



HEDDLU
GOGLEDD CYMRU
NORTH WALES
POLICE

Response Date:30/06/2026

2026/642 - Workplace Drug and Alcohol Testing Policies

In response to your recent request for information regarding;

1. Does your force operate a workplace drug and alcohol testing policy for officers and/or staff? If so, please provide a copy of the current policy, or confirm the date it was last reviewed.

Yes, please find attached the relevant section of our Counter Corruption policy; Section 4.5 Substance misuse.

The policy was last updated on 04/06/2026.

2. Does the policy include the following safeguards: (a) Engagement of an independent Medical Review Officer (MRO) or equivalent qualified professional to review positive drug test results before any disciplinary action is taken;
(b) Obtaining an independent toxicological opinion when a positive result may be attributable to legal substances (such as over-the-counter CBD products, prescription medication, or dietary sources);
(c) Offering confirmatory re-testing or independent analysis following a disputed positive result;
(d) Referral to Occupational Health before disciplinary proceedings are initiated on the basis of a drug test result;
(e) Maintenance of a written drug and alcohol testing policy that meets the standards recommended by the ACAS guidance on managing drug and alcohol misuse at work?

Yes refer to the Policy

3. What type of drug screening devices or methods are used for initial testing (e.g. oral fluid point-of-care immunoassay, urine immunoassay, laboratory analysis)?

We use Abbott Toxicology LTD to carry out all our drug testing and therefore we do not hold the information requested.

4. Are all positive screening results confirmed by a second, independent analytical method — specifically GC-MS or LC-MS/MS — before any disciplinary, welfare, or employment decision is made?

Split samples shall be used in all cases that go forward to laboratory analysis. The individual will be offered a sample that they may have tested independently to challenge the result of a test on the other sample.

5. Is your force aware that peer-reviewed literature confirms that lawful, everyday substances can produce false positive results on immunoassay-based screening devices? Documented sources of cross-reactivity include poppy seeds, over-the-counter CBD products, prescribed medications (including codeine, tramadol, gabapentin, and certain antidepressants), tonic water, bananas, passive or environmental exposure to cannabis smoke, and certain antihistamines – among others.

We use Abbott Toxicology LTD to carry out all our drug testing and therefore we do not hold the information requested.

6. Has your force received any complaints, grievances, or representations from officers or staff who attributed a positive drug test result to any lawful source in the last five years?

No

If so, how many and what was the outcome?

Not applicable

7. What guidance, if any, has been issued to staff involved in drug testing about the possibility of false positives from lawful substances, and the appropriate steps to take before acting on a screening result?

It is given in writing by Abbotts Toxicology LTD at the point of testing with employees.

THIS INFORMATION HAS BEEN PROVIDED IN RESPONSE TO A REQUEST
UNDER THE FREEDOM OF INFORMATION ACT 2000, AND IS CORRECT AS AT 29/06/2026

1.1 Substance Misuse

This procedure protects the public, officers and staff and the Force from the risks associated with Substance misuse. It considers the health, welfare and wellbeing of all individuals working within the Force.

Any employee of NWP who is known to be or strongly suspected of being at work while under the influence of alcohol or drugs or who takes alcohol or drugs during work time will be deemed to be in breach of this procedure.

Police Officers in certain roles (e.g. undercover work/intelligence gathering) where the drinking of alcohol is deemed necessary, may however be permitted to do so, within reason, but only with the authority of their line manager.

The legal basis for dealing with substance misuse has been written in consultation and with agreement of Unison, The Police Superintendents Association and Police Federation.

The [Police Regulations \(2003, 19 and 19A\)](#) supplemented with the Police Staff Council Joint Circular 51, introduce a power to test Police Officers and Staff for controlled drugs.

This policy is therefore in line with [Home Office Circular \(HOC\) 011/2012](#) which provides guidance on the provisions governing drug and alcohol testing of Police Officers and candidates for appointment as Police Officers.

The 2003 Police Regulations have also been amended and the Police (Amendment No 2) Regulations 2012 are now in force.

