

HEALTHCARE IN PRISON

Title:	Management of patients suspected of (or confirmed to be) concealing drugs internally		
Author(s)	Clinical Director		
Ownership:	Healthcare in Prison		
Approval by:	Stephen McGarrigle Interim Assistant Director	Approval date:	6 June 2023
Operational Date:	7 June 2023	Next Review:	June 2026
Version No.	Final Version 1.2	Supersedes	Version 1.1
Key words:	Concealment of Illicit drugs		
Links to other processes/policies etc	NHS England Framework for Healthcare Staff Management of People Suspected of Having Internally Secreted Drugs 2023		

1.0 INTRODUCTION / PURPOSE

1.1 Persons in custody may internally conceal drug packages in order to smuggle illegal substances into prisons. If leakage or disruption of the package occurs, patients are at risk of overdose and death. This policy is to be used in conjunction with the NHS England Framework for Healthcare Staff Management of People Suspected of Having Internally Secreted Drugs 2023.

1.2 **Definitions**

1.2.1 Body packers intentionally conceal well-wrapped drug packages by swallowing them, with the intention of smuggling, usually across borders. They are rare in prison. Packers will usually have swallowed large quantities of packets of drugs, which if they leak have a high risk of severe or fatal toxicity.

1.2.2 Body stuffers hastily ingest drugs in an attempt to avoid detection. These tend to be smaller quantities than packers but are less well wrapped.

- 1.2.3 Body pushers conceal drugs in their rectum or vagina for later use or supply.
- 1.2.4 Body stuffers and pushers are much more common in prison establishments. They tend to conceal smaller quantities; however, poorer packaging makes toxicity more likely.

2.0 SCOPE

This process applies to all Healthcare in Prison (HiP) staff including those providing agency cover.

3.0 ROLES/RESPONSIBILITIES

It is the responsibility of all managers to ensure that this process is brought to the attention of all reporting staff. It is the responsibility of all staff to read, and comply with the process, where relevant.

4.0 KEY PRINCIPLES

4.1 Identification of individuals at risk-

- 4.1.1 Individuals rarely self-report internally concealed packages. HiP staff will usually rely on intelligence from Northern Ireland Prison service (NIPS) staff so communication with NIPS staff is vital to identify persons at risk.
- 4.1.2 Concealment is most likely to be identified in reception into prison and in the visiting hall.
- 4.1.3 Probability of internal concealment is more likely in individuals with a history of substance misuse and those with previous episodes of internal concealment.
- 4.1.4 By use of X-ray body scanners. x-ray body scanners are located in reception areas, operated by NIPS staff trained to operate and interpret images. Scans produce internal images that can identify concealed objects such as mobile phones, drug packages, weapons etc. Scans are currently only completed on male prisoners but this policy may extend to include females.

4.2 Clinical Assessment (see also Appendix 1 quick reference)

- 4.2.1 NIPS staff will inform HiP staff by radio/telephone to advise the patient has been placed in isolation, the location and reasons for the isolation.
- 4.2.2 HiP staff will arrange for the patient to be reviewed as per PH/PCMH/P01 Process for the Care of Persons held within the Care and Supervision Unit (CSU)

Even though patients are often reluctant to disclose any information for fear of discipline, there should be an attempt to determine:

- what has been ingested / concealed
- what quantity
- when it was concealed / ingested
- how it was concealed (ingestion, rectally, type of packaging etc.)

4.2.3 The assessment to include an initial baseline set of observations should be taken and recorded on a National Early Warning Score 2 (NEWS2) observation chart, repeated daily, must be documented on the patient record, even if the individual has denied concealing drug packages.

4.2.4 Special care should be taken of people who may have impaired capacity, or may be particularly vulnerable to the risks of toxicity: -

- People with severe mental illness
- People with learning disabilities
- People who speak limited English
- Young offenders
- Elderly offenders

4.2.5 Look for signs of intoxication (suggestive of package leakage):

Cocaine	agitation, restlessness, aggression, pressured speech, paranoia, sweating, dilated pupils, temperature > 38C, chest pain, arrhythmias, tachycardia, hypertension, seizures
Heroin	small pupils, disorientation, slurred speech, reduced consciousness, reduced respiratory effort, pallor or cyanosis
Amphetamines	agitation, nausea, vomiting, dilated pupils, tachycardia, hypertension, sweating, seizures
Cannabis	red eyes, slow movement, memory impairment, inattention, anxiety, nausea, vomiting, tachycardia, hypertension, headache, hallucinations
Spice	red eyes, slurred speech or inability to speak, aggression, nausea, vomiting, confusion, poor coordination, pallor, sweating, tachycardia, agitation, loss of consciousness, hallucinations, seizures

4.2.6 Urine drug screens

Urine drug screens are not helpful in identifying individuals who have internally concealed drugs. They may give false positives where a person has personally used substances and false negatives if there is no leakage from concealed packages at the time of testing.

