



Policy Title	Alcohol and Substance Misuse Testing
CCMT Sponsor	Director of Resources
Department/Area	Human Resources
Section/Sector	Corporate Health and Support Services

1.0 Rationale

1.1 This policy addresses the responsibilities of Thames Valley Police to challenge substance misuse in the work place. Its provisions deal with the misuse of alcohol, prescribed and illegal substances that could damage the health and safety of users and their colleagues.

1.2 The Police (Amendment) Regulations 2005 which came into force on the 7th November 2005 provide the legislation to conduct Substance testing on police officers. Home Office Circular 45/2005 provides further advice. CCMT have determined that eventually this policy will apply to all staff, including volunteers, agency, contract staff and contractors working on TVP premises. However, until such time as the necessary amendments to police staff terms and conditions of service are made with Police Authority approval, the provisions of this policy will apply only to police officers.

2.0 Intention

2.1 The purpose of this policy is to ensure a workplace free from the risk of alcohol, drug or substance misuse or abuse and the underlying principle is prevention by providing support and treatment for staff with an alcohol or drugs problem.

2.2 As stated above, this Policy eventually will bring parity of treatment between Police officers, Special Constables, Police Community Support Officers and Police staff, thereby allowing Thames Valley Police to meet its responsibilities as an employer to protect its workforce.

2.3 Specifically Thames Valley Police aims to:

- Preserve and enhance the health, safety and welfare of all staff in matters relating to alcohol, drug or substance misuse or abuse.
- Provide advice, assistance and guidance to staff affected by alcohol, drug or substance misuse.
- Provide advice, assistance and guidance to supervisors and managers confronted by problems associated with alcohol, drug or substance misuse by colleagues.

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- Apply the policy equally to everyone in Thames Valley Police, regardless of ethnicity, faith, gender, disability, sexual orientation, rank or position.

2.4 Powers to deal with drugs, alcohol and substance misuse in certain circumstances already exist under the Road Traffic Act. If offences are disclosed then they should be dealt with under the existing legislation in the normal way.

2.5 This policy provides guidance on the specific issues of:

- Support for individuals with an alcohol, drugs or substance misuse problem who acknowledge their dependence and self declare their problem to the Occupational Health department and, who are prepared to undertake a treatment programme.
- Action to be taken in respect of those who have, or who are suspected of having an alcohol, drugs or substance misuse problem.
- Alcohol, drugs and substance testing and screening allowing the Force to protect itself and its officers.
- Addresses the responsibilities of Thames Valley Police to challenge alcohol, drugs and substance misuse in the workplace.

2.6 The Force wishes to emphasise the duty of care owed to its staff and to demonstrate a desire to enhance public confidence in the service provided. Alcohol and substance testing is also designed to help create and maintain a "Healthy Workforce" as part of the organisational health of the Force and to support the ethos of individual responsibility and accountability.

2.7. Alcohol, drug or substance misuse or abuse can lead to reduced efficiency, increased risk of accidents, increased sick leave and potential misconduct problems. This can have serious consequences for individuals and their families and is costly for the Thames Valley Police Service.

3. General Principles

3.1 The implementation of an alcohol, drugs and substance testing policy will help to ensure public confidence in policing and the integrity of staff. All staff are reminded that the acquisition and possession of illegal drugs or substances is a criminal offence.

3.2 Alcohol, drugs and substance misuse can lead to impairment of judgement. This is a particular concern with respect to safety critical roles, where the consequences of any accident that might arise from impaired judgement are particularly serious. It is recognised that alcohol, drugs and substance misuse is a health problem and that prevention is better than cure. However, an isolated incident can lead to serious consequences, including loss of life.

3.3 The Health and Safety at Work Act 1974 clearly states that both the employer and employee have a responsibility to ensure the safety and health of themselves and

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others who may be affected by their actions. It is a criminal offence to put others at risk by negligent acts or omissions.

