

**GENERAL DISTRIBUTION**

**WEST VIRGINIA  
DIVISION OF CORRECTIONS  
& REHABILITATION**

**NUMBER: 308.03**

**EFFECTIVE DATE: 15 December 2021**

**SUBJECT: DRUG TESTING**

# **POLICY DIRECTIVE**

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**PURPOSE:**

To maintain a “zero” tolerance for the use of illegal drugs by offenders, provide testing guidelines in order to assist in the control of illegal drug use by offenders, and to identify offenders who may need substance use disorder treatment services.

**REFERENCE:**

None.

**RESPONSIBILITY:**

No additional written instructions on this subject are required.

**CANCELLATION:**

Any previous written instruction on the subject including DCR Policy Directive 308.03, dated 01 November 2018; DJS Policy 317.00, dated 01 January 2008; and RJA Policy 9007, dated 01 October 2015.

**APPLICABILITY:**

All facilities and work units within the Division of Corrections and Rehabilitation (DCR). This Policy is available for general distribution and is to be made available for offender review.

**DEFINITIONS:**

**Approved Laboratory:** An outside, independent laboratory designated by the Division of Corrections and Rehabilitation (DCR) to conduct confirmation testing for the presence of drugs or other intoxicants.

**Confirmation Testing:** Analytical testing, independent of the field test, conducted by an agency designated approved laboratory to identify the presence of a specific drug or drug metabolite.

**Field Test:** A test used to differentiate a negative sample from one that requires further testing to confirm the presence of drugs or drug metabolites.

**Offender:** For the purposes of this Policy, anyone committed to the custody or supervision of the Division of Corrections and Rehabilitation as an adult inmate, young adult inmate, juvenile resident or anyone supervised by Parole Services.

**Sample:** A sample or specimen of urine or another physical test medium collected from an offender.

**POLICY:**

- I. All offenders are subject to testing for the use of illegal drugs and other intoxicants. Each offender is hereby notified that they may have to provide more than one (1) sample monthly for testing, regardless of the testing premise.
- II. An offender will be permitted no more than two (2) hours to give a sample, during which time they will remain at the collection site under staff observation. A maximum of sixteen (16) fluid ounces of water over a two (2) hour period may be provided to the offender to assist in stimulating the production of a sample.
- III. The following testing premises will be utilized as described:
  - A. **Random (R):** Allows for the random testing of offenders.
    1. For adult offenders incarcerated in DCR facilities, the Superintendent will designate an appropriate employee to compile a random list of at least ten percent (10%) of the facility census monthly and forward to the Chief of Security/Chief Correctional Officer for random testing. Offenders must be continuously incarcerated for at least thirty (30) days to be the subject of random testing.
    2. For offenders supervised by Parole Services, each District Supervisor or Regional Director will randomly select at least ten percent (10%) of each Parole Officer's caseload monthly for random testing by a numbered lottery system.
  - B. **Directed (D):** Allows the collection of a sample from any offender or group of offenders whenever good correctional/parole judgment indicates such may be warranted. Offenders must be continuously incarcerated for at least thirty (30) days to be the subject of directed testing.
  - C. **Saturation (S):** One hundred percent (100%) of all adult offenders on work release status shall be tested monthly.

- D. **Parole Pre-Release (P)**: All adult offenders who are being released to parole supervision shall be tested as part of the out-processing procedure before leaving the facility.
- E. **Treatment (T)**: Allows for the testing of offenders participating in substance abuse treatment programs.
1. Quarterly testing of one hundred percent (100%) of all adult offenders assigned to Residential Substance Abuse Treatment (RSAT) units, or as otherwise determined appropriate.
  2. Upon an adult offender's admission to a G.O.A.L.S. Substance Abuse Treatment Unit and at random times, no less than monthly.
  3. Any juvenile resident participating in the substance abuse treatment program will be tested upon intake or at the request of the juvenile's probation officer.
- F. **Prior Act (A)**: Any adult offender who has been found by the Correctional Hearing Officer to have committed the violation(s) of Trafficking, Use and Possession of Drugs and Intoxicants/Paraphernalia or Refusing Drug/Alcohol Screening may be tested monthly for the following twelve (12) months on a day randomly selected by the Chief of Security/Chief Correctional Officer or Parole Officer.
- IV. Generally, urine will be the test sample medium and, in such cases, the DCR will use a two (2) step testing program for the presence of illegal drugs or intoxicants.
- A. **Step 1/Field Testing**: Testing with a field test kit or device approved by the Director of Security Services. If the test is negative, the sample is discarded appropriately, and no further action is required. If the field test is positive, then testing will proceed to confirmation testing.
- B. **Step 2/Confirmation Testing**: The presumptive positive sample is sent to an agency designated approved laboratory for a confirmed analytical result.
- V. Staff involved in the testing process will comply with collection and documentation procedures approved by the Director of Security Services, and:
- A. **Same gender rule**: The observing employee shall be the same gender as the offender when collecting urine samples at secure facilities.
- B. **Special exception parole officers and work release units**: Staffing realities sometimes dictate that parole officers and work release unit employees may be on duty alone and need to collect urine to administer a field test kit for the presence of illegal drugs. If the employee is not the same gender as the offender, the employee shall search the designated collection restroom for anything that could be used to adulterate or

contaminate the urine sample. The employee will then leave the collection restroom and permit the offender to generate the sample in private. Upon completion, the offender will exit the collection restroom to turn the sample over to the employee.

