

Dyfed-Powys Police



Drugs, Alcohol, and Substance Misuse Policy

Dated: March 2009

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1. Policy Aim

- 1.1 This policy applies to Police Officers, Police Staff (irrespective of rank / grade or role) and candidates for appointment as Police Officers, Police Staff and Special Constables.

The purpose of the guidance is to ensure that: -

- All officers, staff and potential candidates are made aware of their responsibilities regarding alcohol and drug related problems.
- Officers and staff who have an alcohol or drug related problem are encouraged to seek help, in confidence, at an early stage, prior to any request of a sample.
- Officers and staff who volunteer an alcohol or drug related problem are dealt with sympathetically, fairly and consistently.
- That appropriate, effective, legitimate and auditable processes are in place to test officers and staff for substance misuse.

This policy, in line with Home Office Circular (HOC) 45/2005, Police Regulations 10 and 19A, addresses the responsibilities of all staff within Dyfed Powys Police to challenge drug and alcohol misuse in the work place.

It defines how Dyfed-Powys Police will respond to individuals who have a drug or alcohol problem in accordance with The Police Regulations, 2005, (Amendment No. 3) and the Police Staff Council (Joint Circular No. 51 April 2008).

- 1.2 **The policy does not apply to the provision of samples in evidential post incident situations where the legislative and investigating powers should be used.**

2. **Definition**

2.1 For the purposes of this policy the controlled drugs covered are:

- Amphetamines (including Ecstasy, Methamphetamine);
- Cannabis;
- Cocaine;
- Opiates (e.g. Morphine and Heroin);
- Benzodiazepines.

2.2 This policy also covers the misuse of alcohol.

3. **Drugs Testing**

3.1 For the purposes of the Regulations, police officers or police staff who may be required to undertake drugs testing are as follows:

3.1.1 Pre employment screening.

3.1.2 Whilst there is no power to test transferees before appointment transferees may be asked to voluntarily undertake the test as part of the recruitment process. Refusal by a potential transferee to undertake a test or a positive result may lead to a transfer not taking place.

3.1.3 Testing in the probationary period.

3.1.4 Those current officers and police staff who occupy **safety critical posts** as listed below.

- Firearms officers authorised to use firearms or directly those supervising such officers, (To include bronze, silver and gold command) and firearms TAC advisors;
- Drivers and motorcyclists who have received the appropriate training to use the police exemptions under the Road Traffic Act 1984.
- Members and supervisors of Police Search Adviser (POLSA) Teams.

- Testing of Police Staff (as part of their contract of employment) will be in accordance with the ACPO Substance Misuse and Testing Document endorsed by the Police Staff Council (Joint Circular No. 51/08 refers) and includes any post in which impairment would pose greater risk of harm to others. Those posts identified as high risk will be clearly identified within the role profile and reflected within the contract of employment.
- Serving officers and police staff who give "Cause to Suspect" that a controlled drug has been used.

3.1.5 **Vulnerable posts:**

- Officers and staff occupying posts which have been identified by the Chief Constable as being vulnerable because of a specific responsibility for dealing with drugs.

This will include police officers and staff who work undercover and who will have close associations with criminals. Those whose duties bring them into contact with drugs or drug dealers are particularly vulnerable to malicious allegations that they themselves are drug users. A liability for such officers and staff to be tested enables it to be demonstrated that they remain "clean".

3.1.6 **A full list of posts as applicable to Dyfed-Powys Police, defined under categories 3.1.4 and 3.1.5 is given at Appendix A.**

3.2 In terms of the safety critical posts outlined in 3.1.4 above there is a power also to test for alcohol.

4. Responsibility

4.1 All Staff

4.1.1 It is the duty of all staff employed by Dyfed Powys Police to ensure the health and safety of themselves, their colleagues and the public by reporting to their line manager or Occupational Health Unit (OHU), circumstances where a police officer or police staff member may be involved in drugs or alcohol misuse. Please bear in mind that national statistics identify that women who suffer domestic abuse are at an increased risk of using drugs/alcohol as a coping mechanism. Guidance on this area can be found in the policy 'Domestic Abuse Involving Dyfed-Powys Police Officers or Employees'.

Whichever source of help is chosen, the matter will be dealt with in a confidential and sympathetic manner.

