Lincolnshire Police

Policy Document

Alcohol, drug and other substance misuse (in-service screening and support) policy PD1

Policy document information

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Policy sponsor: DCC

Policy owner: Head of Professional Standards

Author: Head of ACU

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Version history

Version	Date	Reason for issue
8	March 2021	Biennial Review
9	March 2023	Biennial Review
10	July 2025	Biennial Review

Code of Ethics

All staff involved in carrying out functions under this policy and associated procedures and appendices will do so in accordance with the principles of the Code of Ethics. The aim of the Code of Ethics is to support each member of the policing profession to deliver the highest professional standards in their service to the public.

Legislative compliance

This document has been drafted to comply with the principles of the Human Rights Act. Proportionality has been identified as the key to Human Rights compliance, this means striking a fair balance between the rights of the staff and those of the rest of the community. There must be a reasonable relationship between the aim to be achieved and the means used.

Equality and Diversity issues have also been considered to ensure compliance with the Equality Act 2010 and meet our legal obligation in relation to the equality duty. In addition, Data Protection, Freedom of Information and Health and Safety Issues have been considered. Adherence to this policy or procedure will therefore ensure compliance with all relevant legislation and internal policies.

Other legislation/law which this policy has been drafted to comply with:

- Human Rights Act 1998 (in particular A.14 – Prohibition of discrimination)

- Equality Act 2010
- Crime and Disorder Act 1998
- H&S legislation
- Data Protection Act 2018
- Freedom Of Information Act 2000

Security classification

Policy to be published on Intranet: Yes

Policy to be published on Force Website: Partially (without appendices)

Authorised Professional Practice (APP)

This Policy has been checked against APP. Lincolnshire Police has adopted the APP provisions, with supplementary information contained herein, which reflects local practice, and the needs of the communities served by Lincolnshire Police.

Those provisions are shown in the links below and can be accessed via the home page of the APP website: Professional standards

1. Policy aims (Purpose)

1.1. The overall aims of this policy are to promote the health, safety and welfare of all police personnel and protect those whom they come into contact with, whilst ensuring the integrity of those that deliver the service.

1.2. The policy will ensure that:

- All personnel are made aware of their responsibilities regarding alcohol, drug and other substance related issues as they relate to the provision of a safe, healthy and productive working environment for all police personnel and members of the public; and
- The ethos of high integrity, individual responsibility and accountability are maintained, demonstrating a commitment to

enhance public trust in the Lincolnshire Police and the service we provide.

1.3. Lincolnshire Police aim to:

- Preserve and enhance the health, safety and welfare, of all personnel in matters relating to alcohol, drug or substance misuse.
- Provide advice, assistance and guidance to personnel affected by alcohol, drug or substance misuse, at an early stage and where possible, assist personnel to return to full health.
- Provide advice, assistance and guidance to managers confronted by problems associated with alcohol, drug or substance misuse by colleagues.
- Maintain the professional integrity of personnel in providing services to the members of the public and wider community.
- Apply the policy equally to everyone in Lincolnshire Police regardless of rank or position.
- Maintain and increase the public confidence in Lincolnshire Police by ensuring the highest professional standards.

1.4. The public rightly expects Lincolnshire Police to be a drug-free organisation.

1.5. Lincolnshire Police is committed to providing a safe, healthy and productive working environment. Misuse of alcohol and drugs can lead to reduced efficiency, increased risk of accidents, increased health/welfare issues, increased vulnerability to corruption and potential criminal and disciplinary consequences. This can have serious consequences for individuals, their families, the public and it is costly for the Lincolnshire Police.

2. Policy statement (Key information)

2.1. Principles

2.1.1. This policy incorporates the views of the NPCC Policy and Guidance Document on Substance Misuse by Police Personnel and should be read in conjunction with Home Office circular 011/2012: testing police officers for

substance misuse. Circular: testing police officers for substance misuse - GOV.UK. Lincolnshire Police will ensure that all police personnel, including police officers, police staff, police community officers and volunteers are subject to this policy. The policy sets out how Lincolnshire Police will support its personnel and the public it serves and to eradicate drug and alcohol misuse in the workplace

2.1.2. It is recognised that alcohol and drug related problems:

- May develop over a lengthy period of time.
- May develop for a variety of reasons
- May have a significant impact upon an individual's life and the ability to carry out work safely and effectively.
- Can be successfully treated.
- Should, as far as possible, be treated in a similar way to other ill health problems.

