



# Arkansas Community Correction

Two Union Nation Plaza Building  
105 West Capitol, 3<sup>rd</sup> Floor  
Little Rock, AR 72201-5731  
(501) 682-9510 (501) 682-9513 (fax)

## **ADMINISTRATIVE DIRECTIVE: 14-15 OFFENDER SUBSTANCE ABUSE**

**TO: ARKANSAS COMMUNITY CORRECTION EMPLOYEES**

**FROM: SHEILA SHARP, DIRECTOR**

**SUPERSEDES: AD 08-12**

**APPROVED: Signature on File**

**EFFECTIVE: July 28, 2014**

- I. APPLICABILITY.** This policy applies to Arkansas Community Correction (ACC) employees and offenders.
- II. POLICY.** ACC is committed to drug testing, sanctions and treatment interventions for substance abusing offenders. ACC policy is to maintain a zero tolerance for substance abuse. All drug tests are performed solely for the purpose of determining offender compliance with the terms of supervision and not for the purpose of providing information for the diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of the offender. ACC enforces the terms of offender supervision by administering an offender substance abuse testing program to enforce supervision conditions, reduce recidivism and to enhance safety for the public and staff. (4-APPFS-2D-04)
- III. DEFINITIONS.**
  - A. Chain of Custody.** A procedure that governs the collection, testing, handling, storage, and transportation of a urine specimen.
  - B. Confirmation Test.** A test used to verify positive results from an initial screening test. This test uses Gas Chromatography/Mass Spectrometry to provide a greater margin of accuracy.
  - C. Observer.** An authorized individual designated to collect (at the direction of an ACC testing officer) or observe the collection of urine specimens in accordance with this policy. ACC employees, court personnel or Arkansas law enforcement officers may be designated as observers. Observers are not authorized to perform other aspects of drug testing.

- D. Prohibited Drug.** A prohibited drug is any substance having psychological and/or physiological effects on a human being and that is not a prescription or nonprescription medication, including controlled substances and controlled substance analogs or volatile substances that produce the psychological and/or physiological effects of a controlled dangerous substance through deliberate inhalation, injection or ingestion; any drug which is inconsistent with or unrelated to accepted medical practices; and alcohol or tobacco when an offender is so directed to refrain from consumption.
- E. Random Testing.** Selecting offenders for substance abuse testing using a mechanism that results in an equal probability that any offender, from a group of offenders subject to the selection mechanism, will be selected and subsequently tested.
- F. Substance Abuse Test.** A test administered for the purpose of determining the presence or absence of a prohibited drug or the metabolites of a prohibited drug in a person's bodily fluids.
- G. Testing Officer.** An ACC employee trained and authorized to conduct substance abuse testing.

#### **IV. GUIDELINES.**

- A. Substances to Be Tested and Methodology.** On-site urinalysis testing is authorized to be administered to an offender for a variety of substances to include cocaine, THC/marijuana, opiates, heroin, amphetamines, meth-amphetamines, barbiturates, benzodiazepines, PCP, methadone, and synthetic drugs such as the THC synthetics "Spice" and "K2." On-site urinalysis and saliva testing are authorized for detecting alcohol and tobacco use.
- B. Notice of Substance Abuse Testing Program.** At intake, offenders must be asked to sign the Notice of Substance Abuse Testing, AD 14-15 Form 1, to indicate understanding of the testing program and a copy must be offered to the offender.
- C. Employee Safety.** Employees should adhere to the following minimum safety precautions when administering a drug or alcohol test:
1. Use rubber or latex gloves when handling specimens;
  2. Avoid contact of the chemicals/reagent with eyes and skin and if contact occurs, take the following actions:
    - a. For eye contact, flush with plenty of water (for at least 15 minutes), and, if eyes become irritated, contact a physician;
    - b. For contact with skin, flush with plenty of water, wash areas with soap and water, and if skin is irritated, contact a physician.
  3. Do not eat, drink or smoke at the test site;
  4. Use only the mechanical pipetting device to place urine on test slides;
  5. Do not refrigerate food or beverages where specimens are stored;
  6. Practice thorough hand washing after handling specimens/chemicals;

