



Drug and Alcohol Misuse Policy

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Introduction

- 1.1 The Substance Misuse Testing Policy provides instructions, guidance & advice on drug and alcohol testing of police officers, police staff and candidates for appointment, and the support provided to those who self-declare a substance misuse problem.
- 1.2 This policy has been developed from the following documents:
 - Home Office Circular 45/2005; Testing Police Officers & Police Recruits for Substance Misuse, (Crime Reduction & Community Safety Group, CRCSG)
 - Joint Circular No. 51/2007; ACPO Substance Misuse & Testing Policy & Guidance Document
 - Home Office Circular 11/2012;
- 1.3 This information is Cleveland Police policy.
- 1.4 Cleveland Police has a responsibility to create and maintain a healthy workforce, supporting the ethos of high integrity, ethics, individual responsibility and accountability.
- 1.5 Police officers, Special Constables and members of police staff must: be fit to carry out and fulfil their policing role and responsibilities
 - not consume alcohol when on duty or be under the influence when attending for work
 - not use illegal drugs
 - not misuse legal drugs or other legal substances.
- 1.6 This policy is designed to create a climate where no police officers and police staff tolerate substance misuse. It addresses the responsibilities of all staff to challenge the use of drugs and alcohol in the work place and demonstrates a commitment to enhance public confidence in the service we provide.

Drugs

- 2.1 **Why does Cleveland Police test officers and staff for controlled drugs?**
- 2.2 Notwithstanding paragraph 1.2, the intention of the testing regime is preventive and is designed to:
 - minimise the chances of substance misusers entering the police service
 - deter officers and staff from substance misuse through the application of a policy that makes detection a real possibility
 - encourage those with a substance misuse problem to identify themselves, so that they may be supported in seeking treatment

- screen officers and staff to minimise any risk of operations being prejudiced by impaired judgment
- protect officers in posts in which they may be vulnerable to malicious allegations of substance misuse.

2.3 Who can be tested for drugs or drug groups?

2.4 Testing may be carried out for both Police Officers including Special Constables and Police Staff in the following circumstances:

- testing 'with cause' (where there is a reasonable suspicion of substance misuse)
- pre-employment screening
- testing in the probationary period
- as part of a random routine testing regime
- random screening of officers identified by the chief officer as being vulnerable or safety critical posts

2.5 What is 'with cause' substance testing?

2.6 'With cause' drug testing is carried out under the direction of Cleveland's Counter Corruption Unit. A test will be authorised by a member of the Counter Corruption Unit Senior Leadership Team where there is cause to suspect that an officer or member of police staff is misusing controlled drugs or anabolic steroids/prohormones. The authority to test will be bespoke to the intelligence case, will consider proportionality, necessity, and associated risk. Ratification of with cause testing is to be certified at Deputy Chief Constable level and due process will be adhered to.

2.7 Extended testing can take place where corroborative intelligence exists which gives reasonable cause to suspect that the officer has used a controlled drug over an extended period (i.e. on more than one occasion). The Deputy Chief Constable can authorise a maximum of three samples to be taken within a 90-day period. The samples may be taken without advance notice. The officer will be informed at the time of the first sample, that two further samples may be required within the designated time-period. The officer will be entitled to have a 'police friend', as defined in the Police (Conduct) Regulations, present when the samples are being taken. However, a delay in a police friend attending will not delay the testing procedure provided that the officer has been able to consult a police friend.

2.8 What is 'random selection' substance testing?

2.9 Random routine drugs testing is conducted under the direction of the Counter Corruption Unit. The names of all eligible officers and staff on duty will be entered into a randomizer to generate a list of names for selection in numerical order. The proportion of officers to be tested may differ depending on the risk of the role.

2.10 How are probationers tested for drugs?

2.10.1 Police officer probationers are classified separately under the Home Office Circular 11/2012. Probationers may all be eligible for testing.

2.11 Vulnerable and Safety Critical Posts.

2.12 A Vulnerable Post is one in which a police officer including Special Constable or member of police staff has a specific responsibility for dealing with drugs or is more likely to come into contact with those using or supplying drugs. These posts are particularly vulnerable to malicious allegations, challenging their professionalism and integrity.