4.3 Management

4.3.1 Drug concealment should be treated as a potential medical emergency.

4.3.2 NIPS staff may not be aware of the risk of harm to that person and need to be aware that it should be managed as a medical problem, not simply a disciplinary matter.

4.3.3 Opioid substitution or any other sedating drugs **should not be prescribed** until there is a reasonable level of confidence that the packages have been passed.

4.4 Asymptomatic patients

4.4.1 All patients with confirmed x-ray scan are segregated from the general population and monitored hourly by NIPS staff for rousability.

4.4.2 An initial baseline set of observations should be taken and recorded on a NEWS2 observation chart by HiP staff to include temperature, heart rate, respiratory rate, blood pressure, pupils size and Glasgow Coma Scale. NEWS2 scores can be used to monitor clinical progress and will detect deterioration and assist with escalation processes.

4.4.3 Repeat observations to be undertaken at least DAILY or more often determined by clinical presentation, NEWS2 score and TOXBASE advice.

4.4.4 Patients must be monitored in a location that allows for regular observation and swift access to an emergency bag and resuscitation equipment.

4.4.5 The individual should be made aware of the risks of toxicity and overdose. They should be made aware of how to get help if they feel unwell.

4.4.6 Patient should be asked to sign the disclaimer in Appendix 2 HiP F25.

4.4.7 Occasionally it may be appropriate for asymptomatic patients to be transferred to hospital, e.g. if they pass fragments of packaging in their stools suggesting package rupture, or if the individual discloses that they have swallowed poorly wrapped packages. Any concerns for the patient's safety should be discussed with the on call GP or emergency department.

4.4.8 The decision to stop observations will be based on negative repeat body scanning or seizure of packages, however these do not exclude risk from remaining packages so healthcare staff should be vigilant if there is any signs of intoxication and clinical deterioration in the period after observations have ceased.

4.5 Symptomatic patients

4.5.1 Patients who show signs of toxicity should be transferred to hospital via ambulance.

4.5.2 Where there is reduced level of consciousness or reduced respiratory effort, naloxone should be administered for suspected opioid toxicity:

4.5.3 Naloxone 400mcg IM (anterolateral thigh or deltoid) repeated every 2-3 minutes as per Naloxone PGD

4.5.4 In the event of cardiorespiratory arrest, resuscitation should be continued for at least an hour. Prolonged resuscitation in the event of poisoning can still result in good neurological outcomes.

4.5.5 There should be a clear hand-over to the hospital medical team explaining your concerns, usually via a referral letter and printed EMIS medical summary. It may be useful to print and attach the RCEM guidelines (referenced below).

5.0 IMPLEMENTATION OF POLICY/PROCESS/GUIDELINE

5.1 Dissemination

This policy/process/guideline will be disseminated in line with Healthcare in Prison (HiP) Process for Consultation and Approval of Local Policies/Processes, Guidelines etc. HiP P58.

6.0 MONITORING

6.1 Any incidents or near misses in respect of this process to be recorded on DATIXWeb system, in line with the Trust incident reporting policy.

6.2 The Governance Lead to be notified of requests for/actual audit activity

7.0 EVIDENCE BASE / REFERENCES

1. The Medical Care of Suspected Internal Drug Traffickers- Independent Report of the Chief Medical Officer's Expert Group
<http://www.drugsandalcohol.ie/19222/1/SIDT-Report-FINAL.pdf>
2. Management Guidelines for Persons Suspected of Having Drugs Concealed Internally (NHS Scotland and Police Scotland)
<http://www.knowledge.scot.nhs.uk/media/10840608/management%20guidelines%20for%20drugsconcealed%20internally%20-%20v2.0%20final.pdf>
3. Management of Suspected Internal Drug Trafficker (SIDT), Royal College of Emergency Medicine Best Practice Guideline.
https://www.rcem.ac.uk/docs/RCEM%20Guidance/Management_of_Suspected_Internal_Drug_Trafficker_December_2020.pdf
4. TOXBASE. UK National poisons information service. Body packers.
<https://www.toxbase.org/Poisons-Index-A-Z/B-Products/Body-Packing/>
5. TOXBASE. UK National poisons information service. Body stuffers and parachuting
<https://www.toxbase.org/Poisons-Index-A-Z/B-Products/Body-Stuffers/>
6. NHS England Framework for healthcare staff management of people suspected of having internally secreted drugs in the secure environment, March 2023.
7. Northern Ireland Prison Service Guidance on Managing Internal Secretion – suspected or confirmed, February 2023.

8.0 CONSULTATION PROCESS

This document has been consulted on with named consultees in line with Process for Consultation and Approval of Local Policies/Processes, Guidelines etc. HiP P58.

