

Written evidence submitted by the Independent Monitoring Boards (TDP0018)

About Independent Monitoring Boards

Appointed by ministers under the Prison Act 1952, Independent Monitoring Boards (IMBs) are an integral part of the independent oversight of prisons. IMB members are a regular presence, visiting the establishment, monitoring the treatment and conditions of prisoners, reporting what they find to those running the prison, and dealing with queries and concerns from individual prisoners. They are unpaid but have statutory powers, granting them unrestricted access. IMBs are part of the United Kingdom's National Preventive Mechanism set up under the Optional Protocol to the UN Convention against Torture (OPCAT).

Evidence

This submission draws from Boards' annual reports, their responses to specific calls for evidence, and monitoring observations made through an internal quarterly reporting process. Where reference is made to information obtained through the internal quarterly reporting process, the name of the prison has been omitted.

Scale and impact:

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

- Throughout 2024, IMBs monitoring at prisons across the estate observed a significant increase in the prevalence of drugs. The presence of drugs became one of the most widespread concerns for IMBs at prisons of every establishment type, category, and location, and the single most prominent safety concern. IMBs observed that drugs became increasingly available and more frequently used by prisoners.
- The scale of drug use in prisons throughout 2024 was evidenced in the instances of prisoners found to be 'under the influence', which came to be a more frequent aspect of daily life in many establishments. Furthermore, IMBs found that throughout the year, 'code blues', the emergency code used when a prisoner has collapsed or is having difficulty breathing, due to drug use were increasingly frequent.
- Some IMBs were aware of spikes in the prevalence and use of drugs throughout 2024, sometimes associated with particular events such as football championships.
- Several IMBs linked the increase in drug use with population pressures; for example, the IMB at Coldingley found that the functioning of the independent substance free living unit (ISFLU) was compromised by the doubling-up of cells.

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

- As well as traditional drugs, new psychoactive substances (NPS) have become increasingly prevalent in prisons in England and Wales. More easily concealed, these substances presented new challenges to locating drugs and identifying their usage.
- IMBs found that it was commonplace for NPS to be ingested through tampered vape capsules. With vapes being a permitted item for prisoner use, this may have aided the concealment and contributed to the difficulty in finding these drugs.
- At many prisons the NPS Spice became increasingly available, particularly in liquid or paste forms which are impregnated into paper. Some prisons began to photocopy

all incoming mail to reduce the ingress of Spice, but this could be distressing to prisoners as the photocopies provided (including of photographs and children's drawings) were often poor quality and lacked the sentimental value of the original.

- Coldingley IMB noted that the twice-monthly drug tests taken by the ISFLU as part of their wing compact could not detect NPS ('Spice'), thought to be the cause of many of the worst 'code blue' and 'under-the-influence' episodes.

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?

- Boards found that the prevalence and scale of drugs and drug use significantly impacted the overall functioning of prisons. In some prisons, the number of drug-related medical emergencies caused regime restrictions, as staff resource had to be redirected to assisting unwell prisoners and providing escorts to hospital. This could lead to prisoners spending more time behind cell doors and missing out on purposeful activity. Given that some Boards, such as Aylesbury, associated limited regime and purposeful activity with increased drug use due to boredom, there is the potential for a vicious cycle to develop.
- In prisons where drug use was widespread, the knock-on effects to stability could be felt by the whole population. High drug use was generally associated with high violence levels within the closed estate; this was in part due to debt-related conflict, but also due to the increase in drug-fuelled erratic behaviour.
- Many Boards reported that drug use had become a regular part of life in the prisons they monitored. At Bristol and Highpoint, prisoners were found under the influence on a daily basis, and Five Wells IMB noted that drugs were 'routinely available'. One Board reported that there had been several code blues in the course of one day, resulting in the command suite being opened.

What is the impact of drugs on the safety of the prison environment for prisoners and staff?

- IMBs found that drug misuse significantly impacted the safety of the prison environment for prisoners and staff. As well as the risk to mental and physical wellbeing for prisoners taken ill from drug use, IMBs found that these instances were highly disruptive and had a detrimental impact on staff resourcing.
- At HMP Aylesbury, the increase in the prevalence of drugs had a significant impact on the functioning of the establishment and the Board described the constant battle for staff, who were using all methods at their disposal to prevent ingress and find illicit items. The availability of drugs increased the risk of debt, which was one of the main causes of violence in the prison.
- At one prison, there were two incidents in healthcare in 2024 where men were vaping with NPS, which resulted in four members of staff being taken ill. There were four ambulances called over two days and one member of staff was critically ill.

