



July 10, 2023

Via Email

The Honourable David Eby, MLA, Premier of British Columbia
Office of the Premier
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Stn Prov Govt
Victoria, BC, V8W 9E1

The Honourable Mitzi Dean, MLA, Minister of Children and Family Development
Ministry of Children and Family Development
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Stop involuntary drug testing of parents engaged with MCFD

Dear Premier Eby and Minister Mitzi Dean:

In correspondence on [October 26, 2022](#) and [December 8, 2022](#), we called on you to end the use of risk and surveillance tools that uphold MCFD's punitive and decontextualized approach to child and family wellbeing. We write to you today urging an end to the Ministry of Children and Family Development's (MCFD) harmful and discriminatory practice of involuntary drug testing of parents engaged with the family policing system. Involuntary drug testing does not assess drug use and is not probative of children's safety or parenting capacity. It stigmatizes, discriminates against, and punishes parents, reflecting MCFD's framework for policing families.

Under MCFD's "Practice Guidelines: When Assessing Parental Problematic Substance Use in Child Welfare" ("Practice Guidelines"), MCFD employees have broad authority to mandate involuntary drug testing.ⁱ Involuntary drug testing, whether sought by court order or through a "Safety Plan" or "Family Plan," disproportionately surveils and discriminates against poor and racialized families. Additionally, the use of involuntary drug testing cannot be divorced from the vast power imbalance that exists between MCFD and parents. Indigenous and Black mothers who use substances are more likely to be stigmatized as inherently deficient caregivers, leading to their ongoing disproportionate representation in family policing cases.ⁱⁱ MCFD's risk and surveillance framework is rooted in stigma against people who use substances and must be dismantled.



Involuntary drug testing does not assess drug use, children’s safety, or parenting abilities

MCFD defines “problematic substance use” in the Practice Guidelines as “the use of psychoactive substances that cause a significant problem in any area of a person’s life, such as relationships, employment, housing and in particular, parenting.” MCFD uses urine and blood tests to detect “problematic substance use” by parents. However, a positive substance use test does not translate to child abuse, neglect, harm, or threat of harm. In any event, substance use tests are often imprecise and unreliable, and their results flawed or wrong.

Numerous studies have established that a “positive” drug test does not prove that a drug is present in the person’s body.ⁱⁱⁱ Additionally, drug testing does not provide context for substance use, such as when, where, why and how substances may have been used.^{iv} Drug tests cannot determine whether the use of substances negatively affects, positively affects, or has no effect on one’s parenting abilities.^v Drug tests cannot determine whether children were exposed to substances, whether substances were used around children, or whether children were exposed to prenatal substance use.^{vi}

Drug tests are notoriously plagued by false positives. Often, chemical compound may not present at all or are present due to sources such as prescribed opioids, non-prescribed medications (e.g., Tylenol, cough syrups, or other pain medications), antibiotics, antidepressants, mouthwash, the consumption of products with poppy seeds, or environmental exposure (such as mouth-to-mouth exposure, harm reduction work, etc.).^{vii} Regardless of its validity, drug testing cannot – in and of itself -- determine whether substance use has a negative, positive, or any impact on a person’s parenting abilities.^{viii}

According to the Practice Guidelines, MCFD employees are permitted to use drug screening when they believe “the safety of the child can only be assured by the parent’s abstinence,” even though they recognize this abstinence-only practice to be contrary to harm reduction principles. The only limitation to this power appears to be the requirement to consult with a team leader before conducting drug screening.^{ix} Stigmatization through drug testing shifts MCFD employees’ attention away from the family’s parenting strengths to concentrate on presumed deficiencies.^x

MCFD’s approach in using substance use testing indicates their framework of policing families through decontextualized risk assessment tools and employee judgment. MCFD’s substance use testing processes lack clarity and transparency. There is no clear direction in the practice guidelines outlining what factors are used to determine that abstinence is the only way to keep a child safe. This is concerning because of differences in judgment on what is considered an acceptable amount of drug use to deem a parent safe. Parents describe inconsistencies in MCFD substance use testing practices across BC, with no standards for how often MCFD can require drug testing. Parents describe their experiences of involuntary drug testing as intrusive, inaccessible, and excessive.



