

Standard Operating Procedures for substance use prevention and voluntary URINE DRUG TESTING in higher educational institutions

By

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Preface

The misuse of psychoactive substances among students in higher educational institutions is a growing public health concern. It must be addressed through **prevention, early identification, brief intervention, counselling, and referral**, all embedded within a comprehensive student wellness program. Urine drug testing can be included as a voluntary, and confidential activity. It could play a role in reducing substance use initiation and progression and the impact of such interventions must be monitored and routinely evaluated.

In this context, the present Standard Operating Procedures (SOPs) have been developed based on deliberations with experts from NDDTC and Deans, Counsellors, Health Professionals of IIT, IIMs to guide educational institutions in the ethical and effective implementation of screening of students for substance abuse.

The SOPs are designed to align with constitutional protections, mental healthcare principles, and data protection norms, while remaining feasible for phased implementation across diverse educational settings. The related counsellor training program, drug testing protocol, timeline for rolling out of services, and responses to anticipated legal queries too have been discussed.

1. Goal

To develop a rights-based, voluntary, and evidence-based approach for **early identification of students who are likely to be at risk of initiation or progression of substance use disorders** with voluntary urine drug testing being a critical element of this initiative. This step is to be implemented as a component of comprehensive drug demand reduction in HEIs as part of Nasha Mukta Bharat Abhiyan . This SOP explicitly prohibits the use of drug testing for disciplinary, punitive, exclusionary, or academic decision-making purposes.

Specific Objectives:

1. To identify students who are likely to benefit from personalised management plan for their substance use related issues using evidence based interventions

2. To carry out voluntary urine drug testing of university students at the entry-point or during their course.
3. To supplement existing substance use prevention strategies in education institutions

2. Guiding Principles

All procedures under this SOP shall adhere to the following principles:

1. Voluntariness

- Participation is entirely voluntary. Students' autonomy and dignity will be preserved at all stages.
- Refusal shall **not** result in any academic, administrative, residential, or disciplinary consequence.

2. Non-Punitive Approach

- The test results shall **never** be used for punishment, suspension, expulsion, denial of admission, or hostel facilities.

3. Confidentiality and Privacy

- Student identity, consent, samples, and results shall be handled with strict confidentiality. The confidentiality status accorded will be equivalent to that of student medical records.
- Access to individual results shall be restricted to authorized health professionals only.

4. Support-Oriented Use of Results

- A positive result on the urine drug test shall be used exclusively to screen the student for substance use, **offer a brief intervention, or referral to a more specialised management services**, contingent on student's consent. The results will be tied to health promotion efforts being organised in the student community.

5. Integration with Comprehensive Prevention Framework

- Drug testing shall **not be a standalone intervention** and must be embedded within broader student wellness programs.

3. Scope

This SOP applies to:

- Central Universities, State Universities, Deemed Universities, IITs, IIMs, and other Higher Educational Institutions and Institutes of National Importance
- Students aged **18 years and above**
- Urine Drug Testing conducted:
 - During routine health assessments
 - For self-identified or clinically identified high-risk groups
 - With explicit informed consent

4. Governance and Oversight

4.1 Student wellness program

Every institution should have a vibrant Student Wellness Program (SWP). The SWP should emphasize the importance of maintaining a drug free campus. It should be student led. The following must be included in the organising committee to create more accountability:

- Dean / Director (Student Welfare)
- Legal/Ethics Officer
- Student Health Services Lead/ Medical Officer at campus
- Trained Counsellor (nodal officer)
- Student representatives from each academic year
- Nodal Faculty Member (Student Wellness)

The SWP's responsibilities in view of the SOP will include:

- Monitoring end-to-end compliance with SOP
- Co-ordinating and optimising treatment and referral services for the students
- Ensuring de-identification of student records and storing them in a safe and confidential manner (offline and online data)
- Periodic audits of consent and confidentiality by reviewing the consent taking process by audit of consent recordings/ consent forms
- Reviewing and analysing aggregate, anonymized data (no individual identifiers)

4.2 Training Framework for Student Counsellors and Health Personnel

· All health care professional at the campus, especially student counsellors shall be trained in delivering screening, brief intervention and referral services in a clinically appropriate manner. This will also ensure that urine drug testing is not detached from a quality psychosocial assessment and evidence based prevention framework for university students. All faculty must also have the option of participating in the training program.

