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## **How Much Does a Random Student Drug Testing (RSDT) Program Cost?**

This is one of the questions most frequently asked by school officials considering adopting RSDT. The question is simple; the answer is not. Like asking how much it costs to buy a car, the answer depends on a myriad of decisions. This paper offers a starting point for a school's decision-making by providing general estimates of the costs. It also provides some useful benchmarks for schools already using RSDT to use in evaluating the costs of their programs. Each school's RSDT program is different. In addition, schools almost always change their RSDT programs over time based on their own experiences, changing the costs of their programs.

There are two basic ways for a school to conduct RSDT: 1) The school can set up and manage the program using its own staff, or 2) The school can hire a Third Party Administrator (TPA) to set up and manage the drug testing.

Whichever of these two options is chosen, there are abundant materials to use in making the decision. Often the best way to start is to identify a nearby school that is already using RSDT as part of their drug and alcohol prevention efforts. The school newly adopting RSDT can borrow the expertise from the other school and gain their help in setting up the program. At the end of this paper you will find good sources of information about setting up an RSDT program with suggestions for best practices. Making contact with other schools using RSDT may also be useful to schools with established RSDT programs since the schools can often help each other improve their programs.

Schools have to make decisions about how many drugs to test for, although 5 to 10 drug panels are fairly standard today. Marijuana, cocaine, opiates (heroin, codeine and morphine), amphetamine/methamphetamine, and PCP form the minimal 5 drug panel. Extended panels often include some or all of the following: ecstasy, oxycodone (Oxy-Contin), hydrocodone (Vicodin), propoxyphene (Darvon) and benzodiazepines (Valium, Xanax). Schools also have to decide what specimen to test: urine, oral fluids, or hair. There are many additional options to consider as discussed in the paper "Smarter Student Drug Testing," referred to at the end of this paper, including testing for alcohol, tobacco and anabolic steroids. In "Smarter Student Drug Testing," you will find that it is recommended that schools use all three test options (urine, oral fluids and hair) for at least some of their testing to discourage cheating and to permit comparisons of the rate of positives using each of these specimens

Laboratories, drug kit sales organizations, and TPAs have a wealth of information available to help schools build solid RSDT programs and to think through the options. Like buying a car, it is wise to talk with more than one provider in the start up process.

For the following examples, assume that the school beginning a RSDT program has 1,000 students in their random drug testing pool (typically students in athletics and extracurricular activities -- often this is about 80% of all of the students in the school). For this example we have used a 4% positive rate, meaning that out of 100 random drug tests 4 will be positive for recent illegal drug use. Many schools report higher rates even after years of operating good RSDT programs. Programs initiating RSDT may find that their positive rate at the outset is much higher than this – perhaps 6% to 10% or more. However, after random drug testing has gone on for a year or more, the positive rate usually falls but seldom below 2% even with excellent, well-established RSDT programs.

#### Option One: Do-It-Yourself.

If a school decides on the Do-It-Yourself option, it needs to buy on-site test kits to test oral fluids or urine, or it needs to contract with a local or national laboratory to do the tests. If a laboratory is used then the school also has the option of using hair testing which is not yet available as an on-site test kit. If the school uses on-site test kits it will need to contract with a laboratory to do confirmation tests and it will want to find a Medical Review Officer (MRO) to review positive tests to ensure that they are not the result of legitimate medical treatment of the student.

In general, kits cost about \$10.00 each. Assuming the school randomly tests half of the students in the testing pool each year (50% annual testing) there will be 500 tests done per school year. The school will spend about \$5,000 for the test kits. Assuming 4% of the tests are positive, confirmatory test results will be needed 20 times. Confirming GC/MS tests are about \$60 each and MROs charge about \$30 for reviewing each positive test. Thus, in this example the confirming test costs a total of \$60 times 20 or \$1,200, and the MRO costs a total of \$30 times 20 or \$600, for the school year. The total cost is about \$6,800 for the tests for the year. Of course if the rate of positive results is higher, then the total costs will be proportionately higher. If hair testing is chosen rather than urine or oral fluids, the cost is about \$40.00 per test including the confirmation of positive tests but not including the MRO.