2.13 A Safety Critical Post is one in which a police officer including Special Constable or member of police staff role involves activities that can place workers at risk, unless the person has full, unimpaired control of their physical and mental capabilities e.g. police driver, firearms officer, thereby posing a significant risk to the health and safety of others.

2.13.1 If a high degree of risk is assessed, all police officers and members of police staff in the vulnerable category may be tested. If the assessment of risk is low, a random sample of police officers and police staff within the vulnerable posts may be selected.

2.14 The list of Vulnerable and Safety Critical Posts includes, but is not limited to:

- All exhibit store/property store staff
- Exhibit/property store drivers
- Covert Units and Source Units
- Undercover officers
- Witness protection officers
- Firearms Officers
- Police drivers
- POLSA teams and any specialist search team officers/staff
- Drugs dog handlers
- Dedicated Detention Officers (DDOs)
- All Drugs Squads
- Specialist Support Teams
- Cannabis and Drugs Disposal staff
- Forensic Practitioners
- Control Room Staff
- All officers/staff who are trained in Evidential Drug Identification Testing (EDIT)

2.15 The above list is not exhaustive and additional roles may be considered.

2.16 Who administers the tests?

2.17 The Counter Corruption Unit will direct and oversee substance misuse testing for all police officers, special constables and members of police staff.

2.18 Wellbeing will be responsible for all pre-employment testing.

2.19 What samples will be taken?

2.19.1 Hair or urine samples may be taken from any candidate who is applying for a role within the Cleveland Police.

2.20 For serving police officers and members of police staff, a urine sample will be requested.

2.21 For medical or religious reasons, see paragraph 2.54.

2.22 Which drugs are tested for?

2.23 Testing covers the illicit use of the following substances¹:

- amphetamines (including ecstasy)
- cannabis
- cocaine
- opiates (e.g. morphine and heroin)
- benzodiazepines

2.24 Additional drug(s) or drug group can be selected for 'with cause' testing, when there is reasonable cause to suspect, based on intelligence, that the officer or member of staff has used a controlled drug e.g. steroids (see paragraph 2.42).

2.24.1 The officer or member of staff will be informed of the drug(s) or drug group(s) for which he or she is being tested.

2.25 If taking prescribed medication, could you test positive for controlled drugs?

2.26 Yes, this is possible. There may be legitimate reasons for a drug being present in a specimen. For example, the presence of morphine may indicate heroin abuse, or the use of a legitimate medicine (e.g. a painkiller or an anti-diarrhea preparation). Officers required to take a test should declare all medications they are taking. The content of such declarations are confidential to the Wellbeing service of the force, and to the Wellbeing Team responsible for reviewing the result of a test.

2.27 If outside the UK, can you use a drug that is legal or tolerated in that country but illegal in the UK?

2.28 No. Officers and police staff are expected to uphold the [Code of Ethics](#) and Standards of Professional Behaviour whether on or off duty and not to behave in a manner likely to bring Cleveland Police into disrepute. Taking cannabis or

¹ This list may be subject to change in line with any updated Home Office instructions.

other drugs, which are legal or tolerated outside of the UK but illegal in the UK, is likely to bring Cleveland Police into disrepute.

2.28.1 There are many activities which are legal in one country or another but which might still be unacceptable from a conduct perspective.

2.29 **Cleveland Police has a zero-tolerance policy in relation to providing a positive drug test and Police Officers or Police Staff will be subject to disciplinary procedures regardless of where or when the substance was taken.**

2.30 Is taking CBD Oil permissible?

2.31 No, unless it is a prescribed medication obtained through Home Office approved providers in line with UK law AND declared to Cleveland's Medical Review Officer (MRO) assessment. Cannabis is a controlled drug under Misuse of Drugs legislation.

2.32 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.