· The training will be imparted as a self-paced online training program. It shall be organised into the following 2 modules covered over 2.5 hours. Table 1 gives a description of the envisaged training program.

Table 1: Training Framework for Student Counsellors and Health Personnel at educational institutions

Module	Hours	Learning objectives	Skills/ knowledge covered
Module 1: Learning how to screen for substance use in young adults	1	<p>Rapport building</p> <p>Assessment and Interviewing skills to ask about substance use</p> <p>How to screen for substance use using validated instruments</p> <p>Correct administration of WHO-ASSIST (substance) with fidelity to statements used in the questionnaire and understanding skip logic being used in the questionnaire</p> <p>Ethical use of screening tools in non-clinical populations. Learning how to create a true translation of the questionnaire if necessary.</p>	<p>Handling disclosure, ambivalence, and minimization</p> <p>Practical component</p> <p>Role-plays</p> <p>Case vignettes</p> <p>Mock scoring and interpretation</p>

Module 2: Brief Intervention Skills	1.5	Deliver feedback without labelling, judgement or alarmism Enhance motivation without coercion Establishing referral and care pathways	Motivational interviewing (MI): FRAMES model Readiness-to-change ruler Skills practiced Giving WHO-ASSIST LINKED feedback Harm-reduction conversations Engaging students who do not want to “quit” Learning when and how to refer
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4.3 Certification and Quality Assurance

- Completion certificate after completion of modules

5. Eligibility and Indications for Urine Drug Testing

5.1 Eligible Students

- Students aged ≥18 years
- Students who provide written informed consent

5.2 Indications

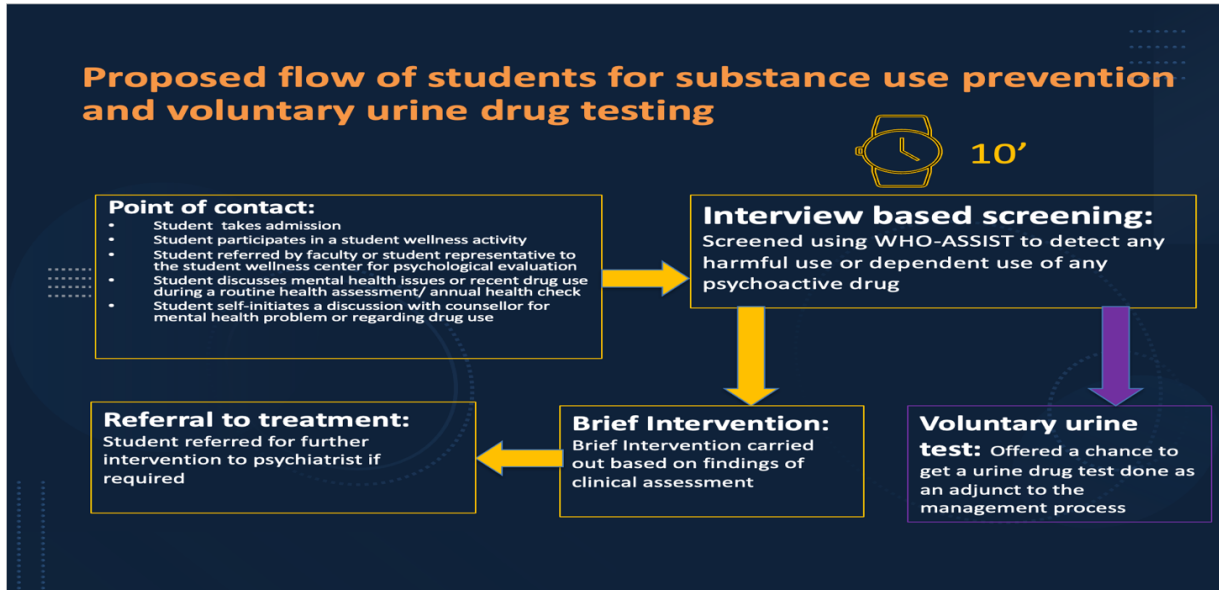
Voluntary urine drug testing **may be offered**, but not mandated, in any of the following contexts:

- Routine health check-ups
- Student self-request
- Clinical concern identified during counselling or wellness screening

- **Note: Random, blanket, or suspicion based testing are strictly prohibited.**

Figure 1 outlines a flow chart for assessment of students for substance use related issues and urine drug testing.

