



Service Procedure

SUBSTANCE MISUSE

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ABSTRACT:

The purpose of this Service Procedure is to deter substance misuse by all police officers, police staff and non police personnel working on behalf of PSNI through the introduction of a compulsory drug-testing regime. This Service Procedure applies in its entirety to all student officers, probationer constables, serving police officers and police staff and non police personnel in roles designated as safety or security critical roles as per Appendix 'A'.

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1. AIM OF SERVICE PROCEDURE

- (1) Any instance of substance misuse by Police Service of Northern Ireland's police officers, police staff and non police personnel working on behalf of the PSNI has the potential to impair judgement, which in turn has the potential to impact upon service delivery, public safety and the reputation of the Service. The purpose of this Service Procedure is to deter substance misuse by all police officers, police staff and non police personnel through the provision of education and support programmes and the introduction of a compulsory drug-testing regime.
- (2) This Service Procedure applies in its entirety to all student officers, probationer constables and serving police officers. It also applies to police staff and non police personnel in roles designated as safety or security critical as per Appendix 'A'.

2. INTRODUCTION

(1) Executive Summary

- (a) To provide a safe and healthy work environment for all police officers, police staff and non police personnel.
- (b) To assist in maintaining public confidence in the Police Service.
- (c) To enable police officers, police staff and non police personnel to perform their duties in a manner which does not bring risk to themselves, colleagues or members of the public.
- (d) To deter substance misuse by Police Service personnel.
- (e) To provide appropriate support mechanisms for police officers and police staff who have self-declared substance dependence and are prepared to undertake a rehabilitation regime.
- (f) To ensure that, where police officers, police staff and non police personnel are found to be engaged in unlawful acts, these are dealt with appropriately both within the Police Service and in accordance with criminal legislation.

(2) Origin

- (a) Under the Health and Safety at Work Regulations (Northern Ireland) Order 1978, the Police Service has, as an employer, responsibility to ensure a safe working environment and safe systems of working for both personnel and those who are not in our employment but whom we come into contact with.
- (b) As a Police Service, our personnel are involved in many high-risk activities and have high levels of contact and interaction with the public. We have a moral as well as statutory duty to ensure that police officers and police staff are fit to carry out their duties safely and effectively.
- (c) There is a growing problem with substance misuse within our society from which police officers, police staff and non police personnel working on behalf of the PSNI are recruited. We must recognise that this is a culture that has the potential to impact upon the Police Service as an organisation.
- (d) Misuse of any substance is likely to involve at least deception and in the case of illegal substances, criminal acts in the procurement and use of those substances. This behaviour brings with it increased opportunities for compromise through coercion or inducement, leaving police officers, police staff and non police personnel working on behalf of the PSNI vulnerable and brings into question the integrity of individuals. This conflicts with the position of trust and the expectation of integrity that the general public rightly demands of the Police Service.

- (e) In accordance with Association of Chief Police Officers (ACPO) recommendations, legislation was introduced for Police Services in England and Wales that authorised the introduction of drugs screening in prescribed circumstances. This Service Procedure brings the PSNI into line with other United Kingdom (UK) services.

(3) Implication of Service Procedure

It is unlawful to possess, distribute or manufacture any controlled substance at any time. Failure to comply with this Service Procedure may result in disciplinary action that could lead to termination of employment and criminal proceedings.

(4) Financial Implications/Best Value/Continuous Improvement/Efficiency

- (a) The aim of this Service Procedure is to help ensure the integrity of the organisation and its resources. The organisation has identified an annual budget to cover the cost of drug and alcohol testing procedures being undertaken on police premises by an approved, qualified, external contractor. In addition there may be some cost implications in terms of extraction time for staff that are identified as misusing substances. This will need to be managed locally.
- (b) The award of a contract for collection, sampling and analysis of samples is subject to a tender process and will be reviewed on an annual basis from the date the contract is awarded.

(5) Human Resources/Training

- (a) The introduction of this Service Procedure will require an organisational education programme to raise awareness of the issue of substance misuse and to encourage staff to self-declare and obtain appropriate treatment. Occupational Health and Well-being (OHW) will both oversee and implement the organisational education programme for raising awareness within the police.
- (b) The substance misuse contract will be managed by Anti Corruption & Vetting (AC&V) on behalf of the Police Service. The remit of this role will be to act as liaison with the contractor, receive all positive results, monitor the effectiveness of the contractor, ensure payments are made on time and ensure that the Police Service are utilising the contractor correctly.

(6) Risks

All risk assessments should be documented. Those subject to risk assessments should be made aware of their content unless this would frustrate a criminal investigation.

(7) Bureaucracy

Implementation of this Service Procedure will result in some extra administration across the organisation. This is necessary to ensure compliance with legislative requirements.

(8) Application

- (a) All new appointments to the Police Service of both police officers and police staff on or after 1 September 2008 will be subject to substance misuse testing. Refusal to undergo a substance misuse test will negate any offer of employment;
- (b) Internal appointments to some specialist roles on or after 1 September 2008 may also be subject to substance misuse testing;

