

**Service Provision for Detainees with Problematic Drug and
Alcohol Use in Police Detention:
A Comparative Study of Selected Countries in
the European Union**

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Foreword

The European Commission under the framework of the AGIS project funded this comparative research on the provision of services for detainees with problematic drug and alcohol use in 8 European countries. The eight countries involved in the research were Bulgaria, England and Wales, Estonia, Germany, Hungary, Italy, Lithuania and Romania.

This paper gives an extensive summary of the research report which appears in full as HEUNI Publication No. 54. In addition the executive summary of the main report is also available in Bulgarian, Estonian, Hungarian, Italian, Lithuanian and Romanian. These summaries can be accessed from the CRQ Website: <http://www.bcu.ac.uk/crq>.

Neither the European Commission nor any person acting on behalf of the Commission is responsible for the use which might be made of the following information found in this report.

Introduction

Over the last two decades drug use has greatly increased. As a result increasing numbers find themselves in police detention:

most of these detainees are vulnerable individuals and the recognition of their substance misuse problem is now perceived [in the UK] as important and is receiving local and national attention. Accurate assessment of substance-misuse-associated morbidities, including the degree and severity of dependence, and of the need for medical intervention, is essential, because both intoxication and withdrawal can put detainees at risk of medical, psychiatric and even legal complications (Royal College of Psychiatrists and Association of Forensic Physicians 2006,ii)

Despite the expanding illicit drug industry and advances in law enforcement, which have led to an increase in the proportion of problematic drug and alcohol users coming in contact with the criminal justice systems throughout Europe, there is still little research about police detention (Van Horne & Farrell 1999), specifically in considering police forces' response to the problem and the treatment of problematic drug and alcohol users in police detention (MacDonald 2004).

Official statistics have shown an increase in the number of problematic drug and alcohol users across Europe and in Central and Eastern Europe. Recreational use and experimentation are becoming a central part of youth culture. Problematic drug and alcohol users represent a small minority of the whole population. However, this sort of use is responsible for the vast majority of associated harm, in personal, economic and social costs.

This study explores legislation, policy and practice for problematic drug and alcohol users during police detention in eight countries in the EU.

Key Issues

The Police and Harm Reduction

The roles of healthcare professionals and the police in addressing drugs and harm reduction have been discussed in several research studies (Spooner *et al.* 2002; Lough 1998; Beyer 2002). These studies raise issues about who is responsible for harm reduction and the conflicts for the police whether law enforcement and harm reduction can comfortably co-exist. As a general rule health professionals are more exposed to and have the responsibility for dealing with different drug-related harms experienced by drug users whereas the police are responsible for dealing with crime and related issues experienced by the public. However, these different responsibilities are not mutually exclusive as policies and strategies implemented by health and police impact on each other:

police activities can influence health harms such as overdose, the spread of blood-borne diseases, the age of initiation of drug use. Similarly, health activities can influence crime and public amenity. For example, drug treatment programs can influence criminal activity among drug users (Spooner *et al.* 2002:3).

It can be argued that many police identify their key role as reducing drug-related harm by placing the emphasis on the reduction of drug supply on the grounds that reducing the supply of drugs reduces availability and thus the number of drug users (Martin 1999). The police face a contradiction in a situation where the use of alcohol and tobacco is accepted (despite the harm these cause) whereas the use of other forms of drugs are subject to an opposite set of legal values (Bradley and Cioccarelli 1989).

Research has demonstrated that the police can have a role in harm-reduction provision, without necessarily compromising their legal and moral values. For example, they can encourage users in detention to make use of local needle-exchange sites and provide information

on their location, and they can use discretion in not arresting users at such sites, while consulting with the community on the need for such methods (Spooner *et al.* 2002).

Methodology

To provide an in-depth analysis of the policy and practices operating in police detention and the response to people with problematic drug or alcohol use in the sample countries, an ethnographic approach was used. This involved semi-structured, in-depth interviews with key criminal justice professionals, healthcare staff, government and NGO representatives and people with problematic drug or alcohol use who have experienced police detention.

The partners in the research played a key part in collecting data from their countries to inform the literature review and country reports. Data from a range of sources was used, including national policies that address problematic drug and alcohol use and official statistics demonstrating trends in use and associated problems, such as crime and public health problems.

Aims and Objectives of the Study

The key aim of the study was to investigate legislation, policy and practice in relation to treatment of people with problematic drug or alcohol use in police detention in eight countries in the European Union (Bulgaria, Estonia, England & Wales, Germany, Hungary, Italy, Lithuania and Romania). In order to achieve this, the objectives set for the research were as follows. For each country in the study to:

- explore trends in problematic drug and alcohol use;
- examine national legislation and strategies in place to address problematic drug and alcohol use;

- investigate the provision of healthcare and treatment services for problematic drug and alcohol users in police detention and establish who is responsible for this;
- consider vulnerable groups relating to problematic drug and alcohol use;
- identify gaps in service provision for people with problematic drug or alcohol use in police detention;
- identify and disseminate good practice identified by partners involved in the study;
- consider the impact of joining the European Union, where appropriate, on strategies and service provision for people with problematic drug and alcohol use in police detention.

Participants came from a range of government and non-government organisations, including ministerial staff (responsible for criminal justice, policing and healthcare), the police, prosecution service, courts, prisons and probation, drug treatment centres in the community, NGOs who provide services for problematic drug and alcohol users and also promote the human rights of users in detention and problematic drug and alcohol users who have experienced police detention.