Figure 1: Proposed flow of students for substance use prevention and voluntary urine drug testing



6. Pre-Test Procedures

6.1 Student Information and Sensitization

Prior to testing, students shall be informed about all aspects of the drug testing using a student information sheet (Annexure 1):

- Purpose of testing (support and prevention)
- Voluntary nature of participation
- Substances screened
- Limitations of urine drug testing
- Possible false positives and false negatives
- Confidential handling of results
- Available counselling and treatment services

Information shall be provided **verbally and in writing by a member of the SWP committee**, in accessible language.

6.2 Informed Consent (Annexure 2)

- Written informed consent shall be obtained using a standardized **Voluntary Drug Testing Consent Form**. The SWP must ensure that the signed and dated consent forms are correctly labelled and archived securely.
- Consent must explicitly state:
 - Right to refuse or withdraw at any point
 - That refusal to give consent will not imply positivity and would have no consequences
 - Absence of punitive consequences
 - Confidentiality safeguards
 - Support-oriented follow-up
- The consent taking process should ideally be recorded in audio format for auditing purposes. The SWP must ensure that the audio files are correctly labelled and archived securely.
- The assessment and testing of the students must be done in a confidential manner. It is essential that students don't feel targeted. So, it is proposed that all students being admitted into the HEI must undergo a composite intervention that includes:
 - counselling,
 - WHO-ASSIST based assessment
 - Urinalysis and
 - follow-up counselling session.
- The initial counselling session will include an interview and discussion regarding ongoing mental health and substance use patterns. It will flow into an assessment using the WHO-ASSIST tool and next steps will be based on the judgement of the counsellors and consent of the students. All those who do NOT need any intervention regarding drug use will also attend a follow-up session on how to avoid drug use in the future.
- Confidentiality of student records pertaining to their counselling sessions, WHO-ASSIST results and findings on urinalysis will be the responsibility of the Student Wellness

Committee. All institutions are advised to make necessary arrangement ahead of the process.

- The technical guidelines regarding chain-of-custody of urine samples and confidential reporting of the urinalysis results has been provided as a separate annexures 3-4.

7. Sample Collection Procedure (Annexure 3)

7.1 Collection Standards

- Samples shall be collected in a **private, respectful, and gender-sensitive manner**
- Direct observation shall be avoided unless clinically justified
- Chain-of-custody documentation shall be maintained without revealing student identity beyond coded identifiers. Process of generation of the coding identifier per student can be planned beforehand by the SWP. It should not include easily identifiable numbers such as roll number, date of joining, etc. A QR code would be ideal.

7.2 Personnel

- Collection shall be conducted by trained healthcare staff. The collection process and chain of custody for sample integrity is outlined in **Annexure 4**.
- Staff shall receive periodic training on:
 - Ethical handling
 - Student dignity
 - Confidentiality norms

8. Laboratory Testing

- Use of **validated, quality-assured screening kits (See Annexure 5 for kit description)**
- Confirmatory testing protocols to be followed where feasible
- Laboratories must comply with applicable biomedical and quality standards

9. Reporting of Results

9.1 Confidential Disclosure

- Results shall be disclosed **only to the student**

- They shall be delivered by a trained healthcare professional
- Disclosure shall occur in a **private counselling setting**
- No results shall be shared with academic authorities, hostel wardens, parents, or law enforcement

9.2 Documentation

- Result will be entered into a physical record and digital record form. **Annexure 6** has the data record form.
- Physical and digital records shall be securely stored with restricted access and digital data must be encrypted

10. Post-Test Follow-Up

10.1 Negative Results

- Student shall be reassured
- Preventive education and wellness resources may be reinforced and an optional wellness counselling may be offered

10.2 Positive Results

A positive result shall trigger:

1. Supportive Feedback Session

- Non-judgmental discussion
- Clarification of test limitations

2. Brief Intervention

- Motivational interviewing
- Risk reduction strategies will be discussed by the student counsellor. These risk reduction strategies must be specific to the drug detected. For example a student who has tested positive only for cannabis must be told about the impact of cannabis on working memory & concentration, possible risk of psychosis, and dangers linked to use of edibles. However, additional information about stimulants or opioids must not be given to said student.

