



# Ministry of Defence

## **JSP 835: Alcohol and Substance Misuse and Testing**

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**Defence Personnel Secretariat – Discipline, Conduct and Legislation Team**

**This JSP has been equality and diversity impact assessed in accordance with departmental Policy. This resulted in a Part One screening only being completed (no direct discrimination or adverse impact identified / policy is a reflection of statutory requirements and has been cleared by a Legal Advisor).**

# JSP 835

## Alcohol and Substance Misuse and Testing

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# Chapter 1 – Alcohol and Substance Misuse

## Introduction

1. This JSP provides detailed guidance on the policy and procedures to be followed in relation to alcohol and substance misuse and testing within the Services and supplements the initial guidance and background information<sup>1</sup> provided to inform Commanding Officers (COs) of their responsibilities.
2. Alcohol and substance misuse is incompatible with the demands of Service life and poses a significant threat to operational effectiveness. The implications of substance misuse are particularly damaging and the illegal possession and use of controlled drugs is an offence under both Service and civil law. Drugs impair judgement and reliability, reduce fitness, damage health, degrade performance, and harm team cohesion and Service ethos - as well as being harmful personally, to family relationships and to society generally. It is Service Personnel Board policy that there is no place in the Armed Forces for those who misuse drugs. Only in exceptional circumstances will any member of the Armed Forces be retained following drug misuse.
3. The nature of the Services' role demands the highest standards from its personnel, who are required to perform exacting duties, which often directly affect the lives of their colleagues. Social drinking may play a part in group bonding; however, it is recognised that those who misuse alcohol or suffer from alcohol dependency are a potential hazard to themselves, their families and their colleagues. Personnel are liable to be called for duty at any time. Therefore, the excessive consumption of alcohol and, in some situations, any alcoholic consumption, may adversely affect their capability to perform their duties safely and accurately. Misbehaviour, unfitness for duty due to alcohol, and drinking and driving offences may be dealt with as offences under the Armed Forces Act 2006 (the Act).
4. To reflect the risk posed by alcohol and substance misuse within the single Services conduct periodic mandated education and awareness presentations. To act as a major part of the Services' deterrent strategy, the Services operate Compulsory Drug Testing (CDT) and Drug and Alcohol Testing where there is reasonable cause to believe that a service person is unfit through alcohol or drugs and has exceeded prescribed limits for safety-critical duties.

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<sup>1</sup> Chapter 21, Manual of Service Law (MSL).  
JSP 835 Version 2.0

## Chapter 2 – General Provisions

### The Law

1. The Act, which has been updated by the Armed Forces Act 2011, provides for the testing for drugs and alcohol to be carried out in specified circumstances on personnel subject to Service law, and, in some cases, on civilians subject to Service discipline. The results of Drugs and Alcohol testing relating to safety-critical duties are admissible as evidence in disciplinary proceedings for a Service offence<sup>1</sup> whereas the results of tests relating to Compulsory Drug Testing (CDT) are not admissible. However, the provisions contained within the Act do not limit the statutory powers to test for alcohol and or drugs under the Police and Criminal Evidence Act (PACE) 1984 or the Road Traffic Act (RTA) 1988; nor do they affect the admissibility of evidence obtained under those statutes in any proceedings.

### Definitions

2. a. For CDT purposes 'drug'<sup>2</sup> means a controlled<sup>3</sup> drug whilst for Testing for Safety-critical duties it means any intoxicant other than alcohol<sup>4</sup>.
- b. 'Safety-critical duty' means a duty which, if performed with ability impaired by alcohol or drugs, would result in a risk of death, serious injury, serious damage to property or serious environmental harm.

### Regulations Governing CDT and Testing for Safety Critical Duties

3. Regulations governing the obtaining and analysis of samples are found in The Armed Forces (Drug Testing) Regulations 2009. Regulations governing the alcohol limits for prescribed safety-critical duties and the duties that are prescribed as safety-critical are found in the Armed Forces (Alcohol Limits for Prescribed Safety-Critical Duties) Regulations 2013. Both of these documents can be found in the Manual of Service Law Volume 3.

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<sup>1</sup> Section 20A of the Act.

<sup>2</sup> Section 307 of the Act.

<sup>3</sup> Within the meaning of section 2 of the Misuse of Drugs Act 1971 for example: cannabis, cocaine and ecstasy.

<sup>4</sup> Section 93I of the Act.

## Chapter 3 – The Management of the Misuse of Alcohol

### Aim

1. The aim of this Chapter is to provide information and guidance on alcohol misuse within the Armed Forces. It describes the policy, defines the issue of misuse, and advises on the interface with medical staffs. It goes on to discuss the programmes of awareness, education and prevention of alcohol misuse that COs should institute to minimise the problems caused by misuse of alcohol. Step-by-step instructions for handling cases of misuse are at Annexes A and B.

### Introduction

2. The operational role of the Services demands the highest standards of technical and administrative efficiency from its members both at home and abroad, which are not compatible with the effects produced by alcohol misuse. Those whose efficiency is reduced by the excessive consumption of alcohol are not only a liability to themselves but also to their families, their colleagues and the overall effectiveness of the Services. Therefore those who misuse alcohol are likely to be discharged from the Services unless they can reform and be rehabilitated. Commanders and supervisors are responsible for preventing excessive drinking, and all Officers and NCOs are expected to take a firm stance against alcohol misuse.

### Definitions and Effects

3. **Definition.** Alcohol misuse is defined as drinking alcohol, either on a single occasion or regularly, in such quantity that there is a risk to an individual, group or the overall operational effectiveness of the Services. 'Alcohol Dependence' is a psychological and/or physical addiction to alcohol; this still presents a risk to an individual, group or the overall operational effectiveness of the Services.

4 **Harmful effects of alcohol misuse.** The harmful effects of alcohol misuse can be categorised as either short-term or long-term as follows:

a. Short-term harmful effects tend to result from single episodes of heavy alcohol consumption or "binge drinking". This is the predominant pattern of drinking in young people in the UK. The adverse effects are usually indirect: accidents (particularly road accidents), aggression, violence, and promiscuous sexual behaviour potentially resulting in sexually transmitted diseases and unplanned pregnancy. Direct harm from alcohol poisoning can occur when very large quantities are consumed, and death may result from respiratory depression or inhalation of vomit.

b. Long-term harmful effects may occur in those who drink in excess of the recommended sensible limits regularly over a long period. A proportion of such drinkers may be dependent on alcohol, although long-term adverse effects are not confined to this group. The adverse effects are largely direct: cirrhosis of the liver, pancreatitis, hepatitis, some cancers, raised blood pressure, increased risk of stroke and impotence. Regular heavy drinkers may also suffer indirectly from accidents, domestic problems and divorce, debt and convictions from drink-related offences, with repercussions for their family and their ability to function effectively at work.

5. **Alcohol Dependence.** Although the development of dependence on alcohol is subject to individual variation, the prevalence of alcohol dependency is higher in societies where the level of alcohol consumption in the general population is high. Reducing overall alcohol consumption by reducing access or increasing price will reduce the overall numbers of individuals becoming alcohol dependent.

6. Those that become dependent are at risk from the short and long-term harmful effects, and are less able to control their consumption or reduce their drinking to safer levels. They need professional help and continuing support, and can best be helped if identified early. This is not always easy. Few dependent drinkers fit the popular image of the “alcoholic” and many take pains to conceal their addiction, often not admitting it to themselves. The Government guidelines<sup>1</sup> are as follows:

**Lower-risk drinking:** drinking up to weekly guidelines (0-14 units for women, 0-21 units for men).

**Increasing-risk drinking:** drinking between 15-35 units (women) or 22-50 units (men) units in a week.

**Higher-risk:** drinking >35 units (women) or >50 units (men) in a week.

**Binge:** drinking over twice the daily guidelines in one day (4+ units for women/ 6+ units for men).

**Chronic:** sustained drinking which is causing or likely to lead to risk of harm.

7. **Drinking Patterns and trends.** There is a plethora of information available to Commanders on drinking patterns and trends at Appendix 1 to Annex A. The heaviest consumers of alcohol in the UK are young people aged 18-24, among whom there is often a pattern of binge drinking on one or more occasions per week. Alcohol consumption is increasing in young UK adults with resultant harmful effects. Death from road accidents in young people is frequently related to alcohol consumption. Road accidents are the biggest single cause of death in the Services. A proportion of young heavy drinkers will go on to habitual heavy drinking, and some to dependency. Alcohol dependency in the Services most often comes to light in the 35-45 age groups. It is just as likely to occur in the younger age groups, but may not become so readily evident to line managers or medical staff. Emerging evidence suggests that those returning from prolonged periods on operations (eg 13 months cumulative deployments in the preceding 3 years) are more likely to abuse alcohol.

8. **Safe limits.** The Department of Health has issued guidelines on the safe level of alcohol consumption:

a. **A Unit.** A unit is defined as being 10 gms of pure alcohol and is roughly the amount of alcohol in half a pint of regular strength beer, lager or cider, a very small glass of 12% wine (75ml or less), or a single pub measure of spirits. However, a small pub measure glass of wine (125 ml) will contain in excess of 1½ units. The formula is : number of units = Percent alcohol (gms/100mls) x Volume (Litres)

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<sup>1</sup> NICE 'Alcohol use disorders - preventing harmful drinking: guidance' dated June 2010  
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b. **Limits.** It is recommended that men and women should not drink more than 4/3 units respectively in any one day and no more than 21/14 units respectively in a week. Levels of intake between 22 and 50 units a week for men and 15 and 35 units per week for women are associated with a high risk of developing alcohol-related problems and a risk of developing alcohol dependence. Levels above 50 units a week for men and 35 units for women, consumed on a regular basis, are associated with a high risk of developing alcohol dependence.

9. **Detection.** Timely intervention is of the utmost importance in dealing with alcohol misuse and the earlier treatment is begun the better chance there is of a recovery. Episodes of binge drinking, especially at weekends, may not be easily recognised by line managers. However, where there are indications of this behaviour, such as a disciplinary action or an injury presenting to the medical centre, the opportunity to intervene should be taken. In the case of alcohol dependence, the earlier treatment is begun the better chance there is of recovery. Early signs suggestive of alcohol dependency may be:

- a. Reporting for duty regularly smelling of alcohol.
- b. Repeated lateness or absence from work, with weak excuses of physical ailments.
- c. Deterioration in work performance or in personal appearance and physical ailments.
- d. Unusual variations of daily moods, such as changing from jocularity to aggressiveness or to bouts of depression.
- e. Frequent hangovers and shaky hands in the morning.
- f. Increasing family problems and debts.
- g. Habitual drinking at lunchtimes or between or before shifts.

### **General Policy**

10. **General Policy.** Alcohol misuse damages operational effectiveness; our policies have a twin track approach of on one hand education, awareness and regulation and, in parallel, medical support for those that require it. This includes intervention and rehabilitation programmes involving medical and welfare support. Alcohol misuse is preventable and recoverable, and even those who are alcohol dependent can be reformed. It is the Services' aim to rehabilitate individuals as quickly as possible so that they remain wholly productive members of the Services. Successful rehabilitation needs a significant and sustained commitment from the individual to be abstinent of alcohol consumption or to reduce drinking to moderate levels that accord with safe working practice. Provided that this is achieved, then personnel may be retained in the Services. Nevertheless, there are those who are not prepared to modify their drinking habits, and there is a limit to the time and effort that can be spent by the Executive and medical authorities in attempting to persuade these individuals to reform. Consequently those who are unwilling to curb their drinking are invariably to be considered for discharge from the Services. More detailed advice for COs and Supervisors is at Annex A.

## **Awareness, Education and Prevention**

11. **Awareness, Education and Prevention.** Awareness and education is the first stage taken by each of the Services to prevent the misuse of alcohol. Further details are at Annex A.

## **Disciplinary and Administrative Action to be Taken in Cases of Alcohol Misuse.**

12. **Disciplinary Action.** Disciplinary action should be considered against alcohol misusers wherever appropriate in order to deter repetition. Under the Act, a person subject to service law commits an offence if:

- a. Due to the influence of alcohol or any drug, they are unfit for duty or any duty they might reasonably expect to be called upon to perform; their behaviour is disorderly or likely to bring discredit to Her Majesty's forces. The test of unfitness for duty is now defined as whether a person's ability to perform the duty is impaired. No tests are required of an individual to prove whether or not they are drunk. The consumption of alcohol coupled with the individual being either unfit for duty, behaving in a disorderly manner or in any manner likely to bring discredit to Her Majesty's forces is sufficient to find a charge proven; provided that the person hearing the charge is satisfied that the conduct or unfitness for duty is as a result of the influence of alcohol, it is possible for an accused to be guilty of the offence even where only a relatively small amount of alcohol has been consumed. Or
- b. If the proportion of alcohol in their breath, blood or urine exceeds the relevant limit at a time when they are performing, or purporting to perform a prescribed (safety-critical) duty; or might reasonably expect to be called on to perform such a duty. More detailed guidance on this offence is contained in Chapter 6.

13. **Administrative Action.** Where disciplinary action is not appropriate, administrative action should normally be taken so that individuals are made aware of the negative impact that alcohol consumption is having, and provide them with the guidance and support necessary to reduce their consumption to moderate levels or to help them abstain. A stepped approach should be used as laid out in single-Service Policies<sup>2</sup>, and at Annex A. At all stages management need to satisfy themselves that the individual has been given a copy of Annex B to this leaflet (An Individual's Guide).

14. **Preliminary Steps.** When alcohol misuse is first identified, Annex A must be read and consideration must be given to disciplinary action. If disciplinary action is not taken it is strongly advised that the individual be issued an informal interview. In addition to informal interview the possible causes of excessive drinking should be investigated, especially those due to social or environmental pressures, and the individual should be encouraged to seek counselling and medical advice. At this stage, the individual should also be issued with Annex B. In the majority of cases the individual will successfully rehabilitate themselves, and no further action will be required.

15. **Further Action Required.** If there is further alcohol misuse, then disciplinary action should be considered in the first instance. If disciplinary action is not taken further administrative action must be taken. The level of this will depend on the time elapsed between the first and subsequent incident, as well as the nature of the incident in question.

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<sup>2</sup> In accordance with JSP833, BR3 5770, AGAI 67 or [AP3392, Vol 5, Lft 127-130](#).  
JSP 835 Version 2.0

For example, if an individual has been subject to oral counselling within the preceding 3 months, then written counselling would be appropriate. Again, the individual should be warned of the consequences of alcohol misuse, and should be encouraged to seek medical advice and counselling.

16. If, after written counselling, further alcohol misuse takes place, then as well as considering disciplinary action, a Formal Warning<sup>3</sup> should be issued. The individual should be left in no doubt that further episodes of misuse could well lead to the raising of an administrative report recommending discharge or termination of commission.

17. If, whilst subject to Formal Warning, further alcohol misuse takes place, then as well as considering disciplinary action, the unit should raise an administrative report recommending discharge or termination of commission.

18. If further alcohol misuse takes place after the lifting of previous administrative action, consideration needs to be given to the time elapsed between the last and current incident, as well as the nature of the incident in question. This will determine whether or not an individual faces the same level of administrative action previously issued, or whether the next level of administrative action is required. Further advice should be sought from the relevant single Service administrative authority.

## Medical Input

19. **Liaison with the Executive.** The majority of alcohol misuse cases will require administrative action to be taken in conjunction with medical management. Accordingly, should an individual approach a Medical Officer (MO) voluntarily for guidance or treatment for an alcohol-related condition, prior to the problem having been identified by the Command Chain, the MO will need to consider whether or not to consult with the Executive<sup>4</sup> or others. The MO will need to carefully consider their duties of confidentiality (outlined within General Medical Council's guidance: '*Confidentiality*' (Oct 09)), prior to disclosing any medical information. The MO should always seek to obtain and document the individual's consent before disclosure. Nevertheless, there are circumstances (in addition to those required by law) when, on balance, disclosure of medical information without an individual's consent may be justifiable based on "public interest" grounds: Considerations include:

- a. Protecting individuals or society from risks of serious harm.
- b. When actions must be taken quickly to prevent further serious harm.
- c. When seeking consent may prejudice the prevention or detection of serious crime.

MOs should specifically consider whether disclosure is required in the context of military-specific 'public interest', such as security and weapon-handling, remembering that the GMC may require any doctor to justify their actions if a complaint is made about the disclosure of any identifiable information without a patient's consent. The potential benefits and harms of disclosures made without consent may also be considered by the Patient Information Advisory Group under the Health and Social Care Act 2001. It is recognized that making disclosures without patient consent on "public interest" grounds will pose clinicians with

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<sup>3</sup> Refer to single Service guidelines

<sup>4</sup> RN: CO/Army: CO /RAF:Unit CO or Stn Cdr

difficulties, which may perhaps result in clinical treatment proceeding with changes to Medical employment standards without administrative or disciplinary action occurring in tandem. All reasonable efforts need to be made to persuade patients to allow line managerial oversight.

**20. Effect of Medical Treatment on Disciplinary and Administrative Action.**

Irrespective of any disciplinary action, if an individual seeks medical help then a consultation with a MO should be facilitated. Equally, the fact that an individual is seeking medical help should be reflected in the length of time they are given to rehabilitate themselves. Therefore, although the review of administrative action should take place in accordance with single-Service procedures (usually 3 months),<sup>5</sup> the review may be deferred to the 6-month point to allow sufficient time for the medical treatment to run its course.

**21. Medical Treatment and Education.** If the MO is concerned that an individual exhibits signs of alcohol misuse, irrespective of administrative or disciplinary proceedings, a specialist psychiatric assessment should be sought to determine whether the individual is alcohol dependent and to assess suitability for Alcohol Education (Alc Ed) and /or alcohol detoxification if misuse is severe.

