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Procedure owned by People and Resources

Alcohol, Drugs or Substance Misuse or Abuse

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SECTION A - STATEMENT AND GUIDING PRINCIPLES

This procedure applies to all members of the Police Service; police officers and police staff, irrespective of rank, grade or role. In some cases it may be applicable to volunteers, if they are in vulnerable or safety critical posts.

This procedure is predominantly aimed at those with recurrent problems. It is not intended to apply when problems with conduct or work performance are created by incidents of alcohol or drug misuse where there is no evidence of a recurrent problem. In such circumstances action should be taken by managers through other channels, such as the use of the misconduct procedures. However, a single acute episode of drink or drug related incapacity may be an early indication of a long-standing issue, and appropriate steps should be taken to try and identify whether this is the case.

Staffordshire Police does not approve or condone the excessive or inappropriate use of alcohol or the misuse or abuse of prescribed drugs or over the counter medicines. The use of illegal drugs is strictly prohibited by the ‘Misuse of Drugs Act 1971’. It is hoped that criminal or misconduct consequences will be rare, but it must be recognised that any individual

who is involved with illegal drugs may face criminal and/or disciplinary consequences.

It is the intention of Staffordshire Police to provide support and treatment in conjunction with the individual's own General Practitioner and with the individual's consent, for those individuals who come forward with a drug, alcohol or substance issue/problem. There is a need to recognise that in some cases a criminal or misconduct investigation may be necessary. If a member of staff identified as having a problem does not undertake support and treatment provided, there may be implications in respect of misconduct.

Every case will be dealt with on its specific circumstances and will always involve a risk assessment to minimise the risk to the health and safety of our staff, the public and the individual.

Staffordshire Police will provide advice and guidance to staff and managers on alcohol, drug or substance abuse or misuse in the workplace and will raise awareness of the issue by publishing information on how to identify symptoms of alcohol and drug abuse and sources of help to overcome problems.

Under the Health and Safety at Work Act 1974 it is a criminal offence to put others at risk by unsafe acts or omissions. Staffordshire Police is committed to the provision of a safe and productive working environment and the policy provides a supportive framework for this to take place.

To demonstrate compliance with their duty of care as required by the Health and Safety at Work Act 1974, "employees" are expected:

- To report to the relevant manager or Occupational Health professional the need to take any prescribed or over the counter medication during working hours that might impair their ability to do their job, or indicate as positive in the event of a drugs test.

- Not to come to (or be at) work under the influence of alcohol, drugs or medication not reported to the relevant manager.

- Not to drink alcohol or take drugs while at work.

- Not to be in possession of drink or drugs while on duty, without reasonable or lawful explanation.

Risk Assessment

When an individual has been identified with a potential alcohol, drug or substance misuse problem by either self-referral, management referral or intelligence, an initial risk assessment will be conducted as soon as possible and a formal risk assessment at the earliest opportunity in all cases. This risk assessment will be organised and attended by Occupational Health, Safety & Welfare to ensure the safety of the individual, other staff and the public. Each risk assessment will involve the Head of People Services or their nominee, the LPT Commander or their nominee and, where appropriate, the Head of the Performance and Standards Unit or their nominee.

The risk assessment will consider the ethical, physical and professional vulnerability of the individual and the role they can perform to minimise risk. This meeting will consider whether the individual should be asked to provide a sample as detailed in this procedure.

When an individual has provided a positive test at the screening stage, an initial risk assessment will be conducted immediately and a formal risk assessment at the earliest opportunity in all cases.

Confidentiality
The principles of confidentiality will be maintained as far as possible within the spirit of the aims of the policy. Details of medical conditions and special/medical treatments will always remain confidential, but the need to conduct risk assessments and monitor rehabilitation mean the Occupational Health, Performance and Standards Unit, LPT Commanders, Departmental Heads and People Services will need to exchange managerial information to ensure consistency.