Involuntary drug testing stigmatizes, harms, and punishes parents

Parents engaged with the family policing system expressed feeling as though MCFD employees “automatically treated parents who use substances as ‘bad parents’ and incapable of caring for their children.”^{xi} Involuntary substance use testing is punitive. The values underlying drug testing, such as abstinence, fail to recognize the nonlinear nature of recovery with compliance requirements that are unrealistic.^{xii} Involuntary drug testing reinforces the idea that “drug use - and not ongoing structural violence - is constructed as a risk by child protection services in Canada.”^{xiii}

“Families should not be penalized for medical issues, poverty and housing shortages that are incurred by lack of proper social and community safety nets that are the responsibility of the very same governing body that is causing further generational trauma to its people and compounding these issues for further generations” says Willow Giesinger, a member of PACK.

In 2016, the Canadian Human Rights Tribunal held that child protection services should be “prevention oriented rather than removal orientated.”^{xiv} Abstinence-based approaches such as involuntary drug testing are not prevention-oriented.^{xv} Parents who use substances significantly experience higher rates of apprehension, often increasing a parents’ risk of overdose.^{xvi} Additionally, parents identify fear of MCFD as a reason why they would opt to use drugs alone, despite the known risk of overdose.^{xvii} In the context of the ongoing overdose crisis in BC, stigmatizing policy choices like involuntary drug testing harms parents, and is misaligned with a prevention-based approach to family wellbeing.

A wholistic approach to supporting families and protecting children requires the recognition of the harm of involuntary drug testing of parents. Therefore, we urge the BC government to end the practice of involuntary drug testing promptly. Any policies that impact parents who use substances should be developed in collaboration with them, informed by their lived experience. We call on the government to invest in and implement family supports that respect the autonomy and dignity of all parents such as peer navigators, mental health supports, and poverty reduction supports.

Organizational Signatories

BC Poverty Reduction Coalition
Centre for Family Equity
Coalition of Substance Users of the North (CSUN)
Keeping Families Together
Meena Dhillon Law Corporation
PIVOT Legal Society
Sanctuary Health



Individual Signatories

Alysha Collie, Indigenous Filmmaker, 3 Crows Productions

Charlene Burmeister, PWLLE Stake Holder Engagement Lead, BC Centre for Disease Control-Harm Reduction Sector

Dallas Yellowfly, Indigenous Filmmaker, 3 Crows Productions

Kailin Liang, Artist

Sharnelle Jenkins-Thompson, Manager of Community Outreach (on parental leave), West Coast LEAF

Stephanie Hodgson, Lawyer / Parents' Counsel, Hodgson Law

ⁱ Canada. British Columbia. Ministry of Children and Family Development. Practice Guidelines: When Assessing Parental Problematic Substance Use in Child Welfare Victoria, BC, page 16.

ⁱⁱ Boyd, Susan. "Gendered drug policy: Motherisk and the Regulation of Mothering in Canada." *International journal of drug policy* 68 (2019): 109. West Coast LEAF. "Pathways in a Forest: Indigenous Guidance on Prevention-based Child Welfare." West Coast LEAF September 2019, page 71.

ⁱⁱⁱ Clinical Drug Testing of Pregnant Women and Newborns March 2019. Movement for Family Power. "Drug Tests Are Not Parenting Tests: The Fight to Reimagine Support for Pregnant People who Use Drugs." 2023 page 20 and 22. <https://idpc.net/publications/2023/05/drug-tests-are-not-parenting-tests-the-fight-to-reimagine-support-for-pregnant-people-who-use>. Algren, D. Adam, and Michael R. Christian. "Buyer Beware: Pitfalls in Toxicology Laboratory Testing." *Missouri medicine* 112, no. 3 (2015): 206-210 Hansen, Hugh J., Samuel P. Caudill, and D. Joe Boone. "Crisis in Drug Testing: Results of CDC Blind Study." *JAMA: the journal of the American Medical Association* no. 16 (1985): page 253. Kellermann, Arthur L., Stephan D. Fihn, James P. LoGerfo, and Michael K. Copass. "Utilization and Yield of Drug Screening in the Emergency Department." *The American journal of emergency medicine* 6, no. 1 (1988): page 19.

