



Drug Testing in Treatment Courts – 2020 Update

SPECIMEN & COLLECTION DECISIONS IN A
“NEW NORMAL” WORLD

Paul L. Cary, M.S.
Independent Forensic
Toxicology Consultant



How COVID-19 Changed Treatment Courts

- ▶ we didn't really see this coming
- ▶ we didn't totally appreciate the level of disruption
- ▶ we weren't prepared for it to last this long
- ▶ business as usual isn't anymore
- ▶ we now all live in a “new normal” world where specific restrictions remain, there's no standardized treatment, no vaccine and everyone's behavior requires modification



How COVID-19 Changed Treatment Courts

- ▶ some courts closed entirely in March/ April
- ▶ treatment court program elements were made difficult by “stay-at-home” mandates
- ▶ client supervision became problematic
- ▶ the key components were near impossible to achieve
- ▶ abstinence monitoring was reduced or suspended

How COVID-19 Changed Treatment Courts

- ▶ for our clients, COVID-19 pandemic merged two life-threatening health crises simultaneously:
 - ▶ addiction/substance use disorders
 - ▶ SARS-CoV-2 – the novel coronavirus
- ▶ treatment courts & our clients now faced dual unprecedented challenges
- ▶ loss of job/income, schooling minor children, childcare closures, etc.



How COVID-19 Changed Participant's Lives


This virus has significantly magnified the dangers, pain, anxiety and triggers associated with the substance use disorder that follow our participants each and every day!

My March 19, 2020 Guidance

- ▶ in March, upon request, I wrote a four-paragraph guidance statement about drug testing during a pandemic
 - assessment of on-going court operations
 - concerns about the frequency/safety of collector - client interactions (COVID transference)
 - discussion of alternative abstinence monitoring specimens other than urine
- ▶ one suggestion was sweat patch testing

My March 19, 2020 Guidance

- ▶ significant concern was spreading the virus due to collector – participant interaction
- ▶ most logical response was to limit the number of interactions
- ▶ masks not widely available/ mask wearing by asymptomatic persons was discouraged
- ▶ sweat patch limited interaction to 10-14 days
- ▶ follow guidance/restrictions from state/local officials



The “Stay-at-Home” / “Shelter in Place” Quandary

“Stay-at-home” vs. Essential Business

- ▶ difference between traditional court duties and essential “healthcare” responsibilities of the treatment court
- ▶ *“If you work in a critical infrastructure industry... such as healthcare services..., you have a special responsibility to maintain your normal work schedule.”*

-- U.S. Department of Homeland Security

- ▶ treatment courts provide a “healthcare service”
- ▶ essential therapeutic service to a very vulnerable population

“Stay-at-home” vs. Essential Business

- ▶ if you break your leg, the care you receive is essential
- ▶ physical/medical care versus mental health treatment
- ▶ long standing societal bias against mental illness & addiction
- ▶ participants we serve ARE broken
- ▶ our court-related treatment services ARE essential
- ▶ if Hobby Lobby can be deemed an essential business



“Stay-at-home” vs. Essential Business

Then the key components of treatment court programs should be considered an essential healthcare service, and as such, should continue to provide services to their clients which are essential to the community/jurisdiction – despite “stay-at-home” restrictions!



“Stay-at-home” vs. Essential Business

High Risk – High Needs!

The ASAM Question

Do the results from drug testing
outweigh the risk of COVID-19 exposure
and transmission?

April 29, 2020



ASAM American Society of
Addiction Medicine

Caring for Patients During the COVID-19 Pandemic

ASAM COVID-19 Task Force Recommendations

A guide for addiction treatment providers and programs working to treat patients with substance use disorders safely and effectively during the COVID-19 pandemic.¹ [add legal disclaimer language]

[Adjusting Drug Testing Protocols](#)



Value of Drug Testing

- ▶ only objective measure therapeutic progress
- ▶ on-going surveillance equals power of deterrence
- ▶ proof of abstinence (affirmation/ positive reinforcement)
- ▶ detection of prohibited use (therapeutic intervention)
- ▶ development of drug-free skills (refusal, new use)
- ▶ fosters engagement in recovery process
- ▶ provides incentive, support and accountability
- ▶ ability to follow-up on “no shows”