Conditions and Impact of Police Detention

A key theme raised in the study was the physical condition of police detention, both the structure of the actual buildings and the facilities. It is important to distinguish between the conditions at the point of arrest at police stations and the conditions of police arrest houses. Estonia, Lithuania, Romania and Hungary have police arrest houses under the control of the Ministry of the Interior. In Bulgaria the police remand houses are under the Ministry of Justice.

Detention in police custody can be either a relatively short time in police stations (Italy, England and Wales, Germany) or for longer periods in police remand houses.

The conditions were not considered to be acceptable in police stations (England and Wales, Italy and Germany). Conditions in police remand houses, where detainees in some countries can be kept for up to nine months, were considered to be very poor lacking in health care, services for drug users, overcrowded, unhygienic, in need of refurbishment and lack of facilities for exercise. Former detainees who had experienced police remand houses all said that they were glad when they were transferred to prison as the conditions and services improved dramatically compared to the police remand houses.

In some instances, the poor conditions in police detention were due to structural constraints (old buildings; listed buildings; lack of finance). Within countries there is a great deal of variation in the conditions in police establishments.

Treatment of Detainees

In general interviewees in the sample countries felt that there was no difference in the treatment of those with problematic drug and/or alcohol use, rather respondents suggested that all those arrested were treated as criminals. However, it is important to explore this view as problematic drug users are vulnerable at the point of arrest, often requiring drug services. Other groups are also vulnerable, such as young people, foreign nationals and those with mental health problems and with different cultural needs (e.g., the Roma community).

In the majority of the participating countries a lack of knowledge about those with problematic drug use led to negative attitudes towards them from the police. Detainees from most of the participating countries said that the police exploited them while they were withdrawing from drugs in order to secure confessions or to get information.

Physical violence towards detainees, though mentioned by some detainees, was on the whole considered to have significantly decreased in all of the participating countries.

Younger police officers were identified as having more sympathetic and positive attitudes towards those with problematic drug use.

The emphasis on strategies and policies regarding problematic drug use was identified as problematic as this tended to deflect attention away from other vulnerable groups such as those with mental health problems, those with problematic alcohol use, foreign nationals, Roma and young drug users (under 18 years).

Access to Drug and Alcohol Treatment

The availability of drug services for detainees with problematic drug or alcohol use is variable in the police forces included in this study.

Withdrawal

Doctors from the emergency service in some participating countries (Bulgaria, Italy, Lithuania, Hungary) are used in the assessment of both drug addiction and alcoholism and for providing help with withdrawal. The doctors from the emergency service provide pain killers or tranquillisers as necessary for detainees with problematic drug use. The Forensic Medical Service (England and Wales, Germany) provide assistance with withdrawal for detainees. In Estonia, felchers¹ give drug users pills for withdrawal to reduce the pain. In Romania, the police use the prison hospital in Bucharest to provide help with withdrawal for some detainees.

However, detainees from most of the participating countries complained that often they received no help with withdrawal while in police custody.

¹ A felcher is a paramedic with 3 years' training. They are able to prescribe some medicine governed by a series of restrictions.

Methadone

Methadone was available to some degree in the community in all of the participating countries. Only in England and Wales and Germany (if the detainee provides their own supply) was methadone available in police custody (but not in all police stations). Detainees who are on the methadone programme in the community with ID cards can have their methadone brought to the police station by their families in Bulgaria and this also used to be possible in Estonia. In Italy, in Rome, an NGO visits detainees with problematic drug use and will provide methadone.

The general experience of those detainees who are on a methadone programme in the community, in the majority of the participating countries, is disruption of their methadone when they are arrested due to the lack of liaison between community, police and prisons made worse by prisons and the police usually being under different Ministries.

Alcohol

Detainees with problematic alcohol use were identified as a key problem as there was a lack of services for alcoholism both in police detention and in the community.

A key finding in Germany was the practice of using police detention for sobering up with respect to users of alcohol. Alcohol users were also identified to be the ones most likely to have psychiatric problems in most of the participating countries.

Access to Health Care

Access to health care was on the whole less available in police detention than in the prison systems of the sample countries.

The availability of health care was worse in those countries where the police had arrest houses (detention centres) under the control of the Ministry of the Interior than in those where detainees went directly to pre-

sentence prisons under the control of the Ministry of Justice.

There were various models of health care provision for detainees in police custody such as a dedicated forensic service (England & Wales, Germany); provision by the Ministry of Health (Lithuania and Hungary); reliance on emergency service at police stations (Italy, Estonia, Bulgaria) and provision by the Ministry of Interior (Romania). In the police remand houses health care is provided by felchers (Bulgaria; Estonia) and normally treatment is not offered.

A lack of consistent provision in all police stations and in remand houses was raised in the participating countries, in particular the difference in health care provision in urban and rural settings.

Lack of detainee confidentiality was raised as an issue in some of the participating countries due to a guard being present during the consultation between the detainee and the doctor, confidentiality being compromised due to a lack of facilities and a lack of training resulting in police officers feeling that they needed to know a detainee's HIV or hepatitis status.

Harm Reduction

Generally, police officers in most of the participating countries did not see the provision of harm reduction measures as an important part of their role. It was something users could access in the community or in prisons.

Harm reduction was much more likely to occur in relation to occupational safety for officers than in services for detainees with problematic drug or alcohol use.

