

MST Drug testing information

MST conducts drug and alcohol screens on clients who are referred to the team or later suspected on using substances where there is a presenting risk to the children. The purpose of testing is to enable MST CAN to monitor patterns of abstinence and drug / alcohol use in the context of treatment and to lead to the most effective and robust safety plans that we can work with the family member to create. Testing tells us if our intervention plan is working and enables the team to reinforce abstinence.

Drug and alcohol safety plans will never promote the use of substances, but routinely make clear that if the safety plan does fail then the caregiver is to only use substances if they are not in the presence of the children for the duration of use and after effects. Details of how the parent could achieve this will typically be included in a safety plan.

MST CAN aims to achieve a minimum of 3 randomised drug / alcohol screens per client per week. The tests conducted may be urine screens, oral swabs or breathalyser. The screen used will depend on the substance being tested for. Drug screens do not actually test for the presence of a drug in the system. They provide evidence of a hormone in the body which naturally occurs because of the substance's presence. Different substances produce different hormones which stay in the body for different lengths of time.

The most accurate drug and alcohol screens are hair strand testing. This is because the hair holds evidence of substance use as it grows and can be evidenced as taken from the person being screened. MST CAN would always recommend hair strand testing to be conducted alongside our screens as hair strand results can be used in evidence in court as MST samples are not admissible as evidence.

The MST CAN collection of samples guidance is attached below:

Unobserved urine sample in the home, the MST-Can worker will:

- Conduct test in the bathroom
- Inspect bathroom and remove all suspicious materials that might be used for adulteration including cleaning solutions. (Arrangements will be made with family at the beginning of treatment to facilitate unobtrusive inspection of the bathroom, such as suggesting that clients utilize baskets to facilitate the removal of items in the bathroom during testing).
- Put on disposable gloves
- Ask client to remove coats or jackets and empty any pockets.
- Give client specimen cup and instruct client to provide urine sample in cup (bathroom door will remain ajar 1 inch to provide visual privacy but opportunity for audible detection of tapering activities).
- Ask client to wipe dry outside of the cup, secure lid and hand it to the clinician.
- Check temperature strip to ensure that temperature is between 90 and 100 degrees F.
- Clinician will read test strip, inform client and document findings.
- Ask client to dispose of specimen unless it is to be sent to a lab for reading of substance levels.
- Throw out gloves

Breath analysis for alcohol use, the MST-CAN worker will:

- Instruct client to breathe in to breathalyser tube while placing hand in front of screen to ensure that client is blowing out.
- Check crystals for change of colour (blue indicates recent alcohol use (disposable testers) OR check alcohol level reading (hand held scanners)
- Clinician will read test strip/meter, inform client and document findings.

MST CAN screens cannot be used as evidence in court for the following reasons:

- Urine screens are not visually supervised as described above.
- The screens only show substance use within the window of detection and whilst we aim to carry out 3 random screens per week, we can potentially miss a window.

Drug	Commercial & Street Names	Administered	Detection in Urine*	Detection in Saliva*
Marijuana Hashish	Blunt, dope, ganja, grass, herb, joints, pot, sinsemilla, skunk, weed, oil	Swallowed, Smoked	14 days to 11 weeks	24-48 Hours
Benzodiazepines	Ativan, Halcion, Librium, Valium, Xanax: candy, downers, sleeping pills, tanks	Injected, swallowed	1-6 weeks	6-48 Hours
Codeine	Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine: Captain Cody, Cody	Injected, swallowed	2-4 days	6-12 Hours
Fentanyl	Actiq, Duragesic, Sublimaze: Apache, China girl, China white, dance fever, TNT, Tango	Injected, smoked, snorted	8-24 hours	6-12 Hours
Heroin	diacetylmorphine: brown sugar, dope, H, horse, junk, skag, skunk, smack, white horse	Injected, smoked, snorted	2-4 days	6-12 Hours
Morphine	Roxanol, Duramorph: M, Miss Emma, monkey, white stuff	Injected, swallowed, smoked	2-4 days	6-12 Hours
Oxycodone	Oxycontin: Oxy, O.C., killer	Swallowed, snorted, injected	8-24 hours	6-12 Hours
Methadone	Dolophine, Methadone	Swallowed, Injected	6-12 days	6-12 Hours
Amphetamine	Biphphetamine, Dexedrine: bennies, black beauties, crosses, hearts, speed, uppers	Injected, swallowed, smoked, snorted	1-3 days	12 Hours
Cocaine	Blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot	Injected, smoked, snorted	2-7 days	24 Hours
Ecstasy	E's, Adam, clarity, ecstasy, lover's speed, peace, STP, X, XTC	Swallowed	1-2 days	8-24 Hours
Methamphetamine	Desoxyn: chalk, crank, crystal, fire, glass, go fast, ice, meth, speed	Injected, swallowed, smoked, snorted	3-5 days	24 Hours
Alcohol	Beer, Wine, Liquor	Swallowed	6 Hrs- 2 days	Up to 4Hrs

Information sharing regarding substance use and test results:

MST CAN are committed to sharing information which helps to keep children and families safe. We aim to consistently share information to ensure positive change is recognised and that safeguarding concerns are not missed. We are committed to sharing information which will support best practice decision making across social care. This will in turn support confidence and credibility in MST CAN and supports the drug treatment element being an intervention as opposed to a simple monitoring tool.

MST CAN is committed to ensuring that information is interpreted and used correctly. MST CAN is keen to avoid differences in information sharing practices across the teams which may lead to distinctions in practice and perceptions of the teams. The teams are also keen to avoid cases being rushed back to court or given unrealistic timeframes to progress because of drug testing starting to take place and providing 'hard' data of previously unsubstantiated concerns. It is expected that when an intensive service begins work with a family that additional information may become known, simply due to the level of visits. Information will always be shared within the context of treatment as a way of supporting appropriate responses to information sharing. Any new safety concerns arising within MST CAN will result in new safety steps and mechanisms being put into place immediately by the team. These will also be shared with the social worker.

Good practice is

- For the social worker to have a very clear understanding of risks to the child or children involved.
- For the social worker and wider team to have an up to date, knowledge on progress in MST CAN treatment.
- For the social worker to have a broad knowledge of substance use, reductions, increases or lapses.
- For the social worker to have a clear understanding of how any lapses fit with the overall progress of treatment and to be familiar with and aligned to safety steps and plans in place to manage risks.

If there are no changes to substance use as treatment progresses the social worker will be informed of this as they would with any referral issue not being resolved. There will as a minimum be a weekly update provided to the social worker by the MST therapist as to whether the team were seeing any progress towards goals. This level of information sharing would apply across all case concerns and not just substance use.

Where new or increased safeguarding concerns arise, information will be shared immediately. This may or may not include details of drug test results; however, caution should always be applied to the interpretation of drug test results as a way of monitoring substance use and its impact on children. Drug tests completed by MST CAN are not visually supervised and hold a 98-99% accuracy rate. Where social workers want monitoring of substance use as a safety mechanism they should always employ hair strand testing as a method of gathering this data. MST CAN screens are not court enabled and cannot be used as evidence in court so should not be cited. Reliance on drug screens by social workers is not supported by MST CAN and should not be utilised as positive social work practice.

Written by

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