IMPLICATIONS AND BEST PRACTICES FOR HIGH SCHOOL DRUG TESTING IMPLEMENTATION IN SMALL RURAL SCHOOLS

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Abstract

In order to keep students healthy, drug-free and fair, some schools are using drug testing. Drug testing, though controversial, is being used in many high schools to help supplement alcohol, tobacco and other drug education. Implementing drug testing appears reduce 30-day usage, but can bring forth many complications within a school district. Though mandatory-random drug testing is not right for all school districts, it can be effective for some. There are several keys to employing such a program and the implications that may accompany such a move are broad.
Chapter 1: Introduction

Alcohol, tobacco, and various other mood altering drugs have been around since the beginning of time. As long as those drugs have been around, there have been people to use them. Despite the discovery of harmful side effects and addiction, some people are entranced by the effects and still decide to use. Regardless of the many programs available to educate, deter, and rehabilitate, the rate of usage is still unacceptable.

Statement of Problem

It seems that educational programs have a difficult time keeping up with the newest drugs. Meaning, we can only educate people about the drugs that we have researched and are familiar with. If informed they may decide not to use them; however, when something new is introduced to the market and the information is not available, the misconception that there are no side effects or danger can overwhelm reason and logic.

Take methylenedioxypyrovalerone (MDPV), for example. It is cleverly wrapped in a pretty package and given names such as “Ivory Wave” and “Bolivian Bath”. MDPV, more commonly referred as “bath salts,” manage to slip under many experts’ radar. These bath salts are not like Epsom salts – these are made by “street chemists” and are sold in mini-marts and smoke shops. The lack of education seems to be exactly how teens and drug makers have been able to skirt around the legality of this drug, although several states have recognized the danger and have banned the substance.

With a computer in virtually every house, teens are wired into information that wasn’t readily available a few years ago. They are able to hear about and investigate anything new within just moments. The popularity and rapid growth of users of bath salts can largely be
attributed to the cyber-world, where information about the euphoric effects and availability are readily available.

The cyber-world and the ease of access can be troublesome for parents and guardians who are trying to keep their children safe. When a child is born, the parent is the protector and the voice of reason. In most cases, that is what keeps children safe and on the right track. It is becoming ever more difficult to be the voice of reason above the media influence in today’s era. Between the internet, reality-shows, and the up-to-the minute reporting on all celebrity gossip, it is becoming harder and harder to remind children about what is right and wrong.

It is imperative that parents receive support for all respectful and trustworthy positive influences possible. Because children spend roughly 40-60 hours a week at school, their teachers, administrators and coaches become a default person that students look to for guidance. On most occasions, these adults help to substantiate parents’ ideals and do their best to guide their students and athletes. When influence, environment, and education aren’t enough, or further preventative measures want to be entertained, other alternatives such as drug testing need to be investigated.

**Research Questions**

The research was based on questions such as: What has already been tried to counter drug use among teens? What are the legalities of drug testing high school students? What unforeseen problems arise when implementing a drug testing program? How effective is a drug testing program in student-athletes off of drugs?
Definition of Terms

It may be useful to understand the following terms as they pertain to this research. Binge drinking is defined as consuming five or more alcoholic beverages at one sitting (Michigan Alcohol Surveillance Brief, 2010). Barbiturates, also known as downers, are sedatives that depress the central nervous system (Youcha & Seixas, 1989). Club drugs like Ecstasy, GHB, Ketamine, and Rohypnol are drugs that are made by chemists and gain their notoriety from the widespread use at bars, clubs, raves, and other social gatherings (Ketcham & Pace, 2003).
Chapter II: Review of Literature

It is often the topic of debate whether or not America is winning the war on drugs, alcohol, and tobacco. The answer to this is not black and white, but rather depends on whether you deem the glass as half empty or half full. When supplied with statistics on drugs, alcohol, and tobacco oftentimes the percentage of youth using has little or no change from year-to-year. Some view this as a positive because the numbers are not growing. Others view this as a negative because the numbers are not shrinking. One thing that can be concluded regardless of viewpoint is that there are still too many teens using alcohol, drugs, and tobacco.

Statistics

Every two years, beginning in 1990, the Michigan Department of Education (MDE) participates in a nationwide surveying effort led by the Center for Disease Control (CDC) and conducts the Youth Risk Behavior Surveys (YRBS). These surveys are performed in order to monitor the behaviors of students in Michigan and throughout the country. Surveys are passed out and completed by students in middle and high school regarding their behaviors with alcohol, drugs, tobacco and other risky behaviors. Due to the high response rate of these surveys, the CDC and state of Michigan feel they are quite accurate and are strongly indicative of reality. With any survey, one cannot know the state of mind of the participant or the accuracy of the answers. Despite the possibility of inaccurate single surveys, large trends can be identified.

