Alcohol, Drug and Substance Misuse by Officers and Staff Procedure

Policy

Former Officer Misconduct Policy

Procedure

Introduction

This document outlines the Force's provisions for dealing with the misuse of alcohol and substances, which could potentially present a risk to both employees and the public alike.

Surrey Police is required to prevent and address substance misuse (alcohol and drugs) by officers and staff for the safety of the public and Surrey Police personnel; and to protect the force's reputation.

This procedure and associated appendices provide guidance on the action to be taken when substance abuse is voluntarily reported or suspected by a colleague and/or manager and the processes to be adopted. It details the support available from the Force and the screening and testing procedures.

1. The purpose of this procedure is to:

- raise individual awareness of drug and alcohol misuse
- ensure that employees are aware of the help that is available from the organisation
- promote a climate in which employees feel able to report concerns regarding misuse amongst their colleagues
- inform employees of testing procedures, including how they may make a declaration that they have a misuse problem
- advise employees of the action that may be taken against them following a positive test for alcohol or drugs.

2. What is Substance Misuse

2.1 Alcohol and drug misuse includes the use of illegal drugs, the misuse of prescribed and non-prescribed drugs, legal highs and the excessive consumption of alcohol.

2.2 The misuse of alcohol and drugs can lead to reduced efficiency, an increased risk of accidents, increased sick leave, potential misconduct and criminality. This can have serious consequences for individuals, their families and the wider police service.

2.3 It can be a criminal offence to put others at risk by negligent actions or omissions. Substance misuse can lead to impairment of judgment.

3. Legal Position Overview

3.1 The testing of Police Officers (which includes Special Constables) became law under the Police (Amendment) Regulations 2005 (Statutory Instrument 2005 number 2834/Home Officer Circular 45/2005.) Police Regulations 2003 were also amended on 1st April 2012, 04/01/2017 and 22/02/2019 (see regulation 19(A)) and a further Home Office Circular 011/2012 was also published on 30th April 2012.

3.2 Regulation 19(A):

i. The Chief Officer of a police force may require any member for the force who: -

a) gives the Chief Officer reasonable cause to suspect that they have used controlled drugs,

b) is on a period of probation under regulation 10B or 12,

c) has been identified by the Chief Officer as being vulnerable because of a specific responsibility for dealing with drugs – Police officers subject to substance testing under vulnerable posts comprises undercover officers, or those whose work brings them into contact with drugs or drug dealers and who may be vulnerable to malicious allegations. Surrey Police applies this paragraph to Undercover Officers and Source Handling Unit officers.

d) is selected in accordance with a regime of routine random testing (this replaces the existing provision for the Secretary of State to specify categories of officers who may be tested i.e. those in safety critical roles).

To give a sample of oral fluid (saliva) or urine to be tested for evidence of controlled drugs in accordance with procedures determined by the Secretary of State.

ii. The chief officer of a police force may require a member of the force who:

a) gives the chief officer reasonable cause to suspect that the member is under the influence of alcohol while on duty; or

b) is selected in accordance with a regime of routine random testing; to give a sample of breath to be tested for evidence of alcohol in accordance with procedures determined by the Secretary of State.

iii. A member of a police force who:

a) on giving a sample under paragraph (i) is found to have taken a controlled drug specified in a determination of the Secretary of State; or

b) on giving a sample under paragraph (ii), is found to have more than 13 microgrammes of alcohol in 100 millilitres of breath; shall face such consequences as are specified in that determination.

3.3 There is a power to conduct tests with cause if it appears that an officer is under the influence of alcohol as per Home Officer Circular 011/2012. Officers should be liable also to random testing should risk of impairment appear to warrant this, on a scale to be agreed with the local staff associations.

3.4 Pre-employment screening for Police Officers and Special Constables is covered by Home Office Circular 45/2005.

3.5 The testing of Police Staff is covered by the Police Staff Council (PSC) Joint Circular No 51 - Substance Misuse and Testing guidance document, endorsed by the PSC including Unison, issued on 17th April 2008.

