

WILTSHIRE POLICE POLICY AND PROCEDURE



Substance and Alcohol Misuse

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1. Introduction

The misuse of alcohol and drugs can lead to reduced efficiency, increased risk of accidents, increased sickness absence and potential misconduct. This can have serious consequences for staff, their families, friends and colleagues and the wider police service.

This policy and procedure applies to all police officers and staff irrespective of rank, grade or role, employed by or working under the authority of Wiltshire Police including;

- Temporary staff and trainees
- Persons seconded from other forces
- Members of the Special Constabulary
- Any Volunteer or Contractor acting in the interest of Wiltshire Police
- Colleagues within the OPCC

2. Policy Statement

Wiltshire Police is committed to:

- Providing a working environment that gives consideration to the health, welfare and well-being of all individuals working within it.
- Providing a confidential environment in which individuals can raise concerns they may have. Confidentiality in principle shall be in place, unless by maintaining confidentiality, it puts the individual themselves, other colleagues or member of the public at risk.
- Providing a customer focused service to everyone in Wiltshire. This is supported by a robust and transparent approach to the Force Values and professional standards issues.

Wiltshire Police does not approve of the excessive or inappropriate use of alcohol or the misuse of alcohol or the misuse of drugs, whether illegal or legal. Possessing and supplying illegal drugs are criminal offences.

However, help will be offered to those who volunteer that they may have a substance misuse or alcohol misuse problem. All individuals are encouraged to volunteer that they have a substance misuse or alcohol misuse problem.

This policy is aligned with that published by the National Police Chiefs Council (formerly Association of Chief Police Officers).

This policy is in keeping with the force values and behaviours and wellbeing strategy.

3. Powers and Legislation

3.1 Discretionary Powers:

Wiltshire Police has discretionary powers to undertake pre-employment screening of all staff.

3.2 Disciplinary Proceedings:

It should be clearly noted that with respect to substance screening, a request made under this policy for a police officer to provide a sample for analysis is a lawful order under the Police Regulations.

Refusal to provide a sample for testing is a disciplinary offence and will result in formal investigation by the Professional Standards Department (PSD) or Counter Corruption Unit (CCU).

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For:

- Police officers, it is a breach of Police Regulations (Regulations 10 and 19A); and
- Police staff it is a breach of the general code of conduct, and therefore would be subject to the Police Staff Discipline Procedure.

All staff should be clear of the consequences of:

- refusing to provide a sample; or
- failing to make themselves available so that a suitable sample can be obtained.

The presumption of possession that would arise from a 'positive', medically confirmed test result should be, in the case of police officers and staff, treated as discreditable conduct. Such action could potentially result in dismissal from Wiltshire Police.

3.3 Primary Legislation:

This policy is secondary to any primary legislation, e.g. the:

- Road Traffic Act 1988;
- Transport & Works Act 1992
- Railway and Transport Safety Act 2003;
- Misuse of Drugs Act 1971; or any future legislation that governs policy or procedures relevant to substance misuse in the workplace.

Neither does it undermine the obligations on managers to investigate suspected criminal or disciplinary misconduct.

This document has been drafted to comply with the principles of the Human Rights Act. Proportionality has been identified as the key to Human Rights compliance, this means striking a fair balance between the rights of the individual and those of the rest of the community. There must be a reasonable relationship between the aim to be achieved and the means used.

Equality and Diversity issues have also been considered to ensure compliance with the Equality Act 2010 and meet our legal obligation in relation to the equality duty. In addition, Data Protection, Freedom of Information and Health and Safety Issues have been considered.

Adherence to this policy and procedure will therefore ensure compliance with all relevant legislation and internal policies.

4. Confidentiality

Where an individual seeks help from the Occupational Health Unit (OHU), the wider Human Resources Department (HR), and/or a line manager. the matter is to be treated confidentially unless maintaining confidentiality could put the individual themselves, other colleagues or members of the public at risk.

Any individual who decides whether or not to share such information is required to record their decision-making process and should record why information was or was not shared, how, when and to whom. In order to conduct a risk assessment as to whether or not to share information advice can be sought from PSD and HR.

Wiltshire Police is committed to confidentiality in principle, though confidentiality would not be maintained if it could put the public at risk.

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5. Aims and Objectives

The aims of this policy are to: -

- Contribute to a healthy and safe working environment.
- Maintain the integrity of Wiltshire Police and those working/serving within it.

The objectives of this procedure in support of the above are to: -

- Increase awareness of the effects of alcohol and drugs and of the likely symptoms of misuse.
- Minimise the chances of people who misuse drugs entering Wiltshire Police.
- Deter individuals from substance misuse through the application of this policy that makes detection a real prospect.
- Inform individuals of their responsibilities regarding substance misuse problems.
- Encourage individuals who have a substance misuse problem to seek help at an early stage, prior to any request for a sample.
- Provide guidance as to the sources of support available to individuals with a substance misuse or alcohol misuse problem and where possible, assist those individuals to return to full health.
- Provide for fair and consistent treatment of individuals who volunteer as having a substance misuse or alcohol misuse problem.
- Provide appropriate, effective and legitimate processes for testing of individuals for substance or alcohol misuse.
- Protect individuals who may be vulnerable to malicious allegations of substance misuse or alcohol misuse and minimise the potential for corruption of any member of the Force due to their vulnerability caused by their substance or alcohol misuse.

6. Provisions of Support

It is recognised that substance or alcohol misuse problems may develop for a variety of reasons and over a lengthy period of time. They can have a significant impact upon an individual's life and their ability to carry out work safely and effectively. Problems can, however, be successfully overcome and it is recommended that they are treated in a similar way to other ill health problems. Early identification and treatment is also important.

Individuals suffering from substance or alcohol misuse problems are encouraged to seek help and treatment in overcoming them.

Wiltshire Police is committed to providing advice and guidance on overcoming these problems. A referral can be made to OHU who will be able to advise regarding fitness for work issues. Individuals should be strongly encouraged to seek advice/support from their GP. OHU will be able to request medical reports from the GPs in order to maintain a partnership approach.

The aim of any support will be to help move an individual with substance or alcohol misuse problems towards a full recovery with a view to facilitating a return to work to undertake the full range of duties commensurate with their role.

Appropriate time off work to attend treatment for substance misuse or alcohol misuse problems, as recommended by an individual's General Practitioner or the OHU, shall be accommodated where possible.