4.5.1 General Responsibilities

Role	Responsibility
4.5.1.1 Police Officers and Staff	<ul style="list-style-type: none">• Never consume alcohol or use substances inappropriately at any time during work hours, or when

you intend to work before the effects have worn off, this includes:

- periods when you are 'on-call' or 'on standby' and are being paid to do so;
- following late night drinking and/or use of substances when reporting for an early shift
- Under legislation, you have a duty to take reasonable care for the health and safety of yourself and any other person who may be affected by your actions or omissions at work.
- As per the [Code of Ethics](#) maintain your fitness for work and where necessary challenge and report improper conduct.
- Whatever your rank or grade, be aware that the use of illegal substances is illegal and ethically incompatible with the public's expectations of the police service.
- Be free from illegal substances and free from impairment by any other substances such as alcohol or prescribed drugs (whilst at work or on duty). Consider this carefully, if your role requires clear judgement and reaction (e.g. firearms and air support) where even the slightest degree of impairment could have serious consequences. If you are impaired as above (by alcohol or prescribed drugs) and receive a call to duty, you must decline.
- Encourage colleagues who you believe to be suffering from an alcohol or drug related problem to seek help.

If you suspect that a colleague may have a substance misuse related problem

- Initially, encourage that person to seek assistance.
- If the concern persists, inform either your or the person's line manager, in confidence.

- If the person causing concern is undertaking duties that are hazardous in nature and the suspected substance misuse has a direct bearing on the risk factor associated with those duties, you must inform a supervisor without delay so that immediate steps can be taken to remove that risk.

If you have, or suspected that you have, an alcohol, drug or substance-related problem.

- Acknowledge your condition and seek assistance from your line manager and / or OHU as soon as possible.
- Do not undertake any task or duty that puts either you or others at undue risk. Failure to recognise this and take appropriate action could, in a worst-case scenario, result in catastrophic consequences for yourself and others.

On recognising you have an alcohol, drug or substance-related problem.

- Approach the OHU for help, even if you decide to seek help from an outside agency rather than from the Force. This enables the OHU to undertake an immediate risk assessment in respect of the problem and your current duties. Matters between yourself and OHU are confidential, except where there needs to be a change of duties or deployment, in which case OHU will liaise with HR (though all medical matters will remain confidential). At all times you will be treated with dignity and personal respect.
- It is not acceptable to self-refer after being required to provide a sample in order to avoid misconduct investigation.

	<ul style="list-style-type: none"> • Co-operate fully with professional help and support once a problem is identified. <p>If you are prescribed drugs or are taking other medication which may have possible adverse side effects directly bearing on your duties,</p> <ul style="list-style-type: none"> • Notify your line manager without delay so that duties of a non-hazardous nature can be arranged.
<p>4.5.1.2 Line Manager</p>	<ul style="list-style-type: none"> • Be aware of this policy and be alert to early indicators of potential problems. <p>On becoming aware of a problem (either directly from the person concerned or through a third party)</p> <ul style="list-style-type: none"> • Speak with the individual and offer advice, support and guidance in a sympathetic and confidential manner. • Encourage the individual to seek assistance from the OHU by way of self-referral. • Consider the individual's role/tasks and assess the extra risk their condition may have. • Take immediate steps to remove the associated risk factors to that individual or any other person. • Inform the Wellbeing Team without delay of the circumstances and the steps taken. • The above does not override your duties to investigate allegations of criminal and disciplinary conduct under legislative powers or the codes of conduct (e.g. member of staff arrives at work and is suspected under the influence of alcohol having driven in - then refer to Sections 4.5.10 & 4.5.10.1). • In cases with no evidence of self-referral and you have been formally notified by a third party in your capacity as line manager of a staff member with a

	<p>possible substance misuse problem, it may be appropriate to also refer the matter immediately to PSD so that they can take immediate action.</p>
<p>4.5.1.3 OHU (wellbeing team)</p>	<p>OHU is the primary point of referral and contact in all cases so that no one is left without support and follow up.</p> <ul style="list-style-type: none"> • Encourage early identification of the substance misuse by raising awareness of the problems of drug and alcohol misuse, • Provide guidance to managers and staff. <p>On identifying an individual with a substance misuse related problem</p> <ul style="list-style-type: none"> • Undertake a risk assessment without delay (usually within 24-48 hours maximum). In some cases this may be carried out by a suitably qualified external provider. It considers the ethical and physical vulnerability of the individual and takes into account the person's current role and duties. Where there needs to be an immediate change of duties and/or deployment prior to commencing any rehabilitation or treatment programme, liaise with HR without delay, to enable any risk factors to be removed. • If a person has been referred to the OHU by a third party and is not willing to receive medical help, or co-operate with any assessment, or denies that there is a problem when there is evidence to the contrary, the OHU will be unable to help them and should therefore refer the matter back to the line manager who will inform PSD of the situation. PSD will then be responsible for any further action deemed necessary which may involve a 'just cause' request under this policy.