SECTION B - ROLES AND RESPONSIBILITIES

Individuals
Individuals have responsibilities to themselves and colleagues under Section 7 of the Health and Safety at Work Act 1974, to take reasonable care of the health and safety of themselves and any other person who may be affected by their actions or inactions at work. Police officers and police staff also have a responsibility under their respective Standards of Professional Behaviour.

When an individual is prescribed drugs which have possible adverse side effects and they are involved in work of a hazardous nature, they must notify their line manager or Occupational Health immediately in order that a risk assessment can be carried out and if necessary alternative work arranged. It is not necessarily the case that they must disclose the type of

drugs or the condition for which they are being taken. The key area of risk is the nature of the adverse side effect.

Non-prescription medication may also have adverse side effects, such as drowsiness, behavioural changes. Individuals should ensure, when taking such medication, that they are aware of any side effects and that they discuss the matter with their line manager so that, where necessary, work of a non-hazardous nature may be arranged.

Staff who are aware that they may have an alcohol, drug or substance misuse problem have a personal responsibility to acknowledge their condition and seek assistance from the Occupational Health, Safety & Welfare Unit, either directly on a personal basis or by referral through a colleague, supervisor or People Services.

When a problem is identified, staff have a responsibility to cooperate with a structured rehabilitation regime through Occupational Health and People Services. Failure to cooperate may result in misconduct, unsatisfactory performance or efficiency procedures. Any such action will be dealt with by People Services and/or the Performance and Standards Unit, in consultation with the member of staff's LPT/Department. In some cases the seriousness of the situation may warrant immediate action and/or criminal investigation.

Colleagues
If a member of staff has reason to suspect a colleague may be suffering from an alcohol, drug or substance misuse or abuse problem, they should try to persuade the individual to seek specialist advice and the assistance of Occupational Health voluntarily. If the individual will not seek help, then the colleague should discuss the matter in confidence with a line manager, People Services or the Occupational Health, Safety and Welfare Unit.

Colleagues also have the option to refer the problem to Performance and Standards Unit (PSU). This can be done directly by contacting a member of staff within the PSU or, alternatively, by using the Force confidential phone line on ext 5001 or the Bad Apple reporting system on the Force Intranet. All such calls will be treated confidentially.

However well intentioned, 'covering up' a problem by colleagues is inappropriate and could have serious consequences for the individuals and Staffordshire Police. Any form of collusion breaches health and safety requirements and could lead to the colleague being liable for misconduct charges.

Supervisors and Managers
All supervisors and managers have a responsibility to be aware of the content of this procedure. They should be alert to early indicators of a potential problem. See Section D - Possible Signs of Substance Abuse Procedure for guidance on this.

Where there is concern about alcohol, drug and substance misuse or abuse, a statutory duty of care and professionalism requires supervisors and managers to challenge individuals and to take appropriate action in accordance with this procedure.

If a member of staff admits to an alcohol, drug or substance misuse or abuse problem, supervisors/managers should advise them of the available help and assistance and make a formal referral to the Occupational Health, Safety & Welfare Unit, through People Services if appropriate.

If an approach is about concern for a colleague, the officer or staff member making the referral should be able to expect that it will be treated with respect and in confidence.

Where intelligence suggests that an alcohol, drug or substance related problem exists, the LPT Commander/Head of Department must be informed and they must also advise the Head of the Performance and Standards Unit, People Services and the Occupational Health, Safety & Welfare Manager.

Occupational Health, Safety and Welfare Unit
The Occupational Health Unit will deal with any referrals made by the manager, or from the individual themselves. They may refer the individual to a specialist agency. They will also provide a point of contact and liaison between the individual, the line manager, People Services, the General Practitioner and any specialist agency.

The Occupational Health Unit will also encourage the early identification of problems by raising awareness of drug and alcohol related problems and providing guidance to managers and staff.

People Services
People Services will support officers, staff and managers in the practical application of this policy by offering advice to managers who are dealing with work performance problems, advise on reasonable targets and timescales, and advise on the misconduct process.

Trade Union / Staff Associations

Staff associations and trades union representatives should encourage officers and staff to seek assistance in accordance with the provisions of this procedure. Should an officer or member of staff request it, a representative may attend discussions with the manager.

