

DISTRICT OF COLUMBIA PRETRIAL SERVICES AGENCY
OFFICE OF OPERATIONS


WASHINGTON, DC 20004

MEMORANDUM

OPERATIONAL MEMORANDUM (2006-05)

DATE: October 30, 2006

TO: PSA Operations Staff

FROM: Kim Whatley, Operations Director 

SUBJECT: Drug Retention Grid

This memorandum, including the drug grid below, is intended to provide guidance to officers reviewing drug test results to determine whether to refer a defendant for an assessment for substance abuse treatment. (It is not relevant for those defendants in treatment, since the lab conducts regular levels checks.) With a general understanding of how long drugs typically stay in the body, officers should be able to adequately question defendants about on-going drug use and whether positive drug tests represent “residual” or “new drug use.”

The below drug grid, developed by Dr. Jones and based on research by Mr. Robinson, reflects the most current research available to PSA. The below grid is slightly different from the drug grid Dr. Jones may have distributed when he met with PSA staff earlier this summer and replaces all drug grids that may be circulating throughout the agency.

DRUG	Without Additional Usage the Drug Should Ordinarily be Eliminated within:
Cocaine metabolite (benzoylecgonine)	5 days
Marijuana metabolite (THC)	14 days
Opiates	5 days
Phencyclidine (PCP)	7 days
Amphetamine (methamphetamine, ecstasy, etc.)	5 days

The drug grid is not to be used to determine “new use” for a single test. Drugs are excreted or eliminated from the body as parent compounds or metabolites. How long a drug stays in a person’s system is not absolute. Pharmacokinetics, a branch of

pharmacology, attempts to quantify the relationship between drug usage and drug elimination. Several parameters are utilized to explain the processes (e.g., physical makeup [such as weight, fat content] disease, drug metabolism, drug interactions). When a scientific researcher arrives at a conclusion and publishes scientific data, all of these processes are considered. As such, “new drug use” determinations from a single drug test must always be determined by the laboratory and will include an evaluation of the actual specimen.

Therefore, an officer should never rely on the information in the drug grid to respond to challenges in court on the validity of a single drug test result. Defendants’ usage may fall above or below the predicted elimination periods, so this grid is not definitive. It generally provides conservative estimates in order for pretrial services officers to be reasonably sure of new usage before making a referral for an assessment. However, if a defendant is adamant in his denial of new usage, levels analysis may still be requested of the laboratory. It is possible that a particular defendant’s physical makeup or metabolism is such that the drug grid does not accurately assess the time it takes for elimination of the drug from a defendant’s body.

This is particularly critical in the case of marijuana. PSA drug screens typically occur weekly for defendants not in treatment. If a defendant tests positive for marijuana in week one and then tests positive again in week two, it is impossible for the officer to determine whether the positive drug test for marijuana in week two is “new” or “residual use.” Of course, the drug test result can be counted as positive if the defendant admits to on-going drug use. However, a positive marijuana test in week three (or at least 14 days after the drug test from week one) is strong indication of “new use” and should be counted as a second positive drug test. A positive marijuana test in week four (or 7 days since the positive drug test in week three would not be counted as a third positive unless the defendant admits to on-going drug use. However, a positive marijuana test in week five (or at least 14 days after the drug test from week three) is strong indication of “new use” and should be counted as the third positive drug test toward the total of three positive drug tests typically needed to require an assessment for treatment. In short, it may take up to five weeks before you would make a referral for assessment in the case of marijuana use unless the defendant admits on-going use.

However, officers can refer a defendant for an assessment at any time. For example, an assessment referral after one or two positive drug tests may be appropriate if a defendant has a documented history of drug use. Opiate use, particularly with a pregnant defendant, may generate a quicker referral. Release orders that include a release condition for program placement gives officers the necessary authority to make

assessment referrals. However, when defendants do not agree to assessments and the release order does not include a release condition for program placement, a request must be made to the court. The report should indicate that the defendant has tested positive for drug use and the court is being asked to modify the release conditions to add program placement. Officers should rely on this memorandum if questions arise from judicial officers as to why a defendant referral for assessment for marijuana use may take up to five weeks.

We hope you find this information helpful. Questions concerning the new drug grid should be directed to your supervisor. Of course, Dr. Jones and Mr. Robinson are always available to answer additional questions.