Citizen Participation and Public Petitions Committee

1st Meeting, 2023 (Session 6), Wednesday 18 January 2023

PE1900: Access to prescribed medication for detainees in police custody

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 last considered this petition at its meeting on 7 December 2022.

2. At its meeting on 7 December, the Committee took evidence from the Minister for Drugs Policy.

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 has received two written submissions from the petitioner which can be found at **Annexe C**.

5. The Committee has also received a copy of correspondence from NHS Grampian to the Minister for Drugs Policy. This is included at **Annexe C**. It indicates that NHS Grampian is not yet able to administer MAT, including methadone, within police custody settings and is taking action to secure a controlled drug licence for police custody settings.

6. Written submissions received prior to the Committee's last consideration can be found on the petition's webpage.

7. Further background information about this petition can be found in the SPICe briefing for this petition.

8. 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 is prison, in accordance with the Official Guidance.

Annexe B

Extract from Official Report of last consideration of PE1900 7th December 2022

The Convener: Item 2 is consideration of continued petitions, the first of which is PE1900, on access to prescribed medication for detainees in police custody, 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.

Colleagues will recall that, at our most recent meeting, we took evidence from David Strang, former chair of the Scottish Drug Deaths Taskforce—I gather that he is now part of the implementation group—and Dr Carole Hunter, who is a former member of the task force. Our discussion with them has informed some of the areas that we would like to explore during this morning's meeting.

I am delighted to say that we are joined this morning by the Minister for Drugs Policy, Angela Constance, and her officials from the drugs policy division of the Scottish Government: Morris Fraser, head of delivery and support unit, and Henry Acres, head of cultural and structural change.

Good morning, and thank you all for coming; you are most welcome. We can move straight to questions, but if you would like to say something by way of introduction or clarification, minister, we would be happy to hear it.

The Minister for Drugs Policy (Angela Constance): Thank you, convener, for inviting me along this morning. This is my first appearance at the committee in my capacity as Minister for Drugs Policy.

I want to start by thanking the committee and the petitioner for the work that they have done on this matter. Access to the right treatment at the right time for each and every person is at the very heart of the national mission. I support the aims of the petition and agree that the people who are detained in police custody must have access to their prescribed medication, including medication assisted treatment such as methadone.

The Convener: Given what we heard from David Strang and Dr Carole Hunter at last week's meeting, what is the Scottish Government's reaction to the Scottish Drug Deaths Taskforce's "Changing Lives" report, which included a comprehensive suite of recommendations? Will the Scottish Government publish a plan for those recommendations? At the end of January it will be six months since the publication of the report. I recognise that there is an implementation group, but what is your reaction to the report and can you summarise how you expect to move forward?

Angela Constance: I very much welcomed the task force's report, as I had been looking forward to receiving its vital recommendations. The task force has made a

comprehensive suite of 20 recommendations with 139 action points, and we will issue our full response to those at the start of the new year.

We have given an initial response to the report to the Health, Social Care and Sport Committee, the Criminal Justice Committee and the Social Justice and Social Security Committee. We gave some indication of our direction of travel, but the culmination of our response will be presented to Parliament at the turn of the year.

The Convener: You paid tribute to the work of the petitioner earlier, and it was obviously a difficult personal situation that led to the petition being submitted to the committee. The petition identified some issues that were accepted in our correspondence with the Government as areas that merited a bit of further work and explanation.

We were impressed with the evidence that we heard last week. The experience of David Strang and Dr Carole Hunter is significant, and it underpinned an informed discussion.

Our job is in relation to the issues raised in the petition, and I will let David Torrance turn to those.

David Torrance (Kirkcaldy) (SNP): How important is it to embed the medication assisted treatment standards in practice, especially to ensure that individuals receive appropriate medication while they are in police custody?

Angela Constance: There are two points there, Mr Torrance. One is a more global point about the implementation of MAT standards. They are vital and they are a big part of the Government's reform programme. They are about ensuring that people have quick access to and informed choice about their evidence-based treatment, and that services are planned and operate in a way that they anticipate people's needs. All of that is connected to mental health and primary care, and the MAT standards are therefore crucial and not optional. Members will be aware of the statement that I made to Parliament earlier this year, and I will make a further statement next week.

On the specific issue of the prescription of medicine or opiate substitution therapy in police custody settings, MAT standard 3 requires people's treatment to be provided to them irrespective of their setting. OST needs to be routinely available to those for whom it is prescribed in custodial settings if MAT standard 3 is to be met. All health boards, alcohol and drug partnerships and integration joint boards have accepted the importance of that and our shared agenda for implementation of MAT standards.

