INQUEST, DPSC and Release submission to the Justice Committee's inquiry on Drugs in Prison

February 2025

1. INQUEST is the only charity providing expertise on state related deaths and their investigation. For four decades, INQUEST has provided expertise to bereaved people, lawyers, advice and support agencies, the media and parliamentarians. Our specialist casework includes deaths in prison and police custody, immigration detention, mental health settings and deaths involving multi-agency failings or where wider issues of state and corporate accountability are in question.

2. Release is the national centre of expertise on drugs and drugs law in the UK. The organisation, founded in 1967, is an independent and registered charity. Release provides free, non-judgmental, specialist advice and information to the public and professionals on issues related to drug use and to drug laws. The organisation campaigns directly on issues that impact on its clients – it is their experiences that drives the policy work that Release does and why Release advocates for evidence-based drug policies that are founded on principles of public health rather than a criminal justice approach. Release is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations.

3. Rob Ralphs is currently a Professor of Criminology and Social Policy at Manchester Metropolitan University. He has 25 years of criminal justice and substance use focused research experience, spanning custodial and community settings, including ethnographic research in prisons, police custody and magistrates' courts. His research has focused on some of the main drugs of interest in the prison estate including anabolic steroids, cannabis, crack and powdered cocaine, heroin, and a range of New Psychoactive Substances (NPS) and prescription drugs. He is a Non-Executive Director of *On The Out*, a community interest company run by and for ex-prisoners, and Deputy Director of Drugs, Policy and Social Change (DPSC), an interdisciplinary research group whose vision seeks to better understand the meaning of drugs within contexts, cultures and communities and connect this knowledge to societal responses, including approaches to policy, practice, and media discourse.

4. Drug-related harms and deaths in prison have been an ongoing concern of prisoners, their families and human rights organisations. Statistics on drug-related deaths in prison found 145 drug-related deaths between 2008 – 2019, with a rise between 2016 – 2019.[1]This joint submission draws on the work of INQUEST, Release and

1 Drug-related deaths and suicide in prison custody in England and Wales - Office for National Statistics

DPSC to provide a broad perspective on the issue of drugs in prison. Our evidence points to a greater need for harm reduction with respect to drugs in prison and we make four recommendations at the end of this submission which we believe this Committee should consider to end drug-related harm in prison.

What is the current scale of drug use in prisons in England and Wales?

5. The use of drugs in prisons in England and Wales is not a new phenomenon. Djemil argued in 2008 it is widespread, forming a fundamental part of prison life.[2] Several researchers have previously found levels of drugs consumption to be extremely high. For example, Edgar and O'Donnell's 1998 study found 75% of prisoners had taken drugs in prison.[3] Wilkinson et al.,[4] also found a similar level of drugs consumption in the late 1990s (70%). More recent studies have estimated between 60% to 90% of prisoners were using New Psychoactive Substances.[5]

6. Drugs typically taken in prison are those which provide depressant effects such as cannabis and heroin, and to a lesser extent, diverted medications such as benzodiazepines and opioid analgesics.[6] Research examining prison drug markets in England and Wales has uncovered the supply of cannabis, heroin and diverted medications.[7] Other drugs include ketamine, cocaine and anabolic steroids.

7. Phase 1 of the Home Office commissioned 'Black Review' estimated that 42% of men and 28% of women entering the prison are dependent on drugs[8] with an estimated 15% of people in prison developing a drugs problem while in custody.[9] Meanwhile, around one-third (32%) of prisoners in men's prisons and around a fifth

2 Microsoft Word - huseyin - tim's fourth edit.doc
3 Mandatory Drug Testing in Prisons: An Evaluation | Office of Justice Programs
4 10.1.1.187.4552-libre.pdf
5 Drugs in Prison - The Centre for Social Justice; User-Voice-Spice-The-Bird-Killer-Report-compressed.pdf; Adding Spice to the Porridge: The development of a synthetic cannabinoid market in an English prison - ScienceDirect
6 Mandatory Drug Testing in Prisons: An Evaluation | Office of Justice Programs; Tackling prison drug markets: an exploratory qualitative study; Drug Use and Prisons: An International Perspective - Google Books; div-class-title-span-class-italic-psychiatric-morbidity-among-prisoners-in-england-and-wales-span-by-n-singleton-h-meltzer-and-r-gatward-london-office-for-national-statistics-372-pp-45-00-pb-isbn-0-116210-45-1-div.pdf; 10.1.1.187.4552-libre.pdf
7 Prisoner society in the era of hard drugs - Ben Crewe, 2005; Microsoft Word - huseyin - tim's fourth edit.doc; Tackling prison drug markets: an exploratory qualitative study; Drug Use and Prisons: An International Perspective - Google Books
8 https://www.gov.uk/government/publications/review-of-drugs-phase-one-report
9 https://www.theguardian.com/society/2020/jan/20/proportion-of-uk-prisoners-with-drug-problem-doubles-in-five-years-study

(21%) of people in women's prisons told HMI Prisons that it was easy to obtain illicit drugs.[10]

8. It is estimated that two thirds of those in prison for six months or less are drug dependent, with 60% reporting no stable or suitable place to live (see paragraph 66 for more information on housing insecurity on release).[11]

What are the primary factors driving the demand for drugs in prisons?

9. A major factor in the ongoing demand for drugs in prison is the extreme isolation prisoners face. The latest HMI Prison's annual report highlights that the "the key drivers of demand for drugs, such as a poor regime and lack of time out of cell, leaving prisoners bored and frustrated, had often not been addressed."[12] The survey conducted by the Inspectorate exposed that 87% of men and 67% of women in prison spent less than 10 hours a week out of their cell. The prolonged periods of isolation, with many people still locked in cells for 23 hours a day,[13] is a shocking indictment on the system and contributes to high rates of drug use. Prolonged isolation also arguably contravenes Article 3 of the Human Rights Act 1998[14] and falls within the United Nations definition of "prolonged solitary confinement" (the Mandela Rules).[15]

10. Researchers have identified a range of motivations for drug use in prisons in England and Wales, many of which are linked to the prison environment itself. The most persistent and dominant motivations are boredom and escapism, yet others include relaxation and addiction. Avoiding drug use detection in Mandatory Drug Testing (MDT) also plays a role in the type of drug used (for more information on this, see paragraphs 17, 41 and 45 – 49).[16] A 2020 review of drug use in five male prisons by

10 https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/19/2024/09/25.13_HMI-Prisons_AR-23-24_v6a_Final-WEB.pdf
11 Smarter sentences, safer streets: David Gauke speech - GOV.UK
12 HM Chief Inspector of Prisons for England and Wales Annual Report 2023-24
13 HM Chief Inspector of Prisons for England and Wales Annual Report 2023-24
14 https://www.matrixlaw.co.uk/news/government-accepts-breach-of-article-3-echr-rights-of-child-held-in-solitary-confinement/
15 HYPERLINK "https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf"The United Nations Standard Minimum Rules for the Treatment of Prisoners (rules 43 and 44)
16 Drug use and initiation in prison: results from a national prison survey in England and Wales - Boys - 2002 - Addiction - Wiley Online Library; 'It's No Time or High Time': Young Offenders' Experiences of Time and Drug Use in Prison - Cope - 2003 - The Howard Journal of Criminal Justice - Wiley Online Library; Tackling prison drug markets: an exploratory qualitative study; research-and-policy-briefing-number-4.pdf; The Effect of the Prison Environment upon Inmate Drug Taking Behaviour - Swann - 1998 - The Howard Journal of Criminal Justice - Wiley Online Library; The informal economy in prison: Studying prisoner trading can offer significant insights into prison life observes Dulcie Faure Walker: Criminal Justice Matters: Vol 99, No 1; User-Voice-Spice-The-Bird-Killer-Report-compressed.pdf; 10.1.1.187.4552-libre.pdf