3. Referral (with Consent)

- Campus mental health services

- External de-addiction or psychiatric services
- Tele-mental health platforms where preferred

Participation in above-mentioned services remains **voluntary**.

11. Prohibited Practices

The following are strictly prohibited:

- Mandatory or random drug testing
- Use of results for disciplinary action
- Public disclosure of results, reporting to law enforcement
- Conditioning admission, examination, or residence on test outcomes
- Coercion or inducement to undergo testing

12. Monitoring and Feedback

12.1 Quality Assurance and Monitoring

Institutions shall monitor:

- Number of students voluntarily opting for testing
- Uptake of counselling services
- Trends in help-seeking behaviour
- Student satisfaction and trust indicators

12.2 Key Performance Indicators:

- Reduction in use of tobacco, alcohol and other drugs
- Increased help-seeking behaviour for substance use and psychological problems
- Improved academic performance and student satisfaction metrics
- Decreased mental health crisis incidents

- Increased use of self- help strategies to prevent initiation, use and reuse of tobacco, alcohol and other drug
- Increased use of strategies (self- help and assisted) techniques aimed at handling daily life stressors

Only aggregate, anonymized data may be used for institutional reporting.

13. Ethical and Legal Compliance

- SOP shall comply with constitutional rights to privacy and dignity
- All university websites will have a page dedicated to the providing complete information about the Student Wellness Program (SWP) and about the anticipated FAQs related to the urine drug testing policy of the university. The university shall also clearly state how the urine drug testing policy complies with the law. Annexures 7 and 8 outline the anticipated legal concerns and FAQs
- Aligned with public health and preventive ethics
- Periodic review by institutional ethics committees

The phased rollout of the program at an institution will follow an 18-month timeline to ensure ethical compliance, adequate human-resource preparedness and to build trust among students. Table 2 illustrates the phases of the rollout.

Table 2: Timeline of the rollout of urine drug testing across educational institutions

Months >	0-3	3-6	6-9	9-12	12-15	15-18
Policy and institutional preparation: constitution of the SWP committee, Identification of counsellors and health staff, mapping and development of referral services.						

Obtaining ethical clearance from institute for program rollout.						
Training of counsellors and preparation of student-facing information materials						
Pilot interview-based screening: Integration of WHO-ASSIST screening into student health centers and counselling centers.						
Voluntary drug testing integration: Option of voluntary urine drug testing offered to students						
Monitoring & supervision: Periodic review of uptake rates, referral utilization, and student feedback						
Evaluation & SOP refinement						
Policy adoption & SOP finalization						

14. Review and Revision

- SOP to be reviewed every **3 years** or earlier if required
- Revisions shall be evidence-informed and stakeholder-inclusive

Annexures:

1. Student Information Sheet
2. Informed consent form
3. Sample collection procedure
4. Collection process and chain of custody for sample integrity
5. Test and testing kit description
6. Data entry form-digital and paper

7. Anticipated legal concerns
8. FAQs
9. WHO-ASSIST instrument-fillable

Annexure 1 & 2: Voluntary drug testing form consent and information sheet

Student Information

Name of Student:	_____
Date of Birth:	_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Batch:	_____

Purpose of Screening

The purpose of this screening is to assess recent substance use. The goal is to provide support, counselling, and appropriate interventions if needed, in a confidential and respectful manner.

Consent and Confidentiality

I, _____, acknowledge that:

- I have received information about the purpose, nature, and voluntary nature of this screening.
- The student's participation is voluntary, and refusal will not result in disciplinary action or other negative consequences.
- The screening will be conducted confidentially, and results will be shared only with authorized personnel involved in the student's support.
- If the screening indicates possible substance use issues, appropriate support and counseling services will be offered. There will be no punitive measures taken.
- The student's identity and results will be handled with strict confidentiality, respecting their privacy rights.

Consent

Student :

I hereby consent to participate voluntarily in the screening process.