A trend that is easily identified is the direct correlation between age of youth and alcohol, drug and tobacco use. As students age, illicit drug use increases. Fifty percent of seniors, compared to only 27% of freshman, reported using alcohol during the previous month. Another alarming trend is that Hispanic/Latino students are more likely to use alcohol and drugs than
black or white students; this includes the “hard” drugs such as cocaine, barbiturates, and “club drugs”. Though the number of students who have ever drank alcohol has slowly declined from 2001 to 2009, from 77% down to 69% of students, this still means over half of the student body has consumed alcohol. Unlike alcohol, the drop off for marijuana use is not as steep. Students reporting having used marijuana recently dropped to 21% in 2009 from 24% in 2001 (Kovalchick, 2011).

A study conducted by Adam Naylor, Len Zaichkowskey, and Doug Gardner designed to identify drug use patterns among high school athletes and non-athletes supports the alarming statistics involving alcohol and drug use. This study was conducted by giving 1,515 students, grades 9-12 an anonymously administered 150-item questionnaire asking about drug use within the past 12 months. Of the participants, 51% were male, 49% percent were female and 74% reported playing at least one sport. The sport(s) in which the participants played that deemed them an “athlete” was a non-factor in determining participation in the survey. The permission was given to conduct the study by the principals of 15 randomly selected Massachusetts high schools and an athletic director or wellness coordinator was assigned to be the contact person.

The results of this survey are consistent with a youth substance abuse problem, with 68.7% of students reporting that they used alcohol in the past 12 months. The percentage of athletes who used alcohol (68.8) and chewing tobacco (8.0) were higher than the rest of the student population (Naylor, Gardner, & Zaichkowsky, 2001). With all other drugs surveyed, however, athletes had a lower percentage of usage than that of non-athletes. “Unlike recreational substances, use of ergogenic aids is more likely in competitive athletic setting” (Naylor, Gardner, & Zaichkowsky, 2001).
In a study conducted by Henry Wechsler and associates in 1997 further proves the correlation between increased alcohol use and participation in athletics. This particular study took 28,709 students from 140 different colleges and surveyed alcohol, tobacco and other drug use. The results show that students who consider themselves athletes are more likely to binge drink than non-athletes; 61% of men and 50% of women admitted, in the 20-page questionnaire, to binge drinking as opposed to the 43% and 36% respectively of non-athletes (Wechsler, Davenport, Dowdall, Grossman, & Zanakos, 1997).

Tobacco use had quite the opposite result. Those that considered themselves athletes were less likely to smoke tobacco (15%) versus those who are not athletes (26%); however they were more likely to chew tobacco as an alternative than those non-athletes (16% versus 7%) (Wechsler, Davenport, Dowdall, Grossman, & Zanakos, 1997).

This survey had one major flaw – the means by which an “athlete” was identified. Any participant who responded by saying “athletics was important to them” and that they spent “at least one hour” a day participating was deemed an “athlete”. This does not indicate that a responder necessarily participated in organized athletics or a varsity level sport, but instead that they live an “athletic” lifestyle. This line of questioning leaves the definition of athlete open to interpretation even though the title of the article, Binge Drinking, Tobacco, and Illicit Drug use and Involvement in College Athletics: A Survey of Students at 140 American Colleges seems to infer that we are talking about varsity athletes. Therefore, this study does not necessarily show any correlation between the peer pressure of being on a team in regards to binge drinking, tobacco, or drug use. This study does support the idea that alcohol and tobacco use is widespread and that risky behavior such as binge drinking does not cease when students graduate from high school.
Many people are aware that alcohol and tobacco use are, and have always been, abused by school-aged teens. Oftentimes this is acknowledged as “kids being kids”, shrugged off as, “it could be worse”, or excused by saying, “I drank/partied when I was in high school, and I turned out just fine.” These little anecdotes help some people justify the behavior that is occurring and for some, the justification just might work. The difference is the substances that are now being abused. To mimic the intoxicating and euphoric feelings, associated with alcohol or psychedelic mushrooms, some teens turn to things like hand sanitizer (62% ethyl alcohol) or cough medicine that contains dextromethorphan (DXM) and causes the user to experience out-of-body sensations and hallucinations (Donaldson-James, 2006). The National Institute on Drug Abuse has documented that after marijuana, prescription and over-the-counter medications account for most of the top drugs abused by 12th graders in the past year (Abuse, 2011).

Students are much more resourceful than they have been in the past. They are able to use the internet to find ways to get high without ever having to leave their house. In many instances, children are ahead of the drug experts when it comes to being informed. This can be very dangerous for teens and parents alike. The evidence of the ever evolving drug world shows that the abuse is still alive and well and has shifted from well-known drugs to products under the sink, at the drug store, or at hobby shops. How can we expect education to be the basis for keeping children from using drugs, if the drug experts cannot even keep up with the ever-expanding repertoire of drugs available?

Why Drug Test?

Drug testing will always be a topic of controversy, whether it’s testing adults, professional athletes, or teens. Some argue that drug testing is an invasion of privacy, while
others focus on the overall effectiveness of testing programs and the ability to keep the testers clean. Most professionals agree that education is the number one preventer of drug abuse among teens, and eventually adults. When a person is armed with the appropriate knowledge, they will be able to make the decision that is best for them.