3.6 Under the Health and Safety at Work Act 1974 and Police (Health and Safety) Act 1997 there is a duty to ensure a safe place of work and safe systems of work. With regard to substance misuse, this would include having clear rules about coming to work under the influence of alcohol and/or drugs, whether prescribed, over the counter or controlled substances, and about alcohol consumption or drug taking while at work. This “duty of care” extends to both the individual police officer or member of police staff and their colleagues.

3.7 For the purposes of regulations 10(1)(i) and 19A(3)(a) of the Police Regulations 2003, the controlled drugs which testing cover are:

- Amphetamines (including ecstasy)
- Cannabis (including other products which may contain traces of the active ingredient THC, such as some CBD products – see Guidance on the Use of Products Containing CBD)
- Cocaine
- Opiates (e.g. morphine and heroin)
- Benzodiazepines

Where testing is carried out in accordance with pre-employment screening or under regulation 19A(1)(a) - because the Chief Officer has reasonable cause (see 5.2) 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 in paragraph (1), provided that the officer is informed prior to testing of the drug(s) or drug group(s) for which he or she is to be tested.

Other drugs / groups could include:

- Androgenic-anabolic Steroids and prohormones
- Psychoactive substances
- Solvents and gases

4. Standards of Professional Behaviour

4.1 Standards of Professional Behaviour for officers are detailed within Police Conduct Regulations 2020 which requires officers to present themselves as fit to carry out their duties and responsibilities.

4.2 Standards of Professional Behaviour detailed within the Police Staff Council Code of Conduct covers fitness for work.

4.3 Both enable the organisation to take disciplinary or misconduct proceedings where appropriate or necessary.

4.4 The following circumstances may represent both a criminal offence and/or gross misconduct:

- Presenting yourself for work whilst unfit due to alcohol or drugs
- Possessing and/or supplying illegal drugs
- Drinking or taking illegal substances whilst on duty
- Arranging to buy or sell illegal drugs

4.5 Effects of Substance Misuse:

- It harms a person's health.
- They may act or behave in an unsafe manner, which may endanger or result in an accident involving themselves, colleagues or members of the public.
- Their performance, judgement and effectiveness are reduced.
- Their professional reputation and integrity is put at risk.

- They are at risk of exploitation and or corruption due to behaviour/lifestyle (including blackmail, witness credibility challenges). This raises additional health and safety issues for the individual and their colleagues and may have far wider consequence for others in the criminal justice process should police witness credibility and integrity be challenged.

- It exposes the individual to potential disciplinary and or criminal proceedings.

- Their conduct affects the integrity and reputation of the of the organisation with a potential loss of public confidence.

Please also refer to Observable Symptoms and Signs of Substance Misuse.

4.6 Steroids

Effects and symptoms advice for staff and managers:
Regularly taking androgenic-anabolic steroids (AAS) may result in a potentially dangerous medical condition, including high blood pressure or a heart attack, risk of stroke, liver or kidney tumours and an increased risk of developing prostate cancer. It is imperative that Surrey Police takes positive action to educate officers and staff as to the potential dangers of using steroids in order to prevent against such conditions and to promote health and wellbeing.

These should not be confused with corticosteroids which are widely prescribed to relieve inflammation for conditions such as asthma and eczema. Drug testing protocols are extremely accurate and will return the precise identity of the steroid. It is the responsibility of all staff to check that any supplements they are taking are free of agents which will lead to a positive test. The World Anti-Doping Agency website provides useful guidance on banned substances.

Whilst it is not a criminal offence to possess steroids for personal use, there are a number of other factors to take into consideration which makes their use incompatible with the Code of Ethics and Police Staff Council Standards of Professional Behaviour. There is evidence that the use of androgenic-anabolic steroids (AAS) can have a significant impact on mood and behaviour such as heightened aggression, paranoid jealousy, delusions, extreme irritability, impaired judgement and anger which could lead to violence. Behavioural changes brought about by the use of steroids also have the potential to adversely affect levels of public complaints, in relation to categories of incivility, oppressive behaviour and assaults. Such changes in behaviour may lead to even greater consequences if the steroid user is employed within a firearms command or armed with Taser.

