

MANAGING SUBSTANCE MISUSE POLICY

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NORFOLK
CONSTABULARY



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MANAGING SUBSTANCE MISUSE

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Legal Basis

Legislation specific to the subject of this policy document:

- Access to Medical Records Act 1988
- Police Regulations 2003
- Police (Conduct) Regulations 2020
- Police (Amendment) Regulations 2012
- Working Time Regulations 1998

Other relevant legislation which you must check this document against (required by law)

- [Human Rights Act 1998 \(in particular A.14 – Prohibition of discrimination\)](#)
- [Equality Act 2010](#)
- [Health and Safety at Work etc. Act 1974 and associated Regulations](#)
- Police (Health and Safety) Act 1997
- [General Data Protection Regulation \(GDPR\) and Data Protection Act 2018](#)
- [Freedom Of Information Act 2000](#)
- Road Traffic Act 1988

Other documentation which you must check this document against:

- [College of Policing – Code of Ethics](#)
- [Norfolk and Suffolk Constabularies' Standards of Professional Behaviour](#)
- [College of Policing – Authorised Professional Practice](#)
- Misconduct (Police Officers) Policy
- Disciplinary (Police Staff) Policy
- Home Office Circular 011/2012 – Testing Police Officers for Substance Misuse
- 2007 ACPO Substance Misuse & Testing – Policy and Guidance Document
- Police Staff Council Joint Circular 51 – Substance Misuse and Testing for Police Staff in England and Wales

1 Statement of Policy

- 1.1 This policy has been formally agreed via the approved policy development/review process. It will be maintained by the Professional Standards Department (PSD) in conjunction with the Central Policy Unit.
- 1.2 The policy is intended to promote equality, eliminate unlawful discrimination and actively promote good relations regardless of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, economic or family status.
- 1.3 Managers have a responsibility to ensure this policy is applied fairly, and unless otherwise stated, all policies and procedures are non-contractual.

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2 Intention

- 2.1 The purpose of the substance misuse policy is to outline Norfolk and Suffolk Constabularies' (hereinafter referred to as 'the Constabularies') position on alcohol and substance misuse as part of the Constabularies' commitment to the provision of a safe, healthy and productive working environment.
- 2.2 The Constabularies have a legal duty of care to all Police officers and staff members, as well as the public, under common law, the Health and Safety at Work Act 1974 and the Police (Health and Safety) Act 1997. The Constabularies must therefore ensure that Police officers, staff and the public are not put at risk from drugs or alcohol misuse by our staff and officers.
- 2.3 The Constabularies will not tolerate the unlawful use of drugs or the abuse of legitimate substances at work, on the Constabularies' premises, which impairs an individual's ability to work, or which could undermine public confidence in the integrity of the Constabularies.
- 2.4 Nothing contained within this policy will undermine the obligation of the Constabularies or their managers to investigate or prevent any suspected offences in relation to the Road Traffic Act 1988, the Misuse of Drugs Act 1971 or any other statutory provision relating to substance misuse.
- 2.5 The objectives of this policy are to:
 - Screen Police officer and some police staff candidates to minimise the chances of substance misusers entering the police service in the first place.
 - Deter Police 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.
 - Screen Police officers and staff candidates in safety critical areas, so as to minimise any risk of operations being prejudiced by impaired judgement.
 - Protect Police officers and staff in posts in which they may be vulnerable to malicious allegations of substance misuse.
 - Provide a safe and healthy working environment for all Police officers and staff and to ensure they are free from the risk of alcohol or substance misuse whether personally or through the conduct of others.
 - Ensure high ethical standards within the Constabularies, in order to maintain public confidence.
 - Encourage all Police officers and staff to report any concerns that they have regarding potential substance or alcohol misuse to their Line Manager or the Professional Standards Department or via the 2-way online anonymous online reporting system.

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3 Guiding Principles

- 3.1 Whilst at work, on duty and on-call, Police officers and staff are reminded that they must present themselves as being fit to carry out their duties and responsibilities in accordance with their express and implied contractual obligations (staff), as defined by Police Regulations (officers) and as expected within the Standards of Professional Behaviour, College of Policing Code of Ethics, the PSC Joint Circular 51 – ‘Substance Misuse and Testing for Police Staff in England and Wales’, and the Constabularies’ relevant policies.
- 3.2 All Police officers and staff of whatever rank or grade should be aware that the use of illegal substances is ethically incompatible with the public expectations of the service. Where illegal substances are suspected, and their use proven, the matter will be subject to misconduct/disciplinary proceedings and potentially a criminal investigation.
- 3.3 Substance misuse in the case of illegal substances involves criminal acts in the procurement, possession and use of those substances and brings into question the integrity of the individual concerned.
- 3.4 Police Staff may be subject to alcohol and substance misuse testing where the contract of employment permits such testing, particularly where the individual occupies a safety-critical or vulnerable post.
- 3.5 Police Staff testing may take place on either a targeted or ‘with cause’ basis and will be conducted proportionately and in accordance with employment law and data protection requirements.
- 3.6 Advice, education and training to prevent and tackle alcohol and substance issues is important to increase individual awareness of the effects of alcohol and substances and provide a wider understanding of likely symptoms of misuse will support prevention. Information is available from Workplace Health (WPH).
- 3.7 Screening will be carried out either by an external testing agency or internal staff, and all staff involved will be suitably qualified and experienced. Techniques that involve a legally defensible, carefully controlled dual evidence chain to protect both the organisations and individual will be used. Sample collection will involve non-invasive methodologies.
- 3.8 It is acknowledged that the testing aspect of this procedure has the potential to interfere with individuals’ rights under Articles 3, 5, 8 and 11 of the First Protocol of the European Convention on Human Rights, as embodied in the Human Rights Act 1998, e.g., prohibition of degrading treatment, the right to liberty and security, the right to respect for a private and family life, and freedom of assembly and association. However, in accordance with Articles 8(2) and 11(2), these restrictions are necessary and proportionate in a democratic society for the protection of national security, the protection of public safety, the prevention of disorder and

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crime, the protection of health and morals, and the protection of the rights of others.

4 Personal Responsibilities

Self-declaration

- 4.1 Police officers and staff with an alcohol or substance misuse problem have a clear personal responsibility towards themselves and their colleagues under the Health and Safety at Work Act 1974. Police officers also have additional responsibilities under the Code of Conduct and Police Regulations. Police officers and staff are encouraged to acknowledge their condition and refer themselves to WPH to seek information and support. WPH will retain, confidentially, all medical records and act as the link with external treatment agencies.
- 4.2 If the individual has been referred to WPH by a third party (e.g. line manager) and is either unwilling to receive medical help, unwilling to co-operate with any assessment, or denies that there is a problem when there is evidence to the contrary, WPH will be unable to support or assist the individual and will refer the matter to the Anti-Corruption Unit (ACU). ACU will then deem which course of action is to be taken. Individuals need to be aware that this could result in misconduct/disciplinary procedures leading to dismissal.
- 4.3 Self-declaration cannot be used to avoid the consequences of a positive test, and any such declaration must be made prior to a Police officer being notified of the requirements to take a test. A self-declaration made after notification of the requirement cannot be used to frustrate any misconduct or UPP proceedings that might result from a non-negative (positive) test result.
- 4.4 Self-declaration of a controlled drug under the Misuse of Drugs Act 1971 will be treated in accordance with NPCC Guidance (2007 ACPO Substance Misuse & Testing – Policy and Guidance Document) and will be regarded initially as a medical one. With welfare and medical support being the priority. However, these cases should be referred to PSD. The PSD review and any investigation of the incident will give consideration to the voluntary disclosure, in line with the Home Office Guidance. The type and frequency of drug use, the Police officer/staff member's role at that time and any other relevant information will be considered.
- 4.5 Recourse to Misconduct and/or Unsatisfactory Performance procedures will normally be considered if help, guidance and treatment has been unsuccessful, the problems remain unresolved and unacceptable behaviour or lack of efficiency warrant such proceedings. In some cases, the seriousness of the behaviour may warrant immediate action. Each case will be reviewed by the ACU. The Constabularies' policy and procedures relating to Substance Misuse Testing will not prevent direct action being taken where an individual is found illegally in possession of controlled substances, on or off duty, under the Misuse of Drugs Act 1971 or other legislation.