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- (c) Student officers will be subject to substance misuse testing during their initial training period;
- (d) Probationer constables will be subject to substance misuse testing during their probation period;
- (e) All student officers, probationer constables, serving police officers, police staff and non police personnel in roles designated as safety or security critical as per Appendix 'A' will be subject to random testing. This may result in some individuals being tested more than once in a 12-month period;
- (f) All police officers, police staff and non police personnel who require to be Developed Vetted for their role or are required to renew their DV will be subject to substance misuse testing as part of this process. All police officers, police staff and non police personnel who are currently Developed Vetted will be subject to substance misuse testing. This will be managed in conjunction with the current annual aftercare programme;
- (g) There are 2 categories of 'with cause'. These are 'with cause' intelligence-led and 'with cause' observed impairment. In either instance, for 'cause' to be established the test of 'reasonable suspicion' must be satisfied. All police officers, police staff and non police personnel working on behalf of the PSNI may be subject to 'with cause' drug testing;
- (h) Drug testing may be introduced as part of investigative protocols for incidents involving police officers and police staff that would be subject to investigation by the Police Ombudsman for Northern Ireland (PONI);
- (i) Non-negative results identified from an instant drug-screening test in respect of suspected or observed impairment will be submitted to an independent and accredited, testing agent/laboratory for further analysis;
- (j) Who entered into a rehabilitation contract will be subject to regular drug testing;
- (k) Substances that will be tested for are those listed in the Misuse of Drugs Act and include:
 - (aa) Amphetamines (including ecstasy);
 - (bb) Benzodiazepines;
 - (cc) Cannabis;
 - (dd) Cocaine;
 - (ee) Opiates;
 - (ff) Ketamine;
- (l) Where testing is carried out because there is reasonable cause to suspect, on the basis of intelligence, that a serving police officer, police staff member, non police personnel in a role as detailed in Appendix 'A' has used a controlled drug. The testing may cover one other controlled drug or drugs in addition to the controlled drugs listed above, provided that the individual is informed prior to testing of the drug(s) or drug group(s) for which he or she is to be tested;
- (m) The Police Service reserves the right to alter this list in the event that further substances are identified as illegal by introduction of new statute;

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- (n) Collection and screening of samples will be undertaken by suitably qualified and experienced staff using appropriate techniques to ensure that the chain of custody is carefully controlled. All samples will be collected, tested and analysed in line with the current European Workplace Drug Society guidelines. These personnel may be either direct employees of the Police Service or contracted to an external employer who undertakes this function for the Police Service;
- (o) An external United Kingdom Accreditation Service (UKAS) accredited or equivalent laboratory will undertake analysis of samples;
- (p) Refusal or failure to provide a sample in accordance with this Service Procedure will be treated in the same way as a confirmed positive result and will be referred to the Superintendent S5 for police officers or relevant Human Resources (HR) Strategic Lead for police staff to initiate disciplinary action, which may ultimately result in dismissal;
- (q) Referrals will also be made to the Superintendent S5/ HR Strategic Lead for initiation of disciplinary procedures where there is evidence to suggest that individuals have attempted to frustrate the testing process by tampering with samples or providing false information;
- (r) Those working within the Police Service who are substance dependent have a clear personal responsibility to declare their condition and seek assistance;
- (s) Where police officers or police staff make a voluntary self-declaration, they will be supported in dealing with this matter and will not usually be subject to disciplinary action. Voluntary self-declarations must be made via line management and onwards to OHW. This will enable the appropriate local managers to carry out risk assessments in relation to the individual's duties. OHW will ensure appropriate referrals are made to external organisations to assist the individual in managing their condition and the individual will be required to agree to a rehabilitation contract (Appendix 'C');
- (t) Where an individual fails to co-operate, take up the assistance that has been offered or is found to have breached the rehabilitation contract, this may be regarded as a disciplinary offence;
- (u) Whilst undergoing treatment or agreed assistance and subject to a rehabilitation contract, individuals may not be eligible to be considered for promotion or transfer (except where the risk assessment identifies that the individual should be moved);
- (v) Police officers and police staff who self-declare a dependency, use of an illegal substance or misuse of a legal substance at either the time of the drug test or after notification that they are to be subject to a drug test, will not be regarded as having made a voluntary self-declaration and will be subject to the full disciplinary consequences should a positive result be confirmed.

3. LEGAL BASIS

- (1) Under the Health and Safety at Work Order (NI) Order 1978 it is the employer's duty to ensure a safe place of work and safe systems of work. The Police (Health and Safety) (Northern Ireland) Order 1997 extends this legislation to the Police Service.
- (2) There is also an employee's duty, which in this context includes police officers and police staff, to:
 - (a) Take reasonable care of their own health and safety and that of others affected by their acts or omissions while at work;
 - (b) To co-operate fully with their employer with regard to any requirement imposed under relevant statutory provisions;
 - (c) To inform the employer of defects and/or serious and imminent danger;

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- (d) To use all equipment, substances and systems in accordance with the training and instructions provided to them.
- (3) This “duty of care” extends to both police officers and police staff. Consequently, should an employer knowingly allow an employee, who is under the influence of drugs to the extent that they are liable to expose themselves or others to risk, commence work or continue to work, the employer would be in breach of its legal duties and liable to prosecution.
- (4) As indicated above, employees are also required to take reasonable care of themselves and of others who could be affected by their actions or omissions. Specifically, they must act responsibly by not exposing themselves or others to safety risks due to impairment caused by drugs. Breach of this duty could lead to prosecution and dismissal.
- (5) Primary legislation exists under the Road Traffic (NI) Order 1995 and the Misuse of Drugs Act 1971. If offences are disclosed then they should be dealt with under the existing legislation in the normal way.
- (6) The Police (Testing for Substance Misuse) Regulations (Northern Ireland) 2008 is the enabling legislation for the introduction of drugs testing as part of the Police Service recruitment/appointment process.
- (7) The implementation of this Service Procedure may involve an interference with a person’s rights as protected by Article 8(1) of the European Convention on Human Rights (ECHR). However, any such interference is in accordance with the law, and is necessary in a democratic society in the pursuit of legitimate aims of public safety, in the prevention of disorder and crime and in the protection of the rights and freedoms of others, as set out in Article 8(2) of the convention.

4. POLICY LINKS

- (1) Where a police officer/police staff member is on sick leave due to substance misuse related issues, this absence should be managed as per guidance on PoliceNet in the HR Guidance Centre under Attendance Management.
- (2) Where a police officer/member of police staff’s performance is impacted upon due to substance misuse related issues, this should be managed using the appropriate unsatisfactory performance procedures. Reference can also be made to Policy Directive 10/08 – ‘Alcohol Misuse’.

5. CONSULTATION

The following have been consulted in preparation of this Service Procedure:

- (1) Service Executive Board;
- (2) Occupational Health and Well-being (OHW);
- (3) Health and Safety Branch;
- (4) S5 Discipline Branch;
- (5) Police Federation for Northern Ireland (PFNI);
- (6) Superintendents’ Association;
- (7) Heads of HR;
- (8) District Commanders;

- (9) Police College Northern Ireland;
- (10) Human Rights Legal Adviser;
- (11) Employment Rights Legal Adviser;
- (12) Equality and Diversity Officer;
- (13) Northern Ireland Public Service Alliance (NIPSA).