2.1.3. As such, the approach to dealing with personnel suffering with such problems will be to encourage them to seek help voluntarily through their GP and to provide support where possible. Individuals may contact their line manager, be referred to Occupational Health or relevant staff associations at any time to discuss a problem of this nature.

2.1.4. Unsatisfactory job performance, in which alcohol, drug or other substance misuse is suspected to be a factor, may lead to disciplinary or misconduct action, whether or not welfare or health issues are involved. Individuals, therefore, are expected to take responsibility for their own work and to take appropriate steps to remedy deficiencies to an acceptable level within a reasonable timescale. N.B The Standards of Professional Behaviour 2020 under Code 8 – Fitness for duty requires officers to be fit for duty and ensure 'they do not consume alcohol when on duty unless specifically authorised to do so or it becomes necessary for the proper discharge of police duty." Police Staff fitness for duty is covered under employee regulations.

2.1.5. This policy covers an extremely sensitive area, and its implementation and application should be adhered to sensitively and professionally, with due regard for the needs of the individual and the Lincolnshire Police.

Accordingly, responsibility for implementation, application and the monitoring of the policy rests with the Head of Professional Standards.

2.1.6. Lincolnshire Police will provide advice and guidance to personnel and managers on alcohol, drug or substance misuse in the workplace and will raise awareness of the issue by publishing information on how to identify symptoms of alcohol and drug misuse and sources of help to overcome problems.

2.1.7. The officers GP and OHS can provide support and counselling and can provide details of local and national guidance, supportive and counselling agencies.

2.1.8. The Force, Police and Crime Commissioner's Office will not provide alcoholic drinks at official force events and ceremonies. The Force will not operate bars or clubs that sell or provide alcohol in any of its premises.

3 Guidelines for Supporting Police Personnel

3.1 Support for the implementation of the Policy on Alcohol, Drug and Other Substance Misuse.

3.1.1 The Force will provide:

- The opportunity for referral through to Occupational Health (OH) to appropriate treatment agencies in conjunction with the individual's own GP and with the individual's consent.
- Appropriate time off work to attend such treatment as is recommended by OH.
- Recognition of any periods of treatment as periods of sickness absence, as with any other form of ill health.
- Appropriate modification to duties in consultation with OH during any period of treatment and for an agreed interval thereafter, subject to operational requirement and feasibility.
- Other appropriate support that may be recommended by OH.

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

3.1.2 The aim will be to provide support with a view to achieving a full recovery, thereby allowing a return to work to undertake the normal range of duties.

3.2 Identifying the problem

3.2.1 No single characteristic exists to identify personnel suffering from problems of this nature. A combination of factors over a period of time may indicate the presence of alcohol, drug or other substance related problem. (See H&S Guidance Note 8 –Signs of Substance Misuse)

3.2.2 Identifying alcohol, drug or other substance misuse is often extremely difficult, and in some cases there are no obvious signs and symptoms until the problem becomes severe. Early recognition and treatment, however, enhances the prospect of rehabilitation as well as reducing the personal suffering of those concerned and their families.

3.3 What action to take.

3.3.1 Identification by the Individual - An individual may choose to seek help on a completely voluntary basis. If an individual believes that they have an alcohol or drug related problem they should seek specialist advice as soon as possible. Occupational Health will initiate such help if requested following a referral by a line manager. If an individual voluntarily needs assistance prior to managers being aware of poor work performance, the member of staff should approach Health and Care, and the matter will be treated in confidence. If, however, time off work is required for the individual to undertake a programme of treatment the manager will need to be informed of the time requirement but not the reason. This can be negotiated through Health and Care.

3.3.2 Identification by the Manager - Managers have an important role to play in identifying problems at work. Deterioration in work performance and/or changes in patterns of behaviour may be noticed by a manager with or without any obvious signs of alcohol or drug misuse. That individual may be asked to discuss the matter with their line manager in confidence. In these circumstances the HR Department will provide advice and assistance for managers if required.

3.3.3 Identification by a Colleague - It may be that a colleague identifies a change in an individual's pattern of behaviour. In this case it is their responsibility to draw the matter to the attention of the individual's manager. Colleagues should not, even for the best of motives, 'cover up' for a fellow member of staff whose work or behaviour is suffering as a result of an alcohol or drug related problem. Employees are encouraged to report their suspicions through their Line Managers, HR Team, Occupational Health, or the Confidential Reporting Web page 'Bad Apple'.