7. Refer to the manufacturer's Material Safety Data Sheet (MSDS) for information regarding the test;
8. Have the offender clean up his/her spills using diluted chlorine bleach and soapy water (1 tbsp. of bleach per gal. of water);
9. Have the offender flush remaining specimen (if a confirmation will not be requested);
10. When testing in the office, use a plastic-lined trash receptacle for the disposal of drug/alcohol testing items; and
11. Ensure appropriate supplies are available and accessible only to authorized individuals. [Testing supplies should include, at minimum, test kits, seals, labels, rubber gloves, specimen bottles, security tape, mailing containers and chain of custody forms.]

#### **D. Substance Abuse Testing.**

1. Testing must not be used for harassment or as a means of punishment or discipline, nor must it be based on an offender's race, color, religion, gender, age or national origin.
2. ACC offenders are subject to substance abuse testing at any reasonable time if one or more of the following circumstances exist(s):
  - a. Parolees or Probationers. In accordance with a condition or lawful order set forth by a court or the Parole Board;
  - b. CCC Residents, Additionally, CCC residents are subject to substance abuse/use testing under the following circumstances:
    - (1) Under reasonable suspicion that an offender is using, has used or possesses prohibited drugs, alcohol or tobacco based on specific objective and articulated facts and reasonable inferences and the basis for the suspicion is documented; or
    - (2) A Center Supervisor orders (in writing) all offenders in a particular housing unit or work crew to submit to testing. This authority may not be delegated;
    - (3) The resident is selected for testing in accordance with an approved computerized methodology for random testing. Use of this methodology requires the following:
      - (a) Center Supervisor designation of a person to be responsible for generating lists of randomly selected offenders to be tested. The list must be kept confidential (unannounced) by the designee until testing, at which time only appropriate staff responsible for directing the selected residents' movement and the center supervisor will be notified.

- (b) Center Supervisor ensures that at least 25% of the center population is testing during each quarter.
- (c) Offenders selected for random testing will not be disqualified for testing based upon the fact that they were recently tested for other reasons.
- (d) The methodology used must not give an employee discretion to waive the selection of any offender.

(4) The resident is being released from a CCC to community supervision.

c. The court requests testing of an adult criminal defendant.

**V. DISCLOSURE OF SUBSTANCE ABUSE TEST RESULTS.** Appropriate confidentiality of information must be maintained. Requests for disclosure of test results should, when possible, be made in writing and must be properly documented as to the action taken and to whom and when disclosure was made. Authorization to release results of substance abuse tests is as follows:

- A.** To the offender
- B.** To other persons with the offender's prior written consent, AD 14-15 Form 3
- C.** Pursuant to court order
- D.** To medical personnel to meet medical emergencies of the offender
- E.** To agency personnel on a "need to know" basis
- F.** To other criminal justice agencies on a "need to know" basis.

**VI. TESTING PROCEDURES, CONFIRMATION AND DOCUMENTATION.**

**A. Initial Screening (On-Site Testing).** Urine specimens must be collected in a manner reasonably calculated to address privacy considerations, while preventing the substitution, contamination and adulteration of specimens. Chain of custody procedures must be followed to preclude the likelihood of erroneous identification of test results. Testing officers and observers must adhere to the following testing procedures:

1. Be of the same gender as the offender when observing urine specimen collections and position himself/herself in such a manner as to verify at least 30 ml. of urine specimen passes directly from the offender's body into the specimen bottle. Observation must be direct and continuous.
2. Test one offender at a time.
3. Upon the offender's arrival at the collection site, ask the offender to present photo identification unless the offender is known by the testing officer.