HM Prison and Probation Service concluded that the primary reason for drug use is to escape the harsh realities of prison life.[17] As highlighted above, many prisoners spend less than two hours out of their cells daily, leading to boredom and increased drug use. The lack of purposeful activities and staff shortages exacerbates the problem, with prisoners spending long hours in their cells, increasing boredom and drug use. Boredom as driver for drug user is also highlighted by User Voice's 2016 report 'Bird Killer' in which over half (54%) of drug users in prison stated 'boredom' as a reason for consumption, with many noting how spice "kills time" and "makes prison life more bearable".[18] Ralphs et al., (2021) emphasise the need for more positive and productive activities to reduce the demand for popular prison drugs like spice.[19]

11. There are also concerns that delays in accessing prescribed medications on arrival at prison can result in people seeking out illicit substances in order to self-medicate. In the 2020 HM Prison and Probation Service review 'Exploring Substance Use in Prisons',[20] it was reported that a delay in accessing prescribed medication through the internal pharmacist had caused people in prisons to seek out drugs to self-medicate and for aid in sleeping. This is demonstrative of prisons' inadequate internal processes being a driving factor in increased use within custodial settings.

12. Further, the sheer size of the prison population is one of the major drivers for demand: the higher the prison population, the greater the market size. This is compounded by the conditions in prison which create an environment whereby people are likely to use drugs. As the Committee will be aware, the UK has the highest rates of imprisonment in Western Europe, with England and Wales reporting 144 prisoners per 100,000 of the population and Scotland reporting 137 prisoners per 100,000 of the population.[21]

13. Beyond reducing the prison population, urgent action is needed to reduce long periods of lock-up and unstructured activities and replace them with increased opportunities for personal development through positive and engaging education work and training. As Tompkins notes,[22] prison drug policy reform should refocus on reducing the harms and violence associated with drug use, rather than reducing the scale of the market. Key to this is the scaling up of harm reduction within prisons, including needle and syringe provision, supplying naloxone to prisoners to reduce the risk of fatal overdose, and the supply of testing strips so that people can check for

17 Exploring Substance Use in Prisons: A case study approach in five closed male English prisons
18 User-Voice-Spice-The-Bird-Killer-Report-compressed.pdf
19 The impact of the 2016 Psychoactive Substances Act on synthetic cannabinoid use within the homeless population: Markets, content and user harms - ScienceDirect
20 Exploring Substance Use in Prisons: A case study approach in five closed male English prisons
21 https://researchbriefings.files.parliament.uk/documents/SN04334/SN04334.pdf
22 Experiences of prison among injecting drug users in England: A qualitative study | Emerald Insight

more harmful substances, such as synthetic opioids. This would reflect some of the positive interventions to improve drug safety in the community.

To what extent are new psychoactive substances and synthetic cannabinoids a growing challenge compared to traditional drugs?

14. Evidence suggests that patterns of drug use in prisons are changing from traditional illegal substances and diverted medications to synthetic cannabinoids. In the last decade, research has consistently highlighted how synthetic cannabinoids' have replaced traditional drugs markets.[23]

15. Over the past decade, it has been argued that non-detectability has been a key driver for the popularity of synthetic cannabinoids among the prison population, as well as their less detectable smell compared to cannabis.[24]

16. The established trend of switching from traditional cannabis to synthetic cannabinoids is concerning, given the issues relating to synthetic opiates. The risk of prisoners switching from heroin, or even synthetic cannabinoids, to much more potent synthetic opiates such as fentanyl and nitazines and the increased risk of fatal overdose would appear to be a realistic possibility given what we have witnessed with cannabinoids.

17. It also seems reasonable to speculate that the market for synthetic cannabinoids, with all the harms it entails, and the levels of consumption we have found, may not have emerged to the magnitude it has if prisoners were not subject to MDT. Since the introduction of MDT, the practice of prisoners avoiding drug use detection by changing their patterns of consumption has been found. For example, some prisoners switch from cannabis to a less easily detectable and potentially more harmful substance such as heroin.[25]

18. Concerns about the emergence of synthetic cannabinoids began to emerge a decade ago. In 2010 there were 15 recorded seizures of synthetic cannabinoids yet by the first seven months of 2014 this number had risen to 430. Simultaneously, seizures of

23 HM Chief Inspector of Prisons for England and Wales Annual Report 2013–14; research-and-policy-briefing-number-4.pdf; Adding Spice to the Porridge: The development of a synthetic cannabinoid market in an English prison - ScienceDirect; New Psychoactive Substances Review

24 UK10_NEPTUNE NPS guidance (2015).pdf; research-and-policy-briefing-number-4.pdf; Adding Spice to the Porridge: The development of a synthetic cannabinoid market in an English prison - ScienceDirect; The informal economy in prison: Studying prisoner trading can offer significant insights into prison life observes Dulcie Faure Walker: Criminal Justice Matters: Vol 99, No 1

25 HYPERLINK "https://www.researchgate.net/profile/Nicola-Singleton-2/publication/242367348_The_Impact_of_Mandatory_Drug_Testing_in_Prisons/links/0deec51d67c5237688000000/The-Impact-of-Mandatory-Drug-Testing-in-Prisons.pdf?origin=scientificContributions"The impact of mandatory drug testing in prisons; Social and environmental factors influencing in-prison drug use

traditional drugs decreased.[26] These data suggest prison drugs markets are transforming and the consumption of synthetic cannabinoids is growing. Indeed, HMI Prisons' 2014 annual report[27] was unequivocal in its claim that synthetic cannabinoids had become entrenched in the prison system in England and Wales. In 2016, HMI Prisons asserted they were even more prevalent and were having a 'dramatic and destabilising effect' on prisons and prisoners.[28] conducted for User Voice's 2016 report[29] on spice stated '… it can be estimated with some confidence that over half of prisoners in our survey had used spice in prison.' Other studies have reported even higher estimates of synthetic cannabinoids made by people in prison in England and Wales of 60 to 90%.[30]

19. Over the last decade, reports from HMI Prisons[31] and the Ministry of Justice[32] have consistently linked the rise in self-inflicted death in custodial settings with an increase in seizures and consumption of synthetic cannabinoids. Ralphs et al., (2017)[33] provided further evidence for this association. Those imprisoned described episodes of self-harm or suicidal thoughts after consuming synthetic cannabinoids.