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Any periods of absence as a result of treatment for substance misuse or alcohol misuse problems shall be treated as periods of sickness absence, as with any other form of ill health. Alcohol and drugs addictions are conditions which are expressly excluded from the scope of the definition of disability in the Equality Act 2010, however, an individual who suffers from ill health e.g. depression as a result of their addiction may well be deemed as having a disability and a protected characteristic under the Equality Act 2010.

Appropriate Modification will be made to duties, during any period of treatment for substance misuse or alcohol misuse problems. This could be in consultation with the Occupational Health Unit, or considering advice taken from a 'fit note'. The modification will be for a fixed period and subject to operational requirements and feasibility in line with the Attendance Management Policy.

7. Roles and Responsibilities

7.1 Individuals who suspect they have a Substance Misuse or Alcohol Misuse Problem

Every individual has a responsibility under the Health and Safety at Work Act (1974) to take reasonable care for the health and safety of themselves and others and to co-operate with the Force's requirements regarding health and safety. Individuals who have, or suspect that they have a substance misuse or alcohol misuse problem are to seek assistance as soon as possible from the OHU by contacting a member of the HR or a line manager, in order to obtain a referral. Individuals may also wish to approach a staff association or Trade Union/Federation/WEPA representative for support.

When an individual is taking any medication (whether prescribed or non-prescribed) that has possible adverse side effects and they are involved in work of a hazardous nature they must notify their line manager immediately in order that work of a non-hazardous nature may be arranged.

7.2 Colleagues

When an individual suspects that a colleague may have a substance misuse or alcohol misuse problem they should, initially, encourage that person to seek assistance. If this concern persists they should discuss the matter in confidence with a manager, a member of the HR or the CCU.

If individuals do not feel able to report behaviour when they feel it is inappropriate to any of these, they can use the anonymous email [electronic reporting system](#), this will be found on SharePoint and via the '[Standards Portal](#)' (also found on SharePoint). Colleagues should not, even for the best of motives, 'cover up' for anyone whose work or behaviour is suffering as a result of an alcohol or drug related problem.

Where an individual has reasonable grounds to believe that a colleague is involved in illegal drug related activity they must inform the Professional Standards, via ProfStand@wiltshire.police.uk or CCU@wiltshire.police.uk

7.3 Managers

Managers have a responsibility to be aware of the content of this policy and procedure as they have an important role to play in identifying problems at work. Deterioration in work performance and/or changes in patterns of behaviour may be noticed by a manager with or without the obvious signs of alcohol or drug misuse (see [Appendix C](#) for further guidance). In these circumstances OHU will provide advice and assistance for managers if required but line management will continue to have overall day to day responsibility for the safety and well-being of the individual at work.

If approached by an individual declaring that they have, or may have, a substance misuse or alcohol misuse problem, managers are to offer the individual advice, support and guidance in a sympathetic and confidential manner. They should encourage the individual to seek specialist help, through the OHU (by means of a referral) their General Practitioner or direct from a specialist agency. They will maintain confidentiality where practical although it may be appropriate to disclose information on occasions.

7.4 The Occupational Health Unit

The Occupational Health Unit will deal with any referrals made by a manager or member of the HR Department. They will provide a point of contact and liaison between the individual, the line manager, the relevant HR advisor/manager, the General Practitioner and any specialist agency.

They will maintain confidentiality where practical although it may be appropriate to disclose information on occasions.

There are, however, some circumstances in which the interests of the proper administration of justice may over-ride an absolute confidentiality. In particular, the Criminal Procedure and Investigations Act 1996 and the Code of Practice issued under it agreed between Wiltshire Police and the Crown Prosecution Service (CPS) place a personal responsibility on the individual officer or member of staff to declare any matter that may affect their credibility as a witness in a court case. In some circumstances, substance misuse on the part of an officer or a member of staff acting as a witness may have to be revealed to the Crown Prosecution Service, as the damage to the credibility of the officer as a witness may be a factor to be considered in a decision whether to proceed with a prosecution.

The personal responsibility under the Criminal Procedure and Investigation Act 1996 should be drawn to the attention of an officer/member of staff, by the Occupational Health Unit, at the time at which any self-declaration of a substance misuse problem is made. The need to make a declaration to CPS will not arise in every case; each should be considered on its own facts and merits. Any declaration to CPS should be properly managed, with appropriate support provided to the individual. Advice can be provided by contacting ProfStand@wiltshire.police.uk or CCU@wiltshire.police.uk

7.5 The Human Resources Department

The Human Resources Department will support individuals in the practical application of this procedure by offering advice to managers who are dealing with work related performance problems, by advising on reasonable targets and timescales and by advising on other available processes e.g. referrals to the OHU, disciplinary/misconduct procedures etc.

If approached by an individual declaring that they have, or may have, a substance or alcohol misuse problem, members of the HR Department are to offer the individual advice, support and guidance in a sympathetic and confidential manner. It may, however, be appropriate to disclose information as outlined in the confidentiality statement in this policy. They should also encourage the individual to seek specialist help, through the OHU, their General Practitioner or direct from a specialist agency.

7.6 Trade Unions and Staff Associations

Trade Union/Staff Association representatives have agreed to encourage individuals to seek assistance in accordance with the provisions of this procedure. It may be appropriate to disclose information as outlined in the confidentiality statement in this policy or to consider and under referrals to the Occupational Health Unit. Should an individual request it, a representative may attend any discussions with a manager.

8. Substance Misuse Testing – Scope

The testing regime will be conducted to a scale that is proportional to any identified issues surrounding drug misuse.

Testing may be carried out in the following circumstances:

- Testing of Police Officers during their probationary period,
- Testing with cause (that is, where there is a reasonable suspicion of substance misuse)
- As part of a random routine testing regime
- Random screening of officers in posts identified by the Chief Officer as being Vulnerable, (safety critical) (vulnerable and security sensitive)

The intention of a testing regime is preventive. The testing regime is designed to:

- Minimise the chances of substance misusers entering the police service in the first place.
- Deter officers from substance misuse through the application of a policy that makes detection a real possibility.
- Encourage those with a substance misuse problem to identify them, so that they may be supported in seeking treatment.
- Screen officers in vulnerable areas, so as to minimise any risk of operations being prejudiced by impaired judgement.
- Protect officers in vulnerable areas in which they may be subject to malicious allegations of substance misuse.

