

DURHAM CONSTABULARY



Altogether Better Policing

Substance and Alcohol Misuse Policy

Application	Police Officers, Police Staff, Special Constables and Apprentices
Policy Owner	Human Resources
Version	6
Date of PUG approval	20.10.14
Last Review Date	02.02.18
Next Review Date	02.02.21
Protective Marking	Official
Publication Scheme Y/N	Yes
Durham Constabulary Freedom of Information Act Publication Scheme	



1.0 SUBSTANCE AND ALCOHOL MISUSE POLICY

PURPOSE AND SCOPE

- 1.1 The purpose of this policy is to advise individuals on the harm alcohol and substance misuse can cause and to outline the help available to those who may have an alcohol or substance related problem in a sympathetic, fair and consistent manner.
- 1.2 In addition to the above Durham Constabulary is committed to maintaining public confidence in the police service whilst upholding the duty of care under Health and Safety Legislation. The Force will also seek to minimise the opportunity for substance misusers to enter the police service.
- 1.3 The Force is committed to protecting the integrity of individuals in those roles where they are more susceptible to attempts to corrupt them or which render them vulnerable to malicious allegations.
- 1.4 Police Officers, Special Constables and Staff who compromise their duty to the public, their colleagues and the organisation through substance misuse will be subject to internal misconduct procedures.

2.0 THE LEGAL BASIS

- 2.1 The Legal basis in which the policy is to operate can be found in:
 - The Police (Conduct) Regulations 2012
 - The Police (Performance) Regulations 2012
 - The Police (Amendment No 2) Regulations 2012
 - Home Office Circular 11/2012
 - The European Convention on Human Rights (ECHR) given legal effect by virtue of The Human Rights Act 1998
 - The Health and Safety at Work Act
 - Police Act 1996 and Police Regulations
- 2.2 Throughout the operation of this policy Durham Constabulary will seek to take the least intrusive action which fits within the working policy criteria and will act fairly and proportionally to achieve the proposed purpose
- 2.3 Durham Constabulary will operate within the policing principles as defined by the College of Policing Code of Ethics and in support of this our policies will seek to promote Accountability, Fairness, Honesty, Integrity, Leadership, Objectivity, Openness, Respect and Selflessness.

- 2.4 The Force recognises the contribution of its entire staff and is committed to creating a fully inclusive working environment. This will be achieved by making reasonable adjustments where appropriate, valuing the differences that a diverse workforce can bring and challenging unlawful and unfair discrimination, bullying, harassment, victimisation and other unfair treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, ethnicity, religion or belief, gender and sexual orientation.

3.0 POLICY STATEMENT

Durham Constabulary is firmly committed to ensuring:-

- 3.1 That the health and well-being of individuals is given a high priority and the provision of a working environment, which is as far as practicable, safe and without risk to the health of staff.
- 3.2 That all staff carry out their duties in a manner without risk to themselves, the well-being of colleagues or members of the public.
- 3.3 Durham Constabulary acknowledges that it is legally accountable and subject to public scrutiny in respect of the delivery of policing services. In order to ensure that the public served by Durham Constabulary feel reassured and have confidence in our staff, we must maintain an ethical, corruption-resistant organisation to ensure that standards are maintained and that unethical or illegal conduct is addressed. The testing of police officers, special constables and staff for substance misuse supports this aim.

4.0 SUBSTANCE MISUSE

- i) Home Office Circular 11/2012 provides guidance on testing police/specials recruits and Police Officers/special constables for substance misuse. The testing policy is targeted and focused on areas of particular risk. The Police (Amendment No 2) Regulations 2012 provide a clear legal framework for the operation of the policy.
- ii) The regulations give Chief Officers the power to test Officers both routinely and 'with cause' for substance misuse including alcohol. Tests may be conducted without prior notification. The **types of testing** to be carried out within force are:-
- Pre-employment testing (Police, Specials and PCSO's)
 - Random Testing (Police, Specials and all police staff including apprentices)
 - Intelligence Led Testing (all)
 - Voluntary Testing (all)
 - Self Referral (all)

5.0 Substances

Testing covers the illicit use of the following substances:

- Amphetamines (including ecstasy)
- Cannabis
- Cocaine
- Opiates (e.g. morphine and heroin)
- Benzodiazepines
- One additional drug or drug group (for “with cause” testing only, where the reason for the test is based on intelligence and the individual has been informed of the drug(s) or drug group(s) for which he or she is being tested)
- Alcohol (see Section 6)

5.0.1 There may be legitimate reasons for a drug being present in a specimen. For example, the presence of morphine may indicate heroin abuse, or the use of a legitimate medicine (e.g. a painkiller or an anti-diarrhea preparation). Officers, special constables and staff required to take a test should declare all medications they are taking. The content of such declarations is confidential to HMU and to the medical officer reviewing the result of a test. Information about medication may, with the consent of the donor, be given to the external collecting officer who will treat the information in strict confidence. The donor may choose to withhold this information altogether or may choose to place a record of the medication in a sealed envelope which is only to be opened by HMU staff in the event of a medical review.

5.0.2 Confidentiality

- i) The principles of confidentiality will be maintained throughout the testing programme. All documents will be marked OFFICIAL in line with Government Security Classifications and handled accordingly.
- ii) All details of medication which is prescribed to the officer and disclosed during the testing programme which are not relevant to the process will remain confidential.

5.1 TYPES OF TESTING

5.1.1 Pre-employment Testing - Police Officers, Specials and PCSO's

- i) All candidates who seek appointment as a constable, special constable or PCSO with Durham Constabulary will be required to provide a hair sample for testing under this policy. In the event of the applicant suffering with a medically proven condition preventing a hair sample being given

OFFICIAL

then a urine sample may be substituted. Any candidate who refuses to provide a sample will not be considered for appointment. In the case of transferees, the facts will be shared with the Force from which the individual is intending to leave.

