



# NEW MEXICO CORRECTIONS DEPARTMENT

Secretary  
Alisha Tafoya Lucero

CD-090500 Urinalysis Testing of Inmates/Testing  
Unknown Substances

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Revised: 2/12/15

Alisha Tafoya Lucero, Cabinet Secretary

*Original Signed and Kept on File*

## AUTHORITY:

- A. NMSA 1978, Sections 30-22-14, 30-31-1 to -41, and 33-1-6, as amended.
- B. Policy *CD-010100*.

## REFERENCES:

- A. Policy CD-100200.

## PURPOSE:

- A. To provide for the safety and security of a correctional setting by establishing procedures in the administration of a urinalysis testing program for the screening of drug use.
- B. To establish a procedure for testing unknown substances for the screening of illicit drug abuse.

## APPLICABILITY:

This policy applies to all inmates of the New Mexico Corrections Department (NMCD or Department) and any Department employees who are involved in the urinalysis testing of inmates and substance testing.

## FORMS:

- A. **Urinalysis Test Record/Chain of Custody** form (*CD-090501.1*)
- B. **Substance Test Record/Chain of Custody** form (*CD-090501.2*)
- C. **Confirmation Test Information** form (*CD-090501.3*)

## ATTACHMENTS:

None

## DEFINITIONS:

- A. *Adulterated*: A specimen has been “adulterated” when it contains substances not present normally or normal physiological concentrations in urine such as nitrate, chromate, bleach, acids or bases, aromatic substance, and soaps or detergents.
- B. *Community Release Programs*: Any type of furlough, work release, school release, or other temporary release program.

- C. Drugs: Controlled substances, as defined by the Controlled Substance Act, NMSA 1978, Sections 30-31-1t o -41 as amended, including but not limited to, heroin, cocaine, crack, marijuana, PCP, amphetamines, and methamphetamine, but does not include a controlled substance carried into the institution through regular prison channels and pursuant to the direction or prescription of a regularly-licensed physician and dispensed according to infirmary procedures.
- D. Drug Detection Device: A device utilized by Department staff that detects the presence of drugs by analyzing residue molecules found on a person's skin, clothing, personal articles, e.g., keys, money, vehicles, etc.
- E. Drug Paraphernalia: Means all equipment, products and materials of any kind that are used, intended for use or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repacking, storing, containing, concealing, injecting, inhaling or otherwise into the human body a controlled a substance or controlled substance analog in violation of the Controlled Substance Act.
- F. Indigent Inmate: An inmate whose trust fund account has been without funds for one month prior to the situation resulting in the request.
- G. Urinalysis Testing Program: A program that is used to test inmate urine specimens for the presence of illicit drugs.

#### **POLICY:**

- A. The Department is committed to need reducing substance use and recidivism among inmates and to increase public safety, inmate accountability, correctional facility control and security. A urinalysis-testing program shall be used to verify the use of drugs by inmates and clients of the Department.
- B. All unknown substances which are suspected of being or containing drugs will be tested by institutional staff using an approved substance-testing program as directed by the Adult Prisons Division.
- C. The use or possession of drugs presents a serious threat to the safety, security and orderly administration of a correctional facility. The goal of the Department is "Zero Tolerance" for usage and possession.
- D. Any inmate refusing or failing such testing shall be subject to disciplinary action to the fullest extent authorized by policy and will be offered a drug treatment program upon request.
- E. For any inmate refusing or failing such tests visits shall be under controlled conditions as described in *CD-090100*.
- F. A copy of this policy will be placed and maintained in the law library. Also, a copy of the manufacturer's specifications for the urinalysis/substance testing method in use at the institution will be maintained in the law library.