Value of Drug Testing

an important treatment court
element that keeps our clients
safe – attempting to keep
things “normal” in a very
abnormal time



Risks of Not Drug Testing (and the loss of other supportive components)

- ▶ loss of therapeutic information/ data
- ▶ loss of deterrent effect
- ▶ client disengagement from recovery/ treatment
- ▶ loss of positive affirmation & reinforcement
- ▶ loss of incentive and support
- ▶ new drug use – triggered by lack of testing
- ▶ overdose & death

The ASAM Question

- ▶ Do the results from drug testing outweigh the risk of COVID-19 exposure and transmission?
- ▶ is that a *fair* question?
- ▶ does it account for potential for transmission mitigation
- ▶ does it account for the importance client interaction
- ▶ does it account for a population with higher co-morbidity issues
- ▶ it's not simply about testing "results" – it's also about the value of the process



The ASAM Question

- ▶ it's about the routine of calling in everyday to determine collection status – the “normalcy” factor
- ▶ it's about support/accountability reminders
- ▶ it's about in-person collections and the value of contact opportunities (micro-assessment events – relapse & COVID)
- ▶ does it account for the benefit of social interaction (outside stay-at-home)
- ▶ is the source of this question basically “fear” – healthcare system collects samples everyday


The ASAM Question

- ▶ A story from Mike Coelho, Deputy Commissioner, Massachusetts Probation about the risks associated with the suspension of drug testing in a vulnerable population



The ASAM Question

- ▶ the world has changed
- ▶ the virus is NOT going away!
- ▶ therefore, we need to learn to live with the virus
- ▶ we need to redesign our strategies that enhance our ability to save our participants lives
- ▶ ASAM – if we're smart and thoughtful – yes, it's worth the risk



Two Approaches for “New World” Urine Collection in Court-Mandated Drug Testing



COVID-19 - Evolutionary Landscape

- ▶ early stages of the outbreak dominated by fear and misinformation
- ▶ the nation's response was reactionary
- ▶ my March guidance was reactionary to desperate emails
- ▶ as the pandemic evolved some degree of clarity was re-established
- ▶ revised guidance regarding treatment court functioning in a “new world” is beginning to take shape

Urine is the Specimen of Choice!

- ▶ Urine has been the specimen of choice for abstinence monitoring since day one of the treatment court story
- ▶ No perfect specimen
 - ▶ generally readily available - large quantities
 - ▶ contains high concentrations of drugs
 - ▶ good analytical specimen – standardized, efficient methodologies
 - ▶ provides both recent and past usage
 - ▶ laboratory-based & on-site instant tests
 - ▶ legal/forensic acceptance of results
- ▶ The pandemic caused a shift away from urine – frequency of contact

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Returning to the Specimen of Choice

SPOILER ALERT

The focus of presentation is to recommend that treatment courts return to urine drug testing as the primary abstinence monitoring specimen by providing guidance for its “safe” collection and handling.



A Path Forward – Returning to Urine Testing

Two Approaches

- ▶ contract urine collection services to an outside laboratory or specimen collection service – eliminating court involvement
- ▶ re-design, develop and implement court-based urine collection services that meet “new world–post COVID” safeguards



Contracting for Outside Collection Services

- ▶ explore your options carefully
- ▶ obtain recommendations from other courts
- ▶ determine collection vs. collection/laboratory testing
- ▶ write a detailed RFP to ensure compliance
- ▶ do a site visit
- ▶ request their current client list
- ▶ request COVID-related protocols
- ▶ monitor performance post-contract

How is the virus transmitted?

ROUTE OF TRANSMISSION	MECHANISM OF CONTROL
<u>Respiratory/Aerosol Route:</u> Expired breath Coughing/Sneezing Oral fluid micro-droplets Aerosolized virus	
<u>Surface/Object Contact Route:</u> Physically touching virus-contaminated surface/object and then introducing the virus by touching mouth, eyes or nose.	

