



Adolescent Drug Testing Policies in Schools

Sharon Levy, MD, MPH, FAAP, Miriam Schizer, MD, MPH, FAAP, COMMITTEE ON SUBSTANCE ABUSE

abstract

School-based drug testing is a controversial approach to preventing substance use by students. Although school drug testing has hypothetical benefits, and studies have noted modest reductions in self-reported student drug use, the American Academy of Pediatrics opposes widespread implementation of these programs because of the lack of solid evidence for their effectiveness.

BACKGROUND

School-based drug testing is a controversial approach to preventing substance use by students. Two Supreme Court decisions have affirmed the legality of these programs.^{1,2} Proponents argue that school-based drug testing reduces student substance use by providing students a reason to avoid drug use because of potential negative consequences linked to a positive test and identifying adolescents with substance use disorders who can then be referred for treatment. In a cluster randomized trial, DuPont et al³ found that students subjected to school-based drug testing reported significantly lower rates of marijuana and other illicit drug use over the past 30 days and also the past year compared with students in schools without school-based drug testing.

Despite these promising results, a number of questions surround school-based drug testing. Previous studies yielded ambiguous findings,⁴ and other findings from the DuPont et al study were more equivocal than those cited here, including no change in use patterns for substances not included in their drug testing panels, a substantial concern because school-based drug testing generally does not include the substance most commonly used by adolescents: alcohol. The total number of positive drug test results (and presumably number of treatment referrals) in each study was low, and it was lower than expected on the basis of student self-reported drug use, suggesting that the students who reduced their use had low levels of substance use in the first place. Given that participation in these studies was voluntary, it is likely that students with heavier use simply declined to participate.

Although any reduction in student drug use is beneficial, it is questionable whether school-based drug testing is the best use of limited school resources. A study by Harris et al⁵ found that brief

FREE

This document is copyrighted and is property of the American Academy of Pediatrics and its Board of Directors. All authors have filed conflict of interest statements with the American Academy of Pediatrics. Any conflicts have been resolved through a process approved by the Board of Directors. The American Academy of Pediatrics has neither solicited nor accepted any commercial involvement in the development of the content of this publication.

Policy statements from the American Academy of Pediatrics benefit from expertise and resources of liaisons and internal (AAP) and external reviewers. However, policy statements from the American Academy of Pediatrics may not reflect the views of the liaisons or the organizations or government agencies that they represent.

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

All policy statements from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

www.pediatrics.org/cgi/doi/10.1542/peds.2015-0054

DOI: 10.1542/peds.2015-0054

PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

Copyright © 2015 by the American Academy of Pediatrics

professional advice resulted in significantly lower rates of alcohol initiation among those who had not used alcohol in the past 12 months and significantly increased alcohol cessation among those who had used alcohol in the past 12 months in a population of adolescents with infrequent substance use. A school-based counselor could provide such advice and guidance to low-risk students while also providing counseling to students with more significant substance use problems by using a number of effective treatment modalities.⁶ Currently, the Substance Abuse and Mental Health Services Administration estimates that less than 10% of adolescents with a substance use disorder receive any treatment.⁷ Using limited resources to provide advice, counseling, and even on-site treatment of adolescents could both serve a preventive role and increase the number of adolescents who have their substance use disorders addressed and ultimately have a larger effect on reducing student drug use than drug testing alone. The 2 strategies have never been compared in a scientific study.

Other concerns regarding school-based drug testing include the potential for breach of privacy (eg, when a student's prescribed medications are identified on a drug test); detrimental consequences, such as suspension or expulsion for students who have positive drug test results; school dropout or increased truancy for students who fear they would fail a drug test; or increased use of substances not easily detectable on a drug screen. To date, few studies have been designed to monitor these consequences, and their frequency and impact remain unknown.