4. Ask the offender to remove any unnecessary outer garments and set aside purses or other hand held items to reduce the potential for or appearance of tampering with a specimen. Care must be taken to allow the offender to safeguard personal belongings.
5. If deemed necessary, conduct a frisk search of the offender to determine if adulterants are stored on the offender's body or clothing. The collection area must be inspected and any potential contaminants removed.
6. Require the offender to remain in the testing officer's/observer's presence throughout the entire testing process.
7. Conduct quality control of drug testing machine reagents in accordance with the manufacturer's test kit instructions.
8. Allow the offender to wash his/her hands after the specimen has been submitted and keep the specimen in view of the testing officer and offender at all times throughout the process.
9. Conduct the drug test in the presence of the offender and according to the manufacturer's testing kit instructions. NOTE: Drug testing kits must not be used beyond the expiration date on the package.
10. If the test is positive, complete Section 1 of the Offender Confession / Chain-of-Custody Form, AD 14-15 Form 2, which must serve as the positive result record and Chain of Custody form. A copy of this form must be designated "Confidential" and retained in the offender's record.
11. Ask the offender to sign Section 1 of the Drug/Alcohol Test form. A failure to sign the form must not invalidate the results of any substance test.
12. Parole/Probation employees must document drug tests in eOMIS. Community Correction Center employees must document drug test pursuant to center guidance; optionally the Offender Substance Abuse Testing Log, AD 14-15 Form 4 may be used.
13. Require an offender unable to provide a specimen to remain at the collection site until 30 ml. of urine is collected or for two (2) hours, whichever comes first. The offender may be allowed to drink fluids while waiting to provide a sample.
14. If a specimen is not provided within two (2) hours of being ordered to do so, it will be considered a refusal to provide a specimen, which may result in a sanction.
15. Reject specimens if use of adulterants or tampering is suspected or observed. Document the decision to reject the sample and administer another test at the testing officer's discretion. Contamination of specimens through the use of adulterants, tampering with or attempts of the same will be considered the same as a positive result.

16. When testing is completed, require the offender to flush any remaining specimen and discard the container if a confirmation will not be requested.

**B. Confirmation of Drug Screening Results.** If, at the discretion of the officer, confirmation of a drug test is desirable and a confession of use cannot be obtained from an offender, the initial specimen must be used for confirmation. This confirmation test may be done on an ACC drug testing machine. A confession does not require confirmation. If further confirmation is required the initial specimen must be conducted by a NIDA approved and legally certified laboratory using the Gas Chromatography/Mass Spectrometry (GS/MS) process. The following procedures will be followed when a determination to confirm has been made:

1. Keep the specimen and custody documents in the offender's view at all times until the specimen is labeled and sealed.
2. The testing officer and the offender must complete Section 1 of the Offender Confession / Chain-of-Custody Form (Form 2), which must serve as the ACC Chain of Custody form. This provides a Chain of Custody up to the point of sending a sample for confirmation. A failure of the offender to sign the form must not invalidate the results of any drug/alcohol test. Community Correction Center procedures may require the testing officer to complete the optional Offender Substance Abuse Test Log (Form 4).
3. The offender, or the testing officer in the offender's presence, must break the seal on the Department of Transportation (DOT) approved confirmation mailing kit so that both parties may inspect the container to confirm it is not contaminated.
4. In the offender's presence, the testing officer must pour the offender's urine specimen into the confirmation bottle and secure the cap.
5. The testing officer must instruct the offender to affix an identification label to the specimen container (or the testing officer will do so in the offender's presence) and have the offender initial the identification label. The offender will sign Section 3 (Confirmation Test Statement) of the Offender Confession / Chain-of-Custody Form (Form 2). A failure to sign the form must not invalidate the test results.
6. In the offender's presence, the testing officer must prepare the specimen for mailing according to the NIDA-approved laboratory's confirmation kit instructions and ensure the package is properly secured to prevent tampering or leakage. The laboratory-provided Chain of Custody form must also be properly completed. This form continues the Chain of Custody for the sample when sent for confirmation. The testing kit must be mailed, or the pickup agent contacted the same day the specimen is obtained. If storage is unavoidable, the specimen must be refrigerated at a temperature of 33-42 degrees Fahrenheit for a period not to exceed 72 hours. The refrigerator must be located in an area inaccessible to unauthorized persons.

7. At community correction centers, when confirmation results are received, the Confirmation Test Results portion of the Offender Substance Abuse Testing Log (Form 4) must be completed, recording “pos” for positive and “neg” for negative test results. Plus (+) or minus (-) sign entries must not be made.

