Health Issues in Police Custody

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Offender Health Research Network

‘Public Health is Contagious’

University of Manchester
Health Issues in Police Custody

What issues?

Are these issues a problem??
Background

- Police custody
  - short term
  - < 24h (exceptions)
  - investigation following arrest
- Statutory basis for healthcare in custody
- Why?
- Politically sensitive issues
  - miscarriages of justice
  - deaths and harm in custody
  - terrorist issues
  - human rights issues
PACE

- Police & Criminal Evidence Act 1984
- Codes of Practice
- A: Stop and Search and recording of police encounters
- B: Searching of premises and seizure of property
- C: Detention, treatment and questioning
- D: Identification
- E: Audio recording of interviews with suspects
- F: Visual recording of interviews
- G: Power of arrest
PACE Requirements – Code C

- 9.5
- …custody officer must make sure a detainee receives appropriate clinical attention as soon as reasonably practical if the person:
  - A) appears to be suffering from physical illness; or
  - B) is injured; or
  - C) appears to be suffering from a mental disorder
  - D) appears to need clinical attention
- 9.5A
- Applies whether or not individual requests it and whether or not they’ve been treated elsewhere.
PACE Requirements – Code C

- ...fails to meet any of the following criteria, an appropriate healthcare professional or an ambulance must be called:
- Rousability – go into the cell, call their name, shake gently
- Response to questions – what’s your name, where do you live, where do you think you are
- Response to commands – open your eyes, lift one arm, now the other arm
- Remember to take into account possibility...of other conditions (eg alcohol, drugs, diabetes, epilepsy, CVA)
Reasons for Medical Assessments

- Fitness to detain
- Fitness to interview
- Fitness to charge
- Fitness to release
- Fitness to transfer
- Mental health assessment
- Assault (victim/suspect)
- Injury (police officers/restraint)
- Traffic offences (blood option/fitness/failure to provide)
- Intimate samples
- Complainant examinations
- Complaints against police
- Scenes of death
- Police personnel
Evidential
Both
Healthcare needs of detainees

- ‘Forensic’ healthcare needs
  - drugs
  - alcohol
  - mental health
  - forensic sampling
  - forensic documentation of injury

- ‘General’ healthcare needs
  - unknown
UK Profiles of Detainees

- Mental health issues  18%
- Significant alcohol misuse  15%
- Dependence on
  - heroin/crack cocaine  30%  [1992 – 11%]
    - heroin  93%  [1992 – 77%]
    - crack cocaine  87%  [1992 – 30%]
- Homeless  29%  [1992 - 10%]

Payne-James JJ. Work patterns of a Metropolitan Police Forensic Medical Examiner. The Police Surgeon 1992 42 21-24
Payne-James JJ, Bailey C. Work patterns of a Metropolitan Police Forensic Medical Examiner – 2004
Aims of Study

- To determine – for detainees in police custody:
  - the incidence of general health issues, diseases and/or pathology
  - how well those general health issues, diseases and/or pathology are being managed by the detainee

Results

- $n = 201$
- 83.6% consented to participate
- 85.1% subjects male
- Mean age 33.9 years
- 29.2 % English not first language
- 13.7 % no fixed abode
- 29.8 % not registered with family physician
- 25% in contact with other healthcare teams
Results

- 33.0% dependent on crack and heroin
- 25.0% dependent on alcohol
- 16.6% dependent on benzodiazepines
- 63.1% dependent on cigarettes
- 7.1% previously sectioned under the Mental Health legislation
- 16.7% previous self-injurious behaviour
Spectrum of Health Problems of Detainees

Figure 1 - Reasons for Arrest (total numbers)

- Theft/shoplifting: 37
- Assault: 26
- Wanted on warrant: 19
- Criminal damage: 10
- Drug supply: 8
- Drug possession: 4
- Public order: 4
- Handling stolen goods: 3
- Burglary/robber: 22
- Offensive weapon: 17
- Breach of ASBO: 5
- Driving offence: 3
- Fraud: 2
- Threats to kill: 19
- Sexual offence: 13
- Miscellaneous: 6
- Murder: 3
- Miscellaneous: 2

