

10.0 Criminal Justice System

There are higher levels of health morbidities and less engagement with health services amongst those entering the criminal justice system than in the general population [49]. In 2012, responsibility for prisoner healthcare was transferred from the Scottish Prison Service (SPS) to local NHS boards, and, since 2014, responsibility for the health of people in police custody also sits with NHS boards. This situation provides an opportunity to improve equity of access to harm reduction interventions and to improve continuity of care as people move from the community into the criminal justice system and back to the community.

10.1 HMP Edinburgh

HMP Edinburgh receives offenders predominantly from Lothian and Borders but also from across Scotland. The capacity is 870 prisoners and on average 900 offenders are held per day of which up to 100 may be women.

The Scottish Prison Service (SPS) Prisoner Survey 2015 involves all prisoners in Scottish establishments and in 2015 the response rate was 55%: 92% male and 8% female; 80% sentenced and 20% on remand. The survey response on drug use and drug treatment at HMP Edinburgh were not significantly different from national rates.

In HMP Edinburgh, 45% of people report being under the influence of drugs at the time of their offence, 44% percent report having used illegal drugs in prison, 23% in the last month, 6% had ever injected in prison and 2% had ever injected in the last month. Of these 4 individuals admitted to sharing works and nationally this figure was 48; 82% of all those that reported injecting in the last month. Heroin was the most commonly reported drug injected.

Reported drug use is supported by the addiction prevalence testing that is conducted across all Scottish prisons annually. Of 33 prisoners tested on reception at HMP Edinburgh in November 2016, 76% (25) tested positive for illegal drugs: 14 (42%) for cannabis, 13 (39%) for benzodiazepines, 13 (39%) for opiates, six (18%) for methadone, four (12%) for buprenorphine and nine (27%) for cocaine. On liberation, of 51 people tested, 16 (31%) tested positive for illegal drugs: two (4%) for cannabis five (10%) for benzodiazepines, four (8%) for opiates, two (4%) for methadone and 10 (20%) for buprenorphine.

Further information collected from the prison healthcare electronic system VISION between 1st January and 31st December 2016, also indicates high rates of drug use, and although the numbers are smaller than for males (48 females vs 379 males) it is notable that female prisoners report higher rates of sharing needles and higher rates of abnormal injection sites (Table 10.1) [50].

Table 10.1: Self-reported data by the prisoner in relation to drug use from males on admission and females transferred into HMP Edinburgh between 1st January 2016-31st December 2016 from VISION

	Male	Female
Total Number	379	48
Misuses Drugs	71%	79%
H/O sharing needles	3%	12%
Injecting drug user	9%	23%
O/E Injection Site Abnormal	0.5%	8%
Previous injecting drug user	5%	8%

When asked about drug treatment at HMP Edinburgh, 22% of respondents report receiving treatment for drug use prior to prison, 35% report assessment for drug use on admission, 26% report being given the chance to receive treatment for drug use in prison and 15% report being prescribed methadone.

The main routes into treatment in HMP Edinburgh are: (1) screening at admission; (2) referral by prison staff; (3) self referral. NHS Lothian prescribing data (August 2016) indicates that 21% of prisoners receive opiate substitution therapy (OST) (Table 10.2)

Table 10.2: Number of prisoners receiving OST at HMP Edinburgh

Total Prison Population	Number on Methadone	Number on Suboxone	Number on Subutex
855	171 (20%)	11 (1%)	0

In addition to OST, prisoners at HMP Edinburgh receive a range of psychological treatment and harm reduction interventions delivered by the NHS Addictions Healthcare Team and the third sector organisation Change Grow Live (CGL).

Testing for blood-borne viruses (BBV) is offered to all prisoners on admission on an 'opt out' basis and specialist BBV nurses attend the prison weekly to supervise treatment and ensure prisoners are linked into community services on release.

10.2 Prison through care

The City of Edinburgh Council, Midlothian Council and NHS Lothian commission Change Grow Live (CGL) to provide the Edinburgh and Midlothian Offender Recovery Service (EMORS). The service provides voluntary through care services for people returning from prison to Edinburgh or Midlothian after serving a sentence of less than four years, and aims to ensure continuity of health and social care in the community, including addictions and harm reduction services. People released after serving a sentence of four years or longer, receive an integrated offender management approach led by Criminal Justice Social Work.

A high proportion of people interviewed as part of the NESI survey 2015-16 had ever been in prison (81%) and 15% had been in prison within the last six months. Of these, 10% were aged 25 or less and 33% were aged over 35. This is a younger age demographic compared to the general injecting population where 4% were aged 25 or less and 51% aged more than 35. For those who had been in prison, injecting behaviours were classed as more “risky” based on frequency, especially those who were homeless with 64% reporting injecting daily or more compared to 54% overall.

All of the prisoners interviewed in Lothian as part of the user consultation (Section 13.0) had experienced prison before and highlighted that the through care arrangements that were being put in place for their forthcoming liberation gave them more hope than they experienced in the past. However, it is recognised that continuity of care can be a challenge beyond release especially because GP registration can lapse and it can be difficult for some people to re register [51]. The Edinburgh Access Practice has a dedicated nurse who links with HMP Edinburgh to ensure prescriptions are transferred into the community for those who are not registered with a GP.

