



SUBSTANCE MISUSE TESTING 'WITH CAUSE' STANDARD OPERATING PROCEDURE

STANDARD OPERATING PROCEDURE			
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OWNER	Head of Professional Standards		
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1.1	8 October 2008	The list of drugs that are being tested for has been amended.	Bob Kenwrick



CONTENTS

1 INTRODUCTION3

2 RESPONSIBILITIES.....3

3 WHAT WILL THE TESTING LOOK FOR?.....4

4 WHO WILL BE SUBJECT TO TESTING?4

5 WHEN WILL THE TESTING PROCEDURES APPLY?5

6 WHAT TO DO IF YOU SUSPECT SOMEONE OF SUBSTANCE MISUSE6

 6.1 How to report suspicion/request a test6

 6.2 Initial Risk Assessments.....6

7 THE TESTING PROCESS7

 7.1 Authorisation7

 7.2 How the test will take place7

 7.3 Refusal to take a test.....8

 7.4 Seeking independent advice8

8 WHAT HAPPENS AFTER A POSITIVE RESULT?8

9 CONFIDENTIALITY.....10

APPENDIX 1 – POSSIBLE SIGNS OF DRUG ABUSE11

Substance Misuse Testing 'With Cause' Standard Operating Procedure

1 INTRODUCTION

- 1.1 This policy covers the use of testing aimed at deterring and detecting substance misuse by BTP employees. Policing the railways involves many obvious dangers such as live rails, overhead power sources and the movement of rolling stock and BTP has a duty to ensure that its employees are fit to carry out their duties safely and effectively. Any form of substance misuse by BTP employees places the health and safety of themselves, their colleagues and the public at risk, while compromising individual or organisational integrity.
- 1.2 This procedure enforces and is subject to the conditions of the Substance Misuse Testing Policy (Policy/105/08).

2 RESPONSIBILITIES

- 2.1 **All employees** have a responsibility not to engage in substance misuse and to report any suspicions of substance misuse as set out in paragraph 6.1.
- 2.2 **Line Managers** have a responsibility to report any suspicion they may have of substance misuse by employees. They have a duty of care to their employees and have a responsibility to ensure employees abide by, and are supported through, any rehabilitation programme. Support and advice for Line Managers can be obtained through Occupational Health. They are also responsible for carrying out risk assessments as outlined in section 6.2.
- 2.3 **PSD** will manage the complete process for 'with cause' testing, including contact with the external service provider and making the arrangements for the test.

- 2.4 TSSA, Police Federation and Superintendents' Association representatives should encourage employees, who may be misusing drugs, to seek assistance in accordance with the provisions of this policy.
- 2.5 The testing protocols are the responsibility of the **Head of the Occupational Health Department**.
- 2.6 As well as the above, the **Occupational Health Department** will be responsible for the provision of employee support (see paragraph 4.3.2 for further details) and the maintenance of confidential records (see section 9). They will provide advice to supervisors and line managers as required.

3 WHAT WILL THE TESTING LOOK FOR?

- 3.1 The procedures are principally focused on screening for illegal drugs however they can equally be used for other substance abuse as appropriate.
- 3.2 The testing will also aim to identify the misuse of any substances that are legally available, including prescription drugs.
- 3.3 Drug testing will cover the illegal use of the following substances:
- Cannabis
 - Amphetamines (including ecstasy)
 - Cocaine
 - Benzodiazepines
 - Opiates

4 WHO WILL BE SUBJECT TO TESTING?

- 4.1 Any employee who is suspected, on reasonable grounds, of engaging in substance misuse may be subjected to testing.

4.2 All employees suspected of substance misuse are obliged to submit to a test under this policy. If required they will also have to declare certain personal information that will be treated in confidence by the Occupational Health Department (see section 9 for further details on confidentiality).

5 WHEN WILL THE TESTING PROCEDURES APPLY?

5.1 For 'cause' to be established, the test of 'reasonable suspicion' must be satisfied.

5.2 There is no single definition of reasonable suspicion. Some possible signs of drug abuse that may lead to reasonable suspicion are included at Appendix 1.