20. Ralphs et al., (2017)[34] has found that prisoners and prison staff recounted a wide spectrum of negative effects that were perceived to be associated with synthetic cannabinoids. Such effects included quickly building-up tolerance and dependency, leading to addiction, acute withdrawal symptoms, debt, violence and aggression, self-harm, seizures and fitting. The propensity for synthetic cannabinoids to induce or exacerbate mental disorders in users such as anxiety, depression, paranoia, psychosis) was frequently discussed. These findings contribute to a growing body of literature regarding the adverse consequences of synthetic cannabinoids.[35]

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26 Drugs in Prison - The Centre for Social Justice
27 HM Chief Inspector of Prisons for England and Wales Annual Report 2013–14
28 HM Inspectorate of Prisons Annual Report 2015-2016
29 User-Voice-Spice-The-Bird-Killer-Report-compressed.pdf
30 CSJJ3090_Drugs_in_Prison.pdf
31 HM Chief Inspector of Prisons for England and Wales Annual Report 2013–14; HM Chief Inspector of Prisons for England and Wales Annual Report 2014-15
32 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/519425/safety-in-custody-march-2016.pdf
33 Adding Spice to the Porridge: The development of a synthetic cannabinoid market in an English prison - ScienceDirect
34 Adding Spice to the Porridge: The development of a synthetic cannabinoid market in an English prison - ScienceDirect

35 https://scholar.google.com/scholar_lookup?title=Patterns%20of%20synthetic%20cannabinoid%20use%20in%20Australia&publication_year=2013&author=M.J.%20Barratt&author=V.%20Cakic&author=S.%20Lenton; Spice: A New "Legal" Herbal Mixture Abused by Young Active Duty Military Personnel - Vikhyat S. Bebarta, Sasha Ramirez, Shawn M. Varney, 2012; Castellanos: Synthetic cannabinoid use: a case series... - Google Scholar;

21. Prisoners discussed how they believed their consumption of synthetic cannabinoids induced psychosis. As Castellanos et al., (2011)[36] highlighted, hallucinations are five times more likely to occur after consuming synthetic cannabinoids compared to cannabis. Ralphs et al., (2017)[37] reported that prison staff associated self-harm of prisoners with the consumption of synthetic cannabinoids and synthetic cannabinoid induced psychosis and hallucinations. They raised concerns about the long-term psychological impact synthetic cannabinoids appeared to have upon some prisoners.

22. Ralphs et al.,[38] also found that synthetic cannabinoid related incidents impacted upon prison resources. In an episode involving violence, three officers are required to attend and restrain a prisoner. If a prisoner is hospitalised – an occurrence so regular following seizures, acute respiratory problems, psychosis or coma that ambulances have been renamed 'Mambulances' by prisoners – two staff are required to stay with them until they are discharged.[39] The impact of synthetic cannabinoids related incidents in restricting the ability of staff to get people safely to and from education, training and other activities, together with the implications of this for a reform programme based on enhancing prisoner education in rehabilitation and resettlement, has been noted by HMI Prisons.[40]

23. Given the range of negative effects identified, and the possibility that many of these may be experienced simultaneously and/or acutely, people are being subjected to new risks and harms within the prison environment that are not associated with drugs once-widely available in this setting such as cannabis and heroin. It is particularly concerning that one study found that almost all of the prisoners reported trying synthetic cannabinoids for the first time within the prison setting.[41] Moreover, when factoring in the high levels of pre-existing mental health issues among the prison

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WARNING: LEGAL SYNTHETIC CANNABINOID-RECEPTOR AGONISTS SUCH AS JWH-018 MAY PRECIPITATE PSYCHOSIS IN VULNERABLE INDIVIDUALS - EVERY-PALMER - 2010 - Addiction - Wiley Online Library; Synthetic cannabinoid JWH-018 and psychosis: An explorative study - ScienceDirect; Psychosis associated with synthetic cannabinoid agonists: a case series - PubMed; "Spiceophrenia": a systematic overview of "Spice"-related psychopathological issues and a case report - Papanti - 2013 - Human Psychopharmacology: Clinical and Experimental - Wiley Online Library; Suicidal ideation and self-harm following K2 use. - Abstract - Europe PMC; Persistent psychosis following the use of Spice - ScienceDirect; Zimmermann: Withdrawal phenomena and dependence syndrome... - Google Scholar

36 Synthetic Cannabinoid Use: A Case Series of Adolescents - ScienceDirect

37 Adding Spice to the Porridge: The development of a synthetic cannabinoid market in an English prison - ScienceDirect

38 Adding Spice to the Porridge: The development of a synthetic cannabinoid market in an English prison - ScienceDirect

39 Drugs in Prison - The Centre for Social Justice

40 HM Inspectorate of Prisons Annual Report 2015-2016

41 Adding Spice to the Porridge: The development of a synthetic cannabinoid market in an English prison - ScienceDirect

population,[42] and the propensity for the prison environment to induce mental health problems (see Birmingham, 2003),[43] the widespread availability of synthetic cannabinoids in this environment has created a dangerous recipe for prisoner well-being, the safety of prisoners and prison staff, and the prison regime.

24. The deaths below evidence the widespread availability of synthetic cannabinoids in prison and demonstrate how new strains of the drug are constantly developing. The deaths highlight the connection between synthetic cannabinoids and worsening mental health, often compounded by inadequate responses from healthcare and prison staff. The deaths also suggest a link between synthetic cannabinoids and a culture of bullying, debt and violence.

25. Jack Portland**,** 29, died in 2015. Jack began to experiment with drugs from the age of 14 and later developed an addiction. Jack deliberately shoplifted in desperation, with the belief that he could get 'drug-free' in prison. Instead, he was exposed to the widespread availability of synthetic cannabinoids and developed psychotic symptoms for the first time. After being released, he spent time at another prison and two mental health hospitals and died whilst on a period of unescorted leave from the latter.[44]

26. Michael Judge was 32 when he died in 2017. Michael had a history of self-harm and substance use. Michael disclosed to HMP Swaleside that he was experiencing symptoms of paranoia and was hearing voices. Shortly after, he told a member of the mental health in-reach team that he had "just done a spliff of spice" and was still hearing voices and other auditory hallucinations. No healthcare or prison staff checked on him. He was found unresponsive with a ligature around his neck the next day. The most recent HMI Prisons inspection of HMP Swaleside, published in 2024, noted the issue of drones in delivering drugs to the prison and an increase in drug taking.[45]

27. Chris Carpenter, 32, died in 2017. Chris was at risk of self-harm and suicide as his father had recently died, as noted by the prisons' safer custody team. However, the prison implemented no meaningful safeguards to ensure Chris's wellbeing. At the time, HMP Woodhill was experiencing unprecedented usage of synthetic cannabinoids, and the availability of drugs brought with it a culture of debts, threats and violence. A HMI Prisons report of HMP Woodhill from 2023 drew attention to the issue that prisoners who were acutely unwell, including those who had taken an

42 Prison mental health services in England, 2023 - Centre for Mental Health
43 The mental health of prisoners | Advances in Psychiatric Treatment | Cambridge Core
44 Jury identified multi agency failures in the care of Jack Portland | Inquest
45 Jury conclusions highlight numerous failings contributed to the death of Michael Judge at HMP Swaleside | Inquest

overdose of illicit drugs and were assessed as an emergency, were not receiving care that met the national guidelines for clinical monitoring or escalation of concerns.[46] Chris repeatedly informed staff he was facing threats and even wrote two notes expressing his concerns. He reported he had been threatened with a bladed weapon and wrote a note to prison staff that he feared for his life, requesting to move to the vulnerable prisoner's unit. No meaningful action was taken and two days later Chris was found unresponsive as a result of synthetic cannabinoid toxicity.[47]

28. Terry Ojuederie, 42, died in 2015. Terry died after a sustained violent assault by his cellmate. The cellmate was convicted of manslaughter by diminished responsibility on the grounds of involuntarily ingesting synthetic cannabinoids. The inquest concluded a litany of failures contributed to Terry's death including the wide availability of synthetic cannabinoids in the prison and the absence of guidelines for prison staff on treating someone potentially under the influence of these substances.[48]

    Giuseppe Tabone (58) and Andrew Evans (34) died on the same wing of HMP Lewes on the same morning of 26 February 2022. A specialist toxicologist report indicated that both deaths resulted from isotonitazene toxicity. Isotonitazene is a synthetic opioid that the Prisons and Probation Ombudsman (PPO) has noted as one of the fastest growing groups of psychoactive substances.[49] They have stated that it has no accepted medical use and it is thought to be one thousand times more potent than morphine. HMI Prisons' 2024 report on HMP Lewes[50] highlighted that demand for drugs was fueled by the very poor provision of purposeful activity: only a third of prisoners were engaged in education or employment.[51]

What impact does the presence of drugs have on the mental and physical wellbeing of prisoners, particularly vulnerable prisoners or those not previously involved in illicit activity?