- 3.4 Thames Valley Police is committed to the provision of a safe, and productive working environment and the policy provides a supportive framework for this to take place. The Force does not approve or condone the misuse of substances whether prescribed or illegal. It must be recognised that any individual who is involved with illegal substances may face criminal or disciplinary consequences.
- 3.5 Advice, education and training to prevent and to tackle alcohol, drugs and substance misuse is important. Increased employee awareness of the effects of substances and an understanding of likely symptoms of misuse will help to support prevention.
- 3.6 It is the intention of the Force to provide support and treatment to staff who self declare an alcohol, drugs or substance misuse problem. This programme will be provided on a once only basis. If staff identified as having a problem do not successfully complete the treatment programme provided they may be subject to misconduct and/or criminal proceedings.
- 3.7 Every case will always have a risk assessment carried out to minimise the risk for the safety and health of our staff and the public.

4.0 Challenges & Representations

Challenges to actions and decisions made in respect of individual cases under this policy should be made to the relevant BCU/OCU Commander or Head of Department. Challenges to the policy or representations for changes or amendment to the policy should be addressed to :

Head of Personnel
Thames Valley Police HQ
Oxford Road
Kidlington
Oxfordshire
OX5 2NX

5.0 Guidance, Procedures & Tactics

5.0.1 Recognising the problem

Identification of a problem can arise through any one of three principal methods

- Self declaration
- Specific role testing(recruitment, critical and vulnerable roles)
- Targeted with cause testing

Staff need to be aware that it is only self declaration that allows supportive treatment programme outside of any formal misconduct/disciplinary process.

5.1 Self Declaration initiated by staff member

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5.1.1 It is in the interest of any member of staff with alcohol, drug or substance misuse problems to declare this and seek support and treatment. Any individual doing so will be supported. Providing this self-declaration is made prior to any requirement for testing, then the individual will be supported through a treatment programme. Any self-declaration made after an individual is notified of the requirement to take a test cannot be used to invalidate any subsequent misconduct or criminal proceedings that may result from a positive test result.

5.1.2 The self declaration may be made directly to the Occupational Health Unit, or to a colleague, line manager or a member of the relevant HR department.

5.2 Self declaration as a result of concerns by colleague

5.2.1 If a member of staff has reason to suspect an officer may be suffering from an alcohol, drugs or substance misuse problem they should try to persuade the officer to seek specialist advice and the assistance of Occupational Health voluntarily. If the staff member will not seek help then the colleague should relay their concerns to their line manager or their HR department.

5.3 Self declaration as a result of Line Manager concerns

5.3.1 Line managers have a responsibility to take action to challenge individuals when there is concern about alcohol, drugs or substance misuse and take appropriate action. Where offences are suspected and the evidence justifies criminal or misconduct proceedings, these will follow the normal processes.

5.3.2 If an individual's work performance and/or conduct at work gives cause for concern and is believed to be related to possible alcohol, drugs or substance misuse, the line manager should arrange a private and confidential interview with the person concerned. The manager should explain the purpose of the interview, which is to allow the individual to discuss any reasons they might have for deterioration in their work performance or behaviour. They may choose to have a staff association representative or colleague present.

During the interview, examples of poor work performance or conduct problems giving rise to the concerns should be specified.

If the staff member admits to having an alcohol, drugs or substance misuse problem they must be advised of the help available to them and be referred to the Occupational Health Unit by way of management referral. A Treatment Contract must be completed and signed at this point. This will be considered as the commencement of a treatment programme

In respect of the safety critical posts defined above for drug testing, and in these areas only, there is a power to conduct tests with cause, if it appears that an officer is under the influence of alcohol. Officers working in these areas 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 side. If drugs or substance misuse is suspected

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and the staff member refuses to be referred, then a Targeted with cause test will be initiated by contacting the Head of Professional Standards immediately.

A written record will be made of this interview to include an action plan and/or a Treatment Contract and Management referral if applicable.

