

# Citizen Participation and Public Petitions Committee

4th Meeting, 2024 (Session 6), Wednesday 6  
March 2024

## PE1900: Access to prescribed medication for detainees in police custody

<b>Petitioner</b>	Kevin John Lawson
<b>Petition summary</b>	Calling on the Scottish Parliament to urge the Scottish Government to ensure that all detainees in police custody can access their prescribed medication, including methadone, in line with existing relevant operational procedures and guidance.
<b>Webpage</b>	<a href="https://petitions.parliament.scot/petitions/PE1900">https://petitions.parliament.scot/petitions/PE1900</a>

### Introduction

1. The Committee last considered this petition at its meeting on [31 May 2023](#). At that meeting, the Committee agreed to write to note the recent commitment by the Minister for Alcohol and Drugs Policy to carry out a rapid review of each health board and keep the petition open pending completion of that exercise.
2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.
3. The Committee has received responses from the Petitioner and the Minister for Drugs and Alcohol Policy which are set out in **Annexe C**.
4. Written submissions received prior to the Committee's last consideration can be found on the [petition's webpage](#).
5. Further background information about this petition can be found in the SPICe [briefing](#) for this petition.
6. The Scottish Government's initial position on this petition can be found on the [petition's webpage](#).
7. Every petition collects signatures while it remains under consideration. At the time of writing, 6 signatures have been received on this petition.

## Action

The Committee is invited to consider what action it wishes to take.

**Clerk to the Committee**

# Annexe A

## PE1900: Access to prescribed medication for detainees in police custody

### Petitioner

Kevin John Lawson

### Date Lodged

14 September 2021

### Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to ensure that all detainees in police custody can access their prescribed medication, including methadone, in line with existing relevant operational procedures and guidance.

### Previous action

I have written to Jamie Halcro Johnston MSP who spoke to Humza Yousaf, who confirmed that detainees in police custody should have access to their prescribed methadone. I have also written to the Chief Executive of the local NHS Board who said it was not their policy to treat detainees in accordance with Official Guidance, and contrary to the Mandela Rules 24-25. I also wrote to the Chief Constable of Police Scotland who stated it wasn't his problem.

### Background information

Police Scotland standing operating procedures says that, as long as it is safe and appropriate to do so, detainees should have prescribed medication continued whilst in police custody including the consideration of opiate substitution therapy such as methadone. The NHS delivers that care.

Humza Yousaf said that this is what should be happening, however, the Chief Executive of the local NHS Board confirmed that it was not their policy to treat detainees.

I am angry that detainees are not being treated in accordance with Official Guidance nor [The Mandela Rules](#), Rules 24 and 25. I believe that this actually breaks [Article 3 of the Human Rights Act](#).

I therefore want the Scottish Government to make sure that detainees are being given their prescribed methadone, as they would in the community, or in prison, in accordance with the Official Guidance.

## Annexe B

### Extract from Official Report of last consideration of PE1900 on 31 May 2023

**The Convener:** Our next continued petition is PE1900, which was lodged by Kevin John Lawson. The petition calls on the Scottish Parliament to urge the Scottish Government to ensure that all detainees in police custody can access their prescribed medication, including methadone, in line with existing relevant operational procedures and guidance.

We last considered the petition at our meeting on 18 January. It is a petition of some long standing, as colleagues will remember. Since that meeting, we have received two written submissions from the Minister for Drugs and Alcohol Policy. The first submission says that NHS Grampian—members will recall that it is involved in these matters—has £1,052,919 per year allocated from the £10 million available to fund work on medication-assisted treatment standards. It includes a letter from NHS Grampian stating that there has been a delay in obtaining the controlled drug licence application and that, although it is difficult to give a definitive timescale, the board is working towards an application being made by the end of April 2023. Presumably—I hope—that has now occurred.

A recent report has been brought to the attention of the committee in the minister's second submission. The minister highlights that similar issues exist in NHS Lanarkshire as exist in NHS Grampian. In response, the minister has committed to conducting a rapid review of each health board to ascertain the extent of the issues across Scotland, which is positive. The work will include writing to the chief executive of each territorial health board and Police Scotland, details of which are included in the clerk's note. The minister has stated that she will monitor the situation closely and provide updates to the committee as they become available.

That is a constructive response, following the engagement that we have had with the Scottish Government. Do members have any comments or suggestions?

**Alexander Stewart:** I agree. The rapid review is a way forward, as it has been identified that there are affected areas in other health boards. It would be of benefit to note the recent commitment by the Minister for Drugs and Alcohol Policy to carry out a rapid review of each health board and to keep the petition open, pending completion of that exercise. That will give us a much better overview of exactly where we are. You have identified Grampian and another local authority that has a specific issue, which the minister is aware of. Let us wait and see what comes back from the whole review and see how things progress following that exercise.