When an individual has come forward voluntarily for assistance

- Arrange for suitable treatment regime's to be made available to the individual to assist with rehabilitation, with a view to return to full duties where possible.
- Determine when a treatment regime is complete and whether it was successful or not. If treatment has proved successful the individual will return to duty. The nature of that duty will be determined by a further risk assessment by OHU, particularly in respect of relapse risk factors. Advice may be sought from specialised medical practitioners who, ideally, were involved in the treatment regime. Where appropriate, a specific screening regime may be put in place to minimise any ongoing risks.
- Seek consent from all self-referrals to enable OHU to advise PSD that assistance/support has been sought. This enables PSD to ensure the individual is dealt with by way of welfare and support and not misconduct.

If treatment has proved unsuccessful

- Advise HR of the outcome and advise of the fitness of that person for continued service.
- Arrangements are in place with external agencies to access specialist assessment practitioners within a short time frame. Depending on the appropriate treatment regime required, rapid access to support, counselling, rehabilitation and Detox programmes have been put in place so that no one need unduly wait for help and support.

	<p>Where a person has not come forward voluntarily and a substance misuse problem has been identified involving illegal substances</p> <ul style="list-style-type: none"> • Only advise in respect of treatment regimes. • Be guided by advice from HR who will liaise with PSD.
4.5.1.4 PSD	<ul style="list-style-type: none"> • Liaise with the Head of the OHU regarding matters relating to their responsibilities under this policy and likewise with the Head of HR. • Investigate all positive results for alcohol and/or substance misuse and in circumstances where a criminal or disciplinary offence may have been committed. • Investigate all refusals and failures to provide a sample under section 4.5.6 of the policy. <p>Testing for controlled substances</p> <p>Results from the screening company will be managed by a nominated PSD staff member using a secure and confidential process. The nominated PSD staff member will:</p> <ul style="list-style-type: none"> • Provide the main link to the screening company and make the necessary arrangements within the Force so that screening can take place. • Meet the screening team at the chosen location. • Match the random numbers generated by the screening company to an accurate list of staff available for selection. • Ensure necessary room facilities are available and make the necessary arrangements for individuals to attend at that location at a given time. • Take no part in the screening process. You are there to facilitate the process only. In the event of non-

attendance of the individual or a refusal/failure to provide a sample you will investigate the circumstances.

- Communicate results back to the individual. This will be via Force e-mail (negative) or in person (positive).
- Check with the OHU to see if an individual with a positive result has previously self-referred and is undergoing treatment before any requirement to undergo a test was made. If this is the case then no investigation will commence and it will be dealt with as a welfare issue.

If an individual with a positive result has not self-referred prior to the test

- Investigate the matter as you would a non-referral.
- Commence an investigation. Be aware that an individual may self-refer for one substance (e.g. cannabis) but test positive for another (e.g. heroin). In such a case where, for example, the heroin use may have been withheld from the OHU and not declared.

Where intelligence exists that warrants a “with cause” test

- Arrange for the individual to be tested in accordance with [section 4.5.6](#) of this policy. For urgent cases there is an on-call procedure in place that enables a sample collector to be called out and attend within two hours of the request being made. The response time is typically 60 minutes. In non-urgent cases arrangements will be made for the person to be tested as soon as practicable.

In all cases where the reason for being tested is under the “with cause” category,

	<ul style="list-style-type: none">• Tell the individual that this is so <i>prior</i> to the test. <p>Testing for alcohol</p> <p>Refer to Sections 4.5.10 and 4.5.10.1 below.</p>
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4.5.2 Support and Counselling

Advice and support will be made available to Police Officers and Staff with an alcohol or substance related problem, even if it may not yet be affecting performance or safety.

Police Officers and Staff who suspect or know they have an alcohol or drugs related problem are encouraged to seek help voluntarily via a number of sources:

- OHU,
- Access to counselling services,
- Their GP or a specialist external agency.

All referrals to the above parties are strictly confidential and bound by the rules of medical confidentiality.

If an individual is offered and accepts the opportunity to seek assistance and/or treatment/counselling, he/she will:

- Take leave (if necessary) as 'sickness absence.'
- Continue in their current role if OHU determines (in consultation with the manager and individual) that it is appropriate or if it is better to consider finding suitable alternative employment on a temporary or permanent basis.

This may be reviewed on the individual's return to work/completion of treatment when considering whether it is in the best interest of the individual and the organisation to do so.