**22. Continuation of Medical Treatment.** If ongoing medical management is required, the individual should be awarded a Temporary Medical Employment Standard (TMES) in accordance with single-Service procedures, initially for a period of 6 months. In such circumstances, MOs should appreciate that medical support is likely to occur in parallel with formal administrative proceedings. At the 6-month point of the TMES, the individual will be given a formal interview by administrative staff if they are not already subject to administrative action. Those who continue to need medical support should have their TMES extended for a further 6 months. At this stage, administrative staffs may issue a Formal Warning. If this second 6-month period of rehabilitation has not been successful, or if the individual refuses treatment, a permanent MES should be awarded in accordance with single-Service procedures. At this point, consideration may be made as to the individual's suitability for administrative discharge.

**23. Cessation of Medical Treatment.** Those who respond to the medical treatment and remain problem-free may be upgraded, but a medical marker within their MES is recommended which should be applied in accordance with single-Service procedures. This will usually coincide with the withdrawal of the administrative action against the individual.

**24. Future Lapses.** Should a lapse occur after detoxification/Alc Ed and after the Formal Interview or Formal Warning has been withdrawn, the Unit may consider the suitability of the individual to undergo a second period of detoxification/Alc Ed. If this is considered, the individual should be issued with a Formal Warning. However, if it is unlikely that successful reform can be achieved, action should be taken to effect early administrative disposal.

**25.** A flow chart depicting the above procedures on how to deal with alcohol misuse is at Appendix 3 to Annex A.

Annexes:

A. A Guide for Commanding Officers and Supervisors on Alcohol Misuse.

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<sup>5</sup> BR3, AGAI Vol II AGAI 67 or AP3392, Vol 5, Lfit 127-130.  
JSP 835 Version 2.0

B. An Individual's Guide.

## A GUIDE FOR COMMANDING OFFICERS AND SUPERVISORS ON ALCOHOL MISUSE

### Introduction

1. Many people who drink alcohol enjoy it and cause no harm to themselves or others, and indeed there is evidence to suggest that drinking small regular amounts of alcohol can be beneficial in the middle-aged and older age groups. Despite these positive effects, the excessive consumption of alcohol, either regularly or on single occasions, carries the risk of short-term or long-term harm. The purpose of this leaflet is to inform COs and supervisors of the dangers of excessive use of alcohol, and to give guidance on the measures that should be taken to counter the adverse effects which misuse of alcohol can have on the well-being and efficiency of the Services.
2. Commanders at all levels must be aware of the harmful effects of alcohol and should take measures to control the use of alcohol within their AORs.
3. Ships/unit/establishment alcohol policies and practices should include a sequential stage system for dealing with alcohol misuse, incorporating administrative, disciplinary and healthcare measures. Throughout each of the stages it is important that a clear relationship between the discipline and healthcare aspects of policy is formalised and regulated. In doing so, commanders must be cognisant of the need to maintain the key confidentiality aspects of medical support, but should also consider responses to medical support in any assessment of the most appropriate manner to deal with an individual. The underpinning tenet of the system is the intention to deal with alcohol misuse as a professional failing in breach of the Services Values and Standards. As such, the misuse of alcohol can be linked directly to the relevant single Service administrative action, which contains the instructions for the issue of Formal Warnings, and the application of minor and major administrative sanctions. As in any case of the use of administrative action, it is for commanders to determine when formal action is appropriate and the most appropriate level of sanction on a case-by-case basis. In dealing with alcohol misuse, there is no automatic requirement to escalate responses within the staged system, should an individual re-offend. For example it may be appropriate to award minor sanctions on a number of occasions before issuing a formal warning. Equally, it may be that for cases of serious misconduct the immediate use of major administrative action is appropriate.

### Awareness, Education and Prevention

4. **Stage 1.** Awareness and education is the first stage taken by each of the Services to prevent the misuse of alcohol. COs are responsible for ensuring that measures are in place to ensure that all personnel receive comprehensive training and education in alcohol awareness. In addition to routine and mandatory training, COs should consider local education and awareness initiatives when appropriate, for example immediately preceding leave periods, and during decompression after operational tours.
5. **Awareness.** The Services use a range of alcohol awareness media which support wider Governmental and Departmental initiatives. A list of the current media available to commanders is at Appendix 1.

6. **Education.** Each of the Services run programmes of alcohol awareness training at Phases 1 and 2 and career management courses, supplemented by refresher training, briefings or Ship/unit/establishment-sponsored events.

7. **Prevention.** Prevention of alcohol misuse relies on measures to reduce overall consumption and to identify and manage individuals at risk. A list of the measures COs should consider and, where applicable, include in ship/unit/establishment alcohol policies is at Appendix 2.

### **Disciplinary Aspects**

8. Drunkenness should always be considered as a disciplinary matter. This is particularly important, because failure to deal sufficiently firmly with offences of drunkenness invites a possible progression towards repeated alcohol misuse and alcohol dependency. Proven drunkenness should be punished to deter repetition. In this context it should be noted that the obvious effects of heavy drinking do not have to be present for an offence under the Act to be proved. The consumption of alcohol, coupled with the individual being either unfit for duty or any duty which he might reasonably expect to be called upon to perform, or behaving in a disorderly manner or any manner likely to bring discredit on the Service is sufficient to find a charge proven; provided that the person hearing the charge is satisfied that the conduct or unfitness for duty was as a result of the influence of alcohol. It is possible for an accused to be guilty of the offence even where only a relatively small amount of alcohol has been consumed. New powers to test for drugs and alcohol where there is reasonable cause to believe that a service person is unfit through alcohol or drugs and has exceeded prescribed limits for safety-critical duties were introduced on 1 Nov 13. Further details can be found in Chapter 6.

9. When excessive drinking is proven or suspected as a factor in any offence, as soon as any appropriate disciplinary action has been taken, the matter should be discussed with the individual. It is essential that an individual understands the connection between his transgression and alcohol misuse, and he must be warned of the risk of physical, psychological and social harm as well as possible dependence if the recommended sensible drinking limits are exceeded. The Individual's Guide at Annex B should be issued at this stage. All personnel should be aware that commanding officers must consider whether to issue a Formal Warning following a second or subsequent conviction of drunkenness, or if drinking gives rise to misconduct or inefficiency.

### **Interviewing and Referral**

10. **Stage 2.** This consists of an escalating administrative response, if appropriate linked to informal interview and medical rehabilitative measures. An admission of an alcohol misuse problem may initiate an interview with a Medical Officer (MO) possibly leading to treatment. More usually, individuals who have misused alcohol will be identified by the chain of command that, following the guidance in JSP 833 are to take the necessary minor administrative action. The individual is to be informed of the specific incidents involving sub-standard performance and/or other aspects of unsatisfactory behaviour, and the reasons for relating such incidents to excessive drinking. The individual is to be counselled on the following lines:

- a. This first interview is an initial attempt to resolve the problem. The individual should be issued with the Individual's Guide at Annex B.

- b. It should be explained that excessive drinking can be harmful to one's health, family and career. The daily and weekly sensible drinking limits described at Paragraph 10 should be outlined, and the risks of exceeding them emphasised.
- c. An attempt should be made to identify how much the individual is drinking (they will nearly always state less) and to identify whether there are any other factors which are contributing to their heavy drinking. There may be difficulties at work or family problems that could be eased or resolved by appropriate advice or action.
- d. Assistance is available to help the individual with these problems, if they are indeed contributing to heavy drinking. Assistance is also available to resolve the specific problem of drinking, ie referral to the MO. Voluntary referral should be encouraged, and it should be emphasised that statistics show that the earlier an individual is referred the better chance there is of recovery.
- e. If there are any indications of further excessive drinking, whether or not alcohol dependency is suspected, the individual will be referred to the MO for formal medical counselling. (There is evidence to show that swift interventions, eg, advice on the harmful effects from MOs, are successful in reducing single-episode heavy drinking as well as regular excessive drinking).
- f. Where alcohol dependence is suspected, all individuals should be assured that it is a treatable and recoverable condition at all levels up to and including the most severe. They should also be told that they will normally be returned to duty after treatment (if this becomes necessary) and will continue to receive support for as long as they are seen to be co-operating. If they do not co-operate then discharge on administrative grounds will ultimately be necessary. It should be stressed that most alcohol dependents can be helped to return to a normal state, and that even of the most heavily dependent, 3 out of 4 make a full recovery and return to a productive Service career in due course.

### **Major Administrative Action and Medical Management**

- 11. **Stage 3.** Whilst individuals may refuse to accept the need for medical treatment, Stage 3 consists of further medical treatment with associated monitoring of any response (formal warning, treatment and monitoring). Personnel abusing alcohol are more likely to modify their behaviour when it is recognised early and individuals are to be encouraged to seek medical help voluntarily. However, in severe cases, or when an individual fails to heed warnings to curb alcohol consumption and continues to misuse alcohol, formal administrative action will be initiated in accordance with single-Service guidelines.
- 12. The medical management of personnel abusing alcohol, coupled with the appropriate executive action, is as follows:
  - a. Individuals who are abusing alcohol are to be referred to the MO who may arrange for them to be assessed by a Community Mental Health team.
  - b. If thought to be alcohol dependent, they are likely to be admitted to a suitable medical facility for detoxification. At the end of this period, full psychiatric assessment will be made and treatment of any co-existing psychiatric illness arranged, all patients being told that they must abstain from alcohol.



13. After full assessment, the majority of patients will be awarded a TMES, initially for 6 months, which will restrict movement. This will certainly apply to alcohol dependent individuals and many non-dependent problem drinkers but, whilst consistency of treatment is extremely desirable, each case will be assessed on its merits.

14. The majority of personnel will retain a TMES for up to 18 months during which there will be follow-up and supervision by both the Psychiatric Services and the MO. If problem free, thereafter upgrading will normally take place.

15. **Stage 4.** This stage encompasses advanced medical treatment<sup>1</sup> and further major administrative action iaw single-Service procedures. Those who continue to have alcohol problems, including those who attend alcohol treatment or education and subsequently fail thus requiring further detoxification, or who continue to experience difficulties with alcohol, will generally be awarded a permanent MES. Additionally, individuals assessed as having significant alcohol problems that reject advice may be permanently medically downgraded earlier reflecting their very poor prognosis and limited employability. At this stage, consideration is to be given to raising an Administrative Report<sup>2</sup> recommending discharge.

### **Review, Support and Monitoring**

16. When alcohol misuse has been detected, the individual will be given every encouragement to reform their behaviour, but cases will be kept under constant review to ensure that recurrences are dealt with appropriately. Those who have been diagnosed as alcohol dependent will need careful and sensitive monitoring, over long periods of time, to ensure that they remain problem free. While strictly adhering to the guidelines guarding disclosure or medical information, it is essential that there is a close liaison between the Executive and the medical authorities in alcohol misuse cases. In addition, all those identified as alcohol misusers or dependents must not be forced into drinking situations or employed in high risk positions such as barmen. They must not be penalised for not joining in with social functions and should be encouraged to socialise without drinking.

### **Conclusion**

17. Alcohol misusers and those suffering from alcohol dependency are a potential hazard to themselves, their families and not least to the Services. It is the responsibility of all Commanders and supervisors to ensure that anyone with an alcohol problem is detected early and helped sympathetically. The sooner someone with a problem is identified and referred for treatment, the better are the chances of recovery. It is false loyalty to shield anyone and to condone heavy drinking – there is a real risk that the individual, their family and the Service will suffer both in the short and long-term.

### **Appendices:**

1. Current Alcohol Awareness media available to Commanders.
2. Measures to be considered by Commanding Officers for inclusion in Ship/Unit/Establishment Policies.
3. Flow Chart for Procedures to deal with Alcohol Misuse.

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<sup>1</sup> Advanced medical treatment is defined as admission to hospital for an alcohol misuse related complaint, care under the supervision of Departments of Community Mental Health or attendance on a rehabilitation programme provided by an Independent Service Provider.

<sup>2</sup> BR3 Chapter 57, AGAI Vol II Ch 63 or AP3392 Vol 4 Lfit 127.

## **CURRENT ALCOHOL AWARENESS MEDIA AVAILABLE TO COMMANDERS**

1. Detailed below is a list of current Alcohol Awareness media, Support lines and web-sites available to Commanders:

### **Alcohol and Drug Misuse – Commander’s Guide**

### **Alcohol and Drugs – The Facts**

### **Alcohol Awareness An Individual’s Guide (RAF)**

### **Fit for Life – Fit to Fight**

Ongoing poster campaigns – delivered by CDT, PS2(A) and available from the CDT web site hosted on DII.

### **The Government’s Renewed Alcohol Strategy for England**

#### **Confidential Support Line Contact Number:**

0800 731 4880 or 044 800 731 4880 from abroad

#### **Drinkline**

0345 32 02 02 or 044 345 32 02 02 from abroad

#### **Alcohol Concern**

020 7928 737 or 044 20 7928 737 from abroad

[www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

#### **Alcoholics Anonymous**

See Yellow Pages

[www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)

#### **Al-Anon/Alateen (for family members/friends of alcohol misusers)**

020 7403 0888

[www.al-anonuk.org.uk](http://www.al-anonuk.org.uk)

[www.al-anonuk.org.uk/alateen](http://www.al-anonuk.org.uk/alateen)

#### **Other Websites**

<http://www.drinkaware.co.uk/>

#### **Medical Staff**

Can refer individual to local alcohol counselling agencies

**MEASURES TO BE CONSIDERED BY COMMANDING OFFICERS FOR INCLUSION IN SHIP/UNIT/ESTABLISHMENT POLICIES**

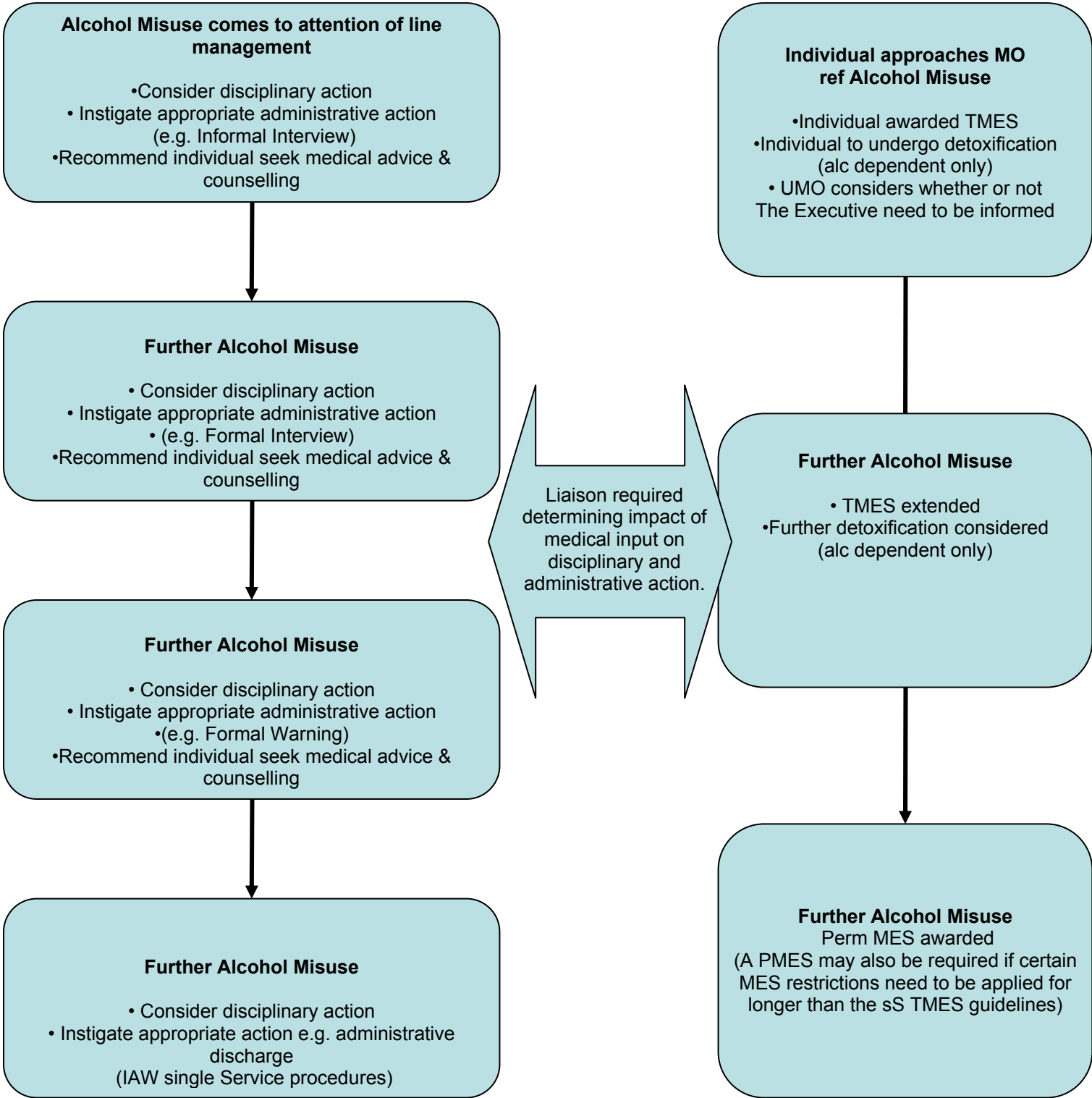
1. The following is a list of measures that have been identified as best practice, which COs should consider and where applicable include in Ship/unit/establishment alcohol policies:
  - a. Annual Ship/unit/establishment health awareness days.
  - b. Health and well-being road shows.
  - c. Including responsible drinking briefings in arrival briefings and annual training and as part of discussions on team work.
  - d. Highlighting the dangers of using alcohol as a remedy to deal with a traumatic experience during Post-Op Stress briefings.
  - e. Using the services of 'Drinksense'<sup>1</sup> (a registered charity) to provide advice, counselling and support for personnel with alcohol related problems.
  - f. Promoting a culture of understanding (by education, and 2-can rule or abstinence) that alcohol and Ops do not mix.
  - g. Restricting the number and opening times of alcoholic bars, thereby reducing the amount of alcohol that can be imbibed and also the ability of personnel to "cruise" from bar to bar over an extended period.
  - h. Running co-ordinated drink drive campaigns and competitions in tandem with local police and fire authorities.
  - i. Participating in no smoking campaigns (noting the link between smoking and drinking).
  - j. Preventing drinks promotions, twofers and the giving of alcohol as prizes for competitions.
  - k. Providing a viable alcohol opt-out option at Mess functions (with meals priced accordingly) and ensuring that drinking non-alcoholic drinks is not seen as a form of weakness.
  - l. Ensuring food is provided at alcohol related functions.
  - m. Providing non-alcohol facilities for single personnel – chill out areas for junior personnel.

