

Date 13 October 2026
Your Ref FOI-2026-3513
Our Ref FOI-2026-3513

Enquiries to [REDACTED]
Email psd.foi@nhs.scot

Dear [REDACTED]

Freedom of Information Reference FOI-2026-3513

I refer to your Freedom of Information (Scotland) Act 2002 (FOISA) request that we received on 4 October 2026 requesting the following information:

My request concerns the healthcare services delivered by your Health Board within Police Scotland custody suites. Specifically, I am seeking data regarding individuals who entered custody with an active, community-verified prescription for Methadone, but who were instead prescribed and administered Dihydrocodeine (DHC). Does the Adastral show whether consent was given.

Changing a patient's treatment from methadone to dihydrocodeine (DHC) requires a fully informed, voluntary consent, from the patient, as it involves a significant clinical transition with unique safety profiles. Therefore because both medication are controlled substances primarily managed under specialised protocols

This should not be difficult, as you have previously stated that only a small number of detainees had prescribed methadone stopped.

Please provide the following information for each of the following financial/calendar years: [Insert relevant years, e.g., 2021/22, 2022/23, 2023/24, 2024/25, and 2025/26]:

- 1. Total Count: The total number of individuals held in police custody suites within your Health Board area who had their verified, community-prescribed Methadone substituted with Dihydrocodeine (DHC) during their period of detention.**
- 2. Breakdown by Location: If held across multiple facilities, a breakdown of these figures by specific custody suite (e.g., Kittybrewster Custody Suite, Elgin Custody Suite, etc.).**
- 3. Clinical Guidance Documents: A copy of the specific clinical protocol, standard operating procedure (SOP), or local formulary guidance utilised by custody healthcare staff that outlines the criteria for substituting community-prescribed**

Chair Mr Keith Redpath
Chief Executive Professor Karen Reid

Methadone with Dihydrocodeine.

4. **Adverse Events:** The number of recorded adverse clinical events, medical emergencies, or formal complaints received by the Health Board relating to the substitution of Methadone with Dihydrocodeine within police custody during this timeframe.

Technical Guidance & System Query Structure (Adastra Database Logic):

I am aware that clinical events, consultations, and prescriptions within your police custody suites are tracked using the OneAdvanced Adastra software system.

To ensure this request complies with the statutory cost limits under Section 12 of FOISA, I request that your Database Administrator (DBA) or IT Business Intelligence team extract this cross-referenced information using an automated relational script logic similar to the logic detailed below.

Assuming a standard relational structure tracking triage history (trriage_records), active medication histories (community_meds), and custody prescribing logs (custody_prescriptions), the requested numbers can be isolated by running a script patterned on the following database code:

Sql

```
SELECT
    custody_location.suite_name AS Custody_Suite,
    COUNT(DISTINCT patient.patient_id) AS Detainee_Count,
    DATEPART(yyyy, triage.admission_date) AS Calendar_Year
FROM
    adastra_patients AS patient
INNER JOIN
    adastra_triage AS triage ON patient.patient_id =
    triage.patient_id
INNER JOIN
    adastra_locations AS custody_location ON
    triage.location_id = custody_location.location_id
INNER JOIN
    adastra_med_history AS community_meds ON
    patient.patient_id = community_meds.patient_id
INNER JOIN
    adastra_prescriptions AS custody_prescriptions ON
    patient.patient_id = custody_prescriptions.patient_id
WHERE
    -- Filters for Police Custody environments within your
    Board's area
    custody_location.facility_type = 'Police Custody'

    -- Triage or admission history records an active
    community prescription for Methadone
    AND (community_meds.drug_name LIKE '%methadone%'
        OR community_meds.drug_name LIKE '%physeptone%')
    AND community_meds.status = 'Active Verified'
```

```

-- Cross-references where Dihydrocodeine (DHC) was issued
inside the suite instead
AND (custody_prescriptions.drug_name LIKE
'%dihydrocodeine%'
    OR custody_prescriptions.drug_name LIKE '%dhc%')

-- Restricts the timeline to the requested years
AND triage.admission_date BETWEEN '2021-04-01' AND '2026-
03-31'
GROUP BY
    custody_location.suite_name,
    DATEPART(yyyy, triage.admission_date)
ORDER BY
    Calendar_Year DESC,
    Detainee_Count DESC;

```

Use code with caution.

If your local database schema utilises mapped Read Codes, SNOMED CT codes, or distinct clinical keywords within text fields rather than structured table joins for medication history, please apply equivalent boolean search parameters (AND community_med LIKE 'Methadone' AND custody_issue LIKE 'Dihydrocodeine') to generate the aggregate numbers.

If the decision-making or recording process changed significantly during this period—for instance, following the introduction of the Scottish Government’s Medication Assisted Treatment (MAT) Standards or proceedings surrounding Scottish Parliament Public Petition PE1900—please provide clarity on how this impacted the recording of these figures.

It is important to note that from 1 April 2026, NHS National Services Scotland (NSS) and NHS Education for Scotland (NES) joined to form Public Services Delivery Scotland (PSD Scotland), enabling transformation in health, social care, and the wider public sector. More information regarding PSD Scotland can be found at the following URL:

[Public Services Delivery Scotland \(PSD Scotland\)](#)

After a search of our electronic and paper records I can confirm that under [Section 17 of FOISA for “Information not held”](#) PSD Scotland does not hold the information you have requested.

PSD Scotland is not NHSScotland and do not hold records on behalf of the other Health Boards within NHSScotland and PSD Scotland does not provide patient facing clinical services.

In order to obtain the information that you have requested we suggest that you contact each of the Health Boards directly using the email addresses listed below, as under the terms of FOISA we are unable to transfer this request on your behalf.

NHS Ayrshire & Arran

foi@aaaht.scot.nhs.uk

NHS Borders

foi.enquiries@borders.scot.nhs.uk

NHS Dumfries & Galloway	dg.feedback2@nhs.scot
NHS Fife	fife.foirequestfife@nhs.scot
NHS Forth Valley	fv.freedomofinformation@nhs.scot
NHS Grampian	gram.foi@nhs.scot
NHS Greater Glasgow & Clyde	foi@ggc.scot.nhs.uk
NHS Highland	nhsh.foirequestshighland@nhs.scot
NHS Lanarkshire	foi@lanarkshire.scot.nhs.uk
NHS Lothian	loth.freedomofinformation@nhs.scot
NHS Orkney	ORK.FOIrequests@nhs.scot
NHS Shetland	shet.foi@nhs.scot
NHS Tayside	tay.foisa@nhs.scot
NHS Western Isles	wi.infogov-wihb@nhs.scot

If you require any further information, please do not hesitate to contact me using the email address psd.foi@nhs.scot

If you are unhappy with any aspect of how we have dealt with your request, you can make representations to us asking us to review the handling of your request. Please write to the Associate Director Corporate Governance using the email address psd.foi@nhs.scot within 40 working days of the date of this correspondence.

If after a review you are still unhappy, you also have the right to apply to the Scottish Information Commissioner, who can be contacted at Kinburn Castle, St Andrews, Fife, KY16 9DS, or via their [online Appeal form](#).

Yours sincerely,