Having accepted help, and addressed the alcohol/substance related problem, the employee's normal career prospects will not be impaired.

4.5.3 Rehabilitation

The Force recognises that an employee may take a period of time to re-adjust during treatment or rehabilitation. During this period, the manager and employee should work closely to ensure full support is provided.

If further problems arise during the process of rehabilitation, or evidence of a relapse, each case will be considered on its merits. Involvement from OHU and HR will attempt to ascertain how much more treatment / rehabilitation time is required for full recovery. Further treatment or rehabilitation time (at the Force's discretion) may be given in order to help the employee recover fully.

It may be necessary to make special arrangements to ensure the employee does not put himself/herself, others, or the Force at risk. In such cases it may be necessary to transfer the individual (temporarily or permanently) to another area of work following full consultation with the individual.

4.5.4 Disciplinary Procedure

Disciplinary and/or criminal investigation will be considered in cases where;

- Co-operation is absent
- A course of treatment is discontinued before completion
- The individual tries to hide a substance misuse problem that is subsequently discovered by substance screening or other means
- The individual seeks help voluntarily but was or is engaged in criminal activity (e.g. offences more serious than 'personal use' of illegal drugs, such as drug dealing)

If an individual has not voluntarily come forward and is "found out" by procedures in this policy (or by other investigatory means) then, depending on decisions regarding discipline etc., support maybe offered but limited to advice only and he/she will be responsible for the cost of any treatment rather than the Force.

Occasionally, after the Force has supported an individual to the standard of a reasonable employer, disciplinary action becomes appropriate due to continued use of substances.

4.5.5 Awareness

Advice and information will be made available to all employees on;

- Types of drugs and alcohol;
- Their effects;
- Problems associated with alcohol and substance misuse;
- Signs and symptoms of persons under the influence;
- Support for managers.

4.5.6 Testing

Police Regulations (supplemented with the relevant Police Staff Council Joint Circular) introduce a power to test police officers and staff for controlled drugs/alcohol.

Testing is carried out in the following circumstances;

Scope of Testing		
When	Who	Type of test
<p>Pre-employment Screening (Candidates for appointment to the Force during the application process)</p>	<p>Currently only</p> <ul style="list-style-type: none"> • Police Offices (incl. Special Constables) • Officers transferring from other forces / law enforcement agencies and those returning to force following a career break • PCSO roles* 	<p>Hair sample (until a candidate becomes a 'preferred candidate'**) (**has completed all recruitment stages)</p>

	(*not tested for alcohol)	
With Cause Testing (where there is reasonable suspicion of substance misuse)	All North Wales employees <ul style="list-style-type: none"> • Police Officers (including those within their Probation period) • Specials • Police Staff (including PCSO's) 	Urine sample
Routine Random Testing	<ul style="list-style-type: none"> • Police Officers • Specials • PCSO's • Specific Police Staff roles 	

4.5.7 Pre-employment Screening

(Candidates for appointment to the Force during the application process)

Different procedures are used to test potential employees compared to current NWP employees.

Role	Action Required
4.5.7.1 Candidate (potential employee)	<ul style="list-style-type: none"> • Provide a sample when requested to do so, if you do not wish to submit to the test or refuse, you will be withdrawn from the recruitment process or you can self-withdraw. Your details will be submitted to PSD for intelligence purposes. • Complete a short medical questionnaire prior to the test. • A sample of hair will be tested (until you become a 'preferred candidate'). The testing will take place in a suitable room set aside for such purposes.

4.5.7.2 HR / OHU	<p>Undertake all aspects of the screening of potential recruits (including the taking of information about medications)</p> <ul style="list-style-type: none"> • Reject any candidates from the recruitment process if they do not wish to submit a sample to a test or refuse (or they may withdraw themselves) • Submit details of rejected candidates to PSD for intelligence purposes.
4.5.7.3 Independent Service Provider/ Suitably Trained Police Staff.	<p>The testing will take place in a suitable room set aside for such purposes.</p> <ul style="list-style-type: none"> • Ask candidates to complete a short medical questionnaire prior to the test. • Collect <u>hair</u> sample. • Follow the secure chain of custody through collection, analysis and medical review as set out in protocols issued by the Secretary of State. • Undertake laboratory analysis (by independent service provider).

