
Organizational Interpretations of Drug Test Results

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The U.S. courts consistently have upheld the constitutionality of laws regarding mandatory drug testing policies in the workplace and schools; these policies were designed to detect individuals' drug use that could compromise public safety. Yet looking at the uses of drug test results in another setting—the justice system—reveals one aspect that goes largely unaddressed in these laws and prior research on drug testing: the organizational context surrounding the administration of drug tests that shapes how their results are understood. In response, this article uses ethnographic methods to analyze the ways that staff at a juvenile drug court in southern California interprets drug test results. The article demonstrates that the staff's understandings of drug testing results involve interactional and institutional processes, dependent upon meanings constructed and situated in local organizational contexts.

Mandatory drug testing in America has become an increasingly prevalent way to monitor people's "drug-free" behavior in many facets of everyday life. Institutions now require people to submit to drug testing as a condition of their employment, participation in sports, schooling, public housing, probation, or parole. While seemingly innocuous in intention, drug testing can have quite severe implications, as a failed drug test could lead to a loss of employment, suspension from school, loss of government entitlements (e.g., welfare, housing), revocation of parole or probation status, or in some instances, a termination of parental rights.

The increased demand for drug testing is nowhere more evident than in the U.S. justice system, given the huge influx of non-violent drug users in its jails, courts, and prisons after the passage of strict drug laws and mandatory sentencing policies. Two interesting trends become apparent when considering how the justice

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system utilizes drug testing to monitor defendants. First, since drug use is seen as a correlate of other criminal and deviant behavior (e.g., aggravated assault, burglary, domestic violence, child neglect), the justice system requires drug testing for a wide swath of defendants, even if they are not being processed for a drug-related offense. Drug tests can be seen as a contemporary intersection of science and law; a positive drug test “proves” people’s guilt or criminality, given that they are supposed to abstain from any drug use as part of their court obligations. Courts no longer need defendants to attest to their own compliance; rather, courts can determine their deviance biologically through urine, sweat, or hair. Drug tests, in short, enable courts to see what could not be seen previously about people’s deviance.

Second, under the rubric of “therapeutic jurisprudence” (Corvette 2000; Nolan 2001, 2002; Wexler & Winick 1991), the justice system is diverting more people with drug-related offenses into court-mandated drug treatment programs instead of traditional case processing. The goal of therapeutic jurisprudence, as Steen (2002) suggests, is to engage offenders in the court’s moral project of adopting new forms of behavior such as being drug-free to become “productive” citizens. Yet it is often difficult to measure the effectiveness of that legally mandated treatment, especially for drug users (Goldkamp et al. 2001; Fox 1999, 2001; Paik 2006; Weinberg 1996; Wiley 1990). Drug testing becomes the “objective” measure of the defendant’s “progress” in drug treatment programs that are varied in intensity and modality. In these settings, drug testing becomes more than simply an intersection of science and law; it can be seen as representing the intersection of science, *therapy*, and the law. If drug courts rely upon their legal authority to motivate people’s engagement in drug treatment programs that are complicated to assess in a standardized manner, then drug tests provide the scientific proxy or bridge that helps drug court staff evaluate people’s efforts in those programs.

Surprisingly, the current research often does not consider one crucial element to mandatory drug testing: the organizational context surrounding the actual administration of drug testing and how that context shapes staff’s interpretations and uses of those drug test results. These issues are important to explore more carefully, given the following paradox: while practitioners recognize that drug testing is frequently problematic, they often base their decisions on the test under the premise that it is the only “objective” way to measure drug use. In response, this article analyzes the organizational context of drug testing through an ethnographic study of a juvenile drug court’s use of drug testing. It focuses specifically on when and how staff discusses “problematic” drug test results in the decisionmaking process about youths’ compliance in

the court. In doing so, this article demonstrates that staff's understandings of drug test results involve interactional and institutional processes dependent upon meanings constructed and situated in local organizational contexts. Simply put, not all positive test results are seen by staff as confirmed proof that the youths are using drugs, nor are all negative test results understood as evidence the youths are not using drugs.

This perspective is a familiar problem in the sociology of deviance and is at the center of labeling theory (Becker 1963): violating a rule does not necessarily mean that you will be labeled deviant. Instead of being the "fail-safe" measure of drug use, drug tests provide less-certain verdicts than expected. Hence, one must look at the contingencies affecting the interpretation and application of the rule, at instances where staff does question a particular test result. For example, testers recognize that the testees could be wily users who try to "beat the test," so negative test results may not truly be indicative of sobriety. In many ways, drug test results can be understood as a social construction, whose meaning is dependent not only on the lab report but also on the staff's understandings of drug tests. As Spector and Kitsuse (1977) suggest, the analytical task then is to focus on the social process of defining a social problem that in this case, would be the drug test results.

In doing this analysis, the article relies upon social control research that addresses how staff typifies and processes an individual's troubles or problems into normal or abnormal cases. This process is not just a classification exercise; rather, it is geared toward helping staff make decisions about those troubles. First, the staff relies upon a set of commonly shared "unstated recipes" (Sudnow 1965), or locally defined knowledge of how a particular organization works in its decisionmaking process. These unstated recipes in the juvenile drug court set up the conditions under which staff forms and uses a set of interpretive tools to attribute meaning to specific drug test results.¹ These meanings could be understood as a set of "normal case categories" that "frame the terms within which processing decisions are approached, and inform and justify the decisions ultimately made" (Emerson 1992:18). This interpretive work on drug testing has immediate consequences for the youths, as suggested by Emerson, who cites Hasenfeld's work on people-processing institutions² where "officials assemble, screen, and package the information gathered about

¹ In this way, the article also relies upon Gubrium and Holstein's notion of interpretive practice, or "the constellation of procedures, conditions, and resources through which reality . . . is apprehended, understood, organized, and represented in the course of everyday life" (2000:94).

² *People-processing institutions* (Hasenfeld 1974) refers to formal social control agencies such as hospitals, government agencies, courts, and schools whose principal focus is to

the client to fit into [this] set of working stereotypes,' thereby exerting significant influence over subsequent case handling" (1992:18). This interpretive work also includes a reflexive component, similar to Garfinkel's notion of the "documentary method of interpretation" (1967). That is, staff's negotiations over each drug test result are based upon a set of interpretive tools, and those negotiations simultaneously serve to redefine, reinforce, and reshape the staff's understandings of those tools.

After a brief discussion about the key issues surrounding drug testing, methods, setting, and unstated recipes, the article turns to the empirical data to address the various ways in which staff challenges and interprets drug test results. It addresses the social processes of defining drug test results to reveal how drug testing is a "going concern" (Hughes 1993) with its own set of everyday work issues and interpretive practices that construct its potential to monitor people's drug use. As such, the article builds on the current research on drug testing to address how the organizational context in which drug testing is administered shapes the meaning of its results.

Key Issues Surrounding Drug Testing

Since it first appeared in the 1960s in methadone maintenance programs in the United States and sport settings such as the Olympics, drug testing has become an increasingly popular mechanism to detect drug use. Other institutional settings began to use drug testing in the 1970s, such as the criminal justice system and the military, which began testing soldiers returning from the Vietnam War for heroin addiction. With the passage of the Drug Free Workplace Act (1998) and Omnibus Transportation Employee Testing Act (1991), drug testing also became a standard feature in the workplace as a way to measure worker productivity and to ensure public safety.

These settings typically monitor for following drugs: marijuana, cocaine, opiates (heroin, crack), amphetamines (e.g., "speed") and methamphetamines, and alcohol. The most common drug tests are done through urinalysis. One kind of urinalysis test is the presumptive test, otherwise known as the "screening" immunoassay test, where a treated strip of paper is dipped into the urine and provides instantaneous results.³ A more scientifically

confer new statuses and labels on the people who go through them, and consequentially changing their access to social resources.

