

BACKGROUND

GENERAL

1. The misuse of drugs reduces the efficiency, effectiveness, safety, and health of individuals and groups. Those who misuse drugs also contravene the law. Within the Army the dangers of misuse are specific; those concerned are unreliable members of the team and can be a serious menace in positions of trust or in an emergency; fear of exposure and their need for supplies may make them a security risk. Drug misuse within a military community can lead to experimenting by others. For reasons of military efficiency and because of its responsibilities towards its members, their families and civilian component, the Army has an unequivocal commitment to ensure that drug misuse is not tolerated.

2. The Army drug misuse prevention policy is based on the following:

a. *Prevention*. Prevention through education. Drugs Prevention education is in 2 parts:

(1). Explanation of the dangers of drug misuse to both recruits and trained soldiers.

(2). Management training to officers and SNCOs.

b. *Deterrence*. Deterrence is applied by compulsory drug testing, post-incident investigation (including testing where appropriate) and reporting procedures for those suspected of involvement in drugs. These measures enhance early identification and detection by SIB or unit investigations.

c. *Firm Disciplinary or Administrative Action*. Involvement in drug misuse will normally involve dismissal from the Service. Those who admit to drug misuse or who are found to be involved through the compulsory drug testing programme will be liable to administrative discharge.

3. Units will encounter incidents of drug misuse and this instruction describes the problems and sets out the policy on education, investigation, compulsory drug testing and administrative and disciplinary action.

THE PROBLEM

4. The increasing availability and misuse of drugs in civilian life, especially among young people, poses a threat to military discipline, security and unit cohesion which calls for constant vigilance and direct counter-action. Chronic usage may have a variety of long term effects on health while others can produce hallucinations, delusions, and even flashbacks long after the drug was taken. Moreover the body becomes tolerant of the drug(s) used so that the user has to take increasing amounts to achieve the desired effect, thereby increasing the degree of dependency.

5. **The Common Drugs of Misuse.** The common drugs of misuse are:

Cannabinoids (Cannabis oil, resin or leaf);

Cocaine;

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Opiates;

Amphetamines including Ecstasy (3-4 Methylene dioxy methylamphetamine), and hallucinogens.

Others include Khat, Amyl Nitrate, Phencyclidine (PCPs), and Gamma Hydroxy Butyrate (known as GBH).

Intoxication by any of these, or any other, substances (whether proscribed or not) has harmful effects and impairs performance, which is prejudicial to military efficiency.

6. Glues and Solvents. Glues and Solvents act like anaesthetics and are depressant drugs. They induce dependence, undermine health, and can cause acute intoxication leading to unconsciousness and death. Solvent misuse appeals mainly to juveniles because of the speed of reaction, transient duration, ease of usage and ready access of supplies. Solvents may be inhaled via a plastic bag or ingested by aerosol directly into the mouth.

7. Pharmaceuticals. Pharmaceuticals are preparations which can be bought over the counter, particularly for pain relief and cough or cold cures, and may be misused either acutely (including overdose) or chronically. Medically prescribed drugs are also misused, and not merely by the individuals for whom they were intended. Such drugs may have been left insecure, or handed round amongst family and friends, or sold. Those most commonly misused are drugs intended for relief of pain, anxiety, insomnia and depression. The best known in these categories are Distalgesic (pain relief), Valium (for anxiety) and Tryptizol (antidepressant), but there are numerous related drugs. The principal noticeable effect of these drugs is drowsiness, but misuse may be suspected from erratic moods and performance. Misuse of these substances may exist together with alcohol misuse, or alternating with it. Acute or short-term misuse is most common in adolescents and young adults; the chronic misuse of these substances is usually found in those above the middle 30's. Physical dependency and withdrawal states may develop in the chronic misuser.

8. Anabolic Steroids. Anabolic steroids are pharmaceuticals but their misuse is dangerous. It is the view of the British medical profession that the use of anabolic steroids for body-building, weightlifting and other recreational use is dangerous. All the major sports organisations have banned the use of such drugs. Possession of anabolic steroids is not illegal, but their use and possession is to be proscribed in Unit Standing Orders. Chronic misuse of anabolic steroids may result in administrative discharge under QR (Army) 9.414. Service personnel found in possession may face disciplinary action and will be liable to administrative action which may lead to resignation or discharge as appropriate.

9. Cannabis. The devotees of cannabis claim that it is less harmful than tobacco and alcohol, and that its off duty use should not incur any special penalties. However all drug misuse is known to undermine health and fitness. The effects of the drug remain after the "high" feeling has passed so that the user is unaware of impaired judgement and alertness. Cannabis users may be less able to tolerate climatic extremes than non-users. Every drug misuser, whether regular or occasional, can be regarded as showing disdain for military discipline and operating at least on the fringe of criminal activity in order to obtain supplies.

THE LAW

10. The term “drug” may include anything which is taken into the body by swallowing, injection, inhalation or otherwise, which affects the control of the body and is neither a food nor a beverage. (*See Manual of Military Law page 309, note 3 to section 43(2) of the Army Act 1955.*)

11. The Misuse of Drugs Act 1971 creates 3 categories of controlled drugs. The Act makes it an offence to be in unlawful possession of a controlled drug, to be in unlawful possession with intent to supply another and to supply or offer to supply a controlled drug, or to be concerned in supplying or offering to supply a controlled drug to another. Other offences, unlikely to be encountered frequently in a Service context, are also created. Penalties for these offences under the Misuse of Drugs Act 1971 depend upon the category of drug concerned. Penalties for possession with intent to supply to another person are heavier than those for simple possession, which are themselves not light. Maximum sentences depend both on which drug is the subject of the charge and the level at which the accused is tried. Imprisonment for 7 years and/or an unlimited fine is the maximum sentence for possession of a Class A drug, for example Heroin, Cocaine, LSD, or Ecstasy where the accused is tried on indictment by a civil court or by a general court-martial. The penalties for importing or trafficking drugs in other countries can be particularly severe.

12. Although the active ingredients of solvents and glues are not amongst the substances listed in the Misuse of Drugs Act 1971, they come within the general definition of a drug for the purposes of a conviction under the Road Traffic Act 1972 of driving or being in charge of a motor vehicle whilst unfit through drink or drugs, and can support disciplinary proceedings under the Army Act 1955.

13. The Misuse of Drugs (Notification of and supply to Addicts) Regulations 1973 provide that any medical practitioner consulted by a patient whom he considers, or has reasonable grounds to suspect, to be addicted to any one of a schedule of 14 drugs is required to make notification of the case to the Chief Medical Officer of the Home Office within 7 days of consultation. In the case of the Army Medical Services this notification is not to be made direct but is to be forwarded through Commander Medical to the Ministry of Defence (AMD 5) without delay for further action in accordance with the regulations.