The initiatives developed to address the need of problematic drug and alcohol users in police detention demonstrated the benefit of partnership between the police and community healthcare or with NGOs providing treatment services. The majority of more

innovative approaches to address the needs of problematic drug and alcohol users in police detention came from NGOs working in partnership with the police (for example, Villa Maraini in Italy) or providing services in the community and promoting harm reduction (for example, the 'I Can Live' organisation and Open Society Fund in Lithuania).

Harm reduction training was provided for the police in a few of the participating countries. In most of the countries police officers were aware of how to search a detainee safely and to use protective gloves. However, protective gloves were not always available to police officers in all of the participating countries. The need for more training for police officers on harm reduction was highlighted in all of the participating countries.

Interviewees from the police in most of the countries were on the whole positive about harm reduction both for their own practice and in provision for detainees but some police did not see harm reduction as part of their role. A key point made by a representative from a Human Rights NGO as an explanation for the lack of harm reduction provision both in the community and police detention was due to the exclusion of harm reduction strategies in legal codes, in that they were seen as part of the remit of healthcare agencies or NGOs.

Provision of information or referral to drug or alcohol treatment services were generally accepted but not necessarily seen as the role of the police. A key finding was that internal documents for the police about harm reduction should be put in the form of a well-written leaflet rather than just in official communications (as these tend to be looked at quickly and then ignored).

Initiatives like needle replacement and substitution treatment were generally not accepted by the police officers interviewed.

Other members of the criminal justice system such as lawyers, prosecutors and magistrates were unlikely to have had any training about harm reduction.

Lack of Joined-up Approach Across the Criminal Justice System

During the course of the research a variety of service providers and service users were interviewed. A key theme that emerged was that there was often a lack of co-ordination and/or co-operation between different criminal justice agencies, government organisations and non-government organisations. This lack of a joined-up approach often reduced the potential impact that services could make on the lives of those with problematic drug or alcohol use.

The participating countries were at different stages of partnership working with a range of agencies to meet the needs of detainees with problematic drug or alcohol use. On the whole those interviewed thought that working in partnership and sharing best practice was the only way to respond to problematic drug and alcohol use.

Partnership, where it did exist, was not always easy to manage and problems were identified by respondents both amongst police officers and service providers. In order for partnership to be successful there need to be well-developed social services and NGOs in the community.

The research has highlighted some good examples of partnership; arrest referral workers in England, Villa Maraini in Italy and the case-management approach with problematic drug users in Romania.

Good Practice and Gaps in Provision

In the participating countries a range of good practice was identified in the provision of services and treatment for those with problematic drug and alcohol use. Some examples of good practice are:

- the practice in the methadone treatment programme to provide withdrawal for clients before they go to prison (Bulgaria);
- arrest referral workers who provide information to detainees on treatment for problematic drug use and custody nurses who provide health care (England and Wales);
- provision of HIV medication to prisoners when they are transferred back to police arrest houses from prison for court appearances (Estonia);
- the development of detention facilities specifically for those with problematic alcohol use in some German cities;
- confidentiality of detainees' medical records as accessed by healthcare staff only (Hungary) as police officers only have access to general information such as gender, or if the detainee has used drugs;
- Villa Maraini the only NGO in Italy who are able to prescribe methadone and who work in all Rome police stations although this is not underpinned by any protocol or agreement;
- that major cities in Lithuania have methadone maintenance programmes and centres and day-care facilities to help dependent users, and many projects carried out by NGOs have received government support;
- that in the future in Romania, according to ANA (Anti Drugs Agency) there will be no gaps between community, police detention and prison as methadone programmes will operate in all detention sites. All people with problematic drug use who are on a methadone programme will be recorded by ANA and if they are arrested then the ANA centre will manage their methadone substitution during their detention.

- a lack of support for detainees during withdrawal was raised in most countries;
- poor condition of police cells and arrest houses;
- a poor understanding of harm reduction amongst police officers and a lack of training for police officers on drugs, basic health care and harm reduction;
- a lack of harm reduction information or services provided for detainees;
- methadone maintenance not generally being available in police detention
- a lack of needle replacement schemes to replace injecting equipment removed during arrest when detainees are released;
- a lack of partnership with community drug agencies (governmental and non governmental) and other criminal justice agencies (prisons, probation);
- other members of the criminal justice system such as lawyers, prosecutors and magistrates were unlikely to have had any training about harm reduction;
- a lack of alternatives to custodial sentences for those with problematic drug and alcohol use;
- the emphasis on strategies and policies regarding problematic drug use was identified as problematic as they tended to deflect attention away from other vulnerable groups such as those with mental health problems, those with problematic alcohol use, foreign nationals, Roma and young (under 18 years) problematic drug users;
- a lack of confidentiality for detainees' medical records while in police custody;
- in some countries, a lack of well developed social services and NGOs in the community for the police to refer those with problematic drug or alcohol use to.

The gaps in provision for problematic drug and alcohol users in the participating countries bore some similarities:

Conclusions

This research has highlighted the needs of those with problematic drug and alcohol use in police detention and identified examples of best practice and gaps in the provision of services for those with problematic drug or alcohol use.

The criminal justice system contributes much to the everyday lives of those with problematic drug and/or alcohol use living at or beyond the margins of legality: from police practices on the streets, the operation of the courts and the conditions of police cells and arrest houses and prisons. This research focused mainly on the experiences of detainees at the point of arrest and during detention in police houses. There is a need for greater attention on police practice in their response to problematic drug users in the provision of drug services, harm reduction and health care. It is argued that the police and their practices are an important link between the initiatives in place for drug users and public health in the community and to some degree in prisons. The police also have a role in reducing the spread of communicable disease and harm reduction among IDUs and for referring drug users to treatment interventions.

