



Clinical practice

Medical, social, and law characteristics of intoxicant's users medically examined in police custody



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ABSTRACT

Introduction: There are no studies on medically examined persons in custody which specifically focus on identifying dependence profiles among users of intoxicants. Nonetheless, the characterisation of dependence profiles for intoxicants such as alcohol, cannabis, cocaine, heroin, amphetamines and their by-products is a medical necessity in this setting.

Materials and methods: A prospective, monocentric, open-ended study conducted by structured questionnaire was carried out on detainees who admitted to having taken an intoxicant/s (tobacco, alcohol, drugs or illegal substances). Social, legal and medical data were collected. The aim of the study was to explore characteristics of these persons in police custody.

Results: 817 questionnaires were examined. More than one-third have a dependence on at least one substance. 37.7% were dependant of tobacco, 86.5% of drinkers, 24.7% of cannabis users. Of these, 90.1% were from men with a mean age of 29.4 years, 40% from individuals living alone, 25.7% from persons with no financial means and 19.6% from homeless persons. 10% were believed to be suffering from mental illness, 7.2% were thought to be asthmatic, 3% to have a chronic infection, and 2.9% to have epilepsy. 36.2% reportedly received treatment, 37.5% of which included benzodiazepine and 20.3% opiate substitution therapy. Incidence of psychological and psychiatric disorders is close to 10% of intoxicant detainees.

Discussion: In this study, some of the stated pathologies occur in ratios similar to those in other published results. But, there is a high, and probably underestimated, prevalence of psychological and psychiatric disorders in this population of detainees reporting exposure to intoxicant or illegal substances.

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1. Introduction

In France, the number known of persons in custody peaked in 2009, with an estimated 580,108 detained for non-traffic crimes and offences.¹ A reform measure designed to buttress individuals' rights as well as to reduce the number of persons in police custody was enacted.² One of the rights assured and pursuit by this new law is the individual's right to a medical examination to determine whether or not this custodial measure befits his state of health.³

This request can be made by either the individual himself, the judicial authorities (police or magistrate) or the individual's family (French criminal procedures code, 2011). This medical evaluation is compulsory for minors under 16. Before that in December 2010 a law⁴ attributed to each academic hospitals in their cities, this medical evaluation for detainees which was performed before by generalist practitioners.

The distinguishing characteristic of this group of detained persons considered by the French judicial authorities to be offenders, is a higher prevalence of chronic pathologies⁵ and drug use compared to those seen in the general population using general practitioner records. There are few data on this area, and studies on the subject are scant.⁵ In France, excepting some hospital specific units before the new law of December 2010, the general practitioners who effectively evaluated detainees in custody, did not realize studies. In

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the literature, the few existing published studies on the subject focus more on the medical treatment of withdrawal symptoms or the effects from the use of intoxicants suffered by these persons while in custody.^{6–10} In France, this medical examination must be able to be performed within 3 h of the beginning of the police custody. It is therefore vital for the caregiver to be able to identify the types of dependence in order to assess their effect on the individual's physical and psychological health.¹¹ This type of medical evaluation is mandatory, as it makes it possible to anticipate the likelihood of withdrawal symptoms occurring and to take positive medical steps to help the detainee. This information is of direct benefit to the medical examiner and to a large extent aids in assuring both the person being examined and the police that the person's health is somewhat protected.

This study outlines the data collected from subjects in custody who have admitted to taking intoxicant/s. An analysis was conducted to evaluate the medical, social and penal characteristics of these subjects. These additional determining factors are necessary for enabling a more comprehensive evaluation of the state of health, rather than one focussing solely on the intoxicant/s used.