**Foyso Choudhury:** What systems are in place to receive suggestions, complaints and issues from health workers in prisons regarding medication?

**The Convener:** Sorry, I did not—

**Foyso! Choudhury:** What systems are in place at the moment? Do we have any update? How do health workers get involved? Basically, what systems are in place just now?

**The Convener:** Have we taken evidence on that? I cannot recall. No, I do not think that we have taken evidence on it.

**Foyso! Choudhury:** Do you not think that it would be helpful to know what systems are in place just now?

**The Convener:** We established previously that there were not formally recorded actions. At an earlier stage in the consideration of the petition, we got a commitment from the Government that it would introduce formal recording of the prescribing of medicines. At that stage, we identified that, although it was asserted that those things were happening, there was no way to demonstrate subsequently that that was the case. In a previous response, the Government accepted a recommendation from the committee to change the procedures in order that a new process be put in place at that time.

## Annexe C

### Petitioner submission of 31 May 2023

#### PE1900/Q: Access to prescribed medication for detainees in police custody

When the His Majesty's Inspectorate Prisons for Scotland visited the Prison during 2014-2015, the NHS Grampian Controlled Drugs Team were also present and they were aware of the missing licence then. This was on the 30th November - 8 December 2014. **At the time of inspection, the NHS Grampian Controlled Drugs team visited and identified that there were some training issues.** Yet did not apply for a licence and did not receive one till December 2022, so we have a conundrum?

Either NHS Grampian illegally give prisoners in HMP and YOI Grampian, both those on remand and custody, methadone. Alternatively, they had a workaround? In which case they could have used this workaround for detainees in Police custody. So why was Dihydrocodine exclusively given to detainees.

NHS Grampian should recognise that detainees in police custody have the right to informed consent as defined in Montgomery v Lanarkshire and send the Advanced Nurse Practitioner custody suite located at Grays Hospital or a Doctor from GMED as per the agreement made.

Sadly the Minister for Drugs and Alcohol Policy needs to investigate all prisons for drug controlled licences.

### Minister for Drugs and Alcohol Policy submission of 22 August 2023

#### PE1900/R: Access to prescribed medication for detainees in police custody

Following my recent commitment to the Citizen Participation and Public Petitions Committee and Criminal Justice Committee, I can now confirm that a rapid review of each health board has been carried out, relevant to petition PE1900.

This review was agreed after His Majesty's Inspectorate of Constabulary in Scotland (HMICS) and Health Improvement Scotland published their inspection of police custody units within NHS Lanarkshire's board area, 20 April 2023. This inspection highlighted issues in the provision of Opioid Substitution Treatment (OST) for detainees; the lack of a controlled drug license to meet legal obligations on the storage and supply of controlled drugs in police custody; and a degree of under reporting of adverse health events, complaints and feedback.

I therefore wrote to the Chief Executive of each territorial health board requesting confirmation that they have:

- A controlled drug license to store and/or supply controlled drugs as required by law, in every custody unit.
- Written policies and effective practices which ensure that every detainee has access to their prescribed medication in custody, whether that be OST or any other prescribed medication.
- Robust processes and adequate training to ensure that every adverse health event, complaint or feedback is recorded on Datix.

I also wrote to Police Scotland to request assurances that:

- They have written policies and effective practices which ensure that every detainee has access to their prescribed medication in custody, whether that be OST or any other prescribed medication.
- Every member of custody staff is trained to administer naloxone and that this is available in every custody unit.
- Every member of custody staff has undertaken specialist training on substance dependency, mental health and trauma informed care.

I have received responses from all areas. Please see table below which outlines each boards response, as well as Police Scotland's response attached separately.

As part of our ongoing work, officials will engage with the relevant areas to follow up on the information they have provided to ensure time scales are met, processes are put in place and support the delivery of these actions.

**Elena Whitham MSP**



<u>HEALTH BOARDS</u>	<b>1) Do you have a controlled drug license in place to store and/or supply controlled drugs in every police custody unit in your health board area?</b>	<b>2) Do you have written policies and effective practices in place which ensure that every detainee has access to their prescribed medication in custody, whether that be OST or any other prescribed medication?</b>	<b>3) Do you have robust processes and adequate training to ensure that every adverse health event, complaint or feedback is recorded on Datix?</b>	<b>If no to any of these questions, then what is your plan for implementing this and what is the timescale for completion:</b>
<b>NHS Ayrshire and Arran</b>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>○ A current controlled drug licence is in place within each of the three Police custody units in Ayrshire and Arran. The current licences are valid until 26 September 2023.</li> <li>○ The first application for controlled drug licences for the Police custody suites was submitted by NHS Ayrshire and Arran to the DFLU in 2017.</li> </ul>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>○ A policy is in place relating to the provision of medication within the custody suites 'Medicines Management within Police Custody Suites Local Operating Procedure'.</li> <li>○ Within the Medicines Management LOP a further policy is referred to which details the 'Process for Detainees Receiving Methadone or Opiate Substitution Therapy'. This SOP describes the process of obtaining medication from community pharmacy or using interim prescriptions to</li> </ul>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>○ Services with the Police custody suites are exclusively provided by an independent contracted provider (current COMS) with specification made for complaints or feedback described within the document 'Mainland Healthcare and Forensic Medical Services for People in Police Custody Service Specification and Clinical Model'</li> <li>○ Complaints regarding Justice Settings are reviewed by the NHS Clinical Service Manager Justice</li> </ul>	<b>N/A</b>