SECTION C - ILLEGAL DRUG MISUSE, DECISION MAKING

Overview

It would be inappropriate for the police to deal leniently with the criminality of its own staff. However, if a disproportionately severe disciplinary action for any incident of substance misuse is taken, there is a risk of driving the issue ‘underground’. If that happens, it would make dealing with substance misuse all the more difficult, as individuals, colleagues and even some managers, would be reluctant to take any action that might harm a colleague.
In trying to achieve the balance between support and law enforcement, the following issues have to be considered.

Trigger for referral

If an individual presents themselves and seeks help from the Occupational Health Unit, then support may be more appropriate than if the illegal substance or alcohol abuse is revealed through the individual's action or by a third party. Between these two examples lie a spectrum of referral routes and each case should be judged accordingly.

Nature of Abuse

The early revelation of a problem may be more easily and supportively addressed than a history of acute abuse of addictive drugs or alcohol or a history of repeated lapses into substance or alcohol abuse.

Honesty and Openness

The abuser often hides substance or alcohol abuse. Where an officer or member of police staff is dishonest about their continued use of an illegal substance, then a misconduct investigation will normally follow. This guidance is not designed to stigmatise those who have successfully conquered an addiction, and each case should be judged on its own merits.

Attendant Circumstances

The possession of controlled drugs remains an offence under the Misuse of Drugs Act; the purchase of controlled drugs from an illegal supplier is therefore aiding and abetting the commission of the offence of supplying. The fact that a member of the Police Service is engaged in assisting criminal activity cannot be ignored, but the response to it must be judged on a case by case basis.

The purchase of controlled drugs from someone who knows the individual is a police officer or staff member, leaves the individual particularly vulnerable to blackmail, or pressure to engage in corruption.

An intelligence debrief should, wherever possible, be conducted when an officer or staff member self declares, and the means by which this is facilitated should be subject of a discussion within the Force. However, the issue of breach of medical confidentiality makes it entirely inappropriate for this to be carried out by medical professionals, unless they perceive there to be a significant risk of harm to either individuals or the organisation. If the individual is not prepared to volunteer information about their drug associations, then this issue cannot be forced.

If an information report is submitted, it should be dealt with in accordance with current intelligence handling procedures.

Even though cases of substance misuse might initially be dealt with sympathetically and in confidence, in an organisation with the security and law enforcement roles of the Police Service, it is not possible to ignore previous substance abuse when assessing suitability for some roles. Individuals will have to accept that such history may bar them from certain posts in the future because of security and/or health and safety reasons. However, each case should be judged on its own merits.

If an officer or member of staff is known to have successfully completed a treatment programme and there has been a period in which they have been drug or alcohol free this should be taken into consideration and where the post is a vulnerable or safety critical one, a comprehensive risk assessment should be done.

SECTION D - POSSIBLE SIGNS OF SUBSTANCE MISUSE

Overview

Alcohol and /or other substance misuse may manifest itself as specific acute symptoms and signs attributable to the actions of alcohol or the substance itself. These only last for, at most, a few hours after taking the substance. If the misuse becomes a regular occurrence or develops into addiction, then non-specific changes in behaviour normally develop over a period of time.

Listed below are some commonly used drugs, and the acute observable symptoms and signs. It must be noted that the regulations limit drug testing to Amphetamines (including ecstasy), Cannabis, Cocaine, Opiates and

Benzodiazepines only.

Testing for other substances not currently covered by the regulations may be undertaken if the potential effects or side effects of such substances would compromise the health and safety or integrity of staff in Safety Critical or Vulnerable posts.

All of the signs and symptoms below are specific to the substance taken and, apart from anabolic steroids, are of limited duration. Someone who is regularly misusing alcohol and / or other substances may show typical persistent patterns of behaviour that develop over a period of time.