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<sup>1</sup> [www.drinksense.org](http://www.drinksense.org)  
JSP 835 Version 2.0

- n. Having proactive, supportive and well structured Ship/unit/establishment committees (welfare teams, Flt Safety, Health and Safety, Road Safety and Health and Wellbeing).
- o. Early and effective use of admin and discipline procedures.
- p. Reducing the link between alcohol and social activities.
- q. Ensure education is provided to encourage individual responsibility and to assist line managers in providing support. This should include wide and easy access to this Appendix and also the Individual's Guide.
- r. Liaison with retailers to ensure a joined-up approach by the Alcohol Misuse prevention campaign, ie refusing to serve individuals who are drunk.

**FLOW CHART FOR PROCEDURES TO DEAL WITH ALCOHOL MISUSE**



## **An Individual's Guide**

### **Introduction**

1. Many people who drink alcohol enjoy it and cause no harm to themselves or others, and indeed there is evidence to suggest that drinking small regular amounts of alcohol can be beneficial in the middle-aged and older age groups. Despite these positive effects, the excessive consumption of alcohol, either regularly or on single occasions, carries the risk of short-term or long-term harm. The purpose of this Guide is to give you information so that you can make an informed choice or help others to do so.

The Services expect you to be:

**Fit for Health  
Fit for Operations  
Fit for Purpose**

In the process you will be

**Fit for Life**

### **ALCOHOL TAKES EFFECT QUICKLY.....**

When drinking on an empty stomach, alcohol will be absorbed into the bloodstream in just 20 minutes and start acting on the brain.

The more alcohol you drink, the higher the concentration in your blood.

There's little point in trying to count drinks, because everyone absorbs alcohol into the blood stream at a different rate.

It's far simpler to drink non-alcoholic drinks, because then it doesn't matter who's counting!

### **.....WEARS OFF SLOWLY**

### **WHAT ARE YOU DRINKING?**

Those who believe that sticking to beer or cider will stop them going over the drink/drive limit are sadly mistaken.

That's because it's not the type of drink that's important, it's the **TOTAL** amount of alcohol it contains. Some alcoholic drinks now show how many units they contain on their labels, making it easy for you to work out how many units you're drinking.

## ARE YOU FIT FOR DUTY?

The body gets rid of alcohol from the blood stream at a very slow rate. This means that if you've been on a long and late drinking session, you may well be still over the limit on the morning after, or even at lunchtime!

Even the slightest amount of alcohol can slow reaction times, impair vision and affect judgement.

If you drink alcohol at all before driving or other safety-critical duty, you could put yourself and others at risk.

Once you have taken a drink, there is NOTHING you can do to reduce the level of alcohol in your blood.

Exercise doesn't work. Nor black coffee. Nor fresh air. Nor medicines or vitamins of any kind. The only thing that will reduce the level of alcohol in your blood is time and a long time at that!

## ALCOHOL AND FITNESS

It is your responsibility to be fit and ready for duty at all times. Alcohol:

- Interferes with fitness; heart and lungs work less efficiently
- Damages muscles
- Can lead to increased weight
- Increases the risk of accidents and injuries
- Damages the immune system, making you more prone to infection
- Causes dehydration, making exercise dangerous and unpleasant

What is a safe limit?

The Government's current recommendations for healthy drinking limits are:

For men - up to 3–4 units per day

For women - up to 2 – 3 units per day

*(these are daily limits and shouldn't be 'saved up' for the weekend and drunk in one go)*

What is a unit of alcohol?

1 Unit = ½ pint of regular strength beer or cider or  
1 **very small** glass of wine (75ml or less) or  
1 pub measure of spirits

### **INTERESTING FACT:**

A bottle of 12% red wine contains 9-10 units!

## BINGE DRINKING.....THE FACTS

According to the Government, these are the categories you may fall into:

**Lower-risk drinking:** drinking up to weekly guidelines (0-14 units for women, 0-21 units for men).

**Increasing-risk drinking:** drinking between 15-35 units (women) or 22-50 units (men) units in a week.

**Higher-risk:** drinking >35 units (women) or >50 units (men) in a week.

**Binge:** drinking over twice the daily guidelines in one day (4+ units for women/ 6+ units for men).

**Chronic:** sustained drinking which is causing or likely to lead to risk of harm.

Binge drinkers develop heart disease and hardening of the arteries much more rapidly than people who drink moderately.

Heavy drinkers damage their brain cells, which affects their intellect, concentration, memory and motor skills. In men, it may lead to impotence.

## **DEPENDENCE OR ADDICTION.....**

Regularly exceeding safe drinking limits puts you at risk of a variety of serious and potentially fatal conditions. ***The long-term effects of exceeding these limits can be seen after only a few months.***

## **DEPENDENCE**

- Is caused by the body's adjustment to the routine presence of alcohol and may result in slight shakiness and nausea through to withdrawal fits and uncontrollable shaking.
- Can cause depression, anxiety or stress.
- How would you cope with being deployed to a theatre which is completely dry? Particularly considering that many detachments are now up to 6 months.....

## **ALCOHOL – DO YOU HAVE A PROBLEM?**

You may have a problem if you:

- Believe you have to drink in order to have fun
- Always turn to alcohol to relieve uncomfortable feelings
- Drink more and more to achieve the same effect
- Forget what happened when you were drinking
- Can't predict whether or not you will get drunk
- Have difficulty on duty due to hangovers
- Need a drink in the morning as 'hair of the dog' or as an 'eye-opener'
- Keep making promises to yourself or others that you will stop getting drunk
- You are regularly involved in fights when you have been drinking



- You drink alone, or hide your drinking from others.

If more than one of the above applies, you may have a drink problem or be at risk of developing one. If this is the case, you really should **seek advice or talk with the Medical Staff**.

## **GETTING HELP AND INFORMATION**

### **Confidential Support Line Contact Number:**

0800 731 4880 or 044 800 731 4880 from abroad

### **Drinkline**

0345 32 02 02 or 044 345 32 02 02 from abroad

### **Alcohol Concern**

020 7928 737 or 044 20 7928 737 from abroad

[www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

### **Alcoholics Anonymous**

See Yellow Pages

[www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)

### **Al-Anon/Alateen**

020 7403 0888

[www.al-anon-uk.org.uk](http://www.al-anon-uk.org.uk)  
[www.al-anon-uk.org.uk/alateen](http://www.al-anon-uk.org.uk/alateen)

### **Other Websites**

<http://www.drinkaware.co.uk/>

### **Unit Medical Staff**

Can refer you to local alcohol counselling agencies

### **Effects on your career**

Alcohol misuse is defined as drinking alcohol, either on a single occasion or regularly, in such a quantity that there is a risk to an individual, group or the overall operational effectiveness of the Services.

As a result of alcohol misuse you may be charged and also be subject to administrative action. This will not only have an impact on your career, but could ultimately lead to your discharge from the Services.

The consumption of alcohol coupled with you being either unfit for duty, behaving in a disorderly manner or any manner likely to bring the Service into disrepute is sufficient to find a charge of drunkenness proven. Provided the person hearing the charge is satisfied that the conduct or unfitness for duty is as a result of the influence of alcohol, it is possible for an accused to be guilty of the offence even where only a relatively small amount of

alcohol has been consumed. Therefore no tests are required of an individual to prove whether or not they are drunk.

Consider the consequences of **your** actions whilst under the influence of alcohol

Remember, it is **your** choice to drink and therefore **you** alone are responsible for the consequences and subsequent impact on **your** career

**Ultimately, YOUR drinking is YOUR responsibility!**

### **TIPS - HAVE A GREAT NIGHT, AND STAY SAFE**

*Here are a few ways you can have a great night out without regretting it the next morning:*

**Eat before drinking:** food slows down how fast alcohol gets into your bloodstream. It also gives you more energy and lessens the effects the next day.

**Drink lighter beers:** strong continental beers are popular, but can make for a messy night and a bigger hangover. The difference between a pint of 5% lager and one of 3.5% or 4% is a whole unit.

**Set a drinks limit:** decide a drinks limit in advance, and then stick to it.

**Have a strategic soft drink or water:** try starting off your night with a non-alcoholic drink. It will quench your thirst before you move on to alcohol. Consider alternating between an alcoholic drink and a non-alcoholic drink or at least throw in a non-alcoholic one once in a while to keep the body hydrated, and it will lessen the effects the next day. Drinking water before you go to bed will also help.

**Avoid drinking in rounds:** this can often mean drinking at a faster pace set by someone else in the group. It may also mean that you end up drinking more than you intended to as you accept people returning your kindness after you have bought them a drink.

**Be your own person:** you should never feel as though you have to drink something if you don't want to. If you don't feel like another drink or want to drink at your own pace, real friends will respect that.

**Keep track of how much you've been drinking:** it is hard to say "That's my limit tonight" if you don't know how much you've had.

**Use more mixers:** diluting a drink with another mixer will make it last longer, and lessen the effects.

**Drink smaller drinks:** it sounds obvious, but it's better to drink smaller measures of drinks if you have the choice - especially with wine. A large glass of wine in most bars is equivalent to a third of a bottle!

### **REMEMBER**

These measures may make you feel better in the morning, but won't reduce the amount of alcohol already in your bloodstream!!

# Chapter 4 – The Management of the Misuse of Drugs

## Introduction

1. **General.** In society as a whole, there is increasing misuse of drugs proscribed under the Act<sup>1</sup>. Illegal use is particularly prevalent amongst the young, and not surprisingly the Armed Forces reflect this social trend. To date, the positive results at Compulsory Drug Testing (CDT) also reflect that the most vulnerable age range appears to be between 16 and 25 years inclusive.

2. **Definition.** In the context of this guidance, a drug is broadly described as any substance which, when taken into the body, affects the individual's mental or physical capability. It is the misuse<sup>2</sup> of illegal drugs and other substances such as solvents, 'legal highs', gases and anabolic steroids that produce intoxicating, stupefying or hallucinatory effects or physical side-effects that is covered by this guidance. Annex A describes the drugs that are commonly misused, their effects and symptoms. Further information on frequently misused drugs is contained in various Service literatures, which should be widely available to commanders at all levels.

## The Threat

3. Drug misuse within the Armed Forces is totally unacceptable because it threatens the efficiency and discipline of the Services, where individual responsibility and teamwork are essential to operate highly technical, expensive and potentially lethal equipment. Furthermore, taking drugs impairs judgement, can be addictive and may well place the misuser and others at risk in circumstances requiring high levels of skill and expertise. Single-Service values and standards<sup>3</sup> emphasise the threat as it relates to the individual Service concerned.

## Policy

4. The MOD's policy is 'zero tolerance' to the misuse of drugs. Where an individual is found, through CDT or other investigation, to have taken unlawful drugs, the individual will be discharged from the Service, unless there were exceptional circumstances, which will be subject to single-Service direction. It is therefore essential that where misuse involves individuals from more than one Service serving on the same unit or on collocated units, commanders consult with the relevant disposal authority for the other Service(s) concerned before taking any action. It should also be noted that any decision on retention or discharge may only be effected by the relevant single-Service disposal authorities.

5. Personnel who misuse drugs can expect to be removed from the Services by disciplinary or administrative means except in exceptional circumstances where the appropriate Authority<sup>4</sup> determines that the retention of an individual is desirable and achievable. As a matter of policy there does not have to be evidence of ingestion of a drug (for example a positive CDT result) for administrative or disciplinary action to be taken;

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<sup>1</sup> The Misuse of Drugs Act 1971.

<sup>2</sup> For the purpose of this guidance, the term "misuse" includes but is not restricted to: any conviction or civil police caution for an offence related to drugs, any positive CDT test for controlled drugs as defined by the Misuse of Drugs Act 1971 and any other drug deemed incompatible with service in the Armed Forces; any other involvement in the personal use, possession or supply of drugs (to include drugs which are controlled by the Misuse of Drugs Act 1971 and other drugs deemed incompatible with service in the Armed Forces) which comes to the attention of the Ship/Unit/Establishment through (a) investigation (as conducted by the unit or civilian/Service police), (b) confession of the individual, (c) any other means (including sports anti-doping tests).

<sup>3</sup> RN BR3 Annex 21C – Values and Standards, Army Values and Standards, RAF AP1 Ethos, Core Values and Standards of the RAF.

<sup>4</sup> Single Service disposal authorities, NAVSEC/Army DMA/RAF Higher Authority or CO.

evidence of possession alone, for example a recorded civil conviction or notification of the award of a formal police caution, may be sufficient.

6. The policy that all personnel who abuse drugs are liable to disciplinary or administrative action resulting in immediate termination of service is to be clearly stated in the offer of employment given to all new recruits.

### **Countering Drug Misuse**

7. The Services' drug policy is based on deterrence of drug misuse through education, detection and disciplinary/administrative action:

a. Education. The Services' campaign against drug misuse is based on a comprehensive education programme to inform all personnel of the dangers and consequences of misusing drugs. A concerted programme of drugs education, designed to prevent personnel from becoming involved in drug taking, is given at Initial Training establishments. Follow-up education is given in command course briefings. COs are to ensure maximum attendance at drug misuse presentations and foster the positive participation of their officers, and NCOs. It is at working level, however, that the crucial task of close supervision and monitoring is to be performed and this is the duty of every officer and NCO. As part of their education programme, all personnel must be reminded that it is their duty, on health and safety at work grounds, to report any drugs involvement by their colleagues. They should be encouraged to appreciate that it is in their interests, those of their fellow Service personnel, and the Service as a whole, that every reasonable suspicion of drug involvement is reported.

b. Detection. The CDT programme complements the drug education programme and reinforces the warning that drugs will not be tolerated in the Service. Service police investigation of suspected drug misuse and drug testing relating to safety-critical duties also serve to detect and thus deter drug misuse.

c. Disciplinary or Administrative Action. The following will be subject to administrative action with a view to discharge, save in the most exceptional circumstances:

- (1) Those who voluntarily admit to the misuse of drugs;
- (2) Those who provide positive test results at CDT or during other disciplinary investigation when disciplinary action is not taken.
- (3) Those convicted of drugs offences at a summary hearing or before a service or civilian court, where the punishment awarded does not include dismissal. The Court Martial will provide reasons why it has not awarded a punishment of dismissal but this does not prevent a CO applying for administrative discharge where there exist other relevant factors that were not before the court.

All other intelligence of involvement in drug misuse, including physical possession of illegal drugs, should be pursued in the first instance as a disciplinary matter. However, where following a disciplinary investigation it is subsequently determined

that the case should not proceed to trial the matter may revert to administrative disposal.

8. **Service Police Confidential Phone Lines.** Service police Confidential Phone Lines enable personnel to report suspicions of crime, including those involving drug misuse in the Service. COs are to ensure that personnel are aware of the existence of the Service police Confidential Phone Lines by publishing the information at Paragraph 2b of Annex B in the relevant Orders in their ship/unit/establishment.

### **Investigation and Disposal of Drug Cases (Non-CDT Cases)**

9. Cases that come to light as a result of CDT are dealt with in accordance with Chapter 5. All other instances or suspicions of drug misuse or involvement by Service personnel, or civilians living or working on Service ships/units/establishments, are to be reported initially to the Service police who may initiate an appropriate investigation. Details of the Drugs and Alcohol testing regime in relation to safety-critical duties are found in Chapter 6. COs are to consider whether to limit the employment of those suspected of drugs misuse, and whether to recommend their detachment to another unit. If it is likely that the individual is incapable of performing their duties safely, or is liable to suborn others, then the appropriate action is to be taken<sup>5</sup>. All evidence of drug activity is to be preserved, but substances, containers, etc are not to be touched by unqualified people unless a member of the Service, Ministry of Defence or Home Department Police is not and cannot reasonably be made available (eg in the case of submarines on patrol). In all cases involving drugs, COs are to request the advice of the appropriate legal adviser, before initiating any disciplinary or administrative action.

10. **Civilians.** In cases involving civilian staff, due account should be taken of regulations<sup>6</sup>. When civilians, who do not fall within the jurisdiction of the Service authorities, are involved as suspects in drug cases in the UK, the Service police are to advise the local civilian police and, where appropriate, the Ministry of Defence Police (MDP).

11. **Voluntary Admissions.** When, of their own volition, an individual admits involvement in drug misuse to a superior, no indication must be given that by confessing, the individual will avoid administrative or disciplinary action. In order to establish the nature and extent of the misuse (if any), such cases must be reported to the Service police for investigation. The individual is not to be questioned further about matters relating to drug misuse, except by the Service police, until enquiries are complete and advice from the relevant legal branch has been obtained.

12 **Spiking.** Spiking is the deliberate attempt to poison a person without their consent. It is done by covertly adding drugs to food, drinks and other substances that are ingested. Spiking is assault, which is a criminal offence. Individuals who believe that they have been spiked should report the fact to the Service police and/or someone in authority in their units immediately. This is imperative to ensure that they receive medical attention and to allow proper investigation of the incident. Claims made in this way, soon after the event, should be treated sensitively, as the experience may have been extremely distressing for the individual. Units should routinely educate and remind personnel of the dangers and risks of spiking. Chapter 5, Paragraph 25, deals with allegations of spiking following a positive CDT result.

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<sup>5</sup> Such as not employing the individual on weapon handling duties or in an armoury.

<sup>6</sup> Volume 5, MOD Personnel Manual (Discipline).

13. **Action by the CO.** The CO, on receipt of the police report (and assuming the Service police have not acted in accordance with their powers under section 116(2) of the Act), and the advice of the relevant legal branch is to consider how the case is to be dealt with, based on the following guidelines<sup>7</sup>:

a. **Serious Cases.** In any case alleging that drug misuse has taken place and any of the following factors are present:

- (1) The individual may have corrupted others;
- (2) Class A drugs are involved;
- (3) Supply or import of illegal drugs; or
- (4) In the opinion of the CO the case is serious,

Action should be taken as follows:

(a) the case should be referred to the Director of Service Prosecutions (DSP) who will decide whether the case should proceed for Court Martial trial or summary hearing.