One of the more famous educational programs is the Drug Abuse Resistance Education (DARE) program. This program is based on the concept of early education. Local police officers who wish to get involved are trained in the role of a DARE officer (Ennett, Tobler, Ringwalt, & Flewelling, 1994). The concept of early education has been questioned as to its long term effectiveness. Despite the fact that these students are armed with the knowledge, skills and practice to say no, will they be able to stand firm when tested later in life?

Ennett et al. (1994) conducted a meta-analysis of project DARE to test its effectiveness and collected all quantitative evaluations of DARE’s core curriculum through a survey of DARE’s five training centers, computerized searches of published literature, and telephone interviews with individuals known to be involved with DARE. They used 18 evaluations in 12 states and one province in Canada. For comparison they used Nancy Tobler’s meta-analysis of school-based drug use prevention programs and selected only those programs designed to reach the late-elementary age (Ennett, Tobler, Ringwalt, & Flewelling, 1994).

The group was able to conclude that even though DARE graduates have low drug use numbers soon after graduation, “there is no evidence that DARE’s effects are activated when subjects are older” (Ennett, Tobler, Ringwalt, & Flewelling, 1994). In fact, most drug use prevention programs have shown that curriculum effects decay rather than appear or increase with time (Ennett, Tobler, Ringwalt, & Flewelling, 1994).
The low number of evaluations reviewed may not be enough to fully understand the effectiveness or the lack thereof in the DARE program. As always, with surveys there is room for dishonesty, embellishing, or not taking it seriously. Perhaps, as suggested by Dr. Ennett, the officer in charge of teaching the course could be to blame for the lack of effectiveness.

As top-notch as the DARE education may be, the environment and influence surrounding some teens is just too great. Learning how to say “no” in fifth grade is no match for wanting to fit or be “cool”, coping with pressures or the surrounding environment some students are forced to live in. A lot can change over the course of a few years for a teenager. Once DARE graduation commences, there is not always a strong voice of reason present – other voices may begin to seem more important.

Teenagers are part of what is referred to as generation “Y”, anyone born between 1977 and 1994. This generation is very valuable to marketing and businesses because they have spending power, they are trendsetters, they are receptive to new products, and they have the potential to become lifetime customers.

Alan Bush conducted a study titled, *Sports Celebrities Influence on the Behavioral Intentions of Generation Y*. The purpose of this study was to determine if celebrities do in fact have influence on this generation as far as role models and behaviors. Bush conducted this study by surveying 218 adolescents between the ages of 13 and 18. Participants were drawn from 70 separate high schools and junior high schools in the mid-south of the United States. Participant demographics were 54% male, 46% female; 62% white, 28% black, 5% Asian, and 5% other. The limited number of participants could also be looked at as a flaw in the study. Two hundred and eighteen participants do not necessarily represent the voice of all youth.
Using scales in their survey such as “the role model scale” and “purchase intentions scale”, Martin and Bush were able to confirm that teenagers’ athlete/role model influence is positively related to brand loyalty. This suggests that celebrity sports athletes are important to adolescents when they make brand choices and talk about these brands positively. In a recent related study conducted by Martin and Bush, it was found that role models such as entertainers and athletes can be important influences of teens’ lifestyles and consumption patterns (Martin & Bush, 2000). These findings may suggest that celebrities and athletes may have such a strong influence on teens that there is potential for some of it to extend past marketing and business and into behavior and lifestyle choices, either positively or negatively.

The young and impressionable teens can find it hard to overcome such a strong media and social influence. When celebrities and athletes are larger than life it is hard for some to realize that it does not mean what they are doing is okay, healthy, or right. This is why it is crucial for the most influential, involved persons in a teen’s life to be present – the parents. It is the duty of the parent to provide a safe and healthy environment in which the child can flourish. Sadly, this is not always the case.


Two of the three teens began using not only under their parents roof, but with their parents. The very people that are supposed to make sure they provide a safe and healthy environment for their children are for one reason or another, providing the drugs and alcohol and
participating in use with their child. Adolescents are not able to pick the parents or environment they are born into and in these instances, perhaps some other program, group, or institution’s intervention could be helpful.

Lisa Brady, Superintendent of the Hunterdon Central Regional High School District in New Jersey, wrote the article, *Why We Test Students for Drugs*, published by the American Association of School Administrators (Brady, 2008). It seems that administration is not exceptionally excited about having the burden of being the strongest influence in these children’s lives thrust upon them, but reluctantly accepts the role and attempt to give them the healthy, clean environment they deserve. Perhaps drug testing cannot replace a positive role model, such as a parent, but it may help prevent some problematic behavior that might otherwise go unnoticed because it is “normal” at home.