Centers for Disease Control – Emerging Infectious Diseases

Volume 26, Number 6 – June 2020

SPECIMEN	PERCENTAGE POSITIVE RESULTS
Lung wash	93%
Sputum (saliva and mucus)	72%
Nasal Swabs	63%
Lung Biopsy	46%
Throat Swabs	32%
Feces	29%
Blood	1%
Urine	0%



“New World” Urine Collection Guidance for Court-Provided Specimen Collection

Steps for Safe Urine Collections – For Collection Site

- ▶ rethink collection site locations, logistics and floorplan
- ▶ reduce clutter and surfaces that can retain virus
- ▶ design six-foot distancing in waiting areas
- ▶ use visual aids to enhance compliance
- ▶ signage, signage, signage
- ▶ establish reduced occupancy limits
- ▶ install hand sanitizer stations
- ▶ consider large fan to create negative pressure





Steps for Safe Urine Collections – For Collection Site

- ▶ limit access to staff/clients only – no visitors
- ▶ develop enhanced sanitation/decontamination practices
- ▶ disinfect “high touch” surfaces & collection areas often
- ▶ review bathroom site locations, logistics and floorplans
- ▶ remove barriers that obstruct “direct-observation” of sample collection
- ▶ use visual aids to enhance compliance

CDC – Cleaning & Disinfecting Tool

GUIDANCE FOR CLEANING & DISINFECTING PUBLIC SPACES, WORKPLACES, BUSINESSES, SCHOOLS, AND HOMES

1 DEVELOP YOUR PLAN

DETERMINE WHAT NEEDS TO BE CLEANED. Areas unoccupied for 7 or more days need only routine cleaning. Maintain existing cleaning practices for outdoor areas.

DETERMINE HOW AREAS WILL BE DISINFECTED. Consider the type of surface and how often the surface is touched. Prioritize disinfecting frequently touched surfaces.

CONSIDER THE RESOURCES AND EQUIPMENT NEEDED. Keep in mind the availability of cleaning products and personal protective equipment (PPE) appropriate for cleaners and disinfectants.

2 IMPLEMENT

CLEAN VISIBLY DIRTY SURFACES WITH SOAP AND WATER prior to disinfection.

USE THE APPROPRIATE CLEANING OR DISINFECTANT PRODUCT. Use an EPA-approved disinfectant against COVID-19, and read the label to make sure it meets your needs.

ALWAYS FOLLOW THE DIRECTIONS ON THE LABEL. The label will include safety information and application instructions. Keep disinfectants out of the reach of children.

3 MAINTAIN AND REVISE

CONTINUE ROUTINE CLEANING AND DISINFECTION. Continue or revise your plan based upon appropriate disinfectant and PPE availability. Dirty surfaces should be cleaned with soap and water prior to disinfection. Routinely disinfect frequently touched surfaces at least daily.

MAINTAIN SAFE PRACTICES such as frequent handwashing, using cloth face coverings, and staying home if you are sick.

CONTINUE PRACTICES THAT REDUCE THE POTENTIAL FOR EXPOSURE. Maintain social distancing, staying six feet away from others. Reduce sharing of common spaces and frequently touched objects.