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- 4.6 Individuals failing to comply with the instruction to attend for routine random testing, or to refuse to provide a sample, whilst on duty, will be immediately referred to ACU for investigation. The ACU will instigate criminal or disciplinary proceedings as appropriate.
- 4.7 Where an individual is prescribed drugs or is taking other medication which may have possible adverse side effects that have a direct bearing on the duties that they undertake, they must notify their line manager without delay so that duties of a non-hazardous nature can be arranged.
- 4.8 In instances where an individual has come forward voluntarily for help with a problem and then evidence subsequently comes to light of offences that would be classed as serious enough to warrant an investigation (e.g. drug dealing), Professional Standards will carry out that investigation. Self-referral will not protect an individual from criminal investigation where the matter involves serious criminal activity.
- 4.9 This policy operates on a strict liability basis. It is the personal responsibility of each individual to ensure that no prohibited substance enters their body.
- 4.10 It should also be noted that the location where substances are consumed is not relevant. For example, consuming substances in a foreign country where they are legal will not mitigate a positive test completed under this policy.
- 4.11 Except where a substance has been prescribed to the individual by a qualified UK medical practitioner, it is not necessary to establish intent, knowledge, negligence or fault in order to determine a breach of the Standards of Professional Behaviour.
- 4.12 A confirmed positive test result will normally result in misconduct or disciplinary proceedings.

Responsibilities of Colleagues

- 4.13 As set out within the Police (Conduct) Regulations 2020 and Police Staff Disciplinary policy, all Police officers and Staff have the duty to report, challenge, or take action against the conduct of colleagues which has fallen below the standards of professional behaviour expected.
- 4.14 In addition, all Police officers and staff have a wider responsibility to refer matters to their line manager if an individual has reason to suspect a colleague may be suffering from an alcohol or substance misuse problem. Alternatively, Police officers and staff can report such matters by using the confidential reporting lines or the Anonymous Online Reporting system provided by the Constabularies' Professional Standards Department.
- 4.15 However well intended, it is inappropriate and could have serious consequences for the individual and their colleagues, to fail to act when a colleague's work performance or behaviour may be suffering as a result of alcohol or substance misuse.

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Responsibilities of Supervisors and Managers

- 4.16 The Police Regulations and the Health and Safety at Work Act require supervisors and managers to take action to challenge individuals where there is a concern about alcohol and substance misuse and to take appropriate action.
- 4.17 Those with supervisory responsibilities have a duty to be aware of this policy and be alert to early indicators of a potential problem. Wherever possible supervisors are encouraged to support their staff before their condition deteriorates and this should include a referral to the WPH.
- 4.18 Additionally, supervisors are required to take immediate steps to remove any associated risk factors at work, to that person or any colleagues.
- 4.19 This policy does not undermine the obligations on managers to report to PSD, suspected criminal or conduct issues which should follow the Constabularies' normal procedures.

Risk Assessment

- 4.20 This will be undertaken in a number of circumstances:
- Where the individual self-refers to WPH, they will undertake the risk assessment as to whether the individual can continue in their current role.
 - Where the individual has had a non-negative (positive) test for alcohol, the Duty Inspector/Superintendent will undertake the risk assessment for the Police officer's fitness for work.
 - Where the Police officer has had a non-negative (positive) test for controlled substances, ACU will undertake the risk assessment as to whether the officer can continue in their current role.
 - Where the Police officer has been charged with an offence under the Road Traffic Act 1988, PSD will undertake the risk assessment as to whether the officer can continue in their current role.
- 4.21 Guidance on undertaking risk assessments can be found in the Health and Safety Policy and WPH can also provide some advice in this matter.

5 Testing Applicability

With Cause Testing

- 5.1 The Constabularies have the right to test all Police officers and police staff if they have cause (intelligence-led) to suspect that a Police officer/police staff member is misusing controlled drugs or alcohol, to comply with the College of Policing Code of Ethics, to support the principles of integrity, individual responsibility and accountability, and to demonstrate the commitment to enhancing public trust in the service provided.
- 5.2 For 'cause' to be established, the test of 'reasonable suspicion' must be satisfied.

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- 5.3 The requirement to take a test should be authorised by a Police officer of an appropriate senior rank. Senior rank in this instance means the Head of Norfolk and Suffolk Professional Standards Department or, in their absence, the relevant NPCC member with the PSD portfolio or the on-call NPCC Chief Officer, as available.
- 5.4 Testing 'with cause' may either prove or disprove intelligence or allegations made. All intelligence or allegations must be submitted to the Anti-Corruption Unit for assessment.
- 5.5 A single and unsubstantiated allegation, particularly if it is made by a member of the public who may have malicious intent, would not normally amount to cause. Any reasons for suspecting an individual of misusing controlled drugs should be recorded in writing.
- 5.6 In all cases where the reason for being tested is under the "with cause" category, the individual will be told that this is the case prior to the test.

With Cause – Extended Sampling

- 5.7 An officer of at least the rank of Assistant Chief Constable may authorise a maximum of three samples of hair, urine, breath or oral fluid (saliva) to be required from a Police officer or police staff member in their Force (or on secondment to or from their force) where there is corroborative intelligence which gives reasonable cause to suspect that the Police officer/staff member has used a controlled drug over an extended period (i.e. on more than one occasion).
- 5.8 The three samples can be required over a maximum period of 90 days, with day one 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.
- 5.9 The Police officer/staff member will not be given any advance notice of the requirement to provide each sample.
- 5.10 The Police officer/staff member 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 Police officer/staff member will be informed of the drug(s) or drug group(s) against which their samples will be tested.
- 5.11 The Police officer/staff member 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/staff member has been able to consult a police friend.

Routine Random Testing

- 5.12 The Constabularies will undertake substance testing on a routine, random basis. Testing will apply to all Police officers/staff in vulnerable or safety critical posts, where, in the course of their duties, they may have close

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associations with criminals, have contact with drug dealers and could be vulnerable to malicious allegations of drugs misuse.

5.13 Police officers/staff must be on duty when called for testing.

Safety Critical Posts

5.14 Areas in which physical risk to individuals, colleagues, or members of the public would be raised significantly should post holders become involved in substance or alcohol abuse.

5.15 Those performing operational/front-line roles will always be classed as safety critical.

5.16 Specific safety critical posts subject to routine random testing include:

- **Chief Officers** – Chief Officers will be included in the Safety Critical Posts eligible for routine random testing.
- **Firearms Officers** – All Police officers authorised to use firearms or directly supervising such officers (this will include Gold, Silver and Bronze Commanders, tactical advisors and firearms trainers) and Firearms Instructors.
- **All Drivers and Motorcyclists** – Who have received the appropriate training from their force 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. This includes Driving School Instructors.
- **POLSA Teams** – All Police officers and police staff who are members or supervisors of Police Search Teams.

Vulnerable Posts

5.17 Those deemed to be vulnerable because of a specific responsibility for dealing with drugs.

5.18 Those whose duties bring them into contact with drugs and/or drug dealers are particularly vulnerable to malicious allegations impacting upon their professionalism and/or integrity.