- Those who refuse to take a drugs test will **not** be offered employment with NWP.
- All who provide a 'positive' drugs test (after laboratory analysis and medical review Medical Review) will **not** be offered employment with NWP and will be ineligible to apply for future vacancies.
- There is no right of appeal.
- Transferring Officers who refuse/fail the test will have notice of their refusal/failure referred to their current Force for any action deemed necessary.
- Officers returning to NWP following a career break who refuse / fail the test will be referred to the Appropriate Authority and the vetting department.
- All positive laboratory analysis results are subject to medical review. This is by an independent medical practitioner (arranged by the external independent service provider) who reviews the test result and the individual's medical history to

determine if there is a legitimate explanation for the presence of a drug in the sample.

4.5.8 “With Cause” Testing

The definition of ‘with cause’ testing (not extended sampling) is;

Where there is reasonable cause to suspect an individual is misusing controlled drugs/substances.

For *cause* to be established, the test of ‘reasonable suspicion’ must be satisfied. It should be made clear to the officer/employee that testing ‘with cause’ may either prove or disprove intelligence or allegations made. A single and unsubstantiated allegation (particularly, if made by a member of the public who may have malicious intent) does not normally amount to sufficient cause.

Role	Action Required
4.5.8.1 ACU	<ul style="list-style-type: none"> Record in writing the reasons for suspecting a Police Officer / Staff member has misused controlled drugs.
4.5.8.2 Head of PSD	<ul style="list-style-type: none"> Decide whether the Police Officer / Staff member is required to submit a sample to a ‘with cause’ test, based on all the information available. Complete an immediate Risk Assessment of the individual’s current role and any criminal or misconduct issues. Consider ‘With Cause – Extended Sampling.’ If information/intelligence is corroborated and provides reasonable cause to suspect that a Police Officer (not Police Staff) has used controlled drugs over an extended period (i.e. on more than one occasion).

The individual required to provide a sample will:

- Not receive any advance notice of the requirement to provide each sample.
- Be informed at the first sample that two further samples may be required within the designated time period.

On each occasion a sample is taken, he/she will be:

- Informed of the drug(s) or drug group(s) against which the samples will be tested.
- Entitled to have a “police friend” (as defined in The Police (Conduct) Regulations 2008) present when the samples are being taken. However, delay in a police friend attending will not delay the testing procedure provided you have been able to consult a police friend.

Type of NWP Employee	A ‘With Cause’ request is	Failure to provide a sample will
Police Officer	A lawful order.	Be treated as a failure to obey a lawful order.
Police Staff	An instruction.	Be treated as a breach of the Police Staff Standards of Professional Behaviour.

The penalty for **refusing** to take a test is no less than the penalty for failing a test.

The testing laboratory should have fully documented procedures for the handling and storage of the sample.

4.5.8.3 ‘With Cause – Extended Sampling’ Police Officers Only

Consider ‘With Cause – Extended Sampling’ if information/intelligence possessed by the Head or Deputy Head of PSD is corroborated and provides reasonable cause to

suspect that a Police Officer (not Police Staff member) has used controlled drugs over an extended period (i.e. on more than one occasion).

- A Police Officer cannot be recalled to duty/back into work for the purposes of ‘with cause’ testing.

The Assistant Chief Constable (or above) may authorise a maximum of three samples of urine or oral fluid (saliva) be required from a Police Officer in their Force (or on secondment either to or from their Force).

The three samples are required over a **maximum period of 90 days** (day 1 is the day on which the first sample is required and the period finishing at midnight on day 90). When calculating the 90-day period, ignore any sick leave periods.

4.5.8.4 Process for all ‘With Cause’ tests (including extended sampling)

Role	Action Required
4.5.8.4.1 Individual requested to provide a test	<ul style="list-style-type: none"> • Receive a Misconduct Notice briefly outlining the intelligence behind the request prior to the request for a test. • Be informed that, by consenting to the test, the evidence gained may assist in proving or disproving intelligence or information received. • Provide a urine sample for testing. <p>Before any <u>Urine</u> sample is obtained</p> <ul style="list-style-type: none"> • Disclose any medication (prescribed or otherwise), training supplements or other non-illegal substance/liquid which you feel may affect the test results. Such disclosures will be treated in the strictest of confidence and will remain between the donor and the service provider. However, disclosure of an illegal substance or the misuse of prescribed drugs will not be afforded such