6. HUMAN RIGHTS/UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD (UNCRC)/EQUALITY/CODE OF ETHICS/FREEDOM OF INFORMATION

- (1) This Service Procedure is deemed to be in accordance with the Human Rights Act 1998.
- (2) This Service Procedure has been screened for Section 75 considerations and meets integrity standards.
- (3) Section 75 screening has identified that this Service Procedure has the potential to impact upon specific areas covered by equality legislation. To counteract this the methodology for testing will be altered where the proposed standard methods of testing would conflict with an individual's religious beliefs.
- (4) This Service Procedure is suitable for Public Disclosure in accordance with the Freedom of Information Act 2000.
- (5) The operational procedures in Appendix 'A' and 'B' will be for internal purposes only.

7. PROCEDURE AND/OR GUIDANCE

- (1) The Police Service is committed to the provision of a safe, healthy and productive working environment, and does not in any way condone the misuse of drugs, whether illegal or prescribed.
- (2) Any individual involved with drugs exposes themselves to vulnerability in terms of corruption, blackmail and integrity and faces disciplinary and criminal consequences. The supply or use of any illegal drugs by any police officer, member of police staff or non police personnel working on behalf of the PSNI may, upon investigation, be classified as a serious criminal offence and accordingly be classed as 'Gross misconduct'. Any police officer or member of police staff found to be involved in such activities should expect to be dismissed.
- (3) In addition, given the high-risk activities undertaken by employees of the Police Service and the statutory requirement to provide safe systems of working, it is recognised that the misuse of legal substances such as prescribed medication has the potential to impact upon the delivery of a professional policing service. The persistent and prolonged misuse of any singular is also viewed as a serious disciplinary offence and is classed as 'Gross Misconduct'.
- (4) However, individuals who voluntarily self-declare a dependency to either legal or illegal substances will receive support from the Police Service to assist in rehabilitation. A self-declaration will not usually result in disciplinary action provided there is no evidence of serious criminal activity. Self-declarations made following notification to undergo pre-employment, pre-appointment, random, with cause, observed impairment or a post incident screening test will not be regarded as a voluntary self-declaration and in these instances staff that test positive for illegal substances or misuse of legal substances will be subject to disciplinary action.

- (5) The Police Service seeks to maintain the highest professional standards. Consequently, all personnel are actively encouraged to report any concerns they have about their colleagues. The procedure for dealing with and reporting any such concerns will be in accordance with Service Procedure 8/12 'Service Confidence Procedure (SCP)', Service Procedure 9/12 'Misconduct Procedures for Police Officers' and the Northern Ireland Civil Service (NICS) Handbook for police staff.

8. MONITORING AND REVIEW

The Service Improvement Department will be responsible for reviewing this Service Procedure on an annual basis.

SAFETY/SECURITY CRITICAL ROLES

Police staff and non police personnel who fall into any of the categories below are deemed to hold safety or security critical roles. Safety and Security Critical Roles are all subject to random testing. Any member who tests positive for drug use will be subject to disciplinary measures.

1. Safety Critical

- (1) Police staff who use or come into contact with firearms;
- (2) Police staff drivers/pilots;
- (3) Police staff working at height;
- (4) Police staff involved in maintenance activities for buildings, equipment or vehicles.

2. Security Critical

- (1) Heads of Departments;
- (2) S5 - Discipline Branch – all staff;
- (3) Occupational Health and Well-being (OHW) Professionals;
- (4) Association of Chief Police Officers (ACPO) Personal Secretaries and Secretariat;
- (5) All District Forensic Managers (DFMs), Crime Scene Investigators (CSIs) and Higher CSIs;
- (6) All Firearms Enquiry Officers;
- (7) All Firearms Licensing Staff;
- (8) Data Protection staff, Information Assurance Unit;
- (9) All analysts;
- (10) All fingerprint staff and technical staff;
- (11) Scientific Officers, Forensic Advisers and Technical Staff;
- (12) All Anti Corruption & Vetting staff;
- (13) Exhibit & Disclosure Officers;
- (14) All police staff that hold valid Level 6 Developed Vetting status;
- (15) All non police personnel who hold valid Level 6 Developed Vetting status;
- (16) All non police personnel with designated powers.

Any police officer or member of police staff who has self-declared will also be subject to random testing.

SUBSTANCE MISUSE TESTING

1. Random Testing

- (1) The Police Service can undertake random drug testing on student officers, probationer constables, police officers, police staff and non police personnel in security or safety critical roles as per Appendix 'A'. Police officers, probationer constables, student officers, police staff and non police personnel undertaking these roles will be selected at random, at the discretion of Assistant Chief Constable (ACC) Service Improvement Department, as part of the rolling programme of random testing within the Police Service.
- (2) Staff in the above categories who have undergone random screening twice in any 12-month period will not be subject to a third test in that 12-month period. To facilitate this, their personnel record on the Human Resources (HR) system will reflect dates and results of all substance misuse tests.
- (3) Random testing will be undertaken by collection of a urine sample. Those required to undergo random testing will be required to provide a urine sample to an approved, qualified, external contractor using appropriate sample collections kits and observing industry and evidential standard chain of custody procedures.
- (4) Urine samples will be undertaken by the collection of a sample of at least 50ml. If at testing the subject is unable to provide a sample they will be offered 250ml of water every 15 minutes up to a period of 1 hour and not exceeding a maximum of 1 litre. The subject will be given up to 2 hours to provide a 50ml sample from time of first request. Failure to provide a sample in the time period will be deemed as a refusal and reported accordingly.
- (5) All urine samples taken will be split into 2 by the collection agent. Both samples will be sealed in accordance with chain of custody procedures and forwarded to the laboratory – one sample will be used for testing purposes and the other retained by the laboratory to facilitate independent testing following dispute or appeal of laboratory findings.
- (6) All laboratory confirmed positive results will be reviewed by a Medical Review Officer (MRO). Only those results that in the view of the MRO indicate use of illegal substances or misuse of legal substances will be reported to the Police Service as a positive result.
- (7) The MRO will report positive results to AC&V who will report the matter to the Superintendent S5 (for police officers)/ Head of HR (for police staff), to initiate the appropriate disciplinary action.
- (8) Staff who refuse to undergo the random test or attempt to frustrate or tamper with samples will be deemed as having a positive result and be reported to the Superintendent S5 (for police officers)/ HR Strategic Lead (for police staff) accordingly.