It has been determined by the Force that the possession or consumption of anabolic steroids is not conducive to being employed within the organisation and is considered to be a breach of the Standards of Professional Behaviour or Code of Conduct for Police Staff. There is a notable association between steroid use and organisational threat. It is illegal to supply and/or manufacture AAS. The supply often occurs in private gyms and similar locations, leading to association with criminals, potential disclosure of information and offences leading to the illegal supply of steroids and

other controlled drugs. Recent legislation means that the only way a person may legally obtain steroids is under medical prescription or by physically bringing them into the UK themselves for their own use. It is most likely, therefore that an officer or member of staff using steroids has been illegally supplied them. The officer or member of staff has therefore been implicated in criminal offences around the supply.

5. Testing

5.1 Pre-Employment Screening – Officers and Special Constables only

a) Potential Police Officers and Special Constables will be tested for controlled substances during the recruitment process. Refusal to participate or failure of the test will end the application process.

b) A hair sample will be collected and tested, as hair is considered the most beneficial sample type in terms of detecting long term substance misuse. The Foundation Team has responsibility for coordinating this screening process.

c) In exceptional circumstances, testing may be delayed until the commencement of induction training, and their employment will be conditional upon this.

5.2 In service Testing – with cause – Officers, Special Constables and Staff

a) Police Regulations and Police Staff Council permit the Chief Officer to require an employee to undergo a 'with cause' test where he/she has reasonable cause to suspect that the employee has/may be misusing alcohol or drugs.

b) Forces should have due regard to protect privacy during the testing procedures and ensure that testing is conducted in a sensitive manner. Forces should also ensure that test results are handled in a secure and confidential manner. Records of test results should be retained in accordance with data protection principles.

c) All 'with cause' drug tests will be undertaken by the Professional Standards Department who will complete the Application for with cause Substance Misuse Testing Form (PSD use only) and the Notice to Employee for with cause Drug Test (to be provided to the employee).

5.3 Drugs – Oral Fluid (Saliva/Urine)

a) There is a power to test employees if there is cause to suspect that an employee is misusing controlled drugs. For 'cause' to be established, the test of 'reasonable suspicion' must be satisfied. Authorisation will be sought, based on an assessment of the information and intelligence, from the Head of PSD (Superintendent), or in their absence the Deputy Head of PSD (Chief Inspector). In the event of an 'urgent requirement' for a 'with cause' test and the Head or deputy Head of PSD being unavailable an authority may be sought from an officer outside of PSD of the rank of Superintendent or above.

b) It is good practice to record in writing the reasons for suspecting an employee has misused controlled drugs and this will normally be the case accepting for 'urgent

requirements'. A case is not normally to be regarded as urgent unless the time that would elapse before the authorising officer was available to grant the authorisation would, in the judgement of the person giving the authorisation, be likely to jeopardise the ability for the test to be conducted. An authorisation is not to be regarded as urgent if an authorisation has been neglected or the urgency is of an administrative nature of the authorising officer or applicant's own making.

c) It should be made clear to the employee 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.

d) 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.

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

f) The employee 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 employee will be informed of the drug(s) or drug group(s) against which his or her samples will be tested.

g) The employee will be entitled to have a 'police friend' as defined in the Police (Conduct) Regulations 2008/Police Staff Codes present when the samples are being taken. However, a delay in a police friend attending will not delay the testing procedure provided that the employee has been able to consult a police friend.

h) The decision and grounds must be documented by the Assistant Chief Constable and this information will be communicated to the employee at the commencement of the test.

i) A serving officer may not be recalled to duty for the purposes of testing.

j) The responsibility for ensuring compliance with testing for 'with cause' rests with PSD.

k) It should also be borne in mind that the criminal provisions of the Road Traffic Act drink/driving legislation may be more appropriate, where there is reasonable suspicion that a criminal offence may have been committed.

l) There must be a secure chain of custody through:

   i. Collection;
   ii. Analysis and;
   iii. Medical Review

m) Collection of samples may be undertaken by a suitable trained member of staff from PSD.

n) The collection 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 applied being those that would apply to any other procedure in which it is important to maintain the integrity of an exhibit.

o) It is at this stage that the donor should be invited to submit details of any medication currently being, or recently taken (within the last 10 days). In the event of the test revealing the presence of drugs, these details should be forwarded to the Medical Review Officer. If the donor states they have not taken any medication, this should also be recorded.

