

Date 16/07/2025  
Your Ref  
Our Ref 10267

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Dear

## FREEDOM OF INFORMATION – CUSTODY CENTRES

I write in response to your request for information in relation to custody centre prescribing.

### Question:

- *Confirm if your health board has a policy in place across all custody centres within your health board area for maintaining opioid replacement therapy (ORT) for detainees whilst in custody and share this policy with me if possible?*

### Answer:

There is a published policy specific to ORT. Methadone dose administration is referenced within the Standard Operating Procedure (SOP) for patient management and the associated patient consent form. See enclosed.

Patients requiring their daily ORT dose while in custody are asked to provide consent for police to collect their supervised dose from the community pharmacy, or from their home if the prescription is not under supervised consumption.

The PCS admission process includes a prompt for medication to nurses when they review patients listed on the Adastra Live System. This helps nurses to assess whether any immediate medication doses are due. Appropriate escalation procedures are followed.

### Question:

- *Confirm if all detainees in custody centres within your health board area that receive prescribed methadone are provided with this or if there are timescales attached that mean detainees are not provided with their prescribed methadone, for example only detainees in custody for 48 hours or more continue on ORT while in custody?*

### Answer:

The SOP contains guidance that detainees should be in custody for 6 hours prior to the administration of their first dose as a patient safety precaution. There is no set timescale linking the administration of ORT to the duration of custody out with this. As outlined above, due doses are administered regardless of the length of stay.

Headquarters  
Mainpoint  
102 West Port  
Edinburgh EH3 9DN

Chair Professor John Connaghan CBE  
Chief Executive Professor Caroline Hiscox  
*Lothian NHS Board is the common name of Lothian Health Board*

Question:

- *If dihydrocodeine is prescribed in any of your custody centres and the circumstances in which this will be prescribed?*

Answer:

Dihydrocodeine may be prescribed under the following circumstances:

- For the management of opioid withdrawal symptoms (off-label use)
- As a repeat prescription where the emergency care summary ECS confirms it as essential repeat medication

Question:

- *If your health board has a controlled drugs licence, covering all custody centres in your area, to facilitate the storing of controlled drugs on site?*

Answer:

CD licence is in place and covers all custody suites.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at [www.itspublicknowledge.info/Appeal](http://www.itspublicknowledge.info/Appeal). If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhsllothian.scot/FOI/Pages/default.aspx>

Yours sincerely

**ALISON MACDONALD**  
**Executive Director, Nursing**  
Cc: Chief Executive  
Enc.

# Procedure for the Management and Transfer of Controlled Drugs within Police Custody Suites within NHS Lothian



## **Purpose of this procedure:**

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The South East Scotland Police Custody Healthcare and Forensic Examination Service deliver healthcare services to people in police custody, ensuring that patients receive essential medications at the point of need.

This procedure ensures that all legal and professional requirements relating to the use of controlled drugs are satisfied.

## **The Procedure:**

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This procedure supports the safe management and transfer of controlled drugs by peripatetic healthcare staff across police custody suites in NHS Lothian and NHS Borders.

## **Associated materials/references:**

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NHS Lothian Safe Use of Medicines Policy and Associated Procedures

NHS Lothian Framework for Non Medical Prescribing

Misuse of Drugs Act (1971)

Misuse of Drugs Regulations (2001)

Controlled Drugs (Supervision of Management and Use) Regulations (2013)

[https://www.scot.nhs.uk/sehd/mels/HDL2007\\_12.pdf](https://www.scot.nhs.uk/sehd/mels/HDL2007_12.pdf)

[https://www.sehd.scot.nhs.uk/mels/CEL2007\\_14.pdf](https://www.sehd.scot.nhs.uk/mels/CEL2007_14.pdf)

## **1 Scope**

- 1.1 This procedure applies to all NHS Lothian healthcare professionals working within the South East Scotland Police Custody Healthcare and Forensic Examination Service in police custody suites in NHS Lothian and NHS Borders.

## **2 Requisition of Controlled Drug Stock**

- 2.1 The registered nurse in charge is responsible for the requisition of controlled drugs for use in custody suites.
- 2.2 Stock orders are placed via pharmacy services to St Johns Hospital Pharmacy for Livingston Custody Suite and to the Royal Edinburgh Pharmacy for St Leonards Police Custody Suite.
- 2.3 Orders must be written in the approved NHS Lothian controlled drug order book with duplicate pages and must be signed by an authorised signatory that is a registered nurse.