Drug Policy

The existing drug strategies in the participating countries were considered to have positive and negative elements. Some of the positive elements were a focus on harm minimisation aiming to improve the basic health of those with problematic drug use and attracting them into treatment. However, engaging drug users with harm reduction is still very much seen as a route into treatment and abstinence from drug use (Hungary, England and Wales). In addition, in some of the participating countries the drug strategy was positive in encouraging a multidisciplinary, multifactor, integrated and comprehensive approach to drug users that aimed to improve the quality of the programmes (Romania) and to provide more services for those with problematic drug use in the community (Estonia).

The problems with the drug policy in the participating countries were discussed by interviewees who raised issues such as the lack of distinction between drug users and drug dealers (Bulgaria and Italy), the focus on prevention at the expense of harm reduction, that the law did not distinguish between the type of drug used (Italy, Romania, Bulgaria) that impacted on the provision of services for those with problematic drug or alcohol use.

Even when harm reduction is stressed as an important element and emphasised in the drug strategy, it is still difficult to implement, often due to a lack of resources and negative attitudes towards those with problematic drug and or alcohol use.

In some countries, the theory behind the drug strategy was considered to be very good, but its implementation was problematic as many of the goals and targets were not being met (Hungary) or the focus on drugs led to gaps in provision for those with problematic alcohol use (England and Wales). The national drug policy may not be implemented in the same way in the individual states (e.g., Germany) within a country where the departments responsible for drug strategy create their own programmes and policies for drug users. The policies in each state can be very different from each other and are not always in complete harmony and, in addition, not all city-level initiatives have state-level support.

General Comparison with Prison

A lot of work has been and is currently being done in the prison systems of Europe to provide drug services and harm reduction for those with problematic drug use. The police are less advanced: many detainees interviewed stated that they were glad to leave police detention and get to prison where they were offered better facilities and services for problematic drug use.

Issues like throughcare are being tackled by many prison services. Seamless care for those with problematic drug use requires cooperation between community drug agencies, prisons and the police.

Currently, the gap in the provision of drug services is during arrest and in police arrest houses. Many prisons for example offer substitution treatment or are considering the implementation of substitution treatment in the near future.

Providing continuing care requires multi-agency partnerships and a commitment to do it. As the research has shown there is often a major difference between the attitudes towards harm-reduction initiatives, such as needle exchange provision and methadone treatment, in the community as compared with the police (and to a lesser degree prison administrations). In the participating countries it was rare to find a police service that considered the provision of drug services and treatment for those with problematic drug or alcohol use as being a key part of their job.

Culture Change and Training

There is a need for a culture change amongst some police officers to one where treatment and healthcare are also seen as part of the role of police and to reduce negative attitudes towards detainees with problematic drug or alcohol use. This can only be achieved by education and training. To some extent training that involves professionals from different agencies both government and non-governmental can impact positively on negative organisational cultures and encourage a change in attitudes. The appropriate training:

can make great advances for harm reduction—when talking to the police it is important to educate them about HIV, about drug use, about their own professional safety, and showing them the human face of drug use. Many police simply regard a drug user as a criminal. We should ask the police for help, but we should also show them that it is an equal exchange and that we can provide them with valuable knowledge in return (IHRD 2004,22).

Many detainees reported that there were occasions when they would be detained for more than the standard 24–48 hours. This may be due to being kept in detention over the weekend when courts were closed, or for a variety of reasons of which they were not always informed. Particular problems were highlighted in Lithuania, where detainees were often kept in detention for up to ten days without charge. In England, examples of being kept in detention for five days or more were reported as a result of prisons using police cells to cope with overcrowding.

In all of the participating countries, examples of exploitation of detainees by police officers were reported. They claimed that police officers recognised when problematic drug and alcohol users were most vulnerable during withdrawal and would use this time to coerce them to confess or pass on information about dealers.

The conditions of police detention were described by many detainees as unhygienic, with lack of space and with no provisions for maintaining their personal hygiene. In England, one detainee stated:

it's horrible, there was no mattress, I couldn't have a shower not even before court... something needs to be done about that.

Although detention in police custody can be for a relatively short period in police stations it can last for much longer in those countries where there are arrest houses usually under the Ministry of the Interior. The conditions in police detention can have a negative impact on detainees' health, drug treatment or harm reduction initiatives started in the community and breach human rights.

In England, particular problems were highlighted when detainees were transferred to court detention cells, often for a whole day, with up to six people sharing a small cell with benches, whilst waiting for their case.

Detainees who were interviewed in all of the participating countries emphasised the need for improvements to both the condition of detention and in

relation to how they were treated by the police. Specifically, they stated that the most important measures that would improve their situation would be medical care when you need it, i.e., pain relief, or methadone, clean clothes, better food, a private toilet and showers, and an exercise yard. Many also felt the attitudes of officers towards detainees with problematic drug and/or alcohol use were generally more negative than towards other detainees.