4.1.2 Where an officer or member of police staff is suspected of knowingly not reporting their suspicions, a Misconduct investigation may be undertaken. If any officer or staff member is in doubt, assistance should be sought at the earliest opportunity.

4.1.3 Since the misuse of drugs may be also a criminal offence, all such suspicions should be notified directly to their line manager as soon as possible.

4.1.4 Suspected alcohol misuse should, in the first instance, be discussed if possible with the officer concerned by the line manager. They should be urged to seek help via the OHU and a formal referral should be made to the OHU by the HR Manager.

4.1.5 Officers and staff have a general responsibility to present themselves fit for duty. If their judgement is impaired by the consumption of alcohol, they are unlikely to be fit for duty.

4.1.6 Where an individual officer is prescribed drugs or is taking medication, which could possibly have side effects that have a direct bearing on their duties, they should inform their line manager without delay so that risk assessment can be carried out and if necessary alternative work arranged. OHU should be contacted for advice if necessary.

- 4.1.7 Officers and staff with substance misuse problems should be encouraged to identify themselves 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 an officer or staff member is notified of any requirement to take a test.

A self-declaration made after an officer or staff member is notified of the requirement to take a test cannot be used to frustrate misconduct proceedings that might result from a positive test result.

4.2 **Line Managers**

- 4.2.1 All line managers have a responsibility to be aware of the policy and the procedure and be alert to the early indicators of a potential problem.

They should be alert for the potential signs of drugs or alcohol misuse. The following factors could be relevant:-

Sickness record – are there any periods of unexplained or frequently taken absence?

Behavioural changes – what behavioural changes have you noticed in the officer?

Productivity – are there any unexplained dips in productivity?

Accident records / near misses – have the number of accidents or near misses increased or involved particular officers?

Disciplinary problems – have you noticed particular performance or conduct problems with any officers?

All the signs shown above may be caused by other factors, such as stress, and should be regarded only as indicators that an employee may have a substance misuse problem.

Any concerns need to be brought to the attention of HR Managers in the first instance who will consider a referral to OHU.

If it is a self referral, the manager should encourage the officer or staff member to seek specialist help through the OHU or via the relevant HR Manager. **It is imperative that the Line Manager and others involved in the process clearly document that a self referral has been made in such cases.**

If the approach is about a colleague the person making the referral should be able to expect that it will be treated in confidence.

4.3 **Human Resources Department - (HR)**

4.3.1 The Head of Human Resources has the responsibility for the specification and provision of testing resources throughout the Force and for the operation of this policy. Human Resources will also offer support in the practical application of the guidance by offering advice to managers and reviewing the guidance as necessary.

4.4 **Occupational Health Unit - (OHU)**

4.4.1 The OHU are the primary point of referral in all cases so that support mechanisms can be put in place.

Staff of the OHU will not administer drugs or alcohol tests.

Random drug and alcohol tests will be undertaken by a specialist agency contracted for the purpose.

4.4.2 As a consequence of the testing regime the person involved may have to declare information about any medication they are taking. These declarations may have the result of disclosing personal information that the officer is entitled to expect to be dealt with in confidence by the OHU. OHU staff, including the Force Medical Adviser, will not disclose details of medical records to persons responsible for requesting drugs or alcohol testing, without the consent of the officer involved.

4.4.3 The officer's personal responsibility, under the Joint Operating Procedures (JOPI) with the Crown Prosecution Service, should be drawn to their attention by the OHU, at the time at which any self-declaration of a substance misuse problem is made and a record kept that this was done.

4.4.4 If the Force Medical Adviser / OHU Adviser is of the opinion that it would not be in the best interests of the Force for that individual to continue in one of the roles designated in **Appendix A (Safety Critical or Vulnerable Roles)** the individual will be so informed and advised to inform their Line Manager. The FMA will advise the HR Manager that they do not consider the officer suitable to hold their particular role but will not supply a reason.

4.4.5 If an officer or staff member is redeployed into another role as a result, the OHU should provide support to the officer concerned.

4.5 **Professional Standards Department – (PSD)**

4.5.1 The Professional Standards Department will be notified via the HR Department of positive results or refusals meriting referral.

Once referred the PSD decision maker will assess the circumstances involved and decide whether a criminal or misconduct investigation is appropriate.