³ If the test result is negative, further testing is not pursued. If the result is positive, the sample is sent to the laboratory for gas chromatography/mass spectrometry (GC/MS) confirmation.

rigorous test result involves a lab confirmation process called gas chromatography/mass spectrometry (GC/MS); most court settings base their official decisions on the GC/MS result. Another form of testing is through a skin patch that measures drug use through the person's sweat. The following article focuses on results from these types of tests; however, it should be noted that newer forms of testing have been developed to detect drug use through the hair, saliva, and pupils.

Most research on drug testing does not question its scientific characteristics, looking instead at a particular setting in which the testing occurs (workplace, sports, school, home, or criminal justice system). The literature encompasses five general perspectives: legality of drug testing, moralizing about drug testing, technological aspects, deterrence, and implementation issues. The breadth of these perspectives reveals the extent of drug testing's domain in everyday life and its growing legitimacy as a social control mechanism. At the same time, none of these studies recognize how results may be used in different ways across organizational settings. For example, much of the literature (DuPont 1989; White 2003) and U.S. court decisions on drug testing in the workplace and schools (*Board of Education of Independent School District No. 92 of Pottawatomie County v. Earls* 2002; *Vernonia School District v. Acton* 1995) addresses the legal question of whether drug testing violates people's civil liberties or is legitimate in its attempts to protect the greater public's safety. Elsewhere, sociologists of sport (Denham 2004) highlight the moral aspects, in which drug testing is depicted as a way to keep the "integrity" of the sport where no player has an unfair advantage, to keep players as "honest" and worthy "role models" for younger and amateur athletes.⁴ In addition, some research discusses flaws in drug testing technology (Barnum & Gleason 1994) and considers the broader societal implications in terms of the explosion of the drug testing industry (Tunnell 2004) and the public perception of a growing drug crisis (Gilliom 1994; Hanson 1993) as more advanced tests detect more types of drug use in more individuals, "proving" the rise of drug use in American society.

The deterrence studies also do not look at the organizational uses of drug tests; rather, these studies attempt to measure how drug testing influences future drug use and criminal activity. Most of these studies either find no significant effect (Comer 1994) or show mixed results of its deterrent effect on a person's drug use and criminal activity (Belenko 2001; Britt et al. 1992; Cullen et al.

⁴ Perhaps the most prominent example of this moral perspective is the recent congressional hearings urging for more stringent drug testing protocols in professional baseball.

1996; Harrell & Roman 2001; Toborg et al. 1989; Wish and Grop-per 1990). Furthermore, other studies (French et al. 2004) show how drug testing creates several unintended effects for employers, as it effectively deters prospective applicants and generates additional costs related to staff turnover, increased staff recruitment, and administration of the drug tests. Underlying these mixed results are the differences among the types of settings and people being tested (Borg 2000; Borg & Arnold 1997; Boyes-Watson 1997; Draper 1998; Haapanen et al. 1998; Kleiman et al. 2002; Knudsen et al. 2003; Turner & Petersilia 1992).

In sum, the studies appear to maintain the scientific, “objective” character of the drug test as a concrete measure of drug use activity (Robinson & Jones 2000). The studies do not address the interpretive work surrounding drug tests or, more specifically, that how and when practitioners choose to respond to drug test results shapes the meaning of those results. In response, this article looks at how drug test results become a site of contested negotiations by staff in a juvenile drug court. This approach is similar to Lynch’s research (1985) that explores shop talk in a brain science lab in which the meaning of “scientific fact” is situated within the scientists’ talk and work. Lynch analyzes how the scientists’ work reflects instances of “achieved agreements” versus the traditional social scientific notion of “implicit agreements.” Lynch defines the former as “something which speakers *make happen* on occasions of interaction . . . where interactants are oriented to ‘facts’ which have yet to be determined, or procedures which are in the course of being designed. In such situations, agreement has a different consequentiality, as it becomes synonymous with collaboration on ‘fact’ or ‘procedure’ at the scene of an inquiry” (1985:189, 190; emphasis in original). Similarly, this article addresses how the juvenile drug court staff works to achieve agreement about drug test results or “facts,” as informed by their everyday work practices. In doing this analysis, the article proposes a new organizational perspective of drug tests showing that how staff interprets the results is informed by the localized understandings of drug tests. This organizational context provides the platform upon which staff constructs meaning of the drug test result, from which point staff can decide how to respond.

Methods

This project uses ethnographic methods to provide a naturalistic account of the staff’s decisionmaking process in the juvenile drug court; by *naturalistic*, I mean that the field notes attempted to document the process as it unfolded, without any editing based on

analytical presuppositions or hypotheses. Fieldwork for the project started in October 2003 and was completed in October 2004. Observations included the court sessions and ride-alongs with staff who went into the community to check on the youths in their schools, treatment programs, and homes. The majority of the data are taken from my observations of the court sessions only. These court sessions involve a "team meeting" where staff reviews youths' progress and a court hearing with the youths and their families. The team meeting lasts from 30 minutes to two hours, during which time staff debates whether the youths' actions are compliant and discusses the appropriate court response. As I was not allowed to tape-record the meetings, I wrote down the staff's discussions as close to verbatim as possible to get a sense of the naturally occurring decisionmaking process. The court hearings include two components. First, staff holds individual conferences with the noncompliant youths and their families, telling them what the particular sanction will be for their noncompliance. The youths and family members can speak up at this point and challenge the sanction, but more often than not, they are unsuccessful in changing the staff's decision. Second, there is a general drug court session with all the compliant youths when the judge tells them how many sober days they have; at the beginning of every month, the judge also offers rewards (e.g., movie tickets, gift certificates) to the youths in exceptional compliance. These hearings range from 45 minutes to two hours, depending on the number of individual conferences done and which youths are present.

I used grounded theory (Charmaz 2001) to analyze my field notes. To facilitate this, I strove in my field notes to record "thick descriptions" (Geertz 1973) of the court sessions that I observed so that I would be able to identify themes based on those notes. For example, I started to notice that staff members interpreted some drug test results differently and, depending on their discussion, the consequence for youths would be either a sanction for that test result, increased monitoring, or no response at all. The basis of the staff's decision did not come exclusively from the drug test result, but rather out of a discussion about the staff's interpretations of the result. So I started by coding my field notes for drug testing issues, specifically for instances where a staff member questioned a drug testing result and how other staff members responded. I also interviewed staff members (e.g., probation/police officers, case managers, attorneys, judges, family therapists) about their perceptions of drug testing to further supplement my observations. I then organized these codes into general categories for the analysis presented in this article.

I should note that I found no clear patterns based on the youths' race, socioeconomic class, and gender in terms of when

staff would decide an ambiguous test result was “positive” or when to sanction a youth for a positive test result. This could be related to the fact that staff would often discuss up to three drug tests per youth participant each week, increasing the probability for all youths that staff would question a particular result. In that regard, I have included the youths’ race and gender in the field note excerpts here to show that staff did challenge drug test results for all youths, Latino and white, male and female. My field notes revealed that staff negotiations resulted more from organizational issues than from demographic variables. In response, this article is focused more on how staff comes to interpret ambiguous results and how staff’s interpretations are situated within a localized organizational context.⁵

“Unstated Recipes” in the Setting

The following section provides a brief overview of the project setting, highlighting two unstated recipes, or organizational features of the court that influence the staff’s decisionmaking process: close supervision of youth participants and interagency decision-making about those participants’ progress. These unstated recipes create an organizational environment that is conducive to staff’s potential questioning of every piece of information gathered about the youths, including their drug test results.

