and community supervision. Several instruments have been developed to screen and assess for motivation related to changing addictive behaviors.[154] These include standardized instruments such as the Circumstances, Motivation, Readiness, and Suitability Scale[155], the Readiness to Change Questionnaire[156], the Stages of Change Readiness and Treatment Eagerness Scale[157], the TCU Treatment Motivation Scales[158] and the University of Rhode Island Change Assessment Scale.[159] These screening instruments have been validated for use with a wide range of populations, including several that have been used and validated with offenders.

All members of the drug court team, including treatment staff, the drug court judge, community supervision officers, and case managers should be trained in motivational interventions.

"COERCED TREATMENT" AND THE ROLE OF "MOTIVATION" APPLICATION TO DRUG COURT PRACTICE

All drug courts should recognize the importance of motivating participants to achieve goals of abstinence, involvement in long-term treatment, and adherence to other treatment plan goals. Although most drug court participants enter the program with only modest recognition of their own problems, and with limited motivation to change their substance use and criminal behavior, motivation can change over time, and in most cases improves significantly over the course of involvement in drug court. Drug courts should consider the following issues and strategies related to motivation and engagement in treatment:

- *Although the apparent level of participants' motivation is expected to be quite modest if at all at the point of entry to drug court, low motivation should not exclude persons from admission to drug court, but should be addressed during early stages of the program.*
- *Drug court assessments should routinely examine 'stages of change' and participant's level of motivation.*
- *Reassessment of motivation level should be provided on a periodic basis, in recognition that motivation waxes and wanes over the course of drug court participation, and that sudden reductions in motivation may be accompanied by elevated risk for relapse and criminal behavior.*
- *Information from motivational assessment should be incorporated into treatment, supervision, drug court team staffing and other case plans. Targeted interventions for participants who have low motivation for recovery and treatment should be provided in early phases of the drug court program.*
- *Motivational interventions should be built into each phase of the drug court program, including later phases, in which participants may become overconfident about their abilities to manage the recovery process, or conversely, in which they may become fearful of consequences related to leaving the structure and support of the drug court.*
- *Drug courts should consider offering Contingency Management interventions (e.g., point systems with non-cash vouchers, or 'fishbowl' techniques involving drawing for prizes of different value) to help motivate participants to become abstinent, to attend treatment, and to achieve other targeted behaviors.*
- *All drug court team members should receive training in MET/MI and Contingency Management (CM) techniques.*

D. DRUG TESTING IN A DRUG COURT ENVIRONMENT[160]

Drug testing remains the cornerstone of the drug court's capacity to monitor the drug use of participants and, where instances of continued use are identified, promptly determine the appropriate response. Drug tests should be seen as a clinical tool – much like a thermometer – to determine whether the treatment plan is working and, if not, situations warranting prompt action. Drug tests in a drug court setting are not designed to "catch" those continuing to use drugs or to develop grounds for prosecuting an individual for drug possession but, rather, to detect situations in which continued or resumed use triggers the immediate need for the court's response to determine the circumstances surround the new/continued drug use

[154] Peters, R.H., Bartoi, M.G., & Sherman, P.B. (2008). *Screening and assessment of co-occurring disorders in the justice system*. Delmar N.Y: The National GAINS Center.

[155] DeLeon, G., & Jainchill, N. (1986). *Circumstance, motivation, readiness and suitability as correlates of treatment tenure.* Journal Of Psychoactive Drugs, 18(3), 203-208.

[156] Rollnick, H., Heather, N., Gold, R., & Hall, W. (1992). *Development of a short 'readiness to change' questionnaire for use in brief, opportunistic interventions among excessive drinkers.* British Journal Of Addiction, *87*, 743-754.

[157] Miller, W. R., & Tonigan, J. S. (1996). *Assessing drinkers' motivation for change: The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES).* Psychology Of Addictive Behaviors, *10*, 81-89.

[158] Simpson, D.D., & Joe, G.W. (1993). *Motivation as a predictor of early dropout from drug abuse treatment.* Psychotherapy, *30*, 357-368.

[159] DiClemente, C. C., & Hughes, S. O. (1990). *Stages of change profiles in outpatient alcoholism treatment.* Journal Of Substance Abuse, *2*, 217-235.