If a staff member reports for duty and is believed to be under the influence of alcohol they will be interviewed by their line manager who will assess their fitness for duty and take the appropriate action. This will assist to identify those staff that may need further referral.

It should always be open to a staff member to declare that they suspect they might have inadvertently exceeded the limit. Any such declaration should be made before they are notified of any requirement to take a test. 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.

All police officers are reminded that they are required to ensure that they are fit for duty in respect of any rostered duty.

5.3.3 Once self declared, a member of staff is required to co-operate with a treatment programme. Failure to co-operate with a programme or a subsequent relapse will be dealt with under misconduct regulations and/or unsatisfactory procedures. In some cases the seriousness of the behaviour may warrant immediate action and/or criminal investigation.

5.3.4 A Misuse Risk Assessment Group, MRAG, will be set up. The group will consist of Occupational Health, Head of PSD, HR manager for staff, Health and Safety member of the Federation/Unison and a member of SMT for officer. They will undertake all Risk assessments in relation to the staff member which will be fully documented

5.3.5 In all cases of self referral, positive test result or targeted with-cause testing, a meeting of the Misuse Risk Assessment Group will be convened and an immediate risk assessment will be conducted, taking into account the vulnerability of the individual and the role he/she can perform to minimise risk. The decision will be made on a case by case basis dependent upon the assessed risk.
The HR Manager has responsibility for managing this process .

5.4 REFERRAL TO OCCUPATIONAL HEALTH

5.4.1 Self Referral

Where the staff member self declares and self refers only to the Occupational Health Unit he/she will be seen by an Occupational Health Advisor who will carry out an initial assessment. If the staff member is in a critical or vulnerable post, the Occupational Health Advisor must give consideration to ensuring that the organisation is aware of an issue, whilst not breaching patient confidentiality

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5.4.2 Management referral

The Occupational Health Advisor will carry out an initial assessment. An MRAG will be set up to consider the next course of action and carry out full risk assessments. The MRAG will agree actions to be implemented by the HR Manager in respect of restrictions upon the staff member's role.

5.4.3 Any failure to comply with the process at this stage will be referred by the Occupational Health Unit to the HR manager. This will then be reported to the Head of Professional Standards, within 24 hours, as a failure to complete the treatment programme. This will be considered for action as misconduct proceeding.

5.4.4 Staff successfully taking part in a treatment programme must expect to provide samples for testing during the process. After successful completion of a treatment programme the employee will be tested on a random basis, quarterly for the next three years to ensure the programme has been successful.

5.4.5 An action plan should be commenced and agreed with the staff member, the format of which is as per the attached appendix. This will allow the staff progress to be closely monitored and supported.

5.5 TREATMENT PROGRAMME

5.5.1 Occupational Health will after receiving a signed Treatment contract carry out a full assessment of the needs of the staff member self declaring. Based on this assessment the staff member will be directed towards a treatment programme.

5.5.2 Occupational Health will receive regular reports direct from the treatment agency as agreed in the Treatment Contract.

5.5.3 If the staff member refuses to undergo a treatment programme or fails to successfully complete the recommended treatment, the HR manager will be advised and he/she will report the matter to the Head of Professional Standards within 24 hours. This will be considered for action as a code of conduct proceeding.

5.5.4 Officers will only be eligible for one course of treatment, either alcohol or substance misuse. If they have a dual substance and alcohol issue they will declare this in one go. There is an expectation that the process will be open, honest and fair on all sides.

5.6 GROUPS SUBJECT TO TESTING

5.6.1 Pre-employment Screening

All new candidates may be substance tested during the recruitment process. Refusal to participate in substance testing will mean that the Thames Valley Police will not consider the individual further. The responsibility for ensuring compliance with pre-employment screening rests with the Police Recruiting Department. A hair, saliva or urine sample will be used for testing.

