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# Multiple brief interventions in police custody: The MuBIC randomized controlled study for primary prevention in police custody. Protocol and preliminary results of a feasibility study in the Paris metropolitan area, France

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## ABSTRACT

**Background:** The 15- to 35-year-old population has little contact with the health care system and is exposed to risk factors. Several studies demonstrated the feasibility of brief interventions (BIs) in different settings, e.g., in addiction medicine during police custody, where arrestees are entitled to a medical examination. Approximately 700,000 individuals are detained in police custody in France annually, and custody is an opportunity for young people to be medically examined. The characteristics of the detainees and previous experience with BIs suggest that custody is an opportunity to contribute to primary prevention. We propose to investigate the feasibility of such a contribution.

**Objectives:** The aim of this article is to present a study protocol and some preliminary results. The primary research objective is to assess the feasibility of performing brief interventions without a specific topic in police custody settings in arrestees aged 15–35 years. The secondary research objectives include i) testing four strategies for engaging in BIs that maximize the chances of success of the BI; ii) identifying the determinants that can orient the practitioner's choice to use a specific strategy over another one; and iii) analysing the differences between individuals who engage in BIs and those who do not and, in those who do engage, the determinants of success of the intervention.

**Methods:** A two-step randomized and prospective study: i) randomization of eligible patients into 4 groups of 500 patients each; analysis of the response rates for each strategy; performance of the BI; and analyses of the associated factors and ii) a real-life, full-scale phase study evaluating the effectiveness of BIs performance of the BI; and analyses of the interventions. Analyses of the determinants of a positive response to BI, of success and of the topic of intervention will be conducted.

**Expected results:** The rates of BI performed, rates of success, and characteristics associated with response and with success are the main expected results. Additionally, the development and assessment of filter questions and an improved BI dedicated to primary prevention for police custody settings will be attained.

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## 1. Introduction

Primary prevention aims to reduce the incidence of health issues in the population. This can be achieved by diminishing the prevalence of causes of diseases or risk factors in the healthy population.<sup>1</sup> A major obstacle to effective primary prevention is how to reach people in a timely manner and help them become interested in their own health behaviours when they do not present

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any specific signs of illness. More specifically, the population aged 15–35 years is known to have limited contacts with the health care system, where relevant and personalized information about the healthiness of their lifestyle habits could be presented to them.<sup>2–5</sup> Adolescents and young adults are also known to be exposed to risk factors such as smoking,<sup>6,7</sup> alcohol consumption,<sup>6,8–10</sup> the consumption of cannabis<sup>11</sup> and other illicit drugs,<sup>10,12</sup> sexual risk behaviours,<sup>13–17</sup> overweight and unhealthy dietary behaviours.<sup>10,18,19</sup> They may also present a specific vulnerability towards mental disorders.<sup>10,20</sup>

Several studies demonstrated the possibility of capitalizing on specific opportunities involving isolated health issues or health-related events among young people, thus enabling them to consider their health behaviours or status differently. This can be accomplished with the use of brief interventions: a technique used to initiate change of an unhealthy or risky behaviour such as smoking. Brief interventions have been assessed in different contexts and settings. For example, a visit to an emergency unit can reveal risk behaviours, such as a fall followed by head trauma in the context of alcohol intake.<sup>21,22</sup> Several studies assessed the opportunity to perform brief interventions in educational settings, such as in colleges.<sup>23,24</sup> In these studies, the context of the visit determined the topic of the brief intervention; that is, individuals were somehow captive to their immediate condition, e.g., a person with head trauma could not delay their visit to the emergency unit. Although many interventions focussed on a single topic, such as alcohol or substance use, some studies reported promising or positive results for brief interventions that address multiple topics, e.g., alcohol, overweight, tobacco and sexually transmitted infections.<sup>23,25–27</sup> These interventions do not exactly match either the primary level or the secondary level of prevention: an isolated health issue can alert people who present risk behaviours and inform them of the need to pay closer attention to their behaviours, without diagnosing them with a given disease.

From this perspective, the opportunity for a physician to have contact with individuals kept in police custody is an unrecognized and underexploited point of access for primary prevention interventions.