5.3 It must be made clear to the employee that testing 'with cause' may prove or disprove intelligence or allegations made. It should be noted that a single and unsubstantiated allegation, particularly if made by a member of the public who may have malicious intent, would not normally amount to reasonable suspicion. The reasons for suspecting that an employee is misusing drugs will be recorded in writing and referred to PSD (this can include a 5x5 intelligence report or email to the PSD Intelligence Unit). The reporting does not have to go through any line manager and the employee reporting the matter may or may not decide to make their line manager aware of the fact that they have submitted a report.

5.4 Following a road traffic collision any drug test will be administered under in accordance with the Road Traffic Act (1988).

5.5 Voluntary Disclosure

5.5.1 Employees with substance misuse problems should be encouraged to disclose the fact to their line manager and should be assisted in seeking treatment. However, self-declaration cannot be used to avoid the consequences of a positive test. Any self-

declaration must be made before the employee is notified of any requirement to take a test under this policy. A self-declaration made after a requirement cannot be used to frustrate any disciplinary proceedings that may result from a positive test result.

5.5.2 The Occupational Health Department has responsibility for monitoring the rehabilitation of those who have a substance misuse problem and will work with Area Commanders or Heads of Departments to identify the appropriate duties through continuous risk assessment. If individuals fail to comply with medical advice then the Occupational Health Department will refer the circumstances to PSD for preparation of misconduct reports in liaison with Area Commanders or Heads of Departments.

6 WHAT TO DO IF YOU SUSPECT SOMEONE OF SUBSTANCE MISUSE

6.1 How to report suspicion/request a test

6.1.1 Where an on-duty police officer is suspected, with reasonable suspicion, of substance misuse PSD should be notified directly. If this occurs out of normal office hours contact must be made with MICC for referral to the on-call PSD officer who will seek to gain authorisation as detailed in 7.1. It should be noted that PSD may suggest that relevant powers to search under the Misuse of Drugs Act 1971 (as amended) are employed immediately without the need to wait for intervention from the independent testing agency.

6.1.2 Where suspicion of substance misuse concerns a member of police staff or an off-duty police officer (or the suspicion is based on a third party report) PSD may be notified by forwarding a 5 x 5 intelligence report or by telephoning the confidential reporting telephone line.

6.2 Initial Risk Assessments

6.2.1 An initial **risk assessment will be conducted immediately in all cases**, which may involve a simple decision making process by the line manager, based on the

circumstances at the time as to the employee's ability to perform their duties to ensure the safety of the individual, other employees and the public. This should be documented on the form [HSPP21.1](#).

7 THE TESTING PROCESS

7.1 Authorisation

7.1.1 The requirement to take a 'with cause' test should only be authorised by an officer of Chief Inspector rank or above within PSD.

7.2 How the test will take place

7.2.1 Testing for drugs consist of three stages:

- The initial taking of a medical history to establish current medication or potential drug taking currently or in the past. Information about medications taken prior to the test should be recorded at the time of specimen collection and not at any later stage.
- A screening test to indicate whether there are any potential problems with the drugs listed in paragraph 3.3.
- If the screening test is positive, a further evidential test, using the residual specimen of saliva or urine will be conducted for full analysis at an independent laboratory.

7.2.2 Samples collected from the employee, including urine and mouth swab samples, will be screened, and where necessary analysed, using recognised testing methods and techniques.

7.2.3 Testing will be carried out by suitably qualified staff from an independent testing agency.

7.2.4 Normally, a member of the independent testing agency, PSD and a supervisor from the Area or Department of the employee concerned will be present.

7.2.5 The residual sample (see 7.2.1, bullet point 3) will be split into two samples in order to give the employee the opportunity to have their own independent analysis conducted. The cost of the independent analysis will be borne by the employee concerned. This cost will however be reimbursed if the force evidential sample submitted for analysis is found to be negative.