5.19 Specifically vulnerable posts subject to routine random testing include:

- Undercover and surveillance trained Police officers, including Test Purchase Officers.
- Covert Human Intelligence Source Handlers.
- Prison Intelligence Officers.
- Integrated Offender Management Team Officers.

Pre-Recruitment Testing

5.20 Pre-Recruitment Testing will apply to:

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- From 1st April 2026, all Police officer candidates, in order to minimise the prospect of substance misusers entering the police service via the Constabularies; and
- All Police officers and staff candidates in safety critical areas, so as to minimise any risk of operations being prejudiced by impaired judgement.

Regional and Collaborative Testing Arrangements

- 5.21 Where officers or staff are seconded to, or deployed within, regional or collaborative policing units, substance and alcohol testing may be governed by applicable Memoranda of Understanding or regional agreements. Such arrangements will operate in conjunction with this policy.

6 Procedural Details

Routine Random Testing and Selection

- 6.1 The scale of testing will be determined at Chief Officer level with regard to perceived risk and cost. The scale of testing and those posts included within the Safety Critical and Vulnerable posts will be reviewed periodically or in response to particular circumstances, with advice from WPH and will be undertaken in consultation with the appropriate Staff Associations.
- 6.2 The WPH Liaison Officer or PSD ACU will produce a complete numbered list of eligible Police officers/staff members and inform the screening provider of these so that they can randomly select from the total set of numbers.
- 6.3 Once selected, the WPH Liaison Officer or PSD ACU will match the numbers to the list of names. This will be an auditable process so all records will be kept to verify the randomness of the process.
- 6.4 The WPH Liaison Officer or PSD ACU will then make arrangements either directly or via line managers for all selected individuals to attend the testing location at a given time.
- 6.5 Where there are security issues and it would be inappropriate to identify an individual's name (e.g. some undercover Police officers) a pseudonym will be used during the screening process. This will be authorised by the ACC or more senior Chief Officer.
- 6.6 All results will be received from the screening provider by the WPH Liaison Officer/PSD ACU and will be notified to individual Police officers/staff members within three to five days of the sample being collected.
- 6.7 Negative results will be sent by the WPH Liaison Officer/PSD ACU via confidential email or, if otherwise requested, via written correspondence (recorded delivery) to the Police officer's home address.
- 6.8 In the case of a non-negative (positive) result, the Police officer/staff member will be contacted by ACU by telephone and the results will be confirmed in writing.

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With Cause Testing

- 6.9 Results will be forwarded by the WPH Liaison Officer to ACU within three to five days of the sample being collected. ACU will notify the Police officer/staff member of the result, by telephone, and the results will be confirmed in writing.

Voluntary Testing

- 6.10 Voluntary testing may be offered where intelligence or information gives rise to concern but does not meet the threshold for authorisation of 'with cause' testing.
- 6.11 Participation is voluntary and a refusal will not be treated as an admission, recorded as misconduct, or used to infer guilt. Voluntary testing may assist in dispelling concerns at an early stage.

Pre-Recruitment Testing

- 6.12 Results will be forwarded by the WPH Liaison Officer to the Recruitment Officer within ten working days of the sample being collected. The Recruitment Officer will notify the individual of the results in writing.
- 6.13 The flowchart at the end of the policy provide further detail of the process.

Requests to be excused from routine random testing

- 6.14 Police officers/staff members must be on-duty to be called for testing and cannot be recalled to duty for this purpose. Police officers contacted for testing whilst on duty are required to attend and to co-operate fully with the testing process. **It is a lawful order for police officers under Police Regulations.**
- 6.15 Where employees are conducting their duty working from home, requests made for the obtaining of samples can be lawfully made.
- 6.16 If it is genuinely not possible for the Police officer to attend within the time limit imposed by the Collection Officer, they must advise their line manager and WPH and the reason will be recorded.
- 6.17 Police officers/staff members may be excused in line with the following circumstances:
- If compliance with the requirement to attend testing is likely to take them over the end of their expected finish time AND their finish time cannot be extended due to outside commitments, e.g. child care arrangements;
 - Where work commitments mean that the Police officer/staff member cannot be taken away from their workplace.
- 6.18 WPH will advise the ACU of all requests to be excused and the reasons for this.

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Refusal to supply a sample for testing

- 6.19 The liability of officers 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, for which the maximum penalty is the same as that for failing a test (see 'Non-negative (Positive) Results').
- 6.20 The refusal of a staff member to submit to a test in breach of their contract of employment will be considered a failure to comply with a lawful and reasonable direction, which will be treated in the same way as failing a test (see 'Non-negative (Positive) Results'). The refusal of a staff member to submit to a test when reasonably requested may be considered a breach of this policy and subject to investigation under the Disciplinary (Police Staff) Policy.

Testing Locations

- 6.21 Pre-recruitment candidates will be required to attend testing at OCC Norfolk or WPH Unit, Capel St Mary, Suffolk.
- 6.22 Current serving Police officers/staff members will be required to attend the screening provider's premises.
- 6.23 Police officers instructed to attend routine random testing or 'with cause' testing are required to provide sight of their warrant card. Police staff are required to produce their ID card.
- 6.24 The screening provider will return all results to the WPH Liaison Officer within three to five days of collection of the sample.
- 6.25 Where initial testing indicates a Positive result, the screening provider will appoint a Medical Review Officer (MRO) to liaise directly with the donor for further clarification.

Costs for transport to testing location

- 6.26 If any costs are incurred regarding transport to a testing location, these will be paid for out of the screening budget. Travel may be by:
- Police transport (direct access where permitted or via line management/control room).
 - Personal car – mileage costs can be reclaimed.
 - Public transport – costs can be reclaimed.
 - Taxi (if no other option) – costs can be reclaimed.

7 Substance Testing

- 7.1 Each test takes approximately ten minutes, which involves the donor filling in a short questionnaire regarding any medication, providing a hair/urine/breath/oral fluid (saliva) sample, and, for hair and urine, witnessing the splitting, labelling and packaging of the sample.

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- 7.2 All samples collected as a result of testing for controlled substances will be split at the time of collection. An individual has the right to have one sample tested independently to challenge the result of a test on the other sample.
- 7.3 The cost of an independent analysis will be met by the individual and may be reimbursed in the event that the first analysis is found to be inaccurate.
- 7.4 Substance testing will cover the illicit use of the following substances:
- Amphetamines (including ecstasy)
 - Ketamine
 - Cannabis
 - Cocaine
 - Opiates (e.g. morphine and heroin)
 - Benzodiazepines
 - Alcohol
 - One additional drug or drug group for 'with cause' testing only, where the reason for the test is based on intelligence and the Police officer has been informed of the drug(s) or drug group(s) for which they are being tested.
- 7.5 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 legitimate medicine (e.g. a painkiller or an anti-diarrhoea preparation).
- 7.6 Police officers/staff members required to take a test should declare all medications, including prescriptions, they are taking. The content of such declarations is confidential to the screening provider.
- 7.7 An external company is contracted to supply routine random testing and 'with cause' collection, analysis and verification of results and will undertake all collection of samples and breath tests in line with Home Office guidance and Police Regulations.
- 7.8 All testing will be carried out in such a way as to respect the privacy, dignity and rights of the individual. It is acknowledged that some legitimately prescribed medicines may contain both traces of alcohol and, more rarely, show non-negative (also referred to as positive) results for illegal substances.

Steroids

- 7.9 Whilst it may not be a criminal offence to possess anabolic-androgenic steroids for personal use, their possession or consumption is incompatible with the Standards of Professional Behaviour and the College of Policing Code of Ethics.