[160] Jones & Robinson. (2000). *Drug Testing In A Drug Court Environment: Common Issues To Address*. BJA Drug Court Clearinghouse. American University. Office of Justice Programs, U.S. Department of Justice.

and adjustments in the treatment plan that may be needed. Drug tests should therefore be used as a prime mechanism for monitoring the effectiveness of the treatment program and promptly identifying the need for modifications – much as blood tests may be used to monitor diabetics. Specimens should not be considered "dirty" or "clean" but rather simply whether they do or do not indicate the presence of drugs and/or drug metabolites. The tests themselves should not be seen as punitive, although responses to positive tests may include punitive measures.

There are several drug testing options available to drug courts, including a variety of testing technologies, testing locations as well as a variety of specimens, each with its own utility.

DRUG TESTING PROCEDURES: OVERVIEW

Drug testing utilizes "cutoffs" for determining if a test result is considered "positive" or "negative". These cutoffs have been administratively established to comport with test technology capabilities, allow for effective identification of recent drug use, and minimize the risks of responding to "false positives." Commonly used cutoffs are those established for federal workplace drug testing programs.

However, it is important to note that cutoffs deemed appropriate for workplace drug testing may not be optimal for drug testing in drug court settings where the requirement is for *no drug or alcohol use* – not any drug or alcohol use above a certain level. It is therefore important to remember that a "negative" test result may not mean "no drug"; only that a drug was not detected at or above the administratively chosen cutoff. It should also be noted that it is possible for drug tests to be performed at concentrations much lower than the administrative cutoffs and drug courts may be able to choose to use lower cutoffs depending upon the test technologies are being used. Some analyzer-based test technologies can allow for the demonstration that a "negative" test result is nonetheless not consistent with a drug-free specimen.

Drug testing is often carried out as a two-step procedure, with an initial test which, if positive, is followed up with a second more specific test called a confirmation test. Confirmation testing may be mandated by regulation, statute or case law, as is the case for federal workplace drug testing as well as drug testing under the U.S. federal courts' probation statutes. Local drug courts, however, may not be required to use confirmation testing. Since first introduced decades ago, the science of drug testing has developed to the point where it is considered highly accurate and reliable, with case law precedents recognizing its accuracy sufficient for probation revocation (at least when initial testing is performed on an automated analyzer).

In addition to tests for drugs and their metabolites, tests for specimen validity (e.g., chain of custody, contamination, etc.) should also be performed. These tests ensure that a valid specimen has been obtained which accurately reflects the drug use status of the donor.

TECHNOLOGIES COMMONLY USED

There are two principal technologies utilized in drug testing. The first, generally used in initial screening, utilizes immunoassays, which uses specifically-developed antibodies to recognize the molecular shape of drugs and their metabolites, like a lock-and-key fit. These immunoassays have been developed over decades for each of numerous drugs and drug classes and are highly reliable. These immunoassays may be performed on automated analyzers, both at a laboratory or on-site, as well as by using simple visually-read devices (cups/dipsticks), principally for urine specimens. Initial immunoassays, at least when performed on an automated analyzer, have numerous case law precedents holding that they have demonstrated accuracy when properly performed and fulfill the due process requirements for use in probation revocations, even without subsequent confirmation testing. On the other hand, the simple visually-read immunoassays using cups or dipsticks have not yet established such a record of case law support for their use without additional laboratory confirmation.

The second principal technology utilized in drug testing involves sophisticated and sensitive mass spectrometry methods (e.g. gas chromatography/mass spectrometry, GC/MS, or more recently, liquid chromatography/mass spectrometry, LC/MS). These laboratory-based methods provide a true molecular identity and quantization of the amount of drug present in the specimen. While an initial immunoassay may detect an opiate, for example, it may not identify which specific opiate(s) are present or provide an exact quantization of its concentration. In contrast, mass spectrometry confirmation methods will define which specific opiate(s) was detected and its exact concentration. Confirmation may not be formally re-

quired for decision-making in a drug court setting, especially when initial immunoassays are performed on analyzers. That said, confirmation provides extra assurance that the initial test results are completely accurate.

TESTING LOCATION OPTIONS

In addition to the two principal technologies described above, there are two testing location options available: on-site testing and laboratory-based testing. And for on-site testing there are two further options: using bench-top analyzers and using simple visually-read test devices (cups or dipsticks).