With its unique countywide model, this southern California juvenile drug court opened in 1998 and can handle up to 150 youths at any given time.⁶ The youths are assigned to a particular court day, depending on their place of residence (e.g., East County meets on Tuesdays; North County meets on Wednesdays; South County meets on Thursdays). Each court has a dedicated team of one judge, prosecutor, defense attorney, probation officer, police officer, juvenile recovery specialist (a drug counselor who works with the outside treatment providers), and clinical therapist. Similar to other court settings where “work group” culture develops over time (Eisenstein & Jacobs 1977), the juvenile drug court’s team-based model helps the staff develop an intimate knowledge of each other’s routines and work styles. Many staff members,

⁵ This analytical focus does not mean to deny or ignore the impact of U.S. drug policy on increasing the numbers of minority offenders in the justice system. However, to conduct that analysis, the article would have had to compare instances of when staff decided to challenge or not challenge drug test results and discern any racial differences in that regard. While that research question is important, this article looks instead at staff’s interpretations of drug test results to provide an understanding of how local organizational contexts affect case outcomes.

⁶ That includes both active and inactive (AWOL, in custody, long-term residential treatment) participants. Typically, the court has 60–75 active participants at any given time.

including the judges, the public defender, and the probation officer, have been working at the juvenile drug court since it opened; the others have extensive experience (ranging from two to 30 years) in the juvenile justice and/or substance abuse treatment field prior to coming to the juvenile drug court. At least half of the treatment staff members are former drug users in recovery. The court's highest turnover of staff is the police officers, but that is mainly because all but one officer are assigned to the court only on a part-time basis.

In terms of demographics, the judges are all Caucasian males, with the rest of the staff being predominantly Latino/a and white males and females. In general, the treatment staff tends to be younger than the legal staff. The youths (14 to 17 years old) are mainly Caucasian and Latino, with a few African Americans and Asian Americans. More than four-fifths of the participants are male (81%). The Caucasian youths are mainly from middle-class families, while the Latino, African American and Asian American youths mostly come from lower-income families.⁷

As with many other drug courts, this court is post-dispositional. Probation officers and judges refer young people to the court if they are first- or second-time nonviolent⁸ felony-level offenders who have accumulated three "noncompliant events" while under traditional probation supervision.⁹ Another eligibility criterion is that they must have substance abuse treatment as a condition of their original probation. These youths have been marked as "problem" cases requiring intensive supervision, given that they have been involved in the juvenile court for some time and failed in the first level of probation supervision.

In brief, the youth participants are expected to go to school every day, be respectful at home, and attend drug treatment after school. To graduate from the program, they have to advance through four phases in the drug court process. Each phase has a different level of court supervision (random drug testing, interaction with drug court staff), mandated hours in drug treatment, and court appearances. The youths also have to accumulate 365 consecutive "sober days" or testing drug-free, in addition to

⁷ This observation is based on my visits to youths' homes and communities, and staff's comments to me about the youths. I did not have access to official records to verify these views.

⁸ In practical terms, the court does accept youths with violent records on a case-by-case basis.

⁹ Noncompliant events could be a positive drug test result, a missed appointment in treatment, or discharge from treatment. These noncompliant events have to be officially documented as probation violations and heard in the court. Some staff remarked to me in passing that many youths are eligible for drug court but are not referred to the program because their probation officers do not have the time to fill out the paperwork to document such violations.

completing the other requirements related to treatment, school, and home.¹⁰ If the youths test positive for drugs, their sober day count gets reset to zero days; so if they have 364 sober days and then test positive for drugs, their count gets reset to zero and they face at least another 365 days in the drug court before graduating. Upon graduation, they become eligible for successful termination of their probation, dismissal of all charges, and waiver of all fees except for restitution fines. However, if youths get rearrested or are continually noncompliant, staff can decide to terminate them from the court and refer their cases back to the mainstream Juvenile Court. At that point, the youths could face long-term placement in probation camps, or possibly the California Youth Authority.

The staff relies on commonly shared unstated recipes (Sudnow 1965), or background knowledge about the youths and court operations, to inform the decisionmaking process. For example, staff expects that the youths are going to be noncompliant at various stages of the program. Unlike the “bank” model, whereby traditional probation officers often only see the youths if they get rearrested, drug court staff sees the youths between two and three times per week, at all hours of the day, regardless of how well the youths are doing. This increased interaction fosters an environment where staff can find out more ways in which the youths are noncompliant than usual (i.e., probation supervision) and provides more occasions to sanction them in an effort to teach “consequential thinking.” In fact, to be accepted into the court, the youths must have a certain amount of custody time (the maximum incarceration time they can receive as the disposition for their offense) that staff can use to sanction them legally when they are noncompliant. So if the sanction is five days in Juvenile Hall, those days are deducted from a youth’s custody time.

At the same time, it should be noted that the actual events of noncompliance are trivial behaviors. Specific to drug use, staff understands that youths will use drugs while in the program, even the ones who are doing well. So a positive drug test result is not necessarily seen as a “fatal slip” but as an opportunity for staff to use discretion in deciding what kind of sanction to impose. The sanctions could range from loss of sober days, home supervision, short-term incarceration in Juvenile Hall (two to five days), or longer-term in-custody drug treatment programs at the local probation camps (28 or 120 days). The drug test result is thus considered a resource in how staff chooses to work with the youths at any given time.

¹⁰ The program has since switched to a nine-month model, requiring the youths to achieve 270 days of consecutive sobriety; as a result, there are now only three phases instead of four. However, the data in this article were collected while the program was still a 365-day model.

A second unstated recipe is that the juvenile drug court staff's decisions are not based exclusively on youths' actions but rather created through the staff's institutional talk (Drew & Heritage 1992) about those behaviors. When the youths are noncompliant, the legal and treatment staff members engage in often contested negotiations over how to respond. For example, the legal response reactively considers a drug test result as positive or negative, whereas the treatment response can be both reactive and proactive. That is, treatment staff can respond to the result as a therapeutic moment regardless of whether it is positive or negative, while simultaneously using it to inform a future course of action such as changing the youths' treatment program or frequency of drug testing. As a result, depending on how various staff members present their perspectives to each other, their discussions could transform the youths' status from noncompliant to compliant or vice versa.

The next two sections focus on the ways in which these two unstated recipes inform staff's discussions about the meaning of drug test results for youth participants. The first section lays out a set of interpretive tools that staff uses to clarify the ambiguity in drug test results. The article then highlights how staff employs those tools to situate a specific drug test result within one of four normal case categories in order to make decisions that shape youths' institutional careers in the program.¹¹

Interpretive Tools

Staff uses several interpretive tools in discussing drug test results in the attempt to identify the results' "true" meaning. The notion of interpretive tools is meant to convey their selective, practical, and instrumental character. In other words, staff challenges only a subset of drug test results discussed in the court by employing interpretive tools to assign particular meanings to those results in order to make decisions about how to respond. The following sections outline four such tools: the type of drug, typical patterns of youths' drug use, general notions of the youths' behavior, and staff's competencies in administering drug tests.

Type of Drug

Staff members often turn to their knowledge about drugs to provide more context for a specific drug test result. This example

¹¹ As a brief formatting note: in the field notes, all names for staff and youths have been changed for confidentiality purposes, as well as the organizational names. Staff members are noted with their roles in brackets at the beginning of every field note excerpt.

shows how the judge's understanding of methamphetamine users influences his interpretation of Molly's recent test result. Molly is a 16-year-old white female who was unable to provide a urine sample within the allotted time frame (45 minutes), after which point the staff could consider Molly's behavior as a "failure to test" and respond with a sanction:

Sarah [probation officer] says, "Last week, she was failing to test—you [the judge] had ordered her" to stay and test but she "had trouble producing [a sample]—she finally did 15 minutes to 5:00 p.m. after court was already dismissed." Sarah adds, "One of the problems" was that the water fountain broke James [district attorney] says she could have gone to the water fountain upstairs but Sarah says the youths can't go up there unescorted. Neill [judge] says, "Meth[amphetamine] people all seem to fall in the same category—lie, lie, lie and cry, cry, cry. It's the same thing every one." Jill [juvenile recovery specialist] says Molly also "left the house and violated home sup[ervision]" . . . Charlie [public defender] says, "I told her [Molly] 'it looks like you're dirty.'" Sarah says, "I told her [Molly] Your Honor I work late every night—at that point, she tested."

