

# Citizen Participation and Public Petitions Committee

16th Meeting, 2022 (Session 6), Wednesday  
23 November 2022

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

### Note by the Clerk

**Lodged on** 14 September 2021

**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>

### Introduction

1. The Committee considered this petition at its meeting on [23 March 2022](#). The Committee agreed to write to the Scottish Government. They also agreed to invite the Chair of the Scottish Drug Deaths Taskforce and the Cabinet Secretary for Justice and Veterans to give evidence at a future meeting. The Minister for Drugs Policy will provide evidence to the Committee at a future meeting.
2. At its meeting, the Committee will take evidence from David Strang, former Chair of the Scottish Drug Deaths Taskforce and Carole Hunter, former Member of the Scottish Drug Deaths Taskforce.
3. 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**.
4. The Committee have received written submissions from the Scottish Government, the petitioner and Scottish Drug Deaths Taskforce which are set out in **Annexe C**.

5. Written submissions received prior to the Committee's last consideration can be found on the [petition's webpage](#).
6. Further background information about this petition can be found in the SPICe [briefing](#) for this petition.
7. The Scottish Government's initial position on this petition can be found on the [petition's webpage](#).

## 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

14/09/21

## 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 23<sup>rd</sup> March 2022

**The Convener:** PE1900, 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. At our most recent consideration of the petition we agreed to write to relevant drug treatment charities. A coordinated response has been received from the new chair of the Scottish Drug Deaths Taskforce.

Before I come to that submission, I highlight that we received additional correspondence from the Scottish Government this week, which relates to earlier questions from the committee about a register of prescribed medicines in police custody. Members will recall that, as part of our consideration, it was identified to us that that information is not collected; in the absence of the information we were not persuaded that it is possible to assert with accuracy that no issues are arising.

The Scottish Government confirmed again that there is no central monitoring of the provision of prescribed medication in custody, and that that is not something that it is currently able to collate. As a consequence of our pursuit of the matter, the Government has confirmed that there is an “evidence gap” and says that it “will consult with stakeholders in Justice and health to establish the best method of filling that evidence gap. We will report to Committee when an appropriate information gathering process has been put in place.” The clerks have alerted the petitioner to that development.

In its submission, the DDT confirmed that “all relevant individuals, including detainees in police custody, should have access to prescribed medication. This includes the consideration of opiate substitution therapy such as methadone.” It also referenced “the relevant Guidance for Police Scotland and Health Care Professionals” and the “Police Standard Operating Procedure” that “makes provision for providing access to methadone in custody and states that only NHS healthcare staff can administer methadone, although ... police can administer other medications.”

The DDT suggested that the committee might find it helpful “to learn more about the availability of healthcare staff to administer methadone in police custody as there may be some areas where healthcare staff have a significant geographical area to cover which could impact on availability to administer methadone, resulting in some people going through withdrawal in custody.”

It went on to explain: “The implementation of Medication Assisted Standards (MAT) in Scotland will enable consistent delivery of safe, accessible, high-quality drug treatment across Scotland ... support of the MAT standards would equate to support for ‘all detainees in police custody accessing their prescribed medication, including methadone’.”

The DDT said that it “notes that the Minister for Drugs Policy has made a commitment in the Scottish Parliament to embed these evidence-based MAT Standards by April 2022 and active participation from people with experience of problematic drug use will be central to this phase. Demonstrable commitment from senior leaders in NHS boards, Local Authorities and Health and Social Care Partnerships will also be critical ... this needs to be supported by sustained funding, workforce development, system change and culture change. A key way to measure success will be the experiences of people and families that use services.”

The task force highlighted the Covid pandemic’s negative impact on service delivery and initiatives to improve referrals and early access to treatment and support for people in the justice system. It said: “some rural areas have already highlighted concerns regarding their ability to meet same day treatment (standard one).”

In his submissions, the petitioner continues to highlight his concerns, particularly in the context of NHS Grampian, that detainees are being prescribed the unlicensed drug dihydrocodeine rather than methadone. He wants recognition that detainees in police custody have the right to give informed consent, should be seen by an advanced nurse practitioner or doctor and should have access to phone advice and visits as required and as per previous agreements.

The petitioner calls on the Scottish Government to recognise the Mandela rules and concludes by quoting Mr Mandela: “It is said that no one truly knows a nation until one has been inside its jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones.”

I thank the petitioner again for everything that he has done to highlight the issue and bring it to the committee’s attention. I seek colleagues’ advice on action that we might consider taking.

Ruth Maguire: This is a really important matter, on which we need to take more evidence. The availability of healthcare practitioners is an important issue. We probably also want an update on the commitment to embed medication-assisted treatment standards. Colleagues might also want to hear from the chair of the Scottish Drug Deaths Taskforce and, perhaps, the Cabinet Secretary for Justice and Veterans.