4.5.2 **If the person concerned has not self-referred prior to the test, an investigation will commence.**

It should be made clear that if a person self-refers for one substance e.g. cannabis and another is found e.g. amphetamine, this would not be classed as a self-referral for amphetamine and would be classed as a positive result.

In these circumstances an investigation will commence.

4.5.3 Where intelligence exists that a police officer or member of police staff has an alcohol, drug or a substance misuse problem, PSD will arrange for the individual to be tested in accordance with this policy and procedure.

4.6 **Trade Union/Staff Associations**

4.6.1 Staff Association representatives should encourage staff to seek assistance in accordance with the provisions of this policy.

Should a member of staff request it, a representative may attend discussions with the manager

5. New Recruits

5.1 **Process**

5.1.1 All prospective police officers and police staff will be required to undertake a drugs test as part of the recruitment process. (See Regulation 19 Police Amendment Regulations 2005).

There is no power to test transferees before appointment but transferees may be asked to voluntarily undertake the test as part of the recruitment process. Refusal by a potential transferee to undertake a test or a positive result may lead to a transfer not taking place.

5.2 All aspects of the collection and on site screening of samples from potential recruits, including the taking of information about medications, will be undertaken as part of the HR function.

Refusal by a potential recruit to undertake a drugs test or a positive result will make them ineligible for employment.

Should they refuse to take a test, they should be so informed at the time and the fact confirmed in writing by the Recruitment and Selection staff.

A positive result will automatically exclude the applicant from appointment.

6. **Reasonable Cause Testing**

- 6.1 This policy uses the definitions and guidance contained within the Health and Safety Executive's document ***"Drug Misuse at Work" a Guide for Employers.***
- 6.2 The following should be carefully considered as contributing to "reasonable cause".
- Sickness record – are there any periods of unexplained or frequently taken absence?
 - Behavioural changes – what behavioural changes have you noticed in the officer?
 - Productivity – are there any unexplained dips in productivity?
 - Accident records / near misses – have the number of accidents or near misses increased or involved particular officers?
 - Disciplinary problems – have you noticed particular performance or conduct problems with any officers?
- 6.3 **All the signs shown above may be caused by other factors, such as stress, and should be regarded only as indicators that an employee may have a substance misuse problem.**

7. **Testing for drugs**

- 7.1 Screening will be carried out by an external testing agency using suitability qualified staff.

Appropriate techniques that involve legally defensible controlled evidence chain will be used.

Urine will be used as routine sampling method, unless there are circumstances where the use of saliva or hair is more appropriate.

7.2 A request made to a police officer or police staff to provide a sample of saliva, urine or hair for analysis is deemed to be a lawful order provided the request is in accordance with legislation and this policy.

Any refusal to provide a sample or attempt to interfere with it will be deemed a potential misconduct breach.

7.3 Written consent will be obtained before a sample is given and consent to analysis by the service provider.

7.4 The persons providing the consent form for signature will point out the implications of a refusal to consent to the giving of or analysis of a sample as outlined above.

7.5 Privacy and confidentiality should be maintained at all times.

Testing procedures allow for the officer concerned to request an independent test. A sample will therefore be split. Both portions are sent to the laboratory and if positive the unopened portion can be sent to another laboratory nominated by the officer.

7.6 Samples are tested immediately on collection and only potential positive test results sent to the laboratory for a full analysis.

The test will not be immediately treated as having been 'failed' since a "positive" result could be due to a number of factors not connected with the use of illegal drugs.

7.7 At all times the contractor testing the sample will be bound by provisions requiring security and integrity of evidence since the results of such tests could be used in future proceedings. Further details and an overview of drug testing procedures are given at **Appendix B**.

8. Action Whilst Awaiting a Test or Test Results

8.1 Whilst awaiting confirmation of a positive result from the laboratory test results, an officer or staff member will need to have their position and responsibility carefully considered until the result of the full laboratory confirmation is received (Which could take up to five working days).

The line manager along with the HR department will undertake a risk assessment of the duties (if any) to be undertaken.

9. Positive Results

9.1 A positive laboratory analysis will be subject to a medical review involving a medical practitioner reviewing the test result and the medical history of the individual to determine if there is a legitimate explanation for the presence of the drug in the sample.

9.2 Test results following laboratory analysis will be returned to the OHU. This in turn will be communicated to the relevant HR Professional, who will consider the need to refer to PSD.

9.3 A positive test result administered as part of the pre employment process should be notified to the HR department so that the candidate can be rejected.