Cannabis
The potential abnormal observations on someone who has recently taken cannabis are:

- Distinctive smell
- Poor co-ordination and balance
- Impaired perception of time and distance
- Reddening of whites of eyes
- Poor attention span
- Relaxed inhibitions
- Possibly dilated pupils

Observed symptoms and signs start almost immediately on taking cannabis and can last up to 6 hours

Opiates
These include Codeine, Heroin, Methadone, Morphine and Opium. Potential abnormal observations of someone who has recently taken opiates include:

- Very small pupils
- Sleepy
- Slow speech and reflexes
- Facial itching
- Dry mouth
- Possibly euphoria

Observed symptoms and signs start within a few seconds of taking opiates and last up to 8 hours (24 hours with Methadone). It should be noted that regular users may not display any of the above signs.

Central Nervous System Stimulants
These include Cocaine and Amphetamines. Potential abnormal observations of someone who has recently taken these include:

Dilated pupils
Restless and anxious
Difficulty keeping quiet
Easily irritated
Eyelid tremors
Euphoria

Observed symptoms and signs start almost immediately on taking CNS stimulants and last about 90 minutes with Cocaine and 6 hours with Amphetamines.

Central Nervous System Depressants
These include Alcohol and Benzodiazepines (anti-anxiety medication like Valium and sleeping pills like Mogadon). Potential abnormal observations of someone who has recently taken these include:

Abnormal sized pupils
Drowsiness
Thick, slurred, slow speech
Slow, sluggish reactions
Poor co-ordination
Watery eyes

Observed symptoms and signs start within about 30 minutes of taking CNS depressants and last up to 14 hours.

Hallucinogens
These include LSD, Ecstasy and "Magic Mushrooms". Potential abnormal observations of someone who has recently taken these include:

Hallucinations
Synthesthesia (sensations may be transposed from one sensory mode into another, e.g. sounds may be interpreted as sights or odours)
Dazed appearance
Poor balance
Distorted time and distance perception
Nausea and sweating
Paranoia
'Goose bumps'

Observed symptoms and signs start within 20 to 60 minutes and last 3 to 12 hours according to the substance taken. It should be noted that 'magic mushrooms' and LSD are not included in the regulations.

Inhalants

These will include Petrol, Glue, Solvents, Aerosols and Paint. Potential abnormal observations of someone who has recently taken these include:

- Paranoia
- Dizziness or light headed
- Bloodshot, watery eyes
- Confusion
- Flushed, sweaty appearance
- Slow, slurred speech (often non-communicative)
- Distorted time and distance perception
- May complain of intense headache

Observed symptoms and signs start almost immediately and last from a few seconds to 2 or more hours according to the substance and quantity inhaled. It should be noted that inhalants are not included in the regulations.

Anabolic Steroids

Anabolic steroids are abused by athletes and body builders to increase muscle bulk. As well as their anabolic (muscle building) action, they also have androgenic (masculinising) actions. There are no immediate acute symptoms or signs of taking anabolic steroids, but over a period of time they cause:

- Paranoia
- Much more rapid weight (muscle) gain than usual
- Increased greasiness of skin and hair
- Increased spots or ‘acne’
- An increase in aggressive behaviour

It should be noted that anabolic steroids are not included in the regulations.

Poor Attendance

All aspects of attendance tend to be affected including:

- Frequent, short term sickness absence, especially in relation to other leave (weekends/rest days, bank holiday, etc.)
- poor time keeping; late in to work, late returning from lunch, late for appointments, early leaving work
- Unexplained absences or disappearing from the workplace.

Poor Work Performance

The main areas of work performance affected by substance misuse are:

- Lack of concentration and poor memory
- Frequent mistakes and errors of judgement
- Unreliability and difficulty meeting deadlines

Frequent Accidents
Substance misusers tend to suffer more accidents than normal. Other warning signs to look out for are:

Smelling of alcohol, or something to disguise the smell of alcohol or cannabis, such as mints or strong after-shave.
Hand tremor, slurred speech, facial flushing, especially after a weekend or rest day, a prolonged lunch break or unexplained absence from the workplace.
Poor relationships with colleagues, possibly to the avoidance of company altogether.
Always short of money and may attempt to borrow money from colleagues.
Tendency to blame others for shortcomings at work and to over-react to real or imagined criticism.
Moodiness, apathy, depression, irritability.
General neglect of appearance including cleanliness and personal hygiene.