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- 7.10 Evidence demonstrates that steroid use can cause impaired judgement, heightened aggression, mood instability and increased risk-taking behaviour. Such effects pose heightened risk where individuals hold safety critical roles, carry Taser or firearms, or exercise coercive police powers.
- 7.11 The possession, supply or use of unprescribed anabolic steroids may expose an individual to association with criminality and corruption risk and is considered a breach of professional standards. This policy applies a strict liability approach to confirmed positive test results involving steroidal compounds.

Selective Androgen Receptor Modulators (SARMs)

- 7.12 Selective Androgen Receptor Modulators (SARMs) are commonly marketed as performance-enhancing supplements. There is no nationally accredited testing regime for SARMs products, and evidence demonstrates that many contain prohibited steroidal substances.
- 7.13 Consumption of SARMs may therefore result in a positive substance test. Police officers and staff are strongly advised not to consume SARMs products due to the risk of breaching this policy and professional standards.
- 7.14 A strict liability approach applies to any confirmed positive test result.

Cannabidiol (CBD) Products

- 7.15 Cannabidiol (CBD) isolate is not a controlled substance. However, national testing has demonstrated that many CBD products marketed as THC-free in fact contain controlled levels of tetrahydrocannabinol (THC).
- 7.16 There is no nationally accredited quality assurance regime for CBD products. Consumption may therefore give rise to a positive drug test. Officers and staff are strongly advised not to consume CBD products in any form due to the risk of misconduct or disciplinary action.

Non-negative (Positive) Results

- 7.17 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 rebutted by medical evidence that the positive test resulted from use of a lawful medication. The presumption of possession that would arise from a non-negative (positive) test result will be treated as discreditable conduct.
- 7.18 Investigators may consider conducting searches of property on our premises for alcohol or drugs e.g. desks, drawers, lockers, cupboards. If items are found, they will be confiscated and included in misconduct/disciplinary processes.

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Inconclusive Results

- 7.19 The rarity of a non-negative (positive) result arising from legitimately prescribed medicines will also be catered for during the interaction between the individual and the Medical Review Officer (MRO).
- 7.20 The MRO will, in most cases, make contact with the donor to discuss the result so that all medical and pharmacological factors are explored. The donor will be asked to provide a contact telephone number on the sample submission form so that the MRO is able to make private contact with them to discuss the matter. These discussions are confidential between the donor and the MRO. If no contact details are provided or the MRO is unable to make contact within this period, this will be arranged via the WPH Liaison Officer. In the case of illicit substances such as alcohol and prescribed drugs, the MRO may request contact with the donor where the levels fall well outside the normal therapeutic range or give cause for serious concern.
- 7.21 Where, prior to testing with a non-negative (positive) result from substance screening, the individual has sought assistance with their problem by following the guidelines and procedures laid down in this policy, the matter will be dealt with as a welfare issue and a support programme will be employed. This route will be the method of choice except where there is criminal activity.
- 7.22 Where the individual has not voluntarily come forward for assistance and a non-negative (positive) result from substance screening is obtained, and it relates to an illegal substance, the individual may be suspended and an investigation commenced by the ACU. In these circumstances, support will be offered by the Constabularies but may be limited to advice only. The decision to take advantage of any treatment regimes and any associated cost will be a matter for the individual and will not be borne by the Constabularies.
- 7.23 Individuals should be clear that in such circumstances where they have failed to voluntarily avail themselves of help offered by the Constabularies and illegal drug use is discovered, they will face misconduct/disciplinary proceedings and / or criminal investigation.
- 7.24 Where a non-negative (positive) result relates to a substance that is not illegal but the presence or concentration of it gives cause for concern, it will be referred to WPH for evaluation and follow up. The individual should be reminded that there is a duty under Health and Safety legislation to look after their own health.

8 Alcohol Testing

- 8.1 There is a presumption that a person is unfit to work in a safety critical area if they have alcohol in their body exceeding 29mg in blood, 39mg in urine or 13 micrograms in breath. This compares with the limit of 80mg in blood for driving. Where testing is carried out it should be conducted using breath

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testing equipment capable of making measurements at the 13 microgram level (equivalent to the 29mg blood level).

Breath tests under the Road Traffic Act 1988

- 8.2 Where an on-duty Police officer/staff member is suspected of being under the influence of alcohol and having driven a motor vehicle, arrangements are to be made for a supervisor to undertake an appropriate breath test.
- 8.3 The correct breath test procedure under the Road Traffic Act should be followed as normal and in accordance with the equipment operating instructions.
- 8.4 Police officers/staff members should never be tested on apparatus held in a Police Investigation Centre unless it is cleared of all other users.
- 8.5 Where the test gives an evidential reading of over 35mg, the Supervisor is to contact the on-call PSD officer and process the matter in accordance with the Constabularies' policy and charging guidelines.

Breath tests for Fitness For Duty/Work (including Safety Critical Roles)

- 8.6 An on-duty Police officer/staff member in a safety critical post may be called for routine random testing.
- 8.7 Where an on-duty Police officer/ staff member is suspected of being under the influence of alcohol and there are concerns regarding the individual's fitness for duty/work, a supervisor may undertake an appropriate breath test.
- 8.8 Where the breath test has given a result of over 13mg, the Supervisor will undertake a risk assessment as to the individual's fitness for duty and refer the matter to PSD for consideration of misconduct/disciplinary proceedings.
- 8.9 A Police officer/staff member should always declare if they suspect they may have inadvertently exceeded the limit. However, any such declaration must be made before the individual is notified of any requirement to take a test. Such declarations should not result in the Police officer/staff member being penalised, provided there is no pattern of continuing excess. A declaration may be particularly appropriate in circumstances of an unexpected change of duty, e.g. being allocated to driving duties, particularly those involving possible use of the police exemptions under the Road Traffic Act, due to resource shortages.
- 8.10 The liability of officers 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, which will be treated in the same way as the individual having provided a test result of over 13mg.
- 8.11 The refusal of a staff member to submit to a test in breach of their contract of employment will be considered a failure to comply with a lawful and reasonable direction, which will be treated in the same way as the individual having provided a test result of over 13mg. The refusal of a staff member

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to submit to a test when reasonably requested may be considered a breach of this policy and subject to investigation under the Disciplinary (Police Staff) Policy.

9 Pre-employment – Testing

- 9.1 All candidates applying to the Constabularies for Police student officer or Special Constable roles will be asked to supply a sample for substance testing as part of the selection process.
- 9.2 In addition, this type of testing will also apply to applicants to certain police staff roles, due to the safety critical or vulnerable nature of the role, including (but not limited to):
 - Police Community Support Officers (Suffolk only).
 - Firearms Enquiry Officers.
 - Driving Instructors.
 - Property Officers.
- 9.3 The Recruitment Officer will invite candidates to attend a designated area (WPH OCC, Norfolk / WPH Capel St Mary, Suffolk) on a specific day and time to provide their sample. The Collection Officer in these cases will be a suitably trained and qualified WPH screening nurse or WPH nurse advisor.
- 9.4 Candidates are required to disclose details of any previous application(s) where substance misuse testing was positive. If a recruit does not wish to submit to a test, they may withdraw from the recruitment process.
- 9.5 The Recruitment Officer will check whether an applicant has already tested positive during pre-employment screening and if they have, then they will consider the individual circumstances of the matter to determine whether the individual may re-apply. Considerations will include the date of the original test, the substance in question and the post for which the individual is applying.
- 9.6 The Recruitment Officer will advise a Police student officer or police staff candidate of the outcome of the test and where a positive test is returned, will confirm that their application has been rejected and that the result will be notified to the ACU.
- 9.7 The Recruitment Officer will enquire with the candidate as to whether they would like an independent analysis of the sample to be completed and, if they do, will liaise with WPH to arrange this on the candidate's behalf. The Recruitment Officer will then advise the candidate of the outcome of the independent analysis.
- 9.8 Where the candidate is applying for a Special Constable role, this responsibility will sit with the Specials Co-ordinator.

