

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Amer Fareed, a prisoner at HMP High Down, on 8 August 2023

A report by the Prisons and Probation Ombudsman

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