If an officer / member of staff displays any of the above behavioural changes, it must not be automatically assumed that this is proof of a substance misuse problem. Many of the signs and symptoms above could be indicative of other illnesses and conditions.

SECTION E - DRUGS TESTING

Who will be subject to testing**?**

Self-Referral - Any individual who is aware that they have a drug or substance misuse or abuse problem should seek support and advice from the Occupational Health, Safety & Welfare Unit. Whilst a risk assessment is necessary in all circumstances, it should be recognised that such voluntary referrals will, other than in exceptional circumstances, be treated on a support, welfare and treatment basis in a confidential manner.

Pre-Employment - All external candidates, including transferees from other Forces, for posts which include a pre-employment health assessment, will be drug screened at the pre-employment stage. Refusal to participate in drug screening will mean that the candidate will not be considered for employment by Staffordshire Police.

Student Officers - All student police officers will be subject to unannounced screening throughout their probationary period.

Random/unannounced testing – ALL police officers irrespective of role

Safety Critical Posts (police officers and police staff)- All internal and/or external candidates applying for safety critical roles as outlined in **Section G** (forming part of this procedure), will be subject to pre-employment screening. Refusal will preclude them from these posts. All existing post holders will be subject to testing without advanced notice. A refusal will result in a referral to Performance and Standards Unit for misconduct procedures.

Specialist Sensitive (Vulnerable) Posts (police officers and police staff) - All internal and/or external candidates applying for specialist sensitive roles, identified by the Force as outlined in **Section G** (forming part of this procedure), will be subject to pre-employment screening. Refusal will preclude them from these posts. All existing post holders will be subject to testing without advanced notice. A refusal will result in a referral to Performance and Standards Unit for misconduct procedures.

The list of specific posts will be reviewed periodically.

Testing procedures

Testing With Cause
Staffordshire Police has the power to test police officers and police staff if they have cause to suspect that they are misusing drugs. For 'cause' to be established the test of 'reasonable suspicion' must be satisfied. It should be made clear to the individual concerned that testing 'with cause' may either prove or disprove intelligence or allegations made.

A single and unsubstantiated allegation, particularly if made by a member of the public who may have malicious intent, would not normally amount to a 'with cause' test. For guidance on management decision making in relation to illegal drug misuse, see the following sections of Alcohol, Drugs or Substance Misuse or Abuse Procedure and Process:
Section B - Roles & Responsibilities
Section C - Illegal Drugs & Alcohol Misuse Decision Making

The intention of the Force testing regime is that it is preventive. The testing with cause element of the policy is designed to:

- Deter officers and staff from substance misuse through the application of a policy that makes detection a real possibility.

- Encourage those with a substance misuse problem to identify themselves, so that they may be supported in seeking treatment

Testing ‘with cause’ will be the responsibility of the Anti-Corruption Unit in conjunction with the Occupational Health, Safety and Welfare department. ‘With cause’ testing now has two strands – single one off intelligence led tests and ‘extended sampling’. This allows, with Assistant Chief Constable authority for a maximum of three samples to be required from a police officer over a maximum period of 90 days.

Intelligence led screening requests will be the responsibility of the Anti-Corruption Unit.

Substances to be tested for

The following substances may be tested for in accordance with The Police (Amendment) Regulations 2005

Amphetamine
Barbiturates
Benzodiazepines
Cannabis (THC)
Cocaine
Ketamine
Methadone
Methamphetamine
Opiates
Propoxphene
One other drug/group if there is reasonable suspicion of drug use (for police officers only)

Testing for other substances not currently covered by the regulations may be undertaken if the potential effects or side effects of such substances would compromise the health and safety or integrity of staff in Safety Critical or Vulnerable posts and may include steroids, legal highs and image enhancing drugs (SIEDs)

Procedure for Carrying Out Testing With Cause

When the individual is on duty – A member of the Anti-Corruption Unit will make contact with the individual concerned and request that they attend an appointment that day at a specific time and location which will have been pre-arranged with the Occupational Health, Safety and Welfare department. The officer making the request will arrange transport to and from the test therefore preventing the potential of an individual being encouraged to drive whilst under the influence. A refusal to attend this appointment will attract the same penalty as for failing a test.

