

This extract is published with permission from the Australian National Council on Drugs (ANCD). The full report, *ANCD research paper 16—Drug testing in schools: evidence, impacts and alternatives*, is available via the weblink: www.ancd.org.au/publications/research_papers.htm

The Australian National Council on Drugs

Drug testing in Australian schools: evidence, impacts and alternatives

The National Centre for Education and Training on Addiction (NCETA) was commissioned by the Australian National Council on Drugs (ANCD) in March 2007 to undertake an independent, comprehensive and critical examination of all relevant issues involved in drug detection and screening in the school setting.

This brief extract is from the report's summary comments and key findings.

Summary comments

Overall, the body of evidence examined indicates a strong case to be made against drug detection and screening strategies being utilised in the school setting. In essence, the key findings are:

1. Most drug tests are insufficiently reliable for testing in a setting such as schools.
2. The cost of testing was found to be very large and would represent a substantial impost on any education system's budget.
3. A wide range of moral and legal issues act as serious concerns, if not impediments.
4. 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.
5. 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.
6. Evidence indicates that drug testing is

an ineffective deterrence mechanism.

7. Two-thirds of submissions received from professionals (n = 33) were opposed to drug testing in schools.

8. The majority of survey respondents (n = 284) were opposed to testing in schools.

9. An effective array of school-based prevention interventions is now available to schools - interventions that focus on building positive relations and developing pupils' sense of connectedness with the school.

10. Effective mechanisms exist to target and intervene in appropriate ways with highrisk students and/or their families.

Some key findings

Patterns and prevalence of drug use among school-aged children

Drug use among school-aged children is declining according to data from the 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 is the illicit drug most commonly used by school-aged children on a regular basis ('regular' use is defined here as having used more than 10 times in the last year). Regular use of cannabis was reported by less than 4 per cent of the total school

student population. Regular use of other illicit substances was below 1 per cent. Low levels of use present challenges for any detection devices and strategies and necessitate higher levels of testing sensitivity.

Students who fall into high-risk categories are more likely to use illicit substances. Illicit drug use is in the order of two to three times greater among below-average academic performers, compared to above-average students.

Indigenous school students also use all illicit substances at a significantly greater level than non-Indigenous students.

Available expendable income was also strongly associated with level of drug use. After controlling for age, gender and school type, disposable income remained a significant predictor of drug use. Students with \$21-\$60 and with more than \$60 per week to spend were respectively 1.6 and 1.9 times more likely to have used any drug in the last year than students with less than \$20 to spend each week.

Aims/rationale for drug testing

Drug testing is sometimes viewed as an appealing strategy to deal with drug use among school-aged 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.

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).

Effectiveness of drug testing as a deterrent

The available evidence assessing the effectiveness of drug testing programs for deterring drug use is limited, derived 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 students who tested positive for drugs could be attributed to the presence of any drug testing program. This report therefore concludes that there is insufficient evidence to support the use of drug testing as a deterrent for drug use in schools.

Effectiveness of drug testing for reducing drug-related harm

Only two studies were located that evaluated the effectiveness of a drug testing program and/or measured other outcomes that may be impacted by drug use, such as psychological wellbeing, or behavioural and educational outcomes. Of these studies, one 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.

Submissions

A total of 33 submissions were received as part of this review. The majority of respondents (61%, n = 20) were not in favour of drug detection and screening measures in schools. The disadvantages of drug detection and screening in schools were seen to outweigh any potential advantages, and the lack of credible evidence on the

effectiveness of such measures was highlighted.

The following comments were made about the relative advantages of school drug testing. Most frequently cited advantages among the 27 per cent of stakeholders in favour of drug detection and screening in schools were that it would provide an opportunity

- ~ for early detection and intervention
- ~ act as a deterrent to drug use
- ~ provide a legitimate reason for young people to refuse the offer of drugs and resist peer pressure.

Other advantages included the scope provided to identify young people at risk and thereby benefit parents and the community in general by reduced drug use.

Survey results

Results from a community survey (n = 284) conducted as part of the consultation component of this project found that less than one-quarter (24%) of respondents supported drug testing in schools, while 71 per cent (n = 200) were opposed or strongly opposed to it. Approximately half the respondents (51%) felt there were no advantages to drug testing in schools, and most (96%) believed that 'it would lead to mistrust between students and school personnel' and that 'it would stigmatise students with drug problems' (72%). Where testing was supported, it was more strongly endorsed for older school students, with respondents most commonly endorsing random drug testing (39%) for Years 7-9 (42%) and Years 10-12 (61%), and with virtually no support for testing among primary schoolchildren.

Alternatives to drug testing

Schools are one of the most important settings for health promotion and preventive interventions among children and youth. There is considerable scope for the school to act as an agent for prevention of drug use and associated problems.

Schools can be effectively engaged in this area in a number of different ways. This review has identified three very different, but complementary, approaches as potentially useful ways in which schools can implement evidencebased strategies to prevent drug-related problems among their student populations. These are:

- ~ support and develop connectedness between the child and their school
- ~ provide targeted early and brief interventions for high-risk youth
- ~ offer family strengthening interventions.

Overall, the literature suggests that successful, safe negotiation through the adolescent-adult transition requires good regulatory capacity, including executive

functioning and emotion regulation, and the opportunity to draw on social capital, such as connections or relationships with supportive adults, peers who have good regulatory capacity, and prosocial community organisations.

There is a close association between the level of connectedness felt by students and behaviours such as drug use. Enhancing student bonding to schools has been found to decrease these behaviours among young people. Measures that encourage students to bond with their schools as social institutions and to form trusting, nurturing relationships with staff and other students represent the most important and empirically validated drug prevention strategies available to schools.