- ii) The test will be conducted as part of the medical examination process by the OH Nurse. The contractor will provide testing kits to fulfil their obligations in this respect. All samples will be examined in accordance with the relevant criterion established in section 5.6)
- iii) The candidate will be required to provide informed consent to the testing process, which will include consideration of disclosure to other organisations who are entitled to request pre-employment information as part of a Disclosure and Barring Service check, including other police forces.
- iv) The contractor will inform the SMLO in respect of the results of testing. The SMLO will ensure that the information is fed into HMU who report back into the recruiting process. The results will form part of the overall medical and fitness assessment of the candidate.
- v) Candidates who test positive will not be offered a position with Durham Constabulary and will be informed accordingly. Candidates who test positive should be advised not to apply to Durham Constabulary within the next 12 months.
- vi) The information regarding the positive test will be treated as medical information and managed accordingly. Careful consideration will be given by the Head of HR prior to any disclosure to third parties

5.1.2 Routine Random Testing:-

- i) All Officers, special constables and Police Staff regardless of role including Special Constables and Apprentices will be subject to random testing for drugs.
- ii) The requirement is to provide a urine sample for testing.
- iii) The contractor and SMLO will employ a random selection process managed using an appropriate database.
- iv) The SMLO will liaise with the contractor to co-ordinate the unannounced visits to fulfil the testing programme.
- v) Facilities for testing are pre-determined and agreed at local level before commencement of the programme.
- vi) The requirement is a secured toilet area separate to any custody facilities.

OFFICIAL

- vii) The random nature of the testing programme may result in officers/specials/staff being tested more than once a year. If an officer/specials/staff member has tested negative twice in one calendar year the SMLO should ensure no further request is made that year.
- viii) Testing can be conducted at any time during the individual's tour of duty.
- viii) The SMLO will liaise with a supervisor in the Command or Department (as a minimum Inspector or Support Manager) to ensure the required individual(s) are available to provide samples.
- ix) The SMLO will facilitate the testing programme addressing appropriately any issues which may arise.
- x) The procedure outlined under Notification of Test Results identifies the completion of the process once the results have been tested under laboratory conditions.

5.1.3 Intelligence Led Testing

- i) Intelligence relating to officers/specials/staff abusing drugs will be investigated by PSLS. All intelligence will be handled and evaluated in accordance with the principles of the National Intelligence Model.
- ii) Upon evaluation, the Head of PSLS will decide on the most appropriate means of progressing the matter, including the initiation of an investigation (overt or covert).
- iii) In such circumstances, the test result will relate to misconduct proceedings and may also be relied upon in any subsequent criminal proceedings, depending upon the progress of the investigation i.e. where an arrest on suspicion of a criminal offence may ensue.
- iv) That investigation will, where appropriate, require the named Officer(s), Specials and staff to provide a sample of urine for testing.
- v) A member of a police force who is off duty shall not be recalled to duty for the purposes of testing for drugs or alcohol.
- vi) The officer(s), specials and staff will be informed, prior to the requirement to provide a sample for drug testing, that the process is undertaken in accordance with the intelligence-led aspect of this Policy.
- vii) The SMLO will be updated by the Strategic Resource Manager upon completion of this process but will not be required to be present.
- viii) The process will reflect that outlined in paragraph 5.1.2, a urine sample will be required and collected using the contractor located at a suitable venue.

OFFICIAL

- viii) The process will follow that outlined in the section entitled Refusal to Provide Sample in terms of refusals.

5.1.4 Voluntary Testing

- i) Durham Constabulary will encourage any Police Officer/special constable who wishes to declare they are free from substance misuse in respect of drugs. These officers will be entitled to submit their details through line managers by way of report to the Head of HR. They will be included in the random testing programme.
- ii) This aspect is entirely voluntary should individuals wish to demonstrate their integrity and freedom from substance misuse.
- iii) Whether individuals have chosen to participate will not be subject to questioning in selection interviews, either for promotion or for the majority of specialist posts.

5.1.5 Self-referral

- i) Those police officers/special constable/police staff members who wish to seek help for substance misuse may be tested on initial referral and throughout an agreed rehabilitation programme. All members of the organisation who have an alcohol or drugs problem have a personal responsibility to acknowledge their problem and seek assistance from their own GP and/or support and guidance from HMU.
- ii) Durham Constabulary encourages individuals who seek assistance with substance misuse problems outside the organisation to self-refer in the first instance to the HMU. This will enable line managers to undertake an appropriate risk assessment in respect of their duties. This may include removing them from duty or removing them from public contact during that tour of duty.
- iii) There is a recognition that disclosure by health professionals concerning an individual's medical circumstances can only be given where:
 - There is fully informed consent by the individual which is freely given;
 - If disclosure is clearly in the patient's interest but it is not possible or is undesirable to seek consent
 - If it is required by law
 - If it is unequivocally in the public interest
 - If it is necessary to safeguard national security or to prevent a serious crime
 - If it will prevent a serious risk to public health
 - In certain circumstances for the purpose of medical research
- iv) Any individual who self-refers within Durham Constabulary to the HMU must provide consent for their details to be disclosed. This will enable

OFFICIAL

effective evaluation and risk management based on the salient facts. The Chief Constable, in order to discharge his duty under Health and Safety legislation, must, so far as is reasonably practicable, address issues which may adversely affect public safety.

- v) Disclosure implications under the Criminal Procedure and Investigation Act 1996 must be considered.
- vi) A positive finding or self-referral under this Policy will trigger consideration of a disclosure to the Crown Prosecution Service. The decision ultimately rests with the Head of PSLS. In order to comply with the relevant legislation and assist this decision making process, PSLS should liaise with HMU to discuss relevant issues.
- vii) Self-referral cannot be used to avoid the consequences of a positive test. Any referrals must therefore be made prior to any requirement to provide a sample for testing.
- viii) Self-referral after a requirement to provide a sample is made will not be allowed to frustrate any subsequent misconduct proceedings that may result from a positive test.

