or 619-773-4100), Hazelden in Center City, Minnesota (800-257-7800), Caron Foundation in Wernersville, Pennsylvania (610-678-2332) and Father Martin's Ashley in Havre de Grace, Maryland (800-799-4673). You can find listings of local treatment programs in your telephone directory. You will also get a consumer's-eye view of alcohol and other drug abuse treatment programs from your local Al-Anon meetings.

In general, addiction treatment is only needed when you have exhausted less expensive and less intensive methods of handling the drug problem, including family based prevention using urine drug testing linked to consequences for use of alcohol and other drugs. After treatment, family members go to Al-Anon and addicted people go to Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). You do not need to go to addiction treatment to use these entirely free fellowships.

The simple good advice is to GO TO MEETINGS of AA, NA, and Al-Anon—they really work!

In addition you can purchase, or read through a library, the book *The Selfish Brain—Learning From Addiction* by Robert L. DuPont, M.D. It is published by Hazelden, the largest publisher of books on addiction and recovery. Check them out at www.hazelden.org.

Question:
How do I order home drug or alcohol testing kits?

Answer:
Go on your favorite search engine (e.g., Google, Yahoo) and enter the search term "home drug test", "home alcohol test", or "home nicotine test." You will find vendors who will sell you one or more test kits. As of the printing of this booklet, the following sites were among those offering home test kits for alcohol, nicotine, and other drugs.

Urine Drug Tests:

- Home Drug Testing - homedrugtestingkit.com
- Medical Home Products – www.medicalhome products.com
- Medimpex – www.meditests.com/drugabuse1.html

Hair Drug Tests:

- Expomed – www.expo.med.com
- Psychemedics – www.drugfreeteenagers.com
- U. S. Health Tests – www.ushealthtests.com

Oral Fluids Drug Tests:

- Medical Home Products – www.medicalhomeproducts.com
- Test Country – www.testcountry.com

Breath Alcohol Tests

- Home Health Testing – www.homehealthtesting.com
- Medimpex – www.meditests.com/drugabuse1.html

Oral Fluids Alcohol Tests

- Medimpex – www.meditests.com/drugabuse1.html
- Toxicology Associates – www.toxassociates.com/alcohol.htm

Urine Nicotine Tests

- Craig Medical Distribution – www.craigmedical.com/nicotine.htm
- Medimpex – www.meditests.com/drugabuse1.html
- Test Country – www.testcountry.com

In addition, Drug Free Kids: America's Challenge provides an expanded and updated list of sources for these tests at www.ourdrugfreekids.org.

Sample Family Drug Prevention Policy

We commit ourselves as a family to working together as a team in the best interests of all family members. We are committed to our children growing up free of the use of nicotine, alcohol, and other drugs because we know that use of these addictive substances by children is harmful.

As part of our commitment, we will use drug tests routinely as well as when there is any question of possible use of alcohol, other drugs, or tobacco. The tests will be carefully collected and the results used with discretion in the child's best interests as judged by the parent(s).

The consequences of a positive drug test are:

_____

_____

_____

The consequences of a negative urine drug test are:

_____

_____

_____

Signed and dated:

_____

_____

_____

_____

Sources of Additional Information

The following are sources of information which you may wish to contact to find out more about problems associated with substance abuse and help which is available. The Institute for Behavior and Health does not warrant any information received from these sources, but does believe that they represent generally recognized programs in the field.

