

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

Petitioner written submission, 4 December 2025

I feel like Sisyphus condemned to roll a boulder up a hill for eternity. I raised my Petition on the 14th September 2021 and I still lumber on rolling my boulder. Still despite numerous Pyrrhic victories, I refuse to backdown.

I say Pyrrhic victories because the cost of these victories have come at great emotional cost NHS Grampian's own documents and statements from 2007, 2009 and 2023 note that use of Dihydrocodeine is not recommended:

From 2023:

5.7 Use of Other Opioids as OST

Oral opioids other than methadone and buprenorphine are not licensed in the UK for the treatment of opioid dependence. This includes dihydrocodeine and slow-release oral morphine preparations. They are not currently recommended, or on the Grampian Area Formulary, for use in Grampian. Treatment using prescribed diamorphine is not currently available.

From 2007:

Which states: The treatment of heroin addiction is Methadone, nowhere is the use of Dihydrocodeine recommended or condoned.

From 2009:

- The use of dihydrocodeine is not supported routinely and should only be initiated by a specialist. Practitioners are reminded that use of dihydrocodene, as a prescribed opioid substitute for the treatment of misuse, is unlicensed.**

It is serendipitous, that the Committee will discuss my petition on 14 January 2026 the fifth anniversary of my beloved Rachel's death. It was Rachel who, on her death bed ,made me promise to end the cruel use of dihydrocodeine without consent and the denial of other medication to detainees in police custody.

Sadly, I must report to you that NHS Grampian are still not giving methadone to detainees in police custody at Elgin and Fraserburgh due to logistical problems. The logistical issue they told Emma Roddick MSP in a parliamentary question, was that there were no special licences for pharmacists to deliver methadone to police custody suites but there is no special license. This is a fallacy, an untruth. I think you would be best speaking to Richard Lochhead MSP, my constituency MSP, as he has been communicating with Police Scotland and NHS Grampian.

At Kittybrewster, detainees will not receive methadone for the 48 hrs, so detainees

will be switched from their prescribed methadone to dihydrocodeine, then back to methadone. This is playing Russian roulette with detainees' welfare and lives.

In no way does this follow MAT policies and protocols, as promised by Angela Constance MSP when she gave evidence to the Committee. I have asked Richard Lochhead MSP to question both NHS Grampian and Police Scotland to clarify. Richard's staff are having a meeting with the CEO of NHS Grampian and the Chief Custody Nurse.

So far their answers seem confused and contradictory, I quote:

"The SOP that we have in place in Grampian is based on the NHS Tayside and Highland SOP's, the rationale for us not administering ORT to patients within 48 hours is because of the risk due to Methadone and Buprenorphine remaining in the patient's system for up to 72 hours. If the patient displays symptoms of withdrawal within the 48 hour timeframe then a clinical assessment will be carried out by the Forensic Medical Examiner (FME).

*The FME will decide if it is then appropriate to commence the patient on ORT. At this time depending on the location of the patient they may require to be transferred to our Kittybrewster Custody suite in Aberdeen where ORT is in place. It is practice that within Grampian we do not prescribe **any** medications within the first 6 hours, the rationale of this being that we have no way of being assured what medications the patients may have taken prior to arrest. However, if there is a clinical need as assessed by the FME then appropriate medication will be prescribed and administered."*

It's gobbledygook, or as Rachel would have put it "They're just hawering." It will also waste thousands of pounds and hundreds of police hours, two police officers to transport the detainees and return them.

I think you need to speak to Richard Lochhead MSP, the situation is chaotic especially regarding the Controlled Drug regulations. We know each NHS Scotland run their own versions of Clarification of Controlled Drugs Liaison Officers and their responsibilities, including Local Intelligence Networks.

Not to be outdone, Police Scotland has joined in with the view of CDLOs.

In my dotage, surely a UK wide law, is not supposed to be identified in all parts of the UK differently, surely giving different names to units and not being part of the same organisation is not sensible or appropriate.

One of the reasons for such high drugs deaths is that public bodies are not complying with this statement:

"The 2006 Health Act introduced various measures to improve public health and NHS operations, including a ban on smoking in public places, increased age for tobacco sales, and enhanced regulation of controlled drugs. It also established Controlled Drugs Liaison Officers (CDLOs) to link police and health authorities in managing controlled drugs part 3 section c 1 s 17."

This omission has greatly added to the butchers bill, the carnage of death caused by drugs.