There are other costs for the school beyond the tests themselves. These include the school staff time required to learn about and start the RSDT program, the costs associated with collecting the samples and doing the on-site tests, as well as the costs of handling the students who test positive.

#### Option Two: Use a Third Party Administrator (TPA)

The typical TPA charge is about \$25.00 per urine or oral fluid test. This includes the costs of setting up the program and doing the collections, typically in batches of 20 or more students on randomly chosen days throughout the school year. The TPA also handles the random selection process so they work with the school to identify dates and times when they come to the school and which students need to be brought to the collection site. The TPA handles the selection of the laboratory and the MRO including the confirmation of positive initial tests. If the school has

1,000 students in its testing pool and conducts 50% annual testing, the costs per school year are 500 times \$25 or \$12,500. These are the costs for the TPA; they do not include the costs to the school of establishing and running the RSDT program and the costs of handling the students who test positive. For TPAs, the biggest cost is the collection. It may be possible for the school to work with a TPA so that the school nurse or other familiar school staff member does the collection. In this way the costs can be substantially reduced.

While this may seem much higher than the costs if the school manages its own RSDT program, there is a substantial savings to the school that result from having the TPA make the decisions and manage the testing process because it reduces the school's own staff costs for the program. Typically TPAs work with many schools using RSDT so they are able to bring substantial expertise to the school. The TPAs can put school officials in contact with other schools using RSDT. They also provide people who are experienced in collection and insulate the school personnel from the actual collection process which some schools find attractive in establishing the independence of the drug testing from the school itself.

It is common for schools to combine these two approaches by starting their programs using a TPA and then, after a year or more, switching to running the programs themselves to save money, after their programs are established and after the school personnel are familiar with RSDT and the decisions that must be made. Even after several years, however, it is wise for schools successfully using RSDT to be connected with other schools using RSDT and with the national RSDT movement so they can continuously modify their programs to keep up with the evolving best practices in this important prevention program.

Regardless of which option is chosen, schools need to think carefully about how they will handle students who test positive before starting an RSDT program. This is the most important part of the entire program. Schools need to establish written policies and procedures that protect the confidentiality of their records and their work with these students. The schools also need to provide a caring assessment, education and, when needed, referral to treatment for students who test positive for alcohol and other drug use. Most students who test positive simply need education and follow-up testing with strong parental involvement to stay drug-free, but some need much more than that.

### An Important Decision that Impacts Costs: The Power of Frequent Testing

Determining the frequency of testing, or annual testing rate, is a critical part of the decision-making process for any school, regardless of the testing methods. The recommended rate is 50%, meaning that in a testing population of 1,000 students, 500 random tests would be done during each school year. As shown in the previous examples, 500 tests can add up to a significant amount of money.

Schools have the option of reducing their costs by reducing the annual testing rate, however, with it comes a great warning: Infrequent drug testing reduces the value of RSDT. In fact, a good case can be made for increasing testing to 100% or even higher. When testing is random, it means that every student may be subject to testing every day that student is at school even if the

student has been tested the prior day. This is an important feature of random testing. What varies with changing testing rates is not whether a student is subject to testing each day but the probability that a student will be tested any particular day. With 100% testing and 1,000 students in the testing pool, the school will conduct 1,000 tests during a single school year. Because the tests are random, most students will be tested once during the year, but some students will not be tested at all and some will be tested two, three or even more times during the year. Raising the frequency of tests increases the number of tests and the probability of all students being tested each year. For this reason raising the frequency of testing increases both the prevention power and the identification power of an RSDT program.

Random drug tests are most effective in identifying daily or heavy users of illegal drugs. They are much less effective in identifying occasional users. While random drug tests detect a only a small percentage of occasional users, some students who use illegal drugs occasionally may be influenced by the possibility of being tested to stop or reduce their illegal drug use.