29. Aside from the manifold impact of drugs on the mental and physical wellbeing of prisoners discussed in the section above, our work has revealed how prison disciplinary practices can further worsen prisoners' wellbeing, a fact evidenced by recent cases of drug-related deaths in prison.

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46 Report on an unannounced inspection of HMP Woodhill by HM Chief Inspector of Prisons 14-25 August 2023
47 Jury highlights failures at the inquest into death of Chris Carpenter at HMP Woodhill | Inquest
48 Inquest jury highlight failings at HMP Peterborough following the 2015 homicide of Terry Ojuederie by a prisoner on Spice | Inquest
49 F6094-22-Death-of-Mr-Andrew-Evans-Lewes-28-06-2022-ONN-31-40-34.pdf
50 HMP Lewes: rising violence, self-harm and drugs hampering progress at troubled jail – HM Inspectorate of Prisons
51 Giuseppe Tabone and Andrew Evans: Prevention of future deaths report - Courts and Tribunals Judiciary

30. Charlie Todd was 18 when he died in 2019. Charlie disclosed on arrival at prison that he had a history of depression and had self-harmed in the months prior. He was taken to the segregation unit for a disciplinary hearing regarding possession of illicit substances. He told the adjudication hearing he was holding the drugs for other prisoners, not himself, and would like to be moved to another wing. However, he pleaded guilty and was punished with loss of earnings and privileges, and five days of confinement in the segregation unit. Being segregated is known to increase the risk of self-harm and suicide.[52] Charlie's potential risk in segregation was not assessed face-to-face, as per prison policy, and the mandatory hourly checks in segregation were not completed. After being segregated at 10am, he was found hanging after 4pm. The Prevention of Future Death (PFD) report issued following the inquest into Charlie's death raised concerns about incomplete hourly checks in segregation and the lack of a supervising officer in segregation on a day-to-day basis.[53]

31. David Morgan, 35, died in 2018. He was a victim of bullying and assault in prison. After being told he would be transferred from HMP Chelmsford to HMP Wayland, he told prison staff he feared for his life in HMP Wayland as he had known associates there. Despite concerns for his life and requests to go to hospital, staff at HMP Chelmsford took no steps to investigate his fears. Fearing the transfer would go ahead, David took an overdose of his prescription medication. David told staff he had overdosed and an hour later he began to become unwell.[54]

32. Rather than being attended to, David was then inappropriately restrained and handcuffed and taken to the reception to make a case against transfer. David was screaming in pain and repeatedly told prison staff he needed to go to hospital. At the reception, he was strip-searched and was distressed and unable to speak. Staff wrongly assumed David had drunk alcohol despite being told of an overdose, and nurses took him to a holding cell to 'sober up'. As David vomited, an office laughed at him, saying "had a bit of the old bubble hooch haven't you?".

33. David was left in his cell for two and a half hours, becoming increasingly distressed and unwell. He spoke incoherently and was covered in blood as he repeatedly fell on the floor and a metal bench, sustaining a broken nose, broken eye socket and fractures to both legs – all despite the presence of several staff. During this time, David was laughed at, imitated, referred to as an "idiot" and as "acting like a child". He lapsed into unconsciousness and was taken to hospital and died eight days later. The PPO stated the treatment David received was 'nothing short of inhumane'.

52 https://howardleague.org/wp-content/uploads/2016/11/Preventing-prison-suicide-report.pdf
53 Inquest finds death of 18 year old Charlie Todd at HMP Durham was misadventure | Inquest
54 David Morgan: Inquest uncovers "inhumane and degrading" treatment at HMP Chelmsford | Inquest

34. A 2024 Ministry of Justice and RAND Europe report[55] into three prisons found "[t]here was […] a widespread view that sanctions were ineffective in deterring drug use, and that prisoners who received positive test results were not consistently (or at all) offered appropriate support to address the needs and behaviours driving their drug use." Moreover, it is clear from the cases above that the treatment of drug users in prison can be disproportionate, neglectful and inhumane.

What are the common routes for bringing drugs into prisons, and what recent trends have been observed in these methods?

35. Ralphs et al.'s,[56] analysis of security reports coupled with staff and prisoners' perspectives revealed how drugs entered the prison through a variety of traditional routes. These included via prison visits, prison staff, over the prison wall or in the post. Due to the availability of synthetic cannabinoids in liquid form, security staff reported detecting these substances sprayed onto books, letters and children's drawings. Though drugs have been noted to enter the prison through drones, many prison staff and prisoners have noted that by far the most widely deployed route was via new prisoners, especially those serving short sentences on license recall.

36. Hence, we suggest that the current focus on drones risks deflecting attention from the more common routes that drugs are entering prisons through, such as prisoners and prison staff. As HMI Prisons notes, corrupt staff, either planted by organised crime or corrupted on the job, play a significant role.[57]

37. While several preventative measures have been developed and expanded such as body scanners, sniffer dogs, these measures are clearly not working. We suggest demand reduction (reducing the demand for drugs) coupled with harm reduction are better strategies to invest in.

How effective are existing measures, such as substance-free wings, in tackling the demand for drugs in prisons?

38. Historically, prisons have been a difficult environment for drug users to stop using drugs or stabilise their consumption, usually for those consuming heroin and/or crack cocaine.[58]

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55 https://assets.publishing.service.gov.uk/media/674ed5a87cbc7f3d295da90c/tackling-drug-misuse-prisons-report.pdf

56 Adding Spice to the Porridge: The development of a synthetic cannabinoid market in an English prison - ScienceDirect

57 Drugs and disorder: worrying times for prisons – HM Inspectorate of Prisons

58 The Effect of the Prison Environment upon Inmate Drug Taking Behaviour - Swann - 1998 - The Howard Journal of Criminal Justice - Wiley Online Library; Experiences of prison among injecting drug users in England: A qualitative study | Emerald Insight;

39. There is some evidence to suggest that periods of imprisonment offer an opportunity to reduce drug use and engage with treatment services whilst in prison.[59] Some researchers have found that people who inject drugs intentionally enter prison to receive drug treatment.[60] However, these findings reflect failures in community drug services to engage people in treatment and wider problems with people being unable to access basic levels of support including accessing housing and employment.

40. Fundamentally, prison should never be seen as an 'opportunity' to access treatment. The notion that imprisonment provides a period where an individual can address their health issues, because there will be a level of compliance with treatment conditions, is an anathema to the right to health and simply does not reflect the reality of prison conditions, where overcrowding, long periods in confinement and high levels of violence are common.

41. The current widespread availability of synthetic cannabinoids in custody, coupled with their non-detectability in MDTs and perceived addictive qualities were reported to be affecting the recovery journeys of substance users. For those withdrawing from other substances, such as heroin, synthetic cannabinoids were readily available as an alternative. The study by Ralphs et al., in 2017 suggested around 30 – 40% of the population 'drug free' wing of the prison where they conducted research were using synthetic cannabinoids.[61]

42. The National Offender Management Service's report[62] on lessons learned for the first Drug Recovery Wings (DRW) pilot highlighted that drugs infiltrating the wing remained a problem. A 2017 evaluation[63] of DRW pilots asserted that the term "Drug Recovery Wing" may be inherently contradictory due to the challenges of achieving recovery in prison. The notion of recovery is often defined as someone being drug-free which can be considered as too simplistic an approach that fails to recognise how social and economic factors affect an individual's relationship to drugs. The social disadvantage faced by the prison population can increase the likelihood of long-term drug dependency as imprisonment often leads to loss of jobs, financial problems and family contact.

