

January 2025

Written evidence submitted by the Prisons and Probation Ombudsman

1. I am grateful for the opportunity to provide comments on this inquiry into tackling drugs in prisons.

My role

2. The Prisons and Probation Ombudsman (PPO) carries out investigations into deaths and complaints in custody in England and Wales. Our roles and responsibilities are set out in our Terms of Reference.¹ Our remit includes investigating:
 - complaints made by prisoners, young people in detention, offenders under probation supervision and individuals detained under immigration powers.
 - deaths of prisoners, young people in detention, residents in approved premises and individuals detained under immigration powers due to any cause.
 - deaths of recently released prisoners that occur within 14 days of release from prison (except homicide).
3. The purpose of our death investigations is to understand what happened, to correct injustices and to identify learning for the organisations whose actions we oversee, so that we can achieve tangible benefits for the safety and confidence of those in custody and under community supervision. Our death investigations include investigating any deaths that are drug-related.

My submission to the Inquiry

4. We have responded to some of the questions in the call for evidence. My response covers the dangers of synthetic opioids, issues with diversion of prescription medication, failures by staff to take appropriate action when a prisoner is suspected to be under the influence and, finally, the learning we have on post-release drug-related deaths.

Question 1: What is the current scale of drug use in prisons in England and Wales?

¹ [PPO Terms of Reference](#)

5. Between December 2022 – December 2024, we investigated 833 deaths.² Of the 833 deaths, 136 (16%) were drug-related.
6. We would like to bring to the Committee's attention the cluster of drug-related deaths we have investigated at HMP Parc. Since January 2023, we have been notified of six deaths classified as 'other non-natural' (likely to be drug related) from HMP Parc. Nitazenes (synthetic opioids) have either been confirmed as contributing to the death at post-mortem or are suspected to be linked to the majority. Nationally, there has been increasing awareness and concern about the high toxicity of nitazenes and other synthetic opioids, which are often mixed with other psychoactive substances or drugs. The PPO is concerned about the dangers of synthetic opioids to prisoners. We would encourage prisons to use the methods of engaging with prisoners about substance abuse to alert prisoners to the significant risks of these drugs.

Question 4: What are the common routes for bringing drugs into prisons, and what recent trends have been observed in these methods?

7. The PPO is concerned with the diversion of prescription medication. We have investigated several cases where the prisoner was found to have prescription medication (which was not prescribed to them) in their system after their death. We are concerned that prisoners can obtain medication not prescribed to them. We have made several recommendations that queues for collecting medication must be adequately supervised. Staff should be trained on how to supervise medication queues and how to respond to medication diversion. The consequences of prisoners being able to obtain medication not prescribed to them can be fatal, especially when these medicines are combined with other medicines or illicit drugs.
8. We also share HM Inspectorate of Prisons' concerns that drones pose a significant security threat, including the ability to deliver large amounts of drugs and weapons into prisons.³ Drones can deliver up to 7 kilos of drugs at a time and we are concerned this will eventually escalate to firearms being delivered into prisons. While we understand that the continuous technological advancements of drones make it difficult for prisons to stop them, we urge that action is taken to address this issue.

Question 10: What role should prison governors and staff play in identifying and addressing drug misuse?

9. The PPO has made several recommendations that governors should ensure that staff are vigilant for signs of drug use and take appropriate action when a prisoner appears to be under the influence of drugs. Where staff suspect that a prisoner is

² For completeness, this is referring to the number of initial reports the PPO issued between 1 December 2022 to 1 December 2024.

³ [Drones dropping drugs and weapons into high security prisons are a threat to national security – HM Inspectorate of Prisons](#)

under the influence, they should follow local 'Under the Influence' policies, including referring them to healthcare who should take clinical observations, monitoring them regularly, and logging relevant information with the prison's security department. When staff fail to monitor the prisoner, they are unaware of any significant deterioration in the prisoner's condition which could require emergency treatment. Such delays in requesting emergency assistance can be fatal. Staff should also record their checks on NOMIS and should be making a referral to the substance misuse team.

10. It is not enough for prisons to have a policy on illicit substances. The governor must ensure that staff are aware of their responsibilities under it and must also be confident that staff are fulfilling them. This will often require arranging further training to ensure staff are confident in recognising individuals under the influence. While prison officers are not clinicians, their greater face to face contact with prisoners means they are more likely to identify a prisoner who is under the influence than healthcare staff.

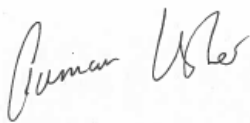
Question 11: To what extent is drug treatment and healthcare in prisons effective?

- ***How effective are current practices for the continuity of drug treatment services post-release?***
11. Between December 2022 – December 2024, we have investigated 136 drug-related deaths. Of these deaths, 80 (59%) were deaths that occurred post release and 11 of these deaths occurred in an approved premises. This highlights the importance of continuity of drug treatment services post-release.
 12. The PPO published a Learning Lessons Bulletin in July 2024.⁴ The bulletin covers 137 post-release death investigations started between September 2021 and December 2023. The majority of these deaths (83) were drug-related. 20 of these drug related deaths occurred within one day of release. This highlights the difficulties faced by prison leavers to maintain drug abstinence and the need for better continuity of drug treatment services post-release. The publication also explains the difficulties of tackling addiction: many prisoners were positive they would not engage in substance misuse again but quickly relapsed following release.
 13. The bulletin identifies three issues in relation to post-release drug-related deaths. Firstly, a common issue we see is that referrals are not made for substance misuse services in the community because a prisoner did not engage with substance misuse services in prison. In light of the evidence about the risk of relapse on release, it is important that post-release support for substance misuse is offered to those who have completed detoxification programmes in prison even if they are not engaging with substance misuse services at the time of their release.

⁴ [Learning Lessons Bulletin Issue 19: Post-release death investigations 2](#)

14. Secondly, the bulletin explains the inconsistent practices we found in relation to naloxone being offered on release. Naloxone is a medicine that rapidly reverses an opioid overdose. Given the high number of post-release drug-related deaths, issuing naloxone to prison leavers can be vital in helping to save lives. Information on the provision of naloxone was available in 76 cases. Nearly half (49%) of prisoners were not offered a naloxone kit on release. Prison healthcare teams should ensure that prisoners assessed as being at risk of a drug overdose are offered a naloxone kit when they leave prison. We have also found cases where prisoners received training on how to use naloxone but were not provided with a kit on release. This was often the result of a short notice or early release. It is important that prisons ensure their processes for issuing naloxone identify any prisoners being released on short notice. Finally, naloxone provision is currently determined by local policy. The bulletin suggests that HMPPS and NHS England should consider a national policy on the provision of naloxone for prison leavers to address inconsistent practice. We suggest that this policy should provide naloxone on an opt-out basis. We also identified several cases where, under local prison policy, prisoners were not eligible for naloxone because they did not engage with the substance misuse service in prison or were not engaging at the time of their release. The criteria for offering naloxone should not be determined by this.

15. I hope that this is helpful. Please contact me if you require any additional information.



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