



Evaluation of problematic psychoactive substances use in people placed in police custody



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ABSTRACT

Introduction and aims: In France, the law states that any person held in custody could be examined by a doctor. The main objective of the medical examination is to give medical evidence of health compatibility with custody. This review identifies health risks such as addictive behaviour. We wanted to know which psychoactive substances are used in this particular population, and how problematic these uses are.

Design and methods: A prospective, monocentric, open-ended study conducted via a structured questionnaire was carried out on detainees who reported having taken drugs or illegal substances. Practitioners investigated desired effects for each substance, and characteristics of use, by means of the dependence criteria of the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (American Psychiatric Association, 1994). Problematic use was assessed when at least 3 items of the DSM IV were positive.

Results: 604 questionnaires were examined. 90.7% of questionnaires reported tobacco use, 76.2% cannabis, 57.3% alcohol, 12.5% psychostimulants, 10.0% opiates and 0.7% benzodiazepines or Z-drugs. The frequency of problematic use was 74.6% for opiates, 44.9% for cocaine and 25.3% for cannabis. Compared to non-problematic users, problematic users were older, more likely to be jobless without financial means, more likely to have a medical history, including a greater likelihood of mental illness, and more chance of undergoing prescribed medical treatment. They included more women and more homeless people.

Discussion and conclusions: These results show characteristics of psychoactive substance use in a sample of people in custody. Psychoactive substances mentioned by respondents are not different from those observed in the general population, but for certain users, the desired effects are far from the pharmacologically expected ones. For some, taking substances seems to be part of their way of life, for others it is a means to compensate for an underlying feeling of uneasiness. Furthermore, problematic users present severity criteria which seem to be greater than in psychoactive substance users in the general population.

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1. Introduction

In France, people in custody have the right to a medical examination to determine whether or not this custodial measure benefits

their state of health. This request can be made by either the individual themselves, the judicial authorities (police or magistrate) or the individual's family. This medical evaluation is systematic for minors under 16 but any person, including adolescents, can refuse to be examined.

The main objective of the medical examination in custody is to corroborate the absence of health risks to the individual, taking into account the period of deprivation of liberty and the conditions in which it takes place. The physician completes a confidential medical chart including details of medical history, current

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Abbreviations

DMT	Dimethyltryptamine
DSM IV	Diagnostic and Statistical Manual of Mental Disorders (4th revision)
LSD	Lysergic acid diethylamide
NPU	Non-Problematic Users
PU	Problematic Users

medication, conditions of custody, data from the clinical examination and any additional examinations or administered medication. This information, subject to the obligation of professional secrecy, is never transmitted to the requesting authority. Medical practitioners themselves never provide care for the person and if it is necessary, the detainee is transferred to a hospital to be treated as a patient.

The consumption of psychoactive substances is one of the particular situations which is likely to represent a health risk during the time in custody. It is vital for the caregiver to be able to evaluate drug use in order to assess its effects on the individual's physical and psychological health.¹ However, the use of psychoactive substances is currently very poorly evaluated in France, particularly in underprivileged people such as detainees.

Very few data are currently available concerning the addicto-logical characteristics of this population, which differs from the general population on the one hand, and from prisoners on the other hand.

The few existing published studies on the subject focus more on the medical treatment of withdrawal symptoms or the effects from the use of psychoactive drugs suffered by these people while in custody.^{2–6} Only three recent studies on medical and addicto-logical characteristics of people in custody were published by a team in Paris^{7–9} but none characterized the population of the consumers nor estimated the level of abuse or dependence of these people.

Thus, the Clinical Pharmacology department of the University Hospital of Nantes in association with the Laboratory of Forensic Medicine of the Faculty of Nantes, set up an analysis of data collected during the medical examinations of people remanded in custody, in order to provide an overview of their consumption of psychoactive substances.

In 2013 we published an article in the Journal of Forensic and Legal Medicine related to our study. This publication was a first description of the detainees' characteristics from a sample of 817 questionnaires.¹⁰ This paper was criticized in a letter to the editor published in the same journal in 2014.¹¹ The aims of the present paper are: to clarify the context and the methodology of our study in response to this letter, to provide a more precise description of social and medical characteristics of people in custody, to identify the uses of psychoactive substances and finally to characterize the problematic uses of these substances.

2. Methods

2.1. Setting of the study

The study was carried out from July 2011 to May 2014 in police stations in the Nantes area among people detained in police custody who were required to undergo a medical examination to determine the appropriateness of this custodial measure to their state of health. The context of these medical examinations is described in the introduction.

2.2. Study population

Detainees were interviewed by a physician during the medical examination. Judicial authorities gave permission to conduct this observational study. The subjects were asked to respond to a structured questionnaire after verbally consenting to an analysis of their data.

The questionnaires included in the study are the reflection of the detainees' time spent in police custody. The description of their consumptions corresponds to a reality at a precise moment. A same subject could have been asked to reply to the questionnaire several times for example in the case of spending multiple periods of time in custody, and their questionnaires included in the study at different dates, without constituting an exclusion criterion. Each questionnaire reflects a situation at a given time, not a person as a whole.

2.3. Ethics statement

In French legislation about biomedical research, this study is considered as a non-interventional study because it did not change the medical procedures. Analysed data were data collected during the usual medical examination to determine health compatibility with custody. During the study period, participants were notified about confidentiality and were informed that the data collected could be anonymously used for research purposes. Each person who was examined directly expressed informed consent about the study. If she or he refused, the data collected were excluded, as was mentioned in the present manuscript. When participants were unable to give fully informed consent, data collected were automatically excluded too.

2.4. Clinical assessment

The questionnaire was drawn up by a multidisciplinary committee composed of forensic practitioners, pharmacologists, psychologists, sociologists and a psychiatrist specialised in addiction. The questionnaire collected the following data: social status (sex, age, social and family status, existence of a fixed address); professional activity for adults (whether or not they were employed, whether they were on benefits or had access to other means) and school attendance for minors under 18; penal history (prior re-mands in custody, offences charged); medical state (medical history, prescribed treatments); and psychoactive drug use. Psychoactive drugs included tobacco, alcohol, illicit drugs and psychoactive medication.

2.5. Selection criteria

Among the respondents, those having admitted to taking illicit drugs and/or psychoactive medication (current use, i.e. regular or occasional) were selected to be asked about their consumption. Then, practitioners investigated desired effects for each substance, and characteristics of use, by means of the dependence criteria of the Diagnostic and Statistical Manual of Mental Disorders (4th revision) (DSM IV).¹² According to the DSM IV, dependence is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring any time in the same 12-month period:

1. Tolerance, as defined by either of the following:
 - (a) A need for markedly increased amounts of the substance to achieve intoxication or the desired effect

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