Drug testing can not only bring to light problematic behavior, or teens crying out for help, but can also expose these athletes that are trying to gain an unfair advantage. The National Collegiate Athletic Association (NCAA) is the governing body for college athletics and they have a very firm policy regarding drug use. They perform random drug testing all around the country at all Division I and II college campuses. The NCAA Drug Testing Program states in section 4.1 that “The method for selecting championships, institutions or student-athletes to be tested will be recommended by the NCAA competitive safeguards committee, approved by the Executive Committee or the President acting for the Executive Committee in advance of the testing occasion, and implemented by the assigned certified collectors. All student-athletes are subject to testing” (NCAA, 2011). This institution takes the concept of drug testing very seriously.
Professional sports have also relied on drug testing in order to minimize the advantage that athletes who are doping may possess. Olympic athletes, arguably the purest of all athletes, as they do all the work and training without monetary benefits, solely for the pride of their country, also undergo extensive drug testing. For the same reason the NFL, NCAA, NHL, NBA and MLB have instituted instant replay, fairness, drug testing has become a necessity. In a time where we are constantly working to level the playing field in most facets of life, keeping the performance enhancing drugs out of sports is a must.

High School Drug Testing

There will always be a cloud of controversy surrounding drug testing, whether the tests are for athletes, both amateur and professional, or a company’s employees. Though controversial, it is not illegal despite several attempts to appeal District and Supreme Court rulings.

In the case of Schaill v. Tippecanoe School Corporation in 1988 two students contested the school testing policy. The school district’s policy stated that a positive test would not lead to suspension rather it would get the failed tester counseling. They also mentioned that participating in school athletics is a privilege, not a right. The U.S. District court ruled in favor of Tippecanoe.

In 1995 the law was challenged again, this time in Oregon, in the case of Verona School District v. Action. The Supreme Court upheld the Tippecanoe ruling by saying that athletes already have lower expectations of privacy and their safety can be affected by the drug use. In 2000 the U.S. District Court upheld mandatory-random drug testing for students participating in any extra-curricular activity. The decision in Earls v. Tecumseh Public School District was based on three things: drug use thwarts the mission of schools and disrupts the learning process
for all students, drug use among adolescents poses severe health risks for teens, and a school should be able to take precautionary measures to combat drug use (Drug Testing, 2007).

Most recently, in 2002, the law was tested again at the Supreme Court Level, by Earls v. Tecumseh Public School District, only this time the ruling made in 2000 was upheld. Schools are allowed to continue random mandatory drug testing for participants in extra-curricular activities based on four points: 1. individual suspicion is not necessary because of the school's responsibility for all student participation in extra-curricular activities diminishes the expectation of privacy, 2. drug testing through urinalysis is not an invasion of students privacy if staff waits outside the restroom, 3. test results remain confidential and positive results are not turned over to law enforcement, and 4. the drug testing policy serves the school district's interest in preserving the health and safety of its students (Drug Testing, 2007).

The line has been very clearly drawn by the U.S. court system when it comes to drug testing in schools. The school administration and board have the power to make the decision based on the potential need to do so. If the decision is made to conduct testing, it may only be done to those participating in extra-curricular activities and done in a manner that keeps the testing and results anonymous.

The law is quite specific that when testing is done they must protect the anonymity of the students and potential positive results. Each school district must decide exactly why and how they plan on setting up their policy to accomplish this. There are several different methods in which to explore. In the article, *Drug Testing in the World of Interscholastic Athletics*, Robert Stinchcomb described the three main types of drug testing seen in schools throughout the country: mandatory selection, voluntary selection, and random selection.
Mandatory selection requires everyone in a given population to be tested (e.g. a football team). This is the most widely used method with 82% of schools that participate in drug testing using it (Stinchcomb, 2008). This method guarantees that every athlete is tested, thus avoiding the possibility of missing anyone as with another method, such as random or voluntary testing. Voluntary testing is more often seen in a co-curricular setting. Students may volunteer in order to reduce disciplinary action when caught in possession of illegal drugs. This type is less expensive, less intrusive and carries less legal challenges (Stinchcomb, 2008).

Random drug testing is the most accepted financially for a district. This method randomly selects a group from a population and spontaneously tests (Stinchcomb, 2008). There is potential for some athletes to “slip” the process, as not every athlete is tested. This method is acknowledged and accepted by the U.S. Supreme Court as acceptable action for extra and co-curricular activities. Regardless of the method used, the process must be done the same each time to ensure it is unbiased and fair to each student.

Most schools begin the year by passing out school and athletic policies that must be signed in order to attend and participate. At Upson-Lee High in Thomaston, Georgia, all student-athletes and their parents must sign the drug testing policy. Refusal to sign will result in the student-athlete being removed from the team (Stinchcomb, 2008). Some schools such as those in Fort Zumwalt School District, located in the suburbs of St. Louis, refer to this as voluntary drug testing. If they want to play they must volunteer to test (James-Burdumy, Goesling, Deke, & Einspruch, 2010). Each district will have its own plan of how to pitch the new idea to the community, but all students, parents and coaches need to be informed well in advance.
Once the program is implemented, making sure the testing is done properly, fairly, and most importantly, effectively, needs to be on the forefront of each administrator, and district school board’s agenda. The following two studies explain testing methods which contain these concepts.