We have been engaging on the issues raised by the petitioner in committee with various police and healthcare networks, such as the Police Care Network and, to the best of my knowledge, the only place where there appeared to be an issue was in Elgin. However, I want to be clear—and the guidance and MAT standards are clear—about what should happen.

In my view, as Minister for Drugs Policy, any interruption of a person's medical treatment is utterly unacceptable because of the consequences that the committee is

well aware of. The interruption of someone's medical treatment is discriminatory and not acceptable. Ultimately, the implementation of MAT standards will resolve the issue where it exists, and as I said, the issue appears to be specific to Elgin.

I hope to convey to the committee in the strongest terms that the practice, where it exists, is discriminatory and that we treat drug and alcohol problems as a health condition, so drug and alcohol treatment has to be on a par with any other treatment for any other condition.

David Torrance: The Scottish Drug Deaths Taskforce recommends that the MATS should be embedded by May 2024. Is the Scottish Government on course to meet that? If not, how much work is still to be done?

Angela Constance: There is a lot of work to do, and a lot of work is on-going. Members will be aware of the ministerial direction that I issued in June because I was not content with the scale and pace of progress. Part of the purpose of the statement that I will make to Parliament next week is to reflect on the information that all areas have provided on their improvement plans. All areas are subject to regular reporting on progress. For most areas, that will be done quarterly, but for areas that have particular difficulties, it will be monthly.

The other purpose of my statement next week is to inform Parliament of the Government's view not just of the task force's recommendations but those of Public Health Scotland's benchmarking report, which was published in June.

Alexander Stewart (Mid Scotland and Fife) (Con): In the submission that the Scottish Government made to the committee in March, you committed to consulting with stakeholders in justice and health to establish the best methods of recording how many requests for prescribed medication had been made by individuals in custody, and whether those requests had been met. Can you give us an update on any progress on that?

Angela Constance: That is an area that we have given considerable thought to, and I understood that the committee was raising the issue because there could be a gap in information. Part of the underpinning evaluation of our national mission to save and improve lives is to ensure that we have the right measurements in place.

I will not repeat what I have said about MAT standards, but ultimately issues such as these are resolved through the delivery of MAT standards.

I will just take a slight step back from the question to introduce some context. Public Health Scotland already publishes a range of information about OST, such as the number of people who are in treatment, for example. The committee is also well aware of the information that is held on the prescription of healthcare at the local level. The information that we are talking about is available, but it is held in Police Scotland's national custody records. We are giving some thought to that. The task force has made more broad recommendations about ensuring that our healthcare and justice systems speak to each other, and other important recommendations about information sharing.

On information that is held by a statutory organisation such as Police Scotland, there are particular complexities around unravelling that. I am aware that His Majesty's Inspectorate of Constabulary in Scotland has access to a range of information that is held by Police Scotland, so I am contemplating whether that is a potential route and whether I, as minister, should engage with the inspectorate.

I do not know whether the committee has considered that. The information is available to the inspectorate through the inspections that it has done. Indeed, this time last year, it did an inspection that involved the Elgin custody suite and it made a number of recommendations. I am informed that that led to increasing nursing provision in custody so that there is now full-time nursing cover in that centre.

Alexander Stewart: That information gap might well have been identified, minister, and you have now indicated that through other resources and ways of managing it, it might be closed. We are trying to identify whether such a gap exists—and it would appear that it does—and whether everyone is supported while in custody.

Angela Constance: It is not so much about a gap in the information as the availability and transparency of the information at the national level. More information is gathered about what happens with the prescription of OST in police custody settings than in other settings. That goes back to the nub of the issue. We have lots of information about where OST is dispensed, whether it be from a hospital or pharmacy, but we have much less information about where it is administered. The amount of information that is gathered in the police custody setting is much greater than that gathered in, say, homeless settings, where there are in-reach medical provisions.

The Convener: I wanted to pursue that issue myself. You started by saying that you thought that the incident in Elgin was isolated to the particular example that the petition raised. I was unclear why you thought that, but you explained that, although the information is not publicly transparent, it is there, and through the information that Police Scotland has available, you have been able to satisfy yourselves that it was just an isolated example. Therefore, when you said in response to the committee that the Scottish Government is giving consideration to that, it is not that you are considering a wholly new process, because you believe that the information is there already, but that you are considering how that information that is not necessarily or demonstrably available for people could be more transparent, so that people can see that the medicines have actually been prescribed. Is that correct?