RECOMMENDATIONS

1. The American Academy of Pediatrics (AAP) recommends that pediatricians advocate for substance abuse prevention programs in schools and support schools in developing intervention programs and referral systems for adolescents with substance use disorders.
2. The AAP recognizes the health and psychosocial burden of substance use by students and supports the development and study of school-based programs to prevent drug use and treat students with substance use disorders. In particular, the AAP encourages schools to include school-based services for adolescents with substance use disorders, because this group is largely underserved, despite the availability of effective treatment.
3. The AAP supports effective substance abuse services in schools but opposes widespread implementation of drug testing as a means of achieving substance abuse intervention goals because of the lack of evidence for its effectiveness.
4. The AAP recommends that schools and school districts that do choose to use school-based drug testing carefully consider and monitor the program for potential adverse effects, including decreased participation in sports, breach of confidentiality, increases in use of substances not included on testing panels, and increases in the number of students facing disciplinary action.

LEAD AUTHORS

Sharon Levy, MD, MPH, FAAP
Miriam Schizer, MD, MPH, FAAP

COMMITTEE ON SUBSTANCE ABUSE, 2014–2015

Sharon Levy, MD, MPH, FAAP, Chairperson
Seth D. Ammerman, MD, FAAP
Pamela K. Gonzalez, MD, FAAP
Sheryl A. Ryan, MD, FAAP
Lorena M. Siqueira, MD, MSPH, FAAP
Vincent C. Smith, MD, MPH, FAAP

LIAISONS

Vivian B. Faden, PhD — *National Institute of Alcohol Abuse and Alcoholism*
Gregory Tau, MD, PhD — *American Academy of Child and Adolescent Psychiatry*

CONSULTANT

Miriam Schizer, MD, MPH, FAAP

STAFF

Renee Jarrett, MPH

REFERENCES

1. *Vernonia School District 47J v Acton*, 115 SCt 2386 (1995)
2. *Board of Education v Earls*, 536 US 822 (2002)
3. DuPont RL, Merlo LJ, Arria AM, Shea CL. Random student drug testing as a school-based drug prevention strategy. *Addiction*. 2013;108(5):839–845
4. Goldberg L, Elliot DL, MacKinnon DP, et al. Outcomes of a prospective trial of student-athlete drug testing: the Student Athlete Testing Using Random Notification (SATURN) study. *J Adolesc Health*. 2007; 41(5):421–429
5. Harris SK, Csemy L, Sherritt L, et al. Computer-facilitated substance use screening and brief advice for teens in primary care: an international trial. *Pediatrics*. 2012;129(6):1072–1082
6. Winters KC, Botzet AM, Fahnhorst T. Advances in adolescent substance abuse treatment. *Curr Psychiatry Rep*. 2011; 13(5):416–421
7. Substance Abuse and Mental Health Services Administration. *Results From the 2012 National Survey on Drug Use and Health: Summary of National Findings*. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2013

Adolescent Drug Testing Policies in Schools
Sharon Levy, Miriam Schizer and COMMITTEE ON SUBSTANCE ABUSE
Pediatrics originally published online March 30, 2015;

Updated Information & Services	including high resolution figures, can be found at: http://pediatrics.aappublications.org/content/early/2015/03/25/peds.2015-0054
Subspecialty Collections	This article, along with others on similar topics, appears in the following collection(s): Washington Report http://www.aappublications.org/cgi/collection/washington_report
Permissions & Licensing	Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: http://www.aappublications.org/site/misc/Permissions.xhtml
Reprints	Information about ordering reprints can be found online: http://www.aappublications.org/site/misc/reprints.xhtml

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Adolescent Drug Testing Policies in Schools

Sharon Levy, Miriam Schizer and COMMITTEE ON SUBSTANCE ABUSE

Pediatrics originally published online March 30, 2015;

The online version of this article, along with updated information and services, is located on the World Wide Web at:

<http://pediatrics.aappublications.org/content/early/2015/03/25/peds.2015-0054>

Pediatrics is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. Pediatrics is owned, published, and trademarked by the American Academy of Pediatrics, 345 Park Avenue, Itasca, Illinois, 60143. Copyright © 2015 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 1073-0397.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