3.4 Referral to Occupational Health

3.4.1 Where a manager has become aware of deterioration in an individual's work or behaviour, they should discuss this with the individual and consider referral to Occupational Health.

3.4.2 Referrals to Occupational Health of individuals, who have identified a drug or alcohol problem with their line manager, will be completed on the normal Occupational Health referral form. When Occupational Health sees the individual, an assessment will be made as to the extent of the problem and the need for any immediate work adjustments or restrictions. These will be advised to the line management – confirmation of the presence or absence of a drug or alcohol problem will be made with the individual's written consent.

3.4.3 Treatment support will be offered by Occupational Health, in liaison with the individual's GP although, as with other medical conditions the responsibility ultimately for clinical management will rest with the patient's GP.

3.5 Programme of Treatment

3.5.1 Where an individual is attending a treatment or rehabilitation programme for a drug and alcohol problem, OH will advise as appropriate the need for any work adjustments to enable an individual to remain at work. This may involve specific restrictions if in high risk or safety critical roles including driving and firearms duties. Individuals will be kept under regular review by Occupational Health who will monitor an individual's compliance with any treatment or rehabilitation programme offered.

3.5.2 Where an individual refuses help or denies the existence of a problem with alcohol, drugs or other substances which affects their conduct at work or, work performance, the Area HR Team should be consulted, and unsatisfactory performance procedures or disciplinary procedures may be implemented.

3.6 Roles and Responsibilities

3.6.1 The Individual - Individuals who have an alcohol or drug related problem, or who suspect that they may have, should seek assistance as soon as possible. They may wish to approach their manager, the Area HR Team, their GP or a specialist agency. Whichever source of help is chosen, the matter will be dealt with in a confidential and sympathetic manner.

3.6.2 When an individual is prescribed drugs which have possible adverse side effects and they are involved in work of a hazardous nature, they must notify their line manager immediately in order that a risk assessment can be carried out and if necessary alternative work arranged. It is not necessarily the case that they must disclose the type of drugs or the condition for which they are being taken. The key area of risk is the nature of the adverse side effect.

3.6.3 Non-prescription medication may also have adverse side effects, such as drowsiness. Individuals should ensure, when taking such medication, that they are aware of any side effects and that they discuss the matter with their line manager so that, where necessary, work of a non-hazardous nature may be arranged.

3.6.4 The Colleague - When a colleague suspects that an individual may have an alcohol or drug related problem they should, initially, encourage that person to seek assistance. If this concern persists, they should discuss the matter in confidence with the line manager, the Area HR Team or Occupational Health.

3.6.5 The Manager - All managers have a responsibility to be aware of the content of this policy. They should be alert to early indicators of a potential problem. H&S Guidance Note 8 provides some guidance on this.

3.6.6 If approached, managers should offer advice, support and guidance in a sympathetic and confidential manner. They should encourage them to seek specialist help, via Occupational Health, their General Practitioner or direct from a specialist agency. If it is an approach about concern for a colleague, the individual making the referral should be able to expect that it will be treated with respect and in confidence. H&S Guidance Note 8 provides some useful addresses and telephone numbers.

3.6.7 The Human Resources Department - The HR Department will support officers, staff and managers in the practical application of this guidance by offering advice to managers who are dealing with work performance problems, advice on reasonable targets and timescales, and advice on the misconduct process.

3.6.9 Occupational Heath (OH) - OH will deal with any referrals made by the manager. They may refer the individual to a specialist agency. They will also provide a point of contact and liaison between the individual, the line manager, the GP and any specialist agency. The role of OH is to consider health, safety and welfare issues alone.

3.6.10 OH will also encourage the early identification of problems by raising awareness of drug and alcohol related problems and providing guidance to managers and personnel.

3.6.11 The Professional Standards Department (PSD) - Where intelligence exists that supports a 'just cause' test, Professional Standards Department will arrange for the individual to be tested in accordance with this procedure.

3.6.12 In all cases where the reason for being tested is under the 'with cause' category the officer will be informed of this prior to the test. Names will not be surreptitiously added to a random screen.

3.6.13 PSD will be responsible for the investigation of all positive results involving illicit substances or positive results involving licit substances where a criminal or disciplinary offence may have been committed. They will also investigate all refusals and failures to provide under the procedure.