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5.6.2 Student Officers

Student officers may be tested at any time during their probationary period. Whilst it may be known that there are periods in which testing is most likely to be carried out (for example, during a training course), precise test dates will not be notified in advance. A saliva/urine test will be used for testing.

5.6.3 Internal Appointment to Specific Posts

All internal and/or external staff for such posts will be subject to initial and annual alcohol, drugs and substance testing and any refusal will preclude them from these posts. The criteria for specific posts are laid down as below:

- **Safety Critical Roles**
- Firearms Officers currently authorised to use firearms or directly supervising such an officer, this will include Gold, Silver and bronze commanders.
- Staff authorised to handle, transport or inspect firearms or directly supervising such staff and the Force Armourer.
- Drivers authorised by the Chief Constable to use the Police exemption under the Road Traffic regulations Act 1984 and holding posts in which they may be called upon to use that exemption and driving instructors.
- Members or supervisors of Police Search Advisor (POLSA) Teams.
- Police Divers.

- **Vulnerable Posts**
- Any staff identified by the Chief Constable as being vulnerable because of a specific responsibility for dealing with Drugs. Detailed on the attached appendix 1

5.6.4 Targeted 'with cause' Testing

For "cause" to be established, the test of "reasonable suspicion" must be satisfied. It should be made clear to the individual that testing "for 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.

5.6.4.1 The Head of PSD will be responsible for approving all targeted 'with cause' tests. Samples will not routinely be collected without the officer's knowledge.

5.6.4.2 Any positive test will result in the setting up of an MRAG.

5.6.5 Frequency of Testing

5.6.5.1 Those staff to which this policy applies will be asked to provide a sample for testing at any reasonable time during their employment. Requests will not normally exceed one per annum unless there are specific causes for concern.

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5.6.6 Ensuring Compliance

Responsibility for ensuring compliance by all groups subject to testing will be that of Director of Human Resources.

5.7 TESTING AND TREATMENT

5.7.1 The Head of Corporate Health and Support Services will be responsible for:

- coordinating all testing arrangements,
- the management of a database which will maintain accurate records of staff tested whilst ensuring the anonymity of samples forwarded to external personnel for analysis

5.7.2 Drugs and Substance Testing will cover the illicit use of the following substances:

- **Amphetamines (including ecstasy)**
- **Cannabis**
- **Cocaine**
- **Opiates (e.g. morphine and heroin)**
- **Benzodiazepines**

5.8 Alcohol Testing

5.8.1 Thames Valley Police apply the industry-established principle that a person is unfit to work in a 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. Tests on staff carried out under this policy should be carried out in a custody suite as discreetly as is possible.

5.8.2 If a line manager smells alcohol on the breath of a staff member who is liable to alcohol testing, a breath alcohol test can be administered after a wait of 15 minutes.

5.8.3 The Occupational Health Unit have responsibility for managing and monitoring the treatment of staff who have self declared their alcohol, drugs or substance misuse problem and work with MRAG to identify the appropriate duties through continuous risk assessment. If a staff member fails to comply with medical advice then the unit will refer the circumstances to the HR manager who will inform the Professional Standards Department, within 24 hours for preparation of misconduct reports.

5.9 REFUSAL TO PROVIDE SAMPLE

Whenever an individual refuses to provide a sample in accordance with this policy or in the course of testing procedure, a referral of the circumstance will be immediately made to the Head of Professional Standards Department via the HR manager for appropriate action. The actions taken for refusal to take a test will be the same as actions taken for failing a test. The liability for officers to take a test is established in Police Regulations and a refusal to take a test when required to do so will be considered as failure to obey a lawful order.