5.2 Rehabilitation Programme

- i) Fitness to work whilst undergoing rehabilitation will be determined via a Case Conference (see paragraph 5.7)

5.3 Rehabilitation Completed

- i) The FMA will advise on the fitness to return to work when a member of staff is due to resume after any period of absence in relation to substance misuse. In addition to the normal absence management procedures all reasonable opportunities must be taken by the appropriate Head of Command/Department to gather information to support a comprehensive risk assessment.
- ii) In order for the FMA to give appropriate advice, consent will be required from the officer so that appropriate reports can be obtained from the GP or any external agencies involved in any treatment / rehabilitation programme.
- iii) Upon completion of that process, a report will be submitted by the relevant Head of Command/Department which will include the considerations of HMU together with any other relevant information (e.g., update on any action plan). The report will be forwarded to the Head of HR with recommendations based upon the information which has been collated.
- iv) The report should consider:

OFFICIAL

- A review of the current risk assessment;
 - Whether a full recovery and return to full operational duties can be agreed;
 - Whether a recovery has been made and identify suitable duties to be performed;
 - Whether a recovery and continued action plan with a review date should be agreed; or
 - Whether a case conference, chaired by the Head of HR is necessary in order to reach a determination.
 - The persons concerned in any such case conference will be as outlined under previous sections.
- v) The outcome of the deliberations will be notified to the individual in writing by the Head of HR and a copy maintained on the individual's personal file and HMU File.

5.4 **Drugs – Testing Structure**

- i) Durham Constabulary will employ an external service provider, the “contractor”, to administer the testing programme (not applicable to pre-employment testing).
- ii) The contractor will liaise with the Substance Misuse Liaison Officer (SMLO) to facilitate the testing process with the exception of intelligence led testing which will be facilitated by the Strategic Resource Manager, in conjunction with PSLS.
- iii) The contractor is accredited to nationally agreed laboratory standards (UKAS or BSI), and provide trained staff to operate the programme. The integrity of the collection process and the continuity or “chain of custody” of the sample is vital and will be maintained by the selection of an appropriate contractor. For pre-employment testing the OH nurse will be responsible for taking the hair samples and forwarding to the contractor.
- iv) The SMLO, or their designated deputy, will be present at the testing site and available during testing to act as the conduit to ensure the process is managed effectively and efficiently. The testing of urine will not be undertaken with HMU.
- v) Durham Constabulary will test serving Officers/specials/Police Staff using urine sampling, which is considered by the Regional forces to be the most effective method permitted by the regulations.
- vi) To engender trust and confidence and to avoid the possibility of any form of discrimination in the testing programme, a random selection process will operate.

OFFICIAL

- vii) The process to undertake the unannounced testing programme is set out in paragraph 5.18

5.5 Notification of Test Results

- i) All samples will be tested under laboratory conditions. No local screening process will be undertaken.
- ii) Split samples will enable an independent test to take place should the result of the first test be challenged.
- iii) Once the results of tests are received from the contractor they will be forwarded to the officers concerned and their immediate supervisors by the Substance Misuse Liaison Officer (SMLO) via secure e-mail (marked 'confidential'). In the event of a failed result, the SMLO will notify the Head of Command/Department via a telephone call to ensure appropriate timely action is taken in accordance with this procedure.
- iv) Following a conversation with the medical review officer, a failed result will be notified to the officer in the presence of a representative from PSLS Dept, and the Head of Command/Department. (Details of which will be maintained on file within PSLS dept.) The Head of Command/Department will then make an immediate determination in anticipation of the full risk assessment and case conference process outlined above.

5.6 Positive Results

- i) A 'fail' result is defined as:
 - A measure of the presence of a 'specified' drug to which an individual can never have a lawful excuse; or
 - A measure of the presence of a drug identified in the Policy which exceeds the therapeutic dose.
- ii) Substance testing only provides information concerning the concentration of a particular substance at a given time and will not provide any information as to impairment or dependency.
- iii) All positive results will be referred to the Head of PSLS. Their first duty is to consider any immediate actions required to preserve evidence and protect the organisation. It is also their responsibility to consider:
 - The report of the Medical Review Officer (MRO) including the interpretation of the results;
 - Whether any additional medical interpretation is required including whether the individual should be given the opportunity to clarify any medication they may be prescribed;

OFFICIAL

- The need to convene and chair a case conference to consider the risk assessment process, as highlighted previously;
 - Ensure appropriate support is provided;
 - The risk assessment and appropriate control measures, including redeployment within the Command or Department;
 - Set the framework for an action plan to be prepared by the Chair (if required) for the individual concerned;
 - Agree the terms of reference for any investigation which will report in accordance with current practice;
 - Any disclosure obligations; and
 - The formal notification to the individual of the outcome of the case conference.
- iv) The Head of PSLS will chair the case conference and will notify the individual in writing regarding the outcome of their deliberations within 7 working days.

5.7 Case Conference – Drugs

- i) It is the responsibility of the Head of Command/Department upon receipt of the notification report to satisfy themselves that appropriate action has been taken in context of the risk assessment process.
- ii) The case conference should take place as soon as practicable (and, in any event, within 7 working days) involving the Head of Command/Department (Chair), Head of HR, FMA/HMU (or both) and the Head of Professional Standards & Legal Services (PSLS), or their representatives.
- iii) It is not the purpose of the case conference to discuss the medical sensitivities involving the individual. The case conference will consider:
- The welfare of the Officer /special constable/ Police Staff concerned
 - The risk assessment, including the ethical, physical, operational and psychological risks;
 - Redeployment issues based upon the risk assessment;
 - The officers / police staff members' previous history, service and misconduct record; and
 - Any disclosure obligations, as advised by the Head of PSLS.

