DRUG TESTING:
Frequency

Q. At the treatment court conferences, we have heard that drug court participants should be getting drug tested a minimum of twice per week until the very end. Does this apply to all quadrants and all phases?

A. A basic tenet of behavior modification states that the effects of interventions designed to modify undesired behaviors should be assessed continually—on an ongoing basis. This practice is particularly important in a treatment court environment due to the fact that relapse is difficult to predict, even under the best of circumstances. As a participant advances in treatment court, it is often the case that the frequency of programmatic strategies (supervision, staffings, time before the judge, treatment sessions, etc.) employed to promote and sustain recovery is decreased. The concern that arises from this pattern is whether this reduction in services increases the risk of relapse or other behavioral setbacks.

Page 30 of *Adult Drug Court Best Practice Standards* Volume 2[1] provides research-based guidance indicating that as other program requirements are being reduced from phase to phase, drug testing frequency should remain unchanged—that is, it should occur randomly at least twice per week when using urine as the testing specimen. This means that, during nearly the entire program, the frequency of drug testing should remain constant. Continuing testing at the same frequency will allow the team to assess how the participant is responding to the reductions in other program requirements and activities before any changes are made in drug testing frequency. That is as far as the research goes.

The standards offer additional advice that logic suggests but that has not yet been fully addressed in research. While acknowledging that research has not addressed specifically when (or if) drug testing should be tapered, the standards advise that testing should eventually be reduced while the person is still in the program. Otherwise, the program (and participant) will not be able to assess if the reduction in drug testing itself has triggered a relapse, as is sometimes the case. In other words, if the testing isn't reduced (or even eliminated) until after program completion, the team will not be able to assess the impact of reduced testing and intervene if necessary.

[1] https://www.nadcp.org/standards/

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The standards advise that testing should be continued until all other program requirements have been reduced to their lowest level and the participant is virtually finished with the program and is in continuing care. If the program uses a five-phase model as taught by NADCP, then after the participant moves to phase five, the testing can be reduced—perhaps even to a truly random schedule with no minimum frequency. If the program has only four phases, the frequency would remain unchanged until the last part of phase four, during those weeks when the participant is fully involved in continuing care and outside recovery support and is less involved with the drug court program, as he or she prepares for program completion.

This guidance would not apply to all quadrants, as clients in some quadrants do not have a substance use disorder.

NADCP
National Association of Drug Court Professionals

NDCI
NATIONAL DRUG COURT INSTITUTE

NCDC
NATIONAL CENTER FOR DWI COURTS

JUSTICE FOR VETS

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