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CD-090501 Urinalysis Testing of Inmates/Testing Unknown Substances	Issued: 11/3/89 Effective: 11/3/89	Reviewed: 6/12/26 Revised: 2/12/15
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## AUTHORITY:

Policy *CD-090500*

## PROCEDURES:

### A. Urinalysis Testing Of Inmates Under Suspicion/Testing of Unknown Substances:

1. In any case where a reasonable suspicion of drug abuse or possession exists, a correctional officer may request a urinalysis screening of inmate(s) or testing of a substance.
  - a. The reasonable belief or suspicion must be documented on the **Urinalysis Test Record/Chain of Custody** form (*CD-090501.1*), prior to taking the urine specimen; and
  - b. A urine specimen will be taken or a substance test performed, or both, immediately or as soon as circumstances permit.
2. Factors which may give rise to suspicion may include, but are not limited to, the following:
  - a. Inmate(s) found unconscious and not known to be injured;
  - b. Inmate(s) who exhibit unusual behavior, including symptoms of drug reaction, such as staggering, slurred speech, bloodshot eyes, combative behavior, etc.;
  - c. Inmate(s) who become involved in altercations, stabbings, etc;
  - d. Inmate(s) found in possession or control of suspected illicit drugs or drug paraphernalia;
  - e. Inmate(s) observed to be in possession of or using illicit drugs, whether or not correctional staff are unable to obtain the contraband;
  - f. Inmates who engage with others in a plan to possess or introduce controlled substances into a facility.
  - g. Inmates who receive a positive result for drugs detected by any drug detection device.
  - h. When correctional staff receives reliable information that the inmate is currently under the influence of, or has recently used, drugs.

### B. Mandatory Urinalysis Testing of Inmates:

1. As part of the Urinalysis Testing Program, a mandatory urinalysis-testing program may be implemented for all inmates at the Reception & Diagnostic Center (RDC) upon their arrival at RDC.
  - a. Inmates who test positive upon entering RDC as a new arrival to NMCD, the results will be entered into CMIS by the RDC staff. If the newly arrived inmates are randomly tested within the first 7 days of arrival and test positive for chemical substances, the inmate will not receive disciplinary misconduct report. In case of THC/Marijuana positive results, the time frame for the newly arrived inmates will be 30 days and no disciplinary misconduct report will be submitted. The only exception to this will be if the staff member has reasonable suspicion or when a current NMCD Inmate returns to the facility from court or furlough and tests positive for any substances for which he/she is not medically prescribed, they will face disciplinary action.
2. Wardens may establish a mandatory urinalysis-testing program for inmates returning from any community release program.
3. Mandatory urinalysis shall be conducted prior to and immediately following all family visits.
4. Use the following reference guide for drugs in regards to urine tests - this is the estimated time frames that these drugs will remain in the body if the inmate is using drugs. Remember to check with medical to verify any prescription usage that could show up as a false positive.

Amphetamines	1-2 days
Amphetamine (Variants)	2-5 days
Barbiturates	2-10 days
Barbiturates	2-3 weeks
Benzedrine	2-5 days
Benzodiazepines	1-6 weeks
Buprenorphine (Partial Opioid Agonist) Suboxone	1-3 days
Cocaine	2-30 days
Codate (Opiate)	2-4 days
Codeine (Opiate)	2-4 days
Dexedrine	1-2 days
Ecstasy	1-3 Days
Heroin (Opioid)	2-4 days
Marijuana - Cannabis	2 days-11 wks <b>**SEE CHART AT BOTTOM**</b>
Methadone (Opioid)	6-12 days
Methamphetamine	1-4 days
Morphine (Opiate)	3-4 days
Opium	2-4 days
Oxycodone (Opioid Antagonist)	3-4 days
Phenobarbital	2-10 days,

Valium	7-10 days
Vicodin	3-4 days

**MARIJUANA DETECTION TIME CHART**

	Urine Drug Test
1 time only	5-8 days
2-4 times per month	11-18 days
2-4 times week	23-35 days
5-6 times per week	33-48 days

**C. Random Urinalysis Testing of Inmates:**

1. As part of the Urinalysis Testing Program, a random urinalysis-testing program shall be established. Random urinalysis testing may be applied, but is not limited, to the following groups of inmates:
  - a. Community release programs;
  - b. Supervised outside work details;
  - c. Entire housing units;
  - d. Entire institutions or facilities; and
  - e. Members of security threat groups or street gangs (disruptive groups).
  