I agree with the petitioner that the rights of people who are detained by the state are important. Certainly when it comes to healthcare, there seems to be a bit of a gap, which we need to explore.

**The Convener:** Are members content with those suggestions?

**David Torrance:** I agree with Ruth Maguire and would like to hear from the chair of the Scottish Drug Deaths Taskforce and the Cabinet Secretary for Justice and Veterans.

**The Convener:** I suggest that we schedule that for after the summer recess, by which time the Government ought to have had an opportunity to consider what the reporting information process might look like and should be able to give us some indication as to when it will be in place and operational. That timescale would also allow us to see

what progress has been made in relation to some of the other deadlines that are mentioned in the various submissions that we received. Thank you.

I am sorry. Because Mr Sweeney is online, I did not catch him trying to comment on PE1893, on introducing legislation to protect Scotland's war memorials. Mr Sweeney, do you want to add anything? I am happy to revisit our decision in light of anything that you say.

**Paul Sweeney:** I am not particularly bothered about keeping the petition open; it was merely to mention another angle that might be worth considering. We might write to Historic Environment Scotland to ask it to consider the statutory listing of war memorials, to give them a degree of protection in planning law.

**The Convener:** Thank you. I think that we could combine your recommendation with the closure of the petition. We can write to make that suggestion. Are you content with that?

**Paul Sweeney:** Yes, that is fine.

**The Convener:** Are other colleagues content?

**Members** *indicated agreement.*

## Annexe C

### Petitioner submission of 23 March 2022

#### PE1900/G - Access to prescribed medication for detainees in police custody

I watched you today and my faith in democracy was restored. I have sent you more facts that are verifiable. Jamie Halco Johnston receive this reply in both the floor of Parliament and in a e mail of the 14/10/2021, it was stated by Humza Yousaf MSP had confirmed that NHS Grampian were not following Official Guidance. This lead me to investigate more vigorously and found a catastrophic catalogue of disregard of NHS Grampian own policies and regulations( yes Committee, they actually have some written documentation).

These are the revelations I found:

1) NHS Grampian policy (unwritten.) In the words of NHS Grampian ." All patients complaining of opiate withdrawal in custody are assessed, scored, and if clinically they are withdrawing, will be offered treatment with Dihydrocodiene. It is very much the patient's own decision whether they wish to accept treatment offered. No patients in custody are medicated without this first being discussed with them and they have the freedom to decline treatment if they so wish."

This is a wonderful reply:

a) Both HMIC and the CPT on their visit agree the first and in most cases the only Medical Triage is carried out in Elgin by medically unqualified police custody staff.

b) Dihydrocodeine has been unlicensed for the treatment of heroin addiction since 2007, NHS Grampian informed staff of this in a orange guideline document. Why is it unlicensed because it induces seizures. Unlicensed drugs can only be used on specific individuals for specific reason, not used on all in sundry.

c) Despite NHS Grampian definition of Informed consent, take it or leave it is not recognised, Montgomery V Lanarkshire more adequately defines it.

d) The detainees do not see or speak to a member of NHS Grampian healthcare staff.

## Scottish Government submission of 10 June 2022

### PE1900/H – Access to prescribed medication for detainees in police custody

I refer to the Committee's letter of 13 May seeking further detail on the above.

On the actions we propose to address the current centrally-held evidence gap in respect of requests for prescribed medication as part of drug-related treatment we are engaging with stakeholders including the Scottish Health in Custody Network and Public Health Scotland on the benefits a central information service would provide as opposed to the current arrangements in place to record Health and Social Care Partnership data locally – what it would be used for and who would hold the information etc.

On the issue of availability of healthcare staff to administer methadone, and the other forms of OST, which also have to be available as options under MAT standard 2, the Drug Deaths Taskforce has indeed flagged up that there may be a risk, and particularly in larger rural localities. My Unit in the Drugs Policy Division is tasked with implementing the MAT standards and improving workforce development. So, this possible risk is being worked on through both the implementation of the standards and through the development of an alcohol and drugs workforce plan this year. At local level, the PHS-led MAT Implementation Support Team worked with local services across Scotland to develop local plans for implementing the standards, which include same day access to treatment. Those plans focus on increasing workforce capacity.

The Minister for Drugs Policy provides an update to Parliament every six months on progress toward implementation of the Medication Assisted Treatment Standards. The next update is scheduled for 23 June. She will give a statement on how the standards have been embedded as at April 2022 and PHS will publish a benchmark report on that day summarising the progress it has found in each Health and Social Care Partnership area towards implementation. Later in the summer, Public Health Scotland will then publish more detailed findings for each Health and Social Care

Partnership area, including recommended improvement plans where required.

The PHS-led Implementation Support Team is working with local services and encouraging them to learn from each other in terms of system change and culture change, and Healthcare Improvement Scotland is developing a Learning System for this as well.