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10 Confidentiality

- 10.1 An individual's privacy should be protected during the testing procedure and testing should be conducted in a sensitive manner.
- 10.2 Test results must be handled in a secure and confidential manner, and records of test results should be retained in accordance with GDPR and the Data Protection Act 2018.
- 10.3 An individual who is currently employed by or serving with the Constabularies and submits to a test may, as a consequence, declare information about medications that they are taking. These declarations may have the effect of disclosing personal information that the individual is entitled to expect will be treated with confidence by WPH.
- 10.4 The interests of the proper administration of justice may override the confidentiality of a declaration which discloses substance misuse in certain circumstances. In particular, the joint operating instructions (JOPI) agreed between the NPCC and the Crown Prosecution Service (CPS) place on the individual Police officer/staff member a personal responsibility 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 a Police officer/staff member acting as a witness may have to be revealed to the Crown Prosecution Service (CPS), as the damage to the credibility of the Police officer/staff member as a witness may be a factor to be considered in a decision whether to proceed with a prosecution.
- 10.5 The personal responsibility under JOPI should be drawn to the attention of a Police officer/staff member, by the occupational health service, 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 Police officer/staff member.
- 10.6 The Constabularies aim to ensure that the confidentiality of any individual experiencing alcohol or drug-related problems is maintained appropriately. However, it needs to be recognised that, in providing support, some degree of information sharing is likely to be necessary.
- 10.7 If an individual seeks help with an alcohol or drug-related problem directly from WPH and wishes to keep matters confidential from their line manager and colleagues, this will be respected unless failure to disclose would leave individuals or society exposed to a risk so serious that it outweighs the individual's and the public interest in maintaining confidentiality. In those circumstances, WPH will encourage the individual to inform their line manager and will provide sufficient time to do so before discussing the matter with them.
- 10.8 If an individual seeks help with an alcohol or drug-related problem from their line manager and wishes to keep matters confidential, this will be respected

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unless there is reason to believe that this could put the individual, their colleagues or anyone else at risk or carries some other material risk for the Constabularies, and except where a Police officer/staff member line manager is required to comply with reporting requirements (National Crime Recording Standard, the Constabularies' Intelligence Management policy, the College of Policing Code of Ethics and the Standards of Professional Behaviour). In those circumstances, the line manager may discuss the matter with ACU.

11 Support Programmes

Content of support programme

11.1 The Constabularies will seek to assist Police officers and police staff in obtaining specialist help in the following ways:

- Providing advice and direction regarding obtaining treatment and specialist help;
- Arranging counselling, to encourage them to come to a better understanding of their problem and the benefits of seeking treatment or help;
- Assisting in keeping the individual at or achieving a return to work.

11.2 There are limits to the assistance the Constabularies can provide:

- Relapses may occur during the course of treatment and progress may be tested and monitored on an ongoing basis. This decision will be based on individual circumstances.
- An individual's continuation in their post or in an alternative post during or after treatment will depend upon the needs of the Constabularies at that time.
- The failure of an individual to co-operate in referral or treatment arrangements and any failure in work performance, attendance or behaviour will be dealt with through the appropriate Constabulary policies.

11.3 The Force Health, Safety and Wellbeing (FHSW) Advisor/Force Medical Advisor (FMA) will advise the individual regarding treatment and will monitor progress and advise WPH /HR Advisor/Professional Standards. This advice should be available on a regular basis throughout treatment.

11.4 The FHSW Advisor and/or FMA will advise if there is a lack of progress with treatment or a lack of co-operation by the individual. Workplace Health, HR Advisor or Professional Standards will review the facts and circumstances of the case and take appropriate action.

Employment considerations during support programme

11.5 If appropriate, the concern will initially be treated as a health matter and, if necessary, work restrictions may be granted. If practicable, the Constabularies will encourage individuals to remain at work during any

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period of treatment and may make appropriate adjustments to facilitate this process.

- 11.6 Medical certificates will be required for sickness absence. Should the individual continue to be fit for work during the period of treatment, they should continue in their post or alternative work unless such an arrangement would have an adverse effect on the Constabularies. In such circumstances, leave may be approved or, exceptionally, this will be treated as an authorised absence.
- 11.7 If an individual has been off work during the period of treatment, the FHSW Advisor/FMA will see the individual before they return to duty. The FHSW Advisor/FMA will advise management regarding capability for continuation in the post and whether any special supervision or other arrangements are required.
- 11.8 Following the first referral, if an individual is involved in further situations resulting from alcohol or drug-related problems, a second referral to the FHSW Advisor and/or FMA may be appropriate and the above procedure repeated. This second referral will not apply in cases of gross misconduct. A third referral is not permissible.
- 11.9 Where there needs to be a change of duties and/or deployment to facilitate treatment, this will be arranged by the relevant line manager, HR Advisor and WPH on advice from FHSW. Disclosure from FHSW to HR will only be to the extent that is needed to enable it to comply with this policy and will not include medical details, unless informed consent is provided by the individual.
- 11.10 FHSW/FMA will be responsible for determining when the treatment regime is complete and whether it was successful or not. In this regard where treatment is provided by an outside agency – and it is anticipated that this will be the norm – it will evaluate that agency's conclusion as part of the overall assessment (since this is a specialised field the conclusions of the medical practitioners providing treatment will be a key guide for FHSW). If treatment has proved successful, the individual will return to duty. The nature of that duty will be determined by a further risk assessment by FHSW, particularly in respect of relapse risk factors.
- 11.11 Again, advice will be sought from specialised medical practitioners who, ideally, were involved in the treatment regime. If treatment has proved unsuccessful, the HR Advisor will be advised of the outcome and advise of the fitness of that person for continued service.

Conditions of support programme

- 11.12 Assistance and support will be given dependent on the following conditions being met:
 - The individual recognises that they are suffering from an alcohol or drug related problem and is prepared to co-operate fully in referral and treatment from appropriate sources.

