Testing for Drugs of Abuse in Children and Adolescents

Committee on Substance Abuse

ABSTRACT. The American Academy of Pediatrics (AAP) recognizes the abuse of psychoactive drugs as one of the greatest problems facing children and adolescents and condemns all such use. Diagnostic testing for drugs of abuse is frequently an integral part of the pediatrician's evaluation and management of those suspected of such use. "Voluntary screening" is the term applied to many mass non-suspicion-based screening programs, yet such programs may not be truly voluntary as there are often negative consequences for those who choose not to take part. Participation in such programs should not be a prerequisite to participation in school activities. Involuntary testing is not appropriate in adolescents with decisional capacity—even with parental consent—and should be performed only if there are strong medical or legal reasons to do so. The AAP reaffirms its position that the appropriate response to the suspicion of drug abuse in a young person is the referral to a qualified health care professional for comprehensive evaluation.

The widespread abuse of psychoactive drugs has resulted in an increase in laboratory testing to identify abusers. The significant health and social consequences of drug abuse are intensified in the pediatric population because of the added possibilities of long-term effects in a developing person. Furthermore, immature minors are often unable to make informed, autonomous decisions about their health care, creating an impediment to diagnosis and treatment.[1,2] This statement defines the position of the American Academy of Pediatrics (AAP) on laboratory testing for drugs of abuse.

The abuse of psychoactive drugs among children, adolescents, and adults is an issue of national importance.[3] Concerns have focused not only on the physiologic and behavioral impact of drug abuse on the developing child and adolescent but also on the public health hazards that drug abusers pose to others.[4] This statement presents issues relevant to laboratory testing to identify drug users and does not discuss drug abuse in children and adolescents, which the academy strenuously opposes. Proposals for involuntary urine drug screening programs are also discussed. Testing for drugs of abuse in neonates, however, is discussed in another statement by the AAP.[5] Testing student athletes for performance-enhancing drugs not identified by routine urine toxicology tests, such as anabolic steroids and growth hormone, is not addressed.

This statement has been approved by the Council on Child and Adolescent Health.

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

SCREENING VERSUS DIAGNOSTIC TESTING

Screening refers to a test, examination, or procedure performed on a population to identify asymptomatic disease in apparently well persons for the purpose of early detection and treatment. Screening tests are rarely diagnostic, and confirmatory tests are usually required for a definitive diagnosis.[6,7] Diagnostic testing, however, involves specific procedures that are performed when the possibility of a disease is identified by screening, medical or social history, or physical examination. The following examples apply these principles to the identification of drug abuse. An example of screening would be the random testing of the urine of each adolescent who presents to the pediatrician's office, whereas an example of diagnostic testing would be the analysis of an individual patient's urine in whom specific signs and symptoms are indicative of substance abuse. Other examples of diagnostic testing include the laboratory confirmation of suspected drug abuse as a contributory cause of acute injuries in an adolescent patient in the emergency department and the monitoring of abstinence as part of an agreed-to substance abuse treatment program.[1,5]

The procedure used for both screening and diagnostic testing is commonly known as a urine drug screen. A drug screen ordered from a laboratory should not be confused with a drug screening program. A drug screen is a battery of tests performed on a specimen to identify the presence of one or more drugs. A laboratory report that indicates the presence of drugs should be based on a confirmatory test of high specificity. In addition, the laboratory must be certified, with the clinician being aware of its capabilities and limitations for drug testing, because these vary from facility to facility.[6,7]

INVOLUNTARY VERSUS VOLUNTARY TESTING

Voluntary testing is an imprecise concept when implemented in a population that is generally considered incompetent to consent. Therefore, testing can only be truly voluntary among young people considered competent, including many older adolescents.[2] (Decisional competency in this statement refers to the patient's ability to understand the relationship between the use of a drug, its consequences, and testing for the presence of the drug in the patient's body. The patient whose cognitive development has reached the stage of formal operational thinking approaches an ability for decisional compe-

tency. This developmental achievement reflects an ability to conceptualize cause-and-effect phenomena.)[8] However, it is not clear why such individuals would volunteer to be tested, because those who are using drugs will presumably decline. Those who have not used drugs for several days or longer may consent to testing to obtain a negative test result. Voluntary testing, therefore, is not likely to detect most drug users.

Although so-called voluntary programs may have some perceived benefits, such as providing a legitimized reason to reject peer pressure, they also can be used to coerce a person into being screened. If the majority of a group, such as an athletic team, agrees to be screened, those who refuse may be stigmatized to a degree that they feel forced into submitting. Such required voluntary group screening programs are not truly voluntary. For these reasons, the primary focus of this statement is on proposals to screen adolescents involuntarily.

REASONS FOR INVOLUNTARY SCREENING

Two reasons are generally advanced for involuntary drug screening to identify drug abuse: health promotion by identifying candidates for treatment and identifying abusers for purposes of punishment.