- Laboratory-Based Testing

Laboratory-based testing offers the highest accuracy and reliability, especially when performed at a certified laboratory. These laboratories represent very high standards of accuracy and reliability. There are currently about 35 of these federally-certified laboratories throughout the U.S. Drug testing standards applied for federal workplace testing may not necessarily apply to drug courts unless by statute and such workplace testing requirements may not be optimum for testing within the drug court environment for the reasons cited earlier.

For the moment, federal workplace drug testing standards utilize only urine for drug testing which is still the most common specimen used in drug court settings, although breath and oral fluid (saliva) are used for alcohol testing. There are also other suitable drug testing laboratories such as those certified by the College of American Pathologists under their Forensic Urine Drug Testing program. These certified laboratories offer both initial immunoassay screening on automated analyzers as well as any necessary subsequent confirmation of initial positive test results. Although confirmation testing is required under federal workplace drug testing regulations, it may not necessarily be required for drug testing within a drug court setting, depending upon the type of initial testing performed and any relevant regulations, statutes, and case law precedents.

- On-Site Testing

On-site testing offers the key benefit of immediate (within a few minutes) test results without the delay incurred when collected specimens are transported to a distant laboratory for testing. On-site testing can be performed either using bench-top automated analyzers, similar to those used in certified laboratories, or simple to use visually-read test cups or dipstick-type test devices. On-site analyzers have the benefit of providing objective numerical test results, with the capability of direct data transfer into a program database. In contrast, the simple visually-read devices provide only a visually-determined subjective positive or negative test result. The simple test devices are read visually and the presence or absence of a colored line indicates whether the test result is considered positive or negative, similar to say a home pregnancy test. Automated analyzers make the most sense for programs that have a relatively large number of specimens, while the simple tests make sense when remote testing locations are involved testing only a few specimens at a time.

SPECIMENS FOR DRUG TESTING

Virtually every body specimen that can be collected has been tested for drugs and/or their metabolites. What is detected in each specimen may be different depending on what drug was taken, its chemical properties and the chemical properties of the specimen. Thus, for some specimens the original "parent" drug is what is primarily detected, while for other specimens it is primarily the metabolite(s) that is detected, and, for some specimens, both. Each specimen has a different "window of detection", that is, how long after drug use that use may be detected, which is drug dependent as well as cutoff dependent. It is important to note that the length of time a drug may be "detected" is different from the length of time a user may test positive at a specified cutoff.

- Urine

Urine is the specimen most widely used and least costly for drug testing. It is readily available in relatively large amounts and can indicate a relatively high concentration of drugs and/or metabolites because of the concentrating effect of the kidney. Urine analytical methods have long been established, have well-established regulatory recognition, and have ample supporting case law precedent (at least when urine drug testing is performed on an analyzer). Cutoffs for reporting test results as positive or negative have been established, although, as noted earlier, these have been primarily chosen for federal workplace testing programs and may not be the optimum cutoffs for drug court settings. Using these standard cutoffs, drug tests for many drugs will generally remain positive for one-three days after last use (except after chronic use of marijuana where test results may re-

main positive for two-three weeks). Testing positive at a specified cutoff, however, is not the same as drug use being "detectable".

It is important for drug courts to ensure that the drug testing process adheres to established standards and protocols relating to collection, chain of custody documentation, and analysis, and includes specific safeguards to protect against adulteration/contamination of the sample, misreporting of results, and other factors that can jeopardize the integrity of the drug testing process. Urine specimens may also be adulterated by the addition of chemicals or even substituted specimens, and proper specimen collection procedures, are therefore, essential, including direct observation. Urine dilution through excess fluid consumption prior to specimen donation can also present challenges to effective urine drug testing, as excess fluid consumption can dilute urine specimens by a factor of ten or twenty or so, thereby possibly reducing drug concentrations to below established cutoffs. When using urine as a specimen, therefore, it is important to include specimen validity testing for dilution (using clinically established urine dilution biomarkers such as creatinine or specific gravity) to ensure that the test result accurately reflects the drug use status of the donor. Such urine specimen validity tests are available for both analyzer as well as visually-read test devices.[161]