		<p>continue treatment in custody for the necessary duration.</p> <ul style="list-style-type: none"> <li>○ These were recently noted to be in need of update with regards a few details (contact numbers, team names, staff in post etc) and are currently being reviewed by the management team for renewal.</li> </ul>	<p>Healthcare Services and discussed by the Prison and Police Custody Clinical Governance Group.</p>	
<b>NHS Borders</b>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>○ NHS Lothian host Police Custody Healthcare services for NHS Lothian, NHS Fife, NHS Forth Valley and NHS Borders. The governance of each area is checked on a rotational basis when the licence needs to be renewed.</li> <li>○ Governance is underpinned by CD Governance Teams in the Health Board areas, daily/ 72-hour</li> </ul>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>○ Effective practice. Every detainee who is on prescribed medication is referred to the service using single point referral service. There is no discrimination between essential medications. Missed dose protocols are followed for all medications if relevant.</li> <li>○ OST collection can be from patient's home or pharmacy if it is supported by corroboration from Emergency Care</li> </ul>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>○ All staff complete Learn Pro training regarding Datix and significant adverse event reporting.</li> <li>○ Senior Charge Nurses attend a two-day training for management of adverse events.</li> <li>○ Datix and understanding of policy is recorded on quarterly Health and Safety Reports which go to NHS Lothian Board via</li> </ul>	<b>N/A</b>

	<p>CD checks and a monthly report which feeds into the Health and Safety quarterly report to NHS Lothian Board. Pharmacy ordering and supply for CD schedule 3 drugs is supported by standard operating procedures which are displayed on an intranet page for the service.</p>	<p>Summary/ Pharmacist/Patient/ GP.</p>	<p>REAS SMT (directorate). Locally, a spreadsheet is updated on a monthly basis and SCNs carry out monthly checks and reports as part of staff management supervision arrangements.</p> <ul style="list-style-type: none"> <li>○ Police Scotland and NHS Lothian teams can raise a Service Review Form in which operational matters can be discussed and any actions taken based on SBAR format.</li> </ul>	
<p><b>NHS Dumfries and Galloway</b></p>	<p><b>No</b> (refer to last column)</p>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>○ Work was undertaken at the request of Police Scotland in 2022 to look at arrangements for administration of medicines in D&amp;G police custody suites;</li> <li>○ Nursing &amp; FME have provided evidence of the processes that are in place for the prescribing</li> </ul>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>○ Patient Safety Team advises that our RM system (Datix) is configured to enable adverse events and complaints from custody suites to be logged on the system and reviewed/investigated as per NHS Dumfries &amp; Galloway policies and</li> </ul>	<p><b>1)</b> At present we do not require a license from the Home Office for service. This is because controlled drugs (methadone for MAT) are prescribed on a named patient basis using GP10 prescription form &amp; thus we hold no CD stocks that are not designated for;</p> <p>This is based on experience of applying for</p>

		<p>&amp; administration of medicines within police custody healthcare setting;</p> <ul style="list-style-type: none"> <li>○ It is worth noting that with any service it is subject to continual improvement and development;</li> <li>○ There is a local forum in existence at the clinical operational level between Police Scotland &amp; NHS colleagues where matters are raised &amp; discussed.</li> </ul>	<p>procedures which fully comply with National Adverse Event &amp; Learning Framework;</p> <ul style="list-style-type: none"> <li>○ We do though note from the Lanarkshire report that there is a risk of under reporting due to the need for effective communication across the different stakeholder groups (Police Scotland &amp; NHS);</li> <li>○ As noted in Question2, there is a monthly forum between Police Scotland &amp; NHS for police custody healthcare - this forum would report and escalate any incidents that couldn't be resolved within it;</li> <li>○ This forum (which is linked operationally to the CHSCP GMs senior team via the service</li> </ul>	<p>licenses for other healthcare services (SDAS and HMP Dumfries). CHSCP (the hosting directorate for police custody suite healthcare) will link with HO regarding licensing if operationally they wish to hold stocks of methadone in the future;</p> <p>Medicines storage was reviewed in 2022 as part of our Controlled Drug Governance Improvement Plan (reporting via Annual CD Accountable Officer to Healthcare Governance Group) and improvements made to being in line with RPS Safe &amp; Secure Handling of Medicines standards.</p>
--	--	---	--	---