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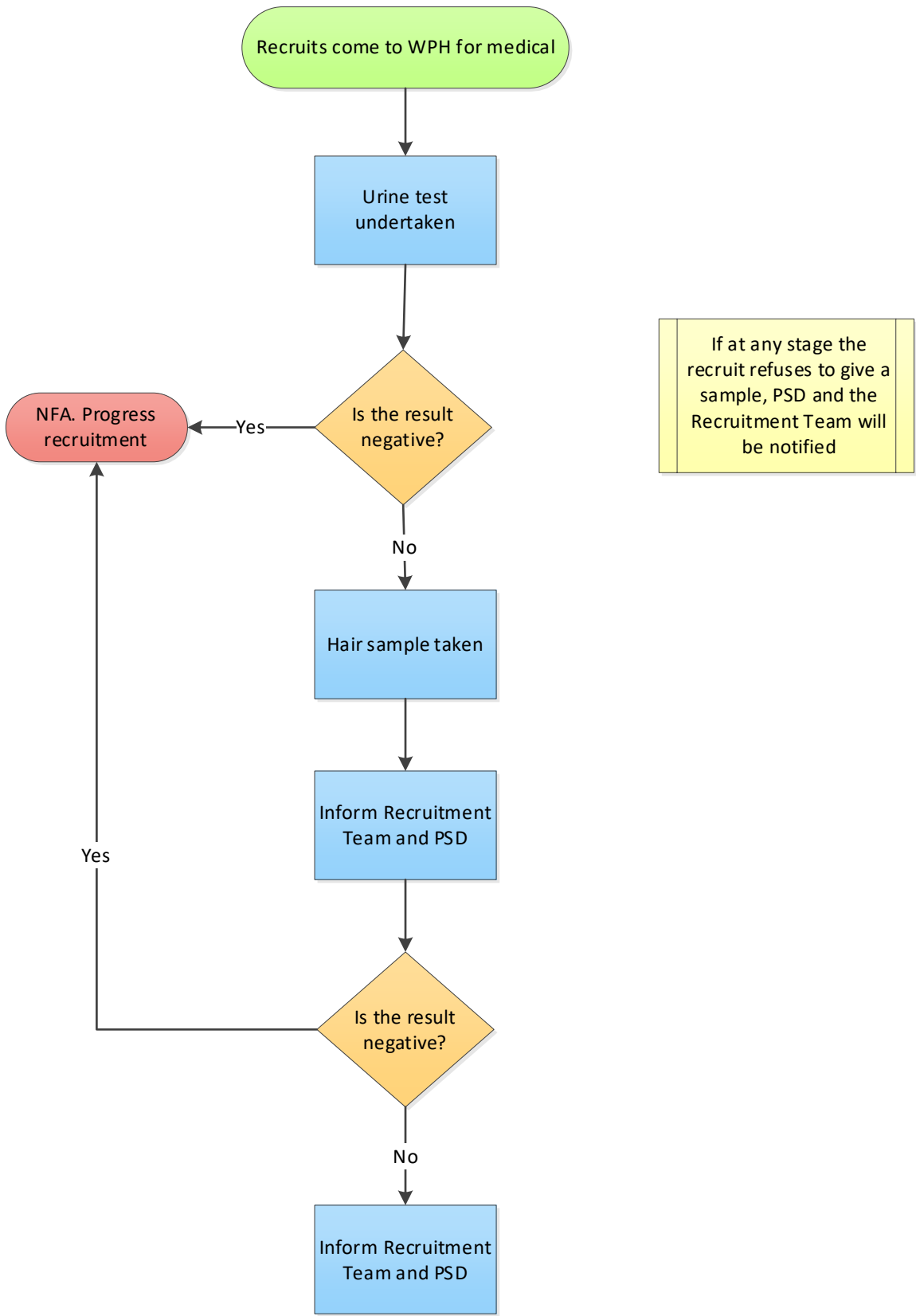
- The FHSW Advisor/FMA confirming an alcohol or drug related problem of any nature.
- 11.13 The ongoing co-operation of the individual will determine the extent and level of assistance provided and whether recourse to Professional Standards is appropriate or the Misconduct/Disciplinary Procedure is necessary.
- 11.14 The only exception to this is where a Police officer or member of police staff voluntarily coming forward for assistance has had involvement/is involved in criminal activity in respect of illegal substance misuse. These cases will be subject to criminal investigation.
- 11.15 Misconduct/Disciplinary proceedings may be invoked where the Constabularies deem this to be appropriate, such situations include, but are not limited to:
- Where the misuse of alcohol or drugs (other than on prescription) affects performance, attendance or behaviour at work.
 - Where the use of drugs and/or alcohol breaches Health & Safety Regulations, the Misuse of Drugs Act 1971 or results in any acts of misconduct at work.
 - Where drugs or alcohol are being used/sold/supplied, etc. in the workplace (however discovered) or where related illegal activity is thought to be taking place. Under these circumstances a criminal investigation is also likely.

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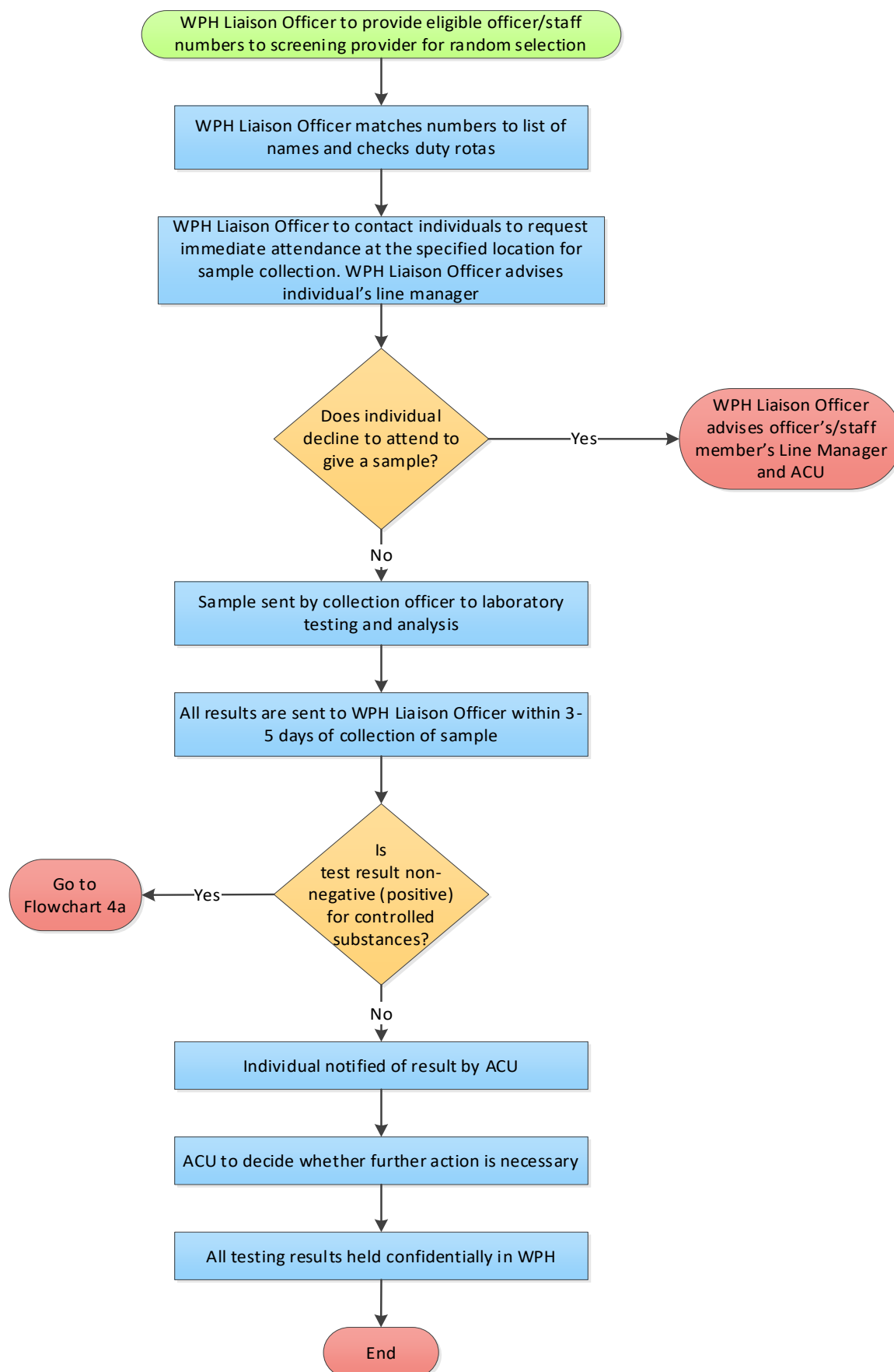
Flowchart 1 – Pre-Recruitment Testing