There is a power to test **all Wiltshire Police staff** if it is suspected that a police staff member is misusing controlled drugs. For “cause” to be established, the test of “reasonable suspicion” must be satisfied. It will be made clear to the staff member 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 cause. ‘With Cause’ tests may only be conducted with the written authority of Head of Professional Standards or the Detective Inspector CCU. This authority will be recorded within the CCU.

Wiltshire Police staff for the purpose of this policy is:

"All Wiltshire Police staff" would include all "police officers who are members of Wiltshire Police (including those on secondment) and all members of staff employed by the Chief Constable for Wiltshire, whether on permanent or fixed-term contracts".

Intelligence, which is considered to initiate with cause procedures, will where possible be audited to check its provenance and credibility.

Officers (of all ranks) working in the following fields may be liable to be tested without cause.

8.1 Identified Vulnerable Posts / Safety Critical Posts

- Firearms officers. All officers authorised to use firearms, or who directly supervise such officers.
- Drivers and motorcyclists who have received the appropriate training to use the police exemptions under the Road Traffic Regulation Act 1984. All officers who have received

the appropriate training to use the police exemptions under the Road Traffic Regulation 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

8.2 Vulnerable and Security Sensitive Posts

- Serious and Organised Crime Unit officers
- Foundation undercover officers and coordinator
- All Superintendent Posts (due to command responsibilities)
- Firearms Commanders (ITFC, TFC and SFC)
- CCU Officers
- Dedicated Source Unit Officers
- All members of the Force Fortitude Team
- Special Branch Officers
- New members of the Wiltshire Police (Police Officers, relevant Police Staff, members of the Special Constabulary, Officers on Transfer, and Volunteers)
- All members of the Wiltshire intelligence Unit

8.3 Testing covers the illicit use of the following substances:

- Amphetamines (including ecstasy)
- Cannabis
- Cocaine
- Opiates (e.g. morphine and heroin)
- Benzodiazepines
- Where testing is carried out in accordance with 19A(1)(a) because the Chief Officer has reasonable cause to suspect, on the basis of intelligence, that the officer has used a controlled drug. The testing may cover one other controlled drug or drug group in addition to the controlled drugs listed above.

There may be legitimate reasons for a drug being present in a specimen. Officers required to take a test must declare all medications they are taking. The content of such declarations will be confidential to the Occupational Health Unit, and to the medical officer reviewing the result of a test. It is explicit within the medical declaration form that failure to disclose fully will be regarded as a failure of the test.

Where a positive result occurs, failure to make a full disclosure on the pre-test medical questionnaire will not be a reason to negate the positive result.

Testing of individuals for potential substance misuse may be carried out in the following circumstances: -

- Testing with cause (i.e. where there is a reasonable suspicion of substance misuse, see section on testing with cause for further guidance).
- Pre-employment screening and testing in the probationary period (see below paragraph for guidance)
- Random screening of officers identified by the Chief Officer as being in a vulnerable or safety critical post.
- As part of a random routine testing regime.

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Those applying for appointment as a police officer, except where on direct transfer from another force and police officer probationers will be liable to be randomly tested.

In the nature of their duties, many individuals and particularly those working undercover will have close associations with criminals. Those whose duties bring them into contact with drug dealers are particularly vulnerable to malicious allegations that they are themselves drug users. A liability for such individuals to be tested enables it to be demonstrated that they remain 'clean'. In accordance with prior SLT (now ELT) Guidance, all individuals (of all ranks or grades) working in the following safety critical posts will be liable to be randomly tested: -

- Test Purchase Officers
- Undercover Officers
- Drug Liaison Officers

One additional drug or drug group (for 'with cause' testing only, where the reason for the test is based on intelligence and the officer has been informed of the drug(s) or drug group(s) for which he or she is being tested.

9.0 Substance Misuse Testing Protocols and Outcomes

Substance misuse testing will be carried out using samples of oral fluid (saliva) and/or urine in the respect of illegal drugs and samples of breath in the respect of alcohol. Hair may be used as a sample for testing in police recruitment, for police staff recruitment, police recruits and transferees. An independent accredited company will be used to obtain and process the samples. Testing will take place in locations that are accessible to all including those with disabilities.

Where an individual refuses to provide a sample in accordance with this procedure the matter will be referred to an Appropriate Authority (AA) within Professional Standards Department (Head of Professional Standards, D/Insp CCU and D/Insp PSD).

Such a refusal may result in misconduct/ a disciplinary proceeding being considered due to a loss of confidence in that individual's ability to undertake their current role. This could result in a risk assessment of their position in the organisation. The individual could be temporarily transferred from their post and an alternative posting arranged with immediate effect or the person might require suspension from the workplace.

Where a positive result identifies the potential for illegal drug misuse, the case will be referred to the Head of Professional Standards Department who will assess what further action is to be taken. Each case will be decided upon its specific circumstances.

The independent accredited company will send the results to the occupational health unit or the point of contact within CCU, as agreed by the Head of HR and the OHU. The results of any analysis will be immediately communicated to the individual who provided the sample and their manager in appropriate circumstances. Any decision whether or not to disclose results should be recorded.

A distinction needs to be made between testing and self-declaration. An individual with a substance misuse problem should be encouraged to identify themselves and will be assisted in seeking treatment. Any self-declaration must be made before an individual is required to take a test. In particular, a self-declaration by an individual after they have been notified of the requirement to take a test cannot be used to frustrate the disciplinary/misconduct or criminal proceedings that might result from a positive test result. Prior to giving a sample, individuals will be asked to declare whether they have consulted the OHU regarding a substance misuse problem.

There may be legitimate reasons for a drug being present in a specimen. For example, the presence of morphine may indicate heroin abuse, or the use of a legitimate medicine (e.g. a painkiller or an anti-diarrhoea preparation). Individuals required to take a test should declare all medications they are taking. The content of such declarations are confidential to the OHU or the medical officer from the independent accredited company which has been agreed by the Head of HR and OHU.

A substance misuse problem may be considered as an illness. Where there is reason to believe that an individual may have a substance misuse problem a medical report will be obtained. Where circumstances include potential poor performance or attendance or issues of conduct these will be considered under the relevant procedure and in light of the findings of the medical report.