MEDICAL ETHICS

14. The Services consider drug misuse to be a serious offence, and therefore a medical officer is required to discuss the case of drug misuse with the patient’s commanding officer in the interests of the unit as a whole, and having received information from the medical officer, the commanding officer will take such action as he considers necessary. However, in order to protect confidentiality where there is no evidence to support disciplinary proceedings other than the man’s admission to the medical officer, the commanding officer should normally deal with the matter administratively having due regard for the security, health welfare and efficiency of his unit.

15. For their part, medical officers have a dual obligation when becoming aware of circumstances which affect discipline, security, safety and welfare of servicemen and their dependants. Specific rules relating to medical confidentiality and the responsibility

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of medical officers to inform commanding officers of matters affecting their command are contained in Annex A to this Instruction.

EDUCATION

16. The incidence of drug misuse varies considerably from unit to unit. The responsibility for drug misuse prevention rests with the chain of command, and is essentially a management matter. The impetus for drug misuse prevention education remains, therefore, with the commanding officer. Local specialist advice should be sought as appropriate from Med, Pro, ALS, civil police and welfare agencies, including the BFG probation service, to augment these instructions.

17. Formal collective briefings at sub-unit level on the disciplinary and employment consequences of the misuse of drugs are to be carried out at regular intervals of not more than 6 months, at the direction of the commanding officer. Other formal collective education on the management of drug misuse is to be conducted by the SIB Drugs Awareness Warrant Officers as arranged by District Headquarters.

RECRUITS

18. All recruits are to be made aware of the penalties of drug misuse in accordance with Annex B to this instruction. Before joining the Army, recruits may well have used drugs and accepted the drugs culture as an ordinary way of life. The fact that drug misuse is illegal is generally overlooked, and it may come as a surprise to recruits that drug misuse is not tolerated. Early in their training recruits need to understand Army policy on drug misuse and the responsibilities of being a soldier are very different to those of being a civilian.

19. Those concerned with training recruits are to be fully conversant with Annex C to this instruction.

TRAINED SOLDIERS

20. Formal education should be restricted to the disciplinary aspects, the dangers, and the employment consequences of drug misuse (see para 17). Where possible, education should be given in small groups by suitably briefed officers and NCOs during normal management training, covering the following matters:

- a. *Corporate Responsibility*. That the Army operates and fights in small groups whose performance would be endangered by any individual who was affected by drugs. Even in peacetime the effects of drug misuse on an individual can impinge on the safety of others (e.g. drivers of vehicles and the handlers of live ammunition or explosives). For these reasons soldiers should understand that they have a duty to report drug misusers as a method of protecting themselves and others against the consequences of drug misuse.
- b. *Security*. That drug misusers pose a security risk. Drug misusers are, at least, on the fringe of criminal activity.
- c. *Unfit Cohesion*. That those involved in drug misuse show greater loyalty to their suppliers and other drug misusers than they do to their unit.

21. Several videos to illustrate these points are available from SSVC (see also para 31).

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MANAGEMENT

22. The aim of management education is to give commanders and teachers sufficient knowledge of the problem to prevent those for whom they are responsible from misusing drugs. It will also enable them to identify those at risk, to recognise misuse, and deal with the consequences of misuse. Management education is carried out by RMP (SIB).

23. In addition to normal good leadership processes, commanding officers are to institute new and updating briefings for officers, WOs and NCOs annually. These briefings should be based on the advice of local staffs and include the training objectives at Annex C and use of the films at para 31.

24. Education is to be included in the syllabi of the following courses:

EFP 1 and 2

RMAS 5CC

JCSC

ASC

CODC

25. Supervisory level training objectives are at Annex C, and may be further enhanced with the advice of local staffs.

DEPENDANTS

26. Briefing is to be carried out as part of normal in-theatre briefings.

27. Local conditions will dictate the level and scope of the briefings, however briefings must include those parts of Annex C to this Instruction which cover detection and prevention, as well as making the best use of expert advice from local agencies.

SCHOOL CHILDREN

28. SCEA is to arrange appropriate education within service schools. Such education is normally to be conducted by teaching staff.

CIVILIAN COMPONENT OVERSEAS

29. Commands and establishments overseas should make suitable arrangements to include members of the civilian component and SCEA teachers in any briefings or guidance on drug misuse, and for them to be made aware of particular local dangers.

TRAINING AIDS

30. Appropriate objectives to be achieved are at Annexes B and C to this Instruction. An updated Drug Misuse policy script has been distributed with the PS2 (A) drugs newsletter and should be distributed down to all units and sub-units. The Newsletter is published six-monthly and will contain additional material (see para 36).

31. The following films are available through SSVC catalogues which will also indicate the content and intended target audiences, as well as giving details of recruit films not listed here:

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C8027	Drug Alert
C8174	Drug Watch
C9086	Marijuana
C9091	Gale is Dead
C8280	Better Dead

Note: These videos should only be shown in support of a more comprehensive presentation or interactive training session. G3 (Trg) staff will advise on the suitability of material for unit training.

WATCH COMMITTEES

32. Watch committees are to be set up within Divisions and Districts with subcommittees at garrison or station level, but this may be changed by commanders to suit local conditions. The purpose of the committee is to co-ordinate and generally assist in combating drug misuse by service personnel, dependants and, where appropriate, UK Based Civilians, in its area, both within and outside barracks. It will provide a focal point for information and advice; additionally such committees are to provide situation reports up the chain of command to MOD (PS2 (A)).

33. Watch committees are to be influential and effective. To achieve this the committee should normally be chaired by the garrison or station commander, with membership as follows:

- a. COs, and OCs of independent sub-units, or, in their absence, the second in command, of units within the area.
- b. Representatives of RN, RM and RAF establishments within the area.
- c. Senior Chaplain.
- d. Senior Medical Officer.
- e. Housing Commandant.
- f. RMP.
- g. Representative of the local security section.
- h. Overseas:
 - (1). A senior representative of the civilian component.
 - (2). A responsible Service dependant should be encouraged to attend.
 - (3). A headmaster and a representative of the competent authority administering service schools in the area.
 - (4). BFG Probation service.

34. Meetings should be held at least twice yearly, and more frequently at the discretion of the local commander. The minutes, maintaining a formal record of each meeting are to be forwarded up the chain of command.

35. The terms of reference for the Watch Committee should be:

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- a. To co-ordinate the fight against drug misuse in the area of responsibility.
- b. To collect, collate, evaluate, and disseminate information bearing upon behaviour within the local area, with special reference to the misuse of drugs and alcohol.
- c. To provide reports and recommendations for the chain of command.
- d. To maintain a close liaison with the civil authorities.

NEWSLETTER

36. A newsletter for the chain of command and Watch Committees is to be published six-monthly by MOD (PS2 (A)) giving details of statistics, trends and information derived from medical, police and intelligence sources.