In addition to the EMORS service and Criminal Justice Social Work other services that provide through care include SPS Through Care Support Officers, Job Centre Plus and third sector organisations Passport, SHINE, Foursquare & New Routes. The response is coordinated through the multi agency through care service, MATS.

Take Home Naloxone (THN) is promoted to all prisoners at HMP Edinburgh. Currently there is no prison based IEP scheme in HMP Edinburgh or in any other establishments across Scotland. However, there are discussions underway to look at issuing “one hit kits” on liberation from Edinburgh along with THN.

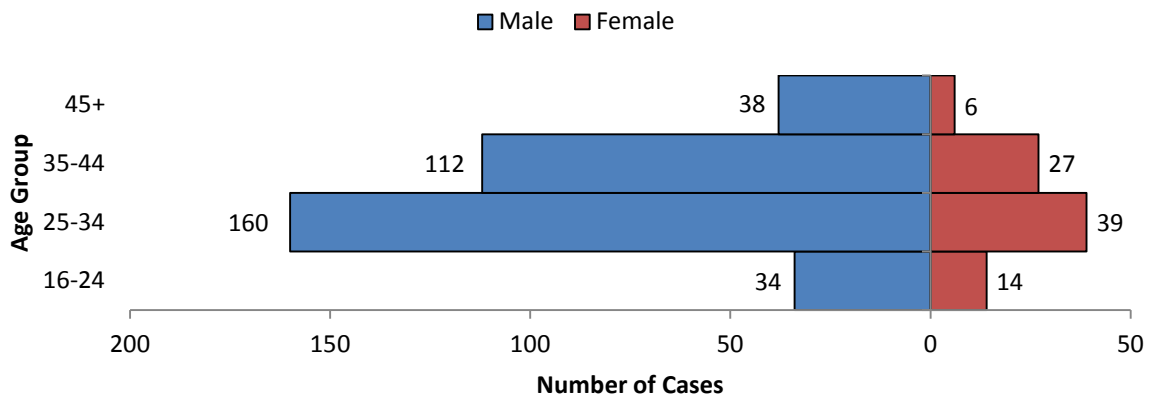
10.3 Police custody

St Leonards is the capital city’s custody area and has capacity for up to 48 men and women at one time. It is the busiest police custody suite in Scotland. The Thematic Inspection of Police Custody Arrangements in Scotland, 2014 examined a sample of 310 custody records nationally and 68% of detainees were classed as vulnerable because of medical, mental health or substance use issues [52].

The ADASTRA database at St Leonards was searched for the period 1st August 2015 to 31st July 2016. There is poor coding for 'Drug Type', 'Frequency' and 'Route' hence the majority of records were found through free text search. As a result, this data is unlikely to be entirely representative of drug users in police custody and is almost certainly an underestimate.

Of 430 people identified, 86 (26%) were female and 344 (74%) male. Of the women, 14 (16%) were aged 16-24 years and 39 (46%) were aged 25-34 years; for men the figures were 34 (10%) and 160 (46%) respectively.

Figure 10.1: Age and gender of police custody detainees associated with drug use between 1st August 2015 and 31st July 2016 based on ADASTRA Excludes those with no recorded CHI number (13% of cohort)



Recorded drug use was identified by a free text search for 499 unique admissions. Heroin was the most frequently recorded drug (n=350, 70%) followed by 'other opioids' (n=315, 63%), benzodiazepines 312 (62%), methadone (n=163, 33%), and crack (n=95, 19%). A history of injecting drug use was identified in 21% of admissions.

Currently there is 12 nursing staff employed within the custody suite that provide treatment for the prevention of withdrawals from alcohol, opiates and benzodiazepines.

Scottish guidelines for the provision of injecting equipment recommend disposal of injecting equipment on admission [10]. In some areas e.g. Tayside, a needle replacement service is offered although this is not yet in place in Edinburgh. There is some evidence to indicate that police custody suites in Scotland may be able to reach a group of injectors who are not in contact with other services and feedback from custody healthcare staff in St Leonards and the limited demographic data from ADASTRA supports this [53]. The EMORS service is commissioned to provide arrest referral in Edinburgh and Midlothian. However arrest referral support in police custody to date has been limited to short term pilot projects such as the Sunday Choices programme provided by SACRO [54].