Signature: _____

Date: _____

Information on Possible Tests

- The screening involves a confidential, non-invasive collection of urine samples (e.g. and/or behavioral questionnaires.
 - No punitive measures will arise from the results, which are intended solely to support student health and well-being.
 - The process may involve follow-up counseling or referral to health services if needed.
-

Acknowledgment & Agreement

By signing below, I confirm that I understand the purpose of the screening and agree to participate voluntarily.

Signature of Student: _____

Date: _____

Official Use Only

- Screening Date: _____
- Name of Administrator/Health Officer: _____
- Signature: _____
- Results:
 - o Negative (No signs of substance use detected)
 - o Positive (Indications of substance use — to be followed up with counseling/support)

Note: Results will be discussed with the student in a confidential manner, following the support protocols.

End of Annexure

Annexure 3

Sample collection procedure

Rapid Urine Drug Screening Test (Cassette test): This is lateral flow immunoassay based on the principle of competitive binding. Drugs which may be present in the specimen compete against their respective drug conjugate for binding sites on their specific antibody. This test provides only a preliminary test result. A more specific alternate method must be used to obtain a confirmed analytical result. Clinical consideration and professional judgment should be applied to any drug test result, particularly when preliminary positive results are used.

PROCEDURE

- Bring the Pouch and the patient sample at room temperature (15-30°C) prior to testing.
- Place the test device on a clean and level surface. Hold the dropper vertically and transfer 3 full drops of patient sample (approx. 100 µL) to the sample well of the test device and then start the timer. Avoid trapping air bubbles in the sample well.
- Wait for the coloured line(s) to appear. Read results at 5 minutes. Do not interpret the result after 10 minutes.

INTERPRETATION OF RESULTS

- **NEGATIVE:** Two lines appear. One coloured line should be in the control line region (C), and another apparent coloured line should be in the test line region (T). This negative result indicates that the drug concentration is below the detectable level. In this case no further testing is required.
- **NOTE:** The shade of colour in the test line region (T) will vary, but it should always be considered as negative whenever there is even a faint-coloured line.
- **POSITIVE:** One coloured line appears in the control line region (C). No line appears in the test line region (T). This positive result indicates that the drug concentration exceeds the detectable level. In this case confirmation is done by confirmatory testing.

Annexure 4: Collection process and chain of custody for sample integrity

Collection Process and Chain of Custody for Sample Integrity

1. Purpose

This annexure outlines the standard procedure for collection, labelling, handling, transport, storage, and documentation of urine samples in order to maintain sample integrity, confidentiality, and traceability throughout the testing process.

2. Sample Identification

- Each student sample shall be assigned a unique anonymised code generated by the Student Wellness Program (SWP).
- Student names, roll numbers, hostel numbers, or other directly identifiable information shall not be written on the sample container.
- QR-code based identifiers are preferable wherever feasible.

3. Sample Collection

- Urine samples shall be collected in a clean, private, and gender-sensitive setting by trained healthcare personnel.
- Students shall be informed regarding the procedure before collection.
- Direct observation during collection shall ordinarily be avoided unless clinically justified.
- The sample container shall be sealed immediately after collection in the presence of the student.

4. Documentation

The following details shall be recorded in the Chain of Custody Register/Form:

- Unique sample identification code
- Date and time of collection
- Name and signature of collecting staff
- Condition of sample at receipt
- Date and time of transfer to laboratory/testing personnel

- Name and signature of receiving personnel

All entries shall be completed contemporaneously and maintained securely.

5. Storage and Transport

- Samples shall be stored in a secure designated area with restricted access.
- If immediate testing is not feasible, samples should be refrigerated as per manufacturer and laboratory recommendations.
- Transport of samples shall occur in sealed containers maintaining confidentiality and integrity of the specimen.

6. Handover and Testing

- Each transfer of custody shall be documented with signatures of both transferring and receiving personnel.
- Only authorised healthcare or laboratory personnel shall handle samples.
- Testing shall be conducted using validated screening kits and standard biosafety precautions.

7. Disposal

- After completion of testing and documentation, biological samples and related consumables shall be disposed of according to applicable biomedical waste management rules.