5.4 **Material to be tested**:

a) Either oral fluid (saliva) or urine may be tested. Saliva testing may be regarded as the least personally intrusive option. The testing of blood and hair samples will not form part of routine testing. The Home Office Circular 45/2005 states 'the testing of blood samples should not form a part of routine testing, where there is no necessary ground for suspecting misuse as the procedures are disproportionately intrusive.' This could be interpreted as enabling blood samples to be tested for 'with cause' cases. However, this interpretation is not supported by the Home Office. Blood tests are not mentioned in the Regulations.

b) Surrey Police policy is for urine to be the preferred sample type unless there are medical reasons why a person cannot give a urine sample, in which case a saliva sample will be taken with assistance from the on-call service provider.

5.5 Split Samples:

Provision should always be made to allow the donor of the urine or saliva an opportunity to have an independent analysis of the specimen to challenge the outcome of a laboratory analysis. A split sample (second sample of saliva) (at the time of collection) provides an effective means of providing this opportunity. The sample is split in front of the donor at the time of collection. Both vials are returned to the laboratory, where the second vial is retained in the event that the donor wishes to challenge a positive result.

5.6 Collection:

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

- To ensure that the donor understands the procedure and is given a copy of the policy
- Complete the form with the organisation's name and reason for the test
- Check documentation to verify donor's ID and record details.

- Record date and timRequest and record information on any declared medication taken within last 10 days
- Document medications taken by the donor
- 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.)
- Allow donor to choose kit and check seal
- Check sample
- Divide sample into A and B specimens
- Ask donor to initial and date the tamper proof evidence strips
- Seal lids of each sample with initialled strips.
- Stick bar codes on each collection container.
- Stick bar codes on relevant parts of forms.
- Adopt procedures that allow the donor to have access to the specimen for independent analysis (e.g. splitting the specimen).
- 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 proof evidence packaging.
- Donor to sign and date the chain of custody form. PSD to provide donor with copy of form.
- Place form in tamper proof evidence bag.
- Seal tamper proof evidence bag.
- Send evidence bag to accredited laboratory.

5.7 The collection process is facilitated by the use of a special Chain-of-Custody collection Kit. The documentation is usually provided by a multipart, duplicating Chain-of Custody form.

5.8 The documentation is completed by, or in the presence of the donor, who will sign to confirm that the urine or saliva specimen is theirs. The sample will be sealed in the presence of the donor.

5.9 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 proof evidence 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.

5.10 The top copy of the Chain-of-Custody form is forwarded with the specimen to the analysis laboratory by recorded delivery in suitable packaging (jiffy bag). The other copies of the form go to the donor and the collector (PSD). A further copy of the form, bearing the details of recent medications goes to the Medical Review Officer used by the Laboratory, as facilitated by the Laboratory if this is required.

5.11 The general principles of Chain-of-Custody saliva and urine collection are the same. The major difference is that a saliva 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 i.e. two samples taken during each test.

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

5.13 Laboratory analysis should be undertaken by an independent agency.

6. Laboratory Analysis - Sample reception:

6.1 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.

7. Drug analysis:

7.1 The analysis of drugs in urine or 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.

8. Quality standards:

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

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

9. Medical Review:

9.1 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.

9.2 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, including the information on the donor's form 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.

9.3 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.

10. Action following Testing:

10.1 There may be a risk in continuing to deploy the employee on the full range of their duties if there are concerns about their fitness for duty / work. An immediate assessment of the risk needs to be made, by the individual's manager, to assess the risk in relation to the duties, in consultation with a senior manager, and if necessary, the individual may have to be re-deployed. There would be a presumption of removal from duties involving contact with the public / driving. Formal suspension would be appropriate only if a positive result was confirmed following laboratory test and medical review.