2. Pre-employment Tests

- (1) The Police Service will undertake pre-employment substance misuse testing on all applicants for positions within the Police Service.
- (2) Pre-employment substance misuse testing will usually be undertaken by collection of a hair sample. The substance misuse test will be undertaken by an approved, qualified, external contractor of the Police Service using appropriate sample collection kits and observing industry and evidential standard chain of custody procedures.

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- (3) This test will be undertaken by the collection of 2 samples of hair of 3cm in length and containing at least 50 - 100 strands of hair per sample. This will primarily be taken from the head, however, on occasion armpit or chest hair may be used. The only exception to this will be where prior information has been provided as to why the applicant cannot provide a sufficient hair sample. In these instances a urine sample will be required to be provided. Applicants who provide a urine sample will be required to provide a further three random samples over a 6-month period.
- (4) All hair samples will be split into 2 by the collection agent in the presence of the individual being tested. All hair samples will be forwarded to the approved laboratory. One sample will be used for testing purposes and the other retained by the laboratory to facilitate independent testing following dispute or appeal of laboratory findings.
- (5) Urine samples will be undertaken by the collection of a sample of at least 50ml. If at testing the applicant is unable to provide a sample they will be offered 250ml of water every 15 minutes up to a period of 1 hour and not exceeding a maximum of 1 litre. The applicant will be given up to 2 hours to provide a 50ml sample from time of first request. Failure to provide a sample in the time period will be deemed as a refusal and debar the applicant from the process.
- (6) All laboratory confirmed positive results will be reviewed by the MRO. Only those results that in the view of the MRO indicate use of illegal substances or misuse of legal substances will be reported to AC&V as a positive result.
- (7) The MRO will report positive results to AC&V. A positive result will debar applicants from appointment to the Police Service.
- (8) Refusal to undergo a pre-employment test or attempts to frustrate or tamper with samples will be deemed as having a positive result and debar applicants from the process.

3. Pre-appointment Tests

- (1) The Police Service may undertake pre-appointment substance misuse testing on applicants who have applied for specialist posts and police staff, non police personnel in safety or security critical posts. The substance misuse test will form part of the selection process.
- (2) Pre-appointment substance misuse testing will usually be undertaken by collection of a urine sample. The substance misuse test will be undertaken by an approved, qualified, external contractor of the Police Service using appropriate sample collection kits and observing industry and evidential standard chain of custody procedures.
- (3) Urine samples will be undertaken by the collection of a sample of at least 50ml. If at testing the applicant is unable to provide a sample they will be offered 250ml of water every 15 minutes up to a period of 1 hour and not exceeding a maximum of one litre. The applicant will be given up to 2 hours to provide a 50ml sample from time of first request. Failure to provide a sample in the time period will be deemed as a refusal and reported accordingly.
- (4) All laboratory confirmed positive results will be reviewed by the MRO. Only those results that in the view of the MRO indicate use of illegal substances or misuse of legal substances will be reported to AC&V as a positive result.
- (5) The MRO will report positive results to AC&V who will report the matter to the Superintendent S5 (for police officers)/ HR Strategic Lead (for police staff) who will initiate the appropriate disciplinary action.
- (6) Staff who refuse to undergo the substance misuse test as part of the pre-appointment process or attempt to frustrate or tamper with samples will be deemed as having a positive result and be reported to the Superintendent S5 (for police officers)/ HR Strategic Lead (for police staff) accordingly.

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4. Developed Vetted Personnel

- (1) The Police Service will undertake substance misuse testing on all police officers, police staff and non police personnel in Developed Vetting roles.
- (2) Substance misuse testing will be undertaken by collection of a urine sample. The substance misuse test will be undertaken by an approved, qualified, external contractor of the Police Service using appropriate sample collection kits and observing industry and evidential standard chain of custody procedures.
- (3) Urine samples will be undertaken by the collection of a sample of at least 50ml. If at testing the applicant is unable to provide a sample they will be offered 250ml of water every 15 minutes up to a period of 1 hour and not exceeding a maximum of one litre. The applicant will be given up to 2 hours to provide a 50ml sample from time of first request. Failure to provide a sample in the time period will be deemed as a refusal and reported accordingly.
- (4) All laboratory confirmed positive results will be reviewed by the MRO. Only those results that in the view of the MRO indicate use of illegal substances or misuse of legal substances will be reported to AC&V as a positive result.
- (5) The MRO will report positive results to AC&V who will report the matter to the Superintendent S5 (for police officers) / HR Strategic Lead (for police staff) who will initiate the appropriate disciplinary action.
- (6) Individuals who refuse to undergo the substance misuse test or attempt to frustrate or tamper with samples will be deemed as having a positive result and be reported to the Superintendent S4 (for police officers)/Head of HR (for police staff) accordingly. Any refusal to be tested may result in the removal of an individual's Developed Vetting status and subsequent transfer from their current DV role to a non DV role.

