

# Patterns of illicit drug use of prisoners in police custody in London, UK

J.J. Payne-James \*, I.J. Wall, Caroline Bailey

*Forensic Healthcare Services Ltd., 19 Speldhurst Road, London E9 7EH, UK*

Available online 9 June 2005

## Abstract

**Aims and methods:** The aims of the study were to explore the current characteristics of drug misusers seen in police custody and identify trends or changes that have taken place in the last decade. A prospective, anonymised, structured questionnaire survey was undertaken of consenting consecutive, self-admitted illicit drug users seen by forensic physicians in police custody within the Metropolitan Police Service in London, UK in 2003.

**Results:** 30% of detainees were dependent on heroin or crack cocaine. Drug users ( $n = 113$ ) were studied in 2003. 95.4% completed the questionnaire. 82% were male, 18% female. Mean age was 28.5 y (range 18–49). 80% were unemployed; significant mental health issues (e.g., schizophrenia) were present in 18%; 15% had alcohol dependence; heroin was the most frequently used drug (93%); crack cocaine – 87%; mean daily cost of drugs – heroin GBP 76 (range 20–240), crack GBP 81 (range 20–300). >50% users inject crack and heroin simultaneously. 56% used the intravenous route; 25% had shared needles; 100% had accessible sources of clean needles; 6.4% were hepatitis B positive; 42% were aware of hepatitis prophylaxis; hepatitis C positive – 20.2%; 3.6% were HIV positive. Mean length of time of drug use was 7.5 y (range 1 month – 20 years); 82% had served a previous prison sentence; 54% had used drugs in prison; 11% had used needles in prison; 3% of users stated they had started using in prison. 38% had been on rehabilitation programs; 11% had been on Drug Treatment & Testing; Orders (DTTO); 32% had used the services of Drug Arrest Referral Teams in police stations; 10% were in contact with Drug Teams at the time of assessment.

**Conclusions:** In the last decade, there appears to be a substantial increase in the prevalence of drug use in this population – particularly of crack cocaine. Treatment interventions are either not readily available, or not followed through. In very general terms, the illicit drug use problem appears to have significantly worsened in the population seen in police custody in London, UK, in the last decade although there is evidence that health education and harm reduction messages appear to have had some positive effects. © 2005 Elsevier Ltd and AFP. All rights reserved.

**Keywords:** Drug misuse; Police custody; Heroin; Crack; Cocaine; Forensic physician

## 1. Introduction

The healthcare of detainees held in police custody in England and Wales is controlled by Codes of Practice of the Police & Criminal Evidence Act 1984.<sup>1</sup> Medical assessment of detainees may be undertaken at the request of the police in order to determine issues such as fitness to detain (in police custody) and fitness to inter-

view. Detainees themselves may request the attendance of appropriate healthcare personnel. In London, England detainees who have been arrested and held in custody by the Metropolitan Police Service may be assessed by forensic physicians contracted as Forensic Medical Examiners (FME). Such assessment may be at the detainees request or at the request of the police if healthcare issues (such as drug use) are identified. Illicit drug misuse is widespread and is directly and indirectly linked with crime<sup>2</sup>, and appears to be increasing. Studies undertaken in 1992 identified the proportion of drugs users seen as part of the forensic physician workload

\* Corresponding author. Tel.: +44 20 8525 0269; fax: +44 01621 772200.

E-mail address: [jasonpaynejames@aol.com](mailto:jasonpaynejames@aol.com) (J.J. Payne-James).

and explored the characteristics of such drug users seen in police custody in London.<sup>3</sup> At that time 11% of detainees had problems of drug misuse. In the past decade and more various national and local strategies have been formulated and implemented directed at reducing illicit drug use and crime associated with such drug use in England and Wales. A number of these strategies directly involve police (including the presence of drug arrest referral schemes available in all police stations, drug testing of detainees for ‘trigger’ offences, and needle exchange schemes), and thus directly or indirectly, forensic physicians. It was considered that the characteristics of drug misusers previously reported should be re-examined. Studies have shown that some reliability can be placed on the self-reported use of illicit drugs by users.<sup>4–6</sup> The aims of the current study were to identify trends or changes that may have taken place in the last decade or more, by examining the number and characteristics of drug users seen in police custody in London, UK.

## 2. Methods

A prospective, anonymised, structured questionnaire survey was undertaken of consecutive, self-admitted illicit drug users assessed by forensic physicians in police custody according to PACE guidelines within the Metropolitan Police Service in London, UK. The forensic physicians (IW, JJPJ) provide forensic medical services to the police in the central area of London, extending from Limehouse in the east to Marylebone in the west. Assessments are undertaken within police stations ( $n = 5$  at the time of the study) covered by Group 4 Forensic Medical Examiners. The area was broadly similar to the 1992 survey (although with fewer police stations) when identified (either by the detainee or the police or the forensic physician) detainees were invited to participate in answering questions in a detailed survey concerning personal issues of drug misuse. Detainees were informed that all data would be anonymised. 113 detainees gave consent to the procedure. Approval for this audit was provided by the Commissioners Advisory Panel of the Metropolitan Police Service and the Education and Research Committee of the Association of Forensic Physicians. The format of the questionnaire was similar to that of 1992 but took into account issues that had taken place in the intervening years. Comparison was made between the 1992<sup>3</sup> and present study – although account must be taken of the differences in the studies.

