



Original communication

Can deaths in police cells be prevented? Experience from Norway and death rates in other countries

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ABSTRACT

Purpose: To describe the changes in death rates and causes of deaths in Norwegian police cells during the last 2 decades. To review reports on death rates in police cells that have been published in medical journals and elsewhere, and discuss the difficulties of comparing death rates between countries.

Methods: Data on deaths in Norwegian police cells were collected retrospectively in 2002 and 2012 for two time periods: 1993–2001 (period 1) and 2003–2012 (period 2). Several databases were searched to find reports on deaths in police cells from as many countries as possible.

Results: The death rates in Norwegian police cells reduced significantly from 0.83 deaths per year per million inhabitants (DYM) in period 1 to 0.22 DYM in period 2 ($p < 0.05$). The most common cause of death in period 1 was alcohol intoxication including intracranial bleeding in persons with high blood alcohol levels, and the number declined from 16 persons in period 1 to 1 person in period 2 ($p = 0.032$). The median death rate in the surveyed Western countries was 0.44 DYM (range: 0.14–1.46 DYM).

Conclusion: The number of deaths in Norwegian police cells reduced by about 75% over a period of approximately 10 years. This is probably mainly due to individuals with severe alcohol intoxication no longer being placed in police cells. However, there remain large methodology difficulties in comparing death rates between countries.

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1. Introduction

The death of a person while in police custody causes grief to the next of kin and stress to the custodial and police officers. These deaths may also harm the reputation of the local police force and thus create tension in both the directly affected communities and society as a whole. This indicates the importance of taking preventive measures so as to minimize the number of deaths in police custody.

In 2002 a project was initiated by Norwegian police authorities aimed at analysing death rates and the causes of deaths over a 9-year period (1993–2001, defined as period 1 in this study) among persons placed in police cells. Based on these data, advice on preventive measures was disseminated to police forces throughout Norway. This report also presents similar data for the period from

2003 to 2012 (defined as period 2 in this study) with the intention of disclosing whether or not the preventive measures introduced after period 1 were effective.

Few studies of custodial deaths have been published in medical journals. However, a few countries have published data on such deaths in official statistics or as part of specific projects. Methodology differences between these reports as well as cultural differences in police organizations make it very difficult to compare the available reports. In this article we present data for death rates in police cells from several countries, as obtained both from the medical literature and other types of report.

2. Methods

2.1. The Norwegian study

In both 2002 (for period 1) and 2013 (for period 2), requests were sent to the 27 police administrative districts in Norway for information about all deaths in police cells, including police and autopsy reports, toxicology tests and reports from the Norwegian

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“special police investigation group”. Deaths in hospital were included if the death process had started while the person was in a police cell, but deaths related to the arresting procedure were not included. Causes of deaths were based on autopsies, toxicology tests and/or other data in the police reports. The time period from a person being placed in a cell until death was recorded, as were the age, gender and reason for detention (e.g., crime or alcohol intoxication). In order to control these data, the Internet was searched exhaustively for data relevant to the study periods; however, no deaths additional to those reported by the police were identified.

Based on data obtained from period 1, several recommendations on how to observe and treat persons in police custody were initially distributed in an ad-hoc manner, and then subsequently formally disseminated throughout Norway in 2006. The most important recommendation was to order a doctors examination before placing someone in a cell if the person was considered to be unable to take care of him- or herself, since it is preferable for such persons to be in a hospital or detoxification facility. Video surveillance and two-way communication—which were used more or less casually during period 1—were recommended for persons judged “at risk” during period 2. Enhanced controls with existing observational routines in cells were proposed. A central Norwegian supervisory agency was also introduced.

2.2. Data from different countries

Data on deaths in police cells from 1990 onwards were obtained from medical journals (using medical databases), official reports, police reports and newspaper reports as found by a thorough search on the Internet using the Google search engine. Various databases on the Internet were searched using words and phrases such as “death”, “suicide”, “alcohol”, “intoxication”, “police cell”, “police custody” and “prison”. We used Google Translate to additionally search for entries in Spanish, French, Italian, Portuguese, Finnish, Icelandic and German. Efforts were also made to search for data from countries with languages that use a non-Roman alphabet. We aimed to search for data from all of the European countries as well as most of the countries in America, Africa, Asia and Oceania.