9.1 Substance Misuse Testing - Random

The point of contact within the CCU will be responsible for arranging the random testing. They will establish officers that are on duty on the chosen date and provide the list of ID numbers to the independent accredited service provider on attendance at the test venue. The chosen quantity of officers will then be randomly selected from the list by the independent service provider representative.

9.2 Substance Misuse Testing – ‘with cause’

Wiltshire Police may request that an individual be tested if they have cause to suspect misuse of controlled drugs or alcohol. The requirement to take a test should be imposed by an officer of an appropriate senior rank. For ‘cause’ to be established, the test of reasonable suspicion must be satisfied.

An officer is required to comply with such a request in accordance with police regulations. This requirement under Police Regulations does not apply to police staff however police staff are obliged to comply with all reasonable instructions and abide by all force policies in accordance with the Standards of Professional Behaviour.

An individual’s non-compliance with a request for a sample will be dealt with as per [Appendix D](#) paragraph 12 below. It must always be made clear to the individual being tested that testing may either prove or disprove intelligence or any allegations made. A single and unsubstantiated allegation would not normally amount to cause unless, for example, the circumstances of the allegation were particularly significant in their potential implications or potentially linked to other allegations.

Circumstances may arise through a variety of sources where colleagues have grounds to believe that an individual is involved in illegal drug abuse. Where such grounds exist, information should be immediately reported to Professional Standards so that an assessment can be made of the circumstances. All such reports will be evaluated and the action taken will be proportionate to the standard of intelligence received or the evidence gained through further investigation.

Where such information is received, risk assessments will be initiated by the Professional Standards point of contact and will involve, at the appropriate time all other relevant parties, for example line manager, relevant HR Officer and the Occupational Health Unit. The nature of the risk assessment will depend upon the individual concerned and the nature of their work within the force. The development of the intelligence will invariably result in a number of options being considered by the AA, Professional Standards Department.

Where the intelligence is limited it may be necessary to meet with the individual concerned.

In these circumstances a meeting will be arranged with the individual concerned, HR representative and a member of the Professional Standards (PSD or CCU). Such a meeting is designed to encourage self-referral prior to any escalation in the investigation process. Individuals may wish to seek advice from a Trade Union/Staff Association in these circumstances and are entitled to be accompanied at such meetings by a colleague, Trade Union official, representative of the Police Federation or member of a staff support group.

Where the individual fails to comply with the above then a more formal approach will be adopted and consideration will be given to use of the relevant disciplinary/misconduct procedure.

9.3 With Cause – Extended

An officer of at least the rank of Assistant Chief Constable may authorise a maximum of three samples of urine or oral fluid (saliva) to be required from an individual in their force (or on secondment to or from their force) where there is corroborative intelligence which gives reasonable cause to suspect that the individual has used a controlled drug over an extended period or has been under the influence of alcohol whilst at work (i.e. on more than one occasion).

The three samples can be required over a maximum period of 90 days, with one day being the day on which the first sample is required and the period finishing at midnight on day 90. When calculating the 90 day period, no account should be taken of any periods of sick leave.

The individual will not be given any advance notice of the requirement to provide each sample.

The individual will be informed at the time that the first sample is required that two further samples may be required within the designated time period. On each occasion a sample is taken the individual will be informed of the drug(s) or drug group(s) against which his or her samples will be tested.

The officer will be entitled to have a 'police friend' as defined in The Police (Conduct) Regulations 2020 present when the samples are being taken. However, a delay in a police friend attending will not delay the testing procedure provided that the officer has been able to consult a police friend. A member of police staff will be entitled to be accompanied as outlined in the [Police Staff Disciplinary Procedure](#).

9.4 Alcohol

Alcohol is a substance which can be misused and which can impair judgement. However, it is in a different category from controlled drugs, in that its use is not illegal. Some misuse of alcohol can be an offence. For example, an individual who is drunk and disorderly in a public place or an individual who attempts to drive a vehicle whilst over the prescribed limit commits an offence.

Individuals have a general responsibility to present themselves fit for duty. If their judgement is impaired by the consumption of alcohol, they are unlikely to be fit for duty. It is for a senior manager to determine whether an individual is unfit for general duties, due to consumption of alcohol. However, reporting for duty whilst having previously consumed alcohol (for example, on the previous evening) does not equate with the criminal offence of using drugs. Managerial action needs to reflect this.

As with drugs, self-declaration of an alcohol-related problem is a matter that should be managed through the Occupational Health Unit, rather than being regarded as a purely disciplinary/ misconduct matter.

Officers and staff subject of random drug testing are subject to a breath test using breath testing equipment capable of taking measurements at the 13 micrograms percentage level.

Any officer or staff will be considered unfit for work if they have 13mg or more of alcohol in their breath (or equivalent in urine and blood). Positive results for with cause testing and random testing may lead to criminal action or formal disciplinary proceedings.

9.5 Psychoactive Substances (Legal Highs)

The availability and use of new psychoactive substances (legal highs) has increased and is a developing drug market.

Despite the claims of manufacturers and vendors, the contents of such products are difficult to establish and may contain Cannaboids and other controlled substances.

The purchase and use of such substances is not considered appropriate for police officers and members of police staff serving with Wiltshire Police. This does not include legal products sold at reputable outlets such as Health Food Stores on the High Street.

Any concerns regarding the inappropriate use of such a substance by a colleague should be reported to the CCU via the Anonymous Email facility on SharePoint.

Support for users of such substances can if necessary be provided by Occupational Health.

9.6 Anabolic Steroids

Anabolic steroids are misused 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 real acute symptoms or signs of taking anabolic steroids, but over a period of time they cause:

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

Whilst it is not illegal to possess steroids, there is a culture within some gymnasiums whereby there is suspected to be steroid abuse. Where employees attend such venues there is a wider issue of vulnerability to Wiltshire Police employees being accessible to members of OCG's, there is a risk to those members of staff of exploitation which could result in infiltration.

Testing for the presence of steroids is highly complex in that there are many steroids available however one test will identify all compounds. In order to conduct a test for steroids, the substance sought needs to be known to inform the laboratory testing.

As with the self-declaration of the abuse of other substances, members of staff will be supported via OHU.

10. Monitoring and Review

The policy has built in procedures for the monitoring of individuals in any testing.

The Head of Professional Standards is responsible for monitoring the implementation and impact of this policy.

The policy contains details of how this will be recorded.

Data is monitored for disproportionate impact on minority groups.

