

# Were people with health vulnerabilities more likely to be fined by the police during the Covid-19 pandemic?

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**This Data Insight explores whether people who had accessed health services for conditions relating to mental ill health, drug use and alcohol misuse were more likely to receive fixed penalty notices (FPNs) during the Covid-19 pandemic.**

## What we did

Police Scotland created a dataset containing information about all people who received a police FPN for breaking the Covid-19 rules in Scotland. The National Records of Scotland created a unique identifier for these individuals, which allowed the police data to be linked to health records provided by Public Health Scotland.

To compare the profile of health service contact for those who received a Covid-19 FPN with other people in the population, a 'matched group' was identified by the National Records of Scotland. The people in the matched group were very similar to those in the FPN group in terms of their age, sex and geographical background. Health records for both the FPN and the matched group were provided by Public Health Scotland. All the data was linked securely within Scotland's National Safe Haven. The data was de-identified, meaning names and other personal information were removed from the dataset.

## Background

Thousands of police fines were issued during the Covid-19 pandemic for failure to comply with UK public health regulations. Known as 'fixed penalty notices' (FPNs), these on-the-spot fines were intended to be issued only as a last resort to individuals who deliberately broke the rules around staying at home, avoiding unnecessary travel or socially distancing from others.

However, health studies have shown that people with health vulnerabilities such as mental ill health, drug addiction and alcohol dependency found it more difficult to abide by the rules than others. This was due to a number of reasons, including a worsening of their health conditions, lack of access to necessary services, and an inability to get support from friends or family.

To date, no studies have examined whether people with health vulnerabilities were more likely than others to receive police FPNs during the pandemic. This is the first study to address this knowledge gap by linking police and health data.

Full findings from this study are published in the [Journal of Criminology](#).

The main aim of the study was to find out if there was a significant association between having a health vulnerability (relating to mental ill health, drug use or alcohol misuse) and receiving a police FPN during the Covid-19 pandemic. To do this, we identified whether people had any contact with health services relating to these three types of vulnerability in the year prior to the pandemic (from March 2019 to March 2020) and during the pandemic until the majority of the rules were relaxed (from April 2021 to May 2021).

We looked at the likelihood of receiving an FPN for people who had contact with services for any of the three types of health vulnerability, as well as for people who had multiple health vulnerabilities (sometimes known as 'comorbidity'). We also examined whether people who had contact with health services before the start of the pandemic were more likely to be fined than people who accessed services only during the pandemic.

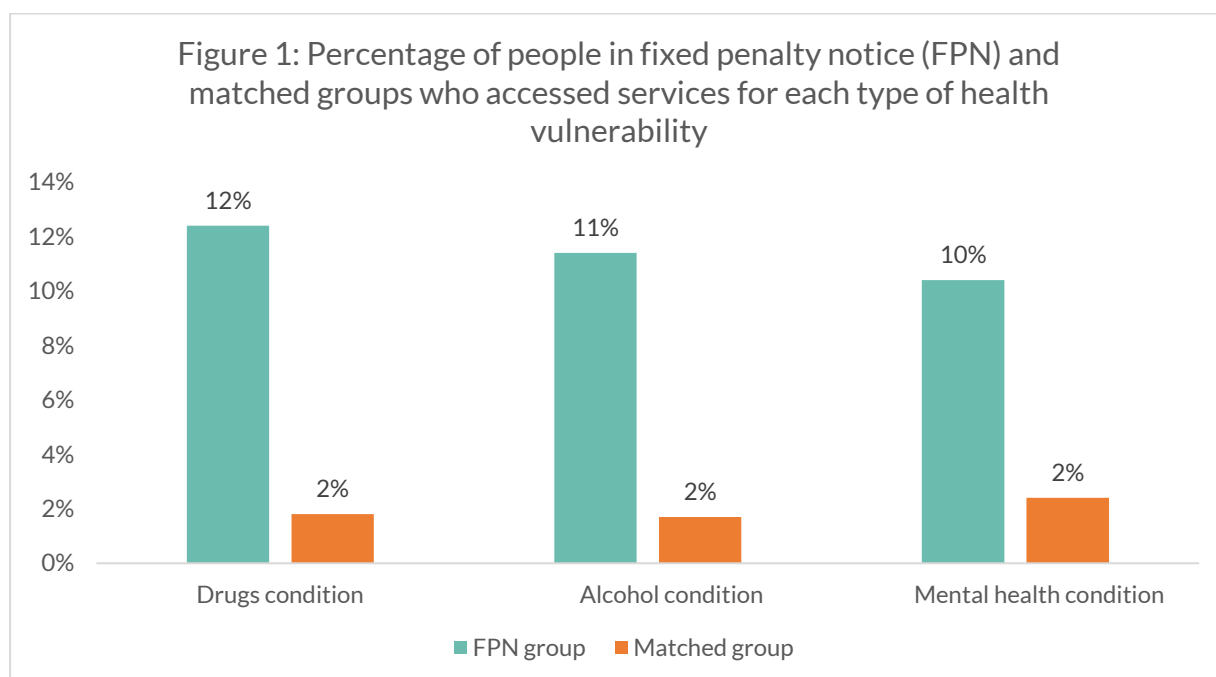
By comparing the health records of people who received an FPN to the matched group, we were able to assess whether having health vulnerabilities increased people's likelihood of being fined for breaking Covid-19 rules, all else being even.