Vulnerable Detainees and Human Rights

In all the participating countries, certain groups among problematic drug and alcohol users were identified as presenting particular problems, for example, those with mental health problems and foreign nationals or ‘non-citizens’ who are not eligible for state healthcare. In England, problems arose when mental healthcare providers refused clients who used drugs or alcohol, and drug-treatment agencies were often ill-equipped to deal with users who also have mental-health problems. Young people (i.e., under 18 years), although they had different (and usually better) conditions at the point of arrest in the majority of participating countries, were also often excluded from referral services, as community treatment services for young people were limited (England and Wales). Initiatives such as arrest referral workers in England were considered to overcome concerns about certain groups being excluded as detainees do not have to test positive for drugs or alcohol, nor do they have to commit a specific offence to take up this service. However, both police officers and arrest referral workers felt there was still a general lack of resources in the community to address the needs of problematic drug and alcohol users from diverse groups.

The research has shown that detainees’ human rights are often overlooked in matters relating to problematic drug and alcohol use. The Universal Declaration of Human Rights provides for the right of everyone to have the highest attainable standard of physical and mental health. These conventions also provide the legal basis for ‘states to respect, protect and fulfil, equitably

and in a non-discriminatory manner, all injecting drug users’ human rights.’ This includes comprehensive harm-reduction programmes along with providing treatment, care and support, including anti-retroviral therapy for HIV-positive drug users as necessary (International Federation of Red Cross and Red Crescent Societies, 2004;24).

The police need to be aware that their need to progress the investigation of an offence must be balanced against the need to respect the detainees’ human rights and not cause harm and distress to them. By causing harm and distress, police officers may find their methods are counter-productive and could lead to complaints (Kothari *et al.* 2002). Many detainees in this study reported examples of exploitation by officers whose primary goal was to proceed with the investigation of their case, and would take advantage of users’ vulnerable state during withdrawal.

The use of emetics (medication to induce vomiting) in Germany, for example, presents clear breaches of human rights, as identified by Amnesty International and the World Socialist Website. At the time of the research concerns were raised about the use of emetics in some German police forces. This strategy is targeted at those detainees suspected of transporting drugs inside their body, in order to enable officers to proceed with their investigation by getting the drugs out. In other countries, police officers monitor such cases to look for signs of drugs escaping into the body, and simply wait for detainees to expel the drug through natural means.

The use of, and the concerns about, emetics raises serious issues around human rights and has led to several fatalities. As a result, this practice has now stopped in most of the German ‘Länder’.

Access to Drug and Alcohol Treatment

Access to drug and alcohol services and treatment for police detainees was on the whole limited. A key need for detainees with problematic drug and alcohol use was help during withdrawal and to continue with their

methadone programme. The help available to most detainees during withdrawal in the participating countries was limited to tranquilizers and pain killers with methadone being available only to detainees in Germany and England and Wales. Detainees who are on the methadone programme in the community with ID cards (to identify their participation in the programme) can have their methadone brought to the police station by their families in Bulgaria and this also used to be possible in Estonia. One project run by the Red Cross in Rome demonstrated that it was possible to provide professional help to problematic drug users in police custody (methadone treatment) that was beneficial to both the detainees and to the police. A common reason given by police in the participating countries for not providing drug services was a lack of resources and in some cases, particularly in the arrest houses, a lack of medical staff or reliance on the emergency health service or lack of relationship with community drug service providers. The reality for most of the detainees interviewed who were on a methadone programme in the community was that during their time in police custody their programme was disrupted.

Detainees with problematic alcohol use were identified as a key problem as there was a lack of services for problematic alcohol use both in police detention and in the community. A key finding in Germany was the practice of using police detention for sobering up with respect to users of alcohol. Alcohol users were often identified to be the ones who were homeless and with psychiatric problems as well. Key issues that were raised in Germany were that the criteria for releasing or transferring those with problematic alcohol use were not clear and that there were not well-defined approaches about dealing with those who had both problematic drug and alcohol use. The emphasis on strategies and policies regarding problematic drug use raised some concern as they tended to deflect attention away from other vulnerable groups such as those with mental health problems, those with problematic alcohol use, foreign nationals, Roma and young drug users (under 18 years). In addition, a lack of treatment facilities for problematic alcohol users in the community, despite the numerous and widespread harms caused by alcohol, meant that detainees were released from

custody with nowhere to go for support. This is particularly important as often drug users will use alcohol as a substitute, and will need additional support because of this.

In England and Wales there was an emphasis on addressing the needs of problematic drug users at the point of arrest:

generally, among police officers in England, the point of arrest was seen as a prime opportunity to address the needs of problematic drug and alcohol users. It was viewed as part of the 'journey' of treatment, a starting point where users can begin to address their problems. The remit of the police was described by one officer as being to address the cause of the offending and look beyond investigative and legal procedures and follow up enforcement with treatment, or to make the episode of arrest a much richer event.

This was not a view that was shared by police officers interviewed in the other participating countries. Many police officers did not expect to provide treatment, (for example, pain relief or substitution treatment). Ministerial representatives in Italy stressed that the main role of the police is the enforcement of the law and not referral to treatment or treatment provision. Officers primarily viewed their role as one of law enforcement, and felt the healthcare needs of detainees were met by doctors or nurses called to the station, or through community or prison provision, which users would access on release or transfer from police custody. There were no protocols to implement referrals to treatment services for detainees and any such service would be dependent on the officers' discretion and knowledge of local services. Clear protocols for service provision with other agencies are important as these take the personality out of the decision making and help to overcome the loss of expertise and experience when personnel change and helps to ensure continuing good practice. In addition, these protocols need to be embedded in the structure of the police, laying out the agreements and with clear directives.