2. The process for random selection may include, but is not limited to, any of the following methods:
  - a. Random computer selection provided by Central Office via e-mail;
  - b. Random, blind drawing of inmate names or numbers from a container which includes all inmates' names or numbers in the institution or in a particular facility, housing unit, program, or other reasonable group; or
  - c. Random, blind drawing of housing unit numbers from a container that includes all housing units.
  - d. Random testing will be done monthly. The number of inmates tested will be a statistically valid sample to provide a 90% confidence interval, with a margin of error of plus or minus five.
  - e. Random testing results shall be completed and end results entered into the CMIS database within seventy-two (72) hours of Central Office scheduling the random testing.

**D. Ordering the Inmate to be Urinalysis Tested:**

1. The **Urinalysis Test Record/Chain of Custody** form (*CD-090501.1*), shall document the urinalysis testing procedure and be fully completed, including special attention to medical and signature areas.
2. The inmate shall be given a direct order to submit a urine specimen for urinalysis testing and shall be informed of the underlying reason why he or she is being ordered to submit the specimen (i.e., suspicion, mandatory, random, or release). This information will be recorded on Form (*CD-090501.1*).
3. If the inmate refuses to submit the specimen, he or she shall be informed that his or her refusal constitutes a violation of facility rules and that he or she will incur the same disciplinary disposition that a positive urinalysis result would have supported. This information will be documented on the **Urinalysis Test Record/Chain of Custody** form (*CD-090501.1*) including the date and time the inmate was informed and the name and rank of the person who informed the inmate.
4. If any inmate refuses to submit a urinalysis specimen for testing, the testing officer will complete a misconduct report which will be issued to the inmate and which could result in appropriate administrative action, e.g., Disciplinary Segregation, forfeiture of accrued good time, loss of visiting privileges and/or Facility transfer.

#### **E. Collection of Urine Specimen:**

1. The collection of the urine specimen shall be conducted by institutional staff of the same gender as the inmate in a location that affords reasonable privacy.
2. The inmate shall be escorted by an institutional staff member to an appropriate area affording reasonable security and safety conditions.
3. The institutional staff member shall hand the specimen container to the inmate.
4. The institutional staff member shall ensure that the inmate submits urine specimen which has not been adulterated in the specimen container by witnessing the inmate urinate into the provided container, being certain that the specimen is not being released from a makeshift device or that contaminants or dilutants are not being introduced into the specimen container itself. Female inmates may be required to urinate into an unused plastic cup, rather than the specimen container itself. The contents of the cup shall then be transferred to the specimen container by the witnessing staff member.
5. The inmate should wash his or her hands before and after submitting a sample.
6. If the inmate is unable to provide a urine specimen immediately, he or she may be detained and given twelve (12) ounces of water, until the specimen is provided or until one (1) hour has elapsed.

- a. Inmates who are unable to provide a urine specimen within one hour of being ordered to do so shall be considered to be refusing to submit the specimen.
  - b. The inmate shall be informed that this refusal constitutes a violation of facility or program rules and that the failure to submit a urine specimen will incur the same disciplinary disposition that positive urinalyses result would have supported. This information must be recorded on the **Urinalysis Test Record/Chain of Custody** form (*CD-090501.1*), including the date and time the inmate was informed and the name and rank of the person who informed the inmate.
7. The staff member witnessing the submission of the specimen by the inmate shall make the appropriate notation on the **Urinalysis Test Record/Chain of Custody** Form (*CD-090501.1*). If the inmate is unable to provide a urine specimen within one hour of being ordered, or refuses to submit a urine specimen, this fact shall also be noted on the form.