2. Materials and methods

The research was done in Nantes police station. Nantes is a city in West France, the 6th largest in France, while its metropolitan area ranks 8th with nearly 900,000 inhabitants. The duration of the study was from January 2012 to June 2012. The subjects included were all persons having admitted to taking an intoxicant/s and who were required to undergo an examination to determine the appropriateness of this custodial measure to their state of health. The substances considered intoxicants were tobacco, alcohol (including persons tested while intoxicated), cannabis (an illegal substance in France), heroin and amphetamines. In each medical checking, the forensic practitioners meant their membership in the academic hospital, that all medical information's were covered by the medical confidentiality. This fundamental distinction could limited under-reporting of the drugs consumption even illicit. The subjects were asked to respond to a structured questionnaire after verbally consenting to an analysis of their data. This questionnaire collected the following data: social (sex, age, social and family status, existence of a fixed address); professional (whether or not employed, on welfare or having access to other means); penal history (prior remands in custody, offences charged), and medical (medical history, prescribed treatments). Participants were notified about confidentiality and informed that the data collected would be anonymised. The practitioners also assured the persons being examined that this information was of a medical nature, protected by professional secrecy and therefore would not be passed on to authorities requesting it. The exclusion criteria included: refusal of the detainee to submit to a medical examination, his objection to use of his data, difficulty in understanding the questionnaire due to a language barrier, and withdrawal symptoms or the effects of the substances taken by the detainee in custody because they were unfit to give consent, to understand and answer to the planned questionnaire.

3. Results

Over this 6-month period, 1147 detainees were examined by a physician. 80% of examined detainees asked for help and for 20% of them, it was the police requested for a medical check. 158 persons did not report any use of tobacco, alcohol or illegal substances, and 131 either refused to be examined, did not consent to the questionnaire or objected to the use of their data. Lastly, 41 persons were unable to answer the questions owing to difficulty understanding French or to a temporary alteration of their cognitive

abilities due to withdrawal or associated with the effects of intoxicant substances. As a result, 817 questionnaires were able to be used. Within this population, 90.7% smoke tobacco and 37.7% of these within the first five minutes of awakening and 28% consuming more than 20 cigarettes a day. 47.2% report using alcohol regularly or are under the influence of alcohol while being medically evaluated. 86.5% of the alcohol users reported that had already felt the need to decrease alcohol consumption, relatives one commented about alcohol consumption, impression of drinking too much. 34.4% declared to consume at least another illicit drugs and 6.4% at least two other intoxicants. Of all the detainees medically examined over the period of this study, 15.3% use cannabis, 1.6% cocaine and 2.0% heroin. 24.7% were dependant of cannabis with smoking in more important quantity or over a period longer than planned and/or persistent desire of stopping. Males account for 90.1% of the population studied. The mean age is 29.4 (maximum age 76, minimum age 13.3). 40% of this population reported living alone, and 19.6% do not have a postal address. 196 (24%) persons indicated that they were responsible for at least one child (assume financial charge). 40.2% of these persons detained were unemployed. This was the first detention for 160 persons, while 398 persons (48.7%) have been detained more than five times.

These persons were detained mainly for three reasons (Table 1): personal injury charges (35.6%) with 10% involving narcotic offences; 24.4% on charges for damage to property and 21% for traffic offences.

The stated medical histories noted among this population feature mental pathologies, with 3.5% suffering from depression, 2.8% from anxiety, and 1.7% from psychotic pathologies. 7.2% reported being asthmatic, 3% reported having a chronic infection (including 1.3% HCV, 0.5% HBV, 0.4% HIV), 2.9% epilepsy, and 1.6% reported cardiovascular disorders. 36.2% said they were undergoing treatment and gave the name of the prescribed medication. Of this group, 13.2% were on buprenorphine treatment taking 10 mg per

Table 1

List of the breaches blamed (several breaches can concerned a person placed under police custody).

Blamed breaches police custody	Number	Percentage
Murders and offences against the persons	350	35.6%
Affected the life: voluntary and involuntary manslaughter	5	0.5%
Violence, threats	232	23.6%
Sexual assaults	13	1.3%
Moral harassments	1	0.1%
Breaches of the legislation of narcotics	99	10.1%
Crimes and offences against the properties	289	29.4%
Fraudulent appropriations	186	18.9%
Common thefts or deteriorated	169	17.2%
Extortions	8	0.8%
Swindles	6	0.6%
Nearby breaches: fraud	3	0.3%
Others offences against the properties	103	10.5%
Receivingsn	48	4.9%
Destructions	55	5.6%
Crimes and offences against the State, the nation and the public peace	68	6.9%
Offences of illegal residency	43	4.4%
Driving offences	207	21.1%
Driven under the influence of the alcohol	113	11.5%
Driven after use by narcotics	16	1.7%
Defects of driving licence or insurance	32	3.3%
Driven) in spite of suspension, cancellation or ban to obtain a driving licence	21	2.1%
Excessive speeds	3	0.3%
Refusal to obey	9	0.9%
Other	13	1.3%
Breaches of the legislation of weapons	25	2.6%
Total	982	100%

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