The U.S. Department of Education, the Institute of Education Sciences, and the National Center for Education Evaluation and Regional Assistance teamed up to conduct a study determining *The Effectiveness of Mandatory-Random Student Drug Testing*. This study was conducted beginning in 2007-2008 and took three years to complete. To conduct this study they used the following: student rosters to organize the data and determine the enrollments and attendance of test subjects, student surveys that were administered at baseline and follow-up to gather valuable student information on drug use and knowledge, school-wide records collection forms were used by the schools’ staff to provide information on school demographics, absenteeism, security measures, etc., drug testing collection forms were used every time a testing occurred to identify testing information, and also school and district staff interviews were conducted. When all concluded, this quantitative analysis had included 10,983 students (3,476 underwent urinalysis) out of a total of 43,292 students enrolled at the study schools; the sample group in each school ranged from 166 to 553 (James-Burdumy, Goesling, Deke, & Einspruch, 2010). Collecting samples from that many individuals over the course of the multi-year study takes careful planning to guarantee the safety and anonymity of the students but also to ensure quality samples. On average, treatment schools held 16 drug testing events. In all cases, the district, not the individual school, made the decision to begin testing and all districts contracted with an onsite drug testing company to supply test kits, manage the selection, administer the tests, and analyze test specimens. Each school involved in the study had a slightly different
policy regarding “refusal to test” and “positive tests”. Those refusing to test ranged from notification of parents to suspension from participation for a year. Of the 3,476 drug tests conducted, 38 came back positive (approximately 1%). A total of 17 of those tests were contested by the child and family and were submitted for confirmatory testing. In each case, the tests were confirmed positive (James-Burdumy, Goesling, Deke, & Einspruch, 2010).

The Student Athlete Testing Using Random Notification (SATURN) study, much like the previous study, was conducted to see if mandatory, suspicion-less testing is an effective deterrent to drug and alcohol use among high school athletes and others in the districts. This study took two Oregon high schools that had signed up and would receive grant monies for participation. Athletes and non-athletes were both invited to take part in surveys as long as parent permission was granted. The questionnaire was a 121-item self-report survey about drug use, consequences, and risky behavior.

Although student participation in the SATURN program was voluntary, it was a prerequisite for athletic participation. Like the previous study, the urinalysis was conducted by a professional and was outsourced outside the district. Fifteen testing days were selected and on each of those days several of the athletes were tested. By year’s end 30% of all athletes had produced a sample.

On test day, physician testers would arrive and the principal or school counselor was provided the names for testing. Students were immediately excused from class to a “holding” room where the procedures for the urinalysis were explained. The athlete would proceed to the collection area, accompanied by a same-sex physician tester. All testing was overseen by certified United States Olympic Committee Crew Chief, trained in urine collection and chain of custody procedures. Each student was visually observed while producing the sample and
transferring the specimen to A and B. The remaining portion was assessed for pH and specific gravity to guard against over dilution and use of alkalizing agents. The containers were then sealed, signed by the student certifying it was their sample, sealed in a plastic bag, and sent to the lab (Goldberg, et al., 2003).

Each test was screened for illegal substances; if the sample was found positive then a second screening was used to confirm the test. If a positive test was challenged, sample B could be sent to a second testing lab for confirmatory testing. The punishment for a positive test in these schools ranged from notifying parents, to involving drug counselors, to the athlete’s suspension if counseling was refused.

The SATURN test was designed to test the attitudes and behaviors before and after a testing policy was implemented, not to actually detect the drug users. Therefore, the data for the total number of positive tests was not included in the results. It should also be noted that because a school district cannot force a student to fill out a survey and parent approval was a prerequisite, many students who may or may not use drugs chose not to answer the survey questionnaires potentially altering the reality of the results. The result that stood out was the reduction of “past 30-day” illicit drug use for athletes, suggesting that they were aware of the consequences and withheld use. There was no change in alcohol or tobacco. There was, however, a change in student attitude. Even though athletes subject to drug testing believed that testing was a good idea, there was a large reduction in positive attitude toward school from the beginning of the year to the end of the year among the drug testing group compared to the control group. The change in attitude may have been associated with the new drug testing policy or the many other factors that come up through a school year (Ennett, Tobler, Ringwalt, & Flewelling, 1994).
The effectiveness of a drug testing program is difficult to assess and will largely depend upon the perception of the person asking. The idea behind testing is to test many, catch or intervene with a few, and deter the majority. The SATURN and Effectiveness of Mandatory Random Student Drug Testing studies are much like the DARE program in the sense that there is no concrete way to determine just how many students were deterred from using.