Angela Constance: That is an accurate summation about the information that is currently gathered by Police Scotland. In terms of me satisfying myself about what is happening on the ground, the major stream of work on that is around the implementation of MAT standards. We have a lot of granular information about what is happening at the local level. Colleagues might be aware of the supplementary information that was published in August that gives an area-by-area breakdown of where individual areas are with their MAT standards. The MAT standards implementation support team—MIST—is providing practical, hands-on support to local areas on how to gather information better and how to change the ways in which they are working while being fully cognisant of the need to challenge stigma,

discrimination and culture. We have improvement plans in from all areas. We also have quarterly—or monthly, in some cases—reporting.

Through the serious and significant endeavours to implement MAT standards, we have much more information at the local level, which gives us a real connectivity between government and communities that we have not had previously.

Fergus Ewing (Inverness and Nairn) (SNP): I preface my question by pointing out that I am not, of course, a clinician, but I want to raise an issue that was referred to in evidence. There was some concern that dihydrocodeine has been prescribed in NHS Grampian. We had some concerns about the appropriateness of that. During last week's evidence session, I took the opportunity of asking Dr Hunter about it, and she said:

"Dihydrocodeine is sometimes prescribed in custodial settings. There is guidance on exceptional circumstances within the UK guidance that I mentioned. Its prescription should not be routine as a replacement, but there are some exceptional circumstances—including when it is not possible to get access to existing prescribed medication safely—in which it would be used by an experienced clinician."

To be fair, we are seeking a response from NHS Grampian about this matter, as is only right and proper, and I am not sure whether we have that yet. I just wondered whether I could raise the issue with you and ask what the Scottish Government's view is of the use of dihydrocodeine and whether it should be minimised, thus ensuring the availability of methadone, which I imagine would be the normal opiate substitute that is prescribed in most cases, at least in accordance with my understanding. Without casting any aspersion on or blaming NHS Grampian, I just want to raise the general issue with you, minister, to see what the Scottish Government's view is because it was raised, either by the petitioner or others, in evidence.

Angela Constance: Like you, Mr Ewing, I am not a clinician. You have, however, heard the evidence from Dr Carole Hunter, who is a senior pharmacist of many years' standing.

This is one of the issues that I have written to NHS Grampian about. On the specific point about dihydrocodeine, while prescribers can make judgments on a case-by-case basis, based on clinical judgment and health and safety, the bottom line—as I understand it as a non-clinical person—in accordance with the United Kingdom guidance that Dr Hunter referred to and the guidelines for Police Scotland and healthcare professionals, is that the routine use of alternatives such as dihydrocodeine does not meet the required level of support for MAT standards, and they should only be used in exceptional circumstance, not routinely. That is what I have stated in my correspondence with NHS Grampian. Essentially, it is a reiteration of the guidance.

For information on the broader context of my correspondence with NHS Grampian, convener, I have written in fairly direct terms to say that it has come to my attention and I am aware that, despite the longstanding nature of the issue, it still does not routinely provide OST in all circumstances. The issue is around the routine nature of

the provision. Yes, Dr Hunter spoke about exceptional circumstances but the health board should be in a position to provide OST routinely and it should not be disrupting people's medication. I have therefore asked NHS Grampian if that is the case, and if it is, what is it going to do to remedy it, and when? I would be happy to share that letter and any response I receive in due course with the committee, if it would be helpful.

Fergus Ewing: That predicted the question that I was going to ask, which was whether you could let us know what response you get from NHS Grampian. It must obviously have an opportunity to respond and give its view; that is only fair and proper. However, part of our job is to make sure that the Parliament has properly and thoroughly analysed and responded to the petitioner's plea for the availability of the prescription of opiate substitutes, principally methadone. I am keen to see the result of the inquiries and pleased that the minister has already pursued them rigorously. Thank you for that.

Paul Sweeney (Glasgow) (Lab): A key aspect that was discussed in a previous evidence session was the risks that are associated with release from custody, particularly the Friday release practice, which the "Changing Lives" report recommended should be banned as expeditiously as possible. Will the minister give us an update on where the Government is with progressing that?