Legend:
- Theft/shoplifting
- Assault
- Wanted on warrant
- Criminal damage
- Drug supply
- Drug possession
- Public order
- Handling stolen goods
- Burglary/robber
- Offensive weapon
- Breach of ASBO
- Driving offence
- Fraud
- Threats to kill
- Sexual offence
- Murder
- Miscellaneous
Spectrum of Health Problems of Detainees

Figure 2 - Reasons for Examinations

- Sexual offence examination: 1
- Fit to charge and release: 19
- Road Traffic Act assessment: 2
- Injury assessment: 38
- Mental health assessment: 16
- Fitness to detain and/or interview: 165

Numbers
Spectrum of Health Problems of Detainees

Figure 3 - Active Diagnoses (total numbers)

- Mental health: 22
- Asthma: 8
- Depression: 10
- Musculoskeletal: 20
- Hypertension: 24
- Hepatitis: 9
- Gastrointestinal: 8
- DVT/PE/leg ulcer: 9
- Diabetes: 10
- Epilepsy: 8
- Alcoholism: 11
- Thyroid: 12
- Tuberculosis: 3
- Polycythemia: 2
- Cardiac: 1
- HIV/AIDS: 1
- Rickets: 1
- Haemorrhoids: 1
Results

- 56% had active medical conditions
- 74% of those were prescribed medication (by physicians)
- 3/70 had medication with them
- 35/70 had not taken medication for several days
- 11/70 had not taken medication for at least two weeks (including 3 with DVTs and 6 on anti-psychotic medication)
Figure 4 - Reasons given for non-compliance (total numbers)

- GP threw me off list: 7
- No GP: 5
- Forgot: 4
- Unwell: 2
- Medication doesn't work: 1
- Too busy: 1
- Lifestyle: 1
- Not bothered/too much hassle: 1
- Don't need it: 1
Study Conclusions

- High incidence of ‘general’ healthcare issues
- ‘Forensic’ healthcare issues and chaotic lifestyles prevent appropriate treatment in many cases
- Poor management and compliance is common
- Such inadequate or absent treatment may increase risks of harm to:
  - detainee (eg epilepsy, diabetes, asthma, DVTs, PEs, cardiac pathology)
  - others (eg anti-psychotic medication, TB)
Provision of Healthcare in Police Custody Suites

Request for Information under the Freedom of Information Act

The request is:

1. for provision of your constabulary/force/service total costs for the provision of custody healthcare services (sometimes know as forensic medical services) annually since 2000 until now;

2. a breakdown of the numbers of examinations undertaken in this setting;

3. a breakdown of what type of healthcare professional has undertaken the examination (eg doctor, nurse, paramedic)

4. the total number of detainees processed through custody

For the avoidance of doubt these figures should include:

(a) the detail of costs for healthcare of detainees (as determined by PACE Codes of Practice) provided (b) healthcare professionals (doctors, nurse or paramedics) employed by yourselves and/or any outsourced provider;

examinations of victims (to include the cost of sexual assault victims);

examination of injured police officers or examination of police officers against whom a complaint has been made;

administrative costs to manage the custody healthcare/forensic medical service (and in the case of outsourced providers, the cost to the constabulary to manage that contract).
Provision of Healthcare in Police Custody Suites

- 43 police services
- 41/43 responded to FOI request
- > 1.5 - 2 million detainees in police custody per annum
- ~ 26% will have a healthcare assessment
- s12 and s43 refusals

Provision of Healthcare in Police Custody Suites

- How is this now provided?
  - Doctors
  - Nurses
  - Paramedics
  - ECPs
  - Outsourced
  - Employed
  - Self-employed
  - Commercial provider

- No formal data
- No standards
- No regulation

Why is appropriate provision of healthcare in police custody suites important?
Deaths in custody

Deaths During or Following Police Contact: Statistics for England and Wales 2007/08
# Deaths in custody

## Deaths in or following police custody and deaths during or following other police contact by cause of death, 2006/07 and 2007/08

