



Police Custody Healthcare Understanding crisis.

Jess Davidson RN RNMH DIPHE BN NMP QN FRCN

Inspector Neil Wilson, Edinburgh Division Police Scotland



XANAX

TRUE



POLICE CUSTODY



OUR AIM: TO IMPROVE WELFARE AND HEALTHCARE PROVISION FOR PEOPLE IN POLICE CUSTODY

OUR ISSUE:

WE CAN'T SEE WHAT'S REALLY GOING ON





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POLICE CUSTODY IS A UNIQUE ENVIRONMENT...

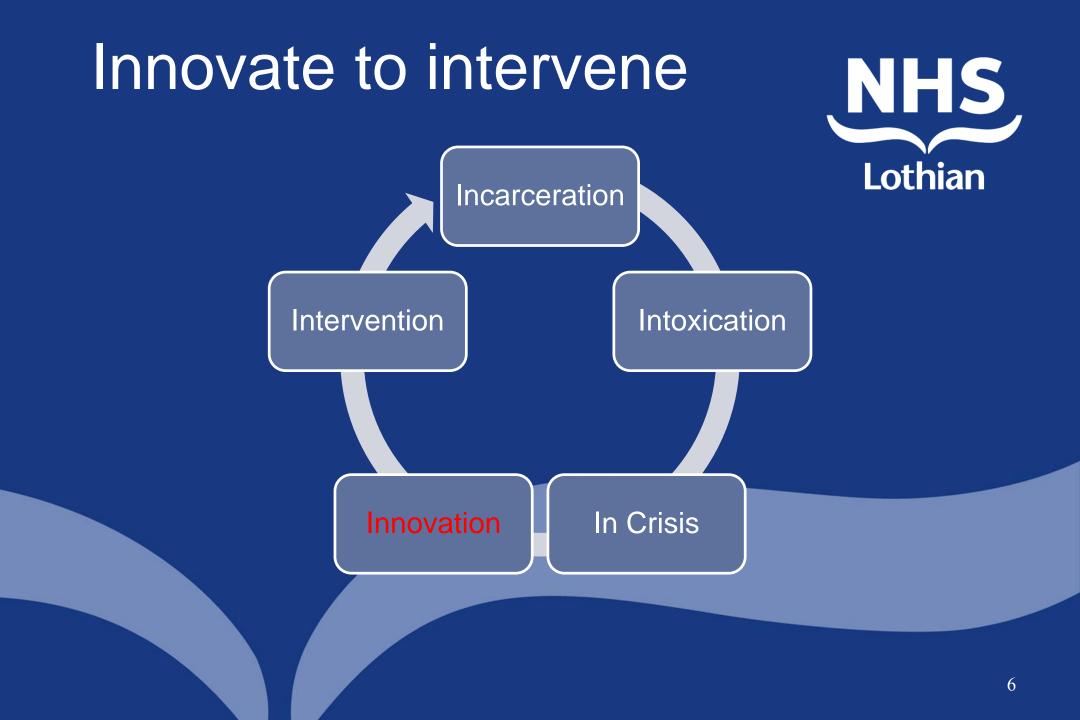
- 79 custody centres across the country 33 open 24/7
- Throughput ca. | | 7000 people a year
- Abstractions from Custody to Hospital:
 - 8584 hospital visits
 - Frontline policing hours lost: 56,940

Ingress and Egress – the most vulnerable times of the patient journey.