On funding, the Minister for Drugs Policy has confirmed in a statement to Parliament that as part of the £250 million five-year National Mission funding, MAT standards implementation will be funded through a £10 million per year uplift. Most of this year's £10 million is being spent on increasing workforce levels and on workforce development. The Minister will include an update on this in her 23 June statement to Parliament as well.

## Petitioner submission of 7 October 2022 PE1900/I – Access to prescribed medication for detainees in police custody

I told NHS Grampian via Moray Drug and Alcohol that my son was very disturbed, I offered to take him to a place of safety.

A welfare visit was arranged but I was not informed. A welfare check should be nothing to worry about. Instead it became a traumatic siege with damage to property, you would think the removal of the disturbed person would be compassionate, instead he was the victim of an assault and shackling, then flung into a van.

You would expect the police to take you to the custody suite for a short time, but the reality is that he was stripped naked, my son believed he was going to be raped and thrown into cell. He was seen by a nurse once in his cell, he lay in that cell for 24 hrs plus, this is despite Ward 4 being less than 1 mile away.

Then cuffed and off to court, where he was charged under section 38 breach of the peace, that amazingly he was told to walk to ward 4 and book himself in as a voluntary patient.

Detainees are daily treated as beasts, they are given unlicensed medication without consent.

Why is there no political will in Scotland to stop this barbaric treatment of detainees? They are not animals. Police Scotland are investigating, Moray Council now have investigated and found they were not informed of the "Welfare visit".

When as a young man in basic training at Royal Air Force Swinderby, a Chaplain spoke these words on ethics and morality. These words stayed with me for 50 years, yes it was my son's problem which highlighted the problem, a problem we all need to correct.

You cannot be democratic and discriminate.

"First they came for the Socialists, and I did not speak out—  
Because I was not a Socialist.

Then they came for the Trade Unionists, and I did not speak out—  
Because I was not a Trade Unionist.

Then they came for the Jews, and I did not speak out—  
Because I was not a Jew.

Then they came for me—and there was no one left to speak for me."  
— Martin Niemöller

# Scottish Drug Deaths Taskforce submission of 7 November 2022

## PE1900/J – Access to prescribed medication for detainees in police custody

**Declaration:** I am employed by NHS Greater Glasgow and Clyde and am an appointed member of the UK Government Advisory Council on Misuse of Drugs (ACMD). The comments below are made in my capacity as the Royal Pharmaceutical Society (RPS Scottish Branch) representative on Scotland's Drug Deaths Task Force (DDTF).

**Briefing:** The petition calls on the Scottish Government to ensure that all detainees in police custody can access all current prescribed medication, including methadone, in line with existing relevant operational procedures and guidance. The pharmacy profession has an important role in facilitating access to all prescribed medications. The Medication Assisted Treatment Standards (MAT) published in 2021 are evidence-based standards. It is recognised that the health of individuals with opioid dependence is safeguarded whilst in opioid substitution treatment (OST) and that OST is a protective factor in reducing drug related deaths. This includes the prescription of methadone, buprenorphine and, for a small number of patients, diamorphine. Engagement and retention in prescribed treatment is therefore a key element in helping to reduce the number of drug related deaths in Scotland. <https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/pages/2/>

In Scotland instalment dispensing and supervision, when required, of OST medications takes place in community pharmacies. If an individual is in police custody or unable to collect their medication in person for any reason, alternative collection and supply arrangements should be made to support retention in treatment. Consultation with the dispensing pharmacist is key to facilitating alternative arrangements.

Section 4.4.4 of the *“Standard Operating Procedure for the Care and Welfare of Persons in Police Custody”* outlines procedures for collection by the patient's representative from the community pharmacy and Appendix F gives an example of a collection form. This document states that *“patients in receipt of a prescription for methadone or buprenorphine can have the prescription confirmed by telephone contact with the dispensing pharmacists”*. It is essential that the community pharmacy is contacted to confirm the prescription information. Treatment services can provide information on the prescription details and date of issue but

the community pharmacy will have the most current information on collection and dose consumption. This information is important to support continued safe supply and administration of doses.

In June 2021 the RPS published a report, *“Pharmacy’s Role in Reducing Harm and Preventing Drug Deaths”*. This document noted that pharmacists and the pharmacy teams already play a significant role in *“supporting and providing treatment to people who use drugs”*. It has been acknowledged that pharmacy played a significant role in maintaining access to medications, including OST, during the Covid-19 pandemic. The report made 14 recommendations. Recommendation 6 advises that “All pharmacists should have access to shared patient records and clear communication pathways with other healthcare professionals involved in the care of people who use drugs”.

<https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/drug-deaths-and-the-role-of-the-pharmacy-team>

The pharmacy profession will continue to work with patients, carers and relevant partners to ensure that all patients, including those detained in police custody, can continue to safely access their prescribed medication.