43. The evaluation suggests that while DRWs can prepare prisoners for recovery, the real journey begins upon release. Effective recovery requires substantial resources

59 Prisons and drugs in Europe: the problem and responses | www.euda.europa.eu
60 Experiences of prison among injecting drug users in England: A qualitative study | Emerald Insight
61 Adding Spice to the Porridge: The development of a synthetic cannabinoid market in an English prison - ScienceDirect
62 Drug Recovery Wings Set Up, Delivery and Lessons Learned: Process Study of First Tranche DRW Pilot Sites
63 DRWsFinalPublishedReport.pdf

and support both in prison and post-release to reduce reoffending and reimprisonment. Amongst recommendations for reform of DRWs are the need to increase family visits and support to maintain relationships and reduce reconviction rates. They also suggest the provision of intensive treatment and through-care for prisoners detoxifying from opioids, with support on release to prevent relapse and overdose. Fundamentally, reducing the incarceration rate through integrated treatment approaches at arrest and sentencing stages is key to improving outcomes for individuals.

44. Further, the situation that prisoners are released into, such as approved premises, unemployment and insecure housing, contributes to the continued motivation to use synthetic cannabinoids and other drugs in the community. The prison population is more socially and economically disadvantaged than the general population. 15% are homeless before entering custody[64] and a half report a history of debt.[65] Almost a half (47%) left education with no qualifications,[66] with only a third (32%) in employment prior to custody,[67] with 13% having never been employed, leading to a lack of opportunities for work beyond prison.[68] These factors are likely to provide further motivation to continue to use drugs upon release from prison. An increase in psychoactive drug use within this population presents further challenges to rehabilitation, recovery and resettlement.

What impact does drug testing have on reducing demand in prisons, and to what extent is HMPPS's current approach to drug testing effective?

45. Research into drug use in UK prisons has consistently found that switching to substances that are not detectable in MDTs is common practice for drug users in this setting.[69] Cannabis users, for example, have reported starting to consume heroin in prison because opiates remain in blood, urine or saliva samples for a much shorter period than cannabis and are therefore less likely to be detected in random MDTs.[70]

46. Despite increased investment in drug detection technologies, the latest annual digest from HMPPS highlights that there was a notable increase in drug finds, with the highest increases seen for Class B and psychoactive substances. In the 12 months

64 Safety in Custody 2010
65 https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2016/01/Earning-and-spending-money-findings-paper-final-draft.pdf
66 https://committees.parliament.uk/writtenevidence/9597/html
67 The impact of experience in prison on the employment status of longer-sentenced prisoners after release
68 The pre-custody employment, training and education status of newly sentenced prisoners
69 Microsoft Word - huseyin - tim's fourth edit.doc; Drugs and Prisons | 9 | A High Risk and High Burden Environment | Mich; J-504-08-08-DAAT-8 3Sept_w.pdf; Impact of Mandatory Drug Testing in Prisons | Office of Justice Programs
70 Policy forum: The role of drug testing in the criminal justice system | Emerald Insight; Social and environmental factors influencing in-prison drug use | Emerald Insight

to March 2024, there were 51,452 random mandatory drug tests (rMDT) carried out nationally across all types of drugs.[71] To illustrate the costs incurred, during the 2019/20 financial year, spend on services related to drug testing was £4m.[72]

47. It is imperative that MDT policies are revised. We recommend an approach rooted in harm reduction. A solution would be the removal of MDTs for – at a minimum – cannabis, a drug that has previously been found to be commonly used in prisons in England and Wales.[73] This policy change recognises that drug use in prisons is unlikely to be eliminated completely. However, the removal of MDTs has the potential to significantly lessen the demand for synthetic cannabinoids as a replacement for other detectable substances, and thus significantly diminish the market and associated harms of synthetic cannabinoids. In doing so, users of synthetic cannabinoids may instead consume cannabis, a drug that has the potential to cause far less harm.[74]

48. In a study undertaken soon after the introduction of MDTs in England and Wales, Edgar and O'Donnell[75] found strong support from prisoners (82%) and support from 44% of prison staff for the tolerance of the consumption of cannabis in prisons, emphasising there were no negative effects to discipline and order.

49. This proposed reform should also be applied to the offender population beyond the prison environment. An increasing number of convicted offenders are subject to MDTs as part of community drug sentences or upon their release from prison while on licence. Positive drug tests for those on licence creates a revolving door from prison to community.

What role should prison governors and staff play in identifying and addressing drug misuse?

50. Duke and MacGregor[76] thematically analysed 171 PPO fatal investigation reports between 2015 and 2021, paying close attention to action plans relating to drug-related deaths. They highlight how the focus on NPS came to dominate attention, to the relative neglect of other substances and of the contribution of mental and physical illness to these deaths. They report that prison staff are "not equipped,

71 HMPPS Annual Digest 2023 to 2024 - GOV.UK
72 House of Lords: Prisons (Substance Testing) Bill
73 Mandatory Drug Testing in Prisons: An Evaluation | Office of Justice Programs; Alcohol and drug treatment in secure settings 2021 to 2022: report - GOV.UK; Briefing Paper: Drug Use in Prisons in England and Wales – Social Sciences Student Journal
74 Synthetic Cannabinoids: Undesirable Alternatives to Natural Marijuana - PMC
75 Mandatory Drug Testing in Prisons: An Evaluation | Office of Justice Programs
76 Responding to 'wicked problems': policy and governance on drug-related deaths in English and Welsh prisons, 2015-2021 - ScienceDirect

supported or resourced adequately to deal with the two 'wicked problems' of increasing rates of drug use and mental illness which collide in the prison setting".

51. We would encourage the adoption of harm reduction policies on a macro and micro scale within prisons to be encouraged and prioritised by Governors. This could include but is not limited to the introduction of Needle and Syringe Programmes (NSPs) and wider adoption of naloxone use within prisons to prevent drug related deaths. To have access to NSPs within prisons would reflect the stated aim of HMPPS in their 2019 report Prison Drugs Strategy to "Ensure the safe and secure dispensing of pharmacy and prescription medication, including the use of medicine safes where necessary".[77] This reform would also reflect an equivalency of care within prisons and enable the same level of support for people who use drugs that is available in the community. It is worth noting that the Prison Drug Strategy is silent on reducing harms of risky drug use. Rather it focuses on a largely abstinent approach instead of scaling up harm reduction initiatives.

To what extent is drug treatment and healthcare in prisons effective?

52. Drug treatment as well as healthcare more broadly in prisons is often deeply inadequate. The National Confidential Enquiry into Patient Outcome and Death reported in 2024 that deaths in prison are "considered inevitable", which the case studies included in this response support.[78] A HMPPS 2020 report found that "most residents knew little about the services that were available in the prison to help them. In a few of the prisons, the healthcare seemed quite removed and separate from the rest of the prison, which might help explain this lack of visibility".[79] A recent investigation into emergency care in prisons found a lack of embedded training for prison staff on recognising medical emergencies and concerns in the communication between prison and ambulance services.[80]

53. Being in prison should not remove the right of an individual to receive quality healthcare, and equivalence of care is supposed to be a tenet of healthcare in custody. However, Release have worked with clients who have previously spent time in prison who complain of the delay in accessing medications when entering custody that has had serious impact on their health. Inconsistency in the speed at which prescriptions are transferred from community to custody demonstrates this false equivalence and leaves people in prison potentially in withdrawal for days on end due solely to procedural delay.