The outcome of the case conference should be to:

- Reach agreement upon the risk assessment and appropriate control measures, including redeployment within the Command/Department;
- Ensure appropriate support is provided;
- Set the framework for an action plan to be prepared by the Chair (if required) for the individual concerned;
- Enable the Head of PSLS to assess the requirement to disclose and identify how that process will be undertaken;

OFFICIAL

- Document the decision regarding the disclosure obligations outlined above;
 - Identify the requirement, instigate and agree the terms of reference for any investigation which will report in accordance with current practice; and
 - Consider the written response to notify the individual of the outcome of the case conference.
- iv) The Head of HR will decide whether any change of Command or Department is necessary, after receiving recommendations from the Chair of the case conference.
- v) Decisions in respect of any criminal or misconduct matters will be subject to consideration in accordance with current practice.

5.8 The chair of the case conference will notify the individual, and their line manager, in regarding the outcome of their deliberations within 7 working days.

5.9 Failure to Attend

- i) There are only two exceptions to the duty to attend and supply a sample:

(a) Major Operational Incident

The Officer's/Police Staff member's Head of Command/Department will confirm verbally, supported later in writing, the operational necessity that prevents the officer/police staff from complying.

(b) Court Appearance

The individual's line manager will provide verbal confirmation, supported in writing, to the SMLO that the officer/special constable is required as a witness. The format should be as follows:

- Name and rank of the officer/police staff member;
 - Defendant details;
 - Name of the court; and
 - The role the officer/police staff member has in the case (e.g., witness, OIC, disclosure, exhibits).
- ii) The SMLO will ensure that any officer/police staff member unable to attend for any of the reasons above is recalled as part of a subsequent testing process. A list of non-attendees is maintained by the SMLO should intelligence be forthcoming.

5.10 Refusal to Provide Sample

- i) The Head of PSLS will be informed of any refusal or positive result from such a test who will then consider any criminal or misconduct issues.

5.11 Random Breath Samples

- i) All Officers, special constables and staff are to provide a breath sample for testing as part of the random drug and alcohol testing programme.
- ii) The Police (Amendment No 2) Regulations 2012 state that there is a presumption that **an officer/special constable** is unfit to work in a safety critical area if they have more than 13 microgrammes in 100 millilitres of breath. This compares to 35 microgrammes in 100 millilitres of breath for the road traffic excess alcohol legislation. In regard to police staff, the 13 microgrammes limit does not apply as this is documented within police regulations and applies to officers only. However, if as a result of a random test, it becomes apparent that a member of staff has alcohol in their system whilst on duty, the expectation is that their supervisor/line manager will assess their fitness for continued duty. For further guidance see section 6 – Alcohol Misuse.
- iii) The breath test will consist of two consecutive breath specimens from the officer/special constable and Police Staff member with the final result being declared as the lower of the two results.
- iv) Where an Officer provides a positive test exceeding 13 microgrammes, the line manager must assess the risk and take appropriate action. This may include removing them from duty. There is a presumption that the Officer will be removed from public contact during that tour of duty.
- v) It is the line manager's responsibility to record this action and establish what support and welfare considerations are necessary. The situation will require careful monitoring to ensure no behavioural pattern is evident.
- vi) It is not anticipated that single positive tests will necessarily result in misconduct procedures. All positive tests should be fully documented and forwarded via the Head of Command/Department to the Head of PSLS to enable a corporate approach and appropriate action.
- vii) This will include:
 - Recording for statistical purposes
 - Return to Command/Department for appropriate management action, support and monitoring.
 - Initiation of Service Confidence Procedure;
 - Initiation of Misconduct Procedures;

OFFICIAL

- Consideration of any disclosure obligations and how they will be addressed.

ROLES AND RESPONSIBILITIES

5.12 Individuals

- i) Section 7 of the Health and Safety at Work Act 1974 establishes the duty of all staff to take reasonable care of the health and safety of themselves and any other person who may be affected by their acts or omissions at work.

5.13 Colleagues

- i) Where a member of staff believes that a colleague is suffering from an alcohol or drug misuse problem they should discuss the matter in confidence with the line manager who has responsibility for the individual concerned.
- ii) Circumstances may arise in which actively providing assistance in hiding a colleague's alcohol or drug impairment, or of the failure to act in such circumstances, will lead to possible disciplinary action.

5.14 Line Managers

- i) Where a member of staff admits to a substance misuse problem they must be supported and advised about the services of HMU (see paragraph 5.25).
- ii) It is the responsibility of the line manager to whom the matter is reported to arrange an appointment with the FMA and make appropriate links with HMU as soon as possible, and no later than 48 hours after the matter has been notified to them. For the purposes of this policy, this will be deemed to be a self-referral. If the self-referral has been made to someone other than the individual's current line manager, they must be notified by the person receiving the initial disclosure so that supervisory decisions can be made as soon as practicable. An immediate risk assessment of the role undertaken by the member of staff subject of the self-referral must be completed by the relevant line manager, and appropriate action must be taken to remove or reduce any risks identified.
- iii) Managers have a duty to take effective, timely and positive action to deal with any members of staff who may suffer from alcohol dependency or appear unfit for duty through alcohol.

OFFICIAL

- iv) The Head of Command/Department will review the initial risk assessment and resulting action taken by the line manager and confirm or modify those arrangements as soon as practicable.
- v) Managers have a responsibility to support this Policy by ensuring those staff required to attend comply with such.

5.15 Substance Misuse Liaison Officer (SMLO)

- i) The role of the SMLO is vital, they are responsible for co-ordinating the process with the contractor and establish the arrangements for the testing process.
- ii) It is part of the SMLO's role to establish that officers/special constables suitable for testing are not on annual leave or rest days, via the use of the DMS Discoverer Reporting system.

5.16 Medical Review Officer

- i) The Medical Review Officer (MRO) employed by the contractor will consider the test results and any disclosure made prior to the test by the individual subject of the process.
- ii) The report will inform the Head of PSLs of salient issues to be discussed during the case conference.