8. Confidentiality

- Chain-of-custody records shall be maintained separately from academic and administrative records.
- Access shall be restricted to authorised personnel involved in the Student Wellness Program.
- All handling of records and samples shall comply with confidentiality and data protection requirements under the SOP.

Annexure 5: Details of Rapid Urine Drug Screening Test Devices and Test

S.N.	Device	Tentative cost (INR)	Sensitivity	Specificity
1	Single Test	50-100	90-95%	90-95%
2	Multi-6 Panel	150-250	90-95%	90-95%
3	Multi-10 Panel	300-500	90-95%	90-95%

Details of Rapid Urine Drug Screening Test Availability

S.N.	Name of test	Cut-Off ng/ml
1	Morphine (MOR)	300
2	Buprenorphine (BUP)	10
3	Tramadol (TRA)	100
4	Benzodiazepine (BZO)	300
5	Cannabis (THC)	50
6	Multi-6 (MOR/BUP/TRA/BZO/THC/AMP) or Multi-6 (MOR/BUP/BZO/THC/ + 2*)	As per single parameter
7	Amphetamine	1000
8	Cocaine	300
9	Cotinine	200
11	Barbiturate	300
12	Methamphetamine	1000
13	Fentanyl	20
15	Ketamine	1000
16	Ecstasy (MDMA)	500

17	Carfentanyl(CFYL)	250
19	Mephedrone HCl(MEP)	100
20	Mescaline (MES)	100
21	AB-PINACA (ABP)	10
22	α -Pyrrolidinovalerophenone (α -PVP)	500
23	Kratom (KRA)	300
24	GHB (Gamma-Hydroxybutyric Acid)	10
25	Ethyl glucuronide	500
26	Lysergic acid diethylamide (LSD)	20

End of Annexure

Annexure 6: Data record form

This form shall be maintained only by authorised Student Wellness Program personnel. All records must be stored confidentially and separately from academic records.

Section A: Student and Screening Details

Student Code (Anonymised)	_____
Institution / Department	_____
Date of Assessment	_____
Age	_____
Gender	_____
Counsellor Name	_____
WHO-ASSIST Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Urine Drug Test Conducted	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B: WHO-ASSIST Screening Summary

Substance	Risk Score	Risk Category	Remarks
Tobacco	_____	Low / Moderate / High	_____
Alcohol	_____	Low / Moderate / High	_____
Cannabis	_____	Low / Moderate / High	_____
Other Substance	_____	Low / Moderate / High	_____
Overall Impression	_____	Low / Moderate / High	_____

Section C: Urine Drug Test Findings

Test Parameter	Negative	Positive
Cannabis (THC)	<input type="checkbox"/>	<input type="checkbox"/>
Opioids	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>

Section D: Intervention and Follow-Up

Preventive Advice Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Brief Intervention Conducted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referral Recommended	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referral Accepted by Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow-Up Planned	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Follow-Up Date	_____

Additional Notes: _____

Counsellor Signature: _____

Date: _____

Annexure 7

Anticipated Legal Concerns (ALC)

Voluntary Screening, Brief Intervention, Referral and Optional Voluntary Urine Drug Testing in Educational Institutions

This SOP and its associated screening, intervention, and evaluation components are **constitutionally compliant, ethically sound, and legally defensible**, as they:

- Are voluntary
- Respect privacy and dignity
- Based in health promotion and health care services at the institute
- Follow public-health best practices

1. Does the NDPS Act require or justify student drug testing?

No. The clinical assessment records and urine drug test results are health data, not evidence of any kind of misconduct. The **NDPS Act, 1985** is a **penal statute**, not a preventive or public-health screening law.

- It does **not** mandate drug testing in educational institutions.
- It does **not** authorise universities to act as law-enforcement agencies.
- Health screening results cannot be shared with police or used for prosecution as they are part of the treatment process

The SOP maintains a strict separation between **healthcare interventions and law enforcement** and therefore will not fall under the purview of the NDPS Act

2. Can results be shared with parents, guardians, or university administration?

- Students aged **18 years and above** are legal adults.
- Their health information is protected under:
 - Right to privacy (Article 21)
 - Mental Health Care Act, 2017*

- Digital Personal Data Protection (DPDP) Act, 2023

Routine disclosure to parents, wardens, faculty, or administrators is **prohibited**.