(b) If the DSP decides that no charges should be preferred administrative discharge must be initiated in accordance with single-Service guidance<sup>8</sup>.

b. **Less Serious Cases.** In any cases alleging that drug misuse has taken place where:

(1) The CO is satisfied there is evidence to support the bringing of a charge and none of the factors at Paragraph 13a above are present, then summary discipline (with or without extended powers) coupled with administrative discharge, or administrative discharge alone will be appropriate in all but the most exceptional circumstances.

(2) The CO is satisfied that on the balance of probabilities<sup>9</sup> drug misuse has taken place but there is insufficient evidence to found a charge, then administrative discharge will be appropriate in all but the most exceptional circumstances.

(3) The evidence of physical possession is tenuous and the principal evidence is of ingestion of the drug, administrative action may be more appropriate.

c. **Exceptional Retention in the Service.** Exceptionally, in some cases of drug misuse involving young Service personnel the CO may consider that the offender need not be discharged from the Service<sup>10</sup>. Tri-Service policy allows COs to

<sup>7</sup> Refer to JSP 830 Volume 1 Chapter 6 (Manual of Service Law)

<sup>8</sup> BR 3 AGAI Vol II AGAI 63 or AP3392, Vol 5, Lfit 127.

<sup>9</sup> This means the CO must be satisfied that it is more probable than not that drug misuse took place, either knowingly, intentionally or recklessly.

<sup>10</sup> RAF personnel who deliberately and knowingly misuse Class A drugs will not be retained in the Service.

recommend the retention of personnel who meet all the following exceptional circumstances:

- (1) young (under 25) personnel;
- (2) below the rank/rate of leading hand or corporal;
- (3) first time offence;
- (4) The prospect for reforming the individual is good, and;
- (5) In all other respects the individual is considered a promising Serviceman/Servicewoman whose retention would be in the interests of the Service. Consideration should include: Service record; the contents of any representation; any expressed attitude towards drug misuse; and any background circumstances to the incident.

OR

Who have provided a statement that satisfactorily explains the presence of a drug, for example, inadvertent or accidental ingestion such as spiking that is accepted as valid by the CO, and cannot be refuted on scientific grounds, and which is supported by independent evidence, including circumstantial evidence (eg drink “spikers” known to be operating in a particular pub/club).

The decision as to whether an individual may be retained is to be taken by the Appropriate Authority<sup>11</sup> in accordance with single-Service practice.

d. **Consideration of Administrative Action.** In cases where disciplinary action for drug misuse is not possible, but there are indications that the individual is becoming involved in the periphery of the drugs culture, administrative action should be considered depending upon the circumstances of the case. This may include formal warning and being placed on the Individual Re-Test (IRT) list for 5 years. Such action may also be considered when it is established that an individual believed that they had misused a substance that they thought was a drug, but which in fact was harmless.

e. **No Evidence of Drug Misuse.** Where there is no evidence whatsoever to show that drug misuse took place, no further action need be taken.

14. Guidance on administrative action to be taken following disciplinary action, civil court proceedings and Formal Police Cautions is outlined at Annex C.

## Reports Under JSP 440

15. COs are to consider reporting cases of suspected drug misuse to the security authorities in accordance with the provisions of JSP 440, Part 6 Section 3 when they first come to notice.

## Use of Dietary Supplements

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<sup>11</sup> RN NavSec/Army DMA/ RAF Higher Authority or CO.  
JSP 835 Version 2.0

16. The MOD's policy on the use of supplements by members of the Armed Forces is at Annex D.

Annexes:

- A. Commonly Misused Drugs.
- B. Drug Misuse Policy – Publication of Orders.
- C. Administrative Action Following Disciplinary Action and Civil Proceedings.
- D. Supplement use by UK defence personnel.



## COMMONLY MISUSED DRUGS

### CATEGORIES OF DRUGS:

**Depressants.** Depressants generally depress the central nervous system slowing down mental/emotional functions. The effect is to cocoon the individual from reality and minimise physical and mental pain.

**Stimulants.** Stimulants are generally popular in dance culture as they increase the energy levels and heighten moods.

**Hallucinogens.** Hallucinogens distort perception and have found popularity amongst those who believe that the effects reveal a 'mystical' insight into the mind.

**Synthetic Substances.** Synthetic substances are chemicals that mimic the effects of illicit substances such as cocaine, cannabis and ecstasy; equally they can fall into any of the three above categories. These synthetic substances commonly referred to as 'Legal highs' cannot be sold for human consumption so they are often sold as bath salts or plant food.

Drug Group	Slang & Other Names <sup>1</sup>	Legal Status	Methods of Administration	Effects
<b>DEPRESSANTS</b>				
Benzodiazepines <ul style="list-style-type: none"> <li>Minor Tranquilisers (such as Diazepam, Temazepam and Oxazepam)</li> </ul>	Tranx, Tems, Eggs & Jellies	<b>CLASS C DRUG</b>  Prescription Only medicines	Swallowed as pills or capsules	Depress the nervous system, relieve tension and anxiety, promote relaxation, impair the efficiency of mental and physical functioning, and decrease self-control. In higher doses, there can be 'drunken' behaviour, drowsiness, stupor, unconsciousness. Tolerance develops with frequently repeated doses. <b>Dangers include: Physical dependence, loss of co-ordination, short/long-term memory loss.</b>
GHB <ul style="list-style-type: none"> <li>Gammahydroxybutyrate</li> </ul>	GBH Liquid Ecstasy	<b>CLASS C DRUG</b>	Swallowed as liquid, powder or capsules	Similar to alcohol in small doses. Larger doses induce feeling of sedation, euphoria, reducing inhibitions. May also cause nausea, stiffening of the limbs and disorientation. Effects may last up to 24 hours. <b>Dangers include: Stiffening of muscles, convulsions, coma, respiratory collapse, potential for physical and psychological dependence.</b>
Opiates <ul style="list-style-type: none"> <li>Opium</li> <li>Morphine</li> <li>Heroin</li> </ul>	Smack, Junk, H, Skag, Brown and Horse	<b>CLASS A DRUG</b>	Heroin can be smoked ('Chasing the Dragon'), sniffed or injected; most other opiate preparations can be injected or swallowed	Reduce sensitivity to and emotional reaction to pain, discomfort and anxiety. Feelings of warmth and contentment. Relatively little interference with mental and physical functioning. Higher doses – sedation, stupor, sleep/unconsciousness. Tolerance and physical dependence with frequently repeated doses. <b>Dangers include: Indifference at work, hallucinations, injection association issues, collapsed veins, abscesses, limb amputation, overdose, dependency.</b>

<sup>1</sup> Slang terms vary from country to country, region to region, city to city. The names detailed here are the more common names used.  
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Drug Group	Slang & Other Names <sup>2</sup>	Legal Status	Methods of Administration	Effects
<b>STIMULANTS</b>				
Amphetamines	Uppers, Speed, Sulphate, Sulp, Whizz, Billy	<b>CLASS B DRUG CLASS A when prepared for injection</b>	Amphetamine powder sniffed or injected; pills/capsules swallowed	Such drugs increase alertness, diminish fatigue, delay sleep. Increase ability to maintain vigilance or perform physical tasks over a longer period and elevate mood. High doses can cause nervousness, anxiety and temporary paranoid psychosis. Withdrawal effects include hunger and fatigue.
Cocaine <ul style="list-style-type: none"> <li>Cocaine Hydrochloride</li> <li>Cocaine Freebase</li> </ul>	Coke, Charlie, Snow, Crack, Wash, Rock, Stone, Base, Freebase	<b>CLASS A DRUG</b>	Cocaine Hydrochloride powder – sniffed or sometimes injected. Freebase – smoked	<b>Dangers Include: Increased risk of heart attack, brain haemorrhage, convulsion, coma, damage to immune system, uncontrollable aggression, agitation and paranoia, sleeplessness/exhaustion, physical and psychological dependence, permanent cell membrane damage (cocaine).</b>
Anabolic Steroids		<b>CLASS C DRUG</b>	Swallowed as pills or injected	Increased muscle bulk. Potential for increasing aggression and sex drive in men and women. Possible liver and heart damage. Non-reversible ‘virilising’ effects in women (body hair and deep voice). Growth stunting in adolescents. Psychological dependence. <b>Dangers include: Uncontrollable aggression, testicular shrinkage and impotence in men, development of breasts in men, masculinisation in women, jaundice.</b>
<b>HALLUCINOGENS</b>				
Hallucinogenic Amphetamines <ul style="list-style-type: none"> <li>MDA</li> <li>MDMA</li> <li>MDEA</li> </ul>	Ecstasy, E, Disco Burger, Dennis the Menace, Diamonds	<b>CLASS A DRUG</b>	Swallowed as tablets or capsules	Feelings or empathy with others at low doses. Higher doses – restlessness, anxiety, elicit mild hallucinations or visual distortions. <b>Dangers include: Long-term mental illness, uncontrollable moods, long-term depression, dehydration and heat exhaustion. Renal failure, water intoxication, paranoia, sleeplessness, coma, convulsions, abnormal blood clotting.</b>
LSD	Acid, Tabs, Trips, Blotters, Dots	<b>CLASS A DRUG</b>	Swallowed as paper squares, pills, tablets, capsules	Heightened appreciation of sensory experiences, perceptual distortions, feeling of disassociation, elevation of mood. Sometimes anxiety or panic, occasionally severe. Minimal risk of physical dependence.
Cannabis <ul style="list-style-type: none"> <li>Herbal Cannabis</li> <li>Cannabis Resin</li> </ul>	Pot, Dope, Blow, Draw, Grass, Marijuana, Ganga, Skunk, Hash, Hashish	<b>CLASS B DRUG</b>	Burnt and smoked by itself or with tobacco. Occasionally eaten	<b>Dangers include:</b> <ul style="list-style-type: none"> <li><b>LSD. Hallucinations, flashbacks, nervous breakdown, depression, anxiety</b></li> <li><b>Cannabis. Psychosis, respiratory damage, loss of coordination, apathy, short and long-term memory loss.</b></li> </ul>
Ketamine	Green, K, Special K, Super K, Vitamin K, Dorothy	<b>CLASS C DRUG</b>	Swallowed or snorted as pills or powder. Solution form can be injected	Exhilaration, nausea, numbness, visual distortions and disassociation can occur, with the user feeling they are floating outside of the body. Higher doses - hallucinations similar to LSD have been reported. Users may also experience discomfort, anxiety, confusion, muscle spasms and paranoia. At higher dosage still, unconsciousness can occur. <b>Dangers include: Panic attacks, depression, suppress breathing and heart function (polydrug<sup>3</sup> use when taken with alcohol), become physically incapable of moving.</b>

<sup>2</sup> Slang terms vary from country to country, region to region, city to city. The names detailed here are the more common names used.

<sup>3</sup> Polydrug use – the use of more than one drug, often with the intention of enhancing or countering the effects of another drug. It also may simply occur because the user's preferred drug is unavailable at the time.

## **Additional Information:**

Additional information can be found on the following websites:

- [www.talktofrank.com](http://www.talktofrank.com)
- [www.drugscope.org.uk](http://www.drugscope.org.uk)

## **DRUG MISUSE POLICY – PUBLICATION OF ORDERS**

1. COs are to ensure that the following Orders are published in Standing and Routine Orders (**and repeated at intervals not exceeding 3 months**):

a. **Misuse of Drugs, Supplements, Solvents and other Substances**

(1) Drug misuse within the RN/Army/RAF is totally unacceptable because it threatens the efficiency and discipline of the Service, where individual responsibility and team work are essential to operate highly technical, expensive and potentially lethal equipment. Drug taking is addictive, impairs judgement and places the misuser and others at risk in circumstances requiring high levels of skill and expertise. RN/Army/RAF personnel are therefore forbidden to misuse drugs.

(2) The misuse of drugs, as provided by the Misuse of Drugs Act 1971, is illegal. Notwithstanding this, there is increasing misuse in civil life, especially by the young. This causes harm to the individual, whose resultant unpredictable behaviour often results in social discord.

(3) Personnel should exercise special care in the use of dietary supplements for sport or fitness. Such supplements may produce a positive CDT result. Only those supplements endorsed by the 'Informed Sport' programme are suitable for general use. <http://www.informed-sport.com>

(4) Additionally, Service personnel subject to Service Law are forbidden to use solvents, glues, gases, fuels, varnishes or any other substance, preparation or liquid, for the purpose of inducing any intoxicating, stupefying or hallucinatory effects.

(5) RN/Army/RAF personnel who misuse drugs or solvents can expect to be removed from the Service by disciplinary and/or administrative means.

b. **Misuse of Anabolic Steroids**

(1) The misuse of anabolic steroids within the RN/Army/RAF is totally unacceptable. Anabolic steroid preparations are only available in the UK on prescription for therapeutic use in certain medical conditions. Defence Medical Service Department (DMSD) advises that the misuse of anabolic steroids as body builders or tonics may lead to increased aggressiveness and irrational outbursts. Long-term misuse of anabolic steroids can cause liver dysfunction.

(2) Service personnel subject to Service law are forbidden to possess, otherwise than in the course of duty, any anabolic steroid preparation that has not been prescribed to them by a Medical Officer or civilian medical practitioner.

c. **Compulsory Drug Testing.**

(1) All RN/Army/RAF personnel are to provide a sample of urine when required to do so by a compulsory drug-testing officer. It is an offence under Section 305(3) of the Act to fail to comply with this requirement when required to do so.

(2) Personnel who test positive for drugs will be the subject of administrative action in accordance with single Service guidelines recommending their exit from the Service.

2. COs are to ensure that the following notices are published in Routine Orders on their ships/units/establishments, repeated at intervals not exceeding 6 months:

a. **Drug Abuse Prevention Sweeps by Drug Detection Dog Teams:**

(1) The abuse of drugs is not only an offence against Service and civilian law but also a danger to the health, safety and welfare of the abuser and a potential hazard to other Service personnel. Drug abusers will be severely dealt with and the RN/Army/RAF will take all necessary steps to detect and prevent drug abuse.

(2) As part of this effort to prevent and detect drug abuse, the CO may authorise the use of drugs detection dogs to carry out no-notice sweeps of the ship/unit/establishment.

b. **Service Police Confidential Phone Lines.**

(1) The Service police Confidential Phone Lines are established to enable personnel to report suspicions of crime, including that involving drug misuse in the Service. Drug abuse does not just affect users. Abusers create a hazard to other personnel, damage efficiency and can adversely affect morale. They **must not** be protected.

(2) Personnel who suspect an individual to be misusing drugs or other substances should not approach the individual with their suspicions or attempt to carry out some other form of enquiry. This could lead to difficulties in any future investigation and may have legal consequences. Suspicions can be reported through the normal chain of command, or, if personnel wish to discuss the matter in confidence, to the Service police Confidential Phone Lines on the following number:

**Service Police Confidential Phone Lines**

RN:	Crime stoppers	0800 555 111
Army:	Service Police Confidential Phone Line	0800 616 888
RAF:	RAF Police Confidential Crime Line	0800 432 0771

**ADMINISTRATIVE ACTION FOLLOWING DISCIPLINARY ACTION, CIVIL PROCEEDINGS AND FORMAL POLICE CAUTIONS**

1. Administrative action following disciplinary action and civil proceedings is to be taken in accordance with the following guidelines:

a. Following summary hearing, with or without extended powers resulting in:

(1) Conviction. Service personnel who are to be retained following conviction are to be the subject of administrative action iaw single-Service guidelines. Those that are not to be retained must be discharged in accordance with single-Service guidance. In any event, the decision whether to retain rests with the single-Service administrative authority, not the CO.

(2) Acquittal. Administrative action might be appropriate but further legal advice should be sought before proceeding. When requesting advice, COs are to document any other factors to be taken into account that were not considered at the summary hearing.

b. Following Court Martial trial. When the trial results in:

(1) Conviction on all or some drugs charges: In the unlikely event that dismissal from the Service is not part of the sentence, administrative discharge action may be initiated after further written legal advice from the relevant legal branch and the approval of the higher authority if there are other relevant factors that were not considered by the court.

(2) If an accused, who satisfies the criteria in Chapter 4 Paragraph 13c (retention criteria young, junior, first time offence etc), has elected Court Martial trial, and the Court has considered that the punishment of dismissal would not be appropriate, discharge may be considered but a Formal Warning together with placement on the CDT Individual Retest List (IRT) may be administered as an alternative.

(3) Acquittal on all Charges. Following acquittal, administrative action in the form of a warning might still be appropriate; however, no administrative action is to be taken without the approval of HA and further written advice from the relevant legal branch. When requesting advice COs are to document any other factors to be taken into account which were not considered at the trial.

c. When Service personnel are dealt with for drug misuse by civil authorities the following administrative action is to be taken:

(1) When the individual is found guilty and sentenced to imprisonment, administrative discharge action in accordance with single-Service procedures is to be taken.

(2) When the individual is found guilty but awarded a lesser punishment than imprisonment, administrative discharge action in accordance with single-Service procedures is to be taken. However, where the CO considers that the criteria in paragraph 13c above are met and the individual should be retained in the Service, then action to recommend retention should be taken in accordance with single-Service procedures. Those to be retained in the Service following civilian conviction are to be Formally Warned and placed on the CDT Individual Retest List (IRT).

d. When the individual is acquitted on all charges, administrative action in the form of a warning might be appropriate, and administrative discharge might be appropriate where there is evidence of ingestion of a drug. However, no administrative action is to be taken without the approval of HA and written legal advice from the relevant legal branch. In seeking advice, COs are to document any other factors to be taken into account which were not considered at the trial.