ACCESS TO BARRACKS

37. Attention is drawn to AGAI, Chapter 82 paras **82.171** to **82.183**.

INVESTIGATION

38. Where there is suspicion of drug misuse the RMP (SIB), or the nearest provost officer, is to be informed immediately. The SIB will carry out an investigation where appropriate with the civil police. For their part, units are to avoid conducting initial investigations into incidents which may lead to disciplinary action being taken as such investigations may hamper subsequent police work. In every case:

- a. Care is to be taken to preserve evidence, particularly substances which may be required for chemical examinations. The handling of any such evidence must be kept to an absolute minimum, and anyone who comes into contact with it must be identified to the SIB on their arrival.
- b. Individuals suspected of drug taking are to be segregated until seen by the SIB.
- c. Where a commanding officer or the RMP are of the opinion that an individual is suffering from the effects of drug taking, steps are to be taken to have him or her examined by a medical officer, so that the appropriate medical care may be made available if necessary.

39. If security appears to have been threatened G2 (Security) Branch at the appropriate HQ is to be informed and the individual's commanding officer is to take action in accordance with the Manual of Army Security Volume II para 0708 (para **88** refers).

40. Following an incident where there has been damage to property, equipment or injury to personnel, consideration is to be given to initiating a RMP investigation. Where there is suspicion that the misuse of drugs may be involved, RMP SIB should be notified immediately.

COMPULSORY DRUGS TESTING

GENERAL

41. The most common and accurate method of establishing the presence of drugs in an individual is by the chemical analysis of urine. This method is used currently by industry, business, and by civilian and Service police forces.

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42. The primary objective of the Compulsory Drug Testing (CDT) programme is deterrence. Testing is mandatory, and those who refuse to provide a sample will be liable to disciplinary action under Section 34A of the Army Act 1955. Administrative action may also be taken that may result in resignation for officers and discharge for soldiers.

TESTING

42A. In order to provide a credible deterrent, the testing programme is devised to maximise the probability of selection for testing and thus increase the threat of detection of misuse. A range of options will be exercised by the chain of command in selecting units, subunits and individuals at random for testing. Selected options will include the following:

- a. A complete major unit.
- b. A number of sub and/or minor units within a garrison or formation.
- c. A random selection of individuals within a sub-unit, unit, garrison or formation.
Selection can be by computer generated random listings or by other means such as last digit of service number, first letter of surname or by age group.

43A. All selected personnel are required to provide a specimen of urine under supervised conditions to prevent substitution, adulteration or corruption of samples. Each specimen will be divided into a minimum of 2 bottles (A and B samples), which will be sealed and verified correct in the presence of the donor. The A sample will be screened to identify any substance which is indicative of ingestion of a proscribed drug or drugs. In the event of a positive screen, the sample will be subjected to a confirmatory quantitative test. Those individuals whose specimen proves positive will be liable to administrative action that may result in resignation or retirement for officers and discharge for soldiers. Individuals who provide positive samples below the cut-off thresholds are to receive a formal warning in accordance with para **67** of this instruction and will be liable for the Individual Re-testing Programme (IRT) in accordance with para **76**. In the case of a sample that is outside normal clinical standards, the test will be declared void and the donor will be liable for retest under the IRT programme for 12 months from the date of the original test.

PROCEDURE FOLLOWING THE RECEIPT OF POSITIVE DRUGS TEST RESULTS

44. Following receipt of the results of a CDT, the chain of command and the commanding officer will be informed of the number of positive results, if any. In addition, the commanding officer will receive a list of those who have provided a positive sample.

44A. Individuals who have tested positive may continue to be employed on routine administrative tasks but are to be removed from safety critical duties until:

- a. The commanding officer has considered any recommendations on limitations to employment made by the unit RMO.
- b. Investigation absolves the individual of intentional, known or reckless consumption of proscribed drugs and/or,

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- c. The commanding officer has recommended and been granted authority to retain the individual and the person has been formally warned and counselled against the dangers of drug misuse or,
- d. Investigation determines intentional, known or reckless consumption of proscribed drugs and the individual resigns, retires or is administratively discharged as appropriate.

44B. Under no circumstances is an individual who has tested positive, to be placed in any form of arrest or be subject to any form of punishment or adverse treatment.

44C. The commanding officer or an appointed officer is to interview all officers and soldiers who have tested positive and inform them of the details of their CDT result including details of which drugs have been detected. The individual is to be requested to provide an explanation for the presence of drugs in his urine. Interviews are to be conducted in the presence of a third party who must make a written record of the interview, which is to be signed by the individual and the commanding officer certifying that it is a true record of the interview.

44D. If the individual:

- a. *Admits the misuse of proscribed drugs* he is to be requested to sign and date a written statement to that effect. This statement is to be witnessed by the commanding officer and the third party.
- b. *Denies taking any proscribed drugs* the commanding officer is to initiate an investigation to determine whether the individual has intentionally, knowingly or recklessly consumed drugs. The individual is to be requested to give a written statement detailing his denial and providing an explanation for any possible cause of the positive result. An assisting officer is to be appointed and the individual must be allowed a period of not less than 48 hours to provide this statement. There may be a subsequent opportunity for the individual to provide a specimen of hair for analysis and the individual is to be instructed not to cut his hair until cleared to do so.
- c. *Challenges the veracity of the CDT result*, the commanding officer must offer the individual the opportunity to submit his B Sample for independent analysis. This test will be conducted at the individual's own expense, though laboratory and courier costs will be reimbursed by PS2(A) CDT if the B Sample proves negative. The individual may request a detailed report of the original A Sample test from the MOD's appointed laboratory, though this will also be at the individual's expense. If the individual wishes to submit the B Sample for independent analysis, PS2(A) CDT must be informed immediately in order to provide the necessary authority to release the sample. PS2(A) CDT will also provide advice on laboratories that are able to conduct the analysis. If an individual declines the opportunity to have his B Sample analysed, his decision must be confirmed in writing. A decision not to submit the B Sample for analysis may only imply that the individual acknowledges the presence of those specific drugs detected in his urine at the time of the CDT. No other inference should be drawn from a refusal to seek independent analysis of the B sample.

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44E. The explanation provided by the individual in accordance with para **44Db** forms an essential element of the commanding officer's determination and each individual case must be thoroughly investigated on its own merits, if necessary with the assistance of the RMP or civilian police agencies. Statements should account for all possible situations where inadvertent ingestion may have occurred and must include the following details where appropriate:

- a. The grounds on which the individual's challenge is made.
- b. Details of potential witnesses (Number, Rank, Name and address).
- c. Addresses of locations referred to in the statement.
- d. Detailed timings, particularly the length of time the individual believes he might have been exposed to drugs.
- e. The suspected route or source of inadvertent ingestion.
- f. The nature of any unusual symptoms or effects that the individual may have experienced (e.g. sickness, dizziness or disorientation) and the date and time they occurred.
- g. When, where and to whom notification of the details in para **44Ef** was made. Any failure or unusual delay in reporting these details should be explained.