			manager) would be appropriate for raising awareness of learning from the Lanarkshire report.	
<b>NHS Fife</b>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>○ NHS Lothian host Police Custody Healthcare services for NHS Lothian, NHS Fife, NHS Forth Valley and NHS Borders. The governance of each area is checked on a rotational basis when the licence needs to be renewed.</li> <li>○ Governance is underpinned by CD Governance Teams in the Health Board areas, daily/ 72-hour CD checks and a monthly report which feeds into the Health and Safety quarterly report to NHS Lothian Board. Pharmacy ordering and supply for CD</li> </ul>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>○ Effective practice. Every detainee who is on prescribed medication is referred to the service using single point referral service. There is no discrimination between essential medications. Missed dose protocols are followed for all medications if relevant.</li> <li>○ OST collection can be from patient's home or pharmacy if it is supported by corroboration from Emergency Care Summary/ Pharmacist/Patient/ GP.</li> </ul>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>○ All staff complete Learn Pro training regarding Datix and significant adverse event reporting.</li> <li>○ Senior Charge Nurses attend a two-day training for management of adverse events.</li> <li>○ Datix and understanding of policy is recorded on quarterly Health and Safety Reports which go to NHS Lothian Board via REAS SMT (directorate). Locally, a spreadsheet is updated on a monthly basis and SCNs carry out monthly checks and reports as part of staff management</li> </ul>	<b>N/A</b>

	<p>schedule 3 drugs is supported by standard operating procedures which are displayed on an intranet page for the service.</p>		<p>supervision arrangements.</p> <ul style="list-style-type: none"> <li>○ Police Scotland and NHS Lothian teams can raise a Service Review Form in which operational matters can be discussed and any actions taken based on SBAR format.</li> </ul>	
<p><b>NHS Forth Valley</b></p>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>○ NHS Lothian host Police Custody Healthcare services for NHS Lothian, NHS Fife, NHS Forth Valley and NHS Borders. The governance of each area is checked on a rotational basis when the licence needs to be renewed.</li> <li>○ Governance is underpinned by CD Governance Teams in the Health Board areas, daily/ 72-hour CD checks and a monthly report which</li> </ul>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>○ Effective practice. Every detainee who is on prescribed medication is referred to the service using single point referral service. There is no discrimination between essential medications. Missed dose protocols are followed for all medications if relevant.</li> <li>○ OST collection can be from patient's home or pharmacy if it is supported by corroboration from Emergency Care Summary/ Pharmacist/Patient/ GP.</li> </ul>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>○ All staff complete Learn Pro training regarding Datix and significant adverse event reporting.</li> <li>○ Senior Charge Nurses attend a two-day training for management of adverse events.</li> <li>○ Datix and understanding of policy is recorded on quarterly Health and Safety Reports which go to NHS Lothian Board via REAS SMT (directorate). Locally, a</li> </ul>	<p><b>N/A</b></p>

	<p>feeds into the Health and Safety quarterly report to NHS Lothian Board. Pharmacy ordering and supply for CD schedule 3 drugs is supported by standard operating procedures which are displayed on an intranet page for the service.</p>		<p>spreadsheet is updated on a monthly basis and SCNs carry out monthly checks and reports as part of staff management supervision arrangements.</p> <ul style="list-style-type: none"> <li>○ Police Scotland and NHS Lothian teams can raise a Service Review Form in which operational matters can be discussed and any actions taken based on SBAR format.</li> </ul>	
<b>NHS Grampian</b>	<b>No</b> (refer to last column)	<b>Yes</b> <ul style="list-style-type: none"> <li>○ There is a current policy – ‘Guidance on the Safe Management of Medicines including Controlled Drugs in NHS Grampian’, however this is in the process of being updated to reflect the needs required to deliver the governance around the Controlled Drug Licence. The policy is near completion and is currently in its</li> </ul>	<b>Yes</b> <ul style="list-style-type: none"> <li>○ The Datix system is used widely within all 3 police custody suites in NHS Grampian. Once an adverse event report has been submitted, an appropriate level of review is carried out, and any necessary action/learning is implemented if required.</li> </ul>	<p><b>1)</b> At the moment there is no controlled drug licence in place for the 3 police custody suites within NHS Grampian.</p> <p>We are currently working towards submitting an application for a controlled drug licence, which will cover all 3 police custody suites within NHS Grampian. We are striving to submit the application by the end of May 2023, as we</p>