11. Liability

11.1 An employee 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). 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.

11.2 Surrey Police Staff / Unison are not part of the Police Staff Council and therefore not governed by its policies. Any positive test or refusal to comply, by police staff, will be managed under police staff conduct regulations. Any positive test or refusal to comply by police officers will be treated as seriously as if the sample were found to be positive.

11.3 See the 'Sample' chain of custody flowchart

12**. Alcohol:**

12.1 Alcohol is a substance that 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. An employee who is drunk and disorderly in a public place commits an offence. An employee who drives or attempts to drive a vehicle whilst over the prescribed limit commits an offence.

12.2 Employees have a general responsibility to present themselves fit for duty / work. If their judgement is impaired by the consumption of alcohol, they are unlikely to be fit for duty / work. It is for a senior officer to determine whether an employee is unfit for general duties, due to consumption of alcohol. However, reporting for duty / work 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.

12.3 As with drugs, self-declaration of a drink problem is a matter that should be managed through the occupational health service, rather than being regarded as a disciplinary matter.

12.4 There is a power to conduct tests with cause, if it appears that an employee is under the influence of alcohol. Officers should be liable also to random testing (as per the regulations) should risk of impairment appear to warrant this, on a scale to be agreed with the local staff associations.

12.5 Alcohol testing is in the form of a breath test, carried out by a suitably qualified person (see Alcohol Testing - Flowchart). The upper limit for employees is 13 mg% in breath. It should be noted this is significantly lower than the drink drive limit of 35 mg% in breath.

12.6 There is a presumption that a person is unfit to work if they have more than 13 micrograms per cent in breath. This compares with a limit of 35 mg per cent in breath for driving.

12.7 Where testing is carried out, it should be conducted using breath testing equipment capable of making measurements at the 13 micrograms per cent level (Draeger). Employees should never be tested on apparatus held in a custody suite, unless the suite is cleared of all other users.

12.8 Each 'breath test' should consist of two consecutive breath specimen tests from the employee, with the final result being declared as the lower of the two results.

12.9 If a supervising officer smells alcohol on the breath of an employee 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 employee's stomach. Alcohol must be absorbed into the body to register in a breath alcohol test.)

12.10 It should always be open to an employee to declare that they suspect they might have inadvertently exceeded the limit. Any such declaration should be made before the employee is notified of any requirement to take a test. Such declarations should not result in the employee 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.

12.11 It should also be borne in mind that the criminal provisions of the Road Traffic Act drink/drug driving legislation may be more appropriate, where there is reasonable suspicion that a criminal offence may have been committed.

13. **Action following Positive Test Result:**

13.1 In the event of a positive screening test result, there may be a risk in continuing to deploy the employee on the full range of their duties. An immediate assessment of the risk needs to be made, by the individual's manager, to assess the risk in relation to the duties, in consultation with a senior manager, and if necessary the individual may have to be re-deployed. There would be a presumption of removal from duties involving contact with the public / driving.

13.2 See the Alcohol Testing flowchart

14. **Seeking Help:**

14.1 It is the responsibility of all employees to take reasonable care of their health and safety and that of any other person who may be affected by their acts and omissions at work.

14.2 Provisions of Police Regulations, the Health and Safety at Work Act1974 and Police (Health and Safety) Act 1997 require supervisors and managers to take timely and appropriate action where there is concern about an individual's potential substance misuse.

14.3 Employees who have a substance misuse or alcohol related problem, or who suspect that they may have, have a clear personal responsibility to acknowledge their situation and seek professional assistance as soon as possible potential substance misuse.

14.4 If an employee suspects that a colleague may have an alcohol, drug or other substance related problem they should encourage that person to voluntarily seek specialist advice and the assistance of Occupational Health. If the concern persists, they should discuss the matter in confidence with a line manager, a member of HR or Occupational Health.