	<p>confidentiality and will be disclosed to the officer in charge of the process.</p> <ul style="list-style-type: none"> • You will be allowed an opportunity to have an independent analysis of the specimen to challenge the outcome of a laboratory analysis. To facilitate this, when you provide a sample for analysis, it will be split at the time of collection (half for screening purposes and half retained by the service provider). The testing laboratory should have fully documented procedures for the handling and storage of the sample. <p>If you wish to challenge the analysis</p> <ul style="list-style-type: none"> • Obtain a list of accredited laboratories from the testing laboratory. • Pay any charge involved. • Send written authority from yourself and the Force to release the sample. The testing laboratory will release the sample to the laboratory of choice after receiving this authorisation. <p>On arrival at the second testing laboratory, the chain of custody is checked (especially the seal on the bottle) to ensure it matches the original and has not been tampered with.</p>
4.5.8.4.2 PSD	<ul style="list-style-type: none"> • Undertake all 'with cause' tests with use of an external service provider. • Serve the individual with a Misconduct Notice briefly outlining the intelligence behind the request <i>prior</i> to the request for a test. • Inform the individual that, by consenting to the test, the evidence gained may assist in proving or disproving intelligence or information received.

- Inform the individual that the penalty for ***refusing*** to take a test is **no less than** the penalty for failing a test.

Before any urine sample is obtained

- Ask the individual to disclose any medication (prescribed or otherwise), training supplements or any other non-illegal substance/liquid which they feel make affect the result of their test. Such disclosures will be treated as confidential and remain between the donor and the service provider. However, disclosure of an illegal substance or the misuse of prescribed drugs will not be afforded such confidentiality and will be disclosed to the officer in charge of the process.
- Allow the individual an opportunity to have an independent analysis of the specimen to challenge the outcome of a laboratory analysis. To facilitate this, when an individual provides a sample for analysis, it will be split at the time of collection (half for screening purposes and half retained by the service provider).

If the individual wishes to challenge the analysis

- the testing laboratory can provide a list of accredited laboratories willing to undertake the analysis. There is a charge involved (normally paid by the individual).
- Send written authority from the Force and the individual to release the sample. The testing laboratory will release the sample to the laboratory of choice after receiving this authorisation. On arrival at the second testing laboratory, the chain of custody is checked (especially the seal on the bottle) to ensure it matches the original and has not been tampered with.

Substances covered by Test:	Important note
Amphetamines (including ecstasy)	<p>NOTE: 'With Cause' Tests involving Police Officer or Special Constable, may cover one other controlled drug or drug group in addition to those listed (providing the individual is informed prior to the procedure of the drug(s) or drug group(s) for which he or she is to be tested).</p>
Cannabis	
Cocaine	
Opiates (e.g. Morphine and heroin)	
Benzodiazepines	

4.5.8.5 Screening of Samples (With Cause Testing Only)

Any test relied upon in disciplinary proceedings must be conducted through laboratory analysis. However, on site 'random' screening using portable devices may be used for urine samples only, to screen out persons tested during the 'with cause' process. When an individual is screened out using such a device, they are deemed to have provided a negative sample. The individual should be immediately informed of this result.

4.5.8.6 A non-negative result at screening stage

The residual urine sample from this screening test will be sent to a forensic laboratory for full analysis and medical review. The individual should be advised of the non-negative initial screening result and the fact that any such result is only provisional, and that further laboratory analysis and medical review could produce a negative final result.

The Officer in charge should inform the Head or Deputy Head of the PSD immediately of any initial non-negative screening test result. He/she is responsible for ensuring a risk assessment is completed. There may be a risk in continuing to deploy the individual in their full range of duties/employment.

The Appropriate Authority, in consultation with the Head or Deputy Head of PSD (for Police Officers or Special Constables) or the Head of HR (for Police Staff) will decide the duties due to be undertaken based upon the risk assessment. There will be a

presumption of removal from duties involving contact with the public. Formal suspension is appropriate only if a positive result is confirmed from laboratory test analysis and medical review.

Samples from 'randomly' carried out tests will be submitted directly to the laboratory without conducting a screening test first to save on time and cost.

All results following laboratory analysis are returned to the PSD.

Where the test result is negative, PSD must notify the individual concerned, relevant line managers and relevant staff association representative.

However, if a negative result of the test is returned from the laboratory, together with evidence that the sample was in any way tampered with or had been diluted to avoid detection of drugs within it, this will be termed a positive result. The Head or Deputy Head of PSD will consider criminal or misconduct action.

A non-negative test result from the laboratory will be referred to an independent medical practitioner provided by the service provider, to conduct a medical review to determine if there is a legitimate explanation for the drug in the sample. The independent medical practitioner will review the evidence and ascertain the origins of the drugs identified. If the presence can be explained by the use of prescribed or proprietary medication, it will be deemed a negative result. PSD must then inform the individual, line manager and relevant staff association representative.