A study of the probability of identifying drug users with random urine testing estimated that about 8% of the total users use more or less daily, about 37% use several times a month, and about 55% use several times a year. Based on those estimates, the experts in this study estimated that of the positive tests (at any annual testing rate), about 52% of positive tests would be from Daily users, about 41% would be from Monthly users and only 7% of positives on random urine tests would be from the Annual users, even though they represent 55% of the illegal drug users in the testing pool (DuPont, 2003).

Although Annual drug users represent 55% of the drug users in the entire population tested, less than 1% will produce positive test results during a year of testing at a 50% testing rate. At a 20% testing rate, the percentage is cut further, with only 0.4% of Annual users identified during a single school year. As expected, at 100% testing rate, the percentage of Annual users identified is doubled to 2%.

For Monthly users, at the suggested 50% testing rate, approximately 8% will test positive during the school year, while at a 20% testing rate, only 3% of Monthly users will test positive during the year. With a 100% testing rate, 15% will be positively identified as using drugs.

Finally, while the Daily users represent only 8% of the drug users in the population being tested, they are likely to test positive on random urine tests. Forty percent of Daily users will test positive during one school year with a 50% testing rate. At a 20% testing rate, 16% of Daily users are identified in a year, while at a 100% testing rate, 79% are identified.

### The Bottom Line on Costs

We have given some cost estimates in this paper. We recognize that the actual costs for every school will be different from these estimates. Further, we know that costs change over time. These estimates are starting points for schools considering adopting RSDT and for schools evaluating the costs of their ongoing RSDT programs.

The costs, using either option (Do-It-Yourself or Use a TPA), are considered modest by most schools for an alcohol and drug prevention program that has three useful goals: 1) Preventing student drug use by acting as a deterrent and by reinforcing all other prevention messages that discourage students from using illegal drugs, 2) Identifying students who are using illegal drugs so the schools can work with the students and their families to stop this dangerous behavior, and 3) Preparing the students for drug testing which is nearly ubiquitous on entry into today's workplace.

### Where Can Schools Get Money for RSDT?

Many schools find that the easiest, most reliable and most practical way to fund RSDT is as a routine item in the school's annual budget. Schools know that having drug-free students is vital to the school's ability to achieve all of their goals, including academic goals.

There are alternatives to consider including using federal grant money from the U.S. Department of Education Safe and Drug-Free Schools either as a special demonstration on a competitive basis or as part of the school's own routine Title I funds which can be used for RSDT. Schools may also fund RSDT with separate fund-raising from individuals or businesses in the community. These alternatives are not simple or easy and they all require substantial staff time. More information can be found from the Department of Education's Office of Safe and Drug-Free Schools listed under Resources.

Finding businesses in the community who will support the RSDT program is an option with special appeal since it is a way of reaching into the community to bolster the school's ability to help students. Business sponsorship reinforces the connection between school drug testing and workplace drug testing, while at the same time, emphasizes that employers, like parents and schools, are committed to helping youth stay drug-free. Businesses have experience using drug testing that can be helpful to schools using RSDT. Business can be especially helpful in schools using voluntary RSDT programs because the business can provide vouchers to participating students for goods and services from the sponsoring businesses.

Random Student Drug Testing is not a stand-alone prevention program. Even a good RSDT program will not end the problem of adolescent drug use in a school any more than random drug testing has ended drug use in the US military where it has been used since the early 1980s. To learn how RSDT can be integrated as one of several important components of a comprehensive school-based drug abuse prevention program, visit [www.PreventionNotPunishment.org](http://www.PreventionNotPunishment.org). It is important that schools using RSDT use the best practices in this evolving, promising and new prevention effort.

Random Student Drug Testing is the best new program idea to reduce adolescent drug use. It reinforces all other prevention programs. Experience in thousands of schools that recently have added RSDT to their prevention efforts has shown that RSDT is widely supported by students, parents, and school personnel including teachers and counselors.

## References

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