2.3. Statistics and presentation

Death rates are presented as the number of deaths per year per million inhabitants (DYM), and as the number of deaths per year per 10,000 detainees. Some statistical analyses comparing deaths in period 1 with period 2 were performed using SPSS bivariate correlation tests (Pearson's tests), with the results presented as probability values. However, the death rates in periods 1 and 2 were compared using Poisson tests. The 95% confidence intervals (CIs) for rates were calculated under the assumption that the number of deaths follows a Poisson distribution. The significance level was set to 5% ($p < 0.05$). Death rates in different countries were not compared statistically, and are presented in units of DYM.

3. Results

During periods 1 and 2, means of 4 and 1.1 persons, respectively, died each year in Norwegian police cells (death rates: 0.83 DYM and 0.20 DYM, $p < 0.05$; Tables 1 and 2). During period 1, 31% of all deaths were caused by alcohol intoxication, while deaths due to cerebral trauma (11%) all occurred in persons detained for drunkenness. During period 2, only one person died from alcohol intoxication and none due to cerebral traumas ($p = 0.032$ including deaths caused by cerebral trauma) (Table 2).

Table 1
Deaths in Norwegian police custody during the two study time periods.^a

	1993–2001	2003–2012
Demographics		
Number of deaths	36	11
Age, years, med (range)	40 (17–70)	40 (20–60)
Women/men	1/35	2/9
Reason for detention		
Drunkenness	29 (81%)	5 (45%)
Crime	7 (19%)	6 (55%)
Unknown	2 (6%)	0

^a Data are numbers and number (%) values.

Table 2
Changes in death rates from period 1 to period 2.^a

	1993–2001	2003–2012	p
Deaths/year/million inhabitants*	0.83 (0.56–1.11)	0.22 (0.08–0.36)	<0.05
Suicides/year/million inhabitants	0.10	0.06	n.s.
Deaths/year/10,000 detentions*	0.60 (0.40–0.80)	0.18 (0.06–0.30)	<0.05

* P value > 0.05 is considered significant.

^a Values are mean (95% confidence interval) values.

The mean blood alcohol concentration was 3.2‰ (range: 2.3–5.0‰), including among those people who died due to cerebral trauma. Persons detained for drunkenness constituted 81% ($n = 29$) and 36% ($n = 4$) of the deaths in periods 1 and 2, respectively (Table 1). The death rate for persons detained for drunkenness was 1.44 DYM (95% CI: 0.91–1.98 DYM) in period 1 and 0.48 DYM (95% CI: 0.01–0.95 DYM) in period 2. The death rate among individuals detained for criminal procedures in period 2 was 0.13 DYM (95% CI: 0.02–0.25 DYM) compared to the 0.48 DYM among individuals detained for drunkenness in period 2 (n.s.).

Other types of intoxication (mostly mixed types) caused eight deaths in period 1 and six deaths in period 2 (Table 3). The most common intoxication agents were diazepam, methadone, amphetamine and ethanol. There were four and three suicides in periods 1 and 2, respectively. The most common suicidal method was hanging (in six of the seven suicides). Six people (17%) died less than 1 h after being placed in a cell in period 1, versus none in period 2 ($p = 0.15$). Four people (11%) and five people (45%) had been examined by a doctor prior to their deaths in periods 1 and 2, respectively ($p = 0.011$).

The median death rate in Western countries was 0.44 DYM (range: 0.14–1.46 DYM). Table 3 presents the recorded death rates.

4. Discussion

The total number of deaths in Norwegian police cells was reduced by about 75% from period 1 (1993–2001) to period 2 (2003–2012). A similar but more-gradual reduction in police

Table 3
Causes of deaths in Norwegian police cells during the two study time periods.^a

	1993–2001	2003–2012	p
	n = 36	n = 11	
Alcohol intoxication	11 (31)	1 (9)	n.s.
Intracranial bleeding	5 (14)	0	n.s.
Other types of intoxication	8 (22)	6 (55)	0.04
Natural deaths	5 (14)	1 (9)	n.s.
Suicides	4 (11)	3 (27)	n.s.

^a Data are numbers (%) values.

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