If the presence of the drug cannot be accounted for, it will be deemed a positive result. The independent medical practitioner will report this to PSD together with details of the drug involved.

The Head or Deputy Head of PSD will decide what criminal or misconduct action to take before informing the individual concerned. Consideration will be given to:

- Serving the individual (officers / staff) with a Notice under the relevant Police Regulations;

- Obtaining a first account from the individual regarding the positive result;
- Searching the individual's home whether with their consent or under the provisions of a search warrant gained under Section 23 of the Misuse of Drugs Act 1971 (depending on the circumstances of each case);
- Suspension of the individual by the Appropriate Authority (NPCC rank).

4.5.9 Routine Random Sampling

Regulation 19A (Police Regulations 2003) introduced the power to test for controlled drugs. This has also been adopted for Police Staff members, volunteers and agency staff.

Following the introduction of Home Office circular 11/2012 an amendment was made to regulation 19(1)(d) (Police Regulations 2003) so that any serving police officer (selected in accordance with a regime of routine random testing) may be required to provide a sample. This covers those previously termed as Safety Critical Posts. Officers in vulnerable posts are also subject of random testing. They can be tested randomly as a group in their own right or part of force random testing undertaken by PSD.

Although the Safety Critical Roles category has been removed from Police Regulations, it is still recognised by NWP that such roles (Firearms personnel and Advanced drivers i.e. high risk roles - Police Officers and Police Staff) should be subject to random testing more frequently than those in lower risk roles.

When any individual is suspected to have used a controlled drug and the requirement to screen is urgent

- Contact PSD to evaluate the matter. If a test is required, they will make the necessary arrangements. In urgent cases when no PSD officer is available, the senior cadre officer on duty/on-call can be contacted and they will perform the role of the PSD officer until one is available. The Force does not have 24/7 PSD cover.

An individual will be referred to PSD if;

- On giving a sample is found to have taken a specified controlled drug; or
- is in a Safety Critical Post and found to be unfit for duty (with more than 13 micrograms of alcohol in 100 millilitres of breath or 40 mg/100ml urine)

4.5.9.1 Refusal to Provide Samples

Refusal to provide a sample for testing is a disciplinary offence, resulting in a formal investigation by PSD. For Police Officers it is a breach of Police Regulations (Regulations 10 & 19A) and for Police Staff a breach of their Terms and Conditions of employment as detailed in the 'Police Staff Council England and Wales – Pay and Conditions of Service Handbook' (Part 3, Guidance Note 7).

Police Officers and Staff should be clear of the consequences of refusing to provide a sample or failing to be amenable so that a suitable sample is obtained. The consequences may result in the termination of employment with the Force.

4.5.9.2 Communicating Results

Results from the screening provider are returned by secure e-mail to PSD. They will communicate results back to individuals; this will be via Force e-mail (negative) or in person (positive).

OHU will also be informed of any positive results in order to check whether the person concerned has self-referred prior to the time of the screening test. They will also deal with any medical related queries arising from the screening process. PSD are responsible for the investigatory process and will take advice from OHU and/or medical specialists in cases of positives deriving from legitimate substances.

Any self-referral to the OHU prior to a positive test ensures individuals are dealt with by way of welfare and support, and not misconduct.

4.5.9.3 Testing Procedure

Testing will be carried out without advance notice. It will be completed by an external testing agency using suitable qualified and experienced staff. Appropriate techniques that involve a legally defensible carefully controlled dual sample evidence chain will

be used and sample collection will involve non-invasive methodologies (generally urine or hair samples). There will be a secure chain of custody through collection, analysis and medical review.

Split samples shall be used in all cases that go forward to laboratory analysis. The individual will be offered a sample that they may have tested independently to challenge the result of a test on the other sample.

The testing for alcohol shall be carried out without advance notice and using breath testing equipment capable of taking measurements at the **13 micrograms** percentage level.