77 Prison Drugs Strategy
78 Inside Healthcare_summary report.pdf
79 https://www.drugsandalcohol.ie/33284/1/HMPPS_Exploring-substance-use-prisons.pdf
80 https://www.hssib.org.uk/patient-safety-investigations/healthcare-provision-in-prisons/investigation-report;

54. As has been expanded on elsewhere in this submission, the drugs market within prisons comprises of both prescribed and non-prescription drug use. Again, from the 2020 HMPPS study, they found that "[people in prison] reported using drugs to self-medicate, sometimes when other prescribed medications were being withheld, or as an aid to sleep".[81] The Criminal Justice Inspectorate report from 2017 reported further that "Many […] have enduring problems including mental illness and addiction and yet links between treatment in custody and in the community were not always easy. Indeed, the whole transition is often fraught".[82]

55. This is demonstrative of the gap in availability of otherwise relied upon medications, such as Opioid Substitute Treatment (OST) medications that, when not available, place people at risk of death and significant health harms while also actively encouraging the drug market in prisons. The lack of knowledge and awareness around this is shown in the number of new arrivals in prison forced into withdrawal over their first few days in custody. This lack of consistency in prescribing means that it can be a roll of the dice as to what kind of support is available for people in prison and how long they might wait to receive prescribed medications that they need. It is imperative for repeated medication requests to be taken seriously, and for people in prison to be assessed by a doctor. A way in which healthcare could be more effective for those in custody would be the expedition of availability of prescribed medication.

56. The deaths described below expose the failure of prison and healthcare staff to recognise and act promptly on emergency health crises resulting from drug use.

57. Nathan Forrester was 36 when he died in 2016 and was noted as suffering from drug withdrawal on arrival to prison, having been recalled. That evening, a prison GP decided not to prescribe methadone, which is often used to treat heroin dependence, due to his low pulse rate. He received a dose of methadone the following morning, but a few hours later his cellmate found him not breathing and with a blue arm. When the first three prison officers arrived, they failed to move Nathan from the top bunk or begin resuscitation despite finding him unresponsive. A code blue was issued which automatically called an ambulance. Whilst waiting, healthcare staff began resuscitation attempts which were of extremely poor quality (too low and too fast) causing the attending paramedics to have severe clinical concerns. He died after just one day after arriving to the prison on recall. The inquest concluded his death was caused by the acute toxic effects of heroin, cocaine and methadone and the coroners' PFD report raised concerns about the standard of training of nurses in CPR

81 Exploring Substance Use in Prisons: A case study approach in five closed male English prisons
82 An Inspection of Through the Gate Resettlement Services for Prisoners Serving 12 Months or More

and the training of prison officers to assess, remove, and begin CPR of a prisoner on the top bunk.[83]

58. Stephen Coster, 43, died in 2022. Stephen was assumed to be under the effect of spice by prison and healthcare staff when he was found naked, shaking and unable to respond verbally to staff on his cell floor in the early morning. The nurse who attended to Stephen said "he did not present as physically unwell" and that it would have been easier for her to call an ambulance "if I could have been bothered". Stephen was left in the cell and received no treatment. The inquest heard evidence that officers were not trained to recognise the symptoms of a spice attack. Stephen was checked later in the evening. He presented with similar symptoms and an ambulance was called, but delays by the prison to complete paperwork resulted in the ambulance being unable to leave the prison grounds for over 40 minutes.[84] He died two days later in hospital and it was found that he was not using illicit substances at the time of his death. The PFD report raised concerns about the failure of healthcare staff to adequately observe and address Stephen's condition and escalate his case.[85]

59. There is also evidence of significant failings in identifying the needs of people who are drug dependent on arrival at prison. It is crucial that if someone entering the prison system has a recent history of opioid or benzodiazepine use, licit or illicit, they are titrated onto a prescription immediately. For those who are dependent on other substances, medications should be provided to aid withdrawal symptoms. Whilst we note the committee's focus on Drug Free Wings, the role of Opiate Substitution Therapy (OST) is crucial to saving lives and protecting health and there is a body of research that shows this type of treatment is the only effective model for reducing the risk of overdoses, both fatal and non-fatal, and other causes of mortality amongst this cohort.[86]

60. The following deaths exhibit the inadequacy of specialist drug and alcohol wings and serious issues in how prison and healthcare staff assess and treat drug withdrawal.

61. Natasha Chin was 39 when she died in 2016. Natasha had alcohol and drug dependencies. On arrival at HMP Bronzefield, the prison noted she was suffering from withdrawal and she was placed on a specialist drug and alcohol wing. The next

83 Nathan Forrester: Coroner issues Prevention of Future Deaths Reports to NHS England and the Ministry of Justice | Inquest

84 The issue of ambulance delays on arrival and departure from prison features in the aforementioned HSSIB report on emergency care in prisons, see paragraph 3.3.2 https://www.hssib.org.uk/patient-safety-investigations/healthcare-provision-in-prisons/investigation-report/pdf/

85 Jury finds "catalogue of errors" by staff contributed to death of prisoner in HMP Lewes | Inquest

86 Association of Opioid Agonist Treatment With All-Cause Mortality and Specific Causes of Death Among People With Opioid Dependence: A Systematic Review and Meta-analysis | Substance Use and Addiction Medicine | JAMA Psychiatry | JAMA Network

day, her condition deteriorated and she was vomiting profusely and reportedly perspiring. Healthcare staff failed to attend her call and by the evening she had been vomiting for nine hours. After 7pm, she rang the emergency cell bell but no one responded because the system was faulty. A few hours later, a healthcare assistance looked into her cell and thought she was asleep. At 10.42pm, less than 36 hours after being in prison, Natasha was found unresponsive in her cell. The PFD report raised concerns about the adequacy of Sodexo Justice Service Protocols regarding opiate and alcohol withdrawal in mirroring National Protocols and about the adequacy of training of discipline/clinical/agency staff on opiate and alcohol withdrawal symptoms.[87]

62. Christine McDonald, 55, died in 2019. Christine was described as suffering from opiate withdrawal on arrival. Despite recommendations that those experiencing opiate withdrawal should have additional observations given the risk of rapid detoxification in the first three days after use, the prison did not refer to records concerning Christine's drug dependency. The following day, Christine was taken to hospital amid concerns about her withdrawal symptoms, behaviour and high pulse, but the prison failed to conduct a full medical assessment of Christine upon her return. That day, Christine was found hanging in her cell. The PFD report raised concerns about the failures of healthcare staff to follow clinical guidance in the assessment and treatment of Christine's drug dependency, failures in communication between healthcare and prison staff and ultimately found that neglect led to her self-inflicted death.[88]

How effective are current practices for the continuity of drug treatment services post release?

63. The practices for continuing drug treatment after release at current are ineffective. There are numerous reports to evidence the lack of support available to people who have left prison, but we would choose to bring specific focus to the failings of the implementation of the Through the Gate programme. The Through the Gate programme was introduced in 2015 to provide a "seamless transition between prison and the community and thus reducing reoffending" as defined by the 2021 parliamentary report 'The Future of the Probation Service'.[89] However, the failure of this programme to produce results or reduce recidivism of people leaving prison shows that there are big holes in the support provided post release. This applies from drug-treatment to housing and mental health support.