Screening Procedures
Screening is the collection of samples using appropriate techniques and recognised protocols, by suitably qualified staff and the testing of those samples by an appropriate external-testing agency. The process of screening will be supported by an audited system that ensures the integrity of any sample provided. Screening procedures will be carried out in line with published force procedures.

Refusal to Provide Sample - The penalty for refusal to take a test is no less than the penalty for failing a test. The liability to take a test is established in Police Regulations, thus a failure to take a test when required to do so is a failure to obey a lawful order. The presumption of possession of drugs that would arise from a positive, medically confirmed test result should be treated as discreditable conduct. The maximum penalty for both failure to obey a lawful order and discreditable conduct is the same.

Unannounced Drug Screening – wherever an individual refuses to provide a sample during an unannounced drug screening operation, in accordance with this policy, a referral of the circumstances will be made to the Head of Performance Assessment Unit. A decision will then be made as the appropriate course of action.

Results of Sample Tests
Definitions:
Positive initial screening result – an initial on site test result which may subsequently prove to be a false positive
Positive laboratory analysis - an offsite gas chromatography positive result which is defendable in Court and which must be acted upon

An officer's LPT Commander/Departmental Head will be informed immediately via the Anti-Corruption Unit, of a positive initial screening result, which will require further analysis, as there may be a risk in continuing to deploy the officer on the full range of police duties.

It is for the LPT Commander/Department Head to assess, with the Anti-Corruption Unit, the risk in relation to the duties due to be undertaken by the officer, but there would be a presumption of removal from duties involving contact with the public. Advice should be sought at this stage from Occupational Health.

Where laboratory analysis shows positive evidence of illegal drug use or the drug being tested for, the results will be passed to Staffordshire Police's Medical Advisor for a medical assessment. The case will also be referred to

the Performance and Standards Unit.

A positive result from a test administered as part of a pre-employment process should be notified to Human Resources in order that rejection of the candidate can be considered.

A positive result from a person who had self-declared a substance misuse problem prior to being tested will be reviewed by Occupational Health to assess whether the result was consistent with rehabilitation treatment being undertaken or planned. Individuals who fail to co-operate with risk assessments and rehabilitation programmes will be liable under misconduct procedures.

All other positive results will be afforded the appropriate support and treatment from Occupational Health, Safety & Welfare. All such positive results will also be referred to the Performance Assessment Unit.

SECTION F - ALCOHOL TESTING

Overview
Nothing in this procedure prevents the use of the Road Traffic Act 1984 as it relates to excess alcohol and this legislation should continue to be used when evidence of driving or having driven exists. The following paragraphs are relevant where no power exists under the Road Traffic Act to request a specimen of breath.

Alcohol is a substance that can be misused, and which can impair judgement. Misuse of alcohol can lead to offences such as being drunk and disorderly, or drink /drive offences under the Road Traffic Act. The level of alcohol which needs to be present to result in impairment to those working in safety critical areas is significantly lower than that regarded as the legal limit for driving. The regulations reflect this lower threshold for officers and staff whilst at work.

Officers and staff have a general responsibility to present themselves fit for duty. The Standards of Professional Behaviour for police officers requires that officers must be sober whilst on duty, and should not behave in a way that is likely to discredit the service. Any officer whose judgement is impaired by alcohol is unlikely to be fit for duty. It is for a Supervisory Officer/Manager to determine whether an officer or member of police staff is unfit for duty due to consumption of alcohol. In deciding the course of action to be taken, due consideration should be given to all of the circumstances to ensure a proportional response.