The policy will be reviewed annually and the outcome of monitoring will inform this review.

11. Appeals Process

If a member of staff has an issue with the application of this policy, they should raise this with the Head of Department, Professional Standards.

Members of the public who take issue with the application of this policy have recourse to the police complaints system.

RELATED POLICIES, PROCEDURES and OTHER DOCUMENTS

Every policy is capable of having a knock on effect into other policy areas and on existing procedures. The following are related to this policy:

[Police Regulations](#)

[Guidance on outcomes in police misconduct proceedings](#)

[College of Policing Code of Ethics](#)

[Police Staff Disciplinary Procedure](#)

AUTHORISED PROFESSIONAL PRACTICE

[Professional standards > Complaints and misconduct](#)

DATA PROTECTION

Any information relating to an identified or identifiable living individual recorded as a consequence of this policy and procedure will be processed in accordance with the Data Protection Act 2018, General Data Protection Regulations and the Force [Data Protection Policy](#).

FREEDOM OF INFORMATION ACT 2000

This document has been assessed as suitable for public release.

WHO TO CONTACT ABOUT THIS POLICY

The Head of Professional Standards is responsible for this policy and procedure. All queries relating to this policy and procedure should be directed to the Professional Standards Department.

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Supporting a Member of Staff Who Volunteers an Issue Surrounding Their Alcohol or Drug Misuse

1. Identification by the Individual

- 1.1 An individual may choose to seek help on a completely voluntary basis prior to a request for a screening sample. If a member of staff believes that he/she has an alcohol or drug related problem they should seek specialist advice as soon as possible. The Occupational Health Unit will initiate such help if requested.

2. Identification by the Manager

- 2.1 Managers have an important role to play in identifying problems at work. Deterioration in work performance and/or changes in patterns of behaviour may be noticed by a manager with or without there being any obvious signs of alcohol or drug misuse. In these circumstances the Occupational Health Unit will provide advice and assistance for managers if required. Advice and guidance can also be accessed via [Health Assured \(Employee Assistance Programme\) on: 0800 030 5182 and via the Wellbeing Portal Site.](#)

3. Identification by a Colleague

- 3.1 A member of staff may notice changes in a colleague's pattern of behaviour that leads them to suspect drug misuse. In this case it is their responsibility to draw the matter to the attention of the individual's manager. Colleagues MUST NOT, 'cover up' or ignore a fellow member of staff whose work or behaviour is suffering as a result of an alcohol or drug related problem.

4. Programme of Treatment

- 4.1 When an individual agrees to undergo the programme of treatment recommended by their General Practitioner or by a specialist agency, the Occupational Health Unit will advise whether or not the individual is fit to work during the treatment period. If they are fit it may be necessary to alter the individual's duties on a temporary basis and, once again, the Occupational Health Unit will advise the manager on appropriate adjustments. It will be the manager's responsibility to determine whether or not such adjustments are feasible and can be accommodated within the department. If so, the manager must meet with the individual and outline his / her expectations with regard to work performance and / or behaviour.
- 4.2 When an individual does not complete a programme of treatment successfully or defaults on a 'contract,' either because the treatment agency discontinues the programme due to lack of individual progress, or because the individual him / herself discontinues, the Occupational Health Unit will, accordingly, advise the manager who will then interview the individual and determine what further action should be taken.

Illegal Drug Misuse – Decision Making Guidance

1. Trigger for referral

1.1 If an individual presents themselves and seeks help from the Occupational Health Unit, then support may be more appropriate than if the illegal substance misuse 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.

2. Nature of Misuse

2.1 The early disclosure of a problem may be more easily and supportively addressed than a history of acute misuse of addictive drugs or a history of repeated lapses into substance misuse.

3. Honesty and Openness

3.1 The user often hides their substance misuse. Where a staff member is dishonest about their use of an illegal substance, then a misconduct investigation will normally follow.

4. Attendant Circumstances

4.1 Anyone involved in drug misuse with others cannot be treated as a special case. For example, buying drugs from a dealer may be aiding and abetting a serious criminal offence. Similarly, using drugs in the company of others who may be liable to prosecution is a factor, which needs to be considered in dealing with a member of staff.

4.2 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 OPCC and Police Service, it is not possible to ignore any previous substance misuse when assessing suitability for posts in the future. Individuals will have to accept that such history may affect their suitability in relation to certain posts in the future. This will be because of security and/or health and safety reasons.

APPENDIX C

Possible Signs of Substance Misuse

1. Overview

1.1 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, but 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. Examples of acute observable symptoms and signs are detailed below:-

2. Cannabis

2.1 The potential abnormal observations of 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

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

3. Opiates

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

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

3.2 Observed symptoms and signs start within a few seconds of taking opiates and last up to 8 hours (24 hours with Methadone).

4. Central Nervous System Stimulants

4.1 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

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- Eyelid tremors
 - Euphoria

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

5. Central Nervous System Depressants

5.1 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:

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

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

6. Hallucinogens

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

- Hallucinations
- Synesthesia (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’

6.2 Observed symptoms and signs start within 20 to 60 minutes and last 3 to 12 hours according to the substance taken.

7. Inhalants

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

- Smell or residue around the face
- Dizziness or light headed
- Bloodshot, watery eyes
- Confusion
- Flushed, sweaty appearance

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- Slow, slurred speech (often non-communicative)
 - Distorted time and distance perception
 - May complain of intense headache

7.2 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.

8. Anabolic Steroids

8.1 Anabolic steroids are misused 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 real acute symptoms or signs of taking anabolic steroids, but over a period of time they cause:

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

8.2 All of the above are specific to the substance taken and, apart from anabolic steroids, are of limited duration.

8.3 Someone who is regularly misusing alcohol and / or other substances may show typical persistent patterns of behaviour that develop over a period of time.

9. Poor Attendance

9.1 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.

10. Poor Work Performance

10.1 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

11. Frequent Accidents

11.1 Substance misusers tend to suffer more accidents than normal, warning signs to look out for are:

- Smelling of alcohol or something to disguise the smell of alcohol like mints or strong after-shave/perfume.

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- 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.

11.2 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, as there could be other explanations for any of the above including, among other things, stress and mental ill health.