87 Neglect and serious medical failures in Sodexo run prison contributed to death of Natasha Chin | Inquest
88 Christine McDonald: Jury finds neglect led to self-inflicted death at HMP Styal | Inquest
89 https://publications.parliament.uk/pa/cm5801/cmselect/cmjust/285/28507.htm

64. From the same 2021 report[90] it was found that "the quality of resettlement services was poor for those serving short sentences". The overuse of short-term sentences for people who have previously spent multiple stints in prison serves to uproot people from their usual drug treatment services in the community, worsening prospects for drug treatment post release. This is even more of a concern when considering the fact that many drug treatment services that offer emotional support and keyworker support have re-engagement policies that even a few weeks in custody can disrupt. This then requires service users to jump through the hoops of reengaging with services, leaving them exposed and unprotected.

65. A Criminal Justice Inspectorate report[91] found "many people in prison needed substantial help before they were released. Finding somewhere to live was a common problem, along with finding work or making a benefits claim, and getting assistance with substance misuse or mental health problems. We found that many of these needs were not recognised when people in prison first went into custody. Problems that should have been obvious to prison staff were not identified." For continuity support these needs must be addressed enthusiastically by governors and staff, with clear relationships with community drug services, housing providers, and other relevant agencies.

66. The 2019 Advisory Council on the Misuse of Drugs report on Custody-Community transitions reported[92] a high incidence of homelessness upon release from custody, with many cases of people in unsettled or unknown accommodation on the first night of their release. The report suggests stopping the release of people with complex needs, including substance use issues, on Friday afternoons leaving them more vulnerable and unable to access support agencies until Monday morning. The report also recommends that the prison and probation service should "develop and extend services that provide face-to-face, individualised support to prisoners who have drug problems in the run up to release and through the transition to the community".

67. As nearly 50% of drug-related deaths in England and Wales involve opioids,[93] there is also a need for urgent provision of naloxone on release, especially given the increased risk of overdose amongst this population (see paragraph 69). Custodial institutions must take responsibility for releasing people into safety. It is vital that we ensure people released from prison are offered this life saving medication, and clear monitoring of distribution is required. Release carried out an analysis of prison supply

90 https://publications.parliament.uk/pa/cm5801/cmselect/cmjust/285/28507.htm
91 https://www.justiceinspectorates.gov.uk/cjji/wp-content/uploads/sites/2/2017/06/Through-the-Gate-phase-2-report.pdf
92 Custody-community transitions report by Advisory Council on the Misuse of Drugs
93 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2023registrations

of naloxone on release in 2017/18 and found only 12% of prisoners who were previously heroin-dependent left an English prison with naloxone, while only 51% of all prisons in England have a Take Home Naloxone programme.[94]

68. Finally, as has been repeated throughout this submission, reducing the prison population is fundamental to improving the lives of those at risk of imprisonment, their families and their communities. As already stated, imprisonment increases the risk of reoffending. Moreover, imprisonment negatively impacts employment, housing, family life, and reintegration, all factors that, when negatively impacted, are also linked to the likelihood of reoffending.[95]

What improvements can be made to the commissioning and delivery of drug treatment services to ensure better outcomes?

69. The transition from custody to community as highlighted at paragraph 65 must be addressed to protect the lives or those released from prison, who are at a 7.5 times higher risk of overdose death on release compared to the general population.[96] While we are aware that some work has been done to end the release of prisoners on a Friday to allow them to more effectively engage in local support systems, including accessing OST, there is a lack of consistency in this approach, and even where release days have been moved there is still a lack of coordination with community services.

70. To improve outcomes, a narrow focus on drug treatment must end, and efforts must be made to address people's broader housing and economic needs. To this end, the first step should be to reduce the use of prison. This would allow more investment in social safety nets which prevent offending that is linked to deprivation and would reduce the risk of re-offending already highlighted in this response. Secondly, more investment in housing, employment and educational opportunities is key. Thirdly, drug treatment in the community must be more accessible, ensuring low threshold access to services.

71. It is estimated that 50% of people who have died of opioids have not been in contact with treatment services for at least 5 years.[97] Furthermore, 62% of prisoners released from prison with a dependency problem are not accessing community drug

94 https://www.release.org.uk/naloxone-2017-18
95 Frontiers | Criminal reactions to drug-using offenders: A systematic review of the effect of treatment and/or punishment on reduction of drug use and/or criminal recidivism
96 N-ALIVE | King's College London
97 https://www.emcdda.europa.eu/system/files/attachments/3234/7.%20Plenary%202%20%20Martin%20White%20EMCDDA.pdf

services. Low threshold services and support for interventions such as drug consumption rooms are critical to reversing these trends.

72. Drug Consumption Rooms (DCR) operate in 18 countries, with Ireland and Scotland opening the first DCRs at the end of 2024.[98] The first DCR opened in Switzerland in 1986, there are now over 100 DCRs operating globally, and we have decades of evidence of their effectiveness. These centres allow people to use drugs safely in private spaces, equipped with sterile material and under medical supervision, enabling trained staff to reverse any overdoses that may occur.

73. DCRs also provide opportunities to connect individuals with health and social services, and as such can be an effective way for people just released from prison to get broader support. DCRs have proven effective in reducing the risk of bloodborne viruses and overdose. For instance, overdose mortality rates in Toronto fell from 8.10 to 2.70 deaths per 100,000 people in neighbourhoods where DCRs were established.[99] Additionally, these centers have contributed to reducing crime in local areas,[100] as well as reducing public injecting and drug-related litter.[101] DCRs are also cost effective; research in the USA indicates that each avoided overdose death saves between 503,869 USD and 1,170,000 USD due to decreased negative health outcomes associated with the facility.[102]

74. Beyond the need for low threshold services, including the scaling up of DCRs, funding for the drugs sector must be sustained. Increased funding since 2021 has gone some way to address the devastating cuts to the sector in the previous decade, but funding has only been confirmed for 2025/26. The Government must commit to continued and sustained funding for drug treatment if it is to address the crisis of drug related deaths, to improve the health of people who use drugs, and to reduce the risk of crime being committed in the first place.

75. In relation to the latter, the provision of OST has been well-established in reducing the risk of crime as it removes people's dependence on the illicit market and the costs that entails.[103] Extending the OST medications to include the expansion of heroin-assisted treatment is also a key step the Government could endorse and

98 Health and social responses: drug consumption rooms | www.euda.europa.eu
99 Overdose mortality incidence and supervised consumption services in Toronto, Canada: an ecological study and spatial analysis - The Lancet Public Health
100 https://toronto.ctvnews.ca/toronto-neighbourhoods-with-drug-consumption-sites-saw-many-types-of-crime-drop-data-1.7015700.
101 Health and social responses: drug consumption rooms | www.euda.europa.eu
102 Economic Evaluations of Establishing Opioid Overdose Prevention Centers in 12 North American Cities: A Systematic Review - PubMed
103 https://www.gov.uk/government/publications/opioid-substitution-treatment-guide-for-keyworkers/part-1-introducing-opioid-substitution-treatment-ost

support to address the needs of those who have found other types of OST do not work and who continue, therefore, to be reliant on the illicit market.[104]

Overall, what progress has been made to date on implementation of the Government's 10-year 'From Harm to Hope' drug strategy in relation to tackling drugs in prisons?

