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The Scottish Government

RECORDED DELIVERY

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Your ref:
Our ref: VR

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Dear Gregor

C1 – DRUG USE AND PRISONERS

Many thanks for your email dated 7 June enclosing notes A34410 and A36422. Scottish Ministers have prepared the following response:

1. Who would be the most appropriate witness to speak to these Reports and, in particular, the extracts in the enclosed Note (possibly a former Director or Deputy Director of the Scottish Prison Service and/or the Secretary, or a similarly senior official, of the SHHD)?

We have been unable to identify a witness to speak to the SHHD Annual Reports on 'Prisons in Scotland'. Personnel records are destroyed when retired civil servants reach 85 years of age, and all officials who were suitably senior in the period 1975-1984 have now presumably passed that age, as we have been unable to obtain records for them. The Chief Medical Officer during the period in question was Dr John Reid, who is now deceased. We also instructed a search of National Archives for extant policy files, but none were found.

We have, however, been able to speak to more junior officials; individuals who worked for the Scottish Prison Service and SHHD in the latter part of the 1980s; and Dr Iain Macdonald, a Deputy Chief Medical Officer at the time. Their recollections have formed the basis of our response to this request.

2. Which officer/part of the SHHD was responsible for the prison medical service?

The Secretary of State had a statutory power to appoint prison officers, including medical officers (being medical practitioners duly registered under the Medical Acts), but in practice medical services were the responsibility of each respective prison; there was no national prison medical service. Each prison, other than Barlinnie which directly employed two or

three full-time medical officers, had a contract with a local surgery or health centre. There could therefore be a number of different GPs providing medical services to each prison on a part-time basis. Medical officers received very little, if any, guidance from prison management, and the expectation was that they would bring knowledge and independence from their respective general practices. This meant that the practice between, and even within, prisons was varied.

Certain prison officers provided day-to-day health support to prisoners and were known as nurse officers, although not all had nursing training. We have been unable to obtain contact details for any individuals who worked as nurse officers during the period in question.

Within SHHD there was a full-time Medical Adviser (at Senior Medical Officer level) who provided specialist advice to the Director of Prisons, but had no executive power or budget. During the time in question the post was held by Dr James Morton, who is now deceased. Advice could be issued by the Medical Adviser to medical officers within prisons by way of circular or personal contact during his visits to prisons.

3. The Annual Reports by the Secretary of State contain information on the number of prisoners reported/recorded as dependent on hard drugs. How was that information obtained e.g. were all inmates medically examined on admission? Did the numbers reported/recorded as dependent on hard drugs only include those with drug dependence on admission or did such numbers also include all prisoners with a history of drug use at any time (see, for example, the distinction made in paragraph 86 of the 1980 Annual Report)?

All prisoners were statutorily required to undergo medical examination within 24 hours of admission. Separately, all GPs were required by the Home Office, when first examining any patient who disclosed drug misuse, to fill in an NHS notification form. Hence a medical officer examining a prisoner who disclosed drug misuse on first admission would fill in that form.

Medical officers also recall the requirement to fill in the form on every anniversary of the prisoner's admission, if the prisoner was still known to be misusing drugs. It is not clear if that was a requirement of the Home Office or of the prison.

It is likely that those returns formed the basis of the statistics in the Annual Reports. The statistics should only have reflected the number of prisoners with a continuing dependency on drugs, and not those with a history of drug use. However, any given prisoner might be re-admitted several times during a single year, and/or have been released before the end of the year, so the statistics might not have been entirely accurate.

4. To whom was information relating to the health of prisoners and, in particular, the incidence of drug use, communicated by the prison medical service and/or by the Scottish Prison Service? Was such information communicated to the Chief Medical Officer, or to officials below him and/or to the Scottish National Blood Transfusion Service?

Medical officers reported information relating to the health of prisoners to the prison governor primarily, and also to the Medical Adviser on his visits to prisons, through whom the Director of Prisons could have been made aware. The Medical Adviser's line manager was a Principal Medical Officer who also had responsibility for the Senior Medical Officer whose remit included drug misuse in the general Scottish population. The Principal Medical Officer was therefore in a position to pass any information about drug misuse among prisoners to a

Deputy Chief Medical Officer. We understand that, of these individuals, only the Deputy Chief Medical Officer is still alive, and he does not recollect being notified of this issue.

Up until 1983 SNBTS might visit each prison twice a year. Usually the chief nurse officer in each prison was the SNBTS contact and authorised the routine visits. Medical officers were not involved and, not attending the prison every day, often might not even have known the visit was taking place. Also, given that medical officers dealt with their prison patients on the same basis as community patients, in terms of confidentiality, the identities of those known to have been misusing drugs were not disclosed to SNBTS on a routine basis.

It is likely that the SNBTS doctors who attended the donor sessions would have been able themselves to identify those prisoners who were misusing drugs intravenously, through sight of needle marks.

5. It appears that Barlinnie Prison had three full-time prison medical officers but that other penal establishments had part-time prison medical officers (see, for example, paragraphs 113 and 114 of the 1976 Annual Report (PEN.012.0608) and paragraph 79 of the 1982 "Prisons in Scotland" Annual Report (PEN.012.0697)). Is that understanding correct and, if so, was there always a part-time prison medical officer present at each penal establishment or was a prison medical officer only in attendance when required? Were prison medical officers always present during blood donor sessions?

There were two or three full-time medical officers at Barlinnie at any time, though we have been unable to identify any of them. As outlined above, in other prisons the medical officers attended part-time as part of their duties with the local health centre or surgery with which the prison in question had a contract. There was not a medical officer in attendance at all times; day-to-day health issues were taken care of by nurse officers. Medical officers were not involved with blood donor sessions.

6. What, if any, steps were taken by those in the prison medical service and/or by the Scottish Prison Service to prevent those prisoners who were dependent on drugs or had a history of drug abuse from attending blood donor sessions in penal establishments?

We have been unable to ascertain whether any such steps were taken. Neither medical officers within prisons nor the government staff in the Scottish Prison Service were involved with SNBTS visits to prisons.

7. The Annual Reports by the Secretary of State for 1975 to 1980 include reference to the collection of blood from penal establishments. The Reports from 1981 to 1984 make no such reference. Why did the Annual Reports from 1981 to 1984 not make reference to the collection of blood from penal establishments?

We have been unable to ascertain why no reference was made to blood collections. The relevant inspectors are apparently deceased and the officials whom we have been able to contact have no recollection of blood donations being taken from prisoners during the period in question.

We hope this is helpful and would be pleased to provide clarification if necessary. We have very recently uncovered a new line of inquiry which we are currently pursuing, and may seek to submit a supplementary statement should it prove fruitful.

Yours sincerely

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