4.5.9.3.1 List of Police Staff roles agreed by UNISON for Random Testing

Job Title	Reason for Random testing
Anti-Corruption Investigator	Vulnerable post/ Evidential
Auto-Electrician and Radio fitter Fleet	Health & Safety (not yet agreed)
Body shop operator Fleet	Health & Safety (not yet agreed)
Child sexual exploitation officer	Evidential
Complaints and Misconduct Officer	Vulnerable post/ Evidential
Complaints and Misconduct Investigator	Vulnerable post/ Evidential
Crime Scene Investigator	Evidential /Drugs
Deputy trainer Force Communications Centre	Call taker/ Decision maker
Detention and Escort support	Vulnerable post Evidential
Domestic Abuse officer	Evidential
Driver Fleet	Health and Safety
Driver assessor trainer	Health and Safety
Firearms enquiry officer	Health and safety firearms
Firearms Enquiry supervisor	Health and safety firearms
Incident Handling Officer Force Communications centre	Call taker/ Decision maker

Incident Handling Supervisor Force Communications centre	Call taker/ Decision maker
Incident resolution support	Call taker/ Decision maker
Investigation officer	Evidential
Investigator Professional Standards	Vulnerable post / Evidential
Motorcycle speed reduction officer	Health and Safety
Offender Management officer	Vulnerable post / Evidential
PCSO	Evidential
Property Support	Evidential / drugs
Public Enquiry Support	Evidential / drugs
Public Order CBRN Operational trainer	Health and Safety
Public service support Force Communications Centre	Call taker/ Decision maker
Public Service Unit Supervisor Force Communication Centre	Call taker/ Decision maker
PVP case investigation Officer	Evidential
Road Safety Officer	Health and Safety
Serious Organised Crime Team Investigator	Vulnerable post / Evidential /Drugs
Speed Reduction officer	Health and Safety
Team leader Driver training	Health and Safety
Technician Fleet	Health and Safety
Trainer Force Communication Centre	Call taker/ Decision maker
Vehicle examining officer	Health and Safety

4.5.9.3.2 CBD Oil and Hemp Products

The increase in awareness and media interest around the use and legality of cannabis medicines, including CBD Oil and Hemp products, may cause confusion amongst staff on where they stand should they wish to use widely available products. ACU have prepared a CBD Oil Guideline for all Employees to assist staff in making informed decisions on CBD oil use and the associated risks. The guideline can be found on the PSD SharePoint site under [02.07.19 CBD Oil Guidance.docx](#)

4.5.10 Alcohol

Self-declaration of a drink problem, as with other drugs, is a matter managed by OHU rather than a disciplinary matter.

If it appears that a NWP employee is under the influence of alcohol, there is a power to conduct tests 'with cause.'

4.5.10.1 "With Cause" Testing for Alcohol

If a Supervising Officer / Line Manager smells alcohol on the breath of any NWP employee, they should consider 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 individual's stomach. Alcohol must be absorbed into the body to register in a breath alcohol test.

A person is unfit to work in a safety critical area if they have more than 29 mg per 100ml in blood (40 mg per 100ml in urine, 13 micrograms per 100ml in breath). The legal limit for driving is 80 mg per cent in blood and 35mg per 100 ml of breath.

Testing is conducted using breath testing equipment capable of making measurements at the 13 micrograms per cent level (equivalent to the 29 mg per cent blood level). Never test using apparatus held in a custody suite unless the suite is cleared of all other users.

Each "breath test" should consist of two consecutive breath specimen tests from the individual, with the final result being declared as the lower of the two results.

All NWP employees who are liable to routine random alcohol testing (see criteria as for drugs above) should be aware that this testing could occur at the same time or separately from the random drug testing phase.

4.5.10.2 Random Testing for Alcohol

Testing for alcohol is carried out ***without*** advance notice and at the same time as the screening test using breath testing equipment capable of taking measurements at the 13 microgram's percentage level.

Positive results may lead to criminal action (potential breathalyser offences under the Road Traffic Act) or formal disciplinary proceedings.

NWP will have due regard to privacy during the testing procedures. NWP will ensure that the testing is conducted in a sensitive manner and that test results are handled in a secure and confidential manner. Records of test results will be retained in accordance with Data Protection principles and NPCC National Guidance on the minimum standards for the Retention and Disposal of Police Records 2017; PSD Complaints/Conduct and Vetting records.

Those NWP employees that are liable to be tested are defined in [Section 4.5.9.3.1](#) of this policy and are therefore identical to those that are subject of the Random Drug Testing procedure.

As mentioned in [Section 4.5.9](#) Random Drug Testing, although the Safety Critical Roles category has been removed from Police Regulations, it is still recognised by NWP that such roles (Firearms personnel and Advanced drivers i.e. high risk roles - Police Officers & Police Staff) should be subject of random testing more frequently than those in lower risk roles. The same applies for alcohol.