While this excerpt could be seen as simply an account where staff reinterprets Molly's past actions based on the current information of the positive test results, it also reveals how staff's general perceptions of methamphetamine can shape their initial interpretations of Molly's inability to test. That is, the judge relies on his general knowledge of methamphetamine users who "lie, lie, lie and cry, cry, cry" to shoot down any other possible explanations (e.g., the broken water fountain). The other staff largely falls in line with the judge, citing additional areas of noncompliance and opinions of how "suspicious" Molly's behavior toward the test appears. The excerpt also highlights the staff's assumption that if youths have problems with testing, it usually means they are using drugs. In interviews, some youths confirmed this assumption, saying they can always test if they are clean; if not, they try to evade the staff.

Typical Patterns of Youths' Drug Use

Staff often situates a drug test result within a pattern of drug use for a particular youth or in terms of the staff's general sense of youths' drug use. For example, staff expects a positive drug test result from youths who have achieved a certain time period of sobriety (e.g., 90 days); the explanation being that youths use drugs out of fear of becoming clean and succeeding in the court. In this next excerpt, staff discusses how to handle conflicting drug test results from a sweat patch (positive result) and three urinalysis tests (all negative results) for Julio, a 17-year-old Latino male.:

Julie [probation officer] says Julio “does not demonstrate signs or symptoms of meth[amphetamine] use.” Charlie [public defender] says “he denies” and Julie says, “His brother and another one who was arrested did get high” . . . Raul [juvenile recovery specialist] adds, “I agree with Julie, between the time I took the patch off, I tested him three times—all three [urinalysis tests] are negative. I talk to him a lot . . . the symptoms of drug use are not there” . . . Jack [district attorney] says there is “evidence going both ways” and there is “reasonable doubt” here . . . Raul says, “This kid—if he used, he would be bouncing” off the walls.

This situation demonstrates how staff utilizes its knowledge of drug use patterns to explain seemingly nonsensical results. Typically, staff does not question a positive sweat patch result from a lab report, even if the urinalysis test result is negative, because staff considers the sweat patch to be a more rigorous form of drug test.¹² But in this instance, Julie and Raul believe Julio is not lying about the positive sweat patch, as informed by their sense that he usually uses excessive amounts of drugs to the point of “bouncing” off the walls.

Notions of General Behavior

Staff also compares a drug test result to youths’ overall performance in other key areas, such as school, home, and drug treatment. If the youths are doing well in those areas, staff may be more likely to question the validity of a positive drug result or not treat it as seriously compared to cases where youths are doing badly in all areas. In this next excerpt, Peter, a juvenile recovery specialist, argues for leniency in responding to a positive alcohol test for Kyle, a 16-year-old white male:

O’Reilly [(judge)] says “OK, on Kyle.” Peter continues, “His m.o. is to drink, then pot, then crystal [methamphetamine]—he goes on the run . . . this time, he admitted.” Peter says that he is going to school every day and treatment. Peter adds, “I see this as an improvement—I think it’s best if we put him on home sup[er]vision] for a week and give him community service.” . . . O’Reilly says, “OK, eight hours community service and home sup[er]vision].”

While one may expect staff to interpret positive test results as a clear indication of Kyle’s noncompliance, Peter compares the drug test to Kyle’s behavior in other areas of the drug court (e.g., school, treatment) to suggest it is an anomaly for Kyle’s overall good performance. Peter actually presents the test result as an indication of

¹² Since sweat patches are placed on the person’s skin for up to two weeks, they can monitor for drug use over a continuous period of time, while urinalysis tests capture drug use within a limited period of time.

Kyle's favorable progress in the program in that Kyle admitted to using drugs, whereas before he would consume multiple drugs and run away to avoid testing. By situating the specific test within a broader pattern of behavior, Peter then argues for a less-severe sanction of community service and home supervision, as opposed to a sanction of short-term custody that the court would normally issue for a positive drug test.

By contrast, staff often suspects a youth participant may be using drugs when considering performance in these other areas. Peter, Kyle's juvenile recovery specialist, perhaps best articulated this notion in an interview:

If my kids are doing drugs, there are a thousand other signs that are going to point to that before they get a positive test They're not going to school. They're skipping treatment They're avoiding me. They have a reason to miss court two weeks in a row . . . they're more irritable to see me. They're more paranoid. Their behavior is slightly different than normal.

Peter articulated a commonly shared notion among the staff that the drug test result is not the only factor in making a decision about youths' drug use. Rather, the drug test result is situated within a greater context of locally defined notions of compliance based on the youths' attitude and behavior in school, treatment, and court.

Staff's Competencies

Staff's perspectives on drug testing can vary, depending on how staff views the competency of the person administering the tests. Court-based staff (e.g., attorneys, judges) mentioned inconsistency among field-based staff (e.g., probation officers, juvenile recovery specialists) in performing the drug tests. For example, when I asked the public defender (Charlie) when he would challenge drug test results, he said, "It all depends Who took the sample? How was it collected? If I know this guy's sloppy in the collection . . ." When I asked how he knew if staff was "sloppy," he said youth participants have told him and added, "I've gone in several times [to the court bathroom where the testing is done], and I've seen the way the guys [are] writing on the youths' [lab sheets] for testing. It's not supposed to be there, you gotta watch." He suggests that not all staff members follow the drug testing protocol, since they are filling out the drug testing paperwork instead of observing youths while they submit urine samples.

By contrast, as suggested by Peter's comments in the previous section, the juvenile recovery specialists and probation officers often said that they can tell when the youths are using drugs or not, independent of the drug test. This knowledge is based on their

experience working with the youths, as described by another juvenile recovery specialist, George:

Just how they hold themselves and just don't look you in the eye and when you ask them specific questions, they're evasive with their answers. It's a feeling too . . . before I worked here, I worked with another company where I tested 50 people, did 50 tests a week, not 50 people, but 50 different tests a week. So, I've got to the point where I test a lot and while I'm testing I'm always questioning them.

George, in contrast to Charlie's comments discussed in the previous paragraph, is not concerned with the preciseness of the collection process when considering a drug test result. Instead, George bases his interpretations about clients' drug use on his experience and the "normal" behavior that clients exhibit during drug testing. Yet at the same time, neither Charlie nor George focuses on the drug test result as an indication of youths' drug use. These different views toward drug tests, then, do not refer to the scientific legitimacy of drug testing results; rather, they indicate the everyday work processes and concerns of the juvenile drug court staff.

In sum, staff relies upon a set of interpretive tools in understanding specific test results. One cannot assume that a negative drug test result proves no drug use that justifies no sanction, nor that a positive test result indicates recent drug use that merits a sanction.¹³ The next section presents empirical examples of four normal case categories of "questionable" drug test results (e.g., false positive, false negative, ambiguous results, and no results) and how staff attempts to understand and respond to those test results in ongoing negotiations about the youths.

Normal Case Categories of Drug Test Results

Staff often raises issues about drug test results to either confirm or question the test result's validity. The major task in staff's discussions involves using the interpretive tools discussed in the previous section to place the specific test result within a particular normal case category, or "organizationally sanctioned devices for assessing 'what is going on'" (Emerson 1992:19). As this section shows, these categories help staff decide how to respond.