- Sweat Patch

Also available is a sweat patch for continuous 24/7 monitoring of drug use over a period of one week or so. The sweat patch, currently provided by a single company, is effectively a Band-Aid like collection device which is applied to the arm or torso and any drugs used and excreted in the sweat are absorbed into the pad where they are retained over the period of patch wear. After the period of patch wear, typically one week or so, the patch is removed and sent to the laboratory for testing. The benefit of the sweat patch is its ability to monitor the wearer continuously 24/7 over the one week wear period. Any attempts by the subject to remove and later reapply the patch are readily observable to a trained collector. The sweat patch has a well-established scientific foundation and case law support for its accuracy and reliability. There have been a few challenges to the accuracy of the sweat patch arguing that drugs from the environment could possibly migrate through the patch outer membrane, or that drugs could reside in the skin from prior drug use or skin contamination and later migrate out into the patch. Both of these arguments for potential inaccuracies have been successfully refuted repeatedly in sweat patch cases.

- Hair

Hair (primarily head hair) has long been used as a specimen for drug testing if not as widely as urine. Hair drug testing should not be confused with hair follicle testing. The distinction is that in hair drug testing the hair shaft is cut from the surface of the scalp, while hair follicle testing involves testing hair that is below the scalp surface i.e. hair that has been pulled from the scalp and accordingly contains that portion of the hair beneath the scalp which can contain intact cells which allows for DNA analysis. When drugs are used, drugs in the blood can be incorporated into the growing hair shaft originating beneath the scalp. After 1 week or so, that drug-exposed hair has grown out to above the scalp surface and can be cut from the scalp and tested at the laboratory.

Hair drug testing has the benefit of the longest window of detection for prior drug use, effectively going back as long as the length of the hair specimen collected. Head hair typically grows at a rate of about 1 cm/month with typically utilized hair specimens of 3 cm in length, thus testing for about the previous three-month period. However, one or even two-time drug use may not be detected when testing an entire 3-month segment of hair. Hair specimens from other body sources have been used such as beard, under arm, chest and even pubic hair, although each of these specimens has different growth patterns and accordingly different issues for interpretation of time frames of use.

The two major issues with hair as a specimen are (1) that the specimen is open to the environment and accordingly external contamination must be accounted for in the testing process and distinguished from drugs incorporated into the hair shaft during growth; and (2) the donor has ready access to their specimen and thus has the opportunity to attempt to manipulate the specimen in an effort to reduce the amount of any drug. There are relatively few hair testing laboratories, but some have developed sophisticated procedures to eliminate environmental contamination from consideration. There is ample scientific literature on drug incorporation and testing in hair and case law supporting the accuracy of hair testing.

[161] Ibid (2000).

- Oral Fluid (Saliva)

Oral fluid has been receiving much attention recently as a specimen for detecting drug use, primarily for application to roadside DUI drug testing where the collection of urine would be impractical. Oral fluid drug testing offers the primary advantage of gender neutral and specialized facility-free specimen collection. Currently such oral fluid specimens are collected with an absorbent mouth swab and after absorption of sufficient specimen the swab is inserted into a transport buffer tube for transport to a laboratory for testing. There have also been on-site devices developed (visually-read or using a small electronic reader) but these have only recently begun to meet the sensitivity and performance expected from the toxicology community. Two issues presented with drug testing using oral fluids are: (1) generally relatively low drug concentrations, requiring high sensitivity assays; and (2) low specimen volume, perhaps limiting the ability to perform repeat testing and/or confirmation testing for multiple drugs.

ALCOHOL TESTING

Testing for alcohol (ethanol) use can be easily accomplished through the use of on-site breath alcohol test devices. Many of these devices have been performance tested and are on a Conforming Products List published by the National Highway Traffic and Safety Administration. The limitation of breath alcohol testing (and any testing for ethanol itself) is that ethanol is so rapidly eliminated from the body that its detection window is relatively short (measured in hours). Alcohol use can also be detected through transdermal 24/7 monitoring, e.g. with an ethanol-detecting ankle bracelet, which has established case law.

There has also recently been the development of urine tests to detect longer-lived metabolites of alcohol, such as ethyl glucuronide (EtG) and ethyl sulfate (EtS). These analyses can allow for detection of alcohol use for up to a few days, depending on the extent of use and the cutoff chosen. However, a sufficiently high cutoff (i.e. 500 ng/mL) must be used to avoid positive test results from innocent exposure to ethanol in everyday life (e.g. hand sanitizers, mouthwash, cold medications, and food sources). There has now been much research into the use of these minor ethanol metabolites for the detection of alcohol use with case law precedents being established.