14.5 The Standards of Professional Behaviour and the Code of Ethics place a positive obligation to challenge wrongdoing and seeks to remind employees of their individual accountability.

14.6 An established system of support exists for employees who proactively 'self-declare' the existence of an alcohol, drug or substance misuse problem. Self-declaration cannot be used to avoid the consequences of a positive test. Any such declaration must be made before an employee is notified of any requirement to take a test

14.7 See information on 'Supporting a Police Officer or Member of Police Staff who volunteers a Problem.'

15. **Provision of Support**:

15.1 The Force recognises that alcohol and drug related problems develop for a variety of reasons and can have a significant impact upon an individual's life and the ability to carry out work safely and effectively. Breaking a cycle of dependency can be difficult, therefore the Force will offer help to those who volunteer that they may have a drink or drug misuse problem.

15.2 Where employees recognise that they need help, the primary aim of the service will be to support and assist that person and should, as far as possible, treat the addiction in a similar way to other ill health problems. The overriding aim is to achieve a full recovery, thereby allowing a return to work to undertake the normal range of duties.

15.3 The Force can provide:

- The opportunity for referral through Occupational Health to appropriate treatment agencies in conjunction with the individual's own general practitioner and with the individual's consent.
- Appropriate time off work to attend such treatment as is recommended by Occupational Health.

- Recognition of any periods of treatment as periods of sickness absence, as with any other form of ill health.

- Appropriate modification to duties in consultation with Occupational Health during any period of treatment and for an agreed interval thereafter, subject to operational requirement and feasibility.

- Other appropriate support that may be recommended by Occupational Health or any other appropriate agency.

- Maintain a level of confidentiality determined between Occupational Health, senior management and the individual, except where there may be a significant risk of self-harm or harm to others.

- Where it is identified that stress is a contributory factor to the person's substance misuse, appropriate control measures to reduce stress in the work place.

- Completion of a Treatment Contract will be documented showing the obligations upon both the individual and the organisation in such circumstances.

- An employee who is found to be misusing substances other than those declared will be in breach of the treatment plan and will be referred to Occupational Health, HR and the Head of Professional Standards, as a failure to complete the treatment programme. This may be considered for action under misconduct proceedings, and/or unsatisfactory performance procedures.

15.4 Please refer to the 'Substance Misuse Treatment Contract' the 'Substance Misuse Action Plan' for further information.

16. **Risk Assessment of Roles:**

16.1 Where evidence of misuse of alcohol, drugs or substances is found, or a 'self-declaration' is made by an employee, the role that person fulfils in the organisation will be subject to a risk assessment. The assessment will include consultation with staff from Occupational Health, Senior Management representatives and Professional Standards. Consideration will be given to the potential risks to the employee, colleagues and the public by allowing them to remain in role whilst the treatment programme is undertaken. Restrictions or temporary redeployment may be necessary, for example to a non-driving role if appropriate, and any action will be taken in such a way as to respect the privacy of the person concerned whilst balancing the risk to the organisation.

17. **Disciplinary Action:**

17.1 In all cases:

- Failure of tests (evidence of substance misuse or excess alcohol); (fitness for duty / discreditable conduct)

- Refusal to undertake required tests; (orders and instructions)

- Failure of an agreed treatment contract (duties and responsibilities)

- Will be notified to the Professional Standards Department for consideration of further investigation and disciplinary proceedings as appropriate.

18. **Unexpected Recall to Duty:**

18.1 Employees should declare if they have been recalled to duty unexpectedly, and they suspect they may exceed either the lower alcohol limit; or where they may exceed the legal driving limit; or be otherwise unfit to perform the unexpected duty requirement.

18.2 The line manager (or in his or her absence, duty officer) will then decide whether to deploy taking into account all the circumstances, and whether adjustments would negate the risk - for example, not driving. Such a declaration should not result in the individual being penalised.

19. **Monitoring:**

19.1 The procedure will be reviewed and revised in line with any changes to Police Regulations and the Police Staff Council Code of Conduct.