

Changes to Opiate Substitution Therapy (OST) Provision in Thames Valley Police Custody Suites

March 2025

Dear Colleague,

We are writing to inform you about upcoming changes to OST provision in Thames Valley (TV) Police custody suites.

Historically, detainees in TV Police custody have not been able to access their prescribed OST and were instead treated with alternative medication. This has led to several negative consequences, including:

- Physical and psychological withdrawal from OST.
- Reduced ability to engage effectively with police investigations.
- Increased risk of seeking street opioids after release, which significantly raises the risk of overdose due to the prevalence of synthetic opioids.

To address these risks, **Mountain Healthcare**, the healthcare provider for all detainees in Thames Valley, has implemented a process to allow detainees to access their OST prescriptions while in custody. This decision aligns with national legislation and guidelines.

Pilot Launch & Implementation

From **10th March 2025**, this process will be piloted in **Maidenhead custody suite ONLY** before being gradually rolled out across Thames Valley. Mountain Healthcare will coordinate with pharmacies and community treatment providers to arrange the collection of detainees' prescriptions. As such you may start to see 'Bears notes' which is a document signed by the HCP, DP and custody sergeant confirming consent to collect the prescription.

For the detail, please see below:

Appendix 1 – Bearer's note sample

Appendix 2- process map for OST collection and administration

Key Considerations for Pharmacies

- **Verification Call** – A nurse or doctor from Mountain Healthcare will call your pharmacy to verify the detainee's compliance history, dosage, and prescription validity and details. **Officers should not collect OST without prior arrangement.**
- **Pharmacist's professional judgement** – You retain full responsibility as the responsible pharmacist to decide whether to issue OST for administration in custody. Please use your clinical and professional judgement accordingly.
- **Officer Identification** – A **uniformed officer** will typically collect the medication. They should provide their **name and collar number**, but if not, all officers carry warrant cards—please verify their identity.
- **Handover Responsibility** – Once the dose is handed over to the police, responsibility for it lies with them.
- **Record Keeping** – Complete all necessary documentation (e.g., prescription details, CD register, PMR) as usual
- **Documentation**- Document all communications and confirmations accurately and securely.
- **Unused Medication** – In the rare event that OST is not administered, the collected dose will either be **returned to the pharmacy** or **denatured in custody**. However, this should be uncommon, as detainees will be clinically assessed for suitability before the pharmacy is contacted.

Thank you for your support, sensitivity, and care for some of the most vulnerable individuals in our communities.

NHS Frimley ICB

Medicines Optimisation Team

Appendix 1 – Bearer's note sample

BEARER NOTE - OST COLLECTION



For collection of medication(s) by a Police Officer for a person in police custody

FAO: The duty pharmacist at: (chemist / pharmacy)

Pharmacy email & contact number:.....

Prescriber(organisation) email and contact number:.....

Dear Pharmacist,

Following a telephone conversation between(name) at your pharmacy today and the HCP/FME on duty at the below custody suite, please supply the bearer of this note,(name rank& collar no), with my daily dose of methadone/buprenorphine, which is due on(date).

As discussed by the HCP/FME with yourselves, please also supply my other due medication(s) as detailed below (if any).

Name of Medication:	Form, dose & frequency:	Ttl number of doses:

This medication will be taken under the supervision of a HCP (healthcare professional) or FME(doctor) while I am detained in police custody.

Detained person name:.....

Detained person signature:.....Date:.....

Above witnessed by duty HCP (nurse/paramedic) or FME (doctor):

HCP/FME name: (GMC/NMC/HCPC no):.....

HCP/FME signature:.....Date:.....

Authorised for collection by Custody Sergeant:

SGT Name & collar no:.....

SGT signature:.....Date:.....

Appendix 2- process map for OST collection and administration

Process Thames Valley police will follow

1. Identification & Assessment

- A detainee (DP) is identified as opiate-dependent at booking or during detention by police or healthcare professional (HCP).
- Custody staff refer the detainee to an HCP for assessment.
- Full assessment conducted, including substance use history and medication compliance.
- Key assessment points:
 - Date/time of last illicit drug use
 - Date/time of last Methadone/Buprenorphine dose
 - Pharmacy details
 - Duration on OST programme
 - Current dose and supervision status
 - Medication history & prescriber details

2. Verification & Prescription Confirmation

- Only detainees on prescribed Methadone/Buprenorphine (daily supervised dose) are eligible under this pilot.
- **HCP confirms prescription details with the pharmacy**, ensuring compliance and clinical appropriateness.
- If medication collection is needed, **AND** pharmacy agree to the collection, the HCP coordinates collection with the pharmacy.
- A "Bearer's Note" is completed, signed by HCP, DP, and custody sergeant to confirm consent to collect the prescription.
- Pharmacy is informed of collection details, including officer(s) collecting the medication

3. Collection of Medication

- Medication is collected only by an authorised police officer [most officers will be in uniform, and all will have their warrant card]
- The police will also be responsible to the safe storage of medication until such time that it is issued for supervised self-administration by the HCP
- HCP ensures pharmacy and prescriber have contact details for follow-up if non-administration occurs.
- Only one dose of Methadone is collected at a time unless pharmacy issues a second dose for unsupervised use (e.g., weekends/holidays).

4. Administration & Supervision

- Upon arrival of OST, DP is reviewed again to confirm they are fit for medication.
- HCP conducts a physical reassessment before administration
- Medication is only issued if the DP is not intoxicated or under the influence of substances where this would be clinically inappropriate
- Buprenorphine or methadone (or equivalent) should not be issued within the first 4 hours of detention.
- The HCP will assess the DP in their cell and issue the medication in the presence of the escorting officer. The process will be recorded on CCTV like other medication administrations.
- Methadone should only be administered **during the day shift.**

5. Process – Non Administration

- In the rare event that a dose of methadone / buprenorphine which is collected from pharmacy for supervised administration is then not issued [e.g. the DP becomes very unwell], then one of the following methods of disposal **MUST** be Followed.

A. Return to Pharmacy

- Police return the collected dose to the pharmacy.

- HCP calls ahead to notify the pharmacy of the return.
- Pharmacy processes it as a patient return CD

OR

B. Custody denature the Dose

- Police or HCP denatures the medication.
- In either case both, THE PRESCRIBER must be contacted by email to alert them to the fact that this has happened. (Prescriber details should be recorded as part of the bearer note)
- THE PHARMACY must also be contacted to confirm this fact by email (email and contact details for the pharmacy should be completed as part of the bearer's note)

This structured process ensures continuity of care while maintaining security and compliance with OST guidelines in custody settings