A key point that was raised by police officers and magistracy staff in England and Wales was a major difficulty associated with the treatment of problematic drug and alcohol users as being delays in court appearances, leading to delays in treatment provisions via criminal justice sentences. Concerns were raised by other criminal justice and healthcare participants in England about the feasibility of treatment through the criminal justice system. Users engaged in treatment through court orders can suffer more serious consequences (i.e., more severe sentences) if they experience a relapse compared to others accessing treatment through health services alone. In addition, the use of Anti-Social Behaviour Orders (ASBOs) in England, often leads to users being banned from city centres, which impacts their access to treatment services often located in city centres.

Police officers in some of the participating countries held negative attitudes towards detainees with problematic drug or alcohol use, such as, a perception that drug users don't want to be treated (which is not true as a large proportion do); that drug users don't need treatment; and that when given treatment it is not effective. Views such as these need to be challenged in order to engage the police in playing a wider role in referral to treatment or in providing drug services for detainees with problematic drug or alcohol use especially in a situation where locking up those with drug or alcohol problems is not an effective response.

Health Care

Detainees interviewed in the participating countries felt there was a lack of healthcare provision in police detention, in that often their requests were ignored and the medical staff would take a long time to get to them.

Medical care in police detention is regularly perceived as a subject of low importance with police detention often being seen as a period of transition for the detainee that requires the provision of emergency care only. For more general healthcare needs, police officers and other staff working in police stations in all the

participating countries reported that detainees were able to access healthcare when they needed it. Some problems were identified by police officers when they had to detain prisoners when community healthcare, such as SERT (in Italy) was unavailable, for example over the weekend.

Who provides health care for police detainees is variable both within a country and between the participating countries. The medical care provided in police arrest houses was generally limited and not comparable to either that in the community or in prisons. The standard of health care available in police cells is inconsistent with inadequate training in relation to drugs, alcohol and mental health amongst police officers who have the responsibility for the care of detainees. There is a clear need for training about health care for police officers as without it they are less likely to be able to assess whether a detainee is intoxicated or to identify illness that may be masked by alcohol. The provision of medical care in police cells may be constrained by a lack of suitable consultation rooms, equipment and resources.

Healthcare in custody should be equal to that in the community and this needs to be rigorously enforced during the period of detention both in police cells and arrest houses. Some minimal level of qualified medical care should be accessible in police custody to enable the assessment of the risk that detainees pose to themselves, to identify those who need to be transferred to hospital and to provide regular medical care such as that provided by custody nurses in some police forces in England and Wales. Such initiatives like custody nurses were rare in the participating countries, more frequently there was a reliance on the emergency services or a doctor would be called for from the forensic medical service. A priority should be to provide officers with training in basic first-aid, in dealing with drug and alcohol addiction and mental health matters so that they are in a good position to know when they need to call for medical services. Training should not be a one-off event but be regularly updated.

The condition of police cells and police arrest houses and the available facilities raise the question whether they are suitable places to detain those with acute healthcare needs, mental health problems and addiction. In Germany, there are special police detention facilities for those with alcohol problems where detainees could be more closely monitored. However, detainees interviewed who had experienced these centres were critical of the care they had received whilst there, which compared less favourably to the treatment they had received in the community hospital. The PCA report in England and Wales concluded that:

the police service is simply not equipped to deal with the complexity of extreme alcohol intoxication, and does not have the systems in place to offer adequate care to this population. Unless there are vast improvements in custody staff training, detainee risk assessment, the extent and quality of medical support and organisations' commitments to effective detainee management, there is no alternative but to conclude that drunken detainees should not be taken to police stations in other than the most extreme circumstances (Joint Committee On Human Rights 2005)

These conclusions from the England and Wales report are also relevant to the situation found in police detention in the participating countries.

Improving health care in police detention is important in itself and usually necessary to meet basic human rights requirements of detainees. Reforming the provision of health care can be a useful way of introducing wider reforms. Living conditions in police detention may be an abuse of human rights in themselves due to the shortage of space, air, light, ability to exercise and nutritious food. The conditions in police detention may be harmful to health so that change can be justified on health grounds even when the human rights argument might be less politically acceptable. A key component in improving healthcare for detainees is education and staff training on health risks and infections. Some of the police officers interviewed were

ignorant about transmission of infections and especially about the transmission of HIV. Although some officers in some of the countries had some training about occupational health they did not always have access to such things as protective gloves to use during searching.

Confidentiality of Detainees' Health Status

The lack of training that police officers had about infectious diseases led in some cases to a breach of detainees' confidentiality where officers felt that they had a right to know of detainees' HIV status, or record books where such details were kept were accessible to a wide number of people. A balance is required where detainees are asked to declare any health problems in order for their welfare needs to be met while at the same time their right to confidentiality is respected. Police officers saw disclosure of health problems as necessary to ensure the health and safety of anyone coming into contact with detainees, so they would make sure colleagues were aware of the need for caution, without necessarily declaring the specific nature of the detainees' illness. However, among other staff who come into contact with detainees (magistrates, arrest referral workers) this was not considered necessary as all detainees should be treated with caution, thus police officers did not need to know specific details about detainees' health to protect themselves.

The lack of healthcare and treatment for detainees raises concerns about public health, in much the same way as the need for such provisions in prison (MacDonald 2005). Those with problematic drug and alcohol use who do not receive treatment or referral to treatment and are released in the community, are vulnerable. Without harm reduction measures, they are at risk of overdosing and contracting and spreading infectious diseases, and without substitution treatment or detoxification, they are likely to re-offend in order to continue using drugs and/or alcohol. There are clear implications for health services when considering

injecting drug users, as they are more likely to be responsible for the spread of infectious diseases (HIV/AIDS, hepatitis, tuberculosis) and numerous studies have highlighted the growing problem of this spread among imprisoned populations (MacDonald 2001, 2005; Hammett et al. 1999). The detainees interviewed in this study reported specific problems with time in police detention disrupting their treatment or access to harm reduction services, putting themselves and others at greater risk.