Al-Anon Family Group Headquarters
P.O. Box 862
Midtown Station
New York, NY 10018-6106
(212) 302-7240
(800) 344-2666 (Meeting Information)
(800) 356-9996 (General)

Alcoholics Anonymous World Services, Inc.
General Service Office
Box 459
Grand Central Station
New York, NY 10163
(212) 870-3400

American Council for Drug Education (ACDE)
164 West 74th Street
New York, NY 1002
(800) 488-DRUG
www.acde.org

American Society of Addiction Medicine (ASAM)
4601 North Park Avenue, Suite 101
Chevy Chase, MD 20815
(301) 656-3920
www.asam.org
ASAM also lists certified Medical Review Officers

Betty Ford Center
39000 Bob Hope Drive
Rancho Mirage, CA 92270
(619) 773-4100
(800) 854-9211
www.bettyfordcenter.org

Caron Foundation
233 N. Galen Hall Road
Wernesville, PA 19565
(610) 678-2332
www.caron.org

Center for Substance Abuse Prevention (CSAP)
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, MD 20857
(301) 443-0373

CompCare Publishers
2415 Annapolis Lane
Minneapolis, MN 55441
(612) 559-4800
(800) 328-3330

Drug Enforcement Administration
Mailstop: AXS
2401 Jefferson Davis Highway
Alexandria, VA 22301
(202) 307-1000
www.dea.gov

Drug Free America Foundation, Inc.
PO Box 11298
St. Petersburg, FL 33733-1298
(727) 828-0211
www.dfaf.org

Drug Free Kids: America's Challenge
Joyce D. Nalepka, President
1805 Tilton Drive
Silver Spring, MD 20902
(301) 681-7861
AmerCares@aol.com
www.ourdrugfreekids.org

Drug Free Schools Coalition, Inc.
David Evans, Esq., Executive Director
203 Main Street
P.M.B. 327
Flemington, NJ 08822
p) 908-284-5080
f) 908-284-5081
drugfreesc@aol.com

Families Anonymous
P.O. Box 528
Van Nuys, CA 91408
(818) 989-7841
(800) 736-9805

Father Martin's Ashley
800 Tydings Lane
Havre de Grace, MD 21078
(800) 799-4673
www.fathermartinsashley.com

Hazelden Educational Materials
Pleasant Valley Road
Box 176
Center City, MN 55012-0176 (800) 328-9000
Hazelden Treatment Inquiries
Center City, MN 55012
Admissions Office, Adults (800) 262-5010
Pioneer House (Youth and Adolescents) (800) 833-4497
General Information (800) 257-7800

Health Communications, Inc.
3201 South West 15th Street
Deerfield Beach, FL 33442
(800) 851-9100

Institute for Behavior and Health, Inc.
6191 Executive Blvd.
Rockville, MD 20852
(301) 231-9010
www.ibhinc.org

International Parents Resource Institute for Drug Education, Inc. (PRIDE)
10 Park Place South
Suite 340
Atlanta, GA 30303
(404) 577-4500

The Johnson Institute
7205 Ohms Lane
Minneapolis, MN 55439-2159
(800) 231-5165

Kolmac Clinic
15932-B Shady Grove Road
Gaithersburg, MD 20877
(301) 330-7696
www.kolmac.com

Mothers Against Drunk Driving (MADD)
511 E. John Carpenter Freeway, Suite 700
Irving, TX 75062-8187
(214) 744-6233

Narcotics Anonymous World Services, Inc.
P.O. Box 9999
Van Nuys, CA 91409
(818) 780-3951
www.na.org

National Clearinghouse for Alcohol and Other Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20852-2345
(800) 729-6686
(301) 468-2600
www.health.org

The Clearinghouse provides free material and information on alcohol, tobacco, and other drug problem prevention and treatment, from the Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, Public Health Service of the U.S. Department of Health and Human Services.

National Families in Action (NFIA)
2957 Clairmont Road NE
Suite 150
Atlanta, Georgia 30329
Phone: (404) 248-9676
Fax (404) 248-1312
www.nationalfamilies.org

National Family Partnership (NFP)
(Formerly National Federation of Parents for Drug Free Youth)
National Office
11159-B South Towne Square
St. Louis, MO 63123
(314) 845-1933

Office of National Drug Control Policy (ONDCP)
750 17th Street, NW
Washington, DC 20503
(202) 395-6000
www.whitehousedrugpolicy.gov