9.4 A positive result of a person who has self declared a substance misuse problem prior to being tested should be reviewed by the OHU to assess whether the result was consistent with the rehabilitation treatment being undertaken.

If the result suggested that an agreed programme of rehabilitation was not being followed, then the matter will be raised with the relevant HR Professional and consideration given to raising the matter with PSD.

An officer or member of staff who has misused controlled drugs suffers a double jeopardy.

They may be at risk of misconduct proceedings that might lead to dismissal and if there is additional evidence of current possession or supply of a controlled drug, may also be at risk of criminal proceedings.

10 **Refusal of Test**

- 10.1 The consequences of refusing to take a test are potentially no less than the consequences of failing a test.
- 10.2 The requirement to take a test is established in Police Regulations, the principles of which are endorsed by the Police Staff Council. Thus any failure to take a test when required to do so is a failure to obey a lawful order / work instruction.

There is no substantive criminal offence of having an unlawful substance in the body, only a presumption that the offence of "possession" must have been committed beforehand. Such a presumption may be rebutted by medical evidence that the positive test resulted from use of a lawful medication.

The presumption of possession that would arise from a positive, medically confirmed test result will be treated as potential misconduct.

11 **Negative Result**

- 11.1 A negative result will be communicated via OHU to the relevant HR Manager and the individual concerned at the earliest opportunity.

12. **Alcohol Testing**

- 12.1 Alcohol abuse is not subject to the same legal requirements as drug misuse.

Officers have a general responsibility to present themselves fit for duty.

If their judgement is impaired by the consumption of alcohol, they are unlikely to be fit for duty.

It is for the line manager to determine whether an officer or staff member is unfit for general duties due to the consumption of alcohol.

12.2 As with drugs, self-declaration of a drink problem is a matter that should be managed through the Occupational Health Unit, rather than being regarded as a Misconduct matter.

12.3 The power to test is limited to:

- With cause testing for alcohol of officers and staff in safety critical roles (as defined in the regulations (see **Appendix A**)).

12.4 Privacy and confidentiality should be maintained. It should always be open to an officer to declare that they suspect they might have inadvertently exceeded the limit.

Any such declaration should be made before the officer is notified of any requirement to take a test. Such declarations should not result in the officer being penalised, provided there is no pattern of continuing excess.

A declaration may be particularly appropriate in circumstances of an unexpected change of duty, for example being allocated to driving duties involving possible use of the police exemptions under the Road Traffic Act, due to a staff shortage.

Officers should never be tested within a custody suite unless the suite is cleared of all other uses.

12.5 The presumption is that a person is unfit to work in a safety critical post if they have more than 29 milligrammes of alcohol in 100 millilitres of blood (39 milligrammes of alcohol in 100 millilitres of urine and 13 micrograms of alcohol in 100 millilitres of breath).

(This compares with a limit of 80 milligrammes of alcohol in 100 millilitres of blood or 35 micrograms of alcohol in 100 millilitres of breath, for driving)

12.6 If a line manager smells alcohol on the breath of an officer in a safety critical role, a breath test can be administered after a wait of 15 minutes. (This is to deal with the eventuality that at the time the suspicion of excess drinking is aroused, a proportion of the alcohol consumed may still be in the officer's stomach. Alcohol must be absorbed into the body to register in a breath test).

- 12.7 Officers who provide a specimen of breath in excess of 13 micrograms of alcohol in 100 millilitres of breath will be confined to the station until they are under that level.
- 12.8 Officers over 30 micrograms of alcohol in 100 millilitres of breath should also be referred to the OHU for monitoring / assistance, as detailed below.
- 12.9 If over 35 micrograms of alcohol in 100 millilitres of breath, different managerial intervention may be required. If they have driven to work they may have to be arrested.
- 12.10 Each breath test should consist of two consecutive breath specimen tests from the officer with the final result being declared as the lower of the two results.
- 12.11 OHU, may refer, with the consent of the officer concerned, to a specialist agency to provide advice and support. Update reports should be provided to the relevant HR professional.
- 12.12 Should satisfactory progress in resolving issues be maintained, the relevant HR professional should monitor and provide support.
- 12.13 If, however, an officer fails to follow advice, the relevant HR Professional in conjunction with line managers should consider the use of the Performance, Attendance Management or Misconduct Regulations.
- 12.14 Further details and an overview of alcohol testing procedures are given at **Appendix C.**

13. Monitoring

- 13.1 To ensure the proportionate use of this policy, anonymised records will be kept by the contracted company, of all tests either "with cause" or "routine", positive or negative, by race, gender, disability, age, sexual orientation and any other relevant criteria.