Angela Constance: That is a feature in the Bail and Release from Custody (Scotland) Bill, which is at stage 1. I have been a longstanding advocate of ending Friday liberation. It just does not make sense to me. I appreciate that there are significant operational issues for the Scottish Prison Service to consider in all of this, but when I think of my time as a prison social worker—admittedly that was a long time ago now—I know that releasing large numbers of people on a Friday because people cannot be liberated on Saturday or Sunday can often lead to people not being liberated until later in the day. Although people's care arrangements should be in place before they are liberated, which is part of the proposed justice legislation that the cabinet secretary is taking through Parliament, people have practical issues to contend with on the first day of their release that mean that it does not make sense that it should be on a Friday. If they face any challenges, it can mean that they have to wait until Monday.

We have to follow the evidence that shows that any period of transition and change comes with its risks. We know that people being released from custody means them going through a period of elevated risk, so we need to plan to mitigate that risk. At a commonsense level, Friday liberations do not make sense.

Paul Sweeney: In relation to that practice, Dr Carole Hunter made a key point about the support of the pharmacy network in Scotland, particularly around seven-day access. Does the minister have a view on how the pharmacy network could support the infrastructure around releasing prisoners from custody? I am particularly thinking about potential changes to doses when people who have been in a custody setting have to manage their medication outside.

Angela Constance: In general, I agree that community pharmacies are an underused resource. The task force has made some interesting recommendations

about an enhanced service contract, and there are some parallels with that around arrangements with general practitioners and primary care.

There are 1,250 pharmacies in Scotland. That is quite an extensive network that we could be tapping into. There is innovative, progressive and helpful use of pharmacist services in different parts of Scotland, but there is a network and expertise there that we need to make more use of. It is imperative that we use all the assets that are at our disposal and community pharmacies are very much part of that.

Paul Sweeney: Another key point about support from our pharmacy network more generally was about ensuring that people who are released from custody or those who are caring for them if they have a support network are provided with naloxone. The evidence that has been provided has indicated that that is a patchy practice. What is the minister doing to ensure that it is more of a standard protocol?

Angela Constance: Good progress has been made in increasing the distribution of take-home naloxone kits. Quarterly figures were published on either Monday or Tuesday that approximately 6,500 take-home naloxone kits have been distributed. Members can refer to those published figures at their leisure but they give a breakdown of the settings from which they come, including prisons, community pharmacies and the Scottish Ambulance Service.

There are 13 alcohol and drug partnerships that have a prison within their catchment area, and 85 per cent of those have made specific arrangements with their community justice partners around identifying risks, part of which is the issuing of naloxone. In some cases, good use is also being made of peers, peer networks and people with lived experience who are now in recovery going into prison settings and supporting people with training on the take-home naloxone kit.

There is another statistic that we monitor. I hate talking about statistics in this fashion, convener, because, at the end of the day, we are talking about lives, but the reach of Scotland’s national naloxone programme continues to increase, and it is estimated that 66 people out of every 100 who are at risk of opioid overdose have been provided with a take-home naloxone kit.

Naloxone is very important but it is just one part of the solution, which is a whole system of care, treatment and support. I believe that we are making progress but we need to continue on our trajectory.

Paul Sweeney: I have one final question, if I may, convener. A key part of the wider network that supports people being released from custody is referrals to supervised overdose prevention facilities, which were highlighted as a key measure in the reduction of harm while someone is going from a supervised setting to being unsupervised. I am cognisant of the Glasgow pilot on such a facility. Can the minister provide an update on progress with that pilot and on the interaction with local custody settings as a mechanism for referring vulnerable people to it?

Angela Constance: Mr Sweeney knows of my enthusiasm for safer drug consumption facilities, and we are doing everything possible, within our powers, to leave no stone unturned to achieve the goal of a pilot site in Glasgow.

The short answer is that the Crown Office is now in a position to advise the Lord Advocate. As you know, I cannot speak on behalf of either the Crown Office or the Lord Advocate but, along with our partners in Glasgow, we have done an extensive amount of work on the matter and pursued it to the nth degree. It is not a silver bullet, but it is one piece of the jigsaw and, given the scale of the challenge that we face in Scotland, we need all the bits of the jigsaw.

Paul Sweeney: I have a small supplementary, convener, if that is okay.

The Convener: We have strayed a little bit outwith the terms of the petition that the minister is here to discuss.

Paul Sweeney: I just wanted to go back to the point about interaction between custody settings and the potential pilot. Will there be a definite link there?