76. Drug law enforcement has had little impact on the drugs market, as acknowledged by the previous Government in a 2017 evaluation of the UK's drug strategy.[105] This evaluation found that despite spending £1.6 billion a year on enforcement it had little impact on the availability of drugs – both in the community and in prisons – describing the drugs market as "resilient". It also found that drug law enforcement can result in more violence in drug markets and can induce intergenerational harms as parents are imprisoned for drug offences leading to increase risks of drug dependency for their children.[106]

77. The latest quarterly offender management statistics of the Ministry of Justice and HM Prison and Probation service show that around 7 in 10 prisoners serving an immediate custodial sentence have been convicted of a violence against the person offence (34%), sexual offence (21%) or drug offence (14%).[107] Over the last 10 years the proportion of people imprisoned for a drugs offence has increased from 16.5% (2014) to 27.7% (2024), at the same time the average sentence imposed has also increased from 31.5 months to 41.4 months. People convicted of drug offences now account for 15% of the total prison population, with it being the third largest driver for imprisonment behind violent and sexual offences.[108] It should be recognised that compared to other types of offending, drugs offences are largely based on consensual interactions between a purchaser and supplier, and the concept of a 'victim' for the purposes of sentencing does not operate in the same way.

78. Of the 37,955 people convicted of a drugs offence in June 2023 to June 2024, 16,018 were related to cannabis offences, with almost 2,500 people subject to immediate custody.[109] In addition, 21,328 people were convicted of possession of a controlled drug, and of that number 810 people were subject to immediate custody.[110] To date nearly 40 countries across the world have ended criminal

104 'This is hardcore': a qualitative study exploring service users' experiences of Heroin-Assisted Treatment (HAT) in Middlesbrough, England | Harm Reduction Journal | Full Text
105 https://assets.publishing.service.gov.uk/media/5a82a6a1e5274a2e87dc2472/Drug_Strategy_Evaluation.PDF
106 An evaluation of the Government's Drug Strategy 2010
107 Offender management statistics quarterly: July to September 2024 - GOV.UK
108 https://assets.publishing.service.gov.uk/media/673dc6296d3c337b80acc483/outcomes-by-offence-june-2024.xlsx
109 https://assets.publishing.service.gov.uk/media/673dc6296d3c337b80acc483/outcomes-by-offence-june-2024.xlsx

110 https://assets.publishing.service.gov.uk/media/673dc6296d3c337b80acc483/outcomes-by-offence-june-2024.xlsx

penalties for possession of drugs,[111] and the evidence is clear that these legal frameworks do not lead to an increase in drug use,[112] or drug supply, but when implemented with investment in treatment and harm reduction can secure better health, social and economic outcomes.[113] In respect of cannabis, 24 US states and six countries including Germany, Canada, Malta and Thailand have legalised this drug allowing for a legal framework for the production, supply and possession.[114]

79. In 2023 the United Nations High Commissioner for Human Rights, Volker Turk, reiterated his office's position that Member States should decriminalise people who use drugs – this is a position that is supported by all UN agencies. He also called for a review of convictions and sentences to potentially quash, commute or reduce criminal records and punishments. The Commissioner also called for the responsible legal regulation of all drugs.[115] To date 24 US states and six countries have regulated the possession, supply and production of cannabis. Evidence from then US's Centre of Disease Control (CDC) reports that youth use of cannabis has fallen from 23% in 2017 to 17% in 2023, so concerns that legalisation would lead to increased consumption of amongst young people are unfounded, that being said there has been increases in consumption amongst the older population.[116] Revenue raised from regulated markets, and savings from carceral approaches to drugs, can be used by Government to invest in community programmes, reducing risk factors that lead to crime, as well as supporting harm reduction initiatives such as drug consumption rooms.

80. It is clear that part of the response to drug use in prisons should be to reduce the number of people who are incarcerated, and drug policy reform is one vehicle to achieve that goal. Another is to address the use of short sentences. Reducing the prison population and abolishing short sentences is a critical step to addressing the

111 https://www.talkingdrugs.org/drug-decriminalisation/

112 https://www.bing.com/search?q=Stevens+A.+Is+policy+%27liberalization%27+associated+with+higher+odds+of+adolescent+cannabis+use%3F+A+re-analysis+of+data+from+38+countries.&cvid=aac835efa0de4c45804004a2243b58ce&gs_lcrp=EgRlZGdlKgYIABBFGDkyBggAEEUYOTIICAEQ6QcY_FXSAQgzMzM0ajBqNKgCALACAA&FORM=ANAB01&PC=HCTS

113 https://www.globalcommissionondrugs.org/reports/beyond-punishment-from-criminal-justice-responses-to-drug-policy-reform

114 https://www.globalcommissionondrugs.org/reports/beyond-punishment-from-criminal-justice-responses-to-drug-policy-reform

115 A/HRC/54/53: Human rights challenges in addressing and countering all aspects of the world drug problem - Report of the Office of the United Nations High Commissioner for Human Rights | OHCHR

116 https://www.theguardian.com/society/article/2024/sep/07/cannabis-use-survey-teenagers#:~:text=Recent%20CDC%20data%20found%20that,2013%20to%2017%25%20in%202023.

conditions in prison and therefore reducing the drugs market in the estate. The imposition of short sentences does not provide an opportunity for rehabilitation, does not address offending behaviours, does not resolve housing problems, and does not improve the lives of individuals or the communities they live in. In fact, imprisonment reduces employment prospects following release and increases the likelihood of reoffending due to a lack of opportunities.[117]

Recommendations

81. **Transformative justice.** Imprisonment is ineffective in reducing crime and instead perpetuates harm and violence, with marginalised people worst affected. As this submission has highlighted, prisons can induce and exacerbate drug dependency. Therefore, in order to end the cycle of harm, in the short term it is imperative to halt prison building and decrease investment into the criminal justice system more broadly. We must redirect resources from the criminal justice system to community services including specialist drug and alcohol services (such as drug consumption rooms) welfare, health, housing, education and social care. This holistic approach would help address the root causes of harm and violence in our society and thus would reduce it.

82. **Address the prison crisis.** As outlined above, the Government must decrease investment into the criminal justice system and invest in community services which address the root causes of harm and violence. The Government should also implement specific changes to address the prison crisis in the immediacy. These changes include:
    - abolishing all short sentences.
    - abolishing custodial sentences for possession of drugs.
    - ending the confinement of people in cells for prolonged periods of time.
    - facilitating prison release early in the week to ensure connection with community services to address basic needs.
    - ending the use of mandatory drug testing.

83. **Harm reduction support in prison.** People imprisoned should have equivalency of care to those in the community and as such there should be rapid access to OST, as well as the establishment of NSPs, and other harm reduction initiatives. Naloxone on release should be mandatory in all prisons. MDTs should be abolished in recognition of the perverse conditions they create resulting in people often moving to using other, undetectable, substances which have higher harm profiles. Of real concern is the recent arrival of more potent synthetic opioids, specifically nitazenes, in the prison

117 https://www.globalcommissionondrugs.org/reports/beyond-punishment-from-criminal-justice-responses-to-drug-policy-reform

estate and the potential for significant increases in overdose deaths related to use of these substances.

84. **Reduce criminalisation of drugs outside of prison.** Drug policy reform is a key component of prison reform. Decriminalisation of drug possession offences has been implemented in approximately 40 countries and this approach is not associated with an increase in levels of drug use in those jurisdictions. For those countries that have implemented this legal framework, and who have invested in harm reduction and treatment, they have experienced better outcomes across health, social and economic indicators, including reduced rates of (re)offending. Considering between 800 to 1000 people a year are imprisoned for possession of drugs for their own personal use, and tens of thousands more are criminalised for this activity, the cost savings to the state could be significant. Beyond decriminalisation of possession offences, the regulation of drugs would inevitably lead to a reduction in criminal activity related to the possession, supply and production of controlled substances.