		<p>consultation period with key stakeholders.</p> <ul style="list-style-type: none"> <li>○ In addition we are currently reviewing and amending the NHS Grampian policy – ‘Guidance on the Safe Administration of Medication including Controlled Drugs in Forensic and Custody Healthcare’. Again this is being updated to reflect the governance alongside the Controlled Drug Licence.</li> <li>○ Currently there is only a small percentage of our nursing workforce that hold the Non-medical Prescribing Qualification. However within our workforce planning we are working towards a model where it will be mandatory that all our nursing workforce will undertake Non-medical</li> </ul>	<ul style="list-style-type: none"> <li>○ All staff undertake DATIX training as mandatory and there are numerous trained Adverse Event Reviewers within the Partnership to support Level 1 and Level 2 Investigations.</li> <li>○ Currently across Aberdeenshire HSCP all Level 1 &amp; 2 investigations are reported in to the Partnership Risk Group for sign off and approval and are escalated to the Clinical and Adult Social Work Group where necessary.</li> <li>○ Going forward we have plans to develop a Custody specific Quality and Risk Group to ensure local learning is gained from any identifiable themes, and</li> </ul>	<p>are finalising the policies and procedures that are required to be in place.</p>
--	--	---	--	---



		<p>Prescribing as part of their role.</p> <ul style="list-style-type: none"> <li>○ As per above the application for the Controlled Drug Licence is planned to be submitted at the end of May 2023.</li> </ul>	<p>provide assurances that all appropriate action is being taken and learning shared across all our Police Custody Suites.</p>	
<p><b>NHS Greater Glasgow and Clyde</b></p>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>○ A controlled drug license is in place to store and supply Schedule 2 to 5 controlled drugs in every police custody healthcare suite in Greater Glasgow &amp; Clyde.</li> <li>○ The most recent Home Office Compliance Visit was on 18<sup>th</sup> January 2023. The Home Office were satisfied with processes, policies and stock control / management across NHSGGC police</li> </ul>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>○ All individuals referred to the Police Custody Healthcare Team are assessed by a registered nurse and, where appropriate and it is safe to do so, local PCHC medicines policies will support the acquisition and administration of the individual's prescribed medication in custody. If OST is part of the patient's regular prescribed medication in discussion and agreement with Police Scotland, the individual's OST is collected from their identified pharmacy and administered as</li> </ul>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>○ All medication is managed and administered in line with Police Custody Healthcare Service CD Policy and Standard Operating Procedure as noted below. Training is included as noted through the induction process into Police Custody Healthcare with an agreed communication process for any updates, developments or amendments as noted by email, verbal and team meetings inclusive of minutes.</li> </ul>	<p><b>N/A</b></p>

	<p>custody healthcare and renewal of the Licence was granted.</p>	<p>prescribed. In the event of this not being possible, alternative medication will be prescribed and administered. This is not a regular occurrence and the aim is to maintain medication as prescribed where at all possible.</p> <ul style="list-style-type: none"> <li>○ Work is currently ongoing in relation to holding stock of OST (methadone, buprenorphine) within Police Custody Healthcare suites as part of our moves to implement MAT standards. The Standard Operating Procedure to support this is currently progressing through the relevant governance procedures within the service. The aim of this is to support improved access to OST in the future for individuals referred to</li> </ul>	<ul style="list-style-type: none"> <li>○ All incidents or adverse events are recorded on Datix with review by the Senior Charge Nurse and investigation when required. When required events will be escalated to the Service Manager and/or Head of Service. This is monitored overall through Police Custody Healthcare Governance Group in the quarterly meetings.</li> <li>○ (PDF links available via email (1) The Safe and 18health Handling or Contrlled Drugs Policy in NHSGGC Police 18health Care and (2) The Safe Management of Controlled Drugs in NHSGGC Police Custody Healthcare)</li> </ul>	
--	---	---	--	--

		the Police Custody Healthcare service		
<b>NHS Highland</b>	<b>No</b> (refer to last column)	<b>Yes</b> <ul style="list-style-type: none"> <li>○ Including OST</li> </ul>	<b>Yes</b>	<b>1)</b> A controlled drug licence application has been submitted, inspection was due to take place on 14th March 2023. NHS Highland were given notification from the Home Office of this visit being postponed on Friday 10th March 2023. We are waiting a rescheduled date from the Home Office for inspection to complete the application process, they are aware this is outstanding.
<b>NHS Lanarkshire</b>	<b>No</b> (refer to last column)	<b>Yes</b> <ul style="list-style-type: none"> <li>○ There are Standard Operating Procedures that cover Medicine Management, Substance Misuse referrals, Symptomatic Relief for Substance Misuse*, Controlled drug management (detainees own supply), Supervised Administration of Opioid replacement therapy,</li> </ul>	<b>Yes</b> <ul style="list-style-type: none"> <li>○ Healthcare in Custody in NHS Lanarkshire is provided by a limited liability company. They have held the contract since the transfer of responsibility to provide healthcare to NHS Boards in 2013. Initial awareness was given on incident recording and adverse events.</li> </ul>	<b>1)</b> Both Custody Suites in NHSL (Motherwell and Coatbridge) do not have a CD license. Given the guidance issued by Home Office DOMESTIC CONTROLLED DRUG LICENSING IN HEALTHCARE SETTINGS we are now in the process of seeking a license.

