

Citizen Participation and Public Petitions Committee
Wednesday 25 February 2026
5th 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 14 January 2026](#). At that meeting, the Committee agreed to write to the Minister for Drugs and 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 and 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, 16 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
February 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 14 January 2026

The Convener: Our next petition is PE1900, which was lodged by Kevin John Lawson. It 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 on 18 June 2025, when we agreed to write to the Minister for Drugs and Alcohol Policy and Sport. In her response, the minister indicates that the Government intends to commission another survey, similar to the rapid review that was conducted previously. That was scheduled to commence in late 2025. The minister added that NHS Grampian had confirmed that opioid replacement therapy was available at the Kittybrewster custody suite, with some logistical challenges being addressed to extend the service to the two remaining custody suites.

In his most recent submission, the petitioner, too, refers to logistical challenges, informing us that NHS Grampian is still not providing methadone to detainees who are in custody at Elgin and Fraserburgh. He also suggests that, at Kittybrewster, detainees do not receive methadone for the first 48 hours so those with a methadone prescription are instead given dihydrocodeine in the first 48 hours.

Do members have any comments or suggestions for action? There might still be time to do a little bit more with this petition. I suggest that we write to the Minister for Drugs and Alcohol Policy and Sport to highlight the petitioner's on-going concerns about the issues in NHS Grampian and to request an update before the end of this parliamentary session on the findings of the most recent review, which was to be conducted towards the end of 2025. It seems that people are still having to wait for access to their prescribed medication. That is not what we understand is supposed to be happening, so we could challenge the Government on that in the time that is available to us.

Are our colleagues content to proceed on that basis?

Fergus Ewing: I strongly support that. The lack of response has been lamentable—woeful, actually—and not good enough. I very much endorse your recommendation, convener.

I truly hope that bodies will respond to the committee more timeously in future, in the next session of Parliament, and that, if they do not, they will be named and called out, because it is not fair to the petitioners that, when they come to us to be their voice, they do not get reasonably prompt, detailed and relevant answers. That has been too frequent an occurrence in this session of Parliament.

The Convener: On this occasion, action that was supposed to be taking place is still yet to happen.

Davy Russell: Another thing is Police Scotland's involvement, since the detainees are held on their premises. It might be worth while—

The Convener: It would be dangerous for us to broaden the scope of our inquiry at this stage, but we should very much focus on getting results from the issues that we have made progress on. Given that the review took place at the end of the year, there is still a chance for us to get further commitment before the Parliament dissolves. Are we content to proceed on that basis?

Members *indicated agreement.*

Annexe C: Written submissions

Minister for Drugs and Alcohol Policy and Sport

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

Dear Jackson Carlaw MSP,

Thank you for your letter dated 29 January 2026 regarding the above petition. As requested, I am writing to provide an update on our ongoing work to ensure that individuals detained in police custody have timely and appropriate access to their prescribed medication. As you note in your letter, the next step for the Scottish Government was to commission a survey towards the end of last year, similar to the previous rapid review, to ensure continued oversight and improvement in this area.

This survey was sent to Health Boards on 6 November 2025. The aim was to gather information on controlled drug licences for custody suites and when these are renewed; whether policies ensure detainees can access all prescribed medication, including OST; whether adverse events, complaints and feedback are consistently recorded and where gaps exist and what plans and timescales are in place to achieve full compliance. This would help to build a national picture across Scotland.

All Health Boards responded, by mid December 2025, confirming that the vast majority of Boards hold the required controlled drug licences for police custody suites and have stable governance arrangements in place. However, three Health Boards did report delays in licence renewals due to Home Office processing times, however continuation letters or formal acknowledgements ensured services could continue safely while the process is completed.

A small number of areas, primarily remote locations including Orkney, Shetland, the Western Isles, and Argyll & Bute, rely on named patient or external clinical arrangements to obtain controlled drugs when needed. Although these regions operate without a controlled drug licence, established pathways remain in place to ensure detainees can still access their prescribed treatment. Home Office colleagues have previously confirmed to the Scottish Government that a controlled drug licence is not required in these circumstances.

You also asked for an update regarding logistical issues within NHS Grampian. Earlier this month, NHS Grampian updated the Scottish Government on the work that is under way to introduce an Opioid Replacement Therapy programme for people in custody in Elgin and Fraserburgh.

NHS Grampian have now been able to identify further community pharmacies within Grampian that will support the delivery of Schedule 2 medicines to allow the Forensic Medical Examiner (FME) and nursing teams to deliver Opioid Replacement Therapy for patients to ensure continuation of their opioid treatments. A working group is actively progressing this work, and given the success of implementation within Kittybrewster, it is expected that progress to roll this out across Elgin and Fraserburgh will now happen at pace.

NHS Grampian is also clear that they do not provide Dihydrocodeine as an Opiate Replacement. Patients on a methadone prescription, that can be confirmed by their Pharmacy and their Community Prescriber, will be administered methadone within the first 48 hours (if required) following clinical assessment and decision making by the FME service. At this time this can only be administered at Kittybrewster Custody Suite. However, for any patients where this cannot be confirmed and are actively in withdrawal while in Police Custody, they will be assessed by the Nursing and FME team and given Dihydrocodeine to alleviate withdrawal symptoms.