¹³ At the same time, staff can agree without any dispute as to the meaning of the drug test results, even if the test may be questionable.

False Positive

Staff can determine that a positive test result is a false positive to suggest that a youth did not really use drugs or that it is not new use and thus does not merit any court sanction. In this next example, the staff talks about Eddie, a 16-year-old Latino male, who has a positive drug test for marijuana that the probation officer considers unproblematic, given the time frame in which it was taken:

Julie [probation officer] says Eddie “is a new kid” and he had a positive test . . . but he has diminished results so that means it is not a new use Neill [judge] asks if the results are going “down, up or sideways?” Julie says the ratio is 1.04 when you do the division and not 1.50 [the court cutoff for new use].

Here, both Julie and Neill rely on their knowledge of the type of drug to determine that the test is not indicative of new drug use. They both recognize that the court’s frequent testing (up to three times a week) could lead to two consecutive tests detecting the same instance of drug use. As a result, staff uses two specific methods to determine new marijuana use. First, two positive marijuana drug tests are considered distinct uses if they are not taken within 10 to 14 days of each other, a time frame that the court considers to be long enough for marijuana to clear out of the body.¹⁴ Second, if the two tests for marijuana do fall within that time frame, the most recent test result must have levels of tetrahydrocannabinol (THC) that are 1.5 times higher than the levels from the last test result to be considered as new use. While the science behind the drug test result is unquestioned, both the time frame and ratio are indicative of the local organizational context imputing meaning to a drug test. For example, the staff often says that it can take longer for marijuana to clear out of a person’s system, depending on age or body fat; other courts also use the ratio of 1.0, versus 1.5. At the end of this interpretive process, the staff decides against issuing any sanction for Eddie.

Staff also can categorize a test result as a false positive after considering alternative and acceptable explanations that could have interfered with the drug test results. In the next example, staff accepts what Rebecca, a 17-year-old white female, says about her positive test result because she was taking painkillers after recently having surgery. The staff’s response is largely situated within its favorable assessment about Rebecca’s overall performance:

Smith [judge] says Rebecca has 152 sober days, needs to bring in proof of attendance at four 12-step meetings and is doing well.

¹⁴ By contrast, the time frame for methamphetamine is much shorter, since it lasts only 48 hours in the body.

Bill [juvenile recovery specialist] says he isn't sure if she is going to bring in the meetings because she had a medical problem—a cyst on her ovaries—and has been given narcotic pain medication. He adds she's bringing a note in to state that so she'll test positive for opiates. He said that was all confirmed by the mom. Smith says that sounds "pretty serious" . . . Bill says she tried to not take the pain medication but then the pain was too much so she did take it. Her parents were monitoring the medications. He added it was something like an emergency where it almost was at the point of bursting. Smith says they should ask if she wants to go early and go home.

Technically, Rebecca could be seen as noncompliant because she should have gotten approval from the court staff *before* taking the pain medication and does not provide documentation for attending the 12-step meetings. However, the staff accepts her excuses without any hesitation, considering how she is doing well in the program. Smith notes her long period of sobriety, and Bill highlights her honesty about her illness and medication use with her parents and court staff. Furthermore, since staff generally trusts Rebecca's parents, Bill's comments that her parents are monitoring the medication support Rebecca's explanation of the positive opiate drug test result.¹⁵ Finally, Bill highlights that Rebecca tried to not take the medication, implying that she is trying to maintain her sobriety by not taking any drugs whatsoever (as encouraged by 12-step types of treatment programs). No sanction is issued, and this test result reflexively influences staff's sense of the interpretive tools. That is, staff's favorable assessment of Rebecca is reinforced by how she tried to avoid taking the medication (e.g., type of drug use) and responded to this test result with honesty (e.g., general behavior).

Another categorization of false positives occurs when a staff member challenges another's adherence to the drug testing protocols. In this next excerpt, Charlie, the public defender, notices that the lab report states there were "chain of custody issues"¹⁶ for a recent positive test result for Billy, a 16-year-old Latino male.

Charlie says "the only problem" is when the results list "chain of custody faults." Julie [probation officer] says, "You know—he [Billy] initialed" in the wrong place and adds, "I saw Raul

¹⁵ It should be noted that there are converse examples where staff does not believe the parents and interprets the parents' explanations as "covering" or "enabling" their child's drug use.

¹⁶ Chain of custody refers to the steps in the paperwork associated with administering drug tests. There are several steps to the paperwork: the youths and staff must sign various parts of the form at distinct times (e.g., before submitting the urinalysis sample, or after removing the sweat patch), and staff must put the paperwork in a certain location with the sample.

[juvenile recovery specialist] and Jill [juvenile recovery specialist]” do the test. She continues that “I said maybe there is not” enough urine to test. Charlie says “what I said” was more about the chain of custody errors. Julie says they initialed in only three of four places and in one place there was no date—those were the errors. Charlie says those don’t show up on the other tests and Julie says yeah. Charlie says they need to “clean it up.”

Both Charlie and Julie’s interpretations of Billy’s test result stem from their different understandings of staff’s competencies in administering drug tests. While Julie insists that the error was actually Billy’s fault because he initialed the paperwork in the wrong place, she does not mention how the staff could have caught that mistake and corrected it. Instead, to validate the results as positive, Julie verifies that she observed the juvenile recovery specialists, Raul and Jill, administer the test correctly and tries to relocate the problem back on Billy, who did not provide enough urine. While the substance of the errors invoked by staff appears trivial, the errors are deeply meaningful as they legally invalidate the test result and thus prevent the court staff from responding to the test as positive. It also highlights how important the staff’s negotiations become in the overall decisionmaking process. One could imagine the opposite situation in which staff did not raise the chain of custody issue and a youth could be sanctioned for that test result. Similar to Lynch’s “achieved agreement” (1985), staff must bring up the errors in order for the drug test to be treated as a problem.

In addition, this discussion demonstrates how each specific negotiation could influence future negotiations: by saying “clean it up,” Charlie’s objections echo his more general perspective about the treatment staff’s competency in drug testing and inform how he views the positive test result—and others similar to it—as invalid. Finally, the test result reveals a difference in a legal versus therapeutic approach to dealing with Billy: staff cannot issue a sanction legally for the test result, but as Julie does consider it as an indication of drug use, the test result informs how she may interact with Billy in upcoming weeks, testing him more frequently and being more suspicious of his actions.

False Negative

Conversely, even if a youth’s drug test result is negative, staff could still suspect drug use. The importance of organizational context is apparent here, as staff and the youths both recognize the weaknesses in the court’s testing system. As Joe, a probation officer, said, “You don’t get a lot of alcohol tests unless we go out on the weekend or we’ve caught a few kids with alcohol. I think a lot of

them are probably drinking on the weekends and that we are not knowing about.” In this next excerpt, the probation officer notes that Cruz, a 17-year-old Latino male, is still using drugs but manages to avoid getting detected:

Neill [judge] says, “Cruz won’t be here . . . Why won’t he be here?” Charlie [public defender] says because of his baby and Sarah [probation officer] also says his baby—she then adds that he is the one whose girlfriend called last week to tell them he was still using. Charlie protests that he “tested negative” and Sarah says, “Yes but she says he knows to clean himself up.”

Sarah presents Cruz’s absence within the general pattern of youths’ drug use as one of deceit and trickery where he knows how “to clean himself up” to beat the test. Staff acknowledges that while the youths are told the testing is random and frequent, there are gaps in the system. That is, staff does not test on the weekends, and the testing that is done becomes somewhat routinized as staff makes regular rounds in the community to the youths’ schools, treatment programs, and homes. In addition, some drugs stay in a person’s system longer than others, leading staff to suspect that the youths strategically time their drug use so that when they do test, the drug is no longer in their system. In this instance, staff does not sanction Cruz but, at the same time, no longer accepts his excuse of caring for his baby for future noncompliant behavior.