Tackling the supply of drugs in prisons

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

- Boards reported on the exponential increase in the use of drones, which has become a widespread and common route for illicit items, including drugs, to enter prisons. Surges in drone incursions were particularly widely reported by Boards monitoring the Long-Term High Security Estate.
- The Board at HMP Long Lartin reported that the continuation of drone incursions throughout the year highlighted the deficiencies of the prison's surveillance system. Several Boards, such as Long Lartin and The Mount, reported that outdated windows permitted drugs to be smuggled in more easily.
- At one prison, extreme drone activity led to an escalation in the ingress of illicit items with up to 16 drone incursions in one night. At another, one individual was prosecuted for flying a drone into the prison on 79 separate occasions.
- Visits were suspected to be a common route through which drugs were smuggled into some prisons.
- At some prisons, it was believed that staff corruption was a factor contributing to increasing drug use throughout the year. Only IMB raised concerns about the inconsistency of staff searches on entering the prison, and Pentonville IMB highlighted that when a member of staff is arrested and charged, given the time taken to get a case to court – sometimes well over a year – it fails to act as much of a deterrent.
- As well as drugs smuggled from outside, some prisons such as HMP Bronzefield have seen a rise in the trade of prescription medication. This was particularly common in the women's estate, where it was usually the most common form of illicit drug use within a given establishment. At Bronzefield, for example, the IMB found that the process of ensuring that a prisoner had taken their prescription medication was not well defined between the prison and the healthcare provider.

How prevalent is the involvement of organised criminal gangs in the distribution and trafficking of drugs in prisons?

- Several Boards commented on an apparent link between the number of prisoners associated with organised crime groups and the level of drug use within the prison. For instance, at the start of 2024 more prisoners who were identified as having a serious organised crime background were transferred to HMP Rochester, which correlated with a significant increase in both drugs and violence in the establishment. A similar correlation was observed in many open prisons, such as Leyhill.

How can the supply of drugs into prisons be better tackled to eliminate the availability of substances?

- IMBs identified deficiencies in the security of establishments, which could be addressed to eliminate the availability of substances. Boards reported that ineffective CCTV systems, which failed to cover whole areas of some prisons and their perimeters, contributed to the trend of 'throwovers' and passes. At Coldingley, for example, several landings lacked CCTV and were not regularly patrolled by staff.
- Many IMBs emphasised that searching procedures of staff on admission was minimal and inconsistently applied and that security measures for visitors could be tighter.
- Many IMBs report that the lack of resources and equipment available to staff prevent efforts to tackle the supply of drugs into prisons. For instance, many prisons do not have scanning equipment, which IMBs have found can make a real difference at prisons that have been able to utilise scanning machines to detect and prevent drugs

from entering the establishment. However, some prisons, such as HMP Lancaster Farms, that have access to airport style entry security and drug dogs for searches, nonetheless continue to have significant quantities of drugs enter their establishments.

- IMBs found there to be inconsistencies in the strategic approach to tackling drugs across the prison estate. Some prisons had specific drug search teams to counter the supply and other establishments had no clear strategy. Sometimes this was a result of national resource being targeted at the most vulnerable prisons, such as HMP Manchester, which saw the highest amount of drone attempts. IMBs such as Onley reported on some successful collaborative efforts between prisons and outside law enforcement.
- IMBs reported on small improvements to security measures that made a marked difference to the prevalence of drugs. For example, the number of drug finds at one prison halved between the first and third quarters of the year, which the IMB attribute to the success of simple initiatives such as better gate security between the two halves of the prison and increased searching.

Support for prisoners

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

- While some independent substance free living units (ISFLUs) offer good incentive and support to prisoners, as described at Rochester, in other prisons such as Coldingley the function of these units has been diluted by population pressures, with cells on the unit being doubled-up and/or ineligible prisoners being placed on the unit for lack of space elsewhere.
- In some prisons the high level of drug use and availability within the prison compromised the function of the ISFLU. At Long Lartin, for example, the Board has noted that the ISFLU was no more 'substance-free' than the rest of the prison.
- Many IMBs reported that efforts to support prisoners with substance misuse issues were ineffective, often due to a lack of sufficient services. For instance, the Board at HMP Leicester stated that the drug recovery unit was not operating effectively at the start of the year because the provision of psychosocial interventions had not yet started, despite being promised in the healthcare contract.

To what extent are there sufficient resources and trained professionals to support prisoners with their recovery?

- IMBs identified that in some cases, efforts to support prisoners with substance misuse issues were hindered by the lack of sufficient services, for example many prisons lacked any psychosocial intervention services.
- IMBs observed the significant impact of staff shortages on the ability and success of prisons in supporting prisoners with their recovery. Some prisons experienced staffing deficits of up to 50% in drug and alcohol services and IMBs were told that support services were unable to undertake long-term or value added services due to the shortage of essential staff. Some Boards found that healthcare providers contracted to deliver drug and alcohol rehabilitation services were under-staffed and severely stretched with the high level of under the influence incidents in 2024. At both Winchester and Coldingley, mandatory drug testing ceased due to a lack of staff resource.

- At some prisons, a lack of facilities made supporting these prisoners difficult; for example, at Feltham, there was a shortage of available rooms to carry out substance misuse interventions.
- Some prisoners were transferred to establishments that were not sufficiently equipped to meet their recovery and healthcare needs. At one prison, the IMB identified that prisoners who were dependent on methadone were being transferred in, despite the prison having no facilities for dispensing methadone.
- Naloxone, an emergency medical treatment to reverse life-threatening effects of known or suspected opiate overdose, became increasingly available in prisons over 2024. Many Boards reported that some non-healthcare staff were receiving training to administer naloxone, which was a welcome development. However, some Boards noted a reluctance among non-healthcare staff to undergo this training.

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