5. 'With Cause' Tests

- (1) The Police Service has determined that there are 2 categories for with cause testing. These are:
 - (a) 'With Cause – intelligence-led';
 - (b) 'With Cause – suspected or observed impairment'.
- (2) 'With Cause – intelligence-led': this applies to all police officers and police staff. Tests will be undertaken without prior notice and may be undertaken by either trained police staff or an approved, qualified, external contractor using oral fluid and/or urine and/or hair sampling methodologies. The decision to use oral fluid and/or urine and/or hair sampling will be at the discretion of the Superintendent S4 or S5. In all cases, samples will be collected using appropriate sample collection kits observing industry and evidential standard chain of custody procedures.
- (3) 'With Cause – intelligence-led' tests must be approved in advance by the Superintendent S4 or S5. Refusal by the individual to undergo a 'With Cause – intelligence-led' test or failure to provide a suitable sample will be treated as a positive result and will lead to disciplinary proceedings that may result in dismissal.
- (4) A suitable sample is hair of 3cm in length and containing at least 50 -100 strands of hair per sample (2 hair samples will be required). This will primarily be taken from the head, however, on occasion armpit or chest hair may be used. The only exception to this will be where medical information has been provided as to why the applicant cannot provide a hair sample. In these instances a urine sample will be required to be provided.

- (5) Urine samples will be undertaken by the collection of a sample of at least 50ml. If at testing the applicant is unable to provide a sample they will be offered 250ml of water every 15 minutes up to a period of 1 hour and not exceeding a maximum of 1 litre. The applicant will be given up to 2 hours to provide a 50ml sample from time of first request. Failure to provide a suitable sample will be treated as a refusal and will lead to disciplinary proceedings that may result in dismissal.
- (6) If requested to provide an oral fluid sample, individuals will be asked to remove any articles from their mouth e.g. chewing gum. The collection agent will wait a further 10 minutes to observe that the donor has nothing in their mouth. An oral fluid sample will then be collected. If the volume is less than required, the specimen will be discarded and a second specimen will be collected. Failure to provide a suitable sample will be treated as a positive result and will lead to disciplinary proceedings that may result in dismissal.
- (7) Where an individual is required to undergo a 'with cause – intelligence-led' test, they may request that they are accompanied by a discipline 'Friend' or work colleague. The unavailability of a suitable 'Friend' will not prevent the with cause test from proceeding. Police officers may be recalled to duty whilst on annual leave, sick leave, suspension or career break for the purpose of conducting a 'with cause intelligence-led' test. Failure to attend when ordered to do so will be treated as a failure to provide a suitable sample and will lead to disciplinary proceedings that may result in dismissal.
- (8) Where S4 or S5 have deemed that a 'With Cause – intelligence-led' test is appropriate they may also authorise, depending on the circumstances, the simultaneous use of other investigative techniques.
- (9) 'With Cause – suspected or observed impairment' tests may be authorised by the District Commander/Department Head or delegated officer who must be of at least Inspector or Executive Officer I (EOI) rank. These may be undertaken by either trained police staff or an approved-qualified external contractor using oral fluid and/or urine sampling methodologies. The decision to use oral fluid and/or urine will be at the discretion of the District Commander/Department Head. In all cases, samples will be collected using appropriate sample collection kits observing industry and evidential standard chain of custody procedures.
- (10) Where line managers can demonstrate reasonable grounds for suspecting that an individual is impaired, they will ascertain from the police officer/member of police staff whether there are any medical reasons for their observed behaviour. Appendix 'D' provides guidance on possible signs of substance misuse. The line manager may seek information/guidance from OHW before deciding on whether to proceed with drug screening and/or alcohol testing.
- (11) Police officers or police staff who reasonably believe that a colleague is impaired due to drugs should inform line management. Any individual who reports a colleague will not be subject to victimisation of any kind. Malicious reporting, however, will be dealt with under disciplinary procedures.
- (12) Any line manager who believes that a member of another team is impaired must inform the individual's line manager or, in their absence, they must assume the responsibility of that line manager for the specific purpose of this Service Procedure. The line manager should establish in the first instance whether a criminal offence under the Road Traffic Order or Firearms Order has taken place. If this appears to be the case, arrest and processing as per criminal legislation should take place, rather than 'with cause – observed impairment' testing.
- (13) Should the line manager proceed by requesting a test, they must advise the police officer/member of staff that they require them to undergo a substance misuse test outlining to them why the test is taking place. Line managers should also carry out a risk assessment with regard to the access to firearms. Please refer to PSNI Manual of Policy, Procedure and Guidance on Conflict Management.

- (14) Where the line manager has reasonable grounds to suspect that the individual is impaired but is unsure of the cause of the impairment they must advise the police officer/member of staff to undergo a drug screening test and an alcohol breath test. The process for alcohol testing is outlined in Policy Directive 10/08 – ‘Alcohol Misuse’ and is not therefore replicated here. In these circumstances, the decision to carry out both tests must be made in advance. It is not appropriate to await the results of the drug test before determining if an alcohol test is required.
- (15) Once approval has been granted for a ‘With Cause – suspected or observed impairment’ test, the line manager should arrange for the attendance of the approved, qualified, external contractor/trained staff member via the 24hr telephone call out number and advise the individual that they are required to remain on site and undergo the test. The approved, qualified, external contractor/trained member of police staff will advise on an estimated time of arrival which will be at an agreed site no later than 2 hours from the time of request.
- (16) Where the individual fails to remain on site until the collection agent arrives or refuses to take the test this will be reported to the Superintendent S5/ HR Strategic Lead and treated as a positive result. The police officer/member of police staff must be informed of this at the time the line manager requests a test.
- (17) Where a ‘With Cause – suspected or observed impairment’ test has been authorised, local management should monitor the condition of the individual and if necessary seek medical attention/opinion of the Forensic Medical Officer (FMO) until the approved, qualified, external contractor arrives.
- (18) All laboratory confirmed positive results will be reviewed by the MRO. Only those results that in the view of the MRO indicate use of illegal substances or misuse of legal substances will be reported to AC&V as a positive result.
- (19) The MRO will report positive findings to AC&V who will then report the matter to the Superintendent S5/Head of HR who will instigate disciplinary action as appropriate.
- (20) Where a ‘With Cause – suspected or observed impairment’ test results in a negative result, the referring manager will consider with the individual what, if any, further action may be appropriate, for example, risk assessment, referral to OHW.