44F. Failure to give a statement or to provide sufficient detail may be taken into account by the commanding officer and may diminish the reliability of the individual's explanation. If the commanding officer intends taking such failure into account he is to seek advice from ALS.

44G. PS2(A) CDT must be notified of all challenges to CDT results and a copy of the individual's statement should be forwarded to PS2(A) CDT at the earliest opportunity. Expert scientific comment will be provided by the toxicology department at the MOD's appointed laboratory.

44H. Although CDT is an administrative procedure, details of positive CDT results are to be passed to the local RMP (SIB) section for the purposes of drugs intelligence.

COMMANDING OFFICER'S PRE-DETERMINATION ACTION

45. The commanding officer is required to determine, on a balance of probability, that it is more likely than not, whether an individual intentionally, knowingly or recklessly consumed drugs *before* initiating any subsequent administrative action. In some cases further analytical procedures, available at public expense, may assist the commanding officer's investigation. Hair testing is capable of providing an indication of patterns of ingestion of some drugs over a period of time, although the procedure is dependent on the length of hair available for testing. Advice must be sought from PS2(A) CDT prior to such testing being offered to the individual. Individuals may request hair testing at their own expense provided that the request is made before the commanding officer's determination is completed. Individuals cannot be compelled to provide a sample of hair for testing. Refusal of a hair test, or any other procedure that might corroborate or contradict their explanation, may be taken into account by the chain of command and appropriate inference drawn in establishing a balance between the individual's statement and available scientific evidence.

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45A. In all but the most straightforward cases the commanding officer should consider obtaining ALS advice and consider whether a Service police investigation of the statement would assist him. If it would do so, he is to defer his determination until the results of that investigation are available and any further necessary legal advice has been obtained.

COMMANDING OFFICER'S DETERMINATION

46. The commanding officer is to consider each case on its merits and is to make a fair and just appraisal of all the materiel available. The commanding officer should act promptly to maintain the interests of the Service, whilst also ensuring that the officer/soldier is treated in a fair and open manner.

46A. In all cases the commanding officer is to consider:

- 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 information in accordance with para **44E**.
- d. The result of any other scientific evidence such as hair testing.
- e. The results of any Service or civilian police investigation commissioned as a result of para **44E** and **45A** above.
- f. Any other relevant evidence known to him.

46B. Where the commanding officer is satisfied on the available evidence that, on a balance of probability, the individual has intentionally, knowingly or recklessly consumed proscribed drugs, administrative action for the discharge or retirement/resignation of the individual is to be initiated.

POST-DETERMINATION ACTION BY THE COMMANDING OFFICER

47. In the event that there is insufficient evidence to establish on a balance of probability, intent, knowledge or recklessness, the commanding officer is not to initiate administrative action to terminate the service of the individual. The individual is to be issued a formal warning in accordance with Annex D of this instruction and will be placed on the Individual Retest List. The chain of command is to inform PS2(A) CDT and DM(A) of all such cases.

47A. When the commanding officer determines that there is sufficient evidence to proceed with an application for compulsory termination of service, relevant papers are to be initiated and copies provided to the soldier and any representative of his involved in the case. The procedure is set out in para **47B** below. The materiel considered, any records made and the case papers are generally to be preserved and held with the officer/soldier's personal file.

47B. Applications for Discharge:

- a. *Soldiers.* Application for the discharge of a soldier is to be made on AFB 130A/AFB 130A(TA) in accordance with QR(Army) para 9.414 or TA Regulations para 5.191 as appropriate and AGAI Volume 2, Chapter 49.

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- b. *Officers.* Application for the termination of an officer's commission is made in accordance with AGAI Volume 2, Chapter 62.

48. Applications for Retention. In the event of a determination of intent, knowledge or recklessness, officers, warrant officers, sergeants and corporals are not to be considered for retention other than in exceptional circumstances. Further guidance on retention is contained in paras **73** and **74**. Where a commanding officer recommends the retention of an individual, details of the case are to be forwarded through the chain of command to DM(A) as the 'competent military authority' in accordance with para **73**. DM(A) will review the case and issue a decision on retention or discharge of the individual. Those soldiers who are retained are to be warned in accordance with para **67** and will be liable for the Individual Re-testing Programme (IRT) in accordance with para **76**. Units are to notify PS2(A) CDT through the chain of command of any soldier retained under these provisions.

49. Redress of Complaint. Any person who seeks to challenge a decision to discharge (DM(A)) or terminate his commission (Army Board) may submit a redress of complaint under Section 180 of the Army Act 1955. Redress must be submitted within 3 months of the decision.

PROCEDURE IN THE EVENT OF AN ADULTERATED SPECIMEN

50. During the analytical process the laboratory will be able to identify whether a specimen has been adulterated or otherwise corrupted. All such cases are to be investigated by the commanding officer and Legal advice is to be sought.

51. Adulteration or substitution of a urine sample is to be considered as a refusal to provide a proper specimen and officers and soldiers so convicted may be subject to appropriate disciplinary and/or administrative action in accordance with the provisions of this instruction.

DISCIPLINARY ACTION

GENERAL

52. Evidence of drug misuse obtained during the Compulsory Drug Testing Programme cannot be used to support disciplinary action. However, when there has been a civil police or SIB investigation, a decision on jurisdiction is to be taken in accordance with the policy in QR (Army) J7.001 - J7.016 in the case of Service personnel, and in accordance with existing jurisdictional arrangements in the case of dependants and the civilian component overseas. In the United Kingdom all civilians are to be tried in the civil courts.

53. Invariably there will be a police investigation where a drug offence is alleged. Where a particular drug has been identified the report will indicate the category of the drug according to the Misuse of Drugs Act 1971.

54. QR (Army) 6.064b requires commanding officers or appropriate superior authorities to obtain legal advice in every case in which a drug offence is alleged. Furthermore, before exercising any disciplinary function the guidance of higher formation should be obtained.

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55. The governing principle is that whenever disciplinary action is possible it should be taken, and this should have priority over other action except where medical treatment is needed urgently. Even in the latter case no medical discharge procedure is to be completed unless command headquarters indicate that disciplinary action is complete.
56. Drug offences are normally charged under Section 70 of the Army Act 1955 although there are circumstances in which ALS will advise charges under other sections of that Act.
57. Except where expressly stated, the expression “drugs” includes noxious gases, solvents and pharmaceuticals, including anabolic steroids. Drug offenders in the Army are categorised as:
- a. *Misusers*. This covers all persons who have unlawfully possessed or taken controlled drugs, or other substances mentioned at paras 5, 6, 7 and 9. At the bottom end of the range one could expect to find the person who has unlawfully taken drugs on a very limited number of occasions. At the top end of the range there are those who regularly misuse drugs to the extent that they have become physiologically or psychologically dependent on them.
 - b. *Suppliers*. This category covers persons who supply or offer to supply controlled drugs to another. It also includes persons who possess controlled drugs with intent to supply them and couriers of drugs. Suppliers may or may not themselves be users.