The staff can reinterpret past negative drug tests as positive, given current test results. In this next example, Bobby, a 16-year-old white male, has accumulated six months of sober time. However, doubts arise among the staff as to whether Bobby was actually clean during that time after he tests positive for alcohol:

Candace, Bobby’s treatment provider, says “he claims six months” of sobriety “before the positive test—he’s either been using or he has been clever in how he was using.” Bill [juvenile recovery specialist] says it is a “possibility” because “it was a Monday morning test.” . . . Bill continues, “I suspect he used a couple times—testing negative” which is “my fault” because he had “such a time clean—and Images [a probation community-based day program that includes an onsite school] said he was never positive” so he was only being tested “once a week—the first month of drug court. I switched up after I heard problems. Then we got him on Monday.”

In this instance, Bill backs up his professional opinion about Bobby doing well by saying the staff at Images also said “he was never [testing] positive.” At the same time, Bill does not say Bobby is drug-free; he merely says that “he was testing negative.” This excerpt also shows that how the staff views drug test results is affected by the interpretive tool of the youths’ general behavior. If the

youths are doing well, none of the staff will question the negative drug test results as suspicious, and some juvenile recovery specialists such as Bill may begin to test the youths less frequently. This ironically allows some youths to begin to hide their drug use more easily if they are seen as doing well in the program. The staff used this positive test result as grounds to reconsider treatment options for Bobby and added weekly individual counseling sessions on top of his intensive outpatient treatment program.

Finally, staff will discount a negative test result if a third party informs them that a youth participant is using drugs. In this next excerpt, staff thinks Tom, a 16-year-old Latino male, is “slipping” even with no positive test result. Staff bases this assessment on information gathered from Tom’s mom and on his noncompliance in other areas:

Peter [juvenile recovery specialist] says “Um, I’m a little concerned for Tom right now. He’s doing well but he needs just a few things to do to finish up at treatment” which he “hasn’t done—his mother said he admitted using to her but if he didn’t say anything to me and test” positive then “I can’t say anything,” and also he’s been “testing clean. I just get the feeling—I don’t know the word—he’s slipping. I want the team to say “something.” . . . Julie [probation officer] says, “How many unexcused absences from treatment” does he have? Peter says “two so far.” Julie says, “home sup[ervision]” . . . Charlie [public defender] says to “test on a presumpt [the presumptive test].”

This excerpt shows how staff could interpret a negative drug test as not necessarily proof that a youth participant is clean, given other interpretive “clues” from performance in other areas. Peter says he is suspicious of Tom’s negative drug test results, based on the parent’s statement that Tom admitted using drugs. The other staff starts to look outside the drug test to other aspects of his behavior to inform the negative test results. Even though Peter starts the discussion by saying that Tom is almost done with treatment, Julie focuses on Tom’s “unexcused absences” from treatment to support Peter’s sense that he is slipping. As Peter stated earlier in his interview, this warning sign is more of an indication that Tom is using drugs than a positive drug test. As a result, the staff decides to issue a sanction of home supervision. Charlie, the public defender, also asks for an additional drug test, perhaps hoping to clarify this ambiguity and reverse that sanction of home supervision if the result is negative. At the same time, Charlie’s request highlights another organizational response to false negatives in that the youths are tested more often if the staff suspects they may be using. With each new test, the likelihood increases that they can get a positive result and a court sanction.

Ambiguous Results

The situations discussed up until this point involve lab-confirmed (GC/MS) drug test results of positive and negative. Staff also must discuss test results that are neither clearly positive nor negative. Staff relies upon the same set of interpretive tools to attribute meaning to these test results and to make decisions based upon those discussions.

One common ambiguous result comes from the presumptive drug test. These test results are merely suggestive of drug use, versus the lab-confirmed results. If the presumptive test result is positive, the staff asks the youth participant if he or she used drugs; if the youth admits, the staff issues an immediate but often lesser sanction (three days in custody) than if the youth denies and the lab report comes back with a positive result (five days in custody). As a result, staff often disagrees as to what the presumptive test results indicate and how to respond to them. In this next example, Bill, the juvenile recovery specialist, looks at a questionable presumptive test result for Brent, a 15-year-old white male.

Bill says they will have a “fight on this one” because there is a “thin line [indicating no drug use].” . . . Sarah [probation officer] says, “Your Honor, the presumpt” is a “possible positive.” Charlie [public defender] says incredulously, “How is it possibly positive?” Sarah says, “Because there is a fine line.” Charlie says the “rule is —a line is, however faint” means a negative test. Bill says the test will probably come back positive, and Neill [judge] says, “If there is a line, send it out” [to the lab].

Staff members challenge each others’ competencies to negotiate the meaning of this presumptive test result. The field-based staff uses its familiarity with drug test results to suggest Brent is using drugs. However, Charlie, the public defender, and Neill, the judge, employ legal terms to suggest that this result cannot be accepted as positive. This disagreement highlights the greater tension about whether to respond legally to that particular test or to respond therapeutically to the youth participant. The legal staff sees presumptive test results as not legally binding, whereas the treatment staff looks to respond as soon as possible to the youth’s drug use to teach him to take accountability for his actions. The therapeutic intention would be that the next time Brent considers using drugs, he may think of this instance when staff immediately punished him for his drug use with a sanction and decide it is not worth it to use drugs again.

While the court has established policies about what technically counts as a positive drug test, the staff occasionally disputes those policies based on the youths’ general pattern of behavior. In this next excerpt, Julie, the probation officer, starts off with an equivo-

cal interpretation of the test results for Eddie, a 16-year-old Latino male, but she adds more context from recent events to suggest that the results were positive:

Julie says, "I got an interesting test result on Eddie." . . . She adds that it's positive for methamphetamine, but it's below the cutoff. Charlie [public defender] says that means it's a negative test by law. Julie says, "Eddie had a birthday last Thursday. I told him in court don't do anything because he'll be tested Friday, but Raul [juvenile recovery specialist] couldn't find him and he was on vacation from school. We couldn't find him there. I don't know if this is—this almost positive is related to his birthday." Charlie repeats the test is not admissible. Julie says, "In the meantime what I mean is we need to test him a lot."

The organizational context emerges again here as Julie acknowledges that the levels of methamphetamine stated on the lab report are "below the cutoff" of the federal guidelines for a positive test.¹⁷ Julie turns to Eddie's general behavior to ground her opinion that he did use methamphetamine. She first says that they told him explicitly last week in court (on his actual birthday) to not use drugs to celebrate his birthday and that he appeared to avoid testing the day after court. Charlie, the public defender, goes back to focus exclusively on the legality of the drug test result that is "inadmissible." By contrast, Julie situates the test result within a greater context of how to work with Eddie, saying they need to increase the frequency of testing because of his suspicious behavior. As in the previous example, this excerpt demonstrates how a drug test result exemplifies the intersection of science, law, and therapy. Even though it does not meet the legal standards, Eddie's test result serves as a therapeutic tool for Julie, as a warning sign to pay more attention to Eddie in the upcoming week by increasing the frequency of drug testing.

Perhaps the most common area of ambiguity is when the urinalysis test result cannot be verified because the sample is too diluted. That is, the sample does not have enough creatinine to test for drugs.¹⁸ Staff sees diluted test results as "red flags" that the youths could be using drugs and trying to avoid detection by trying to "flush out" their system through drinking excessive amounts of fluids. When asked about this issue, Jack, the district attorney, said,

¹⁷ See Crowe (1998) for a description of the federal guidelines for recommended cutoff levels for specific drugs, as set by the U.S. Department of Health and Human Services. These guidelines are for workplace drug testing but also could be used for labs conducting urine testing for any federal agency.