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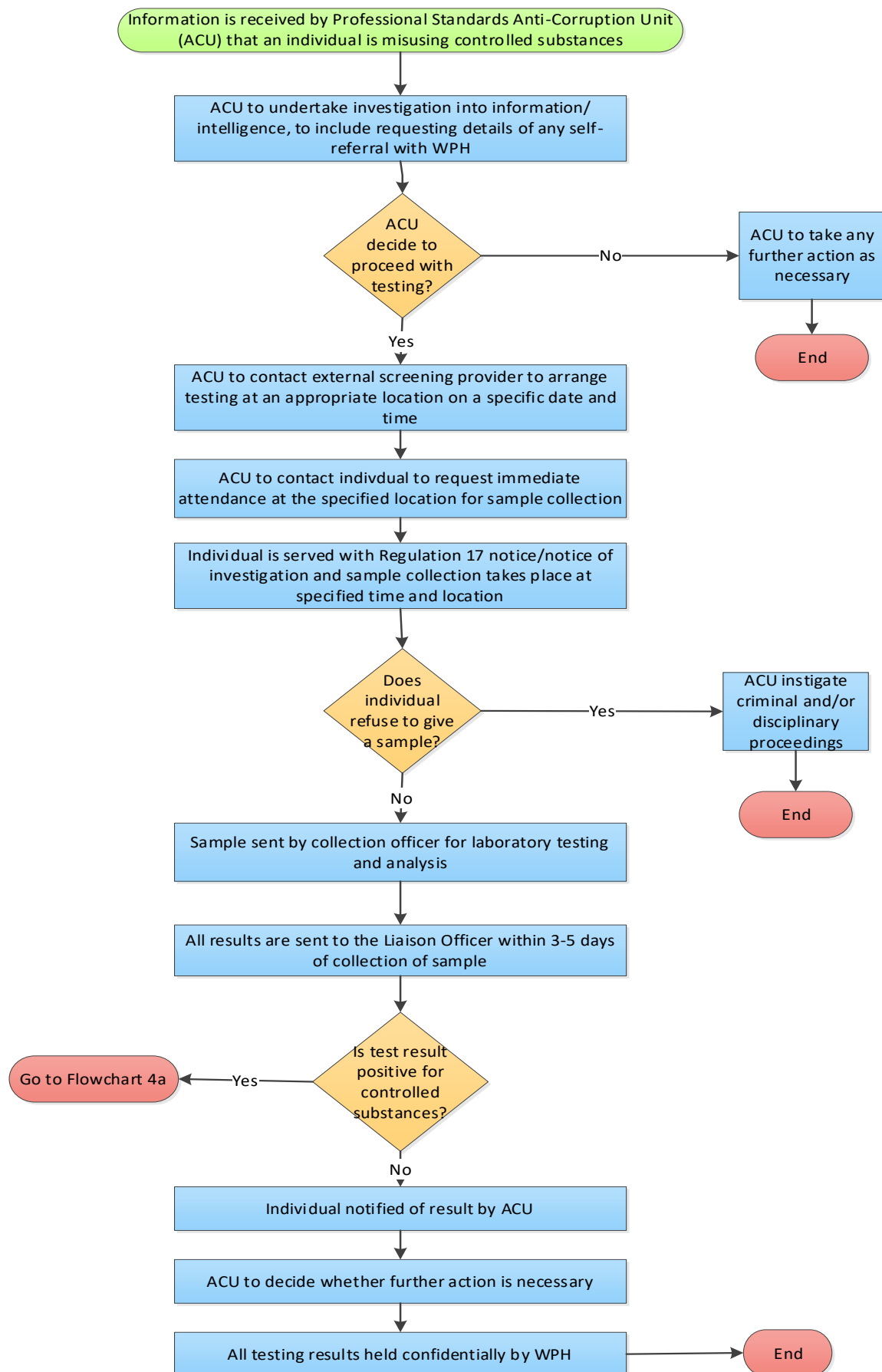
Flowchart 2 – Routine Random Testing



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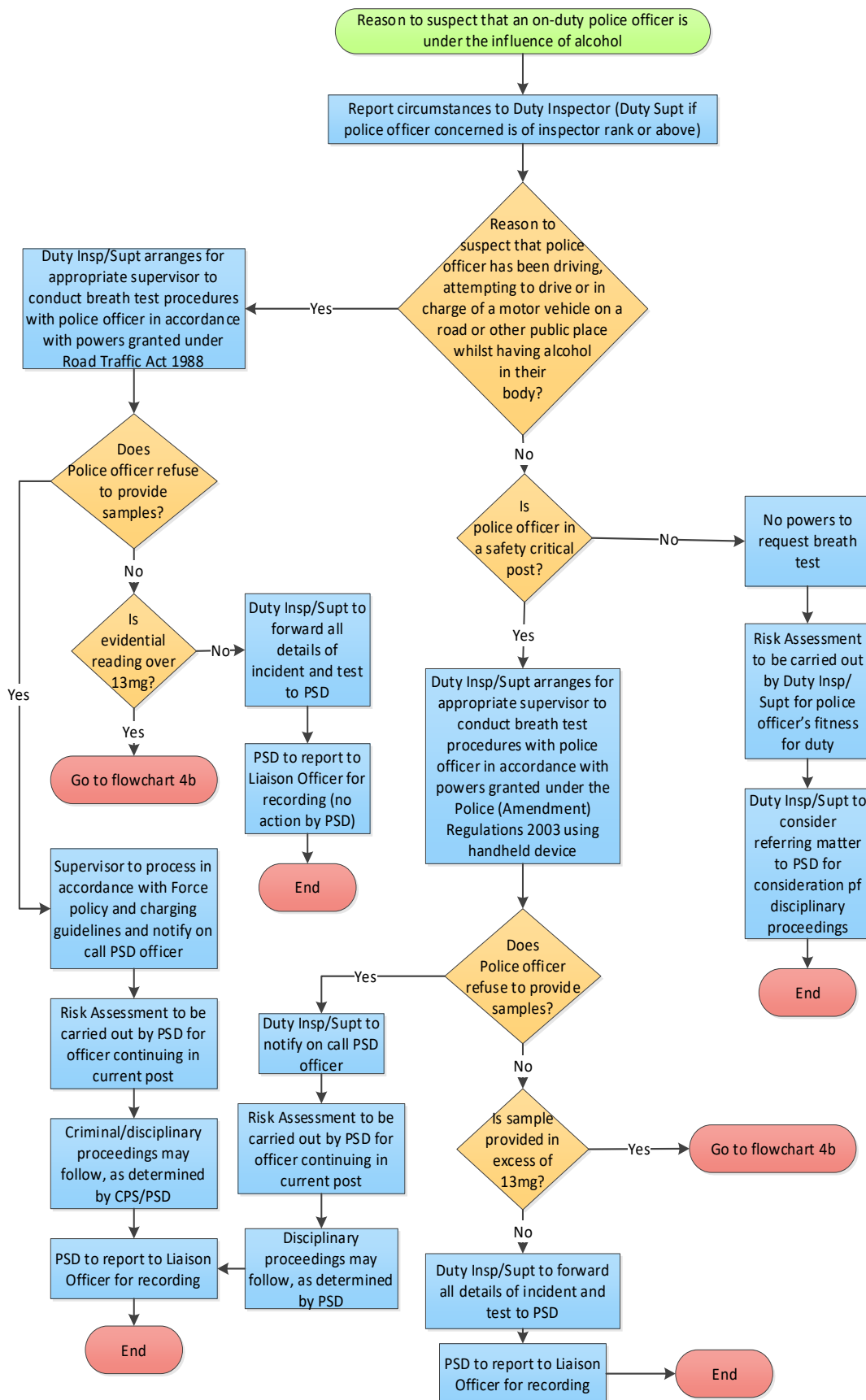
Flowchart 3a – Testing ‘With Cause’ – Controlled substances