## SUPPLEMENT USE BY UK DEFENCE PERSONNEL

### Current issues

1. Recent studies<sup>1</sup> suggest the use of supplements by members of the UK Armed Forces is widespread, and includes trainees, UK-based troops and those preparing to deploy, as well as personnel in operational theatres. Whilst the use of some supplements in certain circumstances can have positive effects, their misuse can have detrimental effects on the health of individuals and could lead to a positive Compulsory Drug Test (CDT) outcome.

### What are supplements?

2. The term supplement is used to describe a wide range of products ingested by individuals who desire a range of physiological and/or psychological effects from the provision of additional nutrients from the supplement. These nutrients may be absent from the normal daily diet, or may not be consumed in sufficient amounts to achieve ergogenic (performance enhancing) effects. Supplement products often claim to improve health and wellbeing and / or to sustain or improve some aspect of physical or mental performance. A number of products that are marketed as exercise or training supplements, actually contain drugs as part of their composition to increase their efficacy. These drugs include anabolic agents such as anabolic steroids, pro-hormones, peptide hormones and growth factors such as Erythropoietin (EPO), insulin, corticotrophins, and growth hormone. It is therefore important to distinguish between dietary supplements and drugs.

3. **Dietary Supplements.** Dietary supplements contribute to the nutritional needs of the body by providing significant amounts of carbohydrate, fat, protein, vitamins, minerals, or trace elements, in a form that is readily used by the body. Fish oils, Creatine Monohydrate, carbohydrate drinks and protein shakes all fall into this category. Such products may not be generally needed in a normal military life style, but the taking of such dietary supplements is highly unlikely to lead to a positive CDT if they are responsibly sourced and used as directed.

4. **Drugs.** Drugs do not contribute significantly to the nutritional needs of the body and are consumed in microgram ( $\mu\text{g}$ ) doses. Drugs exert a profound effect on the body and are able to produce significant gains in performance. EPO, anabolic steroids and growth

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<sup>1</sup> Boos CJ., Wheble GA., Campbell MJ., Tabner KC. and Woods DR. (2010). Self-administration of exercise and dietary supplements in deployed British military personnel during Operation TELIC 13. *JR Army Med. Corps* 156(1): 32-36.

Boos CJ. *et al.* Working title: Supplement use in deployed British military personnel in Afghanistan.

Hughes JPA. (2010). A pilot study of supplement use in Physical Training Instructor students: a precursor to Casey A. and Hughes JPA. 'Supplement Use within the British Army Population: a survey to establish the point prevalence of dietary and exercise supplement use amongst British Army personnel based in the UK.' Due to report Sept 2011.

Galahad supplement use study - commissioned 8 Dec 2010.

Fallowfield JL., Delves SK., Cobley R., Nevola VR., Verral NG., Lanham-New SA., Lambert H. and Allsopp AJ. (2010) Surgeon General's Armed Forces Feeding Project – Operational Feeding in Military Personnel. Institute of Naval Medicine Report 2010.036.

Fallowfield JL., Delves SK., Maj Hill N., Brown P., Cobley R., Lt Nicholson C., Maj Stacey M., A Dziubak A., Bentley C., Maj Ardley C., Lt Col Wilson D. and Allsopp AJ. (2011) Surgeon General's Casualty Nutrition Study.

Report-1: Food and Energy Intake, Body Composition and Physical Fitness of Uninjured Personnel on Op HERRICK 12 – Preliminary Data. Institute of Naval Medicine Report 2011.016.



hormones are drugs. The taking of drugs is forbidden by Service law and service personnel taking drugs are highly likely to test positive at CDT, which will lead to disciplinary action.

5. **Contamination.** Dietary supplements may become contaminated with drugs, either deliberately by unscrupulous manufacturers seeking to enhance the efficacy of the product to support their marketing claims, or by inadvertent cross contamination during manufacture. Contamination of supplements with drugs, including anabolic steroids and pro-hormones, is a real issue facing personnel contemplating the use of supplements. The taking of contaminated dietary supplements may result in a positive CDT and subsequent administrative and / or disciplinary action. Servicemen and women contemplating the use of dietary supplements must take the utmost care to avoid taking contaminated products.

### **Sourcing Supplements**

6. It is not possible to guarantee that specific supplements will be free of contaminants and prohibited substances but it may be possible to reduce the risk of a positive CDT by making informed decisions. Nutritional supplements manufactured by pharmaceutical companies using pharmaceutical grade ingredients and employing quality assurance programmes are more likely to be free of contamination than those manufactured by sports nutrition companies with less rigorous quality assurance. However, sourcing supplements from pharmaceutical companies still offers no guarantee of purity.

7. In the UK, the HFL Sports Science<sup>2</sup> owned “Informed-Sport programme” was set up with the support of UK Anti-Doping (UKAD) to evaluate the process integrity of supplement manufacturers and to screen supplements and ingredients for contamination. Products that have passed this screening process can be found at [www.informed-sport.com/](http://www.informed-sport.com/).

## **POSITION**

### **Use of dietary supplements by UK Service personnel**

8. Energy requirements depend on an individual’s level of physical activity and will vary from day to day, and from task to task. A diet that provides adequate energy from a wide range of foods can meet the carbohydrate, protein, fat and micronutrient requirements of physical training and operations. Food provided by the MOD is scientifically researched and designed to provide the daily dietary intake required to sustain service personnel in all military environments. There is evidence that soldiers predominantly dependant on Operational Ration Packs (ORP) supplemented by limited quantities of frozen meat and fresh vegetables, in the harsh operational environment of Sangin, suffered no degradation in physical performance over the 6 month period of the deployment. In general, short-term energy restriction involving minimal loss of body mass has little effect on performance or health in otherwise healthy individuals. Losses of body mass in the region of 6 – 10% or higher have been shown to impair performance in a military setting, although this is not a consistent observation.

9. Dietary supplements should not be used to compensate for poor food choices and an inadequate diet where a choice exists, but dietary supplements that provide additional energy and / or essential nutrients may be useful when food intake or food choices are restricted for reasons including operational constraints, travel, and periods when preparation and / or consumption of adequate meals is not possible or desirable. The use of dietary supplements in such instances would reduce the risk of developing nutrient deficiencies that could impair both health and performance.

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<sup>2</sup> HFL Sport Science is an independent drug surveillance laboratory owned by LGC.  
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10. A small number of dietary supplements may enhance performance when used in accordance with current evidence under the guidance of a well-informed professional,<sup>3</sup> and / or using MOD approved supporting guidance written by experts in the area. Suitable professionals include registered nutritionists, registered dieticians, and other professionals with recognised expertise in performance-related nutrition. Service personnel contemplating the use of dietary supplements should consider their efficacy, their cost, the risk to health and performance, and the potential for a positive CDT. The use of multiple dietary supplements at one time (stacking) should be discouraged. Dietary supplement use by children (i.e. individuals under 18 years of age) should also be discouraged.

### **Information**

11. The Defence Nutrition Working Group is examining issues regarding supplement use and misuse by UK military personnel. While current advice from the Defence Nutrition Advisory Service (DNAS) is that it is not necessary for any members of the UK military to take dietary supplements as the necessary energy and nutrient intake can be obtained from eating a regular and balanced diet, supporting guidance on the use of dietary supplements is being prepared for Service personnel who wish to consume them.

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<sup>3</sup> IOC Consensus Statement on Sports Nutrition, Lausanne Oct 2010.  
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# Chapter 5 – Compulsory Drug Testing (CDT) – Policy and Administration

## Aim

1. The aim of the CDT programme is to provide an effective deterrent capability, in the most cost-effective manner, in support of the Armed Forces' wider measures to prevent drug misuse within the Services. Each Service conducts its own CDT programme of testing. The most common and accurate method of establishing the presence of controlled drugs in an individual is by the chemical analysis of urine, which is the recognised world standard, and this is, therefore, the testing method. It also has the advantage of being a 'non-invasive' collection method.

## Liability for Testing

2. A drug testing officer<sup>1</sup> will conduct CDT randomly among all personnel subject to Service law<sup>2</sup> serving in single-Service, NATO and joint-Service units in the United Kingdom and overseas, including members of the Reserve Forces collocated with Regular Service units. Civilian staff working with the Services and personnel from other nations on exchange duty are excluded from the programme. There is no requirement for a person to be suspected of drug misuse before a urine sample can be demanded. Where disciplinary action is more appropriate, a person suspected of drug misuse should not be tested under CDT arrangements; in such circumstances, the Service Police should be called to investigate. The selection of personnel for CDT should remain random to ensure that the process continues to be seen as a deterrent, any other testing must be justified<sup>3</sup> and capable of withstanding legal scrutiny. The power<sup>4</sup> to drug test randomly may not be exercised in connection with the investigation of an offence or a serious incident<sup>5</sup>, or where the drug testing officer (or their CO) is the CO of the person to be tested<sup>6</sup>. A person commits an offence<sup>7</sup> if they fail to comply with the requirement to provide a sample of urine when required to do so by a drug testing officer.

## Selection

3. The individual Service CDT Teams are responsible for selecting the ships/units/establishments to be visited as part of an annual programme. Such programmes are endorsed<sup>8</sup>. The selection process takes account of: deployments; foreign visits; training cycles; operational requirements; historical frequency of tests; and the travel constraints of the CDT Team. COs will normally be given up to 48 hours notice of the actual test date.

4. It is essential that personnel are not made aware of the arrival of the CDT Team until the day of the test, but key individuals may be briefed on a strictly need-to-know basis. All liaison should be conducted in absolute confidence. Any planned test suspected of compromise will be aborted.

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<sup>1</sup> Defined in Regulation 2 of the Armed Forces (Drug Testing) Regulations 2009

<sup>2</sup> Including members of the Reserve Forces-section 367, of the Act.

<sup>3</sup> For example, when an individual is on the Individual Re-test List (IRT) or when information has been received that a person or identified group of persons may be misusing drugs but there is insufficient evidence for a police investigation.

<sup>4</sup> Section 305(2) of the Act.

<sup>5</sup> Section 305(2)(b) of the Act.

<sup>6</sup> Section 305 (2) (a) of the Act.

<sup>7</sup> Section 305(3) of the Act.

<sup>8</sup> By RN NCXT/Army:PS2 (A)/ RAF: APC

5. On arrival of the CDT team at a unit, that unit Command is responsible for providing an up to date and accurate list of all personnel assigned to that unit including temporary attached personnel. The CDT team will then nominate those required for testing from this list. Personnel absent from their place of duty, for whatever legitimate reason, as decreed by single-Service guides, will not be tested on the day. However, units should be vigilant to ensure that, once the CDT Team's visit has been announced, personnel do not excuse themselves from duty without a good reason.

### **Individual Re-Test (IRT) List**

6. Individuals who fall into one of the following categories will be entered on the IRT List and be routinely tested:

- a. Provided a positive, adulterated or sub cut-off result at CDT.
- b. Provided a dilute, abnormal or trace specimen at CDT.
- c. Convicted at a summary hearing or before a civilian or service court of drug-related offences or received a police caution and the individual was exceptionally retained in the Service.
- d. Otherwise formally warned for suspicion of involvement in substance misuse.

7. Individuals falling into category b will only be required to provide one further valid sample at IRT. All other categories will stay on the list for 5 years from the date of their initial test, their conviction, their formal admission of drug taking or, if none of these apply, the date of their formal warning. They will be subject to compulsory retesting without warning at any time during that 5-year period.

### **Testing Process**

8. Regulations relating to the collection process are contained in the Armed Forces (Drug Testing) Regulations 2009. The conduct of the entire CDT collection and testing process has been devised to ensure that it is capable of withstanding legal challenge. The management of local urine collection and the support documentation will be subject to a strictly monitored chain of custody to avoid any risk of contamination, either forced or accidental, and to ensure the integrity of each individual specimen. The process for collection and testing is outlined at Annex A.

### **Notification of Results**

9. CDT test results will normally be available within 10 working days of the test date. As soon as CDT results are received from the laboratory, the lead CDT organisation (Army) at Upavon notifies<sup>9</sup> Army and RN COs or the appropriate single-Service administrative authorities of the results. Where appropriate the single-Service authorities will contact the relevant COs and advise the relevant single-Service security services of any positive or sub-cut-off results. It is therefore essential that where misuse involves individuals from more than one Service serving on the same unit or on collocated units, commanders consult with the relevant disposal authority for the other Service(s) concerned before taking any action. It should also be noted that any decision on retention or discharge may only be effected by

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<sup>9</sup> By letter, fax or e-mail.  
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the relevant single-Service disposal authorities. Contact details for the single-Service administrative and security authorities are at Annex B.

10. The CDT results written notification comprises 3 letters as follows:
  - a. A letter to the CO summarising the Unit's results.
  - b. A letter to the CO naming the individual who has tested positive/sub cut-off, stating the type and class of drug(s) involved.
  - c. A letter to be handed to the individual (copy to the CO) giving them the same information and explaining the basic procedure.

Any ship/unit/establishment with a 100% negative result will receive a confirmation letter and there will be no further follow up action.

11. Test results that are not negative will be in one of the following 5 categories:
  - a. Positive for controlled drugs (See paragraphs 17 – 20).
  - b. Positive for controlled drugs but below the sub cut-off level.
  - c. Adulterated sample (all non-accidental invalid, abnormal or dilute).
  - d. Trace for controlled drugs.
  - e. Unsuitable for Analysis (all accidental dilute or abnormal).

12. **Controlled Drugs Detected Below Sub Cut-Off.** Where controlled drugs have been detected below the positive threshold (ie sub cut-off), it is possible that the individual may have experienced accidental or indirect ingestion. Alternatively, an individual might have taken a controlled drug unlawfully. In the latter case, the amount of drug misused may either have been very small or the passing of time may have reduced the residual level. In any event, such results indicate that the individual may, at the very least, have been in the presence of others while drugs have been misused. The CO is therefore, to issue the suspected Drug Misuse Warning at Annex C. Personnel are retained but will be added to the IRT List and be liable for individual re-testing without warning by the CDT Team. This liability will cease after a period of 5 years has elapsed from the date of the original test result.

13. **Second Sub Cut-Off.** If an individual who has previously tested positive and been exceptionally retained, or who has previously tested sub cut-off, produces a second sub cut-off result within 5 years of the first, this second result is to be investigated in accordance with the procedure for positive results and a recommendation made for retention or discharge. In making the recommendation, the CO should consider what efforts have been made by the individual since the first sub cut-off result to take responsibility for their lifestyle and avoiding the risk of contact with drugs. PS2(A) will notify the Unit of any prior records held on the individual.

14. **Adulteration (All Non-Accidental Invalid, Abnormal or Dilute).** A test result might indicate that a sample has been tampered with, deliberately diluted or otherwise adulterated. If the test reveals that adulteration may have taken place, an offence under the Act may

have been committed. Consequently, the CO is to initiate a Service Police investigation immediately. If the investigation neither exonerates the individual nor provides enough evidence to substantiate a charge, the CO is also to issue a suspected Drug Misuse Warning at Annex C, at the same time informing DRST/PS2(A)/APC of actions taken. Subsequent to the investigation the individual will be placed on the IRT list for 5 years.

15. **Trace.** An abnormal trace result, although not uncommon, is not necessarily an indication that the individual has misused drugs and may result from inadvertent or innocent ingestion. The CO is to interview the individual and complete the record of interview at Annex D. The individual is to be informed that the CDT Team will keep records and conduct one individual retest without warning within 12 months.

16. **Test Result Unsuitable for Analysis (Accidental Dilute and Abnormal).** A test result that is unsuitable for analysis at CDT is classified as a void test. Such a sample may be for innocent physiological reasons, although a dilute specimen could result from an individual consuming extra fluid to disguise the presence of a controlled drug. The CO is to interview the individual and complete the record of interview at Annex D. The individual is to be informed that the CDT Team will keep records and conduct one individual retest without warning, the aim of which is to obtain a suitable specimen. The individual is not to be regarded as under suspicion for the misuse of drugs on the basis of a dilute/abnormal test result. However, personnel giving such results are automatically retested within 12 months by the CDT Team. COs are responsible for informing individuals that their sample was dilute or abnormal and of their liability for future testing (see annex D to this chapter). The dilute/abnormal notification should be forwarded to the CO of an individual's next unit if they have already been re-assigned prior to the result being published.

### **The Management of Positive Test Results**

17. **General.** There is no requirement to place in custody an individual who has tested positive during CDT. Moreover, the individual is not to be subjected to any form of punishment or adverse treatment. The individual may continue to be employed on their primary duties unless it is considered that these duties may affect the safety of the individual or others. Whilst evidence of drug misuse obtained by CDT sample cannot be used to support disciplinary action, it may be sufficient to satisfy the evidential standard (the balance of probabilities) for administrative discharge.

18. **Investigation by the Service Police.** The MOD's policy is 'zero tolerance' to the misuse of drugs. Where an individual is found, through CDT or other investigation, to have taken unlawful drugs, the individual will be discharged from the Service, unless there were exceptional circumstances, which will be subject to single-Service direction. If in addition to a positive CDT result independent evidence exists to suggest regular personal misuse; wider involvement in drug misuse with other Service personnel; or other suspected drugs offences involving more than simple possession of controlled substances, a Service Police investigation should be initiated. In these circumstances any administrative action, including the initial interview outlined below, is to be suspended until the Service Police investigation is complete. Where it is thought that sufficient evidence exists to support disciplinary action, such action should only be taken against the individual(s) concerned after first obtaining advice from the relevant legal branch.

19. **Unit Action.** COs are to seek advice from the single-Service administrative authority. The subsequent actions are summarised as follows:

- a. Inform the individual of the results and their rights.
- b. Determine the facts.
- c. Consider retention (paragraph 34 refers).
- d. Make a recommendation to the single-Service administrative authority or decision if appropriate.
- e. Inform the individual of the decision and take any resultant action.

20. **Initial Interview.** As soon as the CO is satisfied that a disciplinary Service Police investigation is not required, the CO or an officer appointed by the CO is to interview all personnel who test positive at CDT. The interview is to be conducted in the presence of a witness who is to complete the Record of Interview of Individual Testing Positive during Compulsory Drug Testing at Annex E and to note the individual's reaction and any response made. The individual is to be handed the personally addressed letter (iaw paragraph 10c) and informed of their test results, and the type of controlled drug that was detected by the CDT. This information is likely to have a profound effect on the individual and they should not, therefore, be pressed to provide any information during this interview. However, any information volunteered should be noted on Annex E.