6. Post Incident Testing

- (1) Where a police officer or member of police staff is involved in a ‘serious incident’ whilst on duty, a post incident test may be undertaken. If it is suspected that a criminal offence has taken place, for example under the Road Traffic Order or Firearms Order, criminal investigation will be undertaken as opposed to the guidelines in this Service Procedure. It is not considered appropriate to require a post incident test from any officer or member of police staff who are under criminal investigation as, in such circumstances, the provisions of PACE regarding intimate and non-intimate samples would apply. If there is cause to suspect impairment, a ‘with-cause – suspected or observed impairment’ test should be conducted instead.
- (2) Examples of when Post Incident testing may occur include, but are not restricted to:
 - (a) negligent discharges;
 - (b) death in custody;
 - (c) Health and Safety incidents in which injury occurs, or near misses;
 - (d) other incidents resulting in the death or serious injury of an individual involving a police officer or member of police staff.

- (3) If the Senior Investigating Officer (SIO) for the incident/line manager wishes to conduct a post incident test, they will liaise with the duty Inspector, who will issue the appropriate order to the police officer or member of police staff concerned (refer also to Policy Directive 03/06 – ‘Post Incident Procedure Deployment of Post Incident Managers – Discharge of Firearms’).
- (4) Post Incident testing will be undertaken by collection and instant screening of an oral fluid and/or urine sample by an approved collection agent or trained member of police staff. The test will be undertaken using appropriate sample collection kits and observing the industry and evidential standard chain of custody procedures. Post incident testing may also include a requirement to provide a sample for alcohol testing.
- (5) All urine samples taken will be split into 2 by the collection agent. One sample will be subject to instant screening by the collection agent in the presence of the individual being tested. Only samples that indicate a positive result on instant screening will be forwarded for laboratory analysis. Where instant screening results are positive both samples will be sealed in accordance with chain of custody procedures and forwarded to the laboratory – one sample will be used for testing purposes and the other retained by the laboratory to facilitate independent testing following dispute or appeal of laboratory findings.
- (6) If requested to provide an oral fluid sample, individuals will be asked to remove any articles from their mouth e.g. chewing gum. The collection agent will wait a further 10 minutes to observe that the donor has nothing in their mouth. An oral fluid sample will then be collected. If the volume is less than required, the specimen will be discarded and a second specimen will be collected. Failure to provide a suitable sample will be treated as a positive result and will lead to disciplinary proceedings that may result in dismissal.
- (7) In the event of an instant non-negative result in these circumstances, the SIO/line manager, in consultation with District/Departmental Management and Superintendent S5(for police officers)/ HR Strategic Lead (for police staff), may assess if suspension from duty is warranted or if the individual should be removed from specific duties. It is suggested that unless the incident itself is serious enough to warrant suspension that an individual is not suspended until laboratory analysis confirms a positive result.

7. Confirmed Positive Results

- (1) Regardless of the reason or methodology used for tests, positive results will be forwarded by the MRO to AC&V and reported to the Superintendent S5/ HR Strategic Lead.
- (2) Upon receipt of the result the Superintendent S5 (for police officers)/ HR Strategic Lead (for police staff) will inform the relevant District Commander/Head of Department.
- (3) The District Commander/Head of Department will inform the individual of a confirmed positive result. Individuals will have 7 calendar days to notify the District Commander/Head of Department that they wish to have their retained second sample analysed by an independent laboratory. In these circumstances the individual must identify the laboratory. The laboratory must be accredited by a recognised external accrediting body. Once the laboratory has been identified the second sample will be forwarded by the Police Services external contractor.
- (4) Where an individual requests that the sample is analysed by a different laboratory, this is done at the instruction and expense of the individual. The external contractor will forward the second sample to the laboratory selected by the individual. The individual should liaise with AC&V to ensure that all test results are forwarded to AC&V from the selected laboratory.

- (5) Where analysis of the second sample results in a negative result, a further test will be arranged. This test may be undertaken by collection of a urine or hair sample. In the event that this second test returns a negative result, the initial positive result will be regarded as a false positive. Where a false positive is recorded, the Police Service will reimburse any costs associated with analysis of the second sample.
- (6) Where analysis of the second sample confirms the original result there will be no further right of additional analysis.
- (7) Confirmed positive results will be deemed as Gross Misconduct. The Superintendent S5 (for police officers)/ HR Strategic Lead (for police staff) will progress a disciplinary process.

8. Appeals

- (1) Where an individual considers that the process was not correctly applied, they may appeal. The appeal must detail how they believe the process was not applied correctly and must be based on an error of fact, law or is irrational and how they have been treated less favourably as a result.
- (2) All appeals must be in writing to the District Commander, Head of Department or HR Strategic Lead and must state the grounds on which the appeal is based. Individuals will have 7 calendar days from the notification of the final analysis to lodge their appeal and a further 14 calendar days to submit all the required information for their appeal before any formal decision is taken.
- (3) Police officers and police staff have the right to be accompanied at any appeal hearing by a 'misconduct friend', staff association representative or a work colleague. The appeal for police officers will be heard by Superintendent rank or above. In cases of police staff or potential employees the appeal will be heard by the HR Strategic Lead
- (4) Where an appeal is upheld the positive result may be expunged.