5.17 The Role of the Health Management Unit (HMU)

- i) The role of the Welfare team is general welfare and support and appropriate signposting to other agencies. The Occupational Health Team will provide advice/support to the individual and the organisation re fitness for work and any reasonable adjustments to enable the officer to continue to work within the organisation.
- ii) Balancing the medical confidentiality of an individual against the needs of the organisation to undertake relevant risk assessments and meet the disclosure obligations to the Crown Prosecution Service is a difficult and complex issue.
- iii) Any individual who seeks to take advantage of the support provided by the HMU in relation to substance misuse, must provide fully informed consent, allowing their details in relation to this issue to be shared with PSLs, and appropriate Head of Command/Department
- iv) Following notification of a referral from an individual, colleague or line manager, the HMU will immediately arrange a consultation with the individual to identify the welfare and practical support required. The

OFFICIAL

making of the appointment, where practicable, will be undertaken within 48 hours of the receipt of the referral. The appointment must be within seven days.

- v) Officers who are referred, by whatever process, in relation to drug misuse will be eligible for intelligence-led testing (“with cause”)
- vi) Durham Constabulary considers that staff who seek support from the HMU have a duty to maintain whatever treatment programme is agreed. Where an individual, who has given full and informed consent, fails to comply with a treatment programme or does not display progress during subsequent testing in respect of drugs, a case conference must be convened to discuss the issues.
- vii) The conference will be chaired by the Head of PSLS and will involve the Head Of HR, the relevant Head of Command/Department and the FMA(Drugs) /OH Nurse (Alcohol)/ Welfare. The facts will be reviewed and a decision taken on the most appropriate course of action, as outlined previously.
- viii) In the case of alcohol misuse, dependent upon the circumstances in which it came to light, the relevant Head of Command/Department will reach a managerial decision and in doing so they may seek advice from HR, the HMU or PSLS.
- ix) Should the circumstances reflect the need to do so, the Head of Command/Department will notify the Head of PSLS to ensure appropriate action is taken. This will ensure a corporate approach is adopted, as follows:
 - Recording for statistical purposes
 - Return to Command/Department for appropriate management action, support and monitoring;
 - Initiation of Service Confidence Procedure;
 - Initiation of Misconduct Procedures in accordance with current practices;
 - Consideration of any disclosure obligations and how they will be addressed.

6.0 ALCOHOL MISUSE

Alcohol Testing

- i) Durham Constabulary acknowledges that alcohol misuse can impair judgement and may render a person unfit for duty. It is considered separately due to the fact that alcohol as a substance is not illegal.
- ii) Any member of staff who declares alcohol problems, via the usual referral process, should be supported and referred to HMU.
- i) Anyone who misuses alcohol is at risk of harm. Durham Constabulary does not approve of the excessive or inappropriate use of alcohol. However, the Force will offer help to those who may have an alcohol related problem in a sympathetic, fair and consistent manner.
- ii) The longer a person's alcohol problem is allowed to develop, the greater the risk of:-
 - Damage to an individual's health, psychological stability, and quality of life with an impairment of an individual's ability to carry out their duties effectively and safely.
 - Jeopardy to the safety of other Force staff and members of the public.
 - Impairment of the ability of the Force to fulfil its operational commitments.
 - Individuals becoming involved in Misconduct, Disciplinary or Criminal Proceedings which may result in severe consequences to the individual concerned.
- iii) It is therefore important that we identify at an early stage those members of staff who are beginning to be affected by excessive or inappropriate alcohol consumption and encourage them to seek counselling or treatment. In this way we will create an environment which encourages misusers of alcohol to admit having a problem and to seek treatment, thus taking responsibility for their own health.
- iv) Where problems with conduct or work performance are created by consumption of alcohol, where there is no evidence of a recurrent problem this policy will not prevent disciplinary procedures from being followed. Serious breaches of discipline or criminal offences will not prevent disciplinary procedures being following for those individuals with an acknowledged recurrent problem. Nothing in this policy will prevent the exercise of statutory duties in relation to the Road Traffic Act 1988.

- v) **If a supervisor smells intoxicants on the breath of an individual who has not committed offences under the Road Traffic Legislation they are liable to testing. A breath alcohol test can be administered after a wait of 15 minutes. This is because at the time the suspicion is aroused, a proportion of the alcohol consumed may still be in the individual's stomach. Alcohol must be absorbed into the body to register in a breath alcohol test.**
- vi) **Where testing is carried out, it should be conducted using breath-testing equipment capable of making measurements at the 13 micrograms% level.**
- vii) **Officers, special constables and staff should never be tested on apparatus held in a custody suite. Testing should be arranged by contacting the duty on call PSLS inspector.**
- viii) **Each 'breath test' should consist of two consecutive breath specimen tests from the individual, with the final result being declared as the lower of the two.**

6.1. Principles

- i) This policy applies to all Police Officers, members of Police Staff, including student placements, temporary staff, trainees and members of the Special Constabulary.
- ii) It is recognised that alcohol misuse needs to be considered primarily as a health problem and that prevention is better than cure. However, an isolated incident can lead to serious consequences.
- iii) Provision of advice, appropriate education and training to prevent problem drinking is paramount. Increased awareness of the effects of alcohol and an understanding of likely symptoms of abuse will support prevention.
- iv) Promotion of a healthy, safe working environment for all staff.
- v) Reduction of alcohol misuse to maximise staff attendance and effectiveness.
- vi) Encouragement of the individual to face their problem, and remove any fear they have of acknowledging the problem.
- vii) Provision of appropriate support for staff who suffer from such problems.
- viii) Restoration of the individual to full working capacity.
- x) Implementation and maintenance of appropriate monitoring procedures to determine the effectiveness of the policy.

6.2 Definitions

- i) 'Alcohol Misuse' is the excessive consumption of alcohol leading to impaired performance.
- ii) 'Impaired Performance' poor work performance, high levels of sickness, absence from work.