SUMMARY DISPOSAL

58. ASJR 1972, Regulations 11, 18 and 20 and Schedule 1, enable commanding officers and appropriate superior authorities to deal summarily with certain drug offences. The object of providing for summary disposal is to enable trial by court-martial to be avoided where persons have been accused of non aggravated offences involving Class B drugs, Class C drugs, noxious gases, solvent misuse, or pharmaceuticals. Simple possession or use of anabolic steroids may be dealt with as disobedience to standing orders. Cases of chronic or aggravated misuse of anabolic steroids should be referred for legal advice before summary disposal. The immediacy of summary disposal in less serious drug offences is preferable to the delay inherent in bringing a case to trial by court-martial. In short, offences should be dealt with summarily where possible. Nevertheless the possession of drugs, even for the possessor’s own use, is a serious issue and while there is no wish to interfere with the discretion of appropriate superior authorities and commanding officers in these matters, summary proceedings should be limited to cases where the following criteria are met:

- a. The alleged offence(s) is/are limited to possession of or use of Class B or C drugs, noxious gases, solvents or pharmaceuticals.
- b. There are no aggravating circumstances (i.e. no evidence of supply, possession with intent to supply and/or allegation of other offences such as assault, theft etc).
- c. There are no other circumstances which indicate that trial by court-martial would be more appropriate (e.g. previous summary disposal not followed by discharge).

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59. It is acknowledged that every case must be dealt with on its merits and that appropriate superior authorities and commanding officers must never be fettered in exercising their powers of summary disposal. Nevertheless, it is clearly important to set guidelines for dealing summarily with drug misuse offences in order to indicate the seriousness of such offences in the military community and to achieve a measure of consistency in sentencing across the Army. It should be regarded as normal practice therefore that, in the case of private soldiers, commanding officers apply for extended powers of detention of 60 days in all cases in accordance with RP 11A. Sentencing thereafter would be a matter of “top-down” - that is giving credit for mitigating circumstances - with 42 days detention being regarded as the bottom end of the scale.

60. After a finding of guilty in all drugs cases, commanding officers are to apply for the discharge of the soldier under the provisions of QR (Army) 9.404 (9.383 and 9.411 if appropriate). For soldiers of the TA, application should be made under the provisions of TA Regulations para 5.191. Retention in the Service should only be recommended in the most exceptional or extenuating circumstances; a first offence without any exceptional or extenuating circumstances would not merit retention in the Service (see para **73**). The authority to authorise retention in the Service is the competent military authority.

61. Officers accused of offences of drug misuse should invariably be tried by court-martial.

COURTS-MARTIAL

62. The following guidance is given to courts-martial for the sentencing of drug misusers:

Offender	Class A Drugs	Class B and C Drugs
User	6 to 18 months detention or imprisonment	Up to 12 months detention
Supplier	1 to 4 years imprisonment	9 months to 2 years imprisonment

Notes:

1. This guidance is purely advisory and in no way fetters courts-martial when considering sentence. The guidance is to cases where the accused has pleaded not guilty to all, or substantially all, charges. An accused should, however, be given suitable credit for any guilty pleas.
2. Dismissal from the Service should be considered normal for all drug offences except in the most unusual or extenuating circumstances.
3. Commission of the offence on duty or within Service property or grounds will attract a higher penalty.
4. Suppliers for gain can expect a higher penalty than those who supply for reasons not related to profit.

63. Where an officer has been tried by court-martial for a drug offence, found guilty and, exceptionally, not dismissed from the Service, application for termination of his/her commission (resignation) under the terms of AGAI Vol 2 Chapter 62 is to be initiated.

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64. Where a soldier, NCO or WO has been tried by court-martial for a drug offence, found guilty and, exceptionally, not dismissed from the Service, application for his discharge is to be made under the provisions of QR (Army) 9.404 or TA Regulations para 5.191 (as appropriate). The fact that the court-martial had the power to award dismissal but did not do so must be carefully taken into account, and used if appropriate to assist in justifying continued retention of the soldier should the commanding officer decide to recommend such action.

CIVIL COURT CONVICTIONS AND POLICE WARNINGS

65. A civil court conviction not resulting in imprisonment for possession or use of drugs, or a Formal Police Caution, or a fixed Penalty in Scotland, or an Instant Police Caution (where in the latter 2 cases there is also an admission of guilt) for possession or use of drugs, is to be dealt with as follows:

- a. *Officers.* A report is to be raised under the provisions of AGAI Vol 2 Chapter 62 calling upon the officer to resign his/her commission.
- b. *Soldiers.* Application for discharge in accordance with QR (Army) 9.404e(3) or TA Regulations para 5.19 1 (as appropriate) is to be submitted to the appropriate authority. Exceptionally, a commanding officer may recommend retention of the soldier in the Service.

Warning action may be taken where a fixed penalty is awarded in Scotland, or where an Instant Police Caution is awarded, but there is no admission of guilt.

FORMAL WARNINGS

66. Officers. An officer suspected of involvement in drug misuse, but against whom the evidence is insufficient to sustain formal disciplinary or AGAI action, is to sign a certificate in triplicate in accordance with the procedures given at Annex D to this AGAI.

67. Soldiers. Where a soldier is suspected of, or found guilty of, involvement in drug misuse and retained in the Service:

- a. Following an admission of drug misuse or,
- b. Following a military conviction for a drugs offence or,
- c. Following a civil conviction or Formal Police Caution (Fixed Penalty in Scotland), or an Instant Police Caution for a drugs offence,
- d. Following a positive drugs test or refusal to provide a proper specimen, or,
- e. Following an investigation which has shown that the soldier may have been involved in drug misuse but where the evidence would not support a charge against a soldier,

the soldier is to sign a certificate in duplicate in accordance with the instructions given at Annex D to this Instruction.

ADMISSIONS OF DRUG MISUSE

68. An officer or soldier seeking advice who voluntarily presents himself/herself as a drug misuser to a medical officer, chaplain, or a superior officer or non-commissioned officer, is not normally to be made the subject of disciplinary proceedings provided the

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individual co-operates in any investigation which may be necessary, and provided that no disciplinary investigation is in train at the same time. It will not extend to other offences connected with drug misuse such as encouraging others to use drugs, committing crimes while under the influence of drugs or drug misuse which comes to light as a result of RMP investigations. Forbearance from prosecution under the Army Act is not a bar to administrative discharge nor generally to criminal proceedings instituted by the civil police; nor are the provisions of the Manual of Army Security, Volume 2, para 0708 to be overlooked. Those who admit drug misuse should be interviewed by RMP/SIB with a view to obtaining drugs intelligence.

69. The provisions concerning immunity from prosecution are to be explained to an individual *before any formal admission or confession is made*. In addition a copy of Annex E to this Instruction is to be handed to the individual who should sign the receipt on a duplicate copy at the bottom of the page. This should be done in private with the officer or soldier concerned just before the formal admission is made. The receipt is to be retained in the individual's documents.