INTERPRETING TEST RESULTS

Challenges have been raised to both the accuracy of the analytical results as well as to the interpretation of those results. These should be recognized as separate processes. Drug court testing programs should have staff available with appropriate training and experience in providing clinically-accurate interpretation of test results. Laboratories may be willing to offer such clinical interpretation in addition to testing and such clinical interpretation services should be specifically contracted for. It is probably best if the drug court team has someone with the appropriate toxicology training to assist the court when interpretation of test results is an issue.

MAINTAINING THE INTEGRITY OF THE DRUG TESTING PROGRAM

A credible drug testing program is a cornerstone of drug court program operations. The functioning of all drug courts relies on the integrity and accuracy of the drug testing process as well as the immediacy with which drug testing services are accessed and the reliability of results obtained. Drug testing is a complex science that requires the guidance and oversight of appropriately trained forensic scientists.

The effective operation of a drug court program is premised upon having the capacity to:

- Conduct both *frequent* (often two to three times per week) and *random* drug tests of participants;
- Obtain test results immediately; and
- Maintain a high degree of accuracy in test results

The reliability of a drug court drug testing system is dependent upon sample integrity. To insure sample integrity, effective techniques must be instituted – and practiced – regarding sample collection, testing, and adulteration detection. Establishment of an air-tight chain of custody process, documented in writing, ensures test results in which the drug court judge can have confidence.

The drug court's drug testing component, regardless of the methodology used, should be staffed by appropriately qualified and trained personnel. Staff should be specifically -- and adequately --trained to perform the duties to which they are assigned and be prepared to provide testimony in court, if necessary, regarding the testing process and protocols used. Two types of witnesses may be required: *lay* and *expert*. A *lay* witness may be called to testify about ob-

jective facts (e.g., the procedures used to collect specimens, etc.) and is generally not asked to interpret test results or to give an opinion. The *expert* witness, on the other hand, may be called upon to voluntarily share some specialized knowledge which may aid the court in determining the validity of the testing procedure or interpreting the test results.

Key elements essential to maintaining the integrity of the drug testing process include:

- Ensuring Chain Of Custody

Regardless of methodology, the drug testing process must maintain its integrity: Chain of custody procedures must be developed and followed regarding the collection of specimens, the transport of those specimens through the testing process, and the validity of the test results. These procedures must assure that specimens are, in fact, collected from the named client and provide the capacity to detect adulteration (see below), such as through water loading, use of bleach, and submission of substituted specimens. The chain of custody procedures must also account for the actions of all individuals who handle the specimens. Specimens should be kept in a limited access security area.

- Detecting Adulteration

Even assuring that the specimen collected is, in fact, the urine of the client, there are a variety of techniques that can be used to adulterate the specimen to achieve am erroneous reading. While adulteration detection procedures may not assure complete detection in every instance, they can alert staff to the most common methods that may be employed and can significantly promote the integrity of the drug testing process. Common adulteration techniques observed by drug courts include:

✓ Waterloading

Waterloading — diluting the urine by self-administration of large volumes of fluids, usually water -- is one of the most common adulteration techniques and one of the most difficult to detect unless the technician is experienced in detecting waterloaded specimens. Running parallel tests for creatinine concentration levels can detect waterloading.

✓ Tampering With A Specimen Through Addition Of Common Household Products

Tampering with a specimen by introducing common household products such as bleach, Drano, and peroxide, in an effort to alter the chemical composition of the urine, can produce a false negative. However, skilled forensic experts can often detect these attempts at adulteration. Bleach, for example, will give off a recognizable odor. Drano may make the urine more basic and may also make it unusually warm — even bubbly. Metal shavings may also be detected.

✓ Submission Of Another's Specimen

Carefully designed and documented observation and chain of custody procedures are critical to detecting situations in which a participant may attempt to substitute the urine of another person for his or her own.

✓ Use Of Diuretics

A number of teas, milkshakes, fruit juices, and other concoctions act as diuretics that can potentially decrease the retention time for drugs in the system. Most of these products also require the ingestion of large amounts of water, which, may in itself result in diluting the urine to such a degree that the presence of drugs falls below drug testing cutoff levels.