**C. Documentation.**

1. Testing activity must be supported by appropriate documentation. Results of substance abuse screening and confirmation tests, where appropriate, and type of substance detected, if any, must be entered on the Offender Substance Abuse Testing Log by offender number, not name, and in the offender’s chronological record, where it should remain for the period of supervision.
2. Area/Center Supervisors must ensure accurate records of testing activity.

**VII. SANCTIONS FOR POSITIVE TEST RESULTS.**

Appropriate sanctions for positive testing results must be determined in accordance with policy. Recommendations for revocation for violation of drug abuse policy must follow established procedures. At Centers, the Center Supervisor or his or her designee must interview residents to determine the source of prohibited drugs. Such interview must be documented.

**VIII. TRAINING.** Staff conducting drug testing must be appropriately trained to collect specimens and conduct on-site substance abuse tests. Training will be coordinated and documented in accordance with the Administrative Directive on Employee Training. Substance abuse testing must be incorporated in basic training programs or provided, as appropriate, during initial orientation and in annual in-service training programs.

**IX. ATTACHMENTS.**

1. AD 14-15 Form 1 Notice of Substance Abuse Testing
2. AD 14-15 Form 2 Offender Confession / Chain-of-Custody Test Form
3. AD 14-15 Form 3 Authorization for Release of Drug Test and Results Information
4. AD 14-15 Form 4 Offender Substance Abuse Testing Log

**Arkansas Community Correction  
NOTICE OF SUBSTANCE ABUSE TESTING**

**ORIENTATION**

As an offender under the supervision of Arkansas Community Correction, you may be required to submit urine and/or saliva specimens for testing at times specified by your Parole/Probation Officer or Residential Supervisor. Specimens will be collected under continuous and direct observation. Any action on your part to adulterate or attempt to adulterate a specimen will result in the specimen being considered compromised and will be treated as a violation of the conditions of parole, probation, release or community correction center rules.

Refusal to provide a urine or saliva specimen may constitute a violation of your conditions of parole, probation, release, or custody, and you may be subject to appropriate penalties. A confirmation test by an independent lab may be requested if necessary. If a parolee or probationer requests a confirmation test, he/she must pay for the test. Refusal to sign the offender confession of illegal substance use statement (on the drug alcohol test form) does not invalidate the positive results of any substance abuse test.

**OFFENDER STATEMENT**

I have been informed of the requirements of the Substance Abuse Testing Program as outlined above. As part of the sample collection process, I will inform the testing officer if I have taken any prescription medication within the previous four (4) weeks which may cause a positive test result. I will provide positive proof of any physician-ordered prescription. I will show proper photo identification when requested by the drug testing officer.

---

Offender Name (Print)

---

ACC Officer Name (Print)

---

Offender Signature

---

ACC Officer Signature

---

Date

---

Date



## Arkansas Community Correction OFFENDER CONFESSION / CHAIN-OF-CUSTODY

**Section 1**

AM  PM

\_\_\_\_\_ of Collection

Offender Name (Print)      Offender Number      Date      Time

**OFFENDER'S STATEMENT:** I certify the urine sample I provided is my urine and NOTHING has been done to alter it. I certify that I have not taken any drugs or medication in the past four weeks, other than those listed below. I certify I have NOT consumed any alcohol within the past 24 hours. I understand that giving false or misleading information constitutes a violation of my supervision conditions, or community correction center rules.

List any drugs or medications used: \_\_\_\_\_

**SCREEN TEST RESULTS**      Test positive for     OPIATES     BENZODIAZEPINES     PCP     AMPHETAMINES

Offender Refused to produce sample       COCAINE     BARBITURATES     THC/MARIJUANA

Specimen Not Produced in a Timely Manner       ALCOHOL      \_\_\_\_\_ %     OTHER: \_\_\_\_\_

Offender Attempted To or Did Compromise Specimen Integrity

Offender Name (Print)      Offender Signature      Officer's Name      Officer's Signature

### CHAIN OF CUSTODY

**NOTE:** This section is completed only if it is necessary for someone other than the offender and testing officer to take possession of the specimen. All persons who handle the specimen will complete this section.

RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/REMARKS	DATE	TIME
_____ Print Name	_____ Print Name	_____	_____	_____
_____ Signature	_____ Signature	_____	_____	_____
_____ Print Name	_____ Print Name	_____	_____	_____
_____ Signature	_____ Signature	_____	_____	_____
_____ Print Name	_____ Print Name	_____	_____	_____
_____ Signature	_____ Signature	_____	_____	_____

**Section 2**

### OFFENDER CONFESSION OF ILLEGAL SUBSTANCE USE

I acknowledge that I have used the following substances within the past four (4) weeks or alcohol within the past 24 hours:

\_\_\_\_\_

Offender's Signature      Date      Officer's Signature

**Section 3**

### CONFIRMATION TEST STATEMENT

I hereby certify that the urine sample taken at \_\_\_\_\_  AM  PM on \_\_\_\_\_ (date) is my own. I have sealed or witnessed the sealing and taping of the specimen container.

Offender Signature      Testing Officer/Witness Signature

The above-referenced drug screen was administered solely for the purpose of determining compliance with lawful orders or conditions imposed by the Courts or the Parole Board and not for the purpose of providing information for the diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of the offender.

**Arkansas Community Correction  
 AUTHORIZATION FOR RELEASE OF DRUG TEST & RESULTS INFORMATION**

**CONFIDENTIAL**

**PROHIBITION REGARDING DISCLOSURE**

This information has been disclosed to you from records whose confidentiality is protected by federal and state laws prohibiting you from making further disclosure of this information, except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information, if held by another party, is not sufficient for this purpose.

I, \_\_\_\_\_  
Offender Name (Print) Offender Date of Birth

authorize \_\_\_\_\_  
Releasing Department, Circuit, or Area

to disclose the following information (specify the nature and extent of information to be released):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To: \_\_\_\_\_  
Name of Person Requesting Information

\_\_\_\_\_ Requesting Department/Agency

\_\_\_\_\_ Street Number/Address

\_\_\_\_\_ City State Zip Code

For the purpose of: \_\_\_\_\_  
State Purpose of Disclosure

This authorization and consent are made for the purpose of reporting my drug/alcohol test(s) result to the above-designated individual and/or organization. This authorization and consent are subject to revocation by the undersigned at any time except the extent that actions taken in reliance thereon. If not earlier revoked, this consent terminates on:

\_\_\_\_\_  
 (Month / Day / Year)

Releaser, its agents, and its employees are hereby relieved of any responsibility and liability that may arise from the release or reproduction of such records and/or information.

\_\_\_\_\_  
 Offender Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Witness

\_\_\_\_\_  
 Date

## Arkansas Community Correction OFFENDER SUBSTANCE ABUSE TESTING LOG

NAME OF OFFICER SUBMITTING REPORT: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

- PAROLE  
 PROBATION  
 CENTER

Circuit: \_\_\_\_\_ Area or Center: \_\_\_\_\_

NOTE: DO NOT RECORD OFFENDER NAMES ON THIS LOG

### CONFIRMATION TEST RESULTS

REFERRALS & NOTES  
 If Action Code is D:

Offender Number	Testing Officer Last Name	Test Code	Date Sample Collected	Substance Tested Code	Results Code	Action Code	Enter Date Mailed to Lab	Substance Tested Code	Results Code	Date Confirmation Received	Action Code	Facility Location

TEST CODES	SUBSTANCE CODES	RESULTS CODES	ACTION CODES	
R = Random S = Scheduled Q = Quality Control	1 = Opiates 2 = Amphetamines 3 = Barbiturates 4 = Benzodiazepines 5 = Cocaine	6 = THC/Marijuana 7 = PCP 8 = Alcohol 9 = Methadone 10 = Other	P = Positive  N = Negative	A = Verbal/Written Warning B = Increase Testing C = Decrease Testing  D = Petition to Revoke E = Request F = No Action Required G = Other Alternative