One thing that can be determined, however, is the expense. Administrators in Dublin, Ohio calculated that their drug testing program costs $35,000 per year (Rosenbaum, 2004). Dr. Joseph Franz, the medical director of Sport Safe Testing Service Inc. in Powell, Ohio estimated that a mandatory test for 700 student-athletes, including follow-up on 3-10% could run as high as $54,000-88,000 annually (Stinchcomb, 2008). Randomizing testing could cut those costs to include only 150 students would drop the costs substantially to about $9,000. In the case of Polk County School District in Barton, Florida testing began in 1997 as a pilot program. Reported drug use has dropped 25%, which prompted the district to seek a $240,000 federal grant to expand the testing to all students in extra-curricular activities (Lafee, 2006).

Each school district, along with every individual living in that school district, will have an opinion as to whether or not any type of drug testing is worth the money or should be done within their community (Krause, 2006). Krause feels that the threat of testing doesn’t exist and claims that when he makes the comment that testing athletes has lowered the number of users, the students reply by rolling their eyes and telling him they are all aware that the testing takes place on Wednesday. The idea that teens are able to beat the test is a valuable point – the number of students actually able to do so remains unknown.

A common argument against mandatory-random drug testing is the intrusion on one’s privacy. It is felt by many, and seems to be the overwhelming argument, that testing invades an
individual’s Fourth Amendment right. This amendment guards against illegal search and seizure without a warrant based on probable cause. The courts have been challenged on this many times but have yet to overturn the rulings. Maintaining an environment which is safe for all students has taken priority over the idea of search and seizure in the Fourth Amendment.
Chapter III: Results and Analysis

Drug testing student-athletes is not a solution to a problem. College athletes, Olympians, and professional athletes have been subject to drug testing for many years, yet despite the effort there are still positive tests and people caught using and abusing drugs. Instead, drug testing is a piece of a whole that goes into trying to keep student-athletes healthy, safe, and fair on and off the field of play. In order to fully understand the personal invasion that is drug testing, we must understand why it exists.

In 1997 the Centers for Disease Control and Prevention (CDC) conducted their first Youth Risk Behavior Survey (Education, Alcohol, Tobacco and Other Drug Use Face Sheet, 2007). In Michigan 3,933 students participated in this survey. This YRBS report stated that 38% of participants had smoked a cigarette, 51% had consumed alcohol, and 28% had used marijuana in the past 30 days. The 2007 results improved with only 18% smoking a cigarette, 43% consuming alcohol, and 18% smoking marijuana in the past 30 days. In the most recent, 2009 report, 19% have smoked a cigarette, 37% have drunk alcohol, and 21% have smoked marijuana in the past 30 days (Education, Alcohol, Tobacco and Other Drug Use Fact Sheet, 2009). These statistics show that over the past 14 years there has been a reduction in alcohol, tobacco, and marijuana usage which is quite encouraging, however, the usage of inhalants, heroin, methamphetamine, and barbiturates have all increased suggesting that perhaps the improvement shown is simply a shift to a different type of drug use and abuse. The fact that teen usage still exists is undeniable and the combination of alcohol and other drugs with a young teenager can certainly be a recipe for disaster.

The debate of whether or not athletes participate in alcohol, tobacco and drug use more, less or equal to non-athletes still exists. Some experts like Shepard suggest that increased physical activity creates a physically healthier person and may lead to a change in overall
lifestyle, including a healthier diet and abstaining from cigarette smoking (Naylor, Gardner, & Zaichkowsky, 2001). Results from Naylor’s study, *Drug Use Patterns among High School Athletes and Non-athletes* suggested that athletes don’t necessarily enjoy a “cleaner” lifestyle. They have lower usage percentage of “hard drugs” such as cocaine and psychedelics than non-athletes but they sub with chewing tobacco, creatine, and still use marijuana at a shocking 37.5% (Naylor, Gardner, & Zaichkowsky, 2001).

Athletics has less of an influence on the usage of alcohol, tobacco and other drugs than the athlete’s upbringing, environment, and role models do. Regardless of which substance athletes default to, those that wish to get high will find a way. For example, typically athletes do not smoke because it will affect lung performance. Those that still wish to consume nicotine chew tobacco instead. This is not a healthier alternative rather a substitute. The fact that they participate in sports does not deter them from using; rather force them to use alternatives.

Influence is powerful – It can stem from a person’s family, their environment and now in a technology generation, the media. It is the job of a mother and father to raise their child and guide them to make wise decisions. Unfortunately, not all parents are willing to accept that responsibility, leaving their child to find guidance elsewhere. Though there are positive role models in society, the media glamorizes the athletes and celebrities such as Lindsey Lohan, Charlie Sheen, Paris Hilton, Barry Bonds, and Mark McGwire. These actors, actresses, and athletes have all recently been linked to alcohol, drug abuse and/or cheating, yet they find much more time in the media than those actors or athletes who do charity work. This causes the youth of America to become influenced by negative role models instead of those positively contributing to society.
The National Federation of State High School Associations (NFHS) conducted a survey of more than 1,000 student-athletes that confirm the effect of media-influence. Ninety-two percent of those surveyed believe that using steroids is cheating the sport yet almost 80% thought that the professionals that have recently showed evidence of steroid use are still great players and ambassadors of their sport (Stinchcomb, 2008).