2.33 Tetrahydrocannabinol (THC) is the intoxicating component in CBD and should be removed completely or to a trace level from any product sold or purchased in the UK. Anyone selling such an item without THC removed is essentially supplying controlled drugs. CBD does not appear to have any intoxicating effects such as those caused by THC in marijuana, but may have other effects. Websites selling the oil do not provide information on the exact composition of the liquid. If the product is not regulated the exact composition may not have been independently tested and verified.

2.34 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. Cleveland Police advice is to get every CBD product independently tested before consumption.

2.35 How do you know if a supplement contains a banned substance?

2.36 It is the responsibility of all police officers and staff to check what they are taking is appropriate and will not lead them to testing positive for a banned substance. Cleveland Police does not hold a list of banned substances, as the groups on such a list are continually evolving.

2.37 Can you take steroids?

2.38 Cleveland Police directs that police officers and police staff **must not** use or possess androgenic-anabolic steroids (AAS) including designer steroids, prohormones and designer prohormones. Failure to adhere to this directive is likely to be considered as gross misconduct. This directive does not include any

prescribed steroidal treatment or any corticosteroid treatment purchased over the counter.

- 2.39 Whilst it is not a criminal offence to possess steroids for personal use, there are a number of other factors to take into consideration. There is a notable association between steroid use and organisational threat. Unlawful supply and/or production of AAS currently carries a term of imprisonment, an unlimited fine or both. The supply often occurs in private gyms and similar locations, leading to association with criminals, potential disclosure of information and offences leading to the illegal supply of steroids and other controlled drugs.
- 2.40 Recent legislation means that the only way a person may legally obtain steroids is under medical prescription or by physically bringing them into the UK themselves for their own use. Therefore, it is most likely that an officer or member of staff using steroids has been illegally supplied them.
- 2.41 Tests have determined that the use of AAS can have a significant impact on mood and behaviour, such as heightened aggression, paranoid jealousy, extreme irritability, delusions, impaired judgment and anger, which could lead to episodes of violence. Behavioural changes brought about by the use of AAS also have the potential to adversely affect levels of public complaints, in relation to categories of incivility, oppressive behaviour and assaults. Such changes in behaviour may lead to even greater consequences if the steroid user is employed within a firearms command or armed with a TASER.

2.42 What happens if the result of the drugs test is positive?

- 2.43 A positive laboratory analysis will be subject to medical review. A medical review involves 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 a drug in the sample.
- 2.44 A positive result from a person who had self-declared a substance misuse problem prior to being tested will be reviewed by Wellbeing to assess whether the result was consistent with rehabilitation treatment being undertaken. If the result suggested that an agreed programme of rehabilitation was not being followed, then the person will be referred to the Directorate of Standards and Ethics for assessment and disciplinary action may follow.
- 2.45 All positive results will be referred to the Counter Corruption Unit.

2.46 What if the officer/staff member refuses to provide a sample?

- 2.47 Refusal to supply a sample will be dealt with as if a positive test had been provided. The officer or member of police staff will be subject to a gross misconduct investigation by the Directorate of Standards and Ethics, which could lead to dismissal.
- 2.47.1 Any recruit who refuses to provide a sample will have their application terminated.

- 2.48 What happens if the officer/staff member is unable to provide a sample (e.g. due to fasting or a medical condition)?**
- 2.49 If an officer or a member of police staff is unable to provide a urine sample due to fasting, an alternative sample such as hair (preferred) or oral fluid (saliva) may be requested. If the donor does not want the saliva stick to pass into their mouth due to the fast, they have the option of expelling the saliva onto the stick.
- 2.50 If a urine sample cannot be provided due to medical reasons, a sample of hair or oral fluid (saliva) may be requested.
- 2.51 If selected for a drugs test, are you expected to return to the testing location if you are on duty working remotely?**
- 2.52 Yes. Officers and police staff are expected to return to the testing location to take a drugs test when the Counter Corruption Unit make a formal request to take the test.
- 2.53 Working from an alternative location is not a reasonable excuse to negate a test.

