



Drug Testing Policy

1 Purpose

The purpose of this policy is to provide clear and consistent practice guidance to child protection workers when considering the use of drug testing as part of the information gathered to determine the parent's capacity to keep the child safe.

2 Scope

The *Children and Community Services Act 2004* provides the Department for Communities' (the Department) mandate to promote the wellbeing of children and to provide for the protection and care of children in circumstances where their parents (or caregivers) have not given, or are unlikely or unable to give, that protection and care. This policy applies to work with families where drug use is impacting upon a parent's capacity to keep their child safe.

3 Definitions

Term	Definition
Abstinence	Abstinence is the practice of not doing or having something. For the purposes of this policy, it refers to ceasing drug use.
Hair drug testing	Hair drug testing, also referred to as hair testing, hair strand testing or hair follicle testing, analyses for drugs and alcohol within the hair shaft, to determine if drugs are present. A primary difference between a hair test and urine test is that there is a wider window of detection with hair.
Harm minimisation	Harm minimisation is an approach acknowledging that safety and wellbeing for children may be enhanced despite some ongoing drug use by focussing on reducing the risk behaviours associated with drug use.
Urinalysis	Urinalysis is the process of testing urine for the presence of substances, in this case, illicit drugs.

4 Policy statements

When drug use impacts a parent's capacity to keep the child safe, a range of responses are required. Not all parents who use drugs need to be tested. Drug testing is a tool to provide evidence of whether a parent is using drugs including the type, level and pattern of usage. The results of drug testing should be considered as part of the range of information gathered to determine the parent's capacity to keep the child safe. Drug testing must be targeted and short term; must be provided with support services; and is not an intervention in its own right.

The Department does not advocate for either a harm minimisation approach or abstinence over each other, recognising that abstinence is not always a useful goal. Drug testing may be more relevant when parents are aiming to cease drug use however, in line with the Department's Signs of Safety Practice Framework, the focus should remain on the behaviours that need to change and on meeting safety goals developed with the family to achieve safety.

5 Responsibilities

Child protection workers must undertake an assessment to establish if a parent's drug use creates a risk to child safety or gain reliable information demonstrating risk to a child (for example, a reported incident of parent leaving a child unattended to engage in drug use and the child then suffers burns while left unsupervised in the home).

Drug testing is an optional and additional source of information and must never be used in isolation from other information sources. Drug testing can assess the following:

- Presence of drugs – detects whether a drug has been used.
- Type of drug(s) consumed.
- Level of drug use – indicates amount of use.
- Pattern of drug use (through repeated testing) – may indicate whether use is increasing or decreasing and chronicity.

Drug tests are not one hundred per cent reliable; do not detect all drugs; are susceptible to parent manipulation and alone cannot determine parent capacity. There is no measurable level to determine whether drug use affects a parent's ability to protect their children, which is why drug tests cannot provide information about the true nature of parenting but instead must be used as part of a holistic assessment of parent capacity.

Drug testing is not an intervention, cannot reliably reduce drug use and should not be considered a safety goal. Drug testing can imply a zero-tolerance approach, which can have the unintended effect of entrenching the hidden nature of drug use. Testing a parent can place them in a defensive position and reduce their willingness to recognise the risks of their drug use and to change their drug-taking behaviour. However, drug tests may provide an opportunity to promote an open discussion about drug use with parents, its

impact on their capacity to parent and meet the child's needs and to encourage them to access treatment.

When a decision is made to use drug testing, the preferred method is urinalysis testing although there are circumstances where hair drug testing may be favoured, for example if a parent has a history of sexual abuse and may find urinalysis distressing or to demonstrate that drug use has not taken place for a longer period. See Drug Testing Guide for information and guidance.

There are circumstances when drug testing may not be appropriate, such as when:

- Parents, or alternative sources of information, confirm the use of drugs. Drug tests are not required if they do not provide new information.
- Parents have low level drug use and there is no information that drug use is impacting on the child.
- The purpose of drug testing has not been established.
- Other issues, such as family and domestic violence or mental health issues, are more likely impacting on the parent's capacity to keep the child safe and/or may be exacerbating drug use. Consider whether testing is appropriate at this time.
- The type of drug that is suspected of being used is unable to be detected by urinalysis testing. For example, alcohol stays in the body a short time and has a limited drug testing window.
- Parents have a history of non-compliance and/or manipulation with drug testing.
- Parents do not have adequate transport to attend a drug testing collection centre.
- Drug testing will adversely impact on family functioning (i.e., disrupt work attendance).
- Parents are already conducting drug tests in a drug treatment facility or for Department of Justice and drug treatment providers share test results.

Supporting Parents

Parents should be supported to access Community Alcohol and Drug Services (CADS) in conjunction with the range of mechanisms to monitor drug use including drug testing. Drug treatment is usually regarded as a long-term process commonly involving relapses, a normal part of the change process, which need to be included in any safety planning. It is important that treatment options are provided as quickly as possible to parents and that families are given the opportunity to resolve their drug issues in a timely manner and within timeframes set by the Stability and Connection Planning Policy. Advice should be sought from any CADS treating the parent regarding realistic time frames.

If a parent does not attend drug testing when requested and there is no legitimate reason for a parent's non-attendance, child protection workers should record the result as positive.

Providing Evidence to Court About Drug Misuse

There are a range of strategies to provide evidence to the court about drug use including observations of parent presentation during child contact visits, alcohol and drug services attendance, and drug test results. Workers should document all observations that lead them to believe a parent is drug affected.

Nationally, Courts only accept results of tests undertaken in accordance with the Australian/New Zealand Standard Procedure for the Collection, Detection and Quantification of Drugs in Urine ([AS/NZS 4308:2008](#) and AS/NZS 4308:2023 standard¹). To comply with standard requirements, urinalysis testing involves a two-step process:

- the urinalysis screening test – establishes whether a drug is present; and
- the confirmatory test – a second test on the same sample, where the screening test indicates a positive result (screening test can be at risk of a false positive).

There are circumstances where only the screening test is required; for example, where the results will never be required for Court.

6 Procedures, guidelines and forms

The Guide provides guidelines for workers based on this policy. The related resource, Drug Testing Guide provides additional detail.

7 Other related documents

[Stability and Connection Planning Policy](#)

[Signs of Safety Child Protection Policy](#)

[Signs of Safety Child Protection Practice Framework](#)

[Policy on assessment and investigation processes for child safety concerns](#)

8 Resources

Drug Testing Guide

Drug Testing - Agreement for Urinalysis Testing

Drug Testing Donor Card

Drug Testing - Urinalysis Pathology collection locations

AOD Issues: Signs of Safety Mapping and Planning Prompts

AOD: Screening Tools

¹ The AS/NZS 4308:2023 was published in November 2023. The 2008 standard remains current for 36 months from this date after which time it will be superseded by 4308:2023. Attachment of the 2023 standard is not permitted however a copy is held by Child Protection Practice and Support should it be required.

9 Document control

Publication date	August 2024
Review date	August 2026
Owner	Executive Director – Statewide Services
Custodian	General Manager – Child Protection Practice and Support

10 Amendments

Version	Date	Author	Description
1	Month/year	[position title – not name]	
2	Month/year	[position title – not name]	
3	Month/year	[position title – not name]	