Josh Hamilton, recent center fielder for the Texas Rangers, is one example of an athlete struggling with addiction. “I’m a drug addict,” said Hamilton in a USA Today article written by Steve Resnick, “It’s not terminal, but there’s no cure. It’s hell on earth. It’s a constant struggle and it’s going to be like that for the rest of my life” (Resnick, 2009).

Josh’s drug of choice was crack cocaine. Though he has been clean since 2005 he relapsed in 2009 with alcohol. In 2009 he was injured much of the season and an article was written claiming that these injuries may have been a result of cocaine use. Whether or not the article’s accusations were substantiated, here is an example of an MVP-voted professional baseball player who used and/or uses drugs. Many may view this as a success story as he is currently clean; however, to teenagers who only tend to hear part of a story, here is a successful athlete who can be good while using drugs. They see no reason to quit substance abuse.

Lindsey Lohan, an actress whom began her career in Hollywood as a child, is no stranger to alcohol, tobacco and other drugs. Not only does she battle these issues, but it’s documented by the media every step of the way keeping fans and admirer’s updated to the minute.

This reckless actress started her trouble in May of 2007 with a drunk driving charge. In July of 2007 she was caught drunk driving again, this time with cocaine in her possession. She was sentenced to serve only one day in jail; she served 84 minutes. A warrant was issued soon after for failing to attend court-ordered alcohol counseling but was withdrawn when a
representative of Lohan posted $100,000 bond. The judge ordered her to wear an alcohol-monitoring bracelet, to undergo weekly drug testing, and to serve 90 days in jail followed by 90 days in rehab. She served less than two weeks in jail and completed only 23 days in rehab. On September 17, 2007 she failed a drug test, returned to court on September 24 where she was arrested and taken to jail for a probation violation. The probation violation was lifted when $300,000 bail was posted and she was released. On February 9, 2011 she was charged with grand theft for stealing a $2,500 necklace from a jewelry store. She was sentenced to 120 days in jail for a probation violation, the charges for the theft were reduced to a misdemeanor, and she served five hours of the 120 day sentence, in addition she paid $75,000 (CNN Entertainment, 2011).

This Hollywood actress is a member of generation “Y” and is a prime example of the “role models” that the media showcases. It is virtually impossible for teens to wrap their minds around consequences when they see someone like Lohan escape virtually scott-free time after time. The message that money can get you off the hook has been clearly shared with the world. A parent would most likely not select Lohan to be the role model for their child, but if there is a TV, computer, or smartphone in the house or at a friend’s house, it could be too late.

Along with testing, education needs to be combined with monitoring of the influences a child is surrounded by. This effort must be done by all adults involved in the child’s life, not just one or two.

As previously stated, students feel like using steroids is cheating. Drug testing is performed at every level of athletics after high school. If college, Olympic, and professional athletes can accept testing as a reality, surely high school athletes can emulate their heroes and fall in line. Like James Jeffers and the rest of the Tallassee school district, random drug testing
can be embraced and viewed as a supplement to what they teach. This program can then also help to emphasize the need for fair play at all levels of athletics.

The law of the country supports a school’s right to test students. If the testing is done professionally by a third party testing service, then the level of intrusiveness can be greatly minimized. Privacy being the key to the testing program, it is important to identify those that need help and provide them the care, without making life even more difficult by informing the public. Like the Chamber Unified School District in Arizona, if a positive test is identified, no academic penalties are imposed, parents are notified and a student is referred to a counselor. The student will miss eight weeks of competition unless they complete counseling, then it is reduced to four (Horan, 2006).

Critics of drug testing say that removing a student from competition will identify a student to their peers as a drug user; however, students can be suspended from athletics for several reasons, including classroom behavior, poor citizenship, or poor academics. These are all along the same lines as far as public humiliation.

Testing, like many other things done in life and education can be done several ways. They can be done in a manner to cause much attention and negativity or it can be done in a positive manner to deliver a positive message to the youth and their parents about life, drugs and athletics.
Chapter IV: Recommendations and Conclusion

Recommendation

Though testing can and will continue to be controversial as far as privacy, finances and effectiveness, there are several ways to minimize the outcry and negativity that is bound to accompany the implementation. Through research, several key points to employing a mandatory-random drug testing program in a small rural school district have been identified.

The first thing any district needs to do when deciding whether to implement a drug screening program is to identify a need. Schools like Tallassee City Schools in Alabama began testing because of a community perceived drug problem at the middle and high schools (Jeffers, 2008). Tallassee schools took a proactive approach, unlike Grapevine-Colleyville Independent School District in Texas who took a much more reactionary route. The Dallas morning news published a multipart series on steroid use among high school students in Texas and the “paper shined a particular spotlight upon alleged abuses in the 13,700-student Grapevine-Colleyville” (Lafee, 2006), promoting a need to begin testing.