21. **Individual Representations.** The individual should be informed that if they wish to challenge the result they will be given a period of 48 hours (more only if absolutely necessary) to provide a written statement explaining the positive result. It should be made clear to the individual that there is **no compulsion** upon them to provide such a statement, but failure to do so, or not to provide sufficient detail that cannot be refuted on scientific grounds, and which is supported by independent evidence, including circumstantial evidence (eg if subsequent investigation reveals that drink spikers are known to operate in a particular pub/club) may diminish the reliability of the individual's explanation; this may be taken into account by the CO when making his recommendation and the appropriate authority when deciding on the case.

22. The individual is to be offered the appointment of an officer to assist with the compilation of the statement. This officer must provide impartial advice and consequently the same person cannot advise the Command and the individual. The individual should also be informed that they may seek legal advice at their own expense. Annex E is to be completed, signed and dated by the individual, the witness, and the officer conducting the interview.

23. **Admission of the Misuse of Controlled Drugs.** If the individual admits the misuse of controlled drugs at the initial interview, the Record of Interview at Annex E is to be completed, signed and dated by the individual, the witness, and the officer conducting the interview. Discharge action is then to be taken unless they fit the criteria at paragraph 31.

24. **Denial of Knowing Misuse of Controlled Drugs.** If, during the initial interview, the individual states that the positive test result can be explained by circumstances other than their knowing misuse of the controlled substance, the interviewing officer is to ask the individual to provide a statement iaw paragraph 21 above.

25. **Spiking.** Where an individual alleges spiking as an explanation for a positive CDT result, the circumstances described in the statement, wherever possible, should be

investigated by the Service Police. Allegations of spiking in which there is independent supporting evidence, including circumstantial evidence, are more likely to be accepted on the balance of probabilities than a simple allegation of spiking. The factors to be considered should include the following:

- a. The grounds on which the CDT result is challenged.
- b. Details of potential witnesses (Service details for Service personnel, names and addresses for civilian individuals).
- c. Addresses of locations referred to in the statement.
- d. Detailed timings; particularly the length of time during which the individual believes that they might have been exposed to drugs.
- e. The suspected route and source of inadvertent ingestion.
- f. The nature of any unusual symptoms or effects that the individual may have experienced (eg sickness, dizziness, or disorientation) and the date and time that they occurred.
- g. When, where and to whom notification of the details of the above-mentioned symptoms were made. Any failure or delay in reporting these details should be explained.

Only in the most exceptional circumstances may allegations of spiking, which are not supported by any independent evidence, be accepted. When preparing an administrative case the CO should seek advice from legal staff and the single-Service administrative authority.

26. Very frequently the reason given for failing to report an alleged incidence of spiking is that individuals were sufficiently drunk or hung over not to be able to recognise their symptoms as due to anything other than alcohol. This is not viewed as strong mitigation by the administrative authorities, since at best it means that the individual wilfully put him or herself at risk by imbibing to a degree that their judgement was severely impaired and they were unable to take sensible precautions. The Services' policy of intolerance of drugs misuse demands of individuals a responsible attitude that encompasses not only resisting temptation, but protecting themselves in situations where the risk is elevated, such as in pubs and clubs where there is known drug use and in gatherings of friends whom they know to take drugs.

27. **Challenge to the Accuracy of the Test.** An individual testing positive who challenges the accuracy of the test is to be given the opportunity of having their 'B' sample independently tested. In this connection, the individual is to be informed that:

- a. The 'B' sample test would be conducted at their own expense.
- b. Should the result of the 'B' sample test prove negative, they will be reimbursed for laboratory and courier costs.
- c. A list of accredited laboratories that are capable of carrying out the analysis can be obtained from the relevant single-Service staff.



d. The individual has 48 hours (more if absolutely necessary) to consider this option and should be re-interviewed.

28. Should the individual opt for the 'B' sample test, they are to be provided with the list of accredited laboratories<sup>10</sup>, and given one further week to select the laboratory, and inform their Unit, in order that the transfer of the 'B' sample can take place. The Unit should alert the relevant single-Service administrative authority if there is a likelihood of a 'B' sample test being carried out to enable the relevant authorities to arrange its release. The test result will be forwarded to the lead CDT organisation (Army) at Upavon, who notify Army and RN COs or the appropriate single-Service administrative authorities of the result. The decision to have the 'B' sample tested does not delay any administrative action.

### Factors Affecting Disposal

29. When the individual's statement has been received, before initiating any administrative action, the CO has to determine, on the balance of probability, whether the individual has a legitimate reason for the positive test result or whether they have knowingly, recklessly or intentionally consumed controlled drugs and are therefore culpable. Where the individual does not have a legitimate reason for the positive test result, and denies knowingly consuming the controlled drug, a copy of the individual's statement is to be forwarded to the relevant single-Service staff that will if necessary, seek comment from the civilian contracted laboratory Toxicology Department (see paragraph 30d below). This toxicology report is to be included in the case papers to be fully disclosed to the individual. At the same time, the CO is to ensure that the information given in the statement is thoroughly investigated, usually by the Service Police and as appropriate with assistance from the civil police. The Service Police can, for example, obtain statements from any Service personnel mentioned in the statement, and the civil police can do likewise for civilians. The civil police can also advise on the status of any pub or night club that the individual may have cited in their statement (eg is it one reputed to be frequented by drug users?). In sum, the CO should take the following matters into consideration:

- a. The CDT result and its toxicological interpretation.
- b. The statement provided by the individual, its credibility and consistency with the toxicological interpretation provided by the relevant expert.
- c. Any failure to provide the information requested to be included in the statement.
- d. The result of any additional scientific evidence such as hair testing.
- e. The result of any Service or civilian police investigation commissioned by the CO.
- f. Any other relevant evidence available, eg the individual's Service record.

30. **Amplification.** Advice may be sought from the single-Service administrative authorities, but the following factors are often relevant, both in gathering evidence and in

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<sup>10</sup> The laboratory is to be accredited to conduct confirmatory urinalysis for illicit drugs by the United Kingdom Accreditation Service (UKAS).

making the decision, if an individual has represented that there was no knowing misuse of drugs:

a. **Individual's Reaction to the Positive Test.** Initial reaction may be pertinent to the credibility of an individual who produces a statement. It should be borne in mind that an individual who has knowingly taken drugs may still be distressed by a positive CDT result, even to the extent that they initially indicate intent to challenge.

b. **Disciplinary/Criminal Investigation.** If evidence comes to light suggesting other drugs or unrelated offences may have been committed by the individual or by others, this would normally be investigated as a suspected offence in the usual way. Charges can be brought in appropriate circumstances. If the CO has determined that knowing misuse of drugs led to the positive CDT result, it may be in the Service interest to apply for discharge and not proceed with criminal charges. Legal advice is always to be taken in such circumstances.

c. **Hair Test.** A hair test may, in certain circumstances, be useful to the CO in making his or her determination. Before deciding to request the test, the CO should consider the following:

- (1) A negative hair sample does not overturn a positive urine sample, because single or irregular use may not show in the hair. However, a positive sample may imply habitual use.
- (2) Drug retention in hair can be easily adulterated through the use of bleach and dyes, hair straighteners, etc..
- (3) Hair should have been at least 2cm long at the time of CDT and should not have been cut since.

The individual has no right to request a hair test. If the CO offers the individual a hair test, it should be explained that it is a voluntary procedure, which may reveal if the individual has a history of drug misuse. If the individual refuses it, the CO may choose to draw inference from this. If the individual accepts, they should be instructed not to have a hair-cut until the sample is taken. Single-Service administrative authorities should be consulted for further advice.

d. **Toxicologist's Expert Report.** The administrative authority can arrange for the toxicologist at the Service's contracted laboratory to comment further on the contents of the urine sample in the light of any statement submitted by an individual (see paragraph 29 above). It should be noted that a toxicological report will not add to the CO's investigation unless the statement offers a sufficiently detailed account of how the drug might have entered the individual's system. Further advice may be sought from the administrative authority.

e. **Credibility of the Individual.** Contributing factors here may include:

- (1) Consistency of statement with other evidence.
- (2) Attempts to mislead or to hide facts or full, immediate and honest disclosure.

- (3) Individual going Absent Without Leave in response to result.
- (4) Rejection of hair test, if offered.
- (5) Previous evidence of drug misuse, including previous CDT results.
- (6) Failure or otherwise to report immediately suspicions of having been administered a drug involuntarily.
- (7) Behaviour during the CDT.

31. If the individual submits that they may have accidentally ingested the drug, eg through passive smoking or the absorption of a residue deposited on a surface by a previous user, the CO should be aware that the threshold between a sub cut-off and positive result is sufficiently high to rule this out save in wholly exceptional circumstances (for spiking see paragraphs 25-26).

### **Consequences of a Positive Test Result**

32. Whilst evidence of drug misuse obtained by CDT sample cannot be used to support disciplinary action, it may be sufficient to satisfy the evidential standard (the balance of probabilities) for administrative action. In most cases personnel testing positive will be administratively discharged in accordance with single-Service guidance<sup>11</sup>. The initiation of administrative discharge action will only be delayed in those cases where further investigation is required (as detailed in paragraphs 13, 19-22).

33. **Personnel Security.** COs are to comply with the terms of JSP 440 Part 6 Section 3 in respect of personnel who test positive for controlled drugs. Contact details for single-Service security authorities are at Annex B.

### **Retention of Personnel**

34. Exceptionally, in some cases of drug misuse involving young Service personnel, the CO may consider that the offender need not be discharged from the Service<sup>12</sup>. Tri-Service policy allows COs to recommend the retention of personnel:

- a. Who meet all the following exceptional circumstances:
  - (1) Young (under 25) personnel;
  - (2) Below the rank/rate of leading hand or corporal;
  - (3) First time offence;
  - (4) The prospect for reforming the individual is good and,
  - (5) In all other respects the individual is considered a promising Serviceman/Servicewoman whose retention would be in the interests of the Service. Consideration should include: Service record; the contents of any

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<sup>11</sup> RN: BR3 2136c, Army: AGAI Vol II Ch 67 and RAF AP3392 Vol 4 Lflt 127.

<sup>12</sup> RAF personnel who deliberately and knowingly misuse Class A drugs will not be retained in the Service.

representation; any expressed attitude towards drug misuse; and any background circumstances to the incident.

OR

b. Who have provided a statement that satisfactorily explains the presence of a drug, for example, inadvertent or accidental ingestion such as spiking that is accepted as valid by the CO, cannot be refuted on scientific grounds, and which is supported by independent evidence, including circumstantial evidence (eg if subsequent investigation reveals that drink spikers are known to operate in a particular pub/club).

The decision as to whether an individual may be retained is to be taken by the Appropriate Authority<sup>13</sup> in accordance with single-Service practice.

### **Recommendation to Administrative Authority**

35. The CO should refer CDT cases to the single-Service administrative authority. Once the CO has established the level of culpability they must make a recommendation for discharge or for exceptional retention.

36. The CDT case should summarise the facts of the case, confirming that the individual has been reminded of their rights and given the opportunity to make a statement. It should state whether, on the balance of probabilities, the CO believes that the individual knowingly, intentionally or recklessly misused drugs. Reasons should be given, sufficient to demonstrate to the administrative authority that the CO has reasonable grounds for their belief, and made a determination of the facts after carrying out as much investigation into the matter as was reasonable in the circumstances. The letter should also indicate that the CO has considered the question of retention in accordance with paragraphs 34 to 35 above, and should make a recommendation, giving brief reasons.

37. If the CO is not satisfied that on the balance of probability the individual knowingly, intentionally or recklessly misused drugs, they must recommend to the administrative authority that there are no grounds for administrative action because the individual is not culpable. Culpability will be determined by the appropriate Authority, taking into consideration any conclusions reached and recommendations made by the CO. The individual must still be warned as laid down at Annex E, and will be placed on the IRT list for 5 years from the date of the positive test.

### **Decision by Appropriate Authority**

38. The appropriate Authority<sup>14</sup> will decide whether to retain or discharge the individual in accordance with single-Service regulations<sup>15</sup>. Personnel who are exceptionally retained will be formally warned by their CO that a further positive or sub cut-off CDT result is likely to lead to administrative discharge.

39. The decision on retention of an officer may take significantly longer because of the requirement for the application to be considered by the relevant Service Board. Arrangements for managing the officer in the interim should be made with the administrative Authority in accordance with single-Service procedures.

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<sup>13</sup> RN NavSec/Army DMA/ RAF Higher Authority or CO.

<sup>14</sup> RN NavSec/Army DMA/ RAF Higher Authority or CO.

<sup>15</sup> BR3 2136c, AGAI Vol II AGAI 67 or AP3392, Vol 5, Lft 127

## Action by Unit

40. **Discharge:** The normal procedures are to be followed in accordance with single-Service instructions. The individual will be invited to indicate whether they wish to exercise their right to appeal against the decision.

41. **Retention.** In all cases a recommendation by a CO for retention will have to be referred to the appropriate Authority. Where the retention of an individual in these circumstances is approved, the CO is to ensure that they receive further counselling on the dangers of drug misuse. The individual is also to receive the relevant Drug Misuse Warning (suspected or proven), iaw Annexes C or F respectively, which emphasises that a further positive test result will lead to an immediate recommendation for administrative discharge. Personnel who are exceptionally retained will be added to the IRT List and be liable for individual re-testing without warning by the CDT Team for 5 years, and formally warned in accordance with single-Service procedures.

## Publication of Results

42. Only personnel directly associated with the policy management of the CDT programme, the CO of the ship/unit/establishment tested, and the relevant Higher Authority staffs will have access to the detailed information on individual test results and the ship/units/establishments concerned.

Annexes:

- A. The CDT Testing and Collection Process.
- B. Contact Details for Single-Service Administrative and Security Authorities.
- C. Drug Misuse Warning for issue to personnel who are suspected of having misused a controlled drug.
- D. Record of interview of individual providing a test result unsuitable for analysis (accidental dilute and abnormal) or trace.
- E. Record of interview of individual testing positive during Compulsory Drug Testing.
- F. Drug misuse warning for issue to personnel who have misused a controlled drug.

## **THE CDT TESTING AND COLLECTION PROCESS**

1. Samples and supporting documentation are subject to external quality control and a strictly monitored chain of custody to ensure the integrity of each specimen. Individuals called forward for CDT will be required to provide one sample of urine for analysis. The provision of a further sample will only be required if it is considered necessary by a drug testing officer because the original sample provided is considered to be unsuitable for analysis, or if the drug testing officer suspects that the sample may have been substituted or adulterated.
2. Samples are to be provided under supervised conditions and arrangements made to prevent samples from being substituted or adulterated. Such arrangements include the requirement to remove outer clothing, for instance coat and jacket, jewellery or watches, and to adjust other items, including other items of clothing, in order to prevent anything being concealed.
3. The individual required to provide a sample will do so in the presence of a collection assistant (CA) or CDT monitor of the same sex as themselves, who will monitor the production of the sample. The individual required to produce the sample will then, under direction, divide the sample into 2 bottles and one test tube, and close each container. The CA will then seal and label each container in the presence of the person. Once sealed, the containers will be sent for analysis in a tamperproof bag. The laboratory screens the test tube for the presence of controlled substances and a range of other abnormal qualities. If the screening test returns a result other than negative, the first of the bottles (the 'A' sample) is opened and the urine subjected to precise confirmatory testing.
4. The 'B' sample bottle from the same specimen will remain sealed, and be retained by the laboratory for one year, so that an individual who wishes to challenge a positive test may have it analysed at another independent laboratory at their own expense.

### **Persons requiring special considerations**

5. An individual who is identified as needing special consideration in order to be able to comply with the CDT requirement should be treated in a careful, sympathetic manner and with dignity. There are a wide variety of reasons for such special consideration; in all cases the overarching need is to avoid placing individuals into a deeply inconsiderate, undignified or humiliating situation as a result of undergoing the standard CDT routine. Examples may be the need to wear a colostomy bag, or other medical or psychiatric conditions. When such an individual is identified, a considerate, common sense approach with personnel being treated sensitively, coupled with discreet liaison between the Executive, Medical and CDT organisations should ensure that the aim is achieved.
6. An individual who is identified as being a transsexual and is required to participate in a CDT should be dealt with in a careful and sympathetic manner<sup>1</sup>. Whilst the number of transsexual personnel in the Armed Forces is very small and this will therefore be an

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<sup>1</sup> Refer to 2009DIN01-007.  
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uncommon event, it is nevertheless important that a consistent and commonsense approach is applied.

**CONTACT DETAILS FOR SINGLE-SERVICE ADMINISTRATIVE AND SECURITY  
AUTHORITIES**

**Administrative Authorities:**

**RN:**

Fleet Executive Officer (FXO)  
Navy Command Executive Team  
Navy Command HQ  
MP 3-1  
Leach Building  
Whale Island  
Portsmouth  
Hampshire  
PO2 8BY

NAVY PERS-PPOL FXO SO2

Tel No: 93832 8699

**ARMY:**

CDT,  
Building 165  
Trenchard Lines  
Upavon  
Pewsey  
Wilts  
SN9 6BE

Tel No: 94344 8776  
94344 8779

**RAF:**

OC RAF CDT  
Air Personnel Casework (Rm 1S51)  
Hurricane Block  
HQ Air Cmd  
Royal Air Force High Wycombe  
Bucks  
HP14 4UE

Tel No: 95221 4268/70

**Security Authorities:**

NAVY PSYA AFTERCARE SO3C  
Rm 109a, Bld 1/080  
Jago Rd, PP73a  
HM Naval Base  
Portsmouth  
Hampshire  
PO1 3LU

Tel No: 9380 22540

Defence Vetting Agency (Army)  
The Aftercare Section  
Ministry of Defence  
Bldg 107  
Imphal Barracks  
Fulford Road  
York.  
YO10 4AS

Tel No: 94777 2211

FS FIB  
CI Sqn  
1 Provost Wing  
Royal Air Force Henlow  
Hitchin  
Beds  
SG16 6DN

Tel No: 95381 8249



PROTECT – PERSONAL DATA  
(When Completed)

ANNEX C TO  
CHAPTER 5 TO  
JSP 835

**DRUG MISUSE WARNING FOR ISSUE TO PERSONNEL WHO ARE  
SUSPECTED OF HAVING MISUSED A CONTROLLED DRUG**

Service Number \_\_\_\_\_ Rank/Rate \_\_\_\_\_ Name \_\_\_\_\_

Branch/Trade/Corps/Regt \_\_\_\_\_ Ship/Unit/Establishment \_\_\_\_\_

\*1. The result of the Compulsory Drug Test (CDT) that you took on (date) ..... was found positive for a controlled drug, namely ..... However, although the test was positive, it fell below the threshold above which your administrative discharge would normally have been initiated. The result, however, has given rise to the suspicion that you may have been involved in the misuse of a controlled drug or have been in the presence of others who have been misusing a controlled drug.