Health Promotion by Identifying Candidates for Treatment

The AAP does not object to diagnostic testing for the purpose of drug abuse treatment. Testing should be approached in a fashion similar to diagnostic testing for other diseases, which includes obtaining informed consent from individuals with decisional capacity. Involuntary testing would be justified only if the adolescent were at risk of serious harm that could be averted only if the specific drug were identified. If the treatment and therapy would not be changed by testing, involuntary testing would not be justified.[9–12]

Involuntary drug screening is often a condition of high school sports participation. In June 1995, a US Supreme Court ruling held that random drug testing of high school athletes is constitutional.[13] Screening would be an appropriate school requirement if the purpose were to identify conditions that, when combined with physical activity, may be hazardous to the student's health. Requiring the involuntary screening of athletes for illicit drug use, however, is often not motivated primarily by this consideration.[11,14] If the promotion of good health were the primary purpose of drug screening, the entire adolescent population—not only athletes—would be required to undergo screening because of the prevalence of illicit drug, alcohol, and tobacco use. The social, personal, and financial costs of such a program would be prohibitive, and the implication of a comprehensive non–suspicion-based screening program would be far reaching.

Because serious legal consequences may result from a positive drug screen, it is a minimal requirement that there be candid discussion regarding confidentiality and the need for informed consent from a competent individual.[2] If confidentiality issues are adequately addressed, a competent adolescent may consent to testing and counseling without the knowledge of parents, police, or school administrators.

Identification for Purposes of Punishment

Minors should not be immune from the criminal justice system, but physicians should not initiate or participate in a criminal investigation except when required by law, as in the case of court-ordered drug testing or child abuse reporting. Legal requirements for testing include an existing statute or a specific binding order. Physician involvement in police work creates the risk of establishing an adversarial rather than therapeutic relationship with a patient. There also may be constitutional objections to such activities based on privacy considerations, immunities against unwarranted search and seizure, and protection from self-incrimination. If an individual is suspected of criminal behavior, the police should obtain authorization to search for drugs and/or test for drug abuse unless specifically mandated by local statute.

Similarly, pediatricians should cautiously regard requests to initiate drug screening programs in schools where results might be used for punitive purposes or where confidentiality may be difficult to maintain. A positive therapeutic relationship with a child or adolescent should always be of paramount concern.[15] Therefore, physicians should avoid involvement with involuntary screening programs or participation in covert drug testing.

PRACTICAL CONSIDERATIONS

Screening or testing under any circumstances is improper if clinicians cannot be reasonably certain that the laboratory results are valid and that patient confidentiality is assured. This requires careful attention to the collection of specimens; the labeling, storage, and transfer of specimens to the laboratory; the avoidance of errors in recording or communicating results; the protection of the confidentiality of results; and the assurance that the techniques for identification of drugs are reliable, particularly with regard to minimizing false-positive results.[6,7] Because the consequences of inaccurate results can have profound implications, it is especially important that physicians be assured of the reliability, validity, and limitations of the testing system used.

CONCLUSIONS AND RECOMMENDATIONS

1. The AAP is opposed to the nontherapeutic use of psychoactive drugs by children and adolescents.
2. The appropriate response to suspicion of drug abuse is referral of the child or adolescent to a qualified health care professional for evaluation, counseling, and treatment as needed.
3. The role of pediatricians is one of prevention, diagnosis, counseling, and treatment or appropriate referral for care.
4. Voluntary screening may be a deceptive term, in that there often are negative consequences for those who decline to volunteer. Parental permission is not sufficient for involuntary screening of the older, competent adolescent, and the AAP

opposes such involuntary screening. Consent from the older adolescent may be waived when there is reason to doubt competency or in those circumstances in which information gained by history or physical examination strongly suggests that the young person is at high risk of substance abuse.[16]

5. Diagnostic testing for the purpose of drug abuse treatment is within the ethical tradition of health care, and in the competent patient, it should be conducted noncovertly, confidentially, and with informed consent in the same context as for other medical conditions.
6. Involuntary testing in a minor who lacks the capacity to make informed judgments may be done with parental permission. Parental permission is not sufficient for involuntary testing of the adolescent with decisional capacity, and the AAP opposes such involuntary testing. Suspicion that an adolescent may be using a psychoactive drug does not justify involuntary testing, and it is not sufficient justification to rely solely on parental agreement to test the patient. Testing adolescents requires their consent unless: (1) a patient lacks decision-making capacity; or (2) there are strong medical indications or legal requirements to do so.
7. Notwithstanding the Supreme Court ruling,[13] students and student athletes should not be singled out for involuntary screening for drugs of abuse. Such testing should not be a condition for participation in sports or any school functions except for health-related purposes. Suspicion of drug use warrants a comprehensive evaluation by a qualified health care professional.

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