## 3. Results

In a preliminary study of 500 consecutive detainee assessments, 30% of had dependence on heroin or crack

cocaine [1992 – 11%]. Illicit drug users were studied in the first quarter of 2003. 95.4% gave their consent to participate in the study and complete the questionnaire. Those that did not give consent ( $n = 8$ ) were considered to be too intoxicated through drugs and or alcohol to be able to give consent. Of those consenting, 82% were male, 18% female. Mean age was 28.5 y (range 18–49). 80% of respondents were unemployed; 29% had no fixed address; 65% were white Caucasian; 18% were Bangladeshi. Significant mental health issues (e.g., schizophrenia) were present in 18%; 15% had significant alcohol use; 23% were married or had long term partners; 56% of partners/spouses used drugs. Heroin remains the most frequently used drug – in 93% of cases; crack cocaine was used by 87%; mean daily cost of each drug – heroin GBP76 (range 20–240), crack GBP 81 (range 20–300). More than 50% users inject crack and heroin simultaneously. 56% had used the intravenous route; 25% had shared needles at least once; 100% were aware of where to access sterile needles. From their own knowledge, 6.4% knew that they were hepatitis B positive, hepatitis C positive status which was not documented in 1992 was 20.2% and 3.6% were HIV positive (1992 – 4%). Clearly, as these figures were taken from the history, these may be an underestimate of the true figure. 42% were aware of and understood the benefits of hepatitis prophylaxis. The mean total length of time of drug use (although there may have been periods when clean) was 7.5 y (range 1 month – 20 years); 82% had served a previous prison sentence; 73% of prison sentences were drug-related (drug-defined – 21%, drug-inspired – 74%); 54% had used drugs in prison (1992 – 82%); 11% had used needles in prison (1992 – 30%); 3% of users stated they had started using illicit drugs in prison. 38% had been on some form of rehabilitation programs previously; 11% had been on Drug Treatment & Testing Orders (DTTO); 5.5% were currently on DTTOs at the time of arrest; 32% had used the services of Drug Arrest Referral Teams in police stations; 10% were in contact with Drug Teams at the time of assessment. Table 1 shows the 2003 results compared with similar characteristics identified in the 1992 study.

## 4. Discussion

The study results indicate that within the drug-using population of London, UK who are arrested and thus reviewed in police custody, the amounts of drugs consumed appear to be more than in a similar population studied in 1992. It did not address issues of recreational drug use. In particular, there has been an almost three-fold increase in the proportion of this population which use crack cocaine. Data from the most recent British Crime Survey which reported figures for 2002/2003 showed that cocaine is the only Class A drug where

Table 1  
Comparison of characteristics between 1992<sup>a</sup> and 2003

Characteristic	2003 (%)	1992 (%)
Admitted drug misuse	30	11
White Caucasian	65	85
Bangladeshi	18	4
No fixed address	29	10
Heroin use	93	77
Crack cocaine use	87	30
Intravenous route	56	72
Shared needle (ever)	25	41.6
Known hepatitis B status	6.4	25.7
Aware of hepatitis B prophylaxis	42	9.7
HTV positive	3.6	4

<sup>a</sup> Figures adapted from Ref. [3].

there has been an increase in use since 1996.<sup>7</sup> Usage of heroin remains stable. This study indicates that of those individuals seen by forensic physicians in police custody in London, the number of those who identify themselves as having problems of drug dependence has also increased almost threefold. This figure is similar to that reported in police custody (35.3%) in a mixed rural and urban setting elsewhere in the UK.<sup>8</sup> Mandatory drug testing for certain offences may have been one of the reasons that this number is increased, as in 1992 such testing was not undertaken and individuals could conceal a dependency if they wished. Approximately, 190,000 detainees are assessed by forensic physicians in police custody within the Metropolitan Police Service police area per annum. Of these contacts therefore over 60,000 will be related in some part to those with problems of illicit drug misuse.

The Government's Updated Drug Strategy published in 2002, has the over-arching aim of 'reducing the harm that drugs cause to society, including communities, individuals and their families'.<sup>9</sup> National drug reduction

strategies – first introduced in 1998<sup>10</sup> appear to have had little beneficial influence on patterns of drug use of the population seen in police custody. In the last decade, there appears to have been a substantial increase in the prevalence of drug use – particularly of crack cocaine. Treatment interventions, are either not available or not followed through. In very general terms, the illicit drug use problem appears to have significantly worsened in the population seen in police custody in London, UK, although there is some evidence to suggest that within this population, health education and harm reduction messages appear to have had some positive effects.

## References

1. Codes of Practice. Police & Criminal Evidence Act 1984.
2. Payne-James JJ. Substance misuse and the legal system in England and Wales. *J Clin Forensic Med* 2001;**8**(1):7–16.
3. Payne-James JJ, Dean PJ, Keys DW. Drug misusers in police custody: a prospective survey. *J R Soc Med* 1994;**87**(11):720–1.
4. Brown J, Kranzler HR, Del Boca FK. Self-reports of alcohol and drug misuse by detainees: factors affecting reliability and validity. *Br J Addict* 1992;**87**:1013–24.
5. Lu NT, Taylor BG, Riley KJ. The validity of adult arrestee self-reports of crack cocaine use. *Am J Drug Alcohol Abuse* 2001;**27**(3):399–419.
6. Stark MM, Norfolk G, Rogers DJ, Payne-James JJ. The validity of self-reported substance misuse among detainees in police custody. *Journal of Clinical Forensic Medicine* 2002;**9**:25–6.
7. Home Office. Prevalence of drug use: key findings from the 2002/2003 British Crime Survey. Research Paper 229; 2003.
8. Roberts G, Roberts J, Patton HF et al. A qualitative and quantitative survey of Forensic Medical Examiner workload in the Northumbria Police Force area October 2002–January 2003. *J Clin Forensic Med* doi:10.1016/j.jcfm.2005.02.008.
9. Home Office. Updated Drug Strategy; 2002.
10. Tackling Drugs – to build a better Britain. The Government's 10-year strategy for tackling drug misuse. London: The Stationery Office; 1998.