Angela Constance: Mr Sweeney's broader point, whether it is in relation to safer drug consumption facilities or any other service, is about the connectivity between services. To go back to the petition, one of the improvements made by the Elgin custody suite was to put in place systems whereby the local service is informed when people are brought into custody, when they are on an OST prescription, and when they are to be released. The issue that we are all concerned about is what happens while someone is in custody and whether they are getting the medically prescribed treatment to which they are entitled and which should, under no circumstances, be disrupted unless there are exceptional health and safety issues.

The Convener: A final thought has occurred to me in relation to the availability of healthcare staff. In the wider political context, we are discussing the pressures on staffing resources. Are you aware of any data or issues with the availability of staff who can ensure that prescribed medicines are safely delivered to those who are in custody when it is appropriate?

Angela Constance: On the broad point, health boards and IJBs should monitor that. Through their routine reporting structures, they can and do raise workforce issues with the Government and NHS Scotland.

On the work that I and my drug policy officials are pursuing on the implementation of MAT standards, a financial resource is attached to that implementation. When I spoke to the committee before the summer recess, I said that approximately 100 posts were going to be funded. That figure has increased. To be specific and more helpful, I know that Moray, where Elgin custody centre is, has been successful in recruiting staff to work in and around MAT standards. Similarly, NHS Aberdeenshire has sought a number of staff and has largely been successful with that.

I am not disputing that there are issues with the workforce but there are examples of where those have been overcome, either through additional resource to help with recruitment or through the redesign of services.

The Convener: Thank you. I have not been ignoring your officials, minister; I just assumed that you would bring them in if you felt that there was anything appropriate that they could add.

Today has been helpful with the issues that we have been exploring with our petitioner. Minister, would you like to say anything further in conclusion?

Angela Constance: I appreciate the committee digging into the issue. Because drugs policy can rarely be considered in isolation, the debates in the chamber or during other committee appearances that I have been obliged to make have often been very wide-ranging. It has therefore been useful for me to take a specific issue in a specific locality and bore down into the detail. Thank you for that.

The Convener: Thank you. That is one of the advantages of the Citizen Participation and Public Petitions Committee. We are taking forward the issues of an individual with a petition rather than bringing forward individual party-political considerations, which sometimes allows us to have a meaningful conversation about the particular issue at hand.

Thank you for your appearance with us this morning.

Angela Constance: Thank you.

The Convener: Members, before I suspend the meeting briefly, are you content that we consider the issues raised by the evidence we have heard this morning at a later date?

Members *indicated agreement.*

Annexe C

Petitioner submission of 12 December 2022

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

I watched the Committee today and it was with pride, I watched democracy in action. Angela Constance answered question with clarity and integrity, the question on Dihydrocodeine that it is not to be used en-masse, yet over 33,000 detainees have been given it without consent over an 8 year period.

She agrees that detainees in Grampian have been discriminated against in Police custody, yet Police Scotland refuse to investigate. The question is why, they refuse to investigate, do they feel they would implicate themselves.

Police Scotland know they were giving an unlicensed unapproved drug without consent to detainees in their care. Carole Hunter stated it should have been given by an experienced clinician, it wasn't it was given by an unqualified police custody staff member.

These unqualified staff then triage, titrated and monitored the detainees. Secondly, this treatment is carried out in Kittybrewster and Fraserburgh custody suites, so this is not a unique situation.

The claim by NHS Grampian that they now have full time staff is not factual, they have full time staff at Kittybrewster. The staff at Fraserburgh and Elgin when needed, they work full time in A&E.

The greatest worry is that the scales of justice were unbalanced by the detainees desire to get their medication after reading the draft official report for 07/12/2022.

Angela Constance made, I am sure made an unintentionally incorrect statement, she stated **"We have been engaging on the issues raised by the petitioner in committee with various police and healthcare networks, such as the Police Care Network and, to the best of my knowledge, the only place where there appeared to be an issue was in Elgin. However, I want to be clear—and the guidance and MAT standards are clear—about what should happen."**

Sadly, this is a totally incorrect statement, since 1st April 2014, NHS Grampian has given the unlicensed unlabelled drug Dihydrcodeine which is inappropriate drug given to detainees without consent. The proof is in the following documents: Police Custody Healthcare and Forensic Medical Services, which has been developed between the Police Service in Scotland and NHS Scotland.

