

Citizen Participation and Public Petitions Committee
Wednesday 14 January 2026
1st Meeting, 2026 (Session 6)

PE1900: Access to prescribed medication for detainees in police custody

Introduction

Petitioner Kevin John Lawson

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.

Webpage <https://petitions.parliament.scot/petitions/PE1900>

1. [The Committee last considered this petition at its meeting on 18 June 2025](#). At that meeting, the Committee agreed to write to the Minister for Drugs & Alcohol Policy and Sport.
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 new written submissions from the Minister for Drugs & Alcohol Policy and Sport and the Petitioner, 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 gave its initial response to the petition on 12 October 2021](#).
7. Every petition collects signatures while it remains under consideration. At the time of writing, 15 signatures have been received on this petition.

Action

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

Clerks to the Committee
January 2026

Annexe A: Summary of petition

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 Halco 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 18 June 2025

The Convener: We will move to PE1900, which is where we were originally scheduled to begin our proceedings this morning. The petition, which was lodged by Kevin John Lawson, 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 previously considered the petition on 11 December 2024, when we agreed to write to the then Minister for Drugs and Alcohol Policy, our late colleague Christina McKelvie.

Members will recall that, as a result of the committee's work, the Scottish Government conducted a rapid review of each health board to check the current arrangements for ensuring access to medication for detainees. The Minister for Public Health and Women's Health responded to the committee to confirm that the majority of health boards have taken the appropriate action to meet the required standards. The submission states that, by spring 2025, the aim is for all health boards to have the appropriate care and practices in place for detainees in police custody. At that point, the Scottish Government will begin developing an approach to on-going monitoring in the form of annual updates.

The minister's response states that NHS Grampian has recognised that more is required to ensure compliance with the appropriate policies and procedures when dealing with detainees in police custody. The minister notes that, in Elgin and across the NHS Grampian area, there are still some concerns relating to detainees not receiving their prescribed methadone while in police custody.

The written submission from the minister includes a copy of correspondence from NHS Grampian. The letter states that NHS Grampian is at the stage of planning the introduction of opiate replacement therapy, prescribing and administration across all three of the area's custody suites. The correspondence also states that NHS Grampian now has a robust standard operating procedure in place and has planned a comprehensive training programme for its nursing staff.

The petitioner's written submission shares that he read the minister's response with a mixture of sadness, anger and regret. He points out that this denial of adequate healthcare had not been noticed despite the existence of controlled drug accountable officers across Scotland for 10 years.

In the light of the petitioner's angst and the representations received, do members have any suggestions as to how we might proceed?

David Torrance: The committee might consider writing to the new Minister for Drugs and Alcohol Policy and Sport seeking confirmation that all health boards have appropriate care and practice in place for detainees in police custody; an update on the work on monitoring compliance with the rapid review; and a detailed update on NHS Grampian's policy and practice for providing prescribed medication, including the status of its controlled drug licence application.

The Convener: Mr Torrance has made appropriate suggestions. Are there any other suggestions?

Fergus Ewing: I very much support that. We could include in the letter the reference that Dr Coldwells makes to the apparent lack of action in this regard, his negative comments, and the petitioner's observation that each health board has a controlled drug accountable officer, or CDAO, but that

"Strangely CDAO don't seem to be accountable for their failure to follow the policy."

That was an interesting remark, and I wonder whether the minister could be asked to comment on it. The issue has dragged on for a long time. As I pointed out when the petition was previously considered, it had taken three years for nothing very much to happen.

The Convener: Are members content to keep the petition open and proceed on that basis?

Members *indicated agreement.*

Annexe C: Written submissions

Minister for Drugs and Alcohol Policy and Sport written submission, 19 August 2025

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

I thank you for your letter dated 7 July 2025 regarding the above petition. As the recently appointed Minister for Alcohol, Drugs and Sport, I would like to express my appreciation for the important work of the Citizen Participation and Public Petitions Committee in ensuring that detainees receive prescribed medication and appropriate care while in police custody.

I am also keen to ensure that all health boards have the appropriate care and practices in place for detainees in police custody. To complete our review, NHS Lanarkshire informed us on 10 July, that the Home Office inspected the Motherwell and Coatbridge Custody Suites on 9 July. Following the visit, NHS Lanarkshire met with the Lead Technician. While minor updates to the Standard Operating Procedures are needed, they are exploring sourcing supplies from university hospital pharmacies to speed up licensing and an action plan is being developed to support implementation. The Scottish Government will also commission another survey later this year, similar in scope to the rapid review previously distributed. This will serve as a mechanism for monitoring compliance with all Health Boards.

You requested a detailed update on NHS Grampian's policy and practice regarding the provision of prescribed medication, including the status of its controlled drug licence application. I have contacted NHS Grampian who have confirmed that Opioid Replacement Therapy is now available at the Kittybrewster Suite. They are currently addressing logistical challenges in order to extend this service to the remaining two custody suites. I have attached the letter from NHS Grampian to this response.

You also asked for my reflections on suggestions of a lack of accountability for Controlled Drug Accountable Officers when issues are identified in the policy and procedure across health boards. HM Inspectorate of Constabulary in Scotland (HMICS) and Healthcare Improvement Scotland (HIS) began work in 2022 on a baseline review of the provision of healthcare services to police custody centres. The learning was used to develop a [framework](#) to inspect healthcare services within police custody, and to devise a methodology for the joint inspection of police custody centres.

The framework is underpinned by a human rights-based approach and aligned with HIS Quality Assurance System Quality Indicators. It outlines that HIS, working jointly with HMICS, will 'support healthcare providers to deliver high quality healthcare, and will scrutinise those services to provide public assurance about the quality and safety of this care.'

This includes patients receiving prescribed medication according to an agreed protocol with the relevant health board, including relief for drug and alcohol withdrawal if clinically indicated.

These scrutiny bodies have commenced a programme of joint police custody inspections since 2023 with the most recent report published in July this year. Reports are available on the HMICS [website](#). Where areas for improvement are identified, recommendations are made within inspection reports and progress is monitored by the scrutiny bodies.

I trust that this update is helpful for the Committee.

Maree Todd MSP

Petitioner written submission, 4 December 2025

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

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 gobbledegook, or as Rachel would have put it "They're just havering." 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.