#### **F. Processing the Urine Specimen:**

1. Upon obtaining the urinalysis container from the inmate, the staff member must ensure that the lid is secured tightly and that the manufacturer's specifications for the testing method are followed.
2. All staff handling the specimen shall make an appropriate notation under the Chain of Custody portion of the **Urinalysis Test Record/Chain of Custody** form (*CD-090501.1*). The number of staff handling the specimen or substance should be kept to the minimum to maintain the integrity of what may become evidence in a disciplinary or administrative proceeding. If a substance is to be tested, the **Substance Test Record/Chain of Custody** form (*CD-090501.2*) must be filled out in its entirety.
3. The specimen or substance shall be tested immediately, or when conditions do not allow for it to be tested within twenty-four (24) hours, the specimen shall be placed in a locked refrigerator or the substance shall be placed in a secured locker.
  - a. Samples that are not forwarded to an outside laboratory or initially tested by the facility within seven (7) days from being obtained shall be discarded.
  - b. A logbook shall be kept in the vicinity of the refrigerator/freezer/locker, and each person accessing the refrigerator/freezer/locker shall note his or her name, rank, date, time, and reason for accessing the refrigerator/freezer/locker.
4. The institutional staff performing the urinalysis/substance testing or witnessing local law enforcement conduct the test shall have been trained in the use of the testing method and should indicate so on the misconduct report. These individuals shall:
  - a. Ensure that procedures outlined by the manufacturer are followed;
  - b. Be responsible for the proper completion of appropriate logs; and
  - c. Maintain daily logs regarding access to freezers/refrigerators used for storing urine/substance samples.

5. If a positive result is obtained, the results of the test shall be recorded on the appropriate form, and on the appropriate institutional Drug Test Log.
6. The staff member who conducted the urinalysis/substance test shall prepare a misconduct report on all inmates confined at their facility that tested positive.
7. At facilities where local law enforcement conducts the initial test, a trained staff member who fully observes the testing procedure performed and witnesses a positive result may prepare the misconduct report.
8. The report shall contain the following information:
  - a. Name and rank of staff member;
  - b. Date and time of the test;
  - c. The results of the test.

**G. Request for Confirmation Test for Urinalysis/Substance Testing:**

1. All inmates regardless of NMCD security facilities (state and private) placement will be permitted to request confirmation tests for Urinalysis/Substance testing for positive results.
2. At the time an inmate who is tested, he or she may request a confirmation test if he or she agrees to the following terms:
  - a. The urine sample or suspected substance will be sent to an outside laboratory of the Department's choice;
  - b. If the results are positive, the inmate will incur all costs of the confirmation test, and must sign a debit memo to that effect at the time of the request;
  - c. No institutional misconduct report will be issued until the finding of a positive confirmation test has been received;
  - d. The **Confirmation Test Information** form (*CD-090501.3*) will be used to document the inmate's request for a confirmation test;
  - e. If the confirmation test is positive and if an inmate is certified to be indigent inmate by the Business Office, the Department will debit the inmate's account until there are sufficient funds to cover the costs of a confirmation test.
3. If the initial sample is tested by an outside laboratory, no confirmation test will be afforded.
4. If the inmate does not request a confirmation test, that information will be noted on the **Confirmation Test Information** form (*CD-090501.3*) and the institution will proceed with the disciplinary process.

## **H. Processing the Initial Urine Specimen at an Outside Laboratory or Correctional Facility:**

If the facility does not have its own urinalysis testing apparatus, or if the institution's urinalysis testing apparatus is not functional, the specimen may be forwarded to an outside laboratory of the Department's choice or to another institution that has the urinalysis testing equipment.

1. The specimen shall be placed in a locked refrigerator/freezer/locker, if it is not to be forwarded immediately.
2. All persons handling the specimen shall make the appropriate notation on the **Urinalysis Test Record/Chain of Custody** form (*CD-090501.1*). The number of persons handling the specimen shall be kept to a minimum.
3. The specimen shall be forwarded in accordance with procedures recommended by the testing laboratory.
4. If a positive result is obtained, the Facility Major or Operations Director will ensure that a disciplinary report is written. The misconduct report shall be accompanied by a copy of the **Urinalysis Test Record/Chain of Custody** form (*CD-090501.1*) and a copy of the test results from the outside laboratory or other correctional facility.