Harm Reduction

The use of harm reduction measures in police detention is variable, both within and across all the participating countries, and yet, where it is available, there has been a willingness to adopt such measures and a recognition of their effectiveness. The roles of the police and health professionals based in police detention centres are key in implementing such strategies. However, for many countries, the need for a shift from more punitive and coercive strategies is required in order to enable such policies to develop and be implemented effectively. Examples of best practice came primarily from community providers and NGOs, which are more experienced and open to using harm-reduction techniques to minimise the health risks and other harms associated with problematic drug and alcohol use. However, such services are limited and in some cases non-existent, in some of the participating countries, especially in rural areas.

Generally, among police officers in all the participating countries, providing harm-reduction measures was not seen as an important part of their role, and was something they considered that detainees with problematic drug use could access in the community, or in prisons. A key point made by a representative from a Human Rights NGO as an explanation for the lack of harm-reduction provision both in the community and in police detention was due to the exclusion of harm-reduction strategies in legal codes, thus they were seen as part of the remit of healthcare agencies or NGOs.

Many police officers interviewed did not understand the importance of harm-reduction measures and this highlighted the need for further training. The lack of understanding about such measures was emphasised by detainees who confirmed that officers in England would often remove clean injecting equipment from detainees and destroy it. For some detainees, when they were released back into the community, this resulted in sharing needles with others, if they could not access needle-exchange services in the community.

Police officers interviewed reported that harm-reduction measures were seen as useful, as far as giving out leaflets and advice were concerned, but more practical measures such as providing condoms and clean needles were seen as unnecessary and potentially risky, within the confines of police custody. Many felt that users knew more about availability of clean needle provision or needle exchange programmes in the community than police officers and were well informed as to where to go. However, this was contradicted by one officer who felt that embracing the treatment agenda necessitated a more open mind to using innovative methods such as needle exchange programmes, particularly for more rural areas where such provisions are not readily accessible in the community.

Some magistracy staff, prosecutors, arrest referral and NGO staff thought that practical harm reduction measures should be available in police detention.

Securing committed and enduring support from important stakeholders, both in the community and in police detention, is crucial for harm reduction programmes that want to become established and sustainable. Police, politicians, public health officials, doctors, lawyers and journalists play key roles in either hindering or promoting harm reduction programmes. A key task for harm reduction projects is to educate various stakeholder groups about the importance of harm reduction. In many countries harm reduction is still a new and controversial philosophy and a range of methods need to be used to convince stakeholders about the necessity and effectiveness of harm reduction measures. One such method that has been found to be

effective in gaining stakeholder support is study tours, as abstract discussions and lectures have been found to be unlikely to convince stakeholders that harm reduction is an effective way to reduce HIV infection rates and improve occupational safety.

Lack of Joined-up Approach Across the Criminal Justice System

Many criminal justice policy directives encourage organisations to work in partnership rather than in competition, which has led to many partnership groups dealing with a wide variety of issues particularly in England and Wales. In the participating countries where the police were working in partnership with other agencies this was considered to be a good thing. As mentioned previously the provision of health care in police detention can be very limited. The provision of health care is an area where partnership working with either the National Health Service or the prison health service would be beneficial. There tended to be very few links between prison health care and police detention health care. The reason given for this was that the police and prisons are usually under different ministries and subject to different budgetary constraints.

The lack of a joined-up approach across criminal justice agencies can have a negative effect on the healthcare or treatment programmes of those with problematic drug and alcohol use. Detainees who are on a methadone programme in the community are unlikely to be able to continue their methadone at the point of arrest but they may be able to continue their methadone in prison. However, by the time they have reached prison they may well have experienced a break in their programme. A lack of co-operation between the police and community drug agencies may result in detainees being released at times when they are unable to access clean needles or methadone. This can lead to detainees who find themselves in this situation sharing needles.

Working in partnership was not considered to be easy but respondents felt that when it worked it was of mutual benefit to the police and the community agency or

prison. The process of establishing partnerships needs time to develop good relationships to be ready to deal with some of the more difficult issues that often come up, for example does everyone have equal rights in decision making at multi-agency meetings. Concerns were raised about the lack of training for organisations in engaging in multi-agency working, and, among police officers, it was felt other agencies in one country expected the police to take the lead with initiatives and addressing local problems. A police officer in England and Wales said that:

there are tensions sometimes in custody suites with multi-agency working and this can cause some frustration. There is very limited multi agency working training and also there is the problem of who is going to deliver it and pay for it. It is not only resource issues that impede training but taking drugs workers off line to attend training when in a situation that is already under-resourced is not easy. Normally police work to performance indicators but in this area there are none but introduction of them would help.

Even when partnerships are in place problems dealing with those with problematic drug and alcohol use can arise in the evenings and at weekends when for example arrest referral workers in England and Wales are not working. However, in England and Wales and in Italy the police said that they appreciated the drug agencies who worked with them as they managed to calm the drug users down and made their life easier.