The Standards of Professional Behaviour for police staff closely reflects that for police officers. There is therefore an expectation that police staff will present themselves as fit for work and are not impaired through alcohol misuse.

Occupational Health, Safety and Welfare will offer a structured rehabilitation regime for individuals and support for their line management in any identified case of alcohol misuse, whether through self-referral or management referral.

Who will be Subject to Testing

Self-Referral - As with drugs, self-declaration of a drink problem is a matter that should be managed through Occupational Health, rather than being regarded as a misconduct matter.

Random Testing – ALL police officers irrespective of role

Safety Critical, Public Facing and Specialist Sensitive (vulnerable) posts

In respect of the posts defined in **Section G** there is power to conduct tests with cause, if it appears that an officer or member of staff is under the influence of alcohol.
Officers and staff working in these areas will be liable also to random testing should risk of impairment appear to warrant this. Officers and staff who work 'on-call' in a Safety Critical/Specialist Sensitive Post should bear in mind that they may be required to return to duty at a moments notice and must ensure that they are in a position to comply with this procedure.

Screening Procedure

A person will be deemed unfit to work in a Safety Critical/Specialist Sensitive area (as defined in **Section G**) if they have more than 29mg% in blood (39mg% in urine, 13 micrograms% in breath). This compares with a limit of 80mg% in blood (107mg% in urine, 35 micrograms% in breath) for driving.

Testing will be carried out using breath testing equipment capable of making measurements at the 13 micrograms% level (equivalent to the 29 mg% blood level). Testing will not take place on apparatus held in a custody suite unless the suite has been cleared of all other users.

The breath test will consist of two consecutive breath specimen tests from the officer or member of staff, with the final result being declared as the lower of the two results.

If a supervising officer or member of staff smells alcohol on the breath of an officer or member of staff liable to alcohol testing, a breath alcohol test can be administered after a wait of 15 minutes. (This is to deal with the eventuality that at the time the suspicion of excess drinking is aroused, a proportion of the alcohol consumed may still be in the stomach. Alcohol must be absorbed into the body to register in a breath alcohol test.)

It should always be open to an officer or member of staff to declare that they suspect they might have inadvertently exceeded the limit. Any such declaration should be made before the officer is notified of any requirement to take a test. Such declarations should not result in the officer or member of staff being penalised, provided there is no pattern of continuing excess.

People Services should collate all screening results, referring all positive tests to Occupational Health. All negative results should be retained by People Services and placed on the officer's personnel record and copied to Occupational Health for retention on the officer's Occupational Health medical file.

Results of Tests
A positive result from an alcohol test carried out randomly or with cause, will mean that the officer or staff member will be removed from work in the Safety Critical/Specialist Sensitive area and a referral to Occupational Health, Safety and Welfare and the Performance Assessment Unit will be notified.

SECTION G - POSTS TO BE TESTED

Safety Critical, Public Facing and Specialist Sensitive (vulnerable) posts

The following police officer and police staff posts have been identified as posts in which physical risks to individuals, colleagues or members of the public would be raised significantly if the post holder were involved in drug or alcohol abuse (not withstanding all police officers are subject to unannounced testing).

Annual Compulsory Screening and/or Unannounced Screening

Authorised Firearms Officers.
Tactical Advisors
Direct Supervisors of such Officers (Forward/Scene Commanders and Firearms Incident Commanders).
Drivers and motorcyclists who have received the appropriate training to use the Police exemptions under the Road Traffic

Regulations Act 1984 and holding posts in which they may be called upon to use those exemptions.
POLSA Teams – all officers who are members or supervisors of Police Search Advisor Teams.
Driver Trainers – all officers and staff who are Driver Trainers.
Control Room staff (control room managers, call takers and dispatchers)

Scene of Crime Examiners
Police Community Support Officers
Investigating Officers

The emphasis and intentions of a testing regime should be risk based, proportionate, preventative and not of a scale that may imply lack of trust in professionalism or intended to undermine an existing personal responsibility to highlight a substance misuse problem. Additionally such testing can be used to minimise any risk of operations being prejudiced by impaired judgement and will protect officers in posts in which they may be vulnerable to malicious allegations of substance misuse.