7.3 Refusal to take a test

7.3.1 Should an individual refuse to provide a sample in accordance with this policy, a referral of the circumstances will immediately be made by the line manager/supervisor concerned (or the independent testing agency) to the Head of PSD or their nominee for appropriate action. It may not always be possible for PSD to be present in which case the line manager/supervisor concerned must inform PSD of the outcome. The action taken for refusing a test will be the same as that taken for failing a test.

7.4 Seeking independent advice

7.4.1 Those who provide a sample for testing may seek advice from their staff association or trade union. Should an employee request it, a representative may attend discussions with the Manager/Occupational Health Adviser. However, this will not delay the request or the provision of the relevant sample.

8 WHAT HAPPENS AFTER A POSITIVE RESULT?

8.1 Any positive screening test result should be communicated as soon as practicable to the employee's line manager and the Area Commander or Head of Department.

- 8.2 The employee being tested will be advised that a positive screening test is only a provisional indication and further evidential tests will be sent to a laboratory for analysis.
- 8.3 Results of the evidential tests will be communicated to the individual concerned.
- 8.4 When the results show positive evidence of suspected illegal drug use:
- analysis of the individual case will be performed by an appropriate medical expert, taking into account all relevant factors,
 - a risk assessment will be arranged by the person's line manager in relation to suitability of the individual to perform their current role. Each risk assessment will involve the Head of PSD or their nominee and, where appropriate, their Department Head or Area Commander. Occupational Health will be consulted for advice. The risk assessment will consider the ethical and physical vulnerability of the individual and the role he/she can perform to minimise risk. Such risk assessment arrangements should stay in place until the final determination has been made following appropriate medical assessment of the evidential test results),
 - the case will be referred to the Head of PSD for consideration as to disciplinary or criminal procedures. Referral to the Director of Human Resources should also be made in the case of police staff.
- 8.5 The case papers and risk assessments will be retained by PSD, treated as confidential, stored in accordance with the Government's Protective Marking Scheme (see section 9 for additional information on confidentiality).
- 8.6 Support and referral to NHS or other treatment processes will be made through Occupational Health and there is an expectation that the individual concerned will co-operate. Individuals who fail to co-operate may be liable to further action.

8.7 Whilst undergoing any treatment programme, no employee will be eligible for promotion or transfer unless in accordance with agreements made within the risk assessment.

9 CONFIDENTIALITY

9.1 The principles of medical confidentiality will be maintained as far as possible within the spirit of the aims of this policy. Where completion of any documentation involves disclosure of medical history, this information should be seen only by trained medical staff. However, the requirement to conduct risk assessments and monitor rehabilitation means that Occupational Health, PSD and line managers will need to exchange relevant managerial information to ensure consistency.

9.2 There are some circumstances in which the interests of the proper administration of justice may over-ride an absolute confidentiality. These circumstances are highlighted in the [Disclosure Manual](#). It places a personal responsibility on all employees 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 employees acting as a witness may have to be revealed to the Crown Prosecution Service (CPS), as the damage to the credibility of the employee as a witness may be a factor to be considered in a decision whether to proceed with a prosecution.

9.3 The personal responsibility within the Disclosure Manual will be drawn to the attention of an employee who makes a self declaration. The need to make a declaration to the CPS will not arise in every case, each should be considered on its own facts and merits. Any declaration to the CPS should be properly managed, with appropriate support provided to the employee concerned.

APPENDIX 1 – POSSIBLE SIGNS OF DRUG ABUSE

The information below has been adapted from an ACPO document¹ and is for general guidance only. It should not be relied on as an authoritative document - please speak to Occupational Health regarding issues arising or to seek points of clarification.

Substance misuse may manifest itself as specific acute symptoms and signs attributable to the actions of the substance itself, but these only last for at most a few hours after taking the substance. If the misuse becomes a regular occurrence or develops into addiction, then non-specific changes in behaviour normally develop over a period of time. Examples of acute observable symptoms and signs are:

Cannabis

The potential abnormal observations on someone who has recently taken cannabis are: distinctive smell, poor co-ordination and balance, impaired perception of time and distance, reddening of whites of eyes, poor attention span, relaxed inhibitions and possibly dilated pupils.