		<p>Independent Prescriber nursing* and Take Home Naloxone.</p> <ul style="list-style-type: none"> <li>○ (* SOP's independently signed by Chief Pharmacist, Professional Nursing Rep and other senior members of the Custody offender management Group.)</li> <li>○ The SOP's are reviewed, updated and shared with the Custody Healthcare Operational Group on an annual basis.</li> </ul>	<ul style="list-style-type: none"> <li>○ In light of the HMICS report findings, the following actions have been taken:             <ul style="list-style-type: none"> <li>- Discussions have been held with the healthcare provider clinical lead on the need for refresher training. This will be discussed with his partners</li> <li>- A scoping exercise will be undertaken to ensure all staff involved in providing healthcare in custody have access to Learnpro</li> <li>- The module on Datix recording to be completed by all staff within 3 months</li> <li>- Any staff who do not have access to Learnpro will be offered alternative learning</li> </ul> </li> </ul>	<p>As per Application requirements: Meetings held to discuss identification of the relevant Managers and Checking of DBS status (Managing director, Site Security, legal compliance and Responsibility for Witnessing Destruction). If no current DBS held, then applications shall be made. Once this is complete, then the formal application process shall begin.</p> <p>Timescale will be governed by DBS application status and processing- but this is underway.</p>
--	--	--	---	--

			<ul style="list-style-type: none"> <li>- Adverse events will be recoded and discussed at the quarterly Custody Healthcare Operational group meeting.</li> <li>o A learning cycle will be developed to review any adverse events recorded.</li> </ul>	
<b>NHS Lothian</b>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>o NHS Lothian host Police Custody Healthcare services for NHS Lothian, NHS Fife, NHS Forth Valley and NHS Borders. The governance of each area is checked on a rotational basis when the licence needs to be renewed.</li> <li>o Governance is underpinned by CD Governance Teams in the Health Board areas, daily/ 72-hour CD checks and a</li> </ul>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>o Effective practice. Every detainee who is on prescribed medication is referred to the service using single point referral service. There is no discrimination between essential medications. Missed dose protocols are followed for all medications if relevant.</li> <li>o OST collection can be from patient's home or pharmacy if it is supported by corroboration from Emergency Care</li> </ul>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>o All staff complete Learn Pro training regarding Datix and significant adverse event reporting.</li> <li>o Senior Charge Nurses attend a two-day training for management of adverse events.</li> <li>o Datix and understanding of policy is recorded on quarterly Health and Safety Reports which go to NHS Lothian Board via REAS SMT</li> </ul>	

	<p>monthly report which feeds into the Health and Safety quarterly report to NHS Lothian Board. Pharmacy ordering and supply for CD schedule 3 drugs is supported by standard operating procedures which are displayed on an intranet page for the service.</p>	<p>Summary/ Pharmacist/Patient/ GP.</p>	<p>(directorate). Locally, a spreadsheet is updated on a monthly basis and SCNs carry out monthly checks and reports as part of staff management supervision arrangements.</p> <ul style="list-style-type: none"> <li>○ Police Scotland and NHS Lothian teams can raise a Service Review Form in which operational matters can be discussed and any actions taken based on SBAR format.</li> </ul>	
<p><b>NHS Orkney</b></p>	<p><b>No</b> (refer to last column)</p>	<p><b>No</b> (refer to last column)</p>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>○ NHS Orkney has a series of processes in place to support complaint handling. These are under-pinned by appropriate policies and training. We are currently reviewing our wider Healthcare Governance policies and will be bringing all of these together in one over-</li> </ul>	<p><b>1)</b> A decision on whether this is required will form part of a review of the supply of all medications within the custody facility. This work is being undertaken with our colleagues in NHS Shetland and will be in place within 6 months.</p> <p><b>2)</b> Completion of these policies will take place on completion of the review. Policies will be in place</p>