## What we found

Almost one in five (19%) people who received a Covid-19 FPN had accessed health services for at least one type of mental health, drug-related or alcohol-related condition during the study period. This compared with less than one in twenty (4%) of the matched group, which means that **people who were fined for breaching public health regulations were around five times more likely to have accessed services for some kind of health vulnerability in the year before, or during, the pandemic.**

Breaking this down by condition type, Figure 1 shows that between 10-12% of people in the FPN group had sought support for a drug-related, alcohol-related or mental health-related condition, compared to just 2% of the people in the matched group. Overall, **people in the FPN group were around four times more likely to have received support for a mental health condition, and seven times more likely to have accessed services for a drug or alcohol-related condition, than the matched group.**





We also found that FPN recipients were six times more likely to have accessed services for two types of health condition, and nine times more likely to have sought support for all three conditions, than the matched group. In other words, **those who were fined were not only more likely to have at least one kind of health vulnerability, but were far more likely to have multiple health vulnerabilities**, than those who were not.

Among those who had accessed health services, **FPN recipients were almost twice as likely to be long-term health service users** (which means they had accessed services both before and during the pandemic) than the matched group. There was also a **strong relationship between long-term service use and having multiple health vulnerabilities**, especially among those who were fined by the police during the pandemic.

**The percentage of FPN recipients who had accessed services relating to a health vulnerability reduced over time.** Around 40% of people fined during the first lockdown (from March to June 2020) had accessed services for a health vulnerability, compared to only 15% during the second lockdown (from January to May 2021). This is most likely explained by an increase in non-compliance among the general population, including young people and people from more affluent social groups, who were less likely to have health vulnerabilities. There was little or no change between lockdown one and two in the health profile of people in the matched group.

Regardless of people's health vulnerabilities, we found that **social isolation or loneliness and lack of access to private outdoor space may have increased some people's likelihood of being fined under the Covid-19 regulations**, especially during the first lockdown.

Overall, the results of this study suggest that **people with pre-existing health vulnerabilities who needed ongoing access to services during the pandemic had the highest likelihood of being fined by the police**; however, there was also an elevated risk among those who developed health conditions relating to mental illness, drugs or alcohol during the course of the pandemic.

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## Why it matters

Many countries introduced public health regulations to deal with the Covid-19 pandemic and gave police new powers to help reduce the spread of the disease and prevent deaths. This means that many people came into contact with the police for doing things that, under normal circumstances, would have been perfectly law-abiding. It is important to determine whether certain people in the population were more likely to be subject to these powers so that we can assess whether there was any inequality of outcome. This is the first study in the world to explore whether people with health vulnerabilities were more likely than others to be impacted by the public health regulations and associated policing powers during Covid-19.

Over-representation of people with health vulnerabilities among those who were fined demonstrates that more should have been done to support these individuals during the pandemic. The increased risk for people with long-term chronic health conditions, especially those with comorbidities, suggests that lack of access to services and amenities may have impacted significantly the ability or willingness of some vulnerable people to comply with the regulations.

This study highlights a previously unidentified 'justice inequality' in the impact of the public health regulations. It suggests that health vulnerabilities should be given far greater consideration when planning for any future pandemics.

## What next?

The findings of this study have been used to inform the UK Covid-19 Inquiry and the Independent Commission on UK Public Health Emergency Powers. The research has also been used to support the development of a strategic collaboration between Police Scotland, Public Health Scotland and the Edinburgh Future's Institute known as the Scottish Prevention Hub. We are collaborating with the Scottish Prevention Hub on the development of several new research projects, including a study of police incidents that involve some element of mental health distress. It is hoped that this further research will support the development of new working practices and policies that improve service delivery to the Scottish public.



## Further sources of information

Investigating the association between health vulnerabilities and police enforcement during the Covid-19 pandemic: A novel study using linked administrative data in Scotland, January 2025.

<https://journals.sagepub.com/doi/10.1177/26338076241304446>

Police Use of Covid-19 Fixed Penalty Notices in Scotland: Trends in enforcement from March 2020 to May 2021, August 2022. <https://www.law.ed.ac.uk/sites/default/files/2022-08/FPN%204th%20report%20-%20FINAL.pdf>

Policing the Pandemic in England and Wales: Police use of Fixed Penalty Notices from 27 March 2020 to 31 May 2021, March 2023. <https://blogs.ed.ac.uk/edinburghlawschool/wp-content/uploads/sites/8261/2023/03/NPCC-Report-March-2023-final-1.pdf>

Final report of the Independent Commission on UK Public Health Emergency Powers, May 2024. [https://binghamcentre.biicl.org/documents/2185\\_icukphep\\_final\\_report.pdf](https://binghamcentre.biicl.org/documents/2185_icukphep_final_report.pdf)

Policing the Pandemic in Scotland project website:

<https://www.law.ed.ac.uk/research/research-projects/policing-the-pandemic>



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- ADR Scotland and ADR UK

## About ADR Scotland

ADR Scotland is a partnership between the Scottish Centre for Administrative Data Research (SCADR) and Scottish Government's Data for Research, Platforms and Legislation Unit. It is funded by UKRI/ESRC, as part of the ADR UK (Administrative Data Research UK) partnership. Our vision is that research and data linkage are valued and used effectively to deliver benefits for the people of Scotland.

Working alongside our delivery bodies (RDS, PHS, EPCC and NRS) we aim to create insights primarily about the Scottish population and their communities; prioritising children's lives and outcomes, lifelong health and wellbeing, health and social care, poverty and fair work, and building safer communities. Our investment in improving access to administrative data and investing in data linkage infrastructure and capacity, enables vital research to be carried out, to better inform policy and public services utilising Scotland's wealth of public sector data.

## About ADR UK

ADR UK is a partnership transforming the way researchers access the UK's wealth of public sector data, to enable better informed policy decisions that improve people's lives. By linking together data held by different parts of government and facilitating safe and secure access for accredited researchers to these newly joined-up and de-identified data sets, ADR UK is creating a sustainable body of knowledge about how our society and economy function – tailored to give decision makers the answers they need to solve important policy questions.

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