5.10 RESULTS OF SAMPLE TESTS AND RISK ASSESSMENT

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- 5.10.1 Negative results will always be communicated to the staff member and his manager as soon as possible.
- 5.10.2 When the results show positive evidence of suspected substance misuse they will be subject to a Medical review by an independent expert who will take into account any substance or supplements disclosed by the staff member providing the sample.
- 5.10.3 Whenever a positive result identifies potential alcohol, drugs or substance misuse, the case will be referred, within 24 hours to the MRAG for risk assessment and further action. The information and a copy of case papers and risk assessments will be retained on the staff member's personal file and be subject to the usual disposal guidelines.
- 5.10.4 Support and treatments will be made available through the force and there is an expectation that staff on the programme will co-operate, staff who fail to co-operate with risk assessments and treatment programmes will be liable under misconduct procedures
- 5.10.5 Whilst undergoing any treatment program no staff member will be eligible for promotion. A transfer will only occur as required by the risk assessment.

5.11 CONFIDENTIALITY

- 5.11.1 The principles of confidentiality will be maintained within the spirit of the aims of the policy. Details of medical conditions and specialist/medical treatments will always remain confidential but the need to conduct risk assessments and monitor treatment mean that MRAG will need to exchange managerial information to ensure consistency. The authority for this will be gained by way of the Treatment Contract signed by the staff member at the start of any referrals.
- 5.12.2 There are some circumstances in which the interests of the proper administration of justice may over-ride an absolute confidentiality. These circumstances are highlighted in the new Disclosure Manual. It places a personal responsibility on all officers 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 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.
- 5.11.3 The personal responsibility within the Disclosure Manual will be drawn to the staff member's attention as part of the Treatment Contract at the time of self declaration. 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 staff member.

6.0 Communication

6.1 Links to Police National Legal Database/Other

There will be a link from the Policy and Procedures Intranet site to the Occupational Health, Human Resources and Professional Standards Intranet site. Links will be made to the existing Home Office policies and guidance relating to Substance testing.

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6.2 Communications Strategy

This policy is available on the force intranet site, under the Policy Management Unit, Occupational Health, Human Resources and the Professional standards Department Intranet sites. An e-mail address for questions and feedback will be made available. A communications video will be available and features will be provided in a number of internal new letters. Training inputs will be provided by the Professional Standards department and a pamphlet explaining the policy will be issued.

7.0 Compliance and Certification

7.1 Human Rights Audit

(i) Legal Basis

The Police (Amendment) Regulations 2005 which came into force on the 7th November 2005

(ii) Human Rights Articles Engaged

It is acknowledged that this policy has the potential to engage the following Articles:-

* Article 8 - "Right to respect for private and family life, home and correspondence"

In the event that an Article 8 is engaged, then the legitimacy for the engagement is provided within the text of the Article:-

Article 8 - There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

(iii) Prohibition of Discrimination

By engaging Article 8 there is a potential to engage Article 14. The enjoyment of the Rights and Freedoms set forth in the European Convention of Human Rights shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

7.2 Diversity Impact Assessment

This policy has been assessed as having a LOW impact on diversity issues.

7.3 Data Protection

Personal data and information obtained in connection with this policy will be processed in accordance with the Data Protection Act 2000. It will be kept for seven years, in accordance with the Thames Valley Police destruction policy.

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7.4 Freedom of Information Act

This policy will be made available to the general public.

7.5 Protective Markings

This document has been assessed for its correct level of protective marking, and is not protectively marked.

7.6 Health & Safety at Work

This policy has been assessed for compliance with all applicable Health and Safety legislation.

8.0 Monitoring and Review

8.1 Links to Best Value/ PPAF/ Force Priorities

This policy impacts upon the delivery of policing services by the management of resources and correspondingly the trust of the general public. Therefore, it has the potential to impact significantly on the efficiency and effectiveness of service delivery.

8.2 Review Process

This policy document will be reviewed every two years by the Head of Personnel. The review will take account of the following criteria:-

- Changes in legislation
- Court rulings – Domestic, European and Human Rights
- Examples of good practice from other Forces or other organisations
- Changes in Home Office Circulars
- Developments with ACPO Policy Unit
- Representations made by individuals and relevant organisations
- Relevant Equality data