## **3 Storage of Controlled Drug Stock**

- 3.1 There must be a list and a minimum stock level of the controlled drugs to be held in each custody suite. This list must be modified if practices change and must be subject to annual review by pharmacy and nursing staff.
- 3.2 All controlled drugs must be stored in a locked cabinet which can be accessed only persons who can lawfully be in possession, such as a pharmacist or the registered nurse, forensic physician, or a person working under their authority.
- 3.3 General measures for the storage of controlled drugs can be found in NHS Lothians Safe Use of Medicines Policy and Associated Procedures:

<http://intranet.lothian.scot.nhs.uk/Directory/medicinespolycysubcommittee/Documents/Safe%20Use%20of%20Medicines%20Policy%20and%20Procedures.pdf>

## **4 Supply and Security of Controlled Drug Stationery**

- 4.1 The registered nurse in charge is responsible for the requisitioning of controlled drug stationery used to order, return or distribute controlled drugs.
- 4.2 Controlled drug stationery must be stored in a locked cupboard or drawer to which access is restricted.

- 4.3 Controlled drug stationery designed to requisition or monitor controlled drug usage must be stored for two years from the date of the last entry or for seven years if they contain details of controlled drug destruction.
- 4.4 The loss or theft of any controlled drug stationery must be reported immediately to the issuing pharmacy, and as soon as possible within 48 hours, to the Controlled Drug Accountable Officer and the police.

## **5 Security of Controlled Drug Cabinet Keys**

- 5.1 The registered nurse in charge nurse is responsible for ensuring that only authorised persons have access to controlled drug cabinets.
- 5.2 The registered nurse in charge must ensure that controlled drug cabinet keys for custody suites, including those which are not open every day, are stored securely at all times and can only be accessed by authorised healthcare staff.
- 5.3 General measures for the security of controlled drug keys and actions in the event of lost or missing controlled drug cabinet keys can be found in the NHS Lothian Safe Use of Medicines Policy and Associated Procedures:

<http://intranet.lothian.scot.nhs.uk/Directory/medicinespolicysubcommittee/Documents/Safe%20Use%20of%20Medicines%20Policy%20and%20Procedures.pdf>

## **6 Receipt of Controlled Drug Stock**

- 6.1 Controlled drugs delivered to the custody suite must be given directly to the registered nurse on duty.
- 6.2 The registered nurse must sign for receipt of the sealed delivery package confirming that it was received intact.
- 6.3 As soon as possible after delivery the registered nurse must
- Check the controlled drugs against the order form – including the number ordered and received.
  - Report any discrepancies to the registered nurse in charge and the appropriate pharmacy immediately.
  - Place the controlled drugs in the appropriate controlled drug cabinet.
  - Document receipt of the controlled drugs in the controlled drug register, adjust balances accordingly, and ensure that documented stock matches quantities in the controlled drug cabinet.

The receipt of controlled drugs and the documenting of receipt of controlled drugs in the controlled drug register must be witnessed and countersigned by a second registered nurse or forensic physician where possible.

- 6.4 The registered nurse who receives the controlled drugs must sign the duplicate copy of the requisition in the controlled drug order book.

## **7 Patients Own Controlled Drugs**

- 7.1 All controlled drugs brought into police stations that are identified as belonging to the patient remain the patient's own property and consent for their use or destruction must be obtained (see appendix 1 for flowchart).
- 7.2 Patients own controlled drugs brought into the police station must be given directly to the registered nurse on duty.
- 7.3 As soon as possible after receipt by the registered nurse, the patients own controlled drugs should be:
- Measured or counted and placed back in their original container.
  - Stored in the appropriate controlled drug cabinet.
  - Recorded in the patients own controlled drug register and signed as witnessed by two registered nurses or a registered nurse and forensic physician where possible.
- 7.4 As part of the medicines reconciliation process the patients own supply of controlled drugs must be assessed as suitable for use.

Information on the assessment of patients own medicines and associated suitability criteria can be found in the NHS Lothian Safe Use of Medicines Policy and Associated Procedures.