Drug Screening: Protocol for Testing

1. Recruits and serving officers

1.1 There are some differences that may apply to the procedures used for testing potential recruits and serving officers. If a potential recruit does not wish to submit to a test, he or she may withdraw from the recruitment process. An officer is obliged to submit to a test, if so required, and may, as a consequence, have to declare information about medications that he or she is taking. These declarations may have the effect of disclosing personal information that the officer is entitled to expect will be treated in confidence by Occupational Health. A serving officer may not be recalled to duty for the purpose of testing

By contrast, all aspects of the collection and on-site screening of samples from potential recruits, including the taking of information about medications, may be undertaken as a part of the human resources function.

2. Conducting the test

2.1 There will be a secure chain of custody through collection, analysis and medical review. Laboratory analysis will be undertaken by an independent agency. Collection of samples, and initial on – site screening, may be undertaken by an independent agency, or by suitably qualified staff in force. Samples will either be posted to, or collected/obtained by, the independent agency.

2.2 For the purpose of the physical administration of the test, a suitably qualified person will be a trained person, officer or member of staff of the Force, or a member of the Occupational Health Unit. Where completion of the paperwork by an officer involves disclosure of medication being taken, only occupational health staff and/or the person administering the test should see that paperwork. It follows that where the paperwork is not completed by the officer personally, (i.e. it is completed in response to questions put to the officer, and then signed by the officer) that task should be undertaken by occupational health staff or the suitably trained person administering the test. It is essential that information about medications taken prior to the test is recorded at the time of specimen collection, and not at any later stage.

3. On-site screening and laboratory testing

3.1 Any test that may be relied upon in disciplinary proceedings should be conducted through laboratory analysis, not on site testing. On - site testing, using portable testing kits, may be used to screen out persons tested. However, if there is a positive indication at any screening stage, the residual specimen of hair, urine or oral fluid (saliva) (remaining after the screening test) should go forward to full laboratory analysis and medical review.

Where testing is carried out with cause, the specimen may be submitted directly to the laboratory, without conducting a screening test

Split samples

Provision should always be made to allow the donor of the hair, urine or Oral fluid (saliva) an opportunity to have an independent analysis of the specimen to challenge the outcome of the laboratory analysis. A split sample (at the time of collection) provides an effective means of providing this opportunity.

There are currently two methods in which samples are obtained and tested. The first method involves the direct submission of a sample for laboratory analysis without on-site screening taking place. The second involves an on-site indication followed by submission for laboratory analysis.

3.2 Direct submission for laboratory analysis without an on-site indication is the usual testing procedure though both procedures are available subject to circumstance.

3.3 Any test that may be relied upon in disciplinary/misconduct proceedings should be subject to laboratory analysis.

3.4 The results of any test will be provided to the officer at the first available opportunity. Laboratory analysis provides results usually within 48 hours and either the officer supervising the test(s) or a line manager of the officer will inform the officer of the test result.

4 Material to be tested

4.1 In the case of a serving police officers and officers transferring between forces either oral fluid (saliva) or urine may be tested. The decision as to which of these are to be tested will be dependent on the relevant circumstances but is that of the Force.

4.2 In the case of new recruits to the police service oral fluid (saliva), urine or hair sample may be tested.

4.3 Oral fluid (saliva) may be regarded as the least personally intrusive option. Blood does not form part of routine testing, where there is no grounds for suspecting misuse, as the procedures are disproportionately intrusive.

Testing Procedures:

5. Self-declaration

5.1 An Officer or member of staff with substance misuse problems should be encouraged to identify themselves, and should be assisted in seeking treatment. However, self-declaration cannot be used to avoid the consequences of a positive test. Any such declaration must be made before an officer is notified of any requirement to take a test. A self-declaration made after an officer is notified of the requirement to take a test cannot be used to frustrate the disciplinary proceedings that might result from a positive test result.

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6. Random and routine testing

6.1 The scale of testing should be risk based. Any sample of officers selected for testing in an individual area or department within the force should be chosen on a random basis. A routine testing regime may involve selecting a higher proportion of officers for testing in an area or department where the risk is assessed as high.

6.2 The scale of testing will be determined at Force level. “Having regard to perceived risk and costs. 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 will be low. On the other hand, a higher proportion of positive results would indicate a need for larger scale future testing. “Risk” encompasses the risk inherent in the consequences of impairment of judgement or performance, and the risk of incidence of misuse. In some vulnerable posts (safety critical) the former risk will usually be high, even if the latter risk is low.

7. Vulnerable posts

7.1 Testing will be routine. If a high degree of risk is assessed, universal testing covering all officers in the vulnerable category might be appropriate. If the assessment of risk is low, then the sample of officers to be tested will be selected at random. For the avoidance of doubt, the liability to be tested applies in national agencies as well as to posts in local forces.

8. With cause; - extended sampling

8.1 An officer of at least the rank of ACC may authorise a maximum of three samples of urine or oral fluid (saliva) to be required from a police officer in their force (or on secondment to or from their force) where there is corroborative intelligence which gives reasonable cause to suspect that the officer has used controlled drugs over an extended period (i.e. on more than one occasion).

8.2 The three samples can be required over a maximum period of 90 days, with day one being the day of the first sample with the period finishing at midnight on day 90. When calculating the 90 day period, no account should be taken of any periods of sick leave.

8.3 The officer will not be given any advance notice of the requirement to provide each sample. The officer will be informed at the time of the first sample that two other samples will be required within a designated time period. The officer will be informed on all occasions the drug or drug(s) group(s) against which his or her samples will be tested.

8.4 The officer will be entitled to have a ‘police friend, as defined in the Police (conduct) Regulations 2020 present when the samples are being take. However, a delay in a police friend attending will not delay the testing procedure provided that the officer has been able to consult a police friend.

9. Consultation and monitoring

9.1 The scale of testing adopted, and the identification of vulnerable posts, will be the subject of consultation with the local staff associations. All random samples will be monitored by ethnicity, faith, gender, disability and sexual orientation to ensure that no unintended bias arises from the sampling technique.

10. Immediate consequences of positive test results on serving Police Officer at the on-site screening stage

10.1 Only suitably qualified staff will carry out on-site drug screening tests. The person being tested should be advised that any positive screening test results provide a provisional indication only, and are subject to further laboratory analysis and medical review, either of which could result in the final result being negative.

10.2 An officer's manager should be informed immediately of a positive on-site screening test result, as there may be a risk in continuing to deploy the officer on the full range of police duties. At this stage there is no final result, as this can only be provided by laboratory analysis, so the language used to describe the outcome of an on-site test is very important. In particular, the manager should not be told that "a test has been failed" as this is not the case.