70. Individuals who voluntarily confess to involvement in drug misuse are to be dealt with as follows:

- a. *Officers*. Called upon to retire or resign in accordance with the provisions of AGAT Vol 2 Chapter 62.
- b. *Soldiers*. Discharged from the Service under the provisions of QR (Army) 9.414, unless they are recommended for retention (see para 73).
- c. *Members of the TA*. Discharged from the Service under the provisions of TA regulations para 5.191, unless they are recommended for retention (see para 73).

ADMINISTRATIVE ACTION

71. Before a recommendation is made for the administrative discharge of a Serviceman or woman, or resignation for an officer, or for any lesser administrative consequences, following refusal to provide a specimen or following a positive test result, he or she is to be given the opportunity to explain his or her own actions and to represent why administrative action should not be taken. In the case of a positive test result *see* para **47**.

ADMINISTRATIVE ACTION - OFFICERS

72. An officer who has been:

- a. Tried for a drug offence by court-martial, found guilty and not sentenced to dismissal;
- b. Tried for a drug offence by a civil court, found guilty and not sentenced to a term of imprisonment;
- c. Given a Formal Police Caution (or fixed penalty in Scotland) or Instant Police Caution for a drugs offence;
- d. Involved in drug misuse by his/her own admission or by incontrovertible evidence but who has not been brought to trial;
- e. Refuses to take a compulsory drugs test or provides a positive test specimen, where there is no other evidence of drug misuse;

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is to be reported in accordance with AGAI Vol 2 Chapter 62 in order that the officer can be called upon to retire or resign his/her commission.

ADMINISTRATIVE ACTION - SOLDIERS

RETENTION

73. Retention of offenders in the Service will normally only be appropriate where all the following factors apply:

- a. It was a first offence involving simple use or personal possession.
- b. The misuse involves other than Class A drugs.
- c. The chances of reforming the individual are good.
- d. The individual is below the rank of Corporal.
- e. In all other respects the individual is considered a good Serviceman or woman and whose drug misuse was uncharacteristic and retention would be in the interests of the Service.

Warrant officers, sergeants and corporals are not normally to be considered for retention. A recommendation for retention is to be made to the competent military authority on whether a soldier should be retained in the Army following an admission of drug misuse, a conviction for a drugs offence, a positive drugs test, or following a refusal to provide a specimen or, on being found to have adulterated a specimen, for a compulsory drugs test.

74. Soldiers below the rank of Corporal. Should a soldier below the rank of Corporal test positive or refuse to undergo a compulsory drugs test without further evidence of drug misuse being found on subsequent investigation, then administrative discharge will normally follow. However, if:

- a. it was the first occasion on which drug misuse had been detected, or the first occasion on which he or she has refused to undergo testing, and
- b. in the case of a positive test result, no trace of Class A drugs was detected (and for this purpose the presence of Tetrahydrocannabinol (THC) in the urine sample is not to be treated as such a trace), and
- c. in all other respects the individual is considered a good serviceman or woman whose retention would be in the interests of the Service,

then the commanding officer is not required to recommend discharge from the Service. Those retained will be formally warned and required to be counselled as to their future conduct. Soldiers retained in the Service following a drugs offence are to sign a certificate in duplicate in accordance with the provisions of para 67. *See also paras 75 and 76.*

COUNSELLING AND RE-TESTING

75. When the soldier is being interviewed formally before signing a formal warning, he or she is to be counselled on the dangers of drug misuse and the personal consequences of being administratively discharged from the Service for drug misuse.

76. The soldier is also to be warned that he or she may be required to provide another specimen at a future unspecified date as part of the counselling procedure in order to

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prove that he or she is no longer involved in drug misuse. A positive test result or a refusal to cooperate would then result in discharge action being initiated.

DISCHARGE

77. Following Summary dealing. *See* paras **58** to **60**.

78. Following Court-Martial. *See* paras **62** to **64**.

79. Following Civil Conviction or Police Warning. *See* para **65**.

80. Following a Refusal to provide a Proper Specimen. *See* paras **42** and **50**.

81. Following a Positive Drugs Test Result. *See* paras **45** to **48**.

82. Following Admission of Drug Misuse. Following an admission where the commanding officer does not recommend retention, or following an involvement in drugs where no disciplinary action has been taken, discharge is to be effected under QR (Army) 9.414 or TA Regulations para 5.191.

APPLICATION FOR DISCHARGE

83. Application for a soldier to be discharged under the provisions of QR (Army) 9.414 or TA Regulations para 5.191 (as appropriate) should be accompanied by the following documentation:

- a. An RMP/SIB or civil police report, if available, or a RMP interview statement.
When a police report is not available, i.e. following voluntary admission to involvement, the discharge application must be supported by a certificate of admission signed by the soldier (*see* Annex E to this Instruction).
- b. ALS advice concerning possible disciplinary action. If such advice has not been obtained, the commanding officer is to state why such action is considered inappropriate:
 - (1). In cases when disciplinary action has not been taken; an explanation of the reasons why administrative action is considered the only appropriate way of dealing with the case.
 - (2). By giving his comments on the general character and the conduct of the soldier.
- c. Application for discharge (AF B130A).
- d. A medical report to confirm that there is no medical reason why the soldier should not be discharged on administrative grounds.

84. The Command or District Headquarters concerned is to comment on the application and forward it to the MOD (DM(A)).

MEDICAL DISCHARGE

85. Subject to the provisions of paras **14** and **15**, when an individual appears to be a regular drug misuser, he/she is to be referred to a medical officer who will consider the need for treatment, or specialist referral. Medical board action may be necessary but administrative action under QR (Army) 9.414 or TA Regulations para 5.191 (as appropriate) will, even then, remain the method of discharge.

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86. When an individual is declared not fit to stand trial, an administrative discharge is to be arranged as soon as possible.

MISCELLANEOUS

DEPENDANTS

87. Where, at the conclusion of an SIB inquiry, a dependant overseas has been found to have misused drugs, whether or not he/she has been brought to trial, consideration should be given to returning the family to the United Kingdom. Each case has to be considered on its merits under the terms of AGAI Vol 2 Chapter 48, paras **48.051** to **48.061**. Where this action is taken in relation to drugs, copies of correspondence are to be sent to MOD (PS2 (A)).

SECURITY

88. If a commanding officer is satisfied that a soldier who holds or has been put forward for security clearance has become involved in drug misuse, he/she is to take action in accordance with the manual of Army Security Volume II, para 0708. If such clearance is a necessary pre-requisite of the soldier's employment, the commanding officer is to take action under QR (Army) 9.233 on the grounds that a change of his/her employment is in the interests of the Service. Where alternative employment cannot be found, such loss of security clearance(s) may result in discharge from the Service.