SUBSTANCE MISUSE VOLUNTARY SELF-DECLARATION PROCESS

1. Voluntary Self-Declaration

- (1) Police officers and police staff are encouraged to voluntarily self-declare any substance misuse issues to their line manager.
- (2) Upon such declarations, line managers, in consultation with Human Resources (HR), will be required to assess the suitability of the individual's current duties and determine if remaining in these duties would pose any risk to the public, colleagues, the individual and delivery of a professional policing service. Where it is considered appropriate, the police officer/member of police staff should be assigned different duties on a temporary basis. Local management will also consult with S4 to determine if there is any intelligence-led information regarding substance misuse by the individual and satisfy themselves that the self-declaration is not being used as a means of frustrating a process that has already commenced.
- (3) Where local management are satisfied that this is a voluntary self-declaration the HR and the Line Manager will, upon receipt of such information, liaise with Occupational Health and Well-being (OHW) to ensure that the individual is offered appropriate advice and support to assist in rehabilitation.
- (4) OHW will identify appropriate support that is available either within the Police Service or from other sources and agree an action plan with the individual to assist in rehabilitation. This will form the basis of a rehabilitation contract.
- (5) Individuals who voluntarily self-declare a substance misuse issue and enter into a rehabilitation contract will not usually be subject to disciplinary proceedings. The exception to this will be where individuals who, during the voluntary self-declaration process, indicate that they are involved in serious criminal activity. In such circumstances the Police Service have an obligation to investigate this activity.
- (6) Individuals subject to a rehabilitation contract will be required to undergo regular and ongoing drug screening. Failure to adhere to any requirements in the contract will render the self-declaration void and either the Superintendent S5 (for police officers) or the HR Strategic Lead (for police staff) will be informed accordingly and they will then commence disciplinary action.
- (7) Confidentiality, when requested, will be given the highest priority. There are, however, some circumstances in which the interests of the proper administration of justice may over-ride an absolute confidentiality. In particular, the Criminal Procedure and Investigations Act (CPIA) 1996 and the Code of Practice issued under it, agreed between Association of Chief Police Officers (ACPO) and the Crown Prosecution Service (CPS), place a personal responsibility on the individual police officer or member of police staff to declare any matter that may affect their credibility as a witness in a court case. In some circumstances substance misuse on the part of a police officer or member of police staff acting as a witness may have to be revealed to the Public Prosecution Service (PPS), as the damage to the credibility of the individual as a witness may be a factor to be considered in a decision whether to proceed with a prosecution.

- (8) The personal responsibility under the CPIA should be drawn to the attention of a police officer/member of police staff, by line management, at the time at which any self-declaration of a substance misuse problem is made. The need to make a declaration to PPS will not arise in every case; each should be considered on its own facts and merits.
- (9) Police officers and police staff who voluntarily self-declare a substance misuse issue will be required to enter into a rehabilitation contract with OHW. A requirement of this contract will be that these individuals will be subject to regular and ongoing testing. These tests will require instant screening of urine samples that have been collected by trained Police Service employees using the appropriate kits and following the chain of custody procedures.
- (10) Where laboratory analysis results in confirmed positive results for an individual on a rehabilitation contract, this will be deemed as a breach of that contract and referred to the Superintendent S5 (for police officers)/ HR Strategic Lead (for police staff) for disciplinary action.

2. The Individual

- (1) Where individuals are concerned that they may have a dependency on or are using an illicit substance or misusing a legal substance they should in the first instance speak in confidence with line management.
- (2) In making a self-declaration individuals are indicating that they recognise the need to address the issue and get the appropriate help and assistance.

3. Local Management

- (1) Line management will adopt a sympathetic approach and ensure a non-hostile environment.
- (2) Line management will discuss with the individuals their concerns regarding substance misuse and ascertain from the individual if there are any vulnerabilities in relation to the work that they have been undertaking before making the decision to seek assistance.
- (3) Line management will speak in confidence to the HR and request an OHW appointment is arranged.
- (4) Line management in conjunction with other relevant local managers will assess the suitability of the individual remaining in their current posts examining the risk in terms of the individual's safety and health, the safety and health of colleagues and public and any other impact or risk to the organisation.
- (5) Where OHW have become involved and have drawn up a rehabilitation contract with the individual, line management and the HR will meet with OHW on a quarterly basis to discuss the progress of the individual and identify what local management action may be required to assist in recovery.

4. OHW

- (1) OHW will meet with individuals to assess the extent of the substance misuse problem and to determine the appropriate medical intervention. This may range from in house counselling to recommending in-hospital treatment.
- (2) OHW will liaise with external agencies to assist the individual in securing appropriate treatment.
- (3) OHW will draw up a rehabilitation contract with the individual detailing the action that has been recommended/agreed, mechanisms that will be used to monitor progress (including regular testing if appropriate) and the timescale in which the pro-active OHW action is required.

It is recognised that progress will not always be without set backs but recurrent relapses or deliberate failure to cooperate by individuals will not be acceptable.

POSSIBLE SIGNS OF SUBSTANCE MISUSE

1. Overview

Alcohol and/or other substance misuse may manifest itself as specific acute symptoms and signs attributable to the actions of alcohol and/or substances. If the misuse becomes a regular occurrence or develops into addiction, then non-specific changes in behaviour normally develop over a period of time. Listed below are some commonly used drugs, and the acute observable symptoms and signs. It must be noted, however, that the regulations limit drug testing to Amphetamines (including ecstasy), Cannabis, Cocaine, Opiates and Benzodiazepines only. Careful consideration should be given to the legality of testing for other drugs not currently covered by the regulations. Some examples of acute observable symptoms and signs are:

2. Cannabis

The potential abnormal observations on someone who has recently taken cannabis are:

- (1) Distinctive smell;
- (2) Poor co-ordination and balance;
- (3) Impaired perception of time and distance;
- (4) Reddening of whites of eyes;
- (5) Poor attention span;
- (6) Relaxed inhibitions;
- (7) Possibly dilated pupils.

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

3. Opiates

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

- (1) Very small pupils;
- (2) Slow speech and reflexes;
- (3) Sleepy;
- (4) Facial itching;
- (5) Dry mouth;
- (6) Possibly euphoria.

Observed symptoms and signs start within a few seconds of taking opiates and last up to 8 hours (24 hours with Methadone). It should be noted that regular users might not display any of the above signs.

4. Central Nervous System Stimulants

- (1) These include Cocaine and Amphetamines. Potential abnormal observations of someone who has recently taken these include:
 - (a) Dilated pupils;
 - (b) Restless and anxious;
 - (c) Difficulty keeping quiet;
 - (d) Easily irritated;
 - (e) Eyelid tremors;
 - (f) Euphoria.
- (2) Observed symptoms and signs start almost immediately on taking CNS stimulants and last about 90 minutes with Cocaine and 6 hours with Amphetamines.

5. Central Nervous System Depressants

- (1) These include Alcohol and Benzodiazepines (anti-anxiety medication like Valium and sleeping pills like Mogadon). Potential abnormal observations of someone who has recently taken these include:
 - (a) Abnormal sized pupils;
 - (b) Drowsiness;
 - (c) Thick, slurred, slow speech;
 - (d) Slow, sluggish reactions;
 - (e) Poor co-ordination;
 - (f) Watery eyes.
- (2) Observed symptoms and signs start within about 30 minutes of taking CNS depressants and last up to 4 hours.