6.3 Responsibilities

6.3.1 Individual

- i) When reporting for work, you have a duty to ensure that your performance is not impaired as a consequence of the use of alcohol.
- ii) You have responsibilities towards yourself and your colleagues under Section 7 of the Health and Safety at Work Act 1974. This Act makes it the duty of every member of staff to take reasonable care of the health and safety of themselves and any other person who may be affected by their acts or omissions at work.
- iii) If you have an alcohol problem the Force will help you overcome it. We will assist you to:-
 - Recognise you have a problem and
 - Accept help and advice
- iv) Your condition will be regarded as a medical one, and if necessary sick leave will be provided so you can get treatment. The matter will be dealt with as confidentially as possible.
- v) If you believe a colleague had an alcohol misuse problem you should encourage that individual to seek help and you should discuss it with your Supervisor or Manager or by means of confidential report policy. Covering up for a person who has such a problem will not help and may lead to more serious problems later.
- vi) If you are suffering from alcohol misuse, for your own benefit we expect you to:-
 - Accept responsibility for your condition;
 - Respond to advice and co-operate in treatment;
 - Restore your work performance to a satisfactory level.
- vii) Recourse to disciplinary action will normally be considered when help, guidance and treatment has been rejected, the problems remain unresolved and unacceptable behaviour or lack of efficiency warrant

OFFICIAL

such proceedings. In some cases the seriousness of the behaviour may warrant immediate disciplinary action.

- viii) Supervisors/Managers should consider proportionality and fairness at all times when clarifying the boundaries of offering support and taking disciplinary action.

6.3.2 Supervisors and Managers

- i) Supervisors and Managers have a general responsibility for ensuring the well-being of their staff. They should be aware of the signs that an individual may have an alcohol problem (see Appendix A). If you consider a member of staff has an alcohol related problem that affects their work performance, you should point this out sympathetically as early as possible. (See Appendix B).
- ii) When a person admits having an alcohol related problem you should tell the individual about the help that is available and encourage the use of it. At this stage you should tell the person that if such help is not taken up and there is no immediate return to satisfactory work performance, disciplinary action will be considered. Should an individual who has responded to help and returned to a satisfactory level of conduct and work performance relapse, then a further opportunity to receive help will be offered. Each case will be considered on its merits and written record of reasons/actions/decisions made for information of both the individual and the supervisor/manager.
- iii) When, during an interview, the individual agrees to a referral to HMU, the manager should arrange an urgent appointment with an Occupational Health Nurse or Welfare Officer. This should be followed up by a report detailing the background of the case, reasons for referral and the individual agreement to course of action. A copy of which should be given to the individual concerned. It is the responsibility of the referring manager to ensure that the individual understands the reasons for the referral.
- iv) When a person does not acknowledge the existence of an alcohol misuse problem, and continues to display unsatisfactory conduct or work performance or if a member of staff does not accept your advice or their work performance continues to be unsatisfactory, then recourse to disciplinary action will be considered and advice should be sought from your Supervisor or Manager having recorded the individuals unsatisfactory conduct/performance, brought it to that persons attention and the reasons behind this course of action.

6.3.3 Health Management Unit

- i) When staff of this Unit become aware of a person's alcohol related problem they will provide support and counselling. Where necessary, encouragement will be given for the person to get voluntary treatment from an outside agency, including their own doctor. Referral to the FMA will be made as appropriate.
- ii) HMU will consider cases referred and will give:
 - Advice on the risks of alcohol misuse and determine if medical investigation is appropriate.
 - Guidance about suitable referral agencies and arrange treatment with them.
 - Advice on the person's fitness for continued service if recommended treatment has failed or recommended treatment has been refused.
 - The Unit will document any decisions made and the reasons supporting the same which will be available to the individual.
- iii) When an individual seeks help direct form HMU, without the knowledge of their line manager, confidentiality is assured unless the staff of that Unit are of the opinion that maintaining confidentiality could put either the individual themselves, or others, at risk. Examples include those who drive vehicles or handle machinery or firearms. Should this situation arise the Unit will, initially, encourage the individual to advise their manager of the situation. Should the individual decline to do so HMU will advise the line manager of the potential risk.
- iv) However, HMU does have a responsibility to ensure that the information is communicated to the line manager concerned, and is not purely left to trust on the part of the individual concerned.
- v) While under the support of HMU the individual may require:-
 - Time off recorded as sickness.
 - Time to attend HMU .
 - Time to attend such treatment as is recommended.
 - Appropriate restriction in duties in consultation with HMU during any period of treatment and for an agreed interval thereafter.

6.3.4 **Head of HR**

- i) The Head of HR will be accountable for implementation of the policy and will arrange to monitor cases that are brought to their attention and will consider referral to HMU as appropriate.

6.4 **Advice is Available from:-**

- i) **The Health Management Unit** -Can provide advice and guidance on the effects of alcohol misuse and on referral services.
- ii) **The Welfare Unit** - Can provide counselling and referral services and will often be the point of liaison with Command/Department.
- iii) **The Health and Safety Unit** - Can provide advice and information on Health and Safety responsibilities.
- iv) **Your Supervisor/Manager** - Can help if you have a problem or if you are concerned about a colleague
- v) **Staff Associations** – can help if you have a problem

7.0 **APPEALS PROCEDURE**

If an individual wishes to appeal against any decision made in connection with this policy, they should write to or email, the Deputy Chief Constable at the below address within 14 days of receiving a decision. The appeal will be considered and consultation will take place with appropriate individuals to establish all facts before a decision with regard to the appeal is made. A response to the appeal will be provided in writing within 10 working days of receipt of the appeal. Should this period not be achievable the individual will be notified in writing when a decision will be communicated.