Parents. The Anti-Drug
www.theanti-drug.com

Parkside Publishing Corporation
205 W. Touhy Avenue
Park Ridge, IL 60068
(800) 221-6364

Phoenix House
164 W. 74th Street
New York, NY 10023
(212) 595-5810
www.phoenixhouse.org

Regional Alcohol and Drug Awareness Resource Network (RADAR)
(800) 729-6686
For information on services in states and centers across the country

Student Drug Testing Coalition
www.studentdrugtesting.org

Substance Abuse and Mental Health Services Administration (SAMHSA)
1 Choke Cherry
Rockville, MD 20850
(240) 276-2000
www.samhsa.gov

Suburban Hospital
Behavioral Health 7300
8600 Old Georgetown Road
Bethesda MD 20814
(301) 896-3100

The Courage to Speak Foundation, Inc.
P. O. Box #1527
Norwalk, CT 06852
(877) 431-3295
www.couragetospeak.org

Tough Love International
PO Box 1069
Doylestown, PA 18901
(800) 333-1069

Suggested Reading

Coombs, RF: Cool Parents, Drug-Free Kids: A Family Survival Guide. Boston, MA: Allyn & Bacon, 2002.

DuPont RL: The Selfish Brain – Learning From Addiction. Center City, MN: Hazelden, 2000.

DuPont, RL: Getting Tough on Gateway Drugs: A Guide for the Family. Washington, DC: American Psychiatric Press, Inc. 1984.

Mooney, AJ, Eisenberg, A & Eisenberg H: The Recovery Book. New York, NY: Workman Publishing, 1992.

Perkins, WM & McMurtrie-Perkins, N: Raising Drug-Free Kids in a Drug-Filled World. Center City, MN: Hazelden, 1986.

Rahrer, JS: Seven Sensible Strategies for Drug Free Kids. Washington, DC: Child and Family Press, 2003.

Somdahl, GL: Drugs and Kids: How Parents Can Keep Them Apart. Salem, OR: DIMI Press, 1996.

Sturz, EL: Dealing with Disruptive Adolescents and Drugs, Second Edition. New York, NY: Argus Community, Inc., 1994.

Tobias, JM: Kids & Drugs: A Handbook for Parents and Professionals, Second Edition. Annandale, VA: Panda Press, 1989.

Youngs, B, Youngs, JL, & Moreno T: A Teen's Guide to Living Drug-Free. Deerfield Beach, FL: HCI Teens, 2003.

Feedback and Updates

The authors intend to revise this guide from time to time as new technologies or products are introduced to the public market. They also are interested in reader feedback, particularly regarding family prevention strategies using testing that have been successful. Please provide any comments regarding this guide either of the authors at the e-mail addresses noted on the next page.

About the authors!

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Dr. Robert L. DuPont is Founder and President of the Institute for Behavior and Health, a non-profit organization that works to generate and implement new ideas for drug abuse prevention by encouraging creative collaboration among diverse disciplines and perspectives. Dr. DuPont was the White House "Drug Czar" from 1973 – 1975 and the Founding Director of the National Institute on Drug Abuse (NIDA). Since 1982, he has also been Senior Vice President of Bensinger, DuPont and Associates, a drugfree workplace consulting firm. Dr. DuPont is the author of many books and articles including *The Selfish Brain—Learning From Addiction* published by American Psychiatric Press. Dr. DuPont can be reached at bobdupont@AOL.com.

Richard H. Bucher, Ph.D.

Dr. Richard H. Bucher has been involved in drug prevention efforts since 1972 when he worked at the White House Special Action Office for Drug Abuse Prevention. Between 1983 and 2004, he was principally involved in drugfree workplace efforts for Bensinger, DuPont and Associates and is currently a consultant to industry in the same subject. He is the Chairman of DrugFree Kids: America's Challenge, a non-profit organization to encourage parents and others to actively support family and community drug prevention efforts and is a Director of the Institute for Behavior and Health. Dr. Bucher can be reached at dickbucher@AOL.com.