ON POSTING

89. Where a soldier who has been involved in drug misuse and has been retained in the Army is posted within 12 months of the incident, his/her commanding officer on receipt of the posting order is to report the circumstances to the officer in charge of the Manning and Record Office, who is to take action to notify the commanding officer of the soldier's next unit. After 12 months from the original incident no follow up is necessary provided there has been no relapse.

NOTIFICATION

90. Commanding officers are to ensure that the training provisions of this instruction are carried out.

91. Commanding officers are to ensure that the disciplinary provisions regarding drug misuse are brought to the attention of all ranks twice a year.

ANNEX A TO INSTRUCTION NO 4 - DRUG MISUSE - MEDICAL CONFIDENTIALITY GUIDANCE TO MEDICAL OFFICERS

(Para 15 refers)

1. A medical officer may find that knowledge he has gained in confidence from a patient has wider implications in a Service context. This instruction gives guidance to medical officers faced with this situation.

2. English law requires notification of birth, stillbirth, legal abortion and death, of certain infectious diseases and industrial diseases and some types of drug addiction.

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3. Medical secrecy is not privileged in a court of law and if a doctor is directed to disclose information by a judge or other presiding officer of a court before whom he is appearing to give evidence, information may at that stage be disclosed. A similar order may be given during trial by court-martial. A medical officer may make it clear that he discloses under protest and may offer to pass written information to the judge who will decide whether the information must be given in court.
4. Doctors have a duty not to disclose to any third party information about an individual that they have learned in their professional capacity. Equally, patients are entitled to expect that information about themselves will remain confidential. However exceptions to this rule of confidentiality may occasionally apply.
5. The General Medical Council in their pamphlet "Professional Conduct and Discipline: Fitness to Practise" advise on the circumstances where disclosure of information without the consent of the patient may be justified. These circumstances include disclosure required by statute or judicial proceedings and "Disclosure in the Public Interest" where failure to disclose information would, for example, harm others or impede the investigation by police of a grave or serious crime.
6. A medical officer, however, has a dual responsibility. Not only is he responsible for the care of his patients but he has a second responsibility to his commanding officer for the health and welfare of the unit as a whole. The British Medical Association has recognised this fact, and in its Handbook of Medical Ethics states:

"A patient who consults a doctor in the Services should be aware that the duty of the doctor to keep secret the information given to him is importantly modified. When a person joins the Services he tacitly consents to give up some of the freedoms of civilian life. One of these is strict confidentiality because there are times when a medical officer is required to discuss cases with his commanding officer in the interests of the unit as a whole".
7. Mutual trust and understanding between a medical officer and his commanding officer has always been a jealously guarded link in the organisation of the Services. Whenever a medical officer, as a result of information, however obtained, becomes aware of a threat to the discipline, security, safety or health of a unit, he should inform the commanding officer orally and in private. The commanding officer should normally deal with the case administratively having due regard to the security, health, welfare and efficiency of his unit.
8. If a medical officer is in any doubt about the action he should take he should consult his command medical officer. A disclosure of information made by a medical officer in good faith to his commanding officer, a person who has a corresponding duty to receive it, would, if challenged, have the full support of the Defence Medical Services Directorate and the Medical Defence Agencies.

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ANNEX B TO INSTRUCTION NO 4 - PREVENTION OF DRUG MISUSE RECRUIT LEVEL TRAINING OBJECTIVES

(Paras 18 and 30 refer)

Serial	Requirement	Method	Standards	Remarks
(a)	(b)	(c)	(d)	(e)
1	List the disciplinary consequences of drug misuse,	(1) Written. (2) Given 2 objective test items both of different consequences from the following list: (a) A drug misuser is always disciplined, (b) He is normally sentenced to a term of imprisonment or military detention. (c) He is normally discharged from the Army. (d) He normally acquires a criminal record.	Both correct.	(1). Ch 14 Annex A Serial 14.14 “Military Law & Discipline” of the Common Military Syllabus (Recruits) 1985. (2). In the context of this serial misuse of drugs implies being caught, in possession of, using or supplying controlled drugs.
2	State the corporate responsibilities of a soldier regarding drug misuse.	Oral in his own words.	Must include: (1). It is a soldier’s duty to report cases of drug misuse to his superior. (2). A soldier who misuses drugs becomes careless and	(1). Ch 17 Annex A Appx 1 Serial 17.41. “Character Training” of the Common Military Syllabus (Recruits) 1985. (2). The following points are

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Serial	Requirement	Method	Standards	Remarks
(a)	(b)	(c)	(d)	(e)
			<p>lacking in judgement and is potentially dangerous to others in his work group.</p> <p>(3). Early detection and action increases the chances of preventing the drug misuser from permanently damaging his health.</p>	<p>to be emphasised during instruction:</p> <p>(a). A soldier is liable to be called out for duty at any time. He must, therefore, be mentally and physically fit at all times to carry out his duties.</p> <p>(b). Drug misuse presents a potential threat to group morale and safety.</p> <p>(c). Soldiers are to be encouraged to expose drug misusers as a means of protecting themselves</p>
3	List the security risks posed by a soldier who misuses drugs.	<p>(1). Written.</p> <p>(2). Given an objective test item.</p>	<p>Must list that a soldier influenced by drugs:</p> <p>(1). Is open to blackmail</p> <p>(2). Might sell Service equipment or classified information to obtain the money to buy drugs</p>	Ch 12 Annex A Serial 12.10 to "Security" of the Common Military Syllabus (Recruits) 1985.

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Serial	Requirement	Method	Standards	Remarks
(a)	(b)	(c)	(d)	(e)
4	List some of the possible medical consequences of drug misuse.	Written or oral.	<p>(3). Might impart classified information to unauthorised Persons without being aware of doing so.</p> <p>Must include:</p> <p>(1). Physical or emotional (dependence).</p> <p>(2). Deterioration of mental health.</p> <p>(3). Deterioration of physical health.</p> <p>(4). Death.</p>	Ch 18 Annex A Serial 18.13 to “Health and Hygiene” of the Common Military Syllabus (Recruits) 1985.
5	State some of the possible financial consequences of drug misuse.	Oral in his own words.	<p>Must include:</p> <p>(1). A soldier found to have misused drugs is likely to lose his career.</p> <p>(2). It is very difficult to obtain worthwhile employment having been discharged from the Army for Drug Misuse. The likely outcome is a life of low paid menial work with no prospects.</p>	<p>(1). Ch 17 Annex A Appx 1 Serial 17.42 to “Character Training” of the Common Military Syllabus (Recruits) 1985.</p> <p>(2). During instruction it should be emphasised that an unauthorised person caught carrying controlled drugs in a private vehicle could have that vehicle confiscated.</p>

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Serial	Requirement	Method	Standards	Remarks
(a)	(b)	(c)	(d)	(e)
			(3). Those who misuse drugs often turn to crime and steal to support their drugs habit.	