<http://intranet.lothian.scot.nhs.uk/Directory/medicinespolicysubcommittee/Documents/Safe%20Use%20of%20Medicines%20Policy%20and%20Procedures.pdf>

- 7.5 Patients own controlled drugs should be returned to the patient on release from custody subject to full assessment as per section 10.3. The rationale for any decision to withhold patients own controlled drugs on release from custody should be documented in the patients healthcare record and communicated to the patients regular prescriber and community pharmacy.

## **8 Controlled Drug Checks**

- 8.1 The registered nurse in charge is responsible for ensuring that regular controlled drug stock checks are carried out by authorised staff in custody suites.
- 8.2 The stock balance of all controlled drugs entered in the controlled drug register of custody suites that are staffed every day must be checked and reconciled with the amounts in the controlled drug cabinet at least once every 24 hours.
- 8.3 For custody suites that are not routinely staffed each day the balances in the controlled drug register must be checked against the stock in the controlled drug cabinet at least once every twenty four hours when the custody suite is open or whenever a registered nurse or forensic physician is on site.
- 8.4 The process of stock checking controlled drugs must be completed by two registered nurses or a registered nurse and forensic physician where possible.
- 8.5 A record of each stock check must be documented and signed in the designated section of the controlled drug register by the registered nurses or registered nurse and forensic physician carrying out the check.

## **9 Discrepancies in Controlled Drug Stock**

- 9.1 The balances in the controlled drug register must always tally with the amounts of controlled drugs in the controlled drug cabinet. If they do not the discrepancy must be reported, investigated and resolved.
- 9.2 In the first instance the following must be carefully checked:
  - All requisitions and patients own controlled drugs received have been entered into the correct pages of the controlled drug register.
  - All controlled drugs administered have been entered into the controlled drug register.
  - All controlled drug items have been stored in the correct cabinet.
  - All arithmetic is checked to ensure that balances have been calculated correctly.
- 9.3 If an error or omission is identified the registered nurse in charge should make an entry in the controlled drug register clearly stating the reason for the entry and the corrected balance. This entry must be witnessed by a second nurse or a forensic physician. Both persons must sign the controlled drug register.

- 9.4 Any discrepancy that cannot be accounted for by error or omission must be reported to the Controlled Drug Governance Team. If the discrepancy cannot be resolved it must be reported to the Accountable Officer and the police as soon as possible within 48 hours.

## **10 Prescribing Controlled Drugs**

- 10.1 Controlled drugs must be prescribed on an approved prescription and administration chart. Controlled drugs may only be prescribed by a suitably qualified practitioner who is competent and authorised to undertake this function.
- 10.2 During opening hours the patient's community pharmacist should be contacted by the registered nurse or forensic physician to verify the patient's prescribed medication and dose and when it was last dispensed. The dose and dispensing date if verified must be recorded in the patient's healthcare records.

Advice regarding further supplies or the suspension / cancelation of regular prescriptions should be communicated to the community pharmacist or regular prescriber as appropriate.

- 10.3 Following a full medical assessment / examination, the decision to administer or withhold doses of controlled drugs must be recorded in the patient's healthcare records.
- 10.4 The patient's regular prescriber must be informed by the forensic physician or registered nurse of any controlled drugs administered / discarded whilst in custody detailing the time, dates and doses.
- 10.5 If the patient's methadone testing i.e. urine sample is negative the patient's regular prescriber must be informed by the forensic physician or registered nurse.
- 10.6 In line with professional guidance the actions of prescribing and administration of medicines should, where possible, be performed by separate healthcare professionals.

## **11 Administering Controlled Drugs**

- 11.1 The administration of controlled drugs must be completed by two registered nurses or a registered nurse and forensic physician wherever possible.

In exceptional circumstances, and only where there is no second registered nurse or forensic physician on duty, local risk assessment should document procedure.

- 11.2 The administration of controlled drugs must comply with guidance in the NHS Lothian Safe Use of Medicines Policy and Associated Procedures

<http://intranet.lothian.scot.nhs.uk/Directory/medicinespolycysubcommittee/Documents/Safe%20Use%20of%20Medicines%20Policy%20and%20Procedures.pdf>

- 11.3 Patients own medicines dispensed in bottles by community pharmacy must be decanted into a plastic or polystyrene cup.