There are a variety of other adulteration techniques that clients use from time to time. A number of publications have been written with suggested adulteration strategies and several webpages have been devoted to the topic. Program officials need to recognize that, despite their most conscientious efforts, some adulteration may occur undetected. However, the careful interpretation of drug test results, coupled with observations of potential clinical signs of drug use, it is unlikely that adulteration can occur with any frequency.

Standard procedures should be instituted to detect evidence of monitoring at the time of initial collection of the specimen, including **observing the color, appearance and odor** of the sample. Urine should be a light to golden yellow, free from foreign materials , and have a slight ammonia odor. Samples that are colorless or very pale yellow should be suspect. The average **temperature** for a freshly voided urine sample is 90-100 degrees Fahrenheit (32.2-37.8 degrees Celsius). Samples outside of this range should be suspect. Normal urine has a pH of 5-8; specimens above or below this value should be suspect. Specific gravity should also be measured. Samples with specific gravi-

ty under 1.003 should be suspect. Creatinine should also be measured. Values less than 20 md/dL may be an indication of waterloading.

A few additional tips for drug court officials to avert adulteration include requiring:

- Observed monitoring of all submissions[162]
- Minimal volume requirements
- Establishing set time limits for providing a specimen one hour or less from the time of test notification to the time of collection, for example) to minimize the possibility of internal dilution; and
- Limiting the amount of fluids provided

DRUG TESTING IN A DRUG COURT ENVIRONMENT
APPLICATION TO DRUG COURT PRACTICE

- Drug testing remains the cornerstone of the drug court's capacity to monitor the drug use of participants and determine whether the treatment plan is working and, if not, situations warranting prompt action.
- Drug tests in a drug court setting are not designed to "catch" those continuing to use drugs or to develop grounds for prosecuting an individual for drug possession but, rather, to detect situations in which continued or resumed use triggers the immediate need for the court's response to determine the circumstances surround the new/continued drug use and adjustments in the treatment plan that may be needed.
- Specimens should not be considered "dirty" or "clean" but rather simply whether they do or do not indicate the presence of drugs and/or drug metabolites.
- Although drug testing practices generally utilize "cutoffs" for determining if a test result is considered "positive" or "negative" for workplace drug testing purposes, these cutoffs may not be relevant for drug testing in drug court settings where the requirement is for *no drug or alcohol use* – not any drug or alcohol use above a certain level.
- The most widely used bodily substance used for testing for the presence of drugs is **urine** which is the least costly for drug testing, which is readily available in relatively large amounts and can indicate a relatively high concentration of drugs and/or metabolites because of the concentrating effect of the kidney.
- A **sweat patch** can be used for continuous 24/7 monitoring of drug use over a period of one week or so.
- **Hair** (primarily head hair) has long been used as a specimen for drug testing although not as widely as urine. Hair drug testing has the benefit of the longest window of detection for prior drug use, effectively going back as long as the length of the hair specimen collected. The two major issues with hair as a specimen are (1) that the specimen is open to the environment and accordingly external contamination must be accounted for in the testing process and distinguished from drugs incorporated into the hair shaft during growth; and (2) the donor has ready access to their specimen and thus has the opportunity to attempt to manipulate the specimen in an effort to reduce the amount of any drug.
- **Oral fluid (saliva)** has been receiving much attention recently as a specimen for detecting drug use, primarily for application to roadside DUI drug testing where the collection of urine would be impractical. Oral fluid drug testing offers the primary advantage of gender neutral and specialized facility-free specimen collection. Two issues presented with drug testing using oral fluids are: (1) generally relatively low drug concentrations, requiring high sensitivity assays; and (2) low specimen volume, perhaps limiting the ability to perform repeat testing and/or confirmation testing for multiple drugs.

Alcohol Testing can be easily accomplished through the use of on-site breath alcohol test devices.