Alcohol

- 3.1 Why does Cleveland Police test officers and staff for alcohol?**
- 3.2 Alcohol is a substance that can be misused and one that can impair judgment. However, it is in a different category from controlled drugs, in that its use is not illegal.
- 3.3 Officers and staff have a responsibility under the Code of Ethics to present themselves fit for duty. If their judgment is impaired by the consumption of alcohol, they are unlikely to be fit for duty.
- 3.4 Who can be tested for alcohol?**
- 3.5 Testing may be carried out in the following circumstances:
- All Police Officers on duty:
- testing 'with cause' if it appears that the officer is under the influence of alcohol, or
 - intelligence suggests that they are regularly unfit for duty due to alcohol, or
 - as part of a random routine testing regime
- All Police Staff on duty:
- testing 'with cause' if it appears that the member of staff is under the influence of alcohol, or

- as part of a random routine testing regime – police staff working in the following roles:
 - The role may require you to enter a custody suite.
 - The role may require you to enter the front office of a police station.
 - The role involves dealing with victims, witnesses, being involved in the criminal investigation process or involved in the evidential chain.
 - The role may involve the handling of or access to police property.
 - The role may involve driving of police vehicles.
 - The role may involve handling of money or having access to financial accounts.
 - The role involves public contact, whether in person, via electronic communication or on the telephone.
 - The role may involve providing operational decisions or giving policing advice.
 - Any role involved in the call handling process.

3.6 What is 'with cause' alcohol testing?

3.7 There is a power to conduct tests 'with cause'; if it appears that an officer including Special Constables or member of police staff is under the influence of alcohol.

3.8 If an officer including Special Constable or member of police staff is suspected of driving, attempting to drive or is in charge of a motor vehicle on a road or other public place under the influence of alcohol, or intelligence suggests that they are regularly unfit for duty due to alcohol, road traffic procedures should be followed.

3.9 What is 'random' alcohol testing?

3.10 Random routine alcohol testing is conducted by the Counter Corruption Unit. The names of all eligible officers and staff on duty will be entered onto a randomizer to generate a list of names for selection in numerical order. The proportion of officers to be tested may differ depending on the risk of the role.

3.11 What is the permitted limit for alcohol consumption?

3.12 The presumption is that any on duty police officer or member of police staff is unfit for duty if they have more than 13 micrograms (μg) of alcohol in 100 milliliters (ml) of breath. This compares with a legal limit of 35 μg of alcohol in 100ml of breath for driving under the Road Traffic Act, although no prosecution is brought until a person provides a sample over 40 μg .

3.13 How is alcohol testing conducted?

3.14 A supervisor can require an officer or member of police staff to provide a breath test. The test can however be administered by a different police officer or member of staff. The officer conducting the test should do so in the presence of a witnessing officer.

- 3.15 Testing is conducted using breath-testing equipment capable of taking measurements at the 13µg percent level (equivalent to the 29µg percent blood level).
- 3.16 Police officers and police staff should never be tested on apparatus held in a custody suite, unless the suite is cleared of all other users.
- 3.17 The police officer or member of staff will be asked to provide two consecutive breath specimen tests, with the final specimen being declared as the lower of the two results.
- 3.18 If a supervising officer smells alcohol on the breath of an officer or member of staff liable to alcohol testing, a breath alcohol test can be administered after a wait of 15 minutes.
- 3.19 The officer or member of staff will be asked whether they have consumed any drink or food within 15 minutes of the requirement. They will also be asked whether they have smoked within the last 5 minutes.
- 3.20 There is no requirement to complete a medical form.
- 3.30 What happens if an alcohol test is positive?**
- 3.31 If police officer or a member of police staff provides a sample of over 13µg, in 100 ml of breath, they may be subject to misconduct proceedings, which could lead to dismissal.
- 3.32 What happens if the officer/staff member refuses to provide a sample?**
- 3.33 If a police officer or member of police staff refuses to provide a sample of breath, they may be subject to misconduct proceedings, which could lead to dismissal.
- 3.34 What happens if I am unable to provide a sample (e.g. a medical condition)?**
- 3.35 If an officer or a member of police staff cannot provide a sample of breath, they may be subject to misconduct proceedings. The investigator may refer to Wellbeing if a medical reason is given for not providing the sample.