Medicine bottles should not be given directly to patients in police care.

- 11.4 After every administration, the stock balance of an individual preparation must be confirmed to be correct and the balance recorded in the controlled drug register. The entry must be signed and dated by both healthcare professionals.

## **12 Administration of Methadone Prior to Attending Court**

- 12.1 Patients will not routinely be administered methadone on the day of attendance at court prior to leaving police custody.
- 12.2 Patients should be advised to attend their regular community pharmacy or prescriber (as appropriate) following liberation from court.
- 12.3 If the forensic physician or registered nurse who is authorised to prescribe makes a decision to administer methadone prior to the patient leaving police custody, the patient's community prescriber and the community pharmacist must be informed and this action recorded in the patient's healthcare records.

## **13 Destruction of Controlled Drugs**

- 13.1 Controlled drugs must be destroyed in such a way that the drug is denatured or rendered irretrievable so that it cannot be reconstituted or re-used.
- 13.2 Denaturing kits for controlled drug destruction must be readily available and stored within the controlled drug cabinets in all custody suites.
- 13.3 **Destruction by the Controlled Drug Governance Team**

A registered nurse must inform the Controlled Drug Governance Team when there are controlled drugs ready for destruction.

The destruction of expired and excess controlled drugs must always be completed by the Controlled Drug Governance Team except in the specific circumstances documented in section 13.7.

- 13.5 If the prescriber decides that a lesser dose than the original prescribed dose is to be administered, then the excess balance must be retained in the controlled drug cupboard for destruction by the Controlled Drug Governance Team.
- 13.6 If a patient's final dose before liberation is withheld and there are no further doses in the bottle, it must be retained in the controlled drug cupboard for the Controlled Drug Governance Team to destroy.

**13.7 Destruction of small amounts of controlled drugs in custody suites**

Only small amounts of controlled drugs should be destroyed by healthcare professionals in custody suites, for example:

- The surplus when a dose is prepared but not administered (including dropped or spilt medication).
  - If an administration dose of a liquid controlled drug has been withheld and there are further doses within the same bottle to be returned to the patient on liberation, the dose withheld must be measured and discarded in a denaturing kit.
- 13.8 All destruction must be documented in the controlled drug register. It must be witnessed by a second competent person such as a registered nurse or forensic physician. Both persons should record and sign the destruction in the controlled drug register.