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

Opiates

These include Codeine, Heroin, Methadone, Morphine and Opium. Potential abnormal observations of someone who has recently taken opiates include: very small pupils, slow speech and reflexes, sleepy, facial itching, dry mouth and possibly euphoria.

Observed symptoms and signs start within a few seconds of taking opiates and last up to 8 hours (24 hours with Methadone).

¹ Reproduced with some minor shortening, from Substance Misuse and Testing – Policy Guidance Document 2005, Appendix D, pages 19 to 22.

Central Nervous System Stimulants

These include Cocaine and Amphetamines. Potential abnormal observations of someone who has recently taken these include: dilated pupils, restless and anxious, difficulty keeping quiet, easily irritated, eyelid tremors and euphoria.

Observed symptoms and signs start almost immediately on taking CNS stimulants and last about 90 minutes with Cocaine and 6 hours with Amphetamines.

Central Nervous System Depressants

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: drowsiness; thick, slurred, slow speech; slow, sluggish reactions; poor co-ordination and watery eyes.

Observed symptoms and signs start within about 30 minutes of taking CNS depressants and last up to 14 hours.

Hallucinogens

These include LSD, Ecstasy and "Magic Mushrooms". Potential abnormal observations of someone who has recently taken these include: hallucinations; synesthesia (sensations may be transposed from one sensory mode into another, e.g. sounds may be interpreted as sights or odours); dazed appearance; poor balance; distorted time and distance perception; nausea and sweating; paranoia; and 'goose bumps'.

Observed symptoms and signs start within 20 to 60 minutes and last 3 to 12 hours according to the substance taken.

Inhalants

These will include Petrol, Glue, Solvents, Aerosols and Paint. Potential abnormal observations of someone who has recently taken these include: smell or residue around the face; dizziness or light headed; bloodshot, watery eyes; confusion; flushed, sweaty appearance; slow, slurred speech (often non-communicative); distorted time and distance perception; may complain of intense headache.

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.

Anabolic Steroids

Anabolic steroids can be abused by athlete and body builders to increase muscle bulk. As well as their anabolic (muscle building) action, they also have androgenic (masculinising) actions. There are no real acute symptoms or signs of taking anabolic steroids, but over a period of time they cause: much more rapid weight (muscle) gain than usual; increased greasiness of skin and hair; increased spots or 'acne'; and an increase in aggressive behaviour.

All of the above are specific to the substance taken and, apart from anabolic steroids, are of limited duration.

Behavioural change

Someone who is regularly misusing substances may show typical persistent patterns of behaviour that develop over a period of time. Some of these are listed below.

Poor Attendance. All aspects of attendance tend to be affected including: frequent, short term sickness absence, especially in relation to other leave (weekends/rest days, bank holiday, etc.); poor time keeping; late in to work, late returning from lunch, late for appointments, early leaving work; unexplained absences or disappearing from the workplace.

Poor Work Performance. The main areas of work performance affected by substance misuse are: lack of concentration and poor memory; frequent mistakes and errors of judgement; unreliability and difficulty meeting deadlines.

Frequent Accidents. Substance misusers tend to suffer more accidents than normal, warning signs to look out for are: hand tremor, slurred speech, facial flushing, especially after a weekend or rest day, a prolonged lunch break or unexplained absence from the workplace; poor relationships with colleagues, possibly to the avoidance of company altogether; always short of money and may attempt



to borrow money from colleagues; tendency to blame others for shortcomings at work and to over-react to real or imagined criticism; moodiness, apathy, depression, irritability; general neglect of appearance including cleanliness and personal hygiene.

If an employee displays any of the above behavioural changes, it must not be automatically assumed that this is proof of a substance misuse problem, as there could be other explanations for any of the above including, among other things, stress and mental ill health. These notes are therefore a guide only and should be treated as such: if in any doubt, consult Occupational Health.