Self-Declaration

4.1 The importance of declaring substance problems.

- 4.2 If a police officer or member of police staff informs Cleveland Police that they have an alcohol or drugs misuse problem, they will be given appropriate support as long as they demonstrate an intention to address the problem and take steps

to overcome it. They may, however, still be subject to criminal or misconduct proceedings.

4.3 How can officers or members of police staff declare substance misuse problems to Wellbeing?

4.4 There are two routes for referring substance misuse problems to Wellbeing:

- Line managers/supervisors referral to Wellbeing.
- The police officer or member of police staff self-refers to Wellbeing. Individuals are encouraged to be open and declare any substance or alcohol misuse issue to their line manager, however if an individual feels that they cannot declare misuse to a line manager they may approach Wellbeing in confidence.

4.5 What happens if an individual self-refers a substance misuse problem directly to Wellbeing?

4.6 Whilst police officers and members of police staff are encouraged to inform their line managers of their substance misuse problem, they can self-declare a substance misuse problem directly to Wellbeing and wherever possible, the matter will be treated in confidence.

4.7 An Wellbeing practitioner will offer support and carry out an assessment of fitness for duty and inform the line manager of fitness for duty and any adjustments to be implemented; this may be facilitated without disclosing to the line manager the exact nature of the problem.

4.8 There are, however, some circumstances in which the interests of the public, police family and the proper administration of justice may over-ride an absolute confidentiality. These include:

- Where the person to whom the duty of confidence is owed consents to Wellbeing disclosing it to a third party,
- The disclosure is required by law for Wellbeing to disclose it to a third party,
- There is an overriding public interest justifying breaching confidentiality; this would include circumstances when there is a real risk the substance misuse problem may present a risk to public safety and disclosure is required in that regard,
- The joint operating instructions (JOPI) agreed between NPCC and the Crown Prosecution Service (CPS) place on the individual officer, a personal responsibility 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 the officer/staff acting as a witness may have to be revealed to the CPS, as the damage to the credibility of the officer as a witness may be a factor to be considered in a decision whether to proceed with a prosecution. Wellbeing will inform the officer of their personal responsibility under JOPI at the time the self-declaration of a substance misuse problem is made. The

need to make a declaration to CPS will not arise in every case; each should be considered on its own facts and merits. Any declaration to CPS should be properly managed, with appropriate support provided to the officer.

4.9 In cases where disclosure is identified as being necessary to prevent harm, written consent will be sought from the individual at the outset. If it is refused, Wellbeing will make a written record of their decision-making process, before making the disclosure. Wellbeing will ensure that only relevant people are made aware of the individual's condition, including the Counter Corruption Unit. Examples include those who drive vehicles, or handle machinery or firearms, and also those who make judgements, which may put others at risk. In these circumstances, Wellbeing will firstly encourage the individual to inform their manager of the situation and will then make a formal written report to the line manager advising of any potential risk.

4.10 What is the role of Wellbeing in relation to substance misuse?

4.11 Wellbeing is a workplace health advisory service whose role is to support police officers and members of police staff as well as providing an assessment of fitness for duty.

4.12 Wellbeing can offer support to individuals who may feel uncomfortable about disclosing any substance (drug or alcohol) misuse to their supervisor or line manager.

4.13 What support does Wellbeing offer when a police officer or member of police staff declares a substance misuse problem?

4.14 Wellbeing may recommend that the police officer or member of staff engages in a programme of rehabilitation.

4.15 Wellbeing will maintain contact with the individual throughout the programme of rehabilitation to offer continued support and to review compliance with rehabilitation requirements.

4.16 Wellbeing support may include advice regarding reasonable adjustments, allowing time off work to attend medical appointments or treatment, referring to their G.P. and other external support agencies. Wellbeing is unable to make referrals to manage or fund any detoxification or treatment programme. The support requirements will be evaluated on a case-by-case basis.

4.17 Wellbeing will provide a point of contact and liaison between the individual, the line manager, the G.P. and any specialist agency, acknowledging the need for consent for information from 3rd parties.