			arching framework within the next 3 months.	within 6 months.
<b>NHS Shetland</b>	<b>No</b> (refer to last column)	<b>No</b> (refer to last column)	<b>Yes</b> <ul style="list-style-type: none"> <li>NHS Shetland have trained staff providing custody healthcare who are competent in local governance systems including complaint handling and adverse event recording. The staff work with local policies and procedures. Local clinical governance arrangements provide review of adverse events and assurance.</li> </ul>	<b>1)</b> A decision on whether this is required will form part of a review of the supply of all medications within the custody facility. At present, the controlled drugs stored within the custody suite which require home office license are limited to benzodiazepines. This work is being undertaken with our colleagues in NHS Orkney and will be in place within 6 months.  <b>2)</b> Completion of these policies will take place on completion of the review. Policies will be in place within 6 months.
<b>NHS Tayside</b>	<b>Yes</b>	<b>Yes</b> <ul style="list-style-type: none"> <li>All medication is continued in custody.</li> </ul>	<b>Yes</b> <ul style="list-style-type: none"> <li>All are recorded on Datix, reviewed with the senior team and discussed at the Business &amp; Governance Group.</li> </ul>	<b>N/A</b>

<p><b>NHS Western Isles</b></p>	<p><b>No</b> (refer to last column)</p>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>○ We are currently updating our standard operating procedures with the introduction of our Mental Health pathway and Naloxone administering process.</li> <li>○ To support the issuing of prescribed medications, clinicians working in the service have access to emergency care summary and Aadastra.</li> </ul>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>○ Datix is the method used by NHS Western Isles to record any adverse event within the service. This is monitored and assigned to the appropriate senior manager for investigation, route cause analysis and remedial action.</li> <li>○ Training and system access for Datix is available to all staff in NHS Western Isles</li> </ul>	<p><b>1)</b> We do not store controlled drugs within any of our custody suites. Currently any controlled drugs are issued via our Emergency department in Western Isles Hospital or our Community Hospitals in Uist (OUAB Hospital) &amp; Barra (St Brendan's Hospital). All hospitals are located closely with our custody suites which prevents any significant delay in access to prescribed medication which is not located in the Custody Suite.</p> <p>The NHSWI board and service leads for custody and Pharmacy will work on a pathway/standard operating procedure for prescribing of controlled drugs to patients who are in receipt of custody healthcare. This will be carried out over the next 4-6 months. Patients will continue to have access through the current route of</p>
---------------------------------	---	---	--	---



				ED or Community Hospitals.
--	--	--	--	----------------------------

# Correspondence from Chief Superintendent to Minister for Drugs and Alcohol Policy

Dear Minister,

## **Joint Inspection of Custody and Healthcare Provision - Lanarkshire**

I refer to your letter of 24 April 2023 to Chief Constable Sir Iain Livingstone QPM regarding the recent joint inspection by His Majesty's Inspectorate of Constabulary Scotland (HMICS) and Healthcare Improvement Scotland (HIS) of our custody centres in Lanarkshire. The Chief Constable has asked me to respond in my role as the Divisional Commander of Criminal Justice Services Division, the division which oversees the police custody provision in Scotland.

Firstly, let me say that we welcome these inspections and we have been advocating for consideration of the ways in which the healthcare provision is supplied to people in custody by the 14 local Health Boards. I was pleased to learn that the Inspectorate concluded that those held in custody in Lanarkshire were well cared for and recognised that our staff work extremely hard to deliver a high quality of service, in what is one of the busiest and most challenging custody environments in Scotland.

As you are aware the report made a number of recommendations, both for Police Scotland and NHS Lanarkshire to consider. I can advise that those relevant to Police Scotland are currently being progressed with an aim to have them discharged as soon as possible. We will also continue to work with NHS colleagues through the National Police Care Network to support them in progressing the recommendations for which they are responsible.

In relation to Opioid Substitution Treatment and the absence of a controlled drug license to meet legal obligations on the storage and supply of controlled drugs to those within police custody, I can advise that these are matters for NHS Lanarkshire but I can inform you they are being actively advanced by the NHS Service Manager with responsibility for Custody Healthcare who I understand is in dialogue with the Inspectorate on this matter. We welcome that this

issue has been highlighted and the network are in engagement with all NHS Boards to ensure that appropriate licences are in place in all other areas.

As part of our commitment to keeping people safe and minimising harm, Police Scotland has proactively rolled out training in the administration of Naloxone to all our officers and this is now included within the two day syllabus of our officer safety training. As this programme rolls out we will get to a position in the near future where all police officers in CJSJ will be in a position to administer it should the need arise. A number of our custody centres also have 24/7 cover by healthcare practitioners who have access to Naloxone. In regards our police staff based in custody centres we are currently in consultation with staff representative bodies with a view to rolling out this training to police staff also. This is something the division have been driving to deliver for some months.