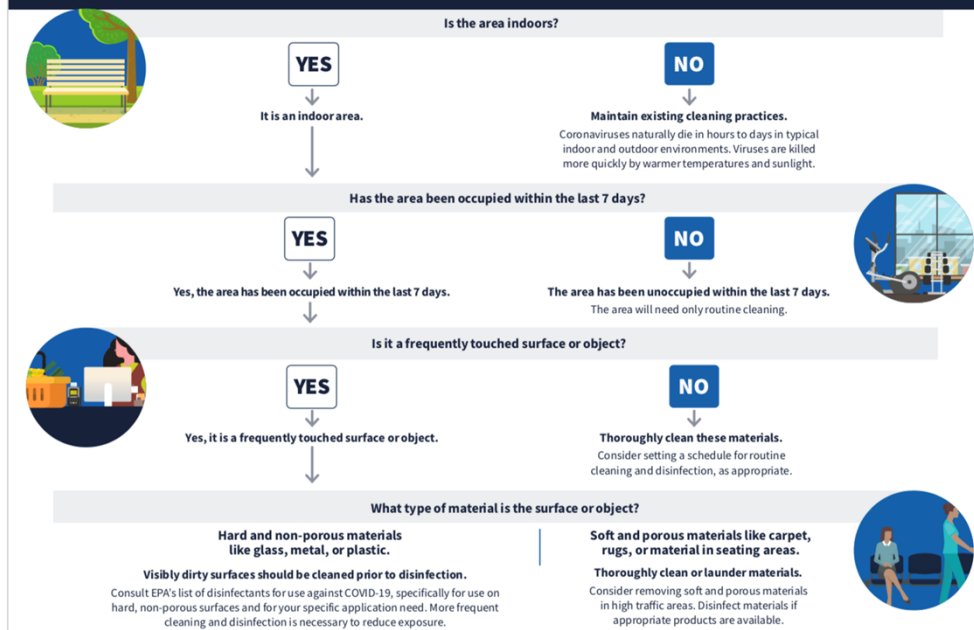


SCAN HERE
FOR MORE
INFORMATION

MAKING YOUR PLAN TO CLEAN AND DISINFECT

Cleaning with soap and water removes germs, dirt, and impurities from surfaces. It lowers the risk of spreading infection.

Disinfecting kills germs on surfaces. By killing germs on a surface after cleaning, it can further lower the risk of spreading infection.





Steps for Safe Urine Collections – For Collection Staff

- ▶ practice enhanced washing/use of hand sanitizers
- ▶ staff maintain distancing
- ▶ schedule collections to ensure the minimization of “crowding” – for both staff & clients
- ▶ heavy traffic times – participants wait outside collection site
- ▶ staff protect other staff via observation



Steps for Safe Urine Collections – For Collection Staff

- ▶ if “stay-at-home” restrictions are in place – court should provide collection staff with essential critical infrastructure letter on court letterhead
- ▶ proper Personal Protective Equipment (PPE)
- ▶ temperature monitor staff daily – scrutinize for potential symptoms
- ▶ > 100° F staff should be sent home
- ▶ take advantage of enhanced testing



Steps for Safe Urine Collections – PPE For Collection Staff

- ▶ ensure staff have Proper Protective Equipment includes:
- ▶ disposable gloves (required)
- ▶ surgical mask with fluid shield, tight fitting (required)
- ▶ eye protection – ordinary spectacles do not provide sufficient protection (highly recommended)
- ▶ disposable single-use gown, with cuffed sleeves, impermeable or covered with a plastic apron (recommended)



Personal Protective Equipment (PPE)

gloves

You can use hand
sanitizer on gloves

face mask

face shield

isolation
gown



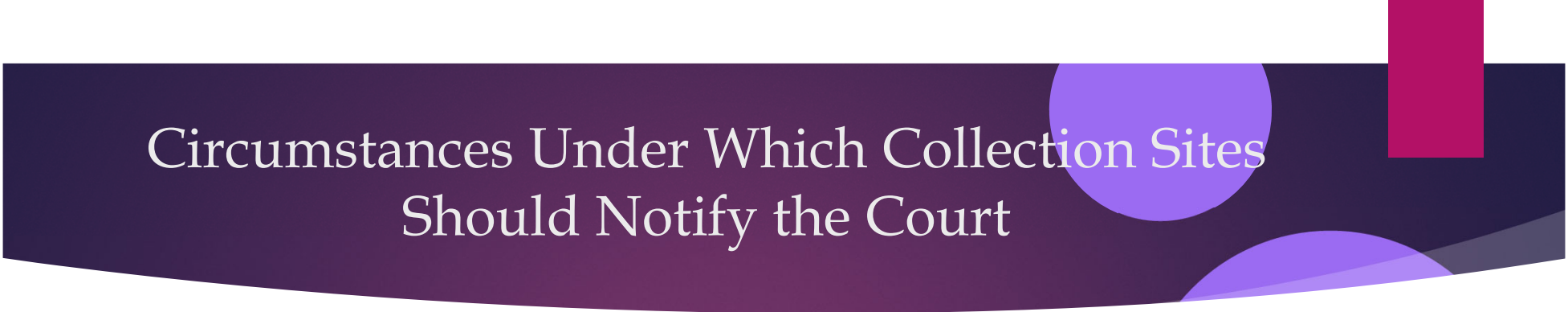
FY 2020 Coronavirus Emergency Supplemental Funding Program

- ▶ BJA Funding Opportunities website
- ▶ Opportunity ID: BJA-2020-18553
- ▶ Closing Date: May 29, 2020
- ▶ Total Amount Awarded: \$272 million
- ▶ Allowable projects and purchases include..., law enforcement and medical personal protective equipment