4.18 When an individual successfully completes a programme of rehabilitation, Wellbeing will provide confirmation in writing to the manager, if disclosure has previously been made to them or Wellbeing support has been provided through the programme of rehabilitation

4.19 When an individual does not complete a programme of rehabilitation successfully, either because the treatment agency discontinues the programme due to a lack of progress or because the individual discontinues the programme, Wellbeing will refer the matter to the individual's line manager; this may subsequently lead to misconduct proceedings.

4.20 What are the responsibilities of a line manager when an officer or member of staff self-declares a substance misuse problem?

4.21 A line manager has the following responsibilities in regard to substance misuse:

- to offer advice, support and guidance; this includes welfare support / referral to Wellbeing.
- to act in a fair, consistent and supportive manner when an alcohol and/or drugs problem is declared,
- to review the officer or member of police staff's fitness for duty and consider restrictions,
- to ensure that confidentiality is maintained, as appropriate, when dealing with alcohol and or drugs problems,
- to keep clear detailed records of all meetings with the team member where an issue relating to alcohol and or drugs misuse is identified (held securely and confidentially),
- to inform Counter Corruption immediately if it is suspected that the officer or member of police staff has taken controlled drugs without a lawful reason.
- Alcohol - To initiate a 'with cause' alcohol test if it appears that an on-duty police officer or eligible member of police staff is under the influence of alcohol. If the test shows more than 13µg percent in breath, there is a presumption that the officer or member of staff is unfit to work, and the line manager should refer the matter to the Directorate of Standards and Ethics.

4.22 What happens if an individual admits to a substance or alcohol misuse problem before they are tested?

4.23 Police officers and members of police staff with substance misuse problems are encouraged to identify themselves and will be offered Wellbeing support. Self-declaration cannot, however, be used to avoid the consequences of a positive test. Any such declaration must be made before the notification of the requirement to take a test. A self-declaration made after an officer is notified of the requirement to take a test cannot be used to frustrate the disciplinary proceedings that might result from a positive test result.

4.24 What happens if an individual is called for substance of misuse testing after self-referring to Wellbeing?

4.25 Self-declaring a substance misuse problem will not negate the officer/staff member either being subject to a 'with cause' test or selected as part of the routine random testing selection.

4.26 A positive result from a person who had self-declared a substance misuse problem prior to being tested should be reviewed by Wellbeing to assess

whether the result was consistent with any rehabilitation treatment being undertaken. If the result suggested that an agreed programme of rehabilitation was not being followed, then referral to Directorate of Standards and Ethics must be considered.

4.27 What impact will prescribed medication have on an individual's performance?

4.28 If medication is being taken that may affect a person's performance at work or restrict their capability, they should discuss this with their line manager. Some prescribed and over-the-counter medication may have possible adverse side effects. When being prescribed medication, the individual should discuss any possible side effects with their GP. Where an individual is taking medication displaying warnings about minor illness, extreme tiredness, drowsiness and/or care required for driving and/or operating dangerous machinery, they should notify this to their line manager, who can consider this when allocating the type and quantity of work.

Identifying and reporting substance misuse

5.1 What are the warning signs of substance misuse?

5.2 There are some typical warning signs of substance misuse that may indicate that someone has a problem with substance misuse. An overview of these is outlined below:

Poor attendance - Early indications of substance misuse can include poor attendance. All aspects of attendance tend to be affected including:

- frequent short-term absence, especially in relation to other leave (weekends/rest days, bank holidays and so on)
- poor time keeping, late to work, late returning from lunch, late for appointments, early leaving work
- unexplained absences or disappearances 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 judgment
- unreliability and difficulty meeting deadlines

Frequent accidents - Substance misusers tend to suffer more accidents than normal. Warning signs are:

- frequent accidents both at work and domestically
- generally careless attitude to handling equipment

- timing of accidents tend to be first thing in the morning or immediately after lunch, especially common on first day back from any leave including weekends/rest days.