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ANNEX C TO INSTRUCTION NO 4 - PREVENTION OF DRUG MISUSE SUPERVISOR LEVEL TRAINING OBJECTIVES

(Paras 19, 23, 25, 27 and 30 refer)

Serial	Requirement	Method	Standards	Remarks
(a)	(b)	(c)	(d)	(e)
1	State who may be at risk of becoming drug misusers.	(1). Written or oral. (2). In own words.	Must state: (1). Anyone. (2). Particularly: (a). Those who do not fit in well with military life. (b). Soldiers in isolated, boring or stressful jobs. (c). Soldiers collocated with foreign troops, or those with easy access to foreign countries where the attitude to drugs is relaxed. (d). Those associated with the Rave scene, and with drug users	Mode of testing appropriate course EPC EPC(A) RMAS JCSC ASC CODC
2	List actions management can take to help prevent	(1). Written or oral. (2). In own words.	Must include: (1). Ensure all subordinates receive appropriate instruction	

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Serial	Requirement	Method	Standards	Remarks
(a)	(b)	(c)	(d)	(e)
	development of drug misuse in a unit-sub-unit.		<p>on drugs misuse.</p> <p>(2). Get to know your men, their home environment, problems, off duty activities and their associates.</p> <p>(3). Check on 'loners' and cliques.</p> <p>(4). Regularly inspect soldiers' kit and accommodation (including 'public' areas).</p> <p>(5). Obtain information on likely local dangers.</p>	
3	State signs and other indicators of possible drug misuse.	<p>(1). Written or oral.</p> <p>(2). in own words</p> <p>(3). Given 2 test items as follows:</p> <p style="padding-left: 20px;">(a). One on signs.</p> <p style="padding-left: 20px;">(b). One on other indicators</p>	<p>(1). Both correct.</p> <p>(2). Signs must include:</p> <p style="padding-left: 20px;">(a). Examples of suspicious substances e.g. unauthorised pills, powders, brown substance.</p> <p style="padding-left: 20px;">(b). Examples of suspicious objects e.g. hypodermic needle, joss sticks, glue/solvent containers.</p>	

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Serial	Requirement	Method	Standards	Remarks
(a)	(b)	(c)	(d)	(e)
			<p>(c). Unexpected and distinctive smell on clothing or in accommodation area.</p> <p>(3). Other indicators must include:</p> <p>(a). Unexplained behaviour (including deterioration in work performance).</p> <p>(b). Sudden personality changes.</p> <p>(c). Apathy and loss of drive.</p> <p>(d). Red, runny nose.</p> <p>(e). Acne-like spots on face.</p>	
4	List action to be taken on discovering drug misuse.	<p>(1). Written.</p> <p>(2). In own words.</p>	<p>Must include:</p> <p>(1). Detain suspect under supervision.</p> <p>(2). Prevent suspect from disposing of or destroying evidence.</p>	<p>(1). Actions listed at column d are not in order of priority.</p> <p>(2). During instruction emphasis should be placed on</p>

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Serial	Requirement	Method	Standards	Remarks
(a)	(b)	(c)	(d)	(e)
			(3). Arrange for medical examination of suspect. (4). Secure scene to prevent access or egress. (5). Confiscate suspicious substances and place in safe. (6). Call SIB,	the following points. (a). <i>Do not</i> search indiscriminately as this could disturb evidence. (b). <i>Do not</i> allow suspicious substances to come into contact with naked flesh. (c). <i>Do not</i> try to cover up the offence.

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ANNEX D TO INSTRUCTION NO 4 - DRUG MISUSE PROCEDURES FOR FORMAL WARNINGS

(Para 66 refers)

1. A formal warning is to be given when:
 - a. A soldier is retained in the Service following a military or civil conviction or Police Caution for possession or use of drugs.
 - b. An officer or soldier is suspected of involvement in drug misuse but where there is insufficient evidence to sustain disciplinary or administrative proceedings.
2. The purpose of the formal warning is:
 - a. To make clear to the individual that drug misuse is alien to the Service way of life and that involvement in such practices in the future will result in action being taken against him or her.
 - b. To provide a record of those who have been warned in the past to assist future commanding officers or appropriate superior authorities in deciding whether administrative discharge or disciplinary action is appropriate.
3. The procedure for instituting a formal warning is as follows:
 - a. When a commanding officer or appropriate superior authorities considers that a formal warning might be appropriate, he is first to check whether or not the individual has been warned on a previous occasion. If the individual has previously been formally warned, his or her retention in the Service is clearly undesirable and serious consideration is to be given to application for termination of commission (resignation) under the terms of AGAI Vol 2 Chapter 62 for officers and discharge under QR (Army) 9.414 for soldiers or TA Regulations para 5.191 (as appropriate).
 - b. The individual is to be warned, in the form of one of the warnings shown below, that his or her actions have given rise to suspicion.
 - (1). WARNING "1". To be given in cases in which an individual has been found guilty of an offence involving drug misuse and it has been decided to retain him or her in the Service.

“Following the finding of guilt recorded against you on (date) on a charge/charges of(specific charges) it is not proposed to take further administrative action against you on this occasion. You are warned, however, that any repetition of drug misuse will lead to disciplinary proceedings and application being made for your discharge”.
 - (2). WARNING "2". To be given to an individual who is suspected of involvement in drug misuse but against whom no disciplinary proceedings have been taken or are contemplated.

“Recent investigations have given rise to suspicion that you may have been involved in the unlawful use of controlled drugs or on the fringes of such activity. It is not intended to take any further disciplinary/administrative action against you with regard to this particular matter, but you are warned that if your involvement in drug misuse is substantiated on any future occasion you may be subject to disciplinary proceedings and application will be made for your discharge’.

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- c. These warnings (amended as appropriate to the particular case) are to be given both orally and in writing. The individual is to sign the written warning to the effect that he or she has received the warning and understands it. It is then to be attached to the individual's Regimental conduct sheet (AF B 120).

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ANNEX E TO INSTRUCTION NO 4 DRUG MISUSE CERTIFICATE OF ADMISSION (PARA 83A REFERS)

By voluntarily seeking advice and presenting yourself as a drug misuser to your medical officer, chaplain or superior officer or non-commissioned officer you will not normally be made the subject of disciplinary proceedings provided you cooperate in any investigation which may be necessary, and provided no disciplinary investigation is in train at the time. These provisions will not extend to other offences connected to drug misuse such as encouraging others to use drugs, committing crimes while under the influence of drugs or drug misuse which comes to light as a result of RMP investigations. Forbearance from prosecution under the Army Act is not a bar to administrative discharge nor generally to criminal proceedings instituted by the civil police.

RECEIPT

Iacknowledge that I have been given a copy of the “Drug Misuse - Certificate of Admission” and, having admitted involvement in drug misuse, have had the reservations concerning immunity from prosecution explained to me.

Date

Signed

Place

RESTRICTED - STAFF (once complete)