*Note on MHCA: The Mental Health Care Act (MHCA) is the pan-Indian law regarding all matters directly or indirectly concerning treatment of mental illness. As per the act, mental illness includes disorders due to substance use.

- Section 18: access to affordable, quality health care is a right of the mentally ill.
- Section 19: integrating treatment and rehabilitation programs with mainstream health care; promotes least restrictive, community-based treatment programs.
- Section 23: states that guarantees the right to confidentiality for individuals with mental illness regarding their mental/physical health, treatment, and care. Confidentiality applies to all information obtained during care or treatment, covering both physical and electronic records.

- Exceptions (Information Release Allowed):

§ Nominated Representative (NR): Information can be shared with the patient's appointed NR to enable them to fulfill their duties.

§ Treatment Purposes: Information may be shared with other mental health professionals involved in the patient's care.

§ Safety/Violence Prevention: Information can be disclosed if necessary to protect the patient or others from immediate harm, violence, or to prevent a threat to life.

§ Legal/Statutory Order: Disclosure is permitted if ordered by a Mental Health Review Board, the Central/State Authority, or the High Court/Supreme Court.

§ Public Safety: Information can be released in the interest of public safety and security.

§ Limitation on Disclosure: Only the minimum information necessary to address the specific risk (e.g., in cases of threat to life) should be released.

- Section 29: government is to plan programs to promote mental health and prevent mental illness (and substance use).

- Section 31: directs the central government to plan, develop and implement training programs to develop human resources for mental health care as per internationally accepted guidelines.

· Section 32: calls for coordination between all components of Indian administration to ensure mental health care for all.

3. How is student privacy protected under this programme?

The SOP mandates:

- Informed consent
- Anonymised coding (no roll numbers or names)
- Secure storage of records
- Restricted access to authorised health professionals only
- Separation of health data from academic and administrative databases

These measures align with:

- Mental Health Care Act, 2017
- Digital Personal Data Protection (DPDP) Act, 2023

4. Can the data collected be used for surveillance or profiling?

No.

- Individual-level data shall **never** be used for surveillance, profiling, or targeting.
- Only **aggregate, anonymised data** may be used for programme evaluation.
- No institution-level or student-level ranking is permitted.

5. Can institutions be held liable if they do not implement drug testing?

No.

- There is **no statutory duty** on universities to conduct drug testing.
- The SOP can be followed to ensure compliance with law

6. What happens if a student discloses high-risk or harmful use?

- The response is **clinical and supportive**, not punitive.
- Brief intervention and referral are **offered**, not imposed.
- Emergency action is taken **only if there is imminent risk to life or safety**, consistent with medical ethics.

7. Can universities share data with the Ministry or other authorities?

Yes, **only in aggregate, anonymised form**, such as:

- Number of students screened
- Number receiving counselling
- Referral uptake rates
- No identifiable data may be shared.

End of Annexure

Annexure 8

Frequently Asked Questions regarding Screening, Brief Intervention, Referral and Optional Voluntary Urine Drug Testing in Educational Institutions

Q1. Is drug testing of students mandatory under this programme?

No. Participation in screening, counselling, referral, or urine drug testing under this programme is **entirely voluntary** as is the case for all activities under the Student Wellness Program.

Refusal to participate does not attract any academic, disciplinary, residential, legal or administrative consequence.

Q2. Under which law are universities authorised to conduct drug testing of students?

There is **no statutory mandate** requiring educational institutions to conduct drug testing of students.

The programme operates as a **voluntary health and wellness initiative**, not as a law-enforcement or disciplinary measure, and is implemented within existing student health and counselling services.

Q3. Does the NDPS Act require reporting of students who test positive?

No. The **Narcotic Drugs and Psychotropic Substances Act, 1985** does not mandate drug testing of students by educational institutions, nor does it require reporting of health screening results to law-enforcement authorities.

The programme maintains a strict separation between **healthcare services and law-enforcement functions**.

Q4. Are test results shared with parents, faculty, hostel authorities, or police?

No. Screening results and counselling records constitute **confidential health information**.