This data will include:-

- Number of tests requested
- Number of tests conducted
- Results of tests
- Types of test – saliva , urine, hair
- Reason for test
- Role/s

13.2 The samples or information derived from samples taken in accordance with this policy and all copies and records thereof shall be destroyed on the person ceasing to be a member of the force except by reason of a transfer to another force. Laboratory data is stored in accordance with the United Kingdom Accreditation Service requirements.

15. Review

15.1 This policy will be reviewed for impact one year after introduction.

Safety critical posts

Those current officers and police staff who occupy safety critical posts are as listed below:-

- Firearms officers authorised to use firearms or directly those supervising such officers, (To include bronze, silver and gold command) and firearms TAC advisors;
- Drivers and motorcyclists who have received the appropriate training to use the police exemptions under the Road Traffic Act 1984.
- Members and supervisors of Police Search Adviser (POLSA) Teams.

Vulnerable Roles

- Test Purchase staff
- Divisional Policing Priority Teams
- Major Crime Team
- Ports officers
- Ports Policing Targeting Team
- Dedicated Source Handling Unit
- Drugs dog handlers
- Dedicated Property Officers

Guidance On and Overview of Testing Procedures (Drugs)

1. The outcome of a drug test is expressed as "Positive" or "Negative".
2. The purpose of drug testing is to establish whether the donor of the specimen has consumed a controlled drug at some time prior to the collection of the specimen. The identification of a drug in a specimen is not the complete picture as there may be legitimate reasons for the drug being present.
3. For example, the presence of morphine in a urine specimen may indicate that the donor is a heroin user (heroin is converted to morphine in the human body) but equally it may indicate only that the donor had legitimately taken an anti-diarrhoea preparation, which contained morphine as its active ingredient.
4. Drug testing involves three integrated stages; collection, analysis and medical review.
5. All positive drug test results will arise from analysis conducted in an accredited laboratory. On-site screening tests will be used to screen out negative results, but a positive indication at the screening stage must go forward to full laboratory analysis and medical review.
6. The first stage of the drug testing procedures is the **collection** of the specimen. The collection of a specimen from a donor is straightforward, but it must be conducted in such a way as to maintain the Chain of Custody of the specimen, with full documentation at all stages, which will be administered by the contactor to conduct the test.

The collector must be properly trained, with the standards applying being those that would apply to any other procedure in which it is important to maintain the integrity of an exhibit.
7. **Analysis** is the process of seeking to detect drugs in the collected specimen. If no drugs are found in the specimen, the drug testing procedure is complete and the Force will be advised of a "Negative" outcome. This will be relayed directly to the individual and their Line Manager by the company analysing the specimen.

8. If the analysis identifies one or more drugs in the specimen, further work is required. The positive analytical results need to be interpreted in the light of any factors that may provide a legitimate explanation for the presence of the drugs (e.g. medications taken by the specimen donor in the days before the test). This process is referred to as "Medical Review" and is conducted by a medical practitioner (the "Medical Review Officer", employed by the contract company), in case there is a need for a medical discussion with the donor. The medical practitioner reviews the evidence and arrives at an opinion as to the origins of the drugs identified. If their presence can be explained by the use of prescribed or proprietary medication the Force will be advised as a "Negative" outcome.
9. If the presence of drugs in the specimen cannot be accounted for in this way, the Head of HR, will be advised of the "Positive" outcome. The "Positive" outcome reported will include the details of the drug(s) identified. In any case where there is any doubt, the overriding principle of the medical review process is to give the benefit of that doubt to the specimen donor.
10. In summary, the outcome of a comprehensive drug testing procedure involves three integrated stages: **collection**, **analysis** and **medical review**.

A "Negative" result for a specimen indicates that no illicit drug use has been identified.

A "Positive" result indicates that there is evidence of illicit drug use that cannot be explained by any of the legitimate medications used by the donor.