<table>
<thead>
<tr>
<th>Cause of death</th>
<th>2006/07</th>
<th></th>
<th>2007/08</th>
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<td>Deaths during or following other police contact</td>
<td>Deaths in or following police custody</td>
<td>Deaths during or following other police contact</td>
</tr>
<tr>
<td>Internal/external/multiple Injuries</td>
<td>2</td>
<td>8</td>
<td>1</td>
<td>4</td>
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<tr>
<td>Hanging/asphyxiation/drowning</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>3</td>
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<tr>
<td>Drug or alcohol overdose/poisoning</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>1</td>
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<tr>
<td>Stab/gunshot wounds</td>
<td>0</td>
<td>3</td>
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<tr>
<td>Natural causes/internal organ failure</td>
<td>11</td>
<td>1</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Long-term alcohol/drug misuse</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>1</td>
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<tr>
<td>Total known causes</td>
<td>24</td>
<td>17</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Awaited/no post mortem</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>10</td>
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<tr>
<td>Total all</td>
<td>27</td>
<td>20</td>
<td>21</td>
<td>26</td>
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UNITED FAMILIES AND FRIENDS CAMPAIGN
NO MORE DEATHS IN CUSTODY
Near Misses in Police Custody:
a collaborative study with Forensic Medical Examiners in London
Main factor in near-miss incidents

<table>
<thead>
<tr>
<th>Main Factor</th>
<th>Number</th>
<th>%</th>
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<tr>
<td>Self-harm</td>
<td>56</td>
<td>46</td>
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<tr>
<td>Drug-related</td>
<td>40</td>
<td>33</td>
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<tr>
<td>Alcohol-related</td>
<td>8</td>
<td>7</td>
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<tr>
<td>Medical condition</td>
<td>17</td>
<td>14</td>
</tr>
<tr>
<td>TOTAL</td>
<td>121</td>
<td>100</td>
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</table>

Areas of concern for all HCPs (doctors, paramedics, nurses)

- Am I appropriately skilled?
- How do I know?
- How do I prove it?
- Does my regulatory body know what functions I undertake?
- How was my competence assessed?
- Specific areas of concern:
  - Mental health/fitness for interview
  - Drug administration
    - JRCALC
    - PGD
  - Examination skills
  - Diagnostic skills
- What if something goes wrong?
How to address problems?

- Risk assessments?
- Education?
  - General
  - Specific
- Ensure:
  - A) appropriate quality of healthcare and
  - B) continuing healthcare management for this vulnerable group
  - C) referral to appropriate agencies
Screening – Risk Assessment

- Self-harm and other forms of harm
- May not be completed on booking in
- Or subsequently
- Not all responses are accurate
- Inadequate
- Omissions
- Misleading
- ‘Have you answered these questions truthfully?’
- should be a dynamic process
GUIDANCE ON
THE SAFER
DETENTION &
HANDLING OF
PERSONS IN
POLICE CUSTODY

2006
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by the National Centre for Policing Excellence
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Subsection 1</th>
<th>Subsection 2</th>
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<tbody>
<tr>
<td>Faculty of Forensic and Legal Medicine</td>
<td>Advice to custody officers, gaolers &amp; detention officers</td>
<td>Head injury warning</td>
<td></td>
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<tr>
<td>Faculty of Forensic and Legal Medicine</td>
<td>Advice to patient</td>
<td>Head injury warning</td>
<td></td>
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<tr>
<td>Faculty of Forensic and Legal Medicine</td>
<td>Advice to forensic physician (FP)</td>
<td>Head injury management</td>
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<tr>
<td>Faculty of Forensic and Legal Medicine</td>
<td>Advice to responsible adult</td>
<td>Head injury warning</td>
<td></td>
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</tbody>
</table>
How to address problems?

- Ministerial Council on Deaths in Custody
- Independent Advisory Panel on Deaths in Custody
- Practitioner and Stakeholder Group
Conclusions

- Health issues are a major problem
- Proper medical assessment is required
- Risk assessment cannot identify all needs
- Referral to, and communication with appropriate agencies is essential
- Whilst in custody essential to maintain dynamic risk assessment and healthcare review by appropriately competent healthcare practitioners
Thanks

To all our colleagues, collaborators and patients who have participated in these studies