9.0 APPENDICES/ATTACHMENTS

Appendix One - Quick guide algorithm

10.0 EQUALITY STATEMENT (to be completed for local policies only)

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this Protocol should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this Protocol is:

Major impact

Minor impact

No impact

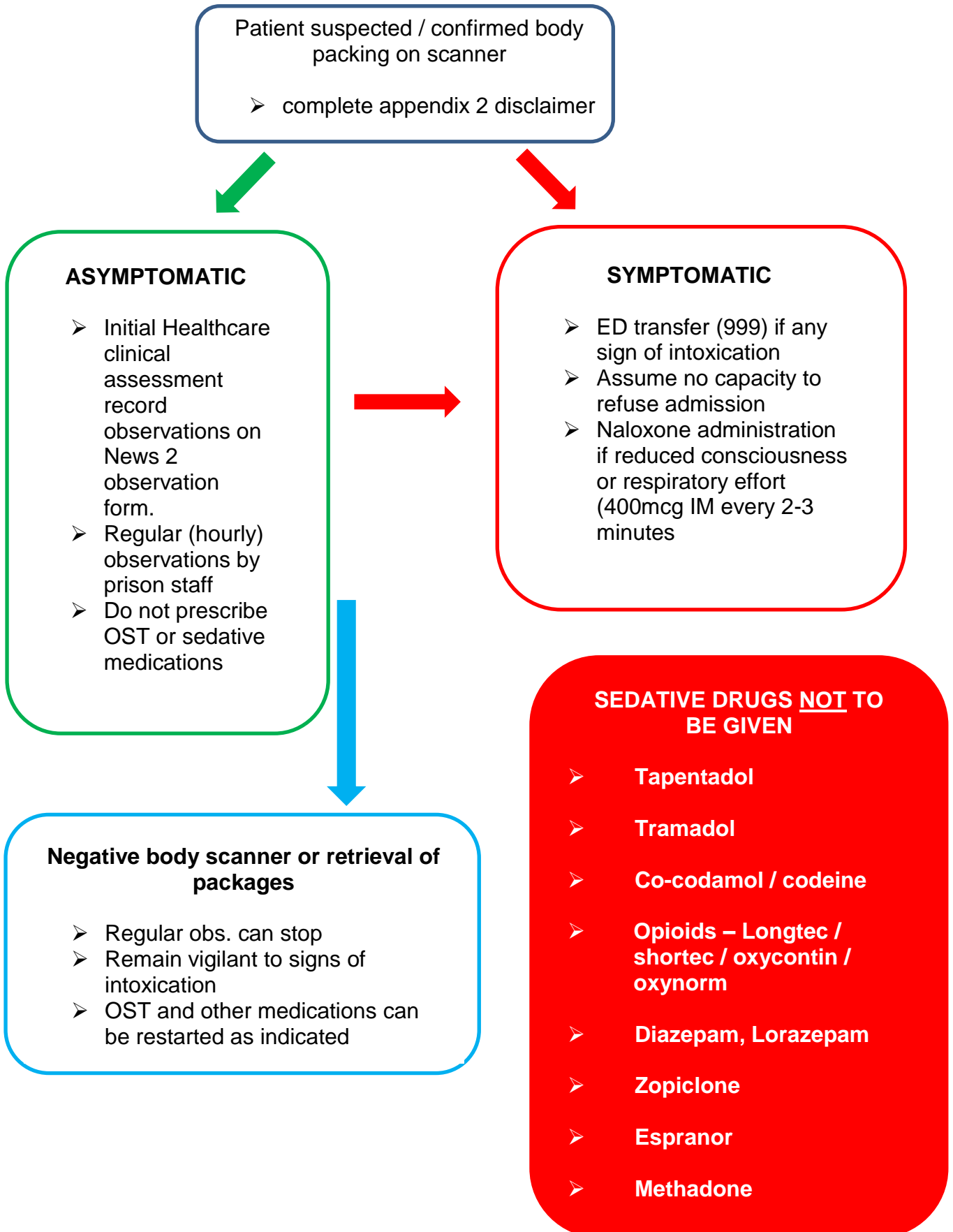
SIGNATORIES

Guidance should be signed off by the author of the Protocol and the identified responsible director).

_____	Clinical Director	_____	06/06/2023
Name	Job Title	Signature	Date
_____	Interim Assistant Director	_____	06/6/2023
Name	Job Title	Signature	Date

HEALTHCARE IN PRISON

Suspected Package Algorithm





HEALTHCARE IN PRISON

HiP F25

Suspected / confirmed internal concealment disclaimer

We wish to inform you of the following:

“Concealing illegal drugs within the body can be very dangerous. If a package leaks it can lead to life threatening overdose and death.

You will be monitored regularly, but if you have drugs hidden inside your body you may become unwell quickly and would be safer in hospital.

If you feel unwell you should alert healthcare immediately.

They may recommend transfer to hospital if they think your life is at risk.”

I understand these risks as explained to me

Patients name and Prison Number

.....Date.....

Patients
signature.....

Healthcare workers name & signature

.....

If applicable

Disclaimer: I decline transfer to hospital against medical advice

Patients signature.....Date.....

Healthcare workers name (if patient declines to sign).....