## **14 Transfer of Schedule 2-5 Controlled Drugs between Police Stations**

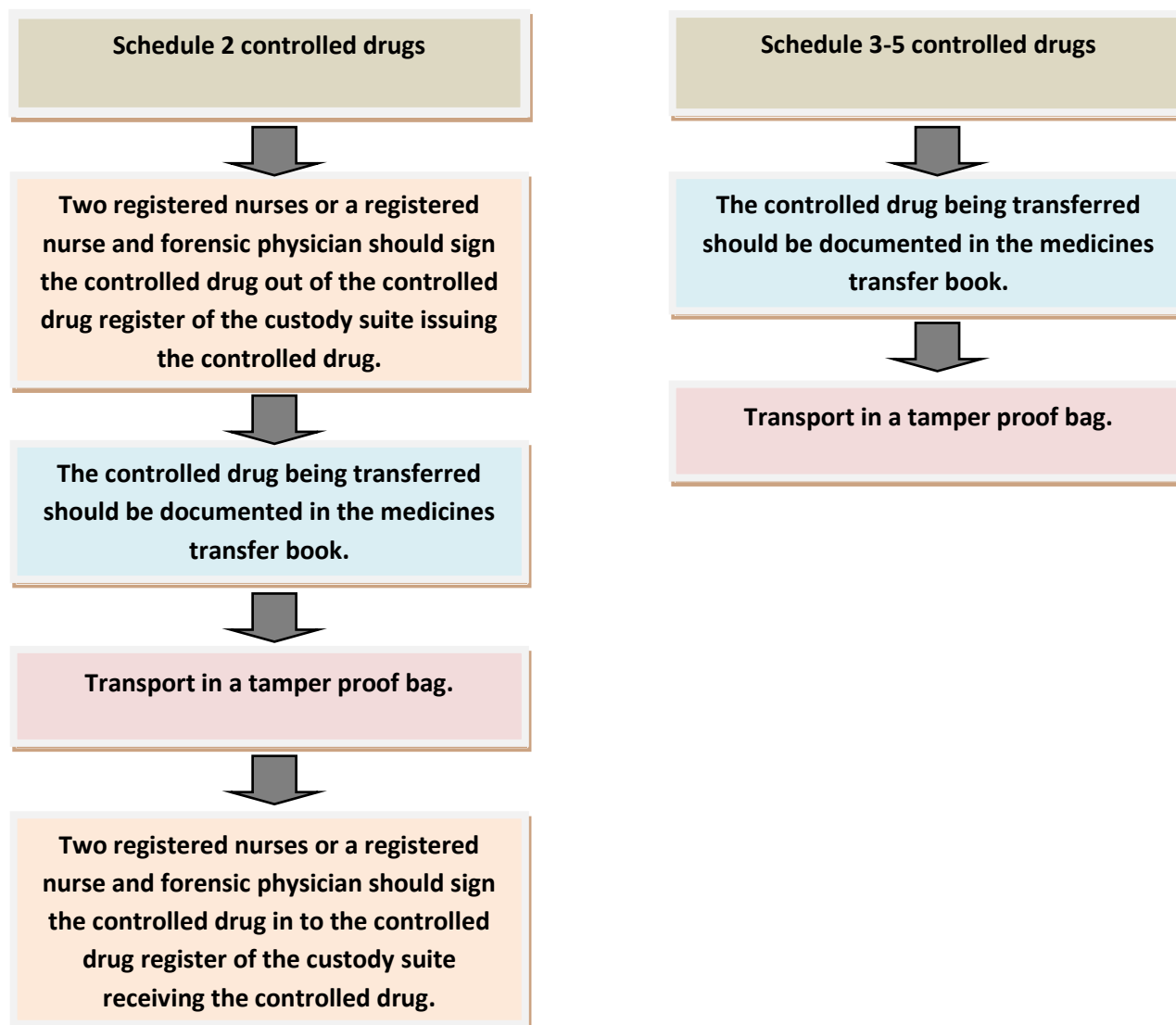
- 14.1 The registered nurse in charge is responsible for ensuring that a record of transfer / receipt is retained when a controlled drug, schedule 2-5 inclusive, is transferred from the authorised possession of one healthcare professional or police custody suite to another.
- 14.2 For schedule 2 controlled drugs two registered nurses or a registered nurse and forensic physician, where possible, must sign the controlled drug out of the controlled drug register of the issuing police custody suite.
- 14.3 The controlled drug must be placed in a tamper proof bag for transport.
- 14.4 The controlled drug being transferred must be documented in an approved NHS Lothian Medicines Transfer Record Book with duplicate pages.
- The blue copy of this record should be retained in the custody suite issuing the controlled drug.

- The pink copy of this record should accompany the controlled drug to the custody suite receiving the controlled drug, and be retained.
- The white copy of this record should be returned to the supplying pharmacy.

The signatories for the custody suite issuing the controlled drug and the custody suite receiving the controlled drug should be separate healthcare professionals where possible.

