

Detainees and Alcohol and Substance Misuse Disorders
A briefing for ICVs
November 2024



Introduction

This briefing is to give a short overview of the care for those in custody with someone who may have an alcohol and/or substance misuse disorder. It does not give detail on medications and so on, but more gives independent custody visitors an overview of the arrangements for the safe care of detainees with these disorders.

Fitness For Detention

The Authorised Professional Practice from the College of Policing states that “the custody officer may decide that medical assessment and/or treatment is needed before a decision can be made about a person’s fitness to be detained. This is irrespective of whether the person has already received treatment elsewhere, for example at a hospital”. If this is the decision of the custody officer, then the detainee must see a healthcare professional for a determination as to whether they are fit to detain must happen.

The APP also further reiterates that anyone who appears to have a drug or alcohol dependence or withdrawal likely to affect safety must be given appropriate medical attention.

Liaison and Diversion

Someone experiencing an alcohol or substance misuse disorder will speak to liaison and diversion upon booking in for an assessment. This is in order to identify vulnerability and to “support people through the early stages of criminal system pathway, refer them for appropriate health or social care or enable them to be diverted away from the criminal justice system into a more appropriate setting, if required.”¹

Police may wish to divert a detained person with alcohol and/or drug dependency into treatment or to offer them support, taking into account their particular psychological or psychiatric needs. Many suites will also have leaflets and other media aimed at those experiencing drug or alcohol dependency so ICVs should ensure that they are aware of what is available in terms of support for detainees in your local suite.

Observations and Risk

When conducting a risk assessment for detainees, staff must consider the level of intoxication of a detainee in order to most accurately determine risk. This may include speaking to a healthcare professional.

The minimum acceptable level for detainees who are under the influence of alcohol or drugs, or whose level of consciousness causes concern is level 2. It includes the following actions:

- the detainee is visited and roused at least every 30 minutes

¹ <https://www.england.nhs.uk/commissioning/health-just/liaison-and-diversion/about/>

- physical visits and checks must be carried out – CCTV and other technologies can be used in support of this
- the detainee is positively communicated with at frequent and irregular intervals
- visits to the detainee are conducted in accordance with [PACE Code C Annex H](#)

For more details on observations and all 4 levels please see our [Bitesize Training](#) module on observations and rousals.

Vulnerability and Risk

The APP acknowledges that those experiences substance misuse disorders are more likely to be considered vulnerable. This means that they may be entitled to an Appropriate Adult. The APP also notes that factors that may increase a detainee’s risk include “drug, alcohol or substance abuse or withdrawal”. Further, it notes that “There is a risk of death in custody where the use of alcohol and drugs has masked another medical condition”. The APP suggests the below course of action to minimise this risk.

1. officers should risk assess all detainees on arrival at the custody suite and throughout their detention, regardless of their level of intoxication
2. a detainee’s unwillingness or inability to participate in a risk assessment should be viewed as a possible warning of risk²
3. officers must complete cell visits and checks at intervals that are in accordance with the appropriate levels of observation and record these in a timely and accurate manner.

The APP notes [here](#) what some other risks are when it comes to drugs or alcohol masking other conditions and what to look out for.

What can ICVs do on a visit?

- Check that the detainee has spoken to liaison and diversion.
- Check that the detainee has spoken to a healthcare practitioner if appropriate.
- Check that they have understood their rights and entitlements as someone under the influence of drugs or alcohol may have had difficulty understanding upon booking in.
- In the event that they require medication (such as medication to aid with withdrawal symptoms), ensure that this has been flagged to staff and they are able to access it.
- Does the level of observation feel right for how the detainee is in themselves?
- If applicable, have they been offered an appropriate adult?
- Are there any local services for those experiences drug or alcohol dependency that you can offer to the detainee?

Briefing Ends.

² This refers specifically to risks related to deaths related to substance or alcohol misuse and not that of self-injury