Other changes in behaviour - Other behavioral changes that could indicate substance misuse are:

- smelling of alcohol or something to disguise the smell of alcohol like strong mints or strong aftershave
- hand tremor, slurred speech, and facial flushing, especially after a weekend/rest day, a prolonged lunch break or unexplained absence from the workplace
- poor relationships with colleagues, possibly to the avoidance of company altogether
- 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

5.3 What are the warning signs of steroid misuse?

5.4 Physical effects that could indicate steroid misuse include:

Effects of anabolic steroids in **men** can include:

- baldness
- breast development
- severe acne
- stomach pain

Effects of anabolic steroids in **women** can include:

- facial hair growth and body hair
- loss of breasts
- a deepened voice
- hair loss
- severe acne

Misusing anabolic steroids can cause the following psychological or emotional effects:

- aggressive behaviour
- mood swings
- paranoia
- manic behaviour
- hallucinations and delusions

5.5 What action should line managers take if they suspect an officer or member of police staff has a substance misuse problem?

- 5.6 If it is suspected that a member of the team may have a problem with substance misuse, the following actions should be taken:
- Arrange to meet the individual, in private, to discuss concerns,
 - Refer the individual to Wellbeing,
 - Offer welfare support, consider fitness for their role, consider restrictions and or reasonable adjustments,
 - Advise the police officer or member of staff that if they do have a substance misuse problem and decide not self-declare their problem and seek help, they may be referred to the DSE for consideration of disciplinary action,
 - If the individual is reluctant or refuses to obtain help, obtain further advice from the DSE,
 - If the Wellbeing report indicates no substance misuse problem is evident, fully reassess the situation and decide on an appropriate course of action,
 - Continue to monitor the situation, taking additional action as appropriate.
 - Where appropriate, consider disciplinary action/misconduct procedures.
- 5.7 What action should line managers take if they suspect a police officer or an eligible member of police staff is on duty, under the influence of alcohol?**
- 5.8 If a supervisor suspects that an on duty police officer or eligible member of police staff is under the influence of alcohol they should refer to the alcohol section in this policy and conduct a 'with cause' alcohol test or, if appropriate, request a test under the Road Traffic Act.
- 5.9 What action should be taken if it is suspected a colleague is taking drugs?**
- 5.10 The Code of Ethics reflects the standards expected of those working in policing. 'Challenging and reporting improper conduct' is one of the Standards of Professional Behaviour and sets a positive obligation to question the conduct of colleagues and, if necessary, challenge, report or take action against such conduct.
- 5.11 Unethical or unprofessional behaviour by a policing colleague must never be ignored irrespective of the person's rank, grade or role.
- 5.12 When a police officer or member of staff suspects that a colleague may have an alcohol or drug related problem, they should initially encourage that person to seek assistance and either:
- Inform a line manager,
 - Make a referral to Wellbeing
 - Notify the Directorate of Standards and Ethics
 - Submit an anonymous referral to the Counter Corruption Unit
 - Report using Crimestoppers
- 5.13 What action should be taken if it is suspected a colleague is at work under the influence of alcohol?**

5.14 If it is suspected that a colleague is under the influence of alcohol whilst on duty, it should be reported to a supervisor immediately who should then refer to the alcohol section of this policy.

6. Compliance and monitoring

This policy will undergo regular reviews to assess its effectiveness and applicability; this will be planned at least on an annual basis and may be prompted between planned reviews by any significant changes to legislation or national guidance (APP).

7. Version control

This policy will be reviewed and updated at least every three years by the owner, and more frequently if necessary.

The Corporate Services Department will ensure this document is available on the Force intranet, including any interim updates.

The following identifies all version changes.

Version	Date	Reason for update	Author
0.1	03/05/18	New Policy	██████████
0.2	Oct 2019	Policy revised	██████████
0.3	May 2020	Policy revised following consultation and submitted for Exec approval.	██████████
0.4	Jun 2020	Policy approved subject to 2 additions	██████████
0.5	Aug 2021	Policy amendments in relation to above	████ █████ ██████████
1.0	Aug 2021	Policy published	████ █████ ██████████