Regardless of the method by which a district is provoked to begin testing, it will most likely be met with some resistance. In order to help ease minds and garner support, pitching the idea as a portion of a larger comprehensive plan that includes third party testing, education, counseling, anonymity, and fair punishment will work best. The plan to begin testing should also be viewed as an attempt to deter and identify those in need of help, not to “catch”, “trap” or crucify students.

Once the need to test is realized, the district will decide what population will be tested. The district must choose if it wants to adopt mandatory testing for all athletics and extra-
curricular activities, voluntary testing, or random testing. Oftentimes money will be an issue, thus it is usually the driving force behind the decision of which population to test. Random testing offers the least expensive approach; however, if the problem is as widespread as Grapevine-Colleyville perhaps testing all students in necessary.

Another question that must be addressed is who will conduct the testing. This decision is a very for multiple reasons. Inexpensive drug tests can be purchased and administered by a school employee, such as a nurse. This option works best for an isolated drug problem that has already been identified, such as testing an athlete for “return to play”. The downsides to this option are the amount of responsibility that is put on the school nurse/tester, the quality of the testing procedure, and the potential for verifying disputes. Perhaps the biggest concern with this choice is that it lessens the privacy of the student-athlete, especially in rural areas or small towns.

Contracting a third party to administer the tests is by far the most popular route. This costs more money but ensures a test process that does not violate any of the student’s rights. The students will not know the tester; therefore, neither party will feel uncomfortable. Any positive tests are re-tested by a lab that can make sure the procedure is done accurately and lawfully.

The decision on who will administer the test will likely have a lot to do with the district’s financial situation. Securing funding will be a reality for all districts ready to implement drug testing. Like many of the schools researched, grant money from either federal funding or local ISDs may be available. If that is not available, the board will have to make some funding decisions.

Once the board has decided that they wish to execute the drug testing policy, it would be wise to inform the students, coaches, staff and parents far in advance. Any sudden decision tends to make people uneasy and carries with it a negative feeling. Informing citizens through a
town-hall meeting seems to work best. Some schools host meetings prior to every athletic season to inform parents of any new rule changes, upcoming tournament information, etc. Sending home a mailer is a good supplement, but should not be used as the only form of notification, as there is always a chance it may not arrive.

Lastly, a committee should be assembled including board members, administration, and parents to devise the specific policy and consequences in the case of a positive test.

Consequences, policies and punishments vary from district to district. Chandler Unified School District wanted to make sure that they were humane with their punishment but that it also sent the message that there will be consequences (Horan, 2006). Each board will have to decide what fits and is appropriate for their constituents.

In Middleton Area Schools in Pennsylvania a positive test immediately results in the agency notifying the principal. The principal contacts the parents, the student must participate in a drug treatment program and the student is suspended from participation in athletic activities. The duration of the suspension depends upon whether it’s the student’s first, second or third offense. A positive test does not result in suspension or expulsion from school and criminal charges are not filed. Lastly, re-testing must be done and must be clean before the student returns to his/her sport (Harrison, 2000). Regardless of how a district wishes to handle positive tests, consequences should be fair, legal, promote wellness, and have the best interest of the student in mind.

**Areas for Further Research**

Despite the vast amount of research conducted, the question of whether or not drug testing is effective remains unanswered. Too many variables go into the concept of drug testing as a solution to drug abuse. The environment in which a child is raised, the exposure to media
influence and the social circle in which the child travels are variables that affect the choices to use tobacco, alcohol and other drugs and would be the same variables that may determine whether or not drug testing would be effective.

A study that investigated family life and drug use would be very interesting and potentially helpful to stepping up the intervention of drug use. Randomly selecting teens from all around the country and administering a survey could gather this information. Data such as single parent homes vs. two-parent homes, level of parent education, quality time spent with parents, parents’ alcohol and drug use, etc. Students could be asked about their background, grades, drug use, athletic participation and their thoughts/opinions regarding drug use and if testing would usage.

Evaluation of the information would determine if there were correlations between education, drug use, athletics/drug use, quality time/drug use, parent use/student use, etc. Perhaps even identifying which of the factors had the greatest correlation to negative behavior, would further help to educate and allow for interventions.

Summary and Conclusion

There will always be drug usage among students and student-athletes. Our job as educators is to always aim for the best possible outcome. Trying to eliminate alcohol, tobacco and drug usage should be one of the goals of all educators and administrators. Expecting mandatory-random drug testing to be a cure-all would be foolish because it won’t be, but it may help the fight. It may offer some students an excuse to say no where there previously wasn’t one and may cause some teens to delay making the decision to use drugs until they are done playing sports their senior year. Perhaps by that time they will no longer think drug use is “cool” or they
will be mature enough to see the positives of abstaining. One thing remains certain though, until the surveys, polls, and tests all come back with 0% usage, our job as educators isn’t done.
References


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