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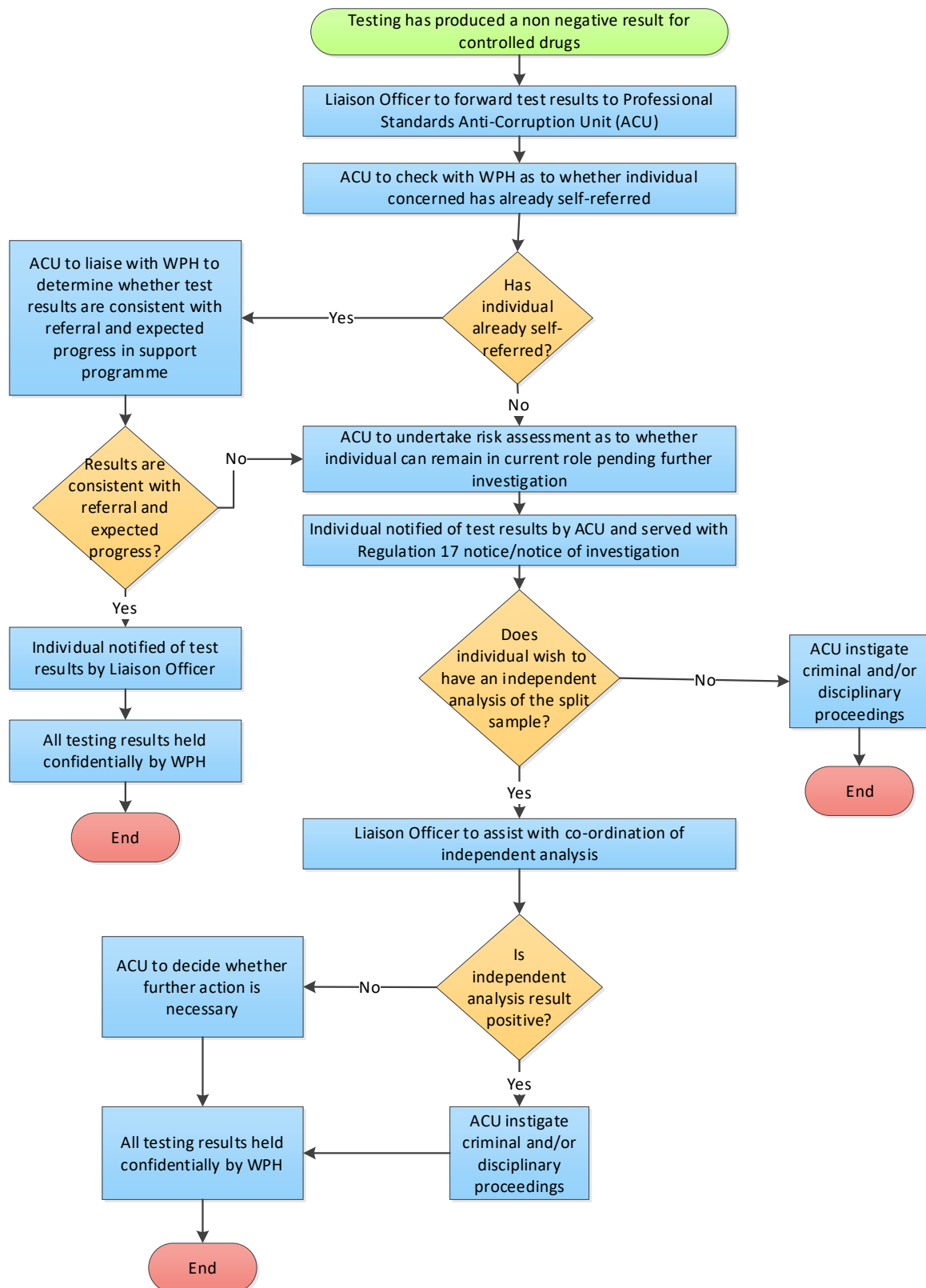
Flowchart 3b – Testing ‘With Cause’ – Alcohol (Police Officers)



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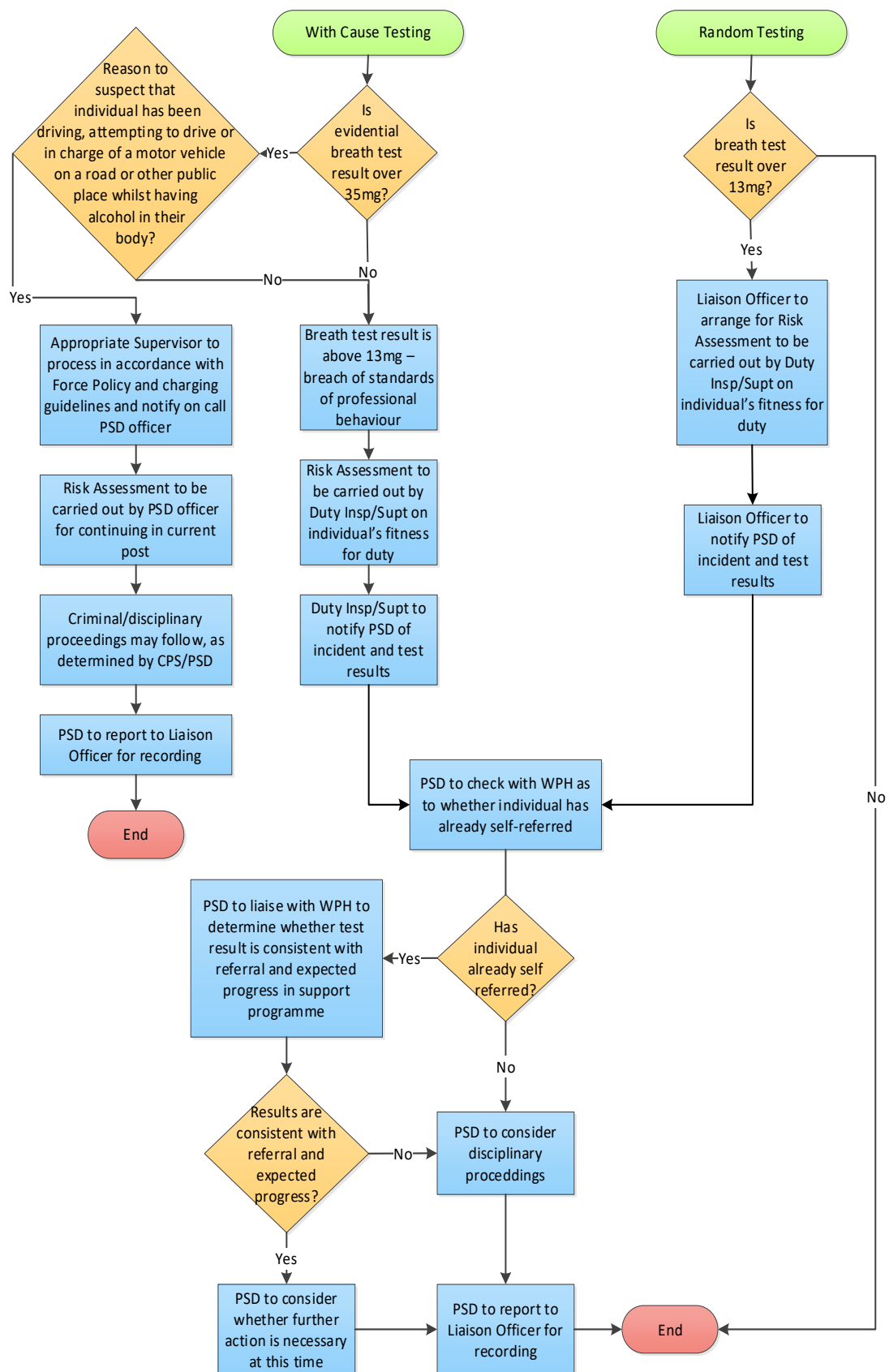
Flowchart 4a – Dealing with a Non-negative (Positive) Result (Controlled Substances)



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Flowchart 4b – Dealing with a Positive Result (Alcohol)



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Flowchart 5 – Self-Referral