The Deputy Chief Constable
c/o Human Resources
Police Headquarters
Aykley Heads
Durham
DH1 5TT
Email human.resources@durham.pnn.police.uk

Recognising Someone has an Alcohol Misuse Problem

The signs that someone may have an alcohol misuse problem include:-

- Reduced work performance
- Making persistent mistakes and errors of judgement
- Fatigue, lack of concentration and memory slips
- Failure to meet deadlines and blaming others for failings
- Reluctance to accept responsibility
- Moodiness, irritability, uncharacteristic behaviour, and over sensitivity to criticisms
- Becoming a 'loner' deliberately seeking isolation from colleagues
- Unexplained injuries and accidents
- Unexplained absences during the working day
- Poor time-keeping
- Frequent absences from work explained as minor illnesses
- Physical signs including trembling hands, facial flushes, bleary eyes, lowering of personal standards of cleanliness, hygiene and dress
- Reduced safety awareness shown by careless handling of mechanical and other equipment
- Regularly borrowing small amounts of money from colleagues
- Changes in drinking habits, such as drinking earlier in the morning
- The smell of drink on their breath at unusual times of the day, or the excessive use of mouthwash

Although these characteristics may be found in people with an alcohol problem, they may be caused by other factors. You should not assume they occur only through alcohol misuse. Normally a person with an alcohol related problem will try to cover up his or her symptoms to avoid admitting to the problem.

Causes of Excessive Drinking

Medical opinion views alcohol as a drug upon which a person who drinks excessively may become socially, psychologically and physically dependant.

There is no one cause of alcohol misuse. It is often the result of a combination of a person's character and external pressures, physical and emotional.

Alcohol misuse may also take a number of different forms depending upon the person, the environment and the stage the problem has reached.

Effects of Alcohol Misuse

Excessive drinking over a long period is a serious health risk which, unless it is identified and treated, can result in mental and physical deterioration.

Some of the effects of alcohol misuse are:-

Physical health risks - including heart, liver and kidney disease as well as increasing the risk of certain cancers.

Physical Dependence - resulting from the body getting used to the presence of alcohol.

Psychological dependence - where individuals think they need to carry on using alcohol to cope with life or to give life a 'buzz'. This may lead to:

Serious mental health problems - such as anxiety, paranoia, psychosis or hallucinations.

Referrals/Treatment

May include medical assessment, counselling, treatment action plan, follow up procedures. Support programmes may be provided by Durham Constabulary, the N.H.S., specialist clinics etc. The aim of such procedures is to achieve a sustained break from dependency.

Appendix B

Recognising Someone has a Drug Abuse Problem

Although different drugs have different physical effects, the symptoms of drug abuse are similar. Changes in behaviour can be a sign that someone is using drugs. These could include:

- Increased aggression or irritability.
- Changes in attitude/personality.
- Lethargy.
- Depression.
- Sudden changes in a social network.
- Dramatic changes in habits and/or priorities.
- Financial problems.
- Involvement in criminal activity

Prescription Drug Abuse

Signs and symptoms of prescription drug abuse depend on the specific drug, however the most commonly misused medications are opioids, anti-anxiety medications, sedatives and stimulants. Indicators of abuse may include:

- Not using medications as prescribed and taking larger or more frequent doses.
- Seeking prescriptions from more than one doctor
- Continually "losing" prescriptions, so more prescriptions must be written
- Using medications prescribed for other people.
- Taking a drug after it is no longer needed for a health problem.
- Stealing, forging or selling prescriptions
- Excessive mood swings or hostility
- Increase or decrease in sleep
- Poor decision-making
- Appearing unusually energetic or sedated

Causes of Drug Abuse

While some people can use recreational and [prescription drugs](#) without becoming addicted, many individuals who start using drugs become physically and emotionally dependent on them. Addiction is a complex disorder characterized by compulsive drug use. Vulnerability to addiction differs from person to person. Risk factors that increase vulnerability include:

- Family history of addiction
- Abuse, neglect, or other traumatic experiences
- Mental disorders such as depression and anxiety
- Early use of drugs

Effects of Drug Abuse

While each drug produces different physical effects, all abused substances alter the way the brain functions. Factors affecting the exact symptoms that are experienced may depend on a person's age, gender, individual physiology, genetic make-up, and mental health condition, but may include:

- Sniffly or runny nose
- Bloodshot eyes, pupils larger or smaller than usual.
- Changes in appetite or sleep patterns.
- Sudden weight loss or weight gain.
- Deterioration of physical appearance, personal grooming habits.
- Unusual smells on breath, body, or clothing.
- Tremors, slurred speech, or impaired coordination
- Mood swings
- Impaired judgement
- Cognitive dysfunction

Long Term Drug Addiction Effects

The longer an addiction lasts, the more stress and strain it puts on the individual.

Psychological health risks – including depression, paranoia and anxiety.

Physical health risks – including damage to the kidneys, liver, heart and lungs.

In addition, long-term drug abusers will begin to build a tolerance to drugs. Tolerance is dangerous as it causes the individual to use more and more of the drug in order to achieve the desired euphoric or stimulated state. This puts the individual at a constant risk for overdose and even death.

Referrals/Treatment

Treatment depends on personal circumstances and also what an individual is addicted to, but will usually involve a referral to local NHS or private drug treatment organisations. Treatment may include talking therapies, whilst following a detoxification programme. If drug-related problems are severe individuals may be referred to a residential rehabilitation facility. The aim of such procedures is to achieve a sustained break from drug dependency.

Conducting an Interview with a Member of Staff who may have an Alcohol and Substance Misuse Problem

It is important that these notes are understood in the context of the overall relationship between managers and staff who report to them in terms of personal issues such as performance, conduct, health and welfare issues etc. The manager has a right to expect that the individual meets standards, but must also demonstrate in a practical manner the duty of care that an employing organisation has to an employee. Increasingly this ethos is becoming enshrined in employment law.

ACPO recommend that where a manager becomes aware of deterioration in an individual's work or behaviour they should conduct an interview. The Manager's responsibilities are discussed in Section xxx of this policy.