In conclusion, to ensure robust and consistent monitoring in this area, the Scottish Government will request an update from all Health Boards each November as part of an annual review process. We will also seek updates to confirm the completion of the roll out of the Opioid Replacement Therapy pathway across NHS Grampian. As previously noted, HM Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland have commenced a programme of joint police custody inspections since 2023. Where areas for improvement are identified, recommendations are made within inspection reports and progress is monitored by the scrutiny bodies.

Through maintaining this structured approach, we can uphold high standards of care and demonstrate our ongoing commitment to improving outcomes for detainees in police custody.

I trust that this update is helpful for Committee.

Kind regards,

MAREE TODD MSP

Minister for Drugs and Alcohol Policy and Sport

Petitioner written submission, 15 January 2026

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

According to an FOI release in November 2025, where NHS Grampian stated that medication, including dihydrocodeine, is administered based on a clinical assessment and is prescribed and given by clinical staff on every occasion usually by a remotely situated clinician.

They also advised that dihydrocodeine is used for opioid withdrawal in line with their guidelines, not as an opioid replacement. Their guidelines are not in line with the Scottish Government MAT policy. Furthermore, they stated that "no Police, Nursing or Medical staff administer Dihydrocodeine or any other medication without prescription". The detainees are not allowed the legal requirement of informed consent.

I believe informed consent is a legal right and not a privilege. I also believe the prescription for the controlled drug dihydrocodeine should be a signed (inked) prescription, not provided verbally as is the norm. Despite this, the ongoing Scottish petition asserts that detainees in police custody suites, such as those in Elgin and

Fraserburgh, still receive the unlicensed drug without being asked for informed consent. The petitioner contends that detainees should have the same right to informed consent as the general public.

There have been ongoing concerns raised through my petition that NHS Grampian has been providing the controlled drug dihydrocodeine to detainees in police custody without their explicit informed consent, which the petitioner argues is contrary to the principles established in the Supreme Court case of *Montgomery v Lanarkshire Health Board*.

Key Points of Contention

- Informed consent: The *Montgomery* ruling established a patient-centred standard for consent, meaning doctors must take reasonable care to ensure a patient is aware of any material risks of a proposed treatment and any reasonable alternatives. The petitioner argues that detainees are not being asked for this informed consent and that the onus is on the detainee to give consent, not the clinician to decide for them.
- Dihydrocodeine use: NHS Grampian has provided dihydrocodeine to detainees experiencing opioid withdrawal as a substitute for their prescribed methadone, which is an unlicensed use for the treatment of drug dependence. The Health Board's position is that this is based on a clinical assessment and is "clinically appropriate" where a controlled drug licence for opioid replacement therapy is absent in the custody suite.
- Police involvement: The petitioner has raised concerns that unqualified Police Scotland staff, not specialist clinicians, are involved in administering the medication and conducting monitoring, and that the police have at times held the drugs without the necessary controlled drugs licence. Police Scotland maintains that the provision of medical care is the responsibility of NHS Scotland and its healthcare professionals.
- Official statements: The Scottish Government and NHS Grampian have been engaged in the petition process and have provided various responses, including that a rapid review was conducted and actions taken regarding controlled drug licences in custody suites. However, the petitioner continues to assert that the practice of giving non-consented dihydrocodeine persists and breaches Human Rights Act articles.

In essence, while NHS Grampian assert their actions are clinically reasoned and within guidelines, the facts and supporting documents argue that the current practice for detainees in police custody in the Grampian area falls short of the legal and ethical standards for informed consent set by the *Montgomery* judgment.

Healthcare provision in police custody in Scotland is the responsibility of local NHS Boards, not police staff.

Police custody staff are generally not medically qualified to administer, titrate, and monitor on medications like dihydrocodeine; this is the role of a qualified healthcare professional (HCP) or a medical practitioner. Yet in Elgin and Fraserburgh police

custody staff regularly dispense dihydrocodeine, a controlled drug to detainees and monitor them for adverse symptoms, that they are not trained to do.

In FOI/2025/1254 NHS Grampian unintentionally confessed to lying to the Scottish Government, Scottish Parliament and my MSP, Richard Lochhead in a face to face meeting.

I asked:

“Under the freedom of information act could you answer the following questions:

1) What special license does NHS Grampian need to transport Methadone to custody suites in Elgin and Fraserburgh. This was an answer give to Emma Roddick MSP, the question was: 1.2 S6W-41699

I can find no reference to this special licence, I have used reference books and asked pharmacists and they do not know, what is this special licence and who issues it.”

The response was:

“NHS Grampian does not supply the custody suites from its managed service (hospital based) pharmacies and so no special licence is required by NHS Grampian as a legal entity.

For a private, independent community pharmacy to supply stock controlled drugs via wholesale (rather than prescription) a wholesaler dealers authorisation is required from the MHRA and a controlled drugs license is required from the Home Office.

For a private, independent community pharmacy to supply stock controlled drugs via an NHS stock order, where that pharmacy holds a wholesale dealers authorisation the Home Office expects the pharmacy to also hold a controlled drugs licence.”