¹⁸ Creatinine is the specific substance found in urine that the drug test measures to discern if the sample is consistent with human urine. If there is not enough creatinine in the sample, the drug testing lab cannot confirm its results (either negative or positive) with a high degree of certainty.

“If they do a dilute . . . they intended to dilute the sample.” Similarly, the juvenile recovery specialists and probation officers generally believe that diluted tests are indications that the youths are using drugs. As Bill, the juvenile recovery specialist, said, “In my mind it is positive.” Joe, the probation officer, said, “I think a diluted test is worse than a positive test because that kid purposely tried to tamper with the test and deceive the court.” At the same time, the public defender may look for plausible explanations for why the test may be diluted, such as a youth drinking fluids to recover from an illness.

With these differing opinions, staff members often debate whether youths have “intentionally” diluted the sample to avoid getting caught for using drugs. If the staff decides the test result was diluted, the staff will treat it as a “positive” test result, reducing a youth participant’s sober days to zero and putting him or her in short-term custody. Consider this example with Jamie, a 17-year-old Latina, who submitted a test sample that the laboratory report said was not consistent with urine. While the probation officer suggests that Jamie could have tampered with the test, the staff ultimately decides not to sanction her at this point.

Julie [probation officer] says the liquid was a clear specimen. She adds it is “real hard to observe a girl peeing” and the test results came back too diluted, also saying it was not consistent with urine. She speculates that Jamie could have dipped it into the toilet even though she was in the bathroom with her. She adds that she doesn’t know if Jamie could have drunk “Urineluck” [a chemical solution that eliminates the unwanted toxins in the urine] that created the dilute. Charlie [public defender] says you don’t drink Urineluck—you add it. Julie says she did the test the same day she applied the new patch. Jamie told Julie she is on SlimFast™ and drinking lots of water because she is on a diet.

Staff must decide whether to treat Jamie’s diluted test as a positive test; that decision would reset her sober day count back to zero. Given that Jamie is close to graduating from the program, the staff’s decision will have a huge impact on Jamie’s progress in the court. Julie starts by presenting Jamie’s dilute as intentional, by first defending her own competency as the drug tester and then suggesting that Jamie tried to tamper with the sample, as proven by other youths’ patterns of drug use. Charlie does not directly address this comment about Jamie’s actions; instead he challenges Julie’s knowledge of drug testing, correcting her statement about Urineluck. Julie then switches to a less-accusatory explanation in that Jamie is dieting and drinking lots of water. In the end, staff defers the decision until getting the results from the skin patch

drug test that will pick up any drug use potentially masked by this dilute.

No Result

While a seeming impossibility, staff will presume that youths are using drugs even if no drug test is conducted. Staff imputes to youths a certain kind of devious behavior underlying this kind of test result; that is, staff suspects youths have used drugs and are now trying to avoid detection by evading the test altogether. Staff often makes this assessment based on the type of participant. For example, if there are no tests because staff cannot locate a youth at school, drug treatment program, or home to conduct the tests, staff assumes that means the youth must have used drugs. In this next excerpt, Eduardo, a 17-year-old Latino male, left home five days earlier:

Greg [public defender] asks, “Eduardo? Do we expect him to show up?” Raul [juvenile recovery specialist] says, “Probably not.” Lopez [judge] says, “Bench warrant,” and Jack [district attorney] says, “If he does show—he should go into custody a few days. I’m not sure how many. He also needs to be tested—if he’s been gone awhile, assume he is dirty.” Raul says yes.

The absence of drug testing is situated within a broader pattern of a youth’s behavior. So even though the staff does not have a concrete drug test for Eduardo, Jack and Raul interpret Eduardo’s AWOL status as an indication that he is probably “dirty” and should be given the appropriate punishment of custody. This assumption is not just specific to Eduardo, but rather is based upon staff’s general sense of youths’ patterns of behavior while in the drug court.

Another category of the no result test is when staff must determine if a youth participant has deliberately tampered with the test. For example, while sweat patches are supposed to stay on a youth’s skin for at least a week, they frequently do fall off before staff can remove them appropriately to avoid contamination. Similar to the situations with diluted test results, staff must decide if the fallen-off patch was an intentional act and, thus, indicative of a youth trying to hide new drug use. Accordingly, staff treats tampered patches as “positive” tests. In this next example, a sweat patch for Kelly, a 16-year-old white girl, came off before staff could remove it. While this instance could be interpreted as a tampered patch and treated as a positive test, the staff does not consider it to be a problem.

Sarah [probation officer] says, “Kelly’s doing fine. The patch came off while she was on the trip.”... Jill [juvenile recovery

specialist] says, “I’m not concerned about it being tampered because she called as soon as it happened.” Meier [judge] says, “So it really came off” and that she’s not trying to lie. Jill says she tested her and then Meier says she’s doing OK, 142 days [sober].

The staff situates this instance within a broader pattern of Kelly’s good behavior to suggest that it was not a tampered test. Sarah, the probation officer, prefaces the bad news of the sweat patch with a positive assessment that “Kelly’s doing fine,” to mitigate the potential negative impact of the untested patch. Jill also characterizes Kelly’s actions as responsible, stating that she “called as soon as it happened,” in comparison to most youths who would not have thought to call in the same situation. The judge remains suspicious; only after Jill mentions she did another urine test that came out clean does the judge accept that Kelly is “doing OK.” The judge’s skepticism is stemmed by her trust in Sarah and Jill’s competency in assessing Kelly’s behavior. The judge’s response also demonstrates how the interpretive tools (e.g., the sense of youths’ drug use and staff’s competencies) can work together in staff’s discussions about drug test results. The staff does not issue a sanction for Kelly and, as with the case of Rebecca, the test result reflexively reaffirms the staff’s perception of Kelly as “doing well,” in that she proactively contacted Jill about it.

Finally, staff uses a youth’s response to drug testing to confirm its sense of the youth’s overall progress in the court. In this next excerpt, the staff discusses how to handle a no result from Christopher, a 16-year-old Latino male; the staff told him to come to the probation office for a drug test but he never showed up. Since many staff members see Christopher as noncompliant in all areas, they are eager to use this particular no result as an opportunity to sanction Christopher for his general noncompliance:

Joe [probation officer] says, “He had a failure to test yesterday” . . . Raul [juvenile recovery specialist] asks, “Has he shown proof of [Narcotics Anonymous] meetings” because he never has proof before nor a pay stub even though he says he is working. Charlie [public defender] says, “He’s on Phase 3—when’s the last time he’s here?” Jack [district attorney] reads from the weekly progress report that he owes “15 [Narcotics Anonymous] meetings.” Charlie says, “First of all—we haven’t seen if he has meetings or talked to verify if he didn’t come” to test yesterday. . . . Lopez [judge] says to “continue [the case] till next Thursday” so that he can provide proof of everything. Julie [probation officer] says, “There is a hard copy of the dilute which is being totally ignored.”

Joe’s interpretation of Christopher’s no test result as a failure to test is bolstered by the sense of other staff (Raul and Jack) that

Christopher isn't complying with any court condition. Charlie offers plausible explanations to challenge those statements, suggesting that they need to "verify" that the first test was indeed a failure to test and that Christopher's advanced status in the program (Phase 3) was the reason the staff has not seen proof of Christopher's compliance, since he was expected to come to court only monthly versus weekly. Julie, the probation officer, brings up another problematic "diluted" test result as further evidence that Christopher is noncompliant. The judge ultimately decides to postpone the decision until the following week, giving Christopher a chance to provide all the necessary documentation. When Christopher did not have that documentation, he ended up going into custody for five days for the diluted test result, thus reaffirming the probation officers' and juvenile recovery specialist's sense that Christopher was trying to avoid detection by diluting his urine sample.