\*2. The sample that you provided at the CDT that you took on (date) ..... is suspected of having been adulterated and subsequent investigation has neither exonerated you nor provided enough evidence to substantiate a charge against you. However, the result aroused the suspicion that you may be involved with the misuse of controlled drugs.

3. Therefore, you are now warned that drug misuse is illegal and incompatible with service in the Armed Forces. Should you in the future test positive as a result of CDT, you will be immediately liable to be administratively discharged from the Service. I should inform you that you will be subject to re-testing by the CDT Team without prior notice at any time.

4. You are further warned that drug misuse is regarded as evidence of unreliability in the context of security clearance. Personnel serving in certain posts may have their fitness to hold such security clearance reviewed if they are suspected of drug misuse.

**Commanding Officer Administering Drug Warning**

Signature \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_ Appt \_\_\_\_\_

**Officer/NCO Witnessing Drug Warning**

Signature \_\_\_\_\_ Rank/Rate \_\_\_\_\_ Name \_\_\_\_\_ Appt \_\_\_\_\_

**Acknowledgement of Drug Warning by Service Person**

Signature \_\_\_\_\_ Rank/Rate \_\_\_\_\_ Name \_\_\_\_\_ Appt \_\_\_\_\_

Date \_\_\_\_\_ \* **Delete** as appropriate

5C-1

(When Completed)

PROTECT-PERSONAL DATA

PROTECT – PERSONAL DATA  
(When Completed)

ANNEX D TO  
CHAPTER 5 TO  
JSP 835

**RECORD OF INTERVIEW OF INDIVIDUAL PROVIDING A TEST RESULT  
UNSUITABLE FOR ANALYSIS (ACCIDENTAL DILUTE AND ABNORMAL) OR  
TRACE**

Service Number \_\_\_\_\_ Rank/Rate \_\_\_\_\_ Name \_\_\_\_\_

Branch/Trade/Corps/Regt \_\_\_\_\_ Ship/Unit/Establishment \_\_\_\_\_

1. The result of the Compulsory Drug Test (CDT) that you took on (date) ..... was found to be unsuitable for analysis for the following reason:

a. **Trace.** An abnormal trace result, although not uncommon, is not necessarily an indication that the individual has misused drugs and may result from inadvertent or innocent ingestion.\*

b. **Test Result Unsuitable for Analysis (Accidental Dilute and Abnormal).** A test result that is unsuitable for analysis at CDT is classified as a void test. Such a sample may be for innocent physiological reasons, although a dilute specimen could result from an individual consuming extra fluid to disguise the presence of a controlled drug.\*

2. You are not under suspicion of drug misuse. In the majority of cases this result will have been caused by legitimate physiological reasons. No entries will be made on your Service records regarding this result or your eligibility for re-test, this will not affect your employment and no further action (other than your eligibility for re-test) is to be taken. The CDT Team will keep records and conduct one individual retest without warning, the aim of which is to obtain a suitable specimen.

Such a result is not uncommon. It is not an indication as to the state of your health and should not be treated as such.

**Commanding Officer Administering Interview**

Signature \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_ Appt \_\_\_\_\_

**Acknowledgement of Interview by Service Person**

Signature \_\_\_\_\_ Rank/Rate \_\_\_\_\_ Name \_\_\_\_\_ Appt \_\_\_\_\_

Date \_\_\_\_\_

\* Delete as appropriate

## RECORD OF INTERVIEW OF INDIVIDUAL TESTING POSITIVE DURING COMPULSORY DRUG TESTING (CDT)

CO: Are You?

Service Number \_\_\_\_\_ Rank/Rate \_\_\_\_\_ Name \_\_\_\_\_

Branch/Trade/Corps/Regt \_\_\_\_\_ Ship/Unit/Establishment \_\_\_\_\_

Service Person: Yes/No\*

CO:

1. The result of the Compulsory Drug Test that you undertook on ..... was found positive for a controlled drug namely .....(amount/cut-off)..... Here is your letter giving details of the test result and explaining the basic process.

2. I am required to interview all personnel whose samples test positive after CDT to give them the opportunity to explain the presence of the drug(s) in their urine. This is not a disciplinary process but an administrative process to determine whether or not your employment in the Service continues.

3. Service Number \_\_\_\_\_ Rank/Rate \_\_\_\_\_ Name \_\_\_\_\_(witness)

is present to act as a witness to these proceedings and this document will form a written record, which I will ask you to sign as a true account of this interview. You will be provided with a copy.

4. You are entitled to provide an explanation for the presence of this drug. You are not obliged to say anything now as you have a right to be given 48 hours to provide a written statement. You should be aware that there is no compulsion upon you to provide such a statement. Should you not provide a statement, or agree to provide a statement and fail to provide sufficient detail, your case can only be decided on the facts that are available.

5. I will appoint an officer to assist you with your statement should you require such assistance. You are also free to consult a legal adviser at any time at your own expense.

6. If your statement challenges the accuracy of the result of the test, at your own expense you may have your 'B' sample tested at an accredited independent laboratory from the list provided<sup>1</sup>. Should the result of the 'B' sample test prove negative, you will be reimbursed with the test cost. In this case, your statement should indicate that you have decided to have the 'B' sample tested. I can provide you with a list of some accredited independent laboratories should you require it. **Do you understand?**

Service person: Yes/No\*

CO:

7. You must now indicate your preferred option. Do you wish to:

<sup>1</sup> The laboratory is to be accredited to conduct confirmatory urinalysis for illicit drugs by the United Kingdom Accreditation Service (UKAS).

- a. Provide an explanation for the positive result and be given 48 hours to provide a written statement?\*
- or
- b. Deny knowingly taking a controlled drug and be given 48 hours to provide a written statement?\*
- or
- c. Challenge the result of the CDT and decide whether to have the 'B' sample tested (at your own expense)?\*

8. The above named individual:

- a. Provides the following explanation for the positive result:\*

or

- b. Denies knowingly taking controlled drugs and requires 48 hours to provide a written statement. (A list of the information that is required is provided below).\*

or

- c. Challenges the result of the CDT and will decide whether to have the 'B' sample tested.\*

9. The above named Individual requires/does not require\* the services of an officer to assist them with the drafting of their statement.

10. Personnel who misuse drugs put themselves and the people around them at risk. You will now be removed from safety critical duties until it is considered safe to employ you again fully. Do you know of anyone misusing drugs on this ship/unit/establishment?

**Service Person:** Yes/No\*

If yes, give details:

**Officer Conducting Interview**

Signature \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_ Appt \_\_\_\_\_

## Officer/NCO Witnessing Interview

Signature \_\_\_\_\_ Rank/Rate \_\_\_\_\_ Name \_\_\_\_\_ Appt \_\_\_\_\_

## Acknowledgement of Interview by Service Person

Signature \_\_\_\_\_ Rank/Rate \_\_\_\_\_ Name \_\_\_\_\_ Appt \_\_\_\_\_

Date \_\_\_\_\_

### Information that should be provided in your statement:

- a. The grounds on which you challenge the CDT result.
- b. What do you think you have tested positive for?
- c. Why do you think that you tested positive?
- d. What are the circumstances?
- e. Were there any witnesses that are prepared to provide a statement?
- f. Addresses of locations referred to in your statement.
- g. Detailed timings; particularly the length of time during which you believe that you might have been exposed to drugs.
- h. The suspected route and source of inadvertent ingestion.
- i. When, where and to whom notification of the details of the above-mentioned symptoms were made. Any failure or delay in reporting these details should be explained.

### Questions relating to allegation of spiking.

- a. Why do you suspect that you were spiked?
- b. Why would someone spike your drink/food?
- c. What type (beer/wine/spirits/soft drinks) and how many drinks were consumed at the time (for example 2 pints between 3pm and 5 pm and then 4 pints between 6 pm and 7 pm)? Did you drink to excess?
- d. Did you feel/smell/taste anything unusual?
- e. What observations of the drink/food did you make?
- f. How did that affect you?
- g. How was your general well being for the following few days?
- h. Did you go to the hospital or consult your GP? Why not?
- i. Did you report it to the authorities (CO, local police, RMP)? Why didn't you report the incident? Did you know that you should have reported the incident to your CO or to medical staff?

j. Are you aware the 'spiker' could be prosecuted for administering a toxin, which carries a Prison Sentence?

**Questions relating to passive exposure.**

- a. Where did this occur?
- b. How big was the venue?
- c. How long were you in the presence of smokers?
- d. How many drug smokers were there?
- e. What physical effect did the location have on your eyes and vision?
- f. If you knew that it was cannabis and cannabis is a controlled drug, why did you stay?

**DRUG MISUSE WARNING FOR ISSUE TO PERSONNEL WHO HAVE MISUSED  
A CONTROLLED DRUG**

Service Number \_\_\_\_\_ Rank/Rate \_\_\_\_\_ Name \_\_\_\_\_

Branch/Trade/Corps/Regt \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. The result of the Compulsory Drug Test (CDT) that you took on (date)..... was found positive for a controlled drug namely..... The details of your case, and your Service record, have been considered and it has been decided to exceptionally retain you in the Service. You are now warned that drug misuse is illegal and incompatible with service in the Armed Forces. Should you in the future provide a positive test as a result of CDT you will be immediately liable to be administratively discharged from the Service. I should also warn you that you will be subject to re-testing by the CDT Team without prior notice at any time.

2. You are further warned that drug misuse is regarded as evidence of unreliability in the context of security clearance. Personnel serving in certain posts may have their fitness to hold such security clearance reviewed if they are suspected of drug misuse.

**Commanding Officer Administering Drug Warning**

Signature \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_ Appt \_\_\_\_\_

**Officer/NCO Witnessing Drug Warning**

Signature \_\_\_\_\_ Rank/Rate \_\_\_\_\_ Name \_\_\_\_\_ Appt \_\_\_\_\_

**Acknowledgement of Drug Warning by Service Person**

Signature \_\_\_\_\_ Rank/Rate \_\_\_\_\_ Name \_\_\_\_\_ Appt \_\_\_\_\_

Date \_\_\_\_\_

## **Chapter 6 - Testing for drugs and alcohol - Personnel Undertaking Safety-Critical Duties**

### **Introduction**

1. The Armed Forces Act 2011 has made changes to the Armed Forces Act 2006 as regards offences related to unfitness and misconduct due to alcohol and drugs. This includes new powers to test when a Commanding Officer (CO) of a person subject to service law has reasonable cause to believe that that person is unfit through alcohol or drugs or has exceeded prescribed alcohol limits, for safety critical duties. These changes are outlined in this chapter.

### **Policy Background**

2. All personnel are to be in a fit state to perform their duties, whatever the duty might be. It is a function of the chain of command to deal with any instances in which a person is deemed unfit to carry out his duty, by means of disciplinary or administrative action as appropriate. However there are certain duties that by their very nature are safety-critical where performing that duty with ability impaired by alcohol or drugs would result in a risk of death, serious injury to a person, serious damage to property, or serious environmental harm. The presence of alcohol or drugs in any person engaged in a safety-critical duty can seriously diminish performance and lead to accidents and incidents that have far reaching consequences both for operational capability, for the individual, for colleagues, and in some cases, members of the general public. The new Alcohol and Drugs Testing regime seeks to promote a professional, sensible and moderated approach to alcohol consumption, particularly in relation to safety-critical activities by providing a means of deterrence and detection. It builds on the deterrence currently provided by random testing under CDT, which remains as a valid basis for administrative action.

### **Offences under the Armed Forces Act 2006**

3. Unfitness or misconduct through alcohol or drugs remains an offence<sup>1</sup>. The offence is committed if a person subject to Service law, due to the influence of alcohol or any drug<sup>2</sup>, is: unfit to be entrusted with his duty or any duty they might reasonably expect to be called on to perform; or their behaviour is disorderly or likely to bring discredit to HM Forces. The Armed Forces policy towards drugs misuse is unaffected by these changes. The only change to this offence is that the test of unfitness for duty is now defined as whether a person's ability to perform the duty is impaired<sup>3</sup>.

4. A new offence has been created which sets a limit on the amount of alcohol a person subject to Service law can have in their breath, blood or urine in relation to prescribed safety-critical duties. This effectively creates alcohol limits for certain predetermined duties. The duties and relevant alcohol limits are detailed later. There are no minimum accepted limits for the presence of illegal drugs.

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<sup>1</sup> AFA 06 Section 20

<sup>2</sup> Less a medically prescribed drug

<sup>3</sup> A minor amendment to AFA06 section 20 makes the definition consistent with the Road Traffic Act 1988 (RTA 88).



## **Safety Critical Duties**

5. A CO has the power to require a person who is subject to Service law to cooperate with preliminary testing for alcohol or drugs when the CO has reasonable cause to believe that the person's ability to carry out the duty is impaired through alcohol or drugs or the person is over a set prescribed limit. However, the power to require preliminary testing only applies to duties that are safety-critical in nature. Safety-critical duties fall into two separate categories:

- a. those that are prescribed in regulations as safety-critical duties; and
- b. those that a CO reasonably believes to be safety-critical within the meaning of the term as set out in section 93I of the Armed Forces Act 2006 as amended (an offence under section 20(1)(a) in respect of a safety critical duty)<sup>4</sup>.

In order for a charge to be brought under section 20A in relation to a prescribed safety-critical duty a person must have provided a positive evidential test result. An investigator may decide not to conduct an evidential test, for example due to non-availability of testing equipment in which case no charge can be brought under section 20 A. However, even if no evidential test is conducted, consideration could still be given to bringing a charge under Section 20 (1) (a) where alternative evidence is available to prove the offence.

When investigating a section 20(1) offence (unfitness) there is no power to conduct a test unless the CO considers it to be a safety critical duty (see above).

## **Prescribed Duties**

6. The Defence Council has set out in regulations certain duties that have been identified as being prescribed safety-critical duties. The table at Annex A contains the list of Prescribed Duties together with the prescribed alcohol levels. Any person subject to Service law is liable to be required to submit to alcohol or drugs testing where they are performing or might reasonably expect to be called upon to perform a Prescribed Duty and the CO has reasonable cause to believe that the person may be above the relevant limit of alcohol. There is no requirement for an incident to have occurred before a person can be required to submit to testing. However, if an incident occurs that involves personnel engaged in prescribed duties, a CO may order any relevant person to submit to preliminary testing if the CO has reasonable cause to believe that the person may be over the relevant limit for alcohol in respect of prescribed duties, or to have committed an offence under section 20(1)(a) of the Armed Forces Act 2006 as amended in respect of a safety-critical duty.

## **Alcohol Limits for Prescribed Safety-Critical Duties**

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<sup>4</sup> A duty is regarded as safety-critical when the CO reasonably believes that performing the duty with ability impaired by alcohol or drugs would result in a risk of death, serious injury, serious damage to property, or serious environmental harm, as described in the Act.

7. The alcohol limits for prescribed safety-critical duties have been set at two levels; Higher and Lower Alcohol Levels.

a. **Higher Alcohol Levels.** The majority of safety-critical duties fall into the higher alcohol levels for testing of breath, blood or urine. This mirrors the current alcohol limits for “drink-driving” in criminal law in accordance with the Road Traffic Act 1988 and provides a recognised and easily understood benchmark for personnel engaged in safety-critical activities. The higher limits are:

Breath – 35 microgrammes of alcohol in 100 millilitres.

Blood – 80 milligrammes of alcohol in 100 millilitres.

Urine – 107 milligrammes of alcohol in 100 millilitres.

b. **Lower Alcohol Levels.** It has been recognised that even small amounts of alcohol in a person’s system can have a detrimental effect on an individual’s ability to perform their duty to the required level when a safety-critical duty is one that requires a heightened speed of reaction in an emergency situation, such as aviation or carrying a loaded weapon. Such duties demand that personnel should have no ingested alcohol in their body on commencement of the duty. However, in some people small amounts of alcohol occur naturally in their body so a small tolerance level is allowed. This may appear in blood as a trace alcohol level, but it will not reach the prescribed lower limit and anyone found to have breath, urine or blood tested to the lower prescribed limit will have ingested alcohol in the recent past. The time it takes for humans to break down alcohol in their system can vary depending on factors such as weight, age, sex, metabolism, and whether any medication is being taken and, if so, the type of medication. It is therefore not practical to provide any meaningful information that an individual can use to forecast future alcohol levels after a period of drinking. Personnel subject to the lower prescribed safety-critical limits may well provide a positive reading many hours after consuming even small amounts of alcohol, and proportionally longer after larger amounts of alcohol are consumed. The lower limits are:

Breath – 9 microgrammes of alcohol in 100 millilitres.

Blood – 20 milligrammes of alcohol in 100 millilitres.

Urine – 27 milligrammes of alcohol in 100 millilitres.