The report in December 2021 by HMICS highlighted Elgin because they visited that custody suite, but detainees in Kittybrewster, Fraserburgh and Elgin are denied their basic human rights. They are discriminated against by being given Dihydrcodeine despite not requesting it or consenting to the change. This abomination of democracy is caused by an inept Healthcare Trust, Grampian being allowed to use its own "unwritten policy" instead of the official guidance!

So, the phase "**to the best of my knowledge, the only place where there appeared to be an issue was in Elgin."** Is factually incorrect and therefore incorrect.

The Minister does not apparently realise over 33,000 detainees have been discriminated against in Grampian over 8 years, over 7500 plus in Moray alone.

Relevant links:
https://www.coe.int/en/web/cpt/-/council-of-europe-anti-torture-committee-publishes-report-on-the-united-kingdom-focusing-on-police-and-prisons-in-scotland

https://www.policecare.scot.nhs.uk/wp-content/uploads/2017/06/Alcohol-Drugs-and-Tobacco-Healthcare-Services-in-Police-Custody-Guidance-v1.pdf

Petitioner submission of 3 January 2023 PE1900/M: Access to prescribed medication for detainees in police custody

In my view, all your laudable work on the correct medical treatment in Police custody, is being sabotaged by Police Scotland and NHS Grampian's attempts at hiding their total disregard for the Official Guidance, compassion and decency.

The Minister for Drugs Policy stated that detainees still receive Dihydrocodeine not their prescribed methadone. Meaning that what I consider to be an aggressive and inhumane treatment of detainees is still blatantly carried out without a fear of rebuke or punishment.

They left a member of my family naked in a cell for 24hrs despite knowing he was suffering from an overdose after a suicide attempt, the committee will advise me to request a review.

I did 63 working days ago, the response, NHS Grampian says as he was in custody, it's Police Scotland responsibility, yet the welfare/ safety visit was organised by NHS Grampian. NHS Grampian even stated that as he was in custody, monitoring and medication was Police Scotland's responsibility.

Police Scotland have not even appointed an investigating officer? How can this happen in a civilised democratic country in the 21st century? What has gone wrong in Elgin custody suite?

So, the problem appears to be the organisations that are supposed to defend human rights have no joined-up policies. An example is I complained to Police Scotland about treatment of detainees their reply was Medical therefore no their responsibility. PIRC investigated my complaint about Police Scotland giving Dihydrocodeine to detainees, the result was Police Scotland had no case to answer, as medical treatment of detainees is NHS Grampian's responsibility? Surely Police Scotland have a duty of care. So I complained to NHS Grampian and am told it was legal due to their unwritten policy on the treatment of detainees. Even HMICS cannot help. The Scottish Human Rights Commissioner will not get involved as it does not intervene in individual cases? I would have believed over 7500 cases is not a singular issue.

NHS Grampian correspondence to the Minister for Drugs Policy

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

Thank you for your letter, received on 6th December 2022, in relation to Medication Assisted Treatment in Police Custody.

Currently due to historic constraints NHSG, are not yet able to administer MAT including Methadone within a Police custody setting.

One key factor affecting this is currently there is no Controlled Drug licence in place for Police Custody settings. After receiving the letter dated 6th December 2022, generating the conditions for administering MAT on our custody settings has been given the highest priority and an action plan has been developed to clearly establish the measures we require to undertake, to enable the prescription and administration of MAT within our local Police custody suites. Two short life working groups have been established. One is specifically tasked with the complete implementation of MAT standards within Police custody. This group includes members of the community Substance Misuse team, who are providing support and guidance with the implementation of the standards. The second group is focussed on obtaining a Controlled Drug licence for Police Custody settings.

To ensure rapid preparation of the application for a Controlled Drug licence, an urgent audit has been undertaken by NHS Grampian's controlled drug team within Kittybrewster (the local main Police custody facility) and several key actions have been identified. These issues are currently being addressed. Some of these matters cannot be fully progressed until we have obtained the Controlled Drug Licence so work around its acquisition is regarded as imperative.

A focus meeting has been arranged with the Home Office on Monday 19th December to discuss the requirements/expectations prior to our Controlled Drug licence application being made. We are trying to ensure the application has the greatest chance of a successful outcome.

In the meantime, and considering the need for rapidity, all current policies and procedures are being reviewed and updated in preparation for submitting the Controlled Drug licence application. Once the application is submitted, and is successful, it will allow the prescribing and administration of MAT within Police Custody to commence. We are unclear at this stage the exact length of time it will take to secure the licence; however, we are working as expeditiously as possible and have set ourselves an ambitious target date of end February 2023.