Conclusion

This article has analyzed how drug test results are used in the everyday decisionmaking practices of a local juvenile drug court staff. While one would expect the hypothesis to test a causal link between drug test results and court decisions (e.g., positive test results equal court sanctions), this article has found empirical support for the null hypothesis; that is, staff anticipates, recognizes, and treats a certain number of drug test results as false positives, false negatives, ambiguous, or no test. To reiterate how malleable and negotiable drug test results can be, consider the following common scenarios that occur at the court. If the youths test negative, the staff may still remain suspicious that they are still using drugs, based on their general behavior or the flaws in the drug testing system. The staff will then begin to test troublesome youths more often until presumably they get a positive test result. Conversely, if the test results are positive, the staff could potentially determine that the youths are not using drugs, depending on the type of test (e.g., positive presumptive tests need to be confirmed by the lab; a positive urinalysis test could reveal drug use detected by a previous test). In other words, a negative test result does not automatically or practically signify no drug use and, likewise, a positive test result does not necessarily mean new drug use.

Given all these possibilities, the juvenile drug court staff often understands drug testing results using a set of interpretive tools: the youths' overall patterns of behavior, past drug use, understandings about this population in general, and staff's perceptions of each other's competencies in administering and reading the

tests. In short, the meaning of drug test results is located not just in the scientific results, but also within the interactional and institutional process of the court hearings. This mixture of scientific fact and organizational context demonstrates how practical understandings of drug test results are not based in pre-established and static categories. Focusing on how staff negotiates these understandings is an important analytical project, given that they have serious implications for the youths' institutional careers; again, graduation from the drug court is based on the sober day count, which keeps getting reset with each positive test result.

This analysis reveals how drug test results represent the intersection of law, science, and therapy. Drug test results can inform the staff's therapeutic approach, serving as "warning signs" suggesting the need for increased supervision or revision to treatment program requirements. On another note, drug testing as a component of drug treatment could be seen as an inherently compromising and futile endeavor. One must question what kind of counseling can be done while juvenile recovery specialists and probation officers are observing youths urinating into plastic cups. Emerson (1969) discusses a similar dynamic in his study of a juvenile court where court therapists were limited in their ability to build rapport with the youths when they knew that the content of their "confidential" therapy sessions could be reported back to the court officials. A related issue is that a significant portion of the court's resources and staff's time is spent on collecting and analyzing drug tests. One could question whether at least some of those limited resources would be better allocated to conducting more individual psychological counseling or funding different types of drug treatment programs for the youths.

While these findings may seem isolated to the particular juvenile drug court setting, they do suggest the need for more empirical research on the organizational context of drug tests in other settings to yield a richer understanding of the nature of drug testing in broader society. This research would rely upon and help inform the sociology of science and labeling theory. First, the importance of organizational context shaping the local interpretations of drug test results points to the need to study scientific work practices. A subsequent research study could be on the drug testing labs themselves, to get a sense of how they distribute their work and produce the reports. In other words, what organizational contingencies affect how drug test lab staff achieves agreement about the results? Second, drug testing presents a new form of rule violations for labeling theorists to consider. Detecting drug use has become a more precise science with increased drug testing; in this way, the meaning of drug test results lies not only in the labeling process by social control agents, but also in some scientifically

established fact. At the same time, this article has shown that even when the science of the drug test is not questioned, the staff's understanding of the results is also contingent on other factors such as the youths' behavior and patterns of drug use.

This kind of analysis would require a social constructionist approach that focuses on the processes by which staff in other settings defines and constructs meaning of the drug test results. It involves more than just debunking the assumed objectivity of various claims in a selective fashion, described as Woolgar and Pawluch (1985) as "ontological gerrymandering."¹⁹ This article, for example, does not look at the staff's interpretations of drug test results to suggest simply that drug tests are not an objective measure of drug use. It also does not deny that part of the staff's interpretive process is informed by the scientific lab results. Rather, the article looks systematically at how the organizational context sets up the conditions under which staff engages in an interpretive process of defining the meaning of test results. This analysis is reminiscent of what Best (1989) characterizes as "contextual constructionism." Best describes such an approach as one that "remains focused on the claims-making process" while also recognizing that it is "making some assumptions about social conditions" and that "such assumptions locate claims-making within its social context" (Best 1989:246–7). From this analytical starting point, the article considers the practical implications of such interpretive processes on the youths' institutional careers; specifically, how those processes help explain the variation of court responses to youths who have the same "questionable" drug test result.

One important issue to consider in this kind of research is the power dynamics between tester and testee; that is, what resources the testee may have to appeal the tester's interpretation of a drug test result. For example, Lance Armstrong's rebuttal of a French laboratory's positive test result carries more weight than that of a juvenile drug court participant, given the differences in their social positions and capital. In addition, the frequency of false positives and false negatives may vary across settings, as well as the organizational tendency to presuppose one over the other. Despite these substantive differences, the analytic framework of identifying the unstated recipes, the interpretive tools, and the normal case categories used to clarify questionable test results still would be applicable in these new settings. Replicating this type of analysis in settings where drug testing is conducted (e.g., schools, workplaces, sports clubs, and homes) also would reveal similar organizational

¹⁹ Miller and Holstein describe this "theoretical inconsistency" as one where "constructionist analysts' descriptions of conditions are themselves definitional claims" (1993:6).

influences on social control agents' understanding of drug tests and the social aspects of "scientific work" such as drug testing.

Another direction for this research would be to apply the interpretive framework to other types of technologies (e.g., DNA, facial recognition) that are increasingly used in various settings to measure or detect deviance. For example, the justice system is relying more on DNA testing to identify criminals; DNA samples are being collected for offenders, not just for murder, rape, and assault but for property crimes as well. In California, one does not even have to be convicted of such offenses, given a recent successful referendum that calls for collection of DNA samples from all adults and youths who have been arrested. It appears that DNA testing is increasingly being seen as the "sure-fire" way to determine a person's guilt and, in some death penalty cases, a person's innocence.

More generally, one also could see how these technologies are being used to define new selves and identities. Consider the race and genetics debate,²⁰ as exemplified by people using DNA tests to find out their "true" ancestry in hopes of reaffirming their racial identity or obtaining material privileges associated with that racial identity. Once accepted and understood as a social construction, race has become redefined as a series of genetic markers. Yet this notion becomes problematic in situations where the DNA results do not affirm the person's racial identity as a lived social experience. It also assumes that the DNA testing process is based on some inherent objective truths that override any social constructionist understanding of race; however, as Lynch (1985) suggests, even scientific fact must be seen as an artifact constructed and achieved through scientific work and practices. One can see how an organizational approach would benefit our lay understandings of DNA testing, as labs already have enormous backlogs of DNA samples with too few personnel with sufficient expertise to process them in a timely manner.

In sum, the growing emphasis on using technologies such as drug testing and DNA promotes an increasing culture of surveillance in our society where "new developments in science, technology, and medical knowledge are making the human body infinitely more accessible to official scrutiny and assessment" (Staples 1997:93). Staples adds that it is not the person's "self" that is in question, but "rather it is the individuals' objectified bodies that will 'tell us what we need to know' and 'who they *really* are' as in a 'personality disorder'" (1997:93). If we continue to rely on such technologies to detect deviance (and, more generally, our sense of self and identity), more micro-interactionist research must be done

²⁰ Thanks to Michael Omi for this comparative suggestion.

on how organizational factors inform and shape such technologies that do affect peoples' lives in often significant ways.

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