Other Issues for Safe Urine Collections – For Collection Site

- ▶ collection site should alert clients not to come to the site IF:
 - ▶ client has not been directed to provide sample
 - ▶ client has been diagnosed with COVID-19
 - ▶ client has been exposed to someone who has been diagnosed with COVID-19
 - ▶ client has a temperature above 100° F
 - ▶ client has traveled outside US or to a US “hot spot” without a 14-day quarantine



Circumstances Under Which Collection Sites Should Notify the Court

- ▶ failing to appear at the collection site – “no show”
- ▶ showing up late to the collection site after instructions to proceed
- ▶ reporting participant with temperature above 100°F
- ▶ leaving the collection site without providing an adequate sample for testing
- ▶ failing to cooperate with any part of the testing process
- ▶ failing to allow a direct observation

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Steps for Safe Urine Collections – For Collection Site



Restructure Communication Channels

- ▶ develop plans and messaging channels to communicate with clients/sample donors during “stay-at-home” or similar restrictions
- ▶ develop plans and messaging channels to communicate with clients/sample donors upon arrival at collection sites
- ▶ develop plans and messaging channels to communicate with court personnel – many of whom are working at home or have schedule changes



Steps for Safe Urine Collections – For Participant Donors

- ▶ clients should remain outside collection site until admitted by staff
 - ▶ cell phone or texting instructions
- ▶ schedule collections to ensure distancing maintained
- ▶ temperature monitor donors prior to collection site admittance > 100° F donor should be sent home & required to seek medical advice
- ▶ COVID questionnaire (exposure, symptoms, travel, etc.)



Steps for Safe Urine Collections – For Participant Donors

- ▶ client is rejected for sample collection due to temperature or questionnaire failure:
 - ▶ client is also responsible for notifying the court (case manager, PO, etc.)
- ▶ require clients to wear face covering/ masks
- ▶ collection site should provide masks, if necessary
- ▶ require clients to follow all “new” collection site rules

Steps for COVID infected Participants

- ▶ court should mandate participant seek medical services/treatment
- ▶ follow all instructions from healthcare providers
- ▶ don't practice medicine
- ▶ under quarantine, consider mobile testing options
- ▶ consider GPS tracking of "at risk" clients
- ▶ relax enforcement of "technical violations"
- ▶ increase communication via text message/phone calls
- ▶ expand "circle of care" and external supports



Three “simple” steps for safely collecting urine for abstinence monitoring

masks/ gloves

distancing

decontamination

The header features a dark purple rectangular background with a wavy bottom edge. To the right of this rectangle are two overlapping light purple circles and a solid pink rectangle.

The Paradox of the Mask

I don't wear a mask to
protect *me* – I wear a
mask to protect *you*!



Collection of Alternative Specimens

BREATH

SWEAT

ORAL FLUIDS

HAIR

CAM

Alternative Drug Testing Specimens

Specimen	Appropriate Collection Guidelines
breath	Problematic specimen/high risk of exposure/transmission Suspend testing until vaccine is widely available & distributed
sweat patch	Moderate risk level – Follow guidance provided for urine collection Appropriate PPE Application/removal requires certified collector
oral fluids	High risk level – risk of exposure/transmission Full PPE Consider mobile collection strategies (from donor's vehicle) Video-monitored collection – low risk – donor self-collection
hair	Moderate risk level – Follow guidance provided for urine collection Appropriate PPE
CAM	Moderate risk level – Follow guidance provided for urine collection Appropriate PPE Also applies to GPS devices



Measuring Success

- ▶ I'm the drug testing guy
- ▶ TRUE – drug testing is your only objective measure
- ▶ drug testing is a tool & NOT the only measure success
- ▶ participant program compliance & response to unhealthy behaviors
- ▶ emergence of prosocial behaviors
- ▶ honesty/truth and knowing when to ask for help



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- Helen Harberts – my best bud!
- Shannon Carey – my travel wife!



Closing Thoughts:

- ▶ this is not rocket science – common sense
- ▶ do not proceed out of “fear”
- ▶ be safe – be well
- ▶ take care of each other
- ▶ take care of your participants
- ▶ my thank sincere thanks to everyone for staying strong and joining me in this broadcast



? Questions ?

Paul's email address:

CARYPL@missouri.edu