## **I. Confirmation Test for Urinalysis or Substance Testing:**

1. The institutional staff member who conducted the initial test or witnessed local law enforcement conduct the initial test will submit the request for confirmation testing to the Facility Major or Operations office, which will coordinate testing with the outside agency.
2. The container will be secured by placing the adhesive-backed tag or evidence tape over the lid so that both the container and the lid are secured and that, in order to open the specimen container, the tag or tape will have to be torn.
3. The employee conducting or witnessing the field test will inform his or her supervisor that a confirmation test was requested.
4. The Facility Major's or Operations office will coordinate with the courier to pick up the item to be tested.
5. When a positive result is obtained from the confirmation test, the Facility Major's or Operations office will coordinate the writing of the misconduct report. The date and time that the reporting employee receives the confirmation report will be the date and time of discovery.
6. The Facility Major's or Operations office is responsible for maintaining all documentation related to confirmation tests.

## **J. Use of Results:**

In a subsequent disciplinary proceeding, a positive urinalysis or substance analysis result will be used as evidence of the use or possession by the inmate of the drug indicated by the result. The record of the disciplinary proceeding must include:

1. Misconduct report;
2. Copy of the appropriate Test Record/Chain of Custody,
3. **Confirmation Test Information**, form (CD-090501.3).
4. Photocopies of the testing laboratory report, if an outside laboratory or facility was used.

#### **K. Random Drug Test Reporting Process:**

Upon receiving a list from Central Office via e-mail or other means indicating which inmates are to be tested and completing all appropriate procedures for collection, testing and confirmation, the urinalysis tester will initiate the following reporting procedure:

1. From CMIS, download, sign and make a hard copy of each sheet and retain as a permanent record.
2. To indicate the test result by drug type (THC, barbiturates, etc.) select the word “Positive” according to the result that is on the Random Test Result Attachment next to the appropriate drug type.
3. Type in facility housing unit, Pod/Cell/Bed in appropriate location.
4. On the test methods screen, select the Adulteration drop down screen; indicate whether samples that were tested for adulteration were positive.
5. Forward test results by e-mail to designated Department employee.

#### **L. Summarizing Results:**

Under “Drugs” on the CMIS system there are several columns to be filled in.

1. “No. of Tests” indicates the total number of inmates tested for each drug type; the number should be the same for each drug type and for the total.
2. “No. of Positive” is the number of tests by drug type that resulted in a positive result.
3. “No. of Negative” is the number of tests by drug type that resulted in a negative result.
4. “Percentage (%) Positive” is the number of inmates who tested positive for each drug type divided by the total number tested for each drug type (“No. of Tests” column).
5. “Percentage (%) Negative” is the number of inmates who tested negative for each drug type (“No. Negative” column) divided by the total number tested for each drug type (“No. of Tests” column).
6. “Refused” is the number of inmates scheduled for testing who refused to be tested.

7. "Tested with Adultacheck (TWA)" is the number of samples which were tested with Adultacheck strips and is entered only once in the "Total" column. (Note: Only every fifth negative test is to be tested with these strips.)
8. All information entered into CMIS system is to be forwarded via e-mail to the Director of Adult Prisons Division.

**M. Loss of Good Time:**

1. If the misconduct report results in the inmate's being found guilty of a major misconduct offense, the appropriate amount of good time shall be recommended for forfeiture which will delay the inmate's release. The Classification Officers shall advise the Parole Board and Parole Officer of the new projected release date for inmates scheduled for parole.
2. In the event an inmate's release has been delayed due to forfeiture of good time for refusing testing or testing positive for drugs, re-testing will occur again prior to the inmate's new projected release date.

**N. Sanctions:**

The Hearing Officer has the discretion to recommend the maximum sanction in the guidelines; however, in no event will the recommended sanctions exceed the maximum allowed by the Inmate Discipline policy.