MAINTAINING THE INTEGRITY OF THE DRUG TESTING PROGRAM

- A credible drug testing program must operate with integrity and accuracy and be premised upon having the capacity to:
  - ✓ Conduct both *frequent* (often two to three times per week) AND *random* drug tests of participants;
  - ✓ Obtain test results immediately; and
  - ✓ Maintain a high degree of accuracy in test results
- The reliability of a drug court drug testing system is dependent upon sample integrity. To insure sample integrity, effective techniques must be instituted – and practiced – regarding:
  - ✓ Ensuring Chain of Custody
  - ✓ Detecting Adulteration, including:
    - → Waterloading
    - → Tampering with a specimen through addition of common household products
    - → Submission of another's specimen
    - → Use of Diuretics
  - ✓ Additional tips to avert adulteration:
    - → Observed monitoring of all submissions (by gender)
    - → Minimal volume requirements
    - → Establishing set time limits for providing a specimen (one hour or less from the time of

[162] Observation should be by an individual of the same gender as the individual providing the specimen.

test notification to the time of collection, for example) to minimize the possibility of inter-dilution; and

→ Limiting the amount of fluids provided

E. Drug Court Program Phases: How Should They Be Structured?

Key Component #1 provides:

"Drug courts usually employ a multiphase treatment process, generally divided into a stabilization phase, an intensive treatment phase, and a transition phase. The stabilization phase may include a period of substance abuse detoxification, initial treatment assessment, education, screening for other needs. The intensive treatment phase typically involves individual and group counseling and other core and adjunctive therapies as they are available. The transition phase may emphasize social reintegration, employment and education, housing services, and other aftercare activities."[163]

Recovery from substance use disorders follows certain phases that include different levels of motivation/engagement in treatment, ability to maintain abstinence, ability to adhere to drug court rules, identification of realistic life goals, and the ability to understand addiction and develop a plan to address the potential for relapse. Drug Court phases should be structured to move an individual through this process, geared to achieving realistic milestones as they progress in their recovery rather than enrollment for a set period of time. The drug court phase structure allows for participants and drug court team members to recognize at what stage a person is at in their recovery and to adjust expectations accordingly.

Phase advancement provides important and unique reinforcement/recognition for positive participant progress toward recovery and an opportunity for the drug court team to formally recognize the accomplishment of each participant. The phase structure also allows for other drug court participants to be made aware of their peers and their progress and demonstrate that graduation and movement to recovery are attainable goals.

Drug Court Program Phases
Application To Drug Court Practice

- *Design drug court phases with specific criteria articulated for moving from one phase to the next (minimum period of participation; frequency of self-help attendance, frequency of status hearing attendance, urinalysis requirements, case manager meetings, payment of fees, finding a sponsor, becoming or maintaining employment, period of maintenance of sobriety, etc.);*
- *Distinguish between* proximal *and distal goals or criteria for each phase of the drug court program. Proximal criteria include behaviors that participants are already capable of performing and are necessary for long-term objectives to be achieved while distal goals are the behaviors that are ultimately desired, but will take some time for participant to accomplish and are for later phases;*
- *Consider a brief "orientation phase" with short-term, achievable goals for early participant success;*
- *Define the recognition/rewards that will occur upon achievement of each phase by the drug court participant;*
- *Consider de-linking drug court phases from treatment phases for two reasons: (1) De-linking provides multiple opportunities for recognition and rewards; and (2) Criteria for phase advancement are different for drug courts compared with treatment programs because movement in treatment phases is usually based upon the treatment plan and associated objectives while drug court phases are much broader: e.g., attending self-help meetings; consistently providing urine tests: appearing in court; gaining employment; avoiding serious sanctions; and length of clean time;*
- *Try to be consistent and predictable in the application of criteria for phase advancement with all drug court participants. Remind all participants about requirements for the phase advancement and what new challenges await the individual as they advance in phases. Review the process of phase advancement in court and explain to all participants the implications of moving from one phase to another.*

VI. Paying For Treatment Services: Barriers and Opportunities

During the course of our technical assistance services to local drug court programs we have found a wide array of approaches being used to pay for drug court treatment services, highlighting the critical need for the court to be overseeing this complex area. Drug Courts need to have Memorandum of Understanding (MOU's) with local treatment provider(s) who provide services for drug court clients that specify how the

[163] U.S. Department of Justice. (1997). *Defining Drug Courts: The Key Components.* Bureau of Justice Assistance, U.S. Department of Justice, Office of Justice Programs, Drug Courts Resource Series, January 1997, Reprinted October 2004, p. 9.