Supervisors/Managers must be aware that an individual must be treated proportionality and fairly at all times and must use least intrusive options in order to achieve an identified purpose.

Setting up an Interview

- Use a private office
- Ensure that you are not interrupted ('Do Not Disturb' Sign/divert phone)
- Ensure sufficient time is allowed
- Set up office informally (if possible don't sit behind a desk)
- Plan in advance the structure and aims of the interview
- As with Performance Review, have objective, documented evidence on hand
- Ensure that you understand in advance the sources of help and advice which are available.

The Interview

In order not to cause the individual undue concern you may have arranged the interview at short notice. Once you have explained the purpose of the interview, which is to allow the individual to discuss with you any reasons they might have for a deterioration in behaviour or performance, they may decide to have a trade union/staff association representative present. They should also be given time to think about the underperformance identified and prepare for the interview. You should agree to this request, but may want to make it clear to the individual that your initial purpose is to provide them with practical assistance if such is appropriate. Once the interview is under way you should:-

- Specify examples of poor work performance or problems of conduct.
- Be objective, factual and non-judgemental.
- Listen to any explanations given and reasons behind poor performance

- Explain to the individual what they should achieve in terms of improving their work performance and/or conduct.
- Offer them the opportunity of a referral to the Occupational Health & Welfare Unit.
- Not attempt to diagnose the problem or to give advice, except for the need for referral.
- Offer any interim support that you consider to be appropriate.
- Consider any temporary restriction you might need to place on the work that the individual can undertake. Reasons must be recorded and brought to the attention of the individual concerned.
- Advise the individual of the potential consequences of failing to seek help, or of failing to act on the professional advice given.
- Consider, with the help of e.g., the appropriate Welfare Officer and Staff and Employee Relations Adviser, the drawing up of an Action Plan.
- A written record of this decision making process and the discussions having taken place giving the individual the opportunity to read, sign and receive a copy.

Action Plan

Please remember these points:-

- Like Performance Review the writing of an Action Plan should be a joint discussion with the member of staff.
- The Plan should show whose duty it is to communicate with other parties such as the Occupational Health Unit or the Welfare Officer.
- The Plan should include review dates, linked to time-bound goals if appropriate.
- It should be realistic and achievable.

Both parties should sign the Plan and both should have copies.

EQUALITY IMPACT ASSESSMENT (EIA)

Substance and Alcohol Misuse Policy											
<p>An equality impact assessment (EIA) form <u>must</u> be completed by the Policy/Function lead when developing or reviewing policies or procedures which may impact on the way the Force conducts its business (both internally and externally) and must show that when making decisions we:-</p> <ul style="list-style-type: none"> • Give due regard to the impact it will have on protected groups • Undertake an assessment <u>prior to</u> any decisions around policies/procedures being ratified to identify what potential impact has been found and subsequent action taken, and • Provide an audit trail of the assessment undertaken which identifies how the policy or procedure is likely to affect protected groups. <p>The EIA must be completed <u>before</u> decisions are made, and remain a live document to be reviewed and continually updated during policy/procedure development or updating</p> <p><u>This form is a Tool to document the assessment and should be completed, attached to the relevant policy/procedure document and submitted to the HR User Group or other strategic group for ratification</u></p>											
1) Purpose of the policy. Why do we need it and what will it achieve	The purpose of this policy is to advise individuals on the harm alcohol and substance misuse can cause and to outline the help available to those who may have an alcohol or substance related problem in a sympathetic, fair and consistent manner.										
2) Explain briefly why the Policy/Procedure is being developed or reviewed?	Updated to provide clarity re random breath testing paragraph includes police staff										
3) What research/resources have been used or considered in the initial stages of this assessment?											
4) Who has been consulted around the potential impact during the development/amendment of the policy/procedure	<table border="0"> <tr> <td>All support networks.</td> <td>Force Executive (AC0)</td> </tr> <tr> <td>HR Staff</td> <td>Independent Advisory Groups (IAG's)</td> </tr> <tr> <td>Staff associations</td> <td></td> </tr> <tr> <td>Legal Services</td> <td>Stonewall</td> </tr> <tr> <td>Heads of Command</td> <td></td> </tr> </table>	All support networks.	Force Executive (AC0)	HR Staff	Independent Advisory Groups (IAG's)	Staff associations		Legal Services	Stonewall	Heads of Command	
All support networks.	Force Executive (AC0)										
HR Staff	Independent Advisory Groups (IAG's)										
Staff associations											
Legal Services	Stonewall										
Heads of Command											
5) Following assessment of available information, has a positive or adverse impact been identified OR is the initiative equality neutral?	<p>A Positive Impact – will actively promote equality of opportunity or improve relations between one or more groups</p> <p>An Adverse impact – will cause some form of disadvantage or exclusion.</p>										

<p>Neutral impact is when there are no notable consequences for any diversity group</p> <p>Provide details on ALL decisions for ALL the protected characteristic groups below. Specify what actions, if any, will be taken as a result of the assessment, provide any findings and the reason any decisions were reached, and determine what changes may be necessary to either reduce any adverse impact or enhance any beneficial impact. If an adverse (negative) impact has been identified question 5 must be completed.</p>				
	<u>Positive</u>	<u>Negative</u>	<u>Neutral</u>	<u>Details</u>
Age			X	
Disability			X	
Transitioning from one sex to another (either thinking of, in the process of or have)			X	
Marriage and Civil Partnership			X	
Pregnancy and Maternity			X	
Race			X	
Religion or Faith			X	
Gender			X	
Sexual Orientation			X	
<p>6) If a negative impact has been identified, please provide further details stating what actions need to be undertaken as a result of the section 5). How any negative impact can be justified for this initiative.</p>				

<p>Confirm the above Actions have been incorporated and the EIA is now ready for submission to HR PUG or other Strategic Group.</p>	
<p>Signature...</p>	
<p>Name Sylvia Horsfield</p>	<p>Date 2nd February 2018</p>