10.3 It is for the manager to assess 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. Formal suspension would be appropriate only if a positive result was confirmed following laboratory test and medical review.

10.4 Difficulties arise, inevitably, for both the officer and management from a positive result that occurs when on site screening is undertaken. A confirmed result, either positive or negative, will not be available until the completion of laboratory analysis and medical review, a process that is likely to take two or three days. Any difficulties arising from this delay are outweighed by the benefit that screening allows an instant confirmation of a negative result.

11. Handling confirmed positive results

11.1 A positive laboratory analysis will be subject to medical review, as explained more fully in [Appendix G](#). Medical review involves a medical practitioner reviewing the test result and the medical history of the individual to determine if there is a legitimate explanation for the presence of a drug in the sample.

11.2 Test results following laboratory analysis and medical review will be returned to the Detective Inspector, CCU and/or Head of Professional Standards. Where the result is negative the officer and his or her manager should be informed without delay. It is particularly important that a confirmed negative result after any initial on-site positive screening result is communicated to the officer and management without delay.

11.3 A positive result from a test administered as a part of the pre-employment process should be notified to the Recruitment and Selection Manager, so that the candidate may be rejected.

11.4 A positive result from a member of staff who had self-declared a substance misuse problem prior to being tested should be reviewed by Occupational Health to assess whether the result was consistent with rehabilitation treatment being undertaken. If the result suggested that an agreed programme of rehabilitation was not being followed, then reference to Professional Standards should be strongly considered. Any such person will be subject of an ongoing risk assessment prepared by the individual's SHRA in conjunction with their senior manager.

11.5 All other positive results will be referred to an Appropriate Authority with Professional Standards for action. It is for Professional Standards to notify both the officer and the line manager of the result, and of any immediate action, including suspension from duty where appropriate.

11.6 Any claim by the officer concerned that there was a reason (other than a medical reason) for the positive result should be dealt with by PSD/CCU through formal disciplinary proceedings. Appeals should be handled through normal appeals process.

12. Liability

12.1 An officer who has misused controlled drugs suffers a double jeopardy. He or she is at risk of disciplinary proceedings that might lead to dismissal and may also be at risk of criminal prosecution. Because of this double jeopardy, and whether or not criminal proceedings are contemplated, cautioning and interviewing should be to the standards required under the Police and Criminal Evidence Act (PACE).

12.2 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. There is no substantive criminal offence of having an unlawful substance in the body, only a presumption that the offence of “possession” must have been committed beforehand. Such a presumption may be rebuttable by medical evidence that the positive test resulted from use of a lawful medication. The presumption of possession that would arise from a positive, medically confirmed test result should be treated as misconduct. The maximum penalty for both failure to obey a lawful order and discreditable conduct, is the same.

12.3 Any penalty would take into account both Proportionality and Public Interest.

Alcohol Screening: Protocol for Testing

1. Overview

- 1.1 There is a presumption that a person is unfit to work in a Vulnerable (safety critical area) if they have more than 29 mg% in blood (39 mg% in urine, 13 micrograms% in breath). This compares with a limit of 80 mg% in blood for driving.
- 1.2 Where testing is carried out, it should be conducted using breath testing equipment capable of making measurements at the 13 micrograms% level (equivalent to the 29 mg% blood level). Officers should never be tested on apparatus held in a custody suite, unless the suite is cleared of all other users.
- 1.3 Each “breath test” should consist of two consecutive breath specimen tests from the officer, with the final result being declared as the lower of the two results.
- 1.4 If a supervising officer or member of staff smells alcohol on the breath of an officer 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 officer’s stomach. Alcohol must be absorbed into the body to register in a breath alcohol test.)
- 1.5 It should always be open to an officer 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 being penalised, provided there is no pattern of continuing excess. A declaration may be particularly appropriate in circumstances of an unexpected change of duty, for example being allocated to driving duties involving possible use of the police exemptions under the Road Traffic Act, due to a staff shortage.
- 1.6 Any subsequent discipline procedure will take into account all of the relevant surrounding circumstances, (i.e. level above limit) and each case will be dealt on an individual basis.

Guidance On and Overview of Testing Procedures

1. Overview of Drug Testing Procedures

1.1 The outcome of a drug test is expressed as “Positive” or “Negative”.

1.2 The purpose of drug testing is to establish whether the donor of the specimen has consumed a controlled drug at some time prior to the collection of the specimen. The identification of a drug in a specimen is not the complete picture as there may be legitimate reasons for the drug being present.

1.3 For example, the presence of morphine in a urine specimen may indicate that the donor is a heroin user (heroin is converted to morphine in the human body) but equally it may indicate only that the donor had legitimately taken an anti-diarrhoea preparation that contained morphine as its active ingredient.

1.4 Drug testing involves three integrated stages; collection, analysis and medical review.

1.5 All final drug positive test results should arise from analysis conducted in an accredited laboratory. On-site screening tests may be used to screen out negative results, but a positive indication at the screening stage must go forward to full laboratory analysis and medical review.

1.6 The first stage of the drug testing procedure is the collection of the specimen. The collection of a specimen from a donor is straightforward, but it must be conducted in such a way as to maintain the Chain-of-Custody of the specimen, with full documentation at all stages. The collector must be properly trained, with the standards applying being those that would apply to any other procedure in which it is important to maintain the integrity of an exhibit.

1.7 Analysis is the process of seeking to detect drugs in the collected specimen. If no drugs are found in the specimen, the drug testing procedure is complete at that stage, and the Force will be advised of the “negative” outcome. The results of any test will be provided to the officer at the first available opportunity. Laboratory analysis provides results usually within 48 hours and either the officer supervising the test(s) or a line manager of the officer will inform the officer of the test result.

1.8 If the analysis identifies one or more drugs in the specimen, further work is required. The positive analytical results need to be interpreted in the light of any factors that may provide a legitimate explanation for the presence of the drugs (e.g. medications taken by the specimen donor in the days before the test). This process is referred to as “Medical Review” and is conducted by a medical practitioner (the “Medical Review Officer”); in case there is a need for a medical discussion with the donor. The medical practitioner reviews the evidence and arrives at an opinion as to the origins of the drugs identified. If their presence can be explained by the use of prescribed or proprietary medication the Force will be advised of a “negative” outcome. The Head of Professional Standards and/or D/Insp CCU will be informed of this outcome.