Scale of testing will be determined having regard to perceived risk and cost. “Scale” encompasses size of sample and frequency of testing. If initial testing produces a nil or low number of positive results, then the scale of testing need not be large. On the other hand, a higher proportion of positive results would indicate a large scale of future testing.

“Risk” encompasses the risk inherent in the consequences of impairment of judgement of performance and the risk of incidence of misuse. In Safety Critical Posts the former risk will usually be high, even if the latter risk is low.

Specialist Sensitive (Vulnerable) Posts
In the nature of their duties, many police officers and staff, and particularly those working covertly, will have close associations with criminals. Those whose duties bring them into contact with drugs dealers are particularly vulnerable to malicious allegations that they are themselves drug users. A liability for such officers and staff to be tested enables it to be demonstrated that they remain ‘clean’. The following posts have been identified as being vulnerable in Staffordshire Police because of a specific responsibility for dealing with drugs (not withstanding all police officers are subject to unnanounced testing).

Annual Compulsory Screening and/or Unannounced Screening

Source Handlers
Pro-Active and all CID roles
Test Purchase Officers
Level 1 Undercover Operatives
Prison Liaison Officers
Police and Police Staff Property Managers/Officers
Drugs Liaison Officer

SECTION H - DRUG SCREENING

Staffordshire Police provide a urinary drugs screening programme. This programme involves the collection of a urine sample by a trained member of the Occupational Heath Safety & Welfare Unit. In order to obtain an unadulterated sample of your urine a “chain of custody” is followed.

The donor is asked for photographic proof of identity, i.e.warrant card/passport/driving licence, this is checked and the donor will then be asked to complete a form providing name, age, date of birth, and any details of any medication you have taken in the last 14 days.

The donor is then asked to read the Occupational Health drugs testing information, outlining the procedure to be undertaken, including the drugs to be tested for:-

- Amphetamine
- Barbituates
- Benzodiazepines
- Cannabis (THC)
- Cocaine
- Ketamine
- Methadone
- Methamphetamine
- Opiates
- Propoxphene

The donor will witness the nurse opening a sealed packet containing a cup and the donor will then be asked to provide a urine sample in the adjoining facility. The adjoining facility has no other water facilities or windows situated in the room and the water in the lavatory is blue in colour to reduce the opportunity of the sample being adulterated. The drug cup provides an immediate result (after 5 minutes) and the nurse will record the results accordingly. If a positive result is found for any of the aforementioned drug groups, the sample will then be sent for further testing and analysis at an external laboratory, LCG. Three sample pots will be filled from the donor’s

positive sample and the caps sealed. The donor will be asked to initial and date three seals that will then be placed over the caps of the pots. These seals are tamper-evident and the sample cannot be accepted for testing if they are removed or damaged.

There will be additional documentation required for this process and once complete the form, samples and envelope will be labelled with a unique barcode. The sealed sample pots will be placed in a sample bag with the form, sealed and placed in a transport envelope that will be sealed in the donor's presence, and forwarded to LGC for further testing and analysis.

The donor providing the sample is asked if they have taken any medication in the past 7 to 14 days and these details are documented on the sample record form. It is also documented if no medication has been taken. The donor is then asked to sign the consent form. The sample is not analysed without the donor's consent.

Related Documents			
Links to related documents:	Alcohol, Drugs or Substance Misuse or Abuse (Policy)		
Relevant Dates and Review Period			
Effective Date:	26/01/2018		
Review Date:	16/02/2019		
Review Frequency:	Annually		
FOI, Human Rights and Equality Impact Assessment Indicators			
FOIA:	Release to Public		
ECHR:	Compliant with proportionality test	Articles engaged:	Article 5 Right to Liberty and Security; Article 8 Right to respect for Private and Family life
		Compliant with Code of Ethics:	Yes
Indexing			
Categories:	Anti Corruption Unit Occupational Health		

NOT PROTECTIVELY MARKED