3.6.14 Upon notification of a positive result a check will be made with OH to see if the person concerned has been previously referred and undergoing treatment. If this is the case, then no investigation will commence. If this is not the case or was not the case when the test was taken, an investigation will commence. It should be borne in mind that a person may self-refer for one substance (e.g. cannabis) but test positive for another (e.g. heroin). In such a case where the heroin use has been withheld from OH and not declared, PSD will investigate the matter, as this would not be classed as 'self-referral' for the heroin.

3.6.15 Staff Associations - Staff Association representatives should encourage personnel to seek assistance in accordance with the provisions of this policy. Advice is available from staff associations if required. Personnel shall be offered the opportunity to have a staff association/trade union representative or 'friend' present in discussions with management and Occupational Health.

4 Screening for drugs and alcohol

4.1 Lincolnshire Police may require any member of police personnel to submit a urine or saliva sample for specified drug testing if:

- a senior officer has reasonable cause to suspect the use of a controlled drug

- the person is carrying out work which puts them in a vulnerable position because of a specific responsibility for dealing with drugs; or
- the person is in a safety critical post.

N.B For this policy a "senior officer" is a Chief Officer, Head/Deputy of Professional Standards and out of hours the Duty Superintendent.

4.2 Lincolnshire Police may require any member of police personnel to submit a sample to be tested for evidence of alcohol if:

- a senior officer has reasonable cause to suspect the use of a controlled drug
- the person is in a safety critical post; or
- they have been involved in a police vehicle collision.

4.3 Safety Critical are defined by Lincolnshire Police as:

- Firearms officers – All officers currently authorised to use Police firearms including officers whose firearms permits have been removed but are still permitted to train. Tactical Advisors and all officers on duty liable to be deployed to act as firearms bronze commander and those officers accredited to carry out the role of silver commander.
- Drivers and motorcyclists – Any Officer or member of Police staff authorised by their Chief Officer to use any Police vehicle.
- POLSA - Members or supervisors of Police Search Advisor (POLSA) teams; this incorporates all Operational Support Unit (OSU) staff and the Operations Support Inspector with supervisory responsibility.
- Police divers - this incorporates all medically 'in date' members of the Underwater Search Unit (UWSU).
- East Midlands Specialist Operations Unit – There are a number of Lincolnshire Police Officers who are operating within EMSOU. These officers are subject of this policy and as such fall under the random and 'with cause' testing program. If an officer attached to EMSOU is

tested by Lincolnshire ACU the OPSY (Operational Security Officer) for EMSOU is to be informed.

- Lincolnshire UCFO (Undercover Officers) are Not subject to this policy. The testing regime for these officers is covered under the EMSOU program arranged by the Operational Security Officer (OPSY). If any UCFO undertake a random or with cause test then Lincolnshire ACU are notified.

4.4 Vulnerable Posts are defined by Lincolnshire Police as:

- All personnel trained to undertake the role of a foundation undercover officer,
- test purchase officer,
- all accredited source handlers employed in that post, and
- Police drug dog handlers and trainers.

Should a specific drug squad be formed, officers attached would be subject to testing.

5 Process

5.1 When a member of staff or an officer is identified as needing to provide a sample for testing under this policy, they will be asked to attend a specific location which has been reserved for securing the samples. This may require some travel to a different location than the base location of the person being tested. It is acknowledged that such request for travel, without notice, could be more challenging for staff who have mobility difficulties. This should be brought to the attention of the testing team, when the request is made for attendance at the test location. Suitable consideration will be given by ACU staff to ensure the person is properly supported, whilst understanding that the test is still necessary. In exceptional circumstances, ACU staff will facilitate travel to and from the testing location.

5.2 When required to attend testing, the member of staff/officer will be asked to provide details of any medication they are taking, prescribed or otherwise, including as much detail as possible. There are some prescribed drugs

which could show a positive result in the test. Of course, full consideration is given to these circumstances to safeguard people from facing disciplinary proceedings when taking lawful and/or prescribed medication. It is therefore important that these questions are answered fully and clearly. The information is taken by the sample collector, an employee of the external testing company, and is kept confidential from PSD. If the external company find a positive result, all they will tell PSD staff is that they are content there is a suitable medical reason for the positive result – not what medication is prescribed or the circumstances.