1.9 If the presence of drugs in the specimen cannot be accounted for in this way, the force will be advised of a “positive” outcome. The “positive” outcome reported will include the details of the drug(s) identified. In any case where there is any doubt, the overriding principle of the medical review process is to give the benefit of that doubt to the specimen donor. Again the Head of Professional Standards and/or D/Insp CCU will be informed of the outcome.

1.10 In summary, the outcome of a comprehensive drug testing procedure involves three integrated stages: collection, analysis and medical review. A “negative” result for a specimen indicates that no illicit drug use has been identified. A “positive” result indicates that there is evidence of illicit drug use that cannot be explained by any of the legitimate medications used by the donor.

2. Chain-of-Custody Collection

2.1 The general principles of Chain-of-Custody collection can be summarised as follows:

- To ensure that the donor understands the procedure.
- To document medications taken by the donor.
- To maintain the Chain-of-Custody.
- To avoid cheating by the donor (specimen dilution, adulteration, substitution etc).
- To allow the donor to provide a specimen in appropriate circumstances (e.g. privacy for urine collection).
- To adopt procedures which allow the donor to have confidence in the procedure.
- To allow the donor to observe the whole procedure by which the specimen is packaged ready for transport to the laboratory.
- To ensure that the specimen is untouched at any stage, thereby avoiding contamination.
- To ensure that the specimen is sent to the laboratory in tamper-evident packaging.

2.2 The collection process is facilitated by the use of a special Chain-of-Custody collection kit. The documentation is usually provided by a multi-part, duplicating Chain-of-Custody form. The documentation is completed by, or in the presence of the donor, who will sign to confirm that the urine, hair or oral fluid (Saliva) specimen is theirs. The sample will be sealed in the presence of the donor. Any information provided about medication will be confidential to the testing laboratory, a medical review officer, the trained person administering the test and the Occupational Health Unit.

2.3 The urine testing kit usually contains two containers and, after collection, the specimen is divided between the two and these are both labelled and sealed with tamper evident security seals in preparation for dispatch to the laboratory for analysis. Both specimen containers remain together. One container, the “A” sample, is used at the laboratory for drug analysis whilst the second is stored at the laboratory under secure conditions, on behalf of the donor, as a backup in case he/she wishes to challenge a positive laboratory result. The donor has the right to challenge the results of a drug test using the second part of the split specimen. In the case of a challenge, the sealed “B” sample will be sent to an independent accredited laboratory of the donor’s choice. The donor is required to meet the cost of the transfer and subsequent analysis, but these costs will be reimbursed in the event that the test on the “B” sample is negative.

2.4 The top copy of the Chain-of-Custody form is forwarded with the specimen to the analysis laboratory while copies of the form go to the donor, the collector and to the responsible manager in the Force. A further copy of the form, bearing the details of recent medications goes to the Medical Review Officer.

2.5 The general principles of Chain-of-Custody oral fluid (saliva). Hair and urine collection are the same. The major difference is that an oral fluid (saliva) Hair specimen does not have to be provided in privacy, which reduces the measures that need to be adopted to minimise the risk of “cheating”. A further difference is that the small volume of the sample means that specimens are not always split, so an alternative approach may be taken to providing the donor with an opportunity to have an independent specimen analysis.

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3. Principles of Laboratory Drug Analysis

3.1 Sample reception

3.1.1 On arrival at the laboratory the specimens and their packaging are examined to check that the security seals on the containers are intact, and that there are no other signs of tampering. Further checks establish that the Chain-of-Custody paperwork has been fully completed. Once these sample integrity checks have been done, one of the specimens (the “A” sample) is opened ready for analysis.

3.2 Drug analysis

3.2.1 The analysis of drugs in urine or oral fluid (saliva) at the laboratory must be conducted using appropriate high quality scientific techniques. This generally involves an initial immunoassay screening test followed by a confirmation analysis using mass-spectrometry. This not only confirms the exact identity of any drug present, but also indicates how much is present.

3.3 Quality standards

3.3.1 Any drug testing laboratory used by a police force, or nominated by an officer for the independent testing of a sample, must be specifically accredited for drug-testing work through appropriate national standards (UKAS and BSI).

3.3.2 Any drug testing company used by a police force must satisfy the minimum chain of custody requirements set out above.

4. Guidance to Alcohol Testing Procedures

4.1 Impairment of judgement increases with increasing blood alcohol concentration. Different people can demonstrate very different degrees of impairment with comparable concentrations of alcohol in their bodies. Experimental studies have shown that for most people some degree of impairment can be measured at a blood alcohol concentration of 40 to 50 mg%, and for some individuals first impairment could be detected at a concentration as low as 30 mg%. At these levels, the individual may not be aware of any impairment, but it may nevertheless be present.

4.2 In line with these experimental observations, a workplace alcohol limit of 29 mg% in blood has been adopted in respect of safety critical areas, where any risk of impairment is unacceptable.

4.3 An alcohol limit of 29 mg% in blood does not preclude moderate drinking, for example during the evening before a period of duty that commences the following morning. The relationship between alcohol consumption and blood alcohol concentration will depend on many variables, such as the pattern of consumption, the type of beverage consumed, and the individual's body mass, metabolism and gender. Nevertheless, as with guidance given in relation to the 80 mg% blood alcohol limit for driving, broad indications can be provided to help individuals avoid situations in which they might exceed a workplace alcohol limit.

4.4 An average 70 kg male consuming 2 units of alcohol (e.g. one pint of moderate strength beer, 3.5% v/v) could achieve a theoretical maximum blood alcohol concentration of 30 mg%. (The actual concentration is likely to be lower, as the alcohol is not absorbed instantaneously.) The body eliminates alcohol at about the rate of 15 mg% per hour; thus an average person might expect a blood alcohol concentration of 30 mg% to fall to zero over a period of approximately 2 hours. It must be emphasised that these figures are only illustrations and provide only broad indications of alcohol levels for an average individual.

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Approvals:

This document requires the following approvals:

Name & Title	Date of Approval	Version
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Consultation:

List below who you have consulted with on this procedure (incl. committees, groups, etc):

Name & Title	Date Consulted	Version

Implications of the Procedure:

Training Requirements

No additional training required.

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No additional IT infrastructure required.