Such information is **not shared** with parents, academic authorities, hostel wardens, or law-enforcement agencies, except with **explicit written consent of the student** or in rare situations involving imminent risk to life, in accordance with applicable law.

Any reply to RTI queries will be made in accordance with the **Right to Information Act, 2005**, subject to exemptions relating to **personal information, medical records, and privacy** under Section 8 of the Act.

Q5. Is refusal to participate recorded or treated as misconduct?

No. Refusal to participate is a valid exercise of individual autonomy and is **not treated as misconduct**.

Refusal does not result in any adverse academic, disciplinary, or administrative action.

Q6. Who has access to screening and counselling data?

Access to screening and counselling data is restricted to **authorised healthcare and counselling professionals** only. The student's consent will be taken before such information is shared.

Such data is maintained separately from academic and administrative records and is protected by confidentiality and data-protection protocols.

Q7. Is this programme used to identify or punish students who use drugs?

No. The programme is **preventive and supportive in nature** and is not designed or used for disciplinary or punitive purposes.

Its objective is early identification of risk and facilitation of counselling and referral services on a voluntary basis.

Q8. What data is reported to the Ministry or other authorities?

Only **aggregate, anonymised data** relating to programme implementation (such as number of students counselled or referred) may be reported for monitoring and evaluation purposes.

No personally identifiable or individual-level data is shared.

Q9. Has any disciplinary action been taken based on this programme?

No disciplinary action is taken based on screening results, clinical interview notes or voluntary urine drug testing conducted under this programme.

Q10. Is this programme applicable to all institutions uniformly?

The SOP provides a **model framework** for voluntary implementation by educational institutions.

Adoption and operationalisation are subject to institutional readiness and applicable governance structures.

Q11. Can copies of individual consent forms or counselling notes be provided?

No. Individual consent forms and counselling notes are **medical records** and are exempt from disclosure.

End of Annexure

Annexure 9

**WHO-ASSIST (Alcohol, Smoking and Substance Involvement Screening Test) – Fillable Version
Screening Tool (Fillable Version for HEI Counsellors)**

WHO-ASSIST linked brief intervention tool open source link:

<https://www.who.int/publications/i/item/978924159938-2>

Purpose: Screening tool for counsellors in Higher Educational Institutions to assess substance use risk and guide brief intervention.

Student Code (Anonymised):	_____
Date:	_____
Institution:	_____
Assessor Name:	_____

Question 1: Lifetime Use

In your life, which of the following substances have you ever used (non-medical use only)?

Substance	No	Yes
Tobacco products	<input type="checkbox"/>	<input type="checkbox"/>
Alcoholic beverages	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine-type stimulants	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>
Sedatives or sleeping pills	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>
Opioids	<input type="checkbox"/>	<input type="checkbox"/>

Other substances (specify)	<input type="checkbox"/>	<input type="checkbox"/>
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Questions 2–7: Substance Use in the Past 3 Months

How often have you used the substance?

Never <input type="checkbox"/>	Once or twice <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily/Almost daily <input type="checkbox"/>
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How often have you had a strong desire or urge to use it?

Never <input type="checkbox"/>	Once or twice <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily/Almost daily <input type="checkbox"/>
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How often has your use led to health, social, legal or financial problems?

Never <input type="checkbox"/>	Once or twice <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily/Almost daily <input type="checkbox"/>
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How often have you failed to do what was normally expected because of use?

Never <input type="checkbox"/>	Once or twice <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily/Almost daily <input type="checkbox"/>
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Has a friend or relative expressed concern about your use?

Never <input type="checkbox"/>	Once or twice <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily/Almost daily <input type="checkbox"/>
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Have you tried to cut down or stop but failed?

Never <input type="checkbox"/>	Once or twice <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily/Almost daily <input type="checkbox"/>
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Question 8: Injecting Drug Use

Have you ever used any drug by injection?

- No, never Yes, but not in the past 3 months Yes, in the past 3 months

Scoring and Risk Category (Counsellor Use)

Low risk: Preventive advice

Moderate risk: Brief intervention

High risk: Referral to specialised treatment

Total Score (per substance): _____

Recommended Action: Preventive Advice Brief Intervention Referral

Counsellor Signature: _____

Student consent obtained separately as per institutional SOP.