5.3 When required to attend testing, the member of staff/officer will be required to provide a sample of urine. That sample will be produced in private, in a secure toilet which is being used solely for the testing process. The sample pot will be given directly to the external tester for securing for transport. It is acknowledged that people can have difficulty in providing a sample of urine for a number of reasons, including but not limited to physical illness or disability, age, pregnancy, or nervousness in the moment. Allowance will be made and ACU staff will sensitively support the process. Please inform ACU staff and reasonable time will be given to provide the sample. Drinking water will be provided if necessary. The toilets being used will be closed off to all other users during the testing time – the gender of the person using the toilet is therefore immaterial as it will be a secure private location.

5.4 ACU will always endeavour to ensure the staff who attend to support the process will include a female member of the ACU team, to support staff in the process.

5.5 If any person subject to giving a sample is concerned about the process, they should bring this to the attention of the ACU staff present so the matter can be given due, and sensitive, consideration.

5.6 Confidentiality - Medical confidentiality will be maintained – whilst Occupational Health will provide advice on work capability and the need for work restrictions, detailed clinical information will only be provided with the individual’s written consent.

6 Cannabidiol (CBD) – Impact on drug testing

6.1 The Medicines and Healthcare Products Regulatory Authority (MHRA) takes the position that products containing Cannabidiol (CBD) oil used for medical purposes are a medicine, and so are subject to the Human Medicines Regulations 2012.

6.2 Tetrahydrocannabinol (THC), the intoxicating component in CBD should be removed completely or to a trace level from any product sold or purchased in the UK. Anyone selling such an item without the THC removed is essentially supplying controlled drugs.

6.3 Websites and shops selling CBD oil do not provide information on the exact composition of the product. If the product is not regulated, the exact composition may not have been independently tested and verified.

6.4 CBD oil products, unless prescribed or independently tested and verified may:

- contain THC
- be illegal to possess
- not be safe to use
- be detected in a substance misuse test

6.5 It is the responsibility of each individual to check that the product (or any other substance) is legally compliant, and they are not putting themselves at risk of breaching policy or being subject to disciplinary action.

6.6 The danger of not doing so could result in using a product which contains THC and subsequently being subject to disciplinary proceedings.

7 Drug Misuse

7.1 It would damage public confidence in the police if a police organisation were to deal leniently with law breaking by its own staff. However, if a hard line of disciplinary action for any incident of substance misuse is taken, there is a

risk of driving the issue underground. If that happened, it would make dealing with substance misuse all the more difficult as individuals, colleagues and even some managers would be reluctant to take any action that might result in the dismissal of a colleague.

7.2 In trying to achieve the balance between support and law enforcement, the following issues have to be considered:

7.3 Trigger for referral - If an individual presents themselves and seeks help from their GP, then support may be more appropriate than if the illegal substance misuse is revealed through the individual's action or by a third party. Between these two examples lie a spectrum of referral routes and each case should be judged accordingly.

7.4 Nature of misuse - The early revelation of a problem may be more easily and supportively addressed than a history of acute misuse of addictive drugs or a history of repeated lapses into substance misuse.

7.5 Circumstances - Anyone involved in drug misuse with others cannot be treated as a special case. For example, buying drugs from a Dealer may be aiding and abetting a serious criminal offence. Similarly, using drugs in the company of others who may be liable to prosecution is a factor which needs to be considered in dealing with an individual.

7.6 Even though cases of substance misuse might initially be dealt with sympathetically and in confidence, in an organisation with the security and law enforcement roles of the Police Service, it is not possible to ignore any previous substance misuse when assessing suitability for posts in the future. Individuals will have to accept that such history may debar them from certain posts in the future because of security and/or health and safety reasons.

8 Other related documents and appendices

8.1 Policies –

- PD6 - Managing Attendance Policy

- PD27 - Health and Safety Policy
- PD39 - Smoking at Work
- PD53 - Operational Deployment of Firearms Policy
- PD106 - Drivers Policy
- PD116 - Alcohol, Drug and Other Substance Abuse – Pre-employment Screening Code of Conduct for Police Officers
- Police Staff Disciplinary Procedure
- Ill Health Procedure (Police Staff)
- Unsatisfactory Performance Procedure
- Appendix A - Guidelines for Supporting Police Personnel

9 Monitoring and review

9.1 The policy will be subject to periodic review by the Head of PSD every two years and will be regularly monitored by PSD to reflect good practice adopted from other Forces or changes in legislation.

10 Who to contact about this policy

10.1 This policy is owned by the Head of PSD and any enquires about this policy should be directed to DI Andrew Wright-Lakin of the Professional Standards Department, andrew.wright-lakin@lincs.police.uk.