Arrival in Custody Vulnerability Questions Risk Assessment Frequency of visits





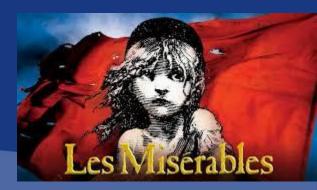
Sunday Choices



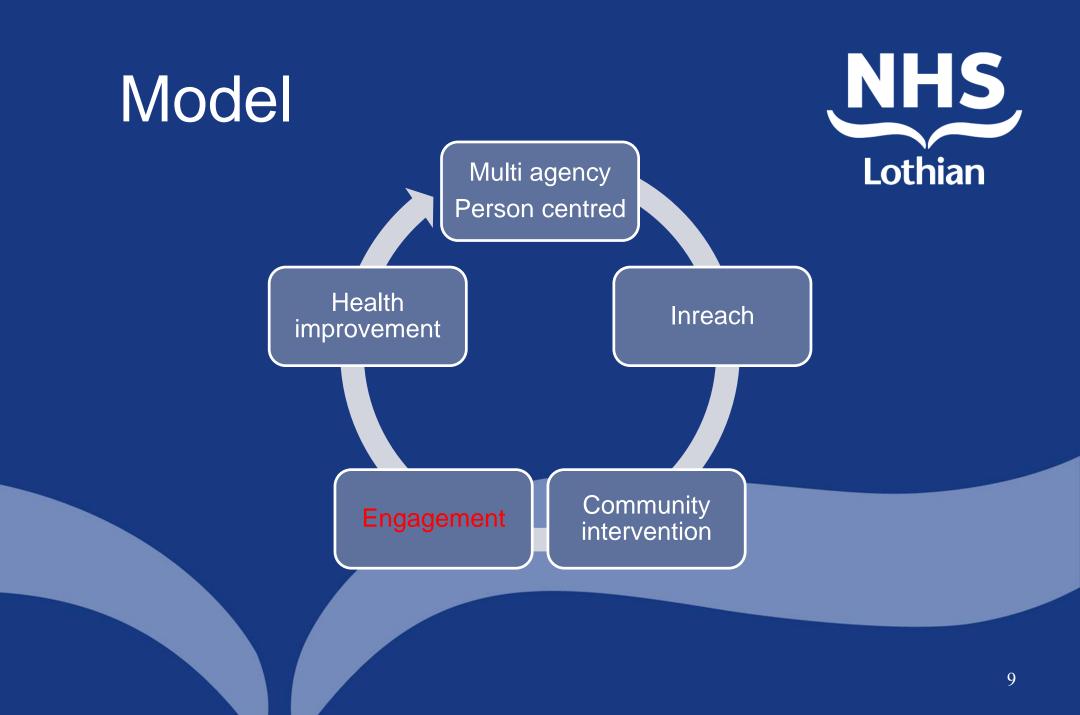
- <u>https://www.qnis.org.uk/project/sunday-</u> <u>choices/</u>
- What was the issue that required change?
- Patients in Police Custody are some of the most marginalised and disenfranchised people in society. They find it hard to access or engage with services that are designed to help them. Those who are detained on a Friday night will spend the weekend in custody. By Sunday, the effects of drugs and drink have worn off, and they want to talk to someone, but the service isn't there.



South East Scotland Faculty of Arrest Referral







Services for People Who Inject or Have Injected Drugs

We spoke to 29 service users across **6 different settings** in order to learn more about the health needs of people who inject or have injected drugs in Edinburgh. We also met with service providers and reviewed a range of data sources to improve our understanding for this project.



What service users told us...

Some of the difficult things about being on treatment are ...

- Long waiting times between assessment and starting methadone.
- Coming off methadone
- · Asking for clean works if you are still injecting sometimes
- Coping with feeling low and depressed
- Risky times, like coming out of prison
- Missing friends who still inject
- Feeling that some NHS and pharmacy staff treat you as second class

Some of the good things about services are...

- The NHS workers, pharmacy, hub staff and GPs who treat you with respect
- Talking to other people who have been in the same situation, and don't use drugs any more
- Having someone to help you as soon as you get out of prison
- · Linkworkers you can work with and rely on
- Help to cope with not having drugs if you are held in police custody
- · Having someone to chum you to a first visit to a new service -

We also heard...

- It's not hard to end up being homeless.
- It can feel difficult to go and get help with basic health problems, like injection site wounds
- · Help and advice after an overdose needs to be given in the right way.







What we will do.

- Improve communication between different parts of the NHS and other organisations that work with people currently injecting or who have injected drugs.
- Make it easier for people to get onto a treatment programme



We aim to...

- Ensure the same support, care and information for health and harm
- Find better ways to support people with particular problems, for example women who are homeless, people leaving prison, IPED users



Operation Threshold

- Identifying and engaging those at highest risk of harm from substance misuse
 - Intelligence Cell
 - NHS triage and recommendation of interventions
 - VOW/Aid & Abet engagement and signposting/support into treatment/diversionary activities



Operation Threshold

- 13 referrals to date based on intelligence development/review of police systems in relation to high risk behaviour
- NHS triage and suite of options provided for each case
- 9 of 13 traced and actively engaged with



Conclusions

- Death in custody and DRDs preceded by a public overdose requiring naloxone.
- Indicative of final crisis.
- Red flag predictor of completed death in the community especially in homelessness situations.
- Anticipatory care can intervene in this cycle.





Questions?