In relation to training our staff in substance dependency, mental health and trauma informed care we always strive to provide a supportive environment for persons passing through our custody centres. We work hand in hand with our key partner's primarily in the NHS to offer help on this journey. In order to deal effectively with these personal crises it's essential for Police Scotland to have officers and staff who understand the trauma which is often at the root of such appeals for help. We have trained divisional champions in Trauma & Informed Practices with a view to offering our remaining staff learning in this important area in the near future.

I trust this provides you with the assurances you seek, however should you have any further questions, then please do not hesitate to get back in touch via email at [CJSDDivisionalCommander@scotland.police.uk](mailto:CJSDDivisionalCommander@scotland.police.uk).

Yours sincerely

Gordon McCreadie  
Chief Superintendent

# Petitioner submission of 16 February 2024

## PE1900/S: Access to prescribed medication for detainees in police custody

Sadly, after reading and fact checking the letter to my MSP Richard Lochhead by the Cabinet Secretary for Justice of Scotland, I find several statements factually incorrect. The Minister writes:

“Please see updated table below. An additional 6th column has been added to the recent table sent to you in August 2023, detailing the health boards follow up responses in bold.”

The facts in the columns regarding NHS Grampian, the incorrect statements are:

- a) Column 1, congratulations NHS Grampian there are no discrepancies in column 1.
- b) Column 2, NHS Grampian have admitted they had an unwritten policy later changed to no policy. They now claim that they have two policies which they are updating. Neither of these policies can be found on NHS Grampian list of policies.

The two named policies are fictional, they do not appear on Google like every other policy. You cannot update a non-existent policy.

Why do nurses have to be trained as Non prescribing Qualification? The methadone has already been prescribed, along with the personal prescription. Anyway, a nurse cannot prescribe methadone nor would it be safe or logical to prescribe it for the first time whilst in custody. That should be lifted to the local drugs and alcohol team, so that safe titration and monitoring can be carried out, I have never argued that an alternative treatment is needed for non prescribed heroin addicts.

- c) Acceptable if true, please forgive my scepticism but have been communicating with NHS Grampian for many years, and their word is not their bond.
- d) They may not have a controlled drug licence but they had no controlled drug licence for HMP Grampian for 9 years either but that didn't stop them from giving prisoners their methadone.

The year's delay in not achieving a controlled drug licence means another 7000 plus detainees have been given an unlicensed drug. This opens another question, where is Police Scotland's controlled drug licence for all the detainees prescribed medication they keep in the custody suite?

- e) NHS Grampian have missed several self imposed deadlines for having the licence in place, so the question is are they competent to carry out this task? Surely their drugs audit team should have picked up the missing licences in the custody suite and a large prison.

The Minister seems to be badly advised on her statement that the responsibility is with others, all my complaints and comments are ECHR concerns and issues.

Police Scotland and NHS Scotland are the services responsible for policing in Scotland. They are held to account by the Scottish Police Authority (SPA) and National Health Service Scotland, which are accountable to Scottish Ministers and the Scottish Parliament.

The Scottish Government runs the country by implementing policies and is held to account by Parliament. A 'government policy' is a plan or course of action by the Government. Legislation is law. Policies must always comply with existing law but may also lead to the proposal of new laws.

So official guidance is not a law but should comply with current laws.

Dihydrocodeine breaches international law (Human Rights Act). It breaches Article 3, No one shall be subjected to torture or to inhuman or degrading treatment or punishment.

Article 7 means you cannot be charged with a criminal offence for an action that was not a crime when you committed it. This means that public authorities must explain clearly what counts as a criminal offence so you know when you are breaking the law.

Article 8- If an individual consents to treatment but has not been given sufficient information to make a fully informed decision that consent will not be valid. Arguably, the withholding of information is a breach of the Article. If an individual eg a detainee is given drugs without their consent.

Montgomery V Lanarkshire.

The court accepts that if Mrs Montgomery had been told about the risk of dystopia, she would have chosen to have a caesarean.

This means the onus is on the detainee to give informed consent, not the clinician deciding as in the old Bolam test. It is a patient based standard of care, not a doctor based standard.

Article 14 protects your right not to be discriminated against in connection with your human rights under the Human Rights Act. This means your human rights mustn't be protected differently because of who you are. This means you discriminate against detainees if you give them an unlicensed drug as a substitute for their legally prescribed medication without consent.

So, by not using the Scottish Police Authority (SPA) and National Health Service Scotland, which are accountable to Scottish Ministers and the Scottish Parliament and relevant Commissioners, the Scottish Government breaches the ECHR by proxy.

The Scotland Act 1998 ensures that laws passed by the Scottish Parliament can be challenged and overturned by the courts if they are not compatible with rights identified in the ECHR. Scottish Government Ministers have 'no power to act' or allow its agencies to act, in a way that breaches these ECHR rights.