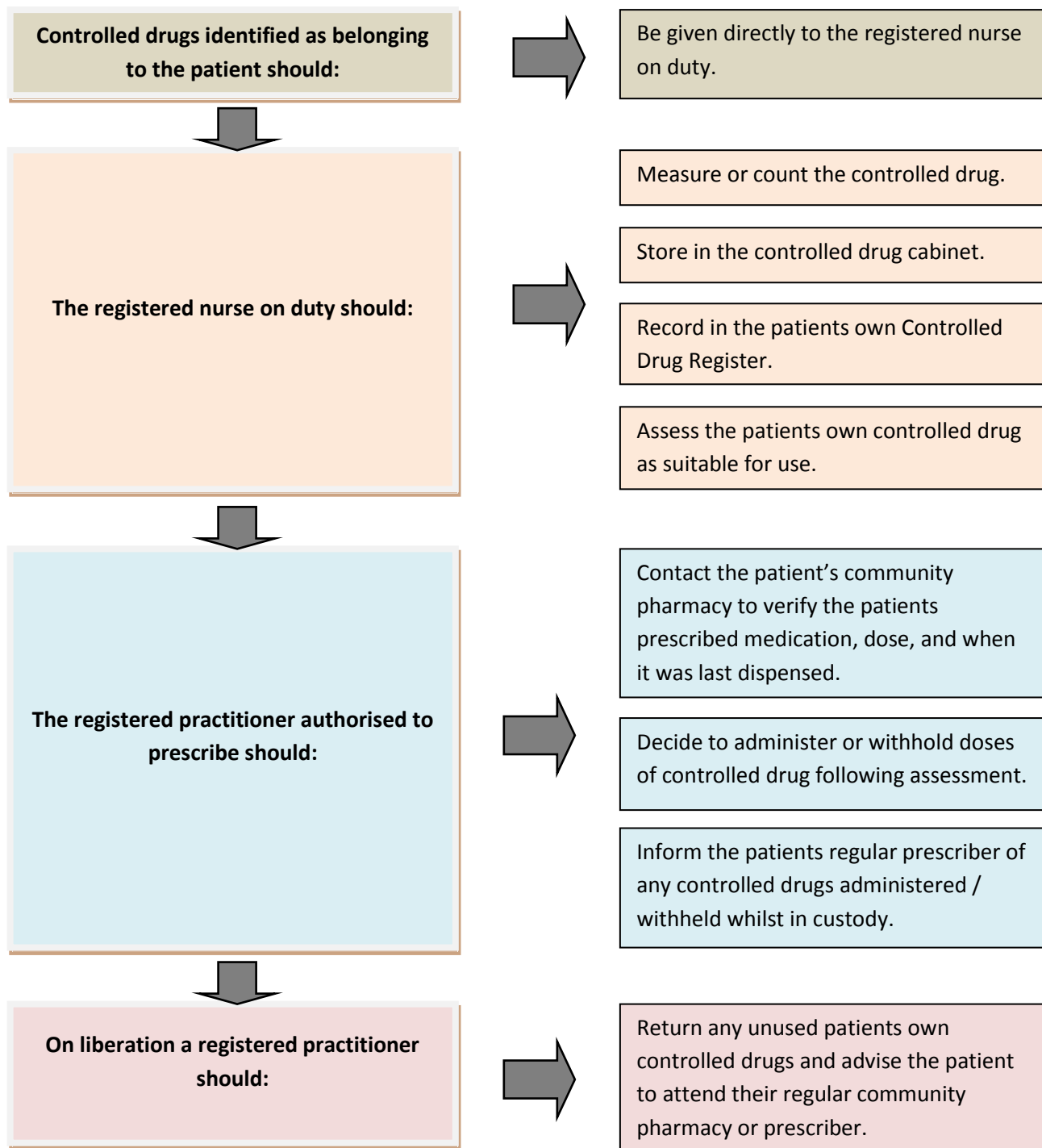
- 14.5 Two registered nurses or a registered nurse and forensic physician, where possible, must sign schedule 2 controlled drugs into the controlled drug register of the receiving custody suite.

#### 14.6 Flowchart for the transfer of controlled drugs between police stations.



The pink copy of the medicines transfer record should accompany the controlled drug being transferred, and should be signed as received at the receiving custody suite and retained.

## Appendix 1: Flowchart for the management of patients own controlled drugs



**Patients own controlled drugs remain the property of the patient and consent for their use or destruction should be obtained. Following assessment, the rationale for any decision to withhold patients own controlled drugs should be documented in patient's healthcare records.**

## People in Police Care

Sycamore Centre  
29B Balmwell Terrace  
Edinburgh  
EH16 6PS

[www.nhslothian.scot.nhs.uk](http://www.nhslothian.scot.nhs.uk)

Single Point of Contact: 0131 536 1131

Date:



Dear Sir/Madam.

I, ..... authorise Police Scotland to collect on my behalf;

(list all medicines below)

It will be administered to me by the duty healthcare professional at .....

Police Station.

Patient Signature .....

Date .....

Health Care Professional Signature .....

Date .....



The South East Regional Healthcare and Forensic Medical Services for People in Police Care is a service hosted by NHS Lothian on behalf of NHS Fife, NHS Borders and NHS Forth Valley

Clinical Nurse Manager Claire Danskin