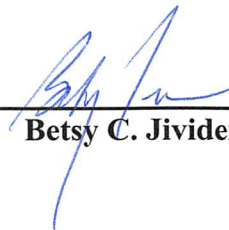
- VI. When a sample is confirmed positive by an agency designated approved laboratory, the observing employee will initiate the appropriate disciplinary process. Additionally, an offender shall be charged with a rule violation for refusing to participate by word or action in the testing process as instructed, tampering with any drug testing process as may be evidenced by staff observation or physical evidence, including, but not limited to, urine substitution/urine dilution/urine adulteration, or failing to produce a sample sufficient for testing within two (2) hours.
- A. Urine substitution – substitution of one’s own urine sample with one which is clean or other products that have a similar appearance to urine.
  - B. Urine dilution – ingestion of excessive amounts fluids or compounds such as diuretics for flushing out the system.
  - C. Urine adulteration – direct addition of adulterants or masking agents to urine specimen in order to interfere with the test.
- VII. Adult offenders who are being released to parole supervision shall be field tested as a part of the out-processing procedure before being permitted to leave the facility.
- A. If the field test is positive, and the positive test result is not due to any type of verified medication, the offender shall be held in custody until confirmation testing can be completed by an agency designated approved laboratory.
  - B. If the sample is confirmed as a positive, the offender shall be issued a Disciplinary Incident Report and the disciplinary process followed.
  - C. **Offenders being released to Mandatory Post-Release Supervision with positive test results will still be released upon reaching their calculated Minimum Discharge Date (MDD) and confirmation testing will not be conducted.**
- VIII. If an offender makes a voluntary admission, that he/she has been using illegal drugs or other intoxicants, the offender will sign and date the Voluntary Admission Form (**Attachment #1**). The employee receiving the voluntary admission shall sign and date the form as a witness. In such cases, the signed, dated Voluntary Admission Form shall carry the same evidentiary weight as a confirmed test result.
- A. Field testing and confirmation testing will not be conducted when an adult or juvenile offender in a DCR facility completes a Voluntary Admission Form.
  - B. If an offender on parole supervision makes a voluntary admission by signing and dating the Voluntary Admission Form, field testing and confirmation testing of presumptive

- positive samples by an agency designated approved laboratory may be conducted, depending on the circumstances.
- C. The Director of Security Services is delegated the authority to approve field test kits and devices, including those which use urine and/or other sample mediums and to approve procedures related to their use.
  - D. Personnel who are involved in the collection of samples from offenders will receive training approved by the Assistant Commissioner of the Bureau of Training and Staff Development (BTSD).
  - E. Punishments or sanctions will be imposed, as specified and in accordance with applicable discipline policies or parole procedures. Additionally, Correctional Hearing Officers shall order the offender to pay reimbursement to the agency for the cost of the confirmation test conducted by the agency designated approved laboratory when such tests are positive.
  - F. This Policy does not govern “intake drug testing” required for adult inmates upon intake at a jail unit.

**ATTACHMENT(S):**

- #1 Voluntary Admission Form

**APPROVED SIGNATURE:**



**Betsy C. Jividen, Commissioner**

12-1-21  
**Date**

## WV DIVISION OF CORRECTIONS & REHABILITATION

### VOLUNTARY ADMISSION

I, \_\_\_\_\_, do voluntarily admit to using the  
(insert name/OID number)  
substance(s) checked below within the last \_\_\_\_\_ days.  
(insert number)

_____	Cocaine	_____	Barbiturates
_____	Benzodiazepines	_____	Buprenorphine
_____	MDMA (Ecstasy)	_____	Methadone
_____	Methamphetamine	_____	Morphine
_____	Oxycodone	_____	Propoxyphene
_____	Tricyclic Antidepressants	_____	Fentanyl
_____	Marijuana	_____	Opiates
_____	Alcoholic Beverage	_____	Phencyclidine (PCP)
_____	Amphetamines	_____	Other: _____
			_____

I make this admission freely and voluntarily without any threats or promises being made to me.

\_\_\_\_\_  
Offender's Signature and OID Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessing Employee's Signature

\_\_\_\_\_  
Date