Police custody is a legal disposition defined by the “Code de procédure pénale” (French Code of Criminal Procedure).<sup>28</sup> Police custody is detention in response to a suspicion of crime or to the police having ‘reasonable grounds’ to suspect that someone has committed an offence. In France, any arrestee is entitled to a medical examination in police custody.<sup>29,30</sup> The medical examination is systematic if it involves a person under 16 years of age. The physician must decide whether the detainee’s health status is compatible with being detained in a police station.

Approximately 700,000 individuals are detained in police custody in France annually.<sup>31,32</sup> No national figures are available regarding the characteristics of people held in custody, such as their gender or their age. Based on the experience of the department of forensic medicine of Jean Verdier Hospital (Bondy, France) since 2008 in the Paris area, it can be estimated that approximately 50% of the people kept in police custody are examined by a physician; thus, not all individuals kept in police custody are actually seen by a doctor.

The median age of those detained in custody is 23 [13–78] years, and 94% are male.<sup>33</sup> The young male population is known to be hard to reach while simultaneously presenting a fairly high prevalence of risk behaviours. More specifically, a transversal study conducted between June 2010 and May 2011 in the same area that included over 22,000 people showed that a history of psychiatric disorders was reported in 819 of 16,697 cases (5%), daily alcohol consumption was reported by 14% of detainees, 77% smoked tobacco and illicit drug use was reported by 40%, cannabis in most

cases (38%), infrequently cocaine or crack (4%) or heroin (1%).<sup>33</sup>

People held in custody frequently present with somatic as well as psychiatric or psychological personal or family health issues or concerns, regardless of severity or novelty. These issues can be already diagnosed, self-reported, or feared for any reason at the time of examination.

The time dedicated to the medical examination during custody is authentic medical time, during which a thorough medical history and a thorough somatic examination are performed, based on the circumstances of the arrest and on the information collected in the interview. Young people frequently show an interest in health topics during this time, and they frequently ask permission to step on the weighing machine to check their weight without being prompted to by the physician and ask questions about their tobacco or cannabis consumption, the effect of smoking on their lung capacity or on their skin, or about sexually transmitted infections.

Since 2008, we have assessed the feasibility of a brief intervention on alcohol and substance use, i.e., targeting the use of legal and illegal substances that can generate a physical or psychological dependence, in the context of police custody. We showed that such an action is possible and may prove useful.<sup>34</sup> It was a first step, still awaiting the expansion of the brief interventions to topics other than addiction medicine, albeit in the same custodial context. This generalization is conditioned by the selection criteria used to identify individuals who can benefit from a brief intervention. In the field of substance use, the criterion was clear enough and unambiguous: the use or the abuse of identified substances.

In this context, we want to investigate more systematically and accurately the feasibility, the relevance and the effectiveness of multiple brief interventions with young people held in custody. To do so, we suggest conducting a randomized and prospective study. To the best of our knowledge, several randomized controlled trials assessing interventions for improving the health of detainees in jails have been conducted, but none were specifically conducted in police custody settings.<sup>35</sup>

The study presented here has one primary research objective and three secondary research objectives (Table 1). The primary research objective is to assess the feasibility of a primary prevention strategy without an oriented topic dedicated to the 15- to 35-year-old population at the time of their medical examination during police custody.

The secondary research objectives are the following:

- 1 - to test four strategies (three different filter questions versus spontaneous solicitation) for engaging in the brief intervention that maximize the chances of success of the brief intervention;
- 2 - to identify the determinants that can orient the practitioner in their choice to use a specific filter question over another one;
- 3 - to analyse the differences between individuals who engage in brief interventions versus those who do not, and among those who engage, the determinants of success of the intervention.

We intend to explore the following topics (in addition to the currently addressed alcohol and substance use): nutrition and unhealthy diet, mental health, physical activity (lifestyle), sexual health and sleep.

## 2. Methods

The study will take place in the Paris metropolitan area. The department of forensic medicine of Jean Verdier hospital (Bondy, France) covers approximately 75% of this area and an equivalent proportion of the individuals kept in custody in this area (sectors of Bobigny, Montreuil and Aulnay-sous-Bois). In 2012, the department represented approximately 20,000 episodes of detention in

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