### **Non-Prescribed Safety-Critical Duties**

8. The list of Prescribed Duties is not intended to take account of each and every safety-critical duty that a person may be required to perform and should not be taken as an exhaustive list. There may be occasions when a person is called upon to complete a duty that is not prescribed, yet still fulfils the definition of a safety-critical duty. In such situations the CO has flexibility to require preliminary alcohol and drugs testing if a duty is safety-critical in nature and he has reasonable cause to believe that a person subject to service law is committing an offence under section 20(1)(a) of the Armed Forces Act 2006 (or has committed such an offence and still has alcohol or a drug in the body or is

still under the influence of a drug)<sup>5</sup>. Before determining that a duty is safety-critical, a CO should be satisfied that the duty meets the definition of safety-critical. A CO must avoid placing unnecessary liability for testing on any other person who may be required to perform any related or ancillary duty merely because it is convenient to do so (e.g. all members of a work party or team) but which is not genuinely safety-critical in nature. When personnel are required to complete an activity that is not within their normal daily routine, or where a CO considers that members of his command may need to carry out tasks which in the circumstances he thinks are safety-critical, the CO should provide advance warning that their particular duty on a given day or for a given period is safety-critical. This will help guide personnel as to the amount of alcohol, if any, they may consume ahead of the duty, and ensure all relevant personnel understand their potential liability for testing.

9. Unlike prescribed safety-critical duties (which have pre-determined alcohol limits) non-prescribed safety-critical duties as defined in section 93I of the Armed Forces Act 2006 as amended have no set limits. Once a CO has decided that a particular duty is safety-critical in nature it is enough that a CO has reasonable cause to believe that an individual is impaired through alcohol or drugs to justify a preliminary test being carried out, and any subsequent test reading that proves the presence of alcohol or drugs in a suspect may form the basis for disciplinary action to be considered. The presence of alcohol or drugs is only one aspect of the offence under section 20(1) and it is also necessary that an individual's ability to carry out their duty was impaired. A CO should seek legal advice if any doubts exist about whether to proceed to charge an individual following a referral by the Service police.

### **Unfitness to perform a Non Safety-Critical Duty**

10. When a person is suspected of being unfit to perform a duty through alcohol or drugs but the duty concerned is not safety-critical in nature, there is no power to order a person to submit to testing for the presence of alcohol or drugs. In such cases Section 20(1)(a) of the Act will still apply and an individual may be charged with an offence of unfitness or misconduct through alcohol or drugs. No evidential testing can be carried out to support such a charge<sup>6</sup>.

11. In circumstances where personnel are suspected of being impaired whilst performing a non safety-critical duty and the suspect has requested a test in order to disprove the offence, and where testing facilities are available, the Commanding Officer or relevant body should seek appropriate legal advice.

### **Authority for Testing**

12. The CO is responsible for deciding whether an individual is required to cooperate with the Service police<sup>7</sup> for a preliminary alcohol or drugs test, having taken account of the circumstances of the case, and with due consideration to an individual's employment on safety-critical duties. The CO may delegate the authority to such other rank not below OR6 (Petty Officer (RN) or Sergeant (Royal Marine/Army/RAF)) as he considers to be appropriate. It will not always be appropriate for a CO to delegate to the lowest possible level and the single services may publish guidance to assist COs in

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<sup>5</sup> RAF only - Before designating a non-prescribed duty as safety-critical RAF COs are to obtain the prior approval of HQ Air Command Discipline Policy staffs. This is to ensure consistency of treatment across the Service.

<sup>6</sup> For further guidance including the ingredients of the offence see JSP 380, the Manual of Service Law, Volume 1 Chapter 7, Section 20.

<sup>7</sup> Reference to the Service Police in this policy includes Royal Navy coxswains.

determining the appropriate level in particular circumstances<sup>8</sup>. It is anticipated that in practice these powers would only be delegated to OR6 level in limited circumstances – for example Royal Navy mine warfare and patrol vessels where the senior duty officer may be a Petty Officer. Where more than one CO is involved in a suspected case it is the responsibility of each to decide who, if anyone, within their command, should be tested. This may involve consultation between COs.

## Reasonable Cause

13. A CO can only require a person to submit for preliminary testing if he has reasonable cause to believe that:

- a. the person is over the alcohol limit for the prescribed safety-critical duty he is performing, or might reasonably be expected to perform, or
- b. the person is unfit to be entrusted with his duty or any duty which he might be reasonably expected to be called upon to perform, where the duty is a safety-critical duty and his ability to perform the duty is impaired due to the influence of alcohol or drugs.

This reasonable belief should be based on fact, not supposition. Care must be taken not to form an opinion of a person's state on the basis of speculation or reputation. Reasonable cause will include credible evidence provided to a CO sufficient to found a belief that an offence either has been, or is in the process of being committed. Where appropriate, reasonable cause extends to the belief that impairment would result in a risk of death, serious injury, serious damage to property or serious environmental harm. In respect of a duty that is not prescribed by regulation, if a CO does not have reasonable cause to believe that it is a safety-critical duty, then testing should not be carried out. The cause to believe does not have to be based entirely on first hand information. A second hand report that the offender had, for example, been seen drinking alcohol at a particular time may give reasonable cause for holding that belief.

## Preliminary Testing

14. The purpose of preliminary alcohol and drugs testing is to provide an indication whether a suspect's ability to perform a safety-critical duty is likely to be impaired or whether the suspect may be over the relevant prescribed alcohol limit. It assists the Service police in determining whether to conduct an investigation into a relevant offence, and whether to proceed to evidential testing. There is no obligation to administer a preliminary test as a pre-cursor to evidential testing. A CO may require a suspect to cooperate with any one or more of the following tests:

- a. **Preliminary Breath Test for Alcohol** A person who is required by the CO to do so, is required to cooperate with the Service police by providing a preliminary breath test. The test may only be carried out at or near the place where the requirement to cooperate with the test is made, or at a Service police establishment specified by the Service police or at a medical establishment. Where a suspect provides a preliminary breath test and the result is negative but the Service police suspect the person to be impaired through drink or drugs, consideration may be given by the CO to require cooperation with further

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<sup>8</sup> In Joint units COs are advised to follow guidance from their disciplinary chain of command.  
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preliminary testing by means of a preliminary impairment test or a preliminary drugs test; or the Service policeman may proceed to evidential testing.

b. **Preliminary Impairment Test** A preliminary impairment test is a procedure agreed between the Provost Marshals of the three Services during which a Service policeman observes and assesses a set of simple physical or cognitive tests carried out by a suspect. Only fully trained and authorised members of the Service police may administer a preliminary impairment test. A person who is required by the CO to do so, is required to cooperate with the Service police. The test may only be carried out at or near the place where the requirement to cooperate with the test is made, at a Service police establishment specified by the Service police, or at a medical establishment.

c. **Preliminary Drugs Test** A preliminary drugs test is a procedure administered by the Service police where a specimen of saliva or sweat is collected from a suspect and analysed to provide an indication whether there is a drug in a person's body. A person who is required by the CO to do so, is required to cooperate with the Service police by providing a preliminary drugs test as soon as is reasonably practicable. The test may only be carried out at or near the place where the requirement to cooperate with the test is made; at a Service Police establishment specified by the Service police; or at a medical establishment.

## **Evidential Testing**

15. The results of a preliminary breath test, impairment test or preliminary drugs test may form the basis for a Service policeman to consider if a suspect is impaired through alcohol or drugs or over the relevant prescribed alcohol limit and whether there is a requirement for evidential testing to be carried out. A person failing the preliminary test may be arrested and required to provide specimens of breath, urine or blood so that evidential analysis for the presence of alcohol or drugs can be conducted although there is no obligation to take evidential specimens when investigating an offence against section 20(1)(a) in respect of a safety-critical duty. Legal advice should be sought in these cases. A Service policeman is not obliged to conduct a preliminary test before an evidential test is conducted. The circumstances of each suspected offence and the resources available to the Service police at the time will dictate the most appropriate course of action so that there may be an occasion when a suspect is required to provide a specimen for evidential analysis even when no preliminary test has been undertaken. Where a preliminary test cannot be completed, a Service policeman may still conduct an evidential test if appropriate in accordance with section 93E.

## **Provision of Specimens for Analysis**

16. It is for the Service police to decide the type of specimen that will be required from a suspect for analysis. Only one type of specimen may be collected in the form of:

- a. two specimens of breath, by means of an approved device; or
- b. a specimen of blood or urine that will be sent for laboratory testing.

17. Specimens for analysis may only be collected at a Service police or medical establishment<sup>9</sup>. The Service police will administer the provision of specimens for breath or urine. Only a registered medical practitioner<sup>10</sup> may take a specimen of blood for the purpose of evidential testing.

a. **Specimen of Breath.** When two specimens of breath are provided for analysis, the lower reading of the proportion of alcohol in a suspect's breath is to be used and the other reading is to be disregarded. If the reading of alcohol in a suspect's breath is **higher than** the corresponding alcohol level for the relevant Safety Critical offence and therefore is a positive test **but is lower** than 50 microgrammes in 100 millilitres of breath (for a higher level offence) or 15 microgrammes in 100 millilitres of breath (for a lower level offence) the suspect has the right to provide a specimen of urine or blood to replace the breath specimen. Neither specimen of breath is then to be used.

b. **Specimen of Urine.** When there is a requirement for a specimen of urine, an initial non-evidential sample will be taken. This initial sample will then be discarded to remove any impurities that may be present before a second specimen is taken, and this specimen will be used in evidence. The whole process must be completed within one hour of the requirement for a sample of urine being imposed.

c. **Specimen of Blood.** A suspect is required to give consent to blood being taken for evidential analysis when such a requirement is made by the Service police. If a registered medical practitioner subsequently considers that a specimen of blood can not or should not be taken from a suspect for medical reasons, the Service police may consider the requirement for a specimen of urine from a suspect instead. When a suspect is incapable of giving consent, for example a person who is incapacitated as a result of an accident, a specimen of blood for analysis may still be taken by a registered medical practitioner but is not to be sent for laboratory evidential testing until permission has been granted by the suspect. Specific guidance on taking blood for evidential analysis can be found at JSP 950 Leaflet 1-2-10.

## Failure to provide a Specimen for Analysis

18. It is an offence<sup>11</sup> for an individual without reasonable excuse to fail to provide a sample when required to do so. It is also an offence<sup>12</sup> for a suspect, without reasonable excuse, to refuse to give permission for a specimen of blood taken without the suspect's consent to be subject to analysis. Such a situation could occur where the suspect was unconscious or otherwise incapable of giving consent to a blood test. The maximum penalty for refusal to cooperate is 2 years imprisonment. Administrative discharge from the Armed Forces<sup>13</sup> may be considered where appropriate. An offence of failing to provide a specimen for testing is also capable of being dealt with summarily, but the powers of punishment of the CO do not include dismissal. Administrative discharge may also be considered where an offence is dealt with summarily.

<sup>9</sup> This includes all Service Police and Medical places of work, wherever located including Service Police offices and Sickbays at sea.

<sup>10</sup> While the Act allows registered nurses to take samples of blood only registered medical practitioners will do so as a matter of policy.

<sup>11</sup> Section 93E(10) of the Act.

<sup>12</sup> Section 93G(7) of the Act.

<sup>13</sup> Under RN QR 3626, Army QR Chap 9 Part 6, and RAF QR 1027.

19. Threats of physical abuse or lack of cooperation by the suspect to the Service police or medical practitioner may be considered as a failure to cooperate with the test. Threatening and violent behaviour is to be recorded by the Service police and medical practitioner (for the collection of blood) in formal statements detailing by what means the suspect made the collection of the tests impossible. Such threats or acts of abuse may in themselves constitute separate offences.

### **Challenge of Evidential Test Results**

20. A suspect has the right to request that he is provided with his own part of a specimen<sup>14</sup> of urine or blood sufficient for the purpose of analysis at the time that the specimen is being provided. A suspect who wishes to have his own sample analysed at an independent laboratory, for the purpose of presenting a defence against any subsequent disciplinary action, may do so at his own expense.

21. Where a suspect requests their own sample the service police will provide it in a suitable container that is sealed within a tamper-evident bag. The Service police will also provide the suspect with a list of independent laboratories<sup>15</sup> and the procedure for obtaining a private analysis of blood and urine specimens.

22. It is essential that the tamper-evident bag provided by the police containing the specimen be unopened, and that the personal details of the person who has provided the sample can be identified by the independent laboratory without opening the bag. It is important that any seal or signature on the bag should not have been damaged or obliterated.

### **Civilians Subject to Service Discipline**

23. In certain circumstances civilians subject to service discipline may also be required to undergo preliminary and evidential testing for alcohol or drugs<sup>16</sup>. These circumstances are:

- a. the CO has reasonable cause to believe that a civilian subject to service discipline is committing one of the following maritime or aviation offences contrary to the Railways and Transport Safety Act 2003:
  - i. professional staff on duty impaired because of drink or drugs or exceeding the prescribed limit<sup>17</sup> (section 78);
  - ii. professional staff off duty who would be required to take action to protect the safety of passengers impaired because of drink or drugs or exceeding the prescribed limit (section 79);
  - iii. performing an aviation function or an ancillary activity to an aviation function when impaired because of drink or drugs (section 92)<sup>18</sup>; or

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<sup>14</sup> The specimen provided to a suspect is to be sufficient in quantity to be analysed.

<sup>15</sup> The Royal Society of Chemistry leaflet on Road Traffic Act Analysts is recommended for this purpose. It is available at the following link: <http://www.rsc.org/Membership/Qualifications/road-traffic-accidents-analysts/>

<sup>16</sup> Section 93A(3)

<sup>17</sup> The prescribed limit in these circumstances is the limit defined under section 81 of the Railways and Transport Safety Act 2003.

<sup>18</sup> 'Aviation function' and 'ancillary activity' are defined in section 94 of the 2003 Act.

iv. performing an aviation or ancillary activity when exceeding the prescribed limit of alcohol<sup>19</sup> (section 93); or

b. the CO has reasonable cause to believe that a civilian subject to service discipline has committed one of the above offences and still has alcohol or drugs in their body or is still under the influence of a drug.

24. Where a preliminary or evidential test of a civilian subject to service discipline is required the procedure is the same as for a person subject to service law and as outlined in the previous paragraphs.

25. Wherever possible, a CO should seek legal advice before requiring a civilian subject to service discipline to comply with drug or alcohol testing.

### **Post Incident Drugs and Alcohol Testing (PIDAT)**

26. The PIDAT regime ceases on 1 Nov 13 and has been replaced by these new powers to test for drugs and alcohol when personnel are undertaking safety-critical duties.

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<sup>19</sup> The prescribed limit in these circumstances is the limit defined under section 93 of the 2003 Act.  
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**PRESCRIBED SAFETY-CRITICAL DUTIES AND PRESCRIBED ALCOHOL LIMITS**

**Duties Subject to the higher prescribed alcohol limit**

1. The following safety-critical duties are subject to the higher prescribed alcohol limit of 35 microgrammes of alcohol in 100 millilitres of breath, 80 milligrammes of alcohol in 100 millilitres of blood or 107 milligrammes of alcohol in 100 millilitres of urine:

Serial	Safety-Critical Duty (In the execution of duties)	Remarks
(a)	An officer of one of Her Majesty's ships afloat to secure the safe conduct of the ship	
(b)	Of the quartermaster, bosun's mate, helmsman or planesman of one of Her Majesty's ships afloat. To execute, or secure the execution of, orders as to the navigation of the ship.	
(c)	Of a member of the crew of any of the following which belongs to, or is being used for the purpose of, any of Her Majesty's forces: <ul style="list-style-type: none"> <li>i. hovercraft;</li> <li>ii. landing craft;</li> <li>iii. rigid-hulled inflatable boats ;</li> <li>iv. raiding craft;</li> <li>v. any other vessel, if it belongs to one of Her Majesty's ships afloat</li> </ul>	
(d)	As the ship control officer of the watch of one of Her Majesty's submarines afloat.	
(e)	As a member of a standing sea emergency party of one of Her Majesty's ships afloat.	
(f)	As a member of the harbour duty watch of one of Her Majesty's ships..	
(g)	As a member of the strategic weapons system harbour duty watch of one of Her Majesty's submarines..	
(h)	To supervise a hazardous seamanship evolution..	For example, manoeuvring alongside another vessel or fixed or moving object, leaving harbour, launching or recovery of boats, replenishment at sea, towing operations or salvage

		operations.
(i)	To supervise a maritime lifting operation..	For example, the lifting or lowering of a load between one of Her Majesty's ships and the shore using lifting equipment.
(j)	As a member of a boarding party.	
(k)	As a member of the flight deck crew of one of Her Majesty's ships.	
(l)	As a diver.	
(m)	To supervise a diver.	
(n)	As a driver or commander of a mechanically propelled vehicle..	
(o)	To supervise, certify or carry out maintenance on an aircraft.	
(p)	To authorise a military flight.	

### Duties Subject to the lower prescribed alcohol limit

2. The following safety-critical duties are subject to the lower prescribed alcohol limit of 9 microgrammes of alcohol in 100 millilitres of breath, 20 milligrammes of alcohol in 100 millilitres of blood or 27 milligrammes of alcohol in 100 millilitres of urine:

Serial	Safety-Critical Duty (In the execution of duties)	Remarks
(a)	Of a pilot of an aircraft during flight or when conducting a ground run.	
(b)	Of any other member of the crew of an aircraft during flight.	
(c)	Of a person on board an aircraft during flight to give or supervise training or to administer a test.	
(d)	As an air traffic controller.	
(e)	Of an operator of a remotely piloted aerial system in flight.	
(f)	Of any person in relation to the handling and use of a firearm when he has in his possession the firearm and ammunition capable of being discharged from the firearm.	
(g)	Of a person doing any of the following activities in relation to the operation of a depth-charge, launcher, firearm, mortar, rocket or torpedo: <ul style="list-style-type: none"> <li>i. Handling missiles, fuses, charges or propellants;</li> <li>ii. Firing or giving orders to fire;</li> <li>iii. Calculating or setting a target area;</li> <li>iv. Giving instructions about the location and bearing of the target;</li> <li>v. Deciding or setting the explosive effect;</li> <li>vi. Ensuring that the missile or explosive functions correctly in the target area;</li> </ul>	
(h)	To supervise a person carrying out a duty within paragraph (f) or (g);	
(i)	Of a person handling or supervising the handling of explosives.	