Table 10.3 Recorded drug use by substance type, of police custody detainees associated with drug use based on ADASTRA from August 2015 to July 2016

Drug Type *identified either by recording in dataset, or free text search of drug name	Cases	% of Total Cases	Recorded Substance Route				Free text substance route (not necessarily in reference to stated drug)	Recorded Frequency of Drug Use				
			i.v	Oral	Smoke	Snort	'Inject' 'IVDU'	Daily	5-6 Days Per Week	3-4 Days Per Week	1-2 Days Per Week	2-3 Days Per Month
Benzodiazepines	312	62%	-	10	-	-	97	7	1	1	-	1
Cannabis (Herbal)	19	4%	-	-	1	-	4	-	-	-	-	-
Crack	95	19%	-	-	1	-	28	1	-	-	-	-
Heroin	350	70%	11	-	4	-	130	12	1	-	-	-
Methadone	163	33%	-	5	-	-	47	3	-	1	1	-
NPS (Synthetic Cannabinoid)	15	3%	-	-	-	-	5	-	-	-	-	-
Other Drugs	1	0.2%	-	1	-	-	0	-	-	-	-	-
Other Opiate Or Opioid	315	63%	-	2	-	1	107	1	-	1	-	1
Total Unique Cases (may use multiple drugs)	499											

*Note: 'Drug Type', 'Frequency' and 'Route' are poorly coded, hence the majority of records being found through free text search. As a result, this data is unlikely to be entirely representative of drug users in police custody.

10.4 Drug Treatment and Testing Order (DTTO)

The Drug Treatment and Testing Order (DTTO) Team is a statutory service. A DTTO is an order that courts can impose on adults if it is assessed that their offending is related to drugs. In Edinburgh there are two DTTO teams. One deals with people charged with serious or high levels of offending and this group tend to be chronically dependent on drugs with many health problems. The other team is the Early Intervention Team that works with individuals starting to offend because of their drug use. This team often deal with women whose substance use is generally a response to trauma and also both the younger and much older (e.g. 60+) populations of drug users.

Once a person has agreed to treatment they are provided with an intensive package of care by a multi-disciplinary team which includes a doctor, a social worker and an addictions worker. The doctor will prescribe OST within a month of the person entering the service and regular meetings are set up so that the service user is in contact with their treatment team at least 2-3 times per week. If they are an injecting drug user the aim is to eliminate injecting within the first six months of contact. The main DTTO team has the capacity to work with approximately 120 Edinburgh and Midlothian service users and the Early Intervention Team 20. All nurses are trained in wound care, a specialist BBV Nurse attends weekly for testing and vaccinations and safer injecting advice can be given. Injecting equipment is not provided because it would be in conflict with the court orders to reduce the use of illegal drugs and service users can be drug tested up to twice/ week.

10.5 Willow

The Willow Service is a partnership between NHS Lothian, City of Edinburgh Council and SACRO to address the social, health and welfare needs of women in the criminal justice system. Willow aims to:

- Improve women's health, wellbeing and safety.
- Enhance women's access to services.
- Reduce offending behaviour.

Services are offered to women aged over 18, resident in Edinburgh or returning to Edinburgh from custody. Women participate in a programme of group work and one to one work, two days a week for six to nine months. The programme is delivered by a multi-disciplinary team consisting of criminal justice social workers, criminal justice support workers, a nurse, a psychologist and a nutritionist. A high proportion of women supported by Willow have substance use issues and women are mostly referred to their local recovery hubs, Spittal Street Centre or GPs for addictions treatment. There is on site provision of BBV testing, sexually transmitted infections testing, sexual health advice and certain contraceptive options, including emergency contraception. There are strong links between Willow, Chalmers Sexual Health Centre and the Edinburgh Access Practice, and the nurse is able to use their

premises to perform examinations or procedures as Willow does not have a clinical room. The current nurse is naloxone trained so there is potential to explore if it would be an option for THN to be distributed as it is not provided currently.

Oral health advice is provided at Willow with referrals to Lauriston Dental Clinic or Spittal Street for further treatment. A welfare rights adviser from the City of Edinburgh Council also does outreach to the Willow project to support the women.

10.6 Key findings: Criminal justice system

Patient characteristics

- 81% of injecting drugs users in Edinburgh have been in prison at some point and 15% of have been in prison in the last 6 months (NESI 2015-16)
- Those leaving prison in the last six months have a younger age demographic and are more likely to be homeless and involved in high frequency of injecting than the general drug injecting population (NESI 2015-16)
- 74% of those admitted to police custody are male and 46% are aged 25-34 (ADASTRA)
- There is a significant crossover of “frequent attender” patients attending A&E and those being detained in the custody suite (PACT)

Drug use

- 9% of males and 23% of females reported being injecting drug users on admission to HMP Edinburgh and 20% tested positive for opiates.
- 63% of those admitted to police custody on drug related offences reported use of opiates of which one third reported injecting drug use. 63% also reported use of benzodiazepines (ADASTRA)

Services

- 21% of prisoners in HMP Edinburgh are receiving OST (HMP Edinburgh Data)
- Experiences of through care are reported to have improved since the introduction of Through Care Support Officers.
- Police custody provides an opportunity to reach those whose healthcare needs are largely unmet by mainstream healthcare services and who may not be engaged with services in the community.
- Low threshold engagement through arrest referral programmes provides a vital link to services for those who are unlikely to access services in the community.
- Willow provide an important service and could consider provision of take home naloxone and IEP ‘one hit kits’ to women that need them.