6. Hallucinogens

- (1) These include LSD, Ecstasy and "Magic Mushrooms". Potential abnormal observations of someone who has recently taken these include:
 - (a) Hallucinations;
 - (b) Synesthesia (sensations may be transposed from one sensory mode into another, e.g. sounds may be interpreted as sights or odours);
 - (c) Dazed appearance;
 - (d) Poor balance;
 - (e) Distorted time and distance perception;
 - (f) Nausea and sweating;
 - (g) Paranoia;

- (h) 'Goose bumps'.
- (2) Observed symptoms and signs start within 20 to 60 minutes and last 3 to 12 hours according to the substance taken.

It should be noted that 'magic mushrooms' and LSD are not included in the regulations.

7. Inhalants

- (1) These will include Petrol, Glue, Solvents, Aerosols and Paint. Potential abnormal observations of someone who has recently taken these include:
 - (a) Smell or residue around the face;
 - (b) Dizziness or light headed;
 - (c) Bloodshot, watery eyes;
 - (d) Confusion;
 - (e) Flushed, sweaty appearance;
 - (f) Slow, slurred speech (often non-communicative);
 - (g) Distorted time and distance perception;
 - (h) May complain of intense headache.
- (2) Observed symptoms and signs start almost immediately and last from a few seconds to 2 or more hours according to the substance and quantity inhaled.

It should be noted that inhalants are not included in the regulations.

8. Anabolic Steroids

- (1) Anabolic steroids are abused by athletes and body builders to increase muscle bulk. As well as their anabolic (muscle building) action, they also have androgenic (masculinising) actions. There are no immediate acute symptoms or signs of taking anabolic steroids, but over a period of time they cause:
 - (a) Much more rapid weight (muscle) gain than usual;
 - (b) Increased greasiness of skin and hair;
 - (c) Increased spots or 'acne';
 - (d) An increase in aggressive behaviour.

It should be noted that anabolic steroids are not included in the regulations.

9. Areas of Concern

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

Poor Attendance

All aspects of attendance tend to be affected including:

- (1) Frequent, short term sickness absence, especially in relation to other leave (weekends/rest days, bank holiday, etc);
- (2) Poor time keeping; late in to work, late returning from lunch, late for appointments, early leaving work;
- (3) Unexplained absences or disappearing from the workplace.

Poor Work Performance

The main areas of work performance affected by substance misuse are:

- (1) Lack of concentration and poor memory;
- (2) Frequent mistakes and errors of judgement;
- (3) Unreliability and difficulty meeting deadlines.

Frequent Accidents

- (1) Substance misusers tend to suffer more accidents than normal.

Other warning signs to look out for are:

- (a) Smelling of alcohol, or something to disguise the smell of alcohol or cannabis, such as mints or strong after-shave;
 - (b) Hand tremor, slurred speech, facial flushing, especially after a weekend or rest day, a prolonged lunch break or unexplained absence from the workplace;
 - (c) Poor relationships with colleagues, possibly to the avoidance of company altogether;
 - (d) Always short of money and may attempt to borrow money from colleagues;
 - (e) Tendency to blame others for shortcomings at work and to over-react to real or imagined criticism;
 - (f) Moodiness, apathy, depression, irritability;
 - (g) General neglect of appearance including cleanliness and personal hygiene.
- (2) If a police officer/member of police staff displays any of the above behavioural changes, it must not be automatically assumed that this is proof of a substance misuse problem. Many of the signs and symptoms above could be indicative of other illnesses and conditions.

DEFINITIONS

1. **Substance Misuse**

The inappropriate use of any legal substance or the use of any substance defined as illegal by statute.

2. **Drug Testing**

The collection and screening of hair, oral fluid or urine samples through recognised protocols, by suitably qualified staff and the testing of samples by an appropriate external contractor.

3. **Disciplinary or Criminal Proceedings**

The use of internal disciplinary procedures and/or criminal law as appropriate.

4. **Treatment and Support**

Treatment and action plans prescribed by qualified medical practitioners.

5. **Risk Assessment**

A formal analysis of risk carried out by management where a police officer or member of police staff has self-declared a substance dependency. All risk assessments should be documented. Those subject to risk assessments will be made aware of their content unless this would frustrate a criminal investigation.

6. **Chain of Custody**

The system of controls and procedures that document the progress of a specimen from the point of collection through the laboratory to its disposal after the results have been accepted.

7. **Non Negative Result**

The on-site test has not shown a negative result. This is a provisional indication only, and will be subject to laboratory analysis and medical review, either of which could result in the confirmed result being negative or positive.

8. **Safety Critical Role**

Roles where any level of impairment would be regarded as a risk to the health and safety of themselves, colleagues and or the public. Appendix 'A' details the roles that the Police Service of Northern Ireland has deemed as Safety Critical.

9. **Security Critical Role**

Roles where use of illegal substances or misuse of legal substances would expose the individual to a risk of coercion or would impact on the credibility of the individual and/or the reputation of the organisation. Appendix 'A' details the roles that the Police Service of Northern Ireland has deemed as Security Critical.

10. **Medical Review Officer (MRO)**

A qualified doctor who examines and interprets non-negative samples that have been returned following laboratory analysis.

11. Voluntary Self-Declaration

Where police officers or police staff consider that they have a substance misuse issue or dependency and seek the assistance of the organisation in overcoming this.

12. Rehabilitation Contract

A formal document outlining the assistance that has been offered/advised by Occupational Health and Well-being (OHW) and the agreed action for moving forward including timescales and responsibilities.

13. Failure to Provide a Sample

A police officer or member of police staff who refuses to provide an acceptable sample, does not comply fully with the testing procedures or who fails to provide a sample within 2 hours of being requested to do so, will be deemed as having failed to provide a sample. Failure to provide a sample will be dealt with in the same way as a positive test.