^{iv} Clinical Drug Testing of Pregnant Women and Newborns March 2019. National Advocates for Pregnant Women, March 2019. Algren, D. Adam, and Michael R. Christian. <https://www.pregnancyjusticeus.org/wp-content/uploads/2019/10/NAPW202522Clinical20Drug20Testing20of20Pregnant20Women20and20Newborns252220March202019.pdf>

^v Boyd, Susan. "Gendered drug policy: Motherisk and the Regulation of Mothering in Canada." *International journal of drug policy* 68 (2019): 114. Canada. Ontario. Ministry of the Attorney General. Beaman, J. (2018). *Harmful Impacts: The Reliance on Hair Testing in Child Protection*. Toronto, ON, 2018. <https://files.ontario.ca/mag-motherisk-commission-report-en-2021-02-04.pdf>.

^{vi} Boyd, Susan. "Gendered drug policy: Motherisk and the Regulation of Mothering in Canada." *International journal of drug policy* 68 (2019).



vii Clinical Drug Testing of Pregnant Women and Newborns March 2019. National Advocates for Pregnant Women, March 2019. Algren, D. Adam, and Michael R. Christian. <https://www.pregnancyjusticeus.org/wp-content/uploads/2019/10/NAPW202522Clinical20Drug20Testing20of20Pregnant20Women20and20Newborns252220March202019.pdf> "Buyer Beware: Pitfalls in Toxicology Laboratory Testing." Missouri medicine 112, no. 3 (2015): 206-210.

viii Boyd, Susan. "Gendered drug policy: Motherisk and the Regulation of Mothering in Canada." International journal of drug policy 68 (2019): 114. Canada. Ontario. Ministry of the Attorney General. Beaman, J. (2018). Harmful Impacts: The Reliance on Hair Testing in Child Protection. Toronto, ON, 2018. <https://files.ontario.ca/mag-motherisk-commission-report-en-2021-02-04.pdf>.

ix Canada. British Columbia. Ministry of Children and Family Development. Practice Guidelines: When Assessing Parental Problematic Substance Use in Child Welfare Victoria, BC, page 16.

x Boyd, Susan. "Gendered drug policy: Motherisk and the Regulation of Mothering in Canada." International journal of drug policy 68 (2019): 112.

xi West Coast LEAF. "Pathways in a Forest: Indigenous Guidance on Prevention-based Child Welfare." West Coast LEAF September 2019, page 71.

xii Baskin, Cyndy, Carol Strike, and Bela McPherson. "Long Time Overdue: An Examination of the Destructive Impacts of Policy and Legislation on Pregnant and Parenting Aboriginal women and their Children." International Indigenous policy journal 6, no. 1 (2015) page 10.

xiii Boyd, Susan. "Gendered drug policy: Motherisk and the Regulation of Mothering in Canada." International journal of drug policy 68 (2019): page 110.

xiv *First Nations Child and Family Caring Society of Canada v Attorney General of Canada (for the Minister of Indian and Northern Affairs Canada)*, 2016 CHRT 2 [*First Nations Child and Family Caring Society of Canada*].

xv Boyd, Jade, Lisa Maher, Jennifer Lavalley, Thomas Kerr and Ryan McNeil. "Mothers who use Drugs: Closing Gaps in Harm Reduction Response Amidst the Dual Epidemics of Overdose and Violence in a Canadian Urban Setting." American journal of public health 112, no. S2 (2022) page 196.

xvi Movement for Family Power. "Drug Tests Are Not Parenting Tests: The Fight to Reimagine Support for Pregnant People who Use Drugs." 2023 <https://idpc.net/publications/2023/05/drug-tests-are-not-parenting-tests-the-fight-to-reimagine-support-for-pregnant-people-who-use>.

xvii Boyd, Jade, Lisa Maher, Jennifer Lavalley, Thomas Kerr and Ryan McNeil. "Mothers who use Drugs: Closing Gaps in Harm Reduction Response Amidst the Dual Epidemics of Overdose and Violence in a Canadian Urban Setting." American journal of public health 112, no. S2 (2022) page 195.