There were inconsistent responses among police officers interviewed in the participating countries, in relation to the point of arrest being a realistic opportunity to address problematic drug and alcohol users' needs. A key issue was the lack of understanding that some demonstrated about harm-reduction techniques and treatment provisions, and others, who felt that such strategies were not part of their role. This was reflected very much in the experience of detainees, many of whom reported on the lack of basic healthcare and services for those with problematic drug and alcohol use, and also identified negative attitudes and exploitation

from police officers. The lack of facilities and treatment provision can be attributed to inadequate resources, but there were also cases where such resources do exist and where detainees reported receiving little or no assistance on request. Different views were expressed by other criminal justice staff and NGO representatives who emphasised the need for the police to engage with harm-reduction measures, as they are a key contact point for many problematic drug and alcohol users and to establish stronger links with NGOs and other government agencies.

It is necessary to establish what works in what situations, to look beyond national policy at implementation of strategies and to bring together examples of best practice and identify where problems still exist. The study indicates both similarities and differences in the police response to problematic drug and alcohol users across the participating countries. Differences in national approaches to the problem may be dependent on the extent of the problem, the resources available, cultural attitudes among the police and public and also historical and political changes occurring throughout the EU.

Recommendations

This research has identified a range of good practice in meeting the needs of detainees while in police custody but it has also shown a number of gaps in provision for detainees with problematic drug use. It is hoped that the following recommendations will promote discussion and change where appropriate in current practice.

Drug Policy

The drug policy in the participating countries was considered to have both strengths and weaknesses and there were some problems with implementation of some initiatives. National drug policy, to be effective,

needs to distinguish between the type of drug used and reflect this in the criminal justice response to drug users and to stress the need for harm reduction and the development of programmes for those with problematic drug and alcohol use. It is recommended that:

- legislative and policy reforms be pursued to change criminal law and penalties with the objective of reducing the criminalisation of personal drug use and significantly reducing the use of arrest and imprisonment for drug users who are not involved with violence;
- the police in discussion with drug agencies in the community (NGO and Governmental) develop practice guidelines, for example providing harm-reduction information to detainees;
- National Police Authorities should commission the development of guidelines for the management of those with problematic drug or alcohol use in police detention. Guidelines should include supportive care, harm reduction and treatment;
- links be established with prisons by the police to ensure continuity of treatment for those with problematic drug and/or alcohol use while in police detention.

Staff and Training

There is a need for a culture change amongst some police officers to one where harm reduction, treatment and healthcare are also seen as part of the role of the police and to reduce negative attitudes towards detainees with problematic drug or alcohol use. It is recommended that:

- police officers receive training so that they understand the human rights of problematic drug users and do not use the time of withdrawal to coerce them to confess or pass on information about dealers;
- regular staff training is provided to facilitate culture change amongst some police officers

to one where treatment and healthcare are also seen as part of the role of police and to reduce negative attitudes towards detainees with problematic drug and/or alcohol use;

- police officers, as part of their training, gain sufficient awareness of the symptoms of key conditions, involving addiction (drugs and alcohol) and health conditions, and to be able to conduct risk assessments of detainees in their charge;
- regular update training is provided.

Access to Drug and Alcohol Treatment

The reality for most of the detainees interviewed who were on a methadone programme in the community was that during their time in police custody their programme was disrupted. Detainees were also unlikely to receive harm reduction information or referral to treatment options. Maintenance programmes for opioid dependent prisoners are considered to be successful interventions with a positive impact on the health status of those in the community and during imprisonment. It is recommended that:

- maintenance therapy should be available during police detention to avoid detainees experiencing a gap in their treatment;
- relationship with community drug service providers be created and developed;
- protocols to implement referrals to treatment services for detainees be established;
- training that challenges the view that drug users don't want to be treated, don't need treatment and that when given treatment it is not effective be established.

Health Care

The principle of equivalence means that health care interventions that are available in the community should be available to those in police detention. Detainees are entitled, without discrimination, to a standard of health care equivalent to that available in the community including prevention measures. However, the principle of equivalence is not being met in police detention, particularly in the areas of general health care and drug services. It is recommended that:

- police forces should guarantee the confidentiality of detainees' medical information and that it should not be shared with others without the detainee's consent except in exceptional circumstances that are clearly defined and explained to the detainee;
- healthcare in custody should be equal to that in the community and this needs to be rigorously enforced during the period of detention both in police cells and arrest houses;
- training in relation to drugs, alcohol and mental health is increased amongst police officers who have the responsibility for the care of detainees;
- training about health care for police officers is provided so they are more likely to be able to assess whether a detainee is intoxicated or to identify illness that may be masked by alcohol.

Harm Reduction

The use of harm reduction measures in police detention is variable, both within and across all the participating countries, and yet, where it is available, there has been a willingness to adopt such measures and recognition of their effectiveness. It is recommended that:

- harm reduction strategies be included in legal codes;
- consideration be given to implementing needle-replacement schemes in police stations;
- needle-exchange programmes be considered in police arrest houses;
- to promote acceptance of harm reduction methods by police officers' joint training events, study tours and site visits, conferences and communications materials and other literature be used.

Promoting a Joined-up Approach Across the Criminal Justice System

Many criminal justice policy directives encourage organisations to work in partnership rather than in competition and in the participating countries where the police were working in partnership with other agencies this was considered to be a good thing. It is recommended that:

- national and local governments should allocate NGOs with sufficient funding to play an integrated and effective role in provision of drug services for detainees;
- training for organisations in engaging in multi-agency working be provided;
- links between prison health care and police detention health care be explored both at the operational and Ministerial level.

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