Chain of Custody Collection

11. The general principles of Chain of Custody collection can be summarised as follows:
 - To ensure that the donor understands the procedure;
 - To document medications taken by donor;
 - To maintain the chain of custody;
 - To avoid cheating by the donor (specimen dilution, adulteration, substitution, etc.);
 - To allow the donor to provide a specimen in appropriate circumstances (e.g. privacy for urine collection);

- To adopt procedures that allows the donor to have access to the specimen for independent analysis (e.g. splitting the specimen);
 - To allow the donor to observe the whole procedure by which the specimen is packaged ready for transport to the laboratory;
 - To ensure that the specimen is untouched at any stage, thereby avoiding contamination;
 - To ensure that the specimen is sent to the laboratory in tamper-evident packaging.
12. The collection process is facilitated by the use of a special Chain of Custody collection kit. The documentation is completed in the presence of the donor, who will sign to confirm that the urine, saliva or hair specimen is theirs. The sample will be sealed in the presence of the donor. Any information provided about medication will be confidential to the testing laboratory and a medical review officer.
13. Where urine is used the kit contains two containers and, after collection, the specimen is divided between the two and these are both labelled and sealed with tamper-evident security seals in preparation for dispatch to the laboratory for analysis.
- Both specimen containers remain together. One container, the "A" sample, is used at the laboratory for drug analysis whilst the second is stored at the laboratory under secure conditions, on behalf of the donor, as a back up in case he / she wishes to challenge a positive laboratory result. The donor has the right to challenge the results of a drug test using the second part of the split specimen. In the case of a challenge, the sealed "B" sample will be sent to an independent accredited laboratory of the donor's choice. The donor is required to meet the cost of the transfer and subsequent analysis, but these costs will be reimbursed in the event that the test on the "B" sample is negative.
14. The top copy of the Chain of Custody form is forwarded with the specimen to the analysis laboratory while copies of the form go to the donor and to the responsible manager in the Force. A further copy of the form, bearing the details of recent medications goes to the Medical Review Officer.

15. The general principles of Chain of Custody saliva and urine collection are the same. The major difference is that a saliva specimen does not have to be provided in privacy, which reduces the measures that need to be adopted to minimise the risk of “cheating”. A further difference is that the small volume of the sample means that specimens are not always split, so an alternative approach may be taken to providing the donor with an opportunity to have an independent specimen analysis.

Principles of Laboratory Drug Analysis

Sample Reception

16. On arrival at the laboratory the specimens and their packaging are examined to check that the security seals on the containers are intact and that there are no other signs of tampering. Further checks establish that the Chain of Custody paperwork has been fully completed. Once these sample integrity checks have been done, one of the specimens (the “A” sample) is opened ready for analysis.

Drug Analysis

17. The analysis of drugs in urine or saliva at the laboratory must be conducted using appropriate high quality scientific techniques. This generally involves an initial immunoassay-screening test followed by a confirmation analysis using mass-spectrometry. This not only confirms the exact identity of any drug present, but also indicates how much is present.

Quality Standards

18. Any drug-testing laboratory used by Dyfed-Powys, or nominated by an officer for the independent testing of a sample, must be specifically accredited for drug testing work through appropriate national standards (UKAS and BSI).
19. Any drug testing company used by Dyfed-Powys will satisfy the minimum chain of custody requirements set out above.

Alcohol Testing

Alcohol abuse is not subject to the same legal requirements as drug abuse in the context of this policy apart from safety critical posts listed at Appendix A.

- If a line manager smells alcohol on the breath of an officer liable to alcohol testing, a breath alcohol test can be administered after a wait of 15 minutes. (This is to deal with the eventuality that at the time the suspicion of excess drinking is aroused, a proportion of the alcohol consumed may still be in the officer's stomach. Alcohol must be absorbed into the body to register in a breath alcohol test.)
- Each breath test should consist of two consecutive breath specimen tests from the officer with the final result being declared as the lower of the two results.
- If the test is positive a risk assessment will be undertaken and the officer will immediately be removed from those duties where they may be a risk to themselves and the public (a positive test result is deemed to be more than 13 micrograms of alcohol in 100 millilitres of breath).
- The result of any such tests will be sent to the Occupational Health Unit. The officer will be referred to the Occupational Health Unit who will refer, with the consent of the officer concerned, to a specialist agency to provide advice and support. Update reports should be provided to line managers.
- Should satisfactory progress in resolving issues be maintained, line managers should monitor and provide support.