**O. Statistical Data:**

1. All results obtained in the course of the Urinalysis/Substance Testing Program shall be assembled and retained.
2. All results shall be entered on the appropriate Drug Test Log.

**P. Urinalysis Testing for Community Corrections Clients/Community Release Programs:**

1. Inmates released to community corrections programs shall be tested for drug usage in accordance with the policies and procedures established by each program.
2. Positive results of urinalysis or other drug tests will be reported, in writing, to the Director of Probation and Parole Division at Central Office, as soon as possible.

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**URINALYSIS TEST RECORD/CHAIN OF CUSTODY**

Inmate's Name: \_\_\_\_\_ NMCD#: \_\_\_\_\_

Facility: \_\_\_\_\_

***THE FOLLOWING INFORMATION MUST BE TOLD TO THE INMATE:***

Inmate told the underlying reason why he/she is being ordered to submit to a urine sample (circle one :) **(Release)**                      **(Suspicion)**                      **(Mandatory)**                      **(Random)**

*Reasonable Suspicion Leading to Request:* \_\_\_\_\_

If the inmate refuses to submit a urine sample, he/she will incur the same disciplinary disposition that a positive urinalysis result would have supported.

Inmate told by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Specimen witnessed and obtained by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Inmate refused to give specimen; witnessed by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

***CHAIN OF CUSTODY*** (Starting with staff obtaining specimen)

From	To	Date	Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Test kit expiration date: \_\_\_\_\_

Sample tested by: \_\_\_\_\_

Print Name

Signature

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**RESULTS:** \_\_\_\_\_

**THIS FORM IS TO BE FILLED OUT COMPLETELY. IT IS TO ACCOMPANY THE SAMPLE UNTIL THE SPECIMEN IS TESTED.**

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**SUBSTANCE TEST RECORD/CHAIN OF CUSTODY**

Inmate's Name: \_\_\_\_\_ NMCD#: \_\_\_\_\_

Facility: \_\_\_\_\_

*DESCRIBE SUBSTANCE AND PLACE AND CIRCUMSTANCES OF RECOVERY:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recovered Date: \_\_\_\_\_ Time: \_\_\_\_\_

By: \_\_\_\_\_

Signature

Printed Name

***CHAIN OF CUSTODY*** (Starting with staff obtaining substance)

From _____	To _____	Date _____	Time _____
From _____	To _____	Date _____	Time _____
From _____	To _____	Date _____	Time _____
From _____	To _____	Date _____	Time _____
From _____	To _____	Date _____	Time _____
From _____	To _____	Date _____	Time _____

Test kit expiration date: \_\_\_\_\_

Sample tested by: \_\_\_\_\_

Print Name

Signature

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**RESULTS:** \_\_\_\_\_

**THIS FORM IS TO BE FILLED OUT COMPLETELY. IT IS TO ACCOMPANY THE SAMPLE UNTIL THE SPECIMEN IS TESTED.**

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**CONFIRMATION TEST INFORMATION**

Inmate's Name: \_\_\_\_\_ NMCD#: \_\_\_\_\_

On \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time) the above-named inmate was informed that he/she may request to have a confirmation test conducted on his/her urine/substance specimen under the following conditions:

- a. *The urine/substance sample will be sent to an outside laboratory of the Department's choice; and*
- b. *The inmate will incur all costs of the confirmation test, if the results are positive and must sign a debit memo to that effect at the time of the request.*

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**CHECK ONE:**

The inmate requests a confirmation test and has completed a debit memo to cover the cost.

The inmate did not request a confirmation test.

\_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Inmate's Signature

Institutional Staff's Signature: \_\_\_\_\_

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*The Major/Operations Director will make arrangements to submit the sample for a confirmation test.*

Date Received: \_\_\_\_\_ Date Sent to Laboratory: \_\_\_\_\_

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*Results of Confirmation Test Received on:* \_\_\_\_\_

**RESULTS:** \_\_\_\_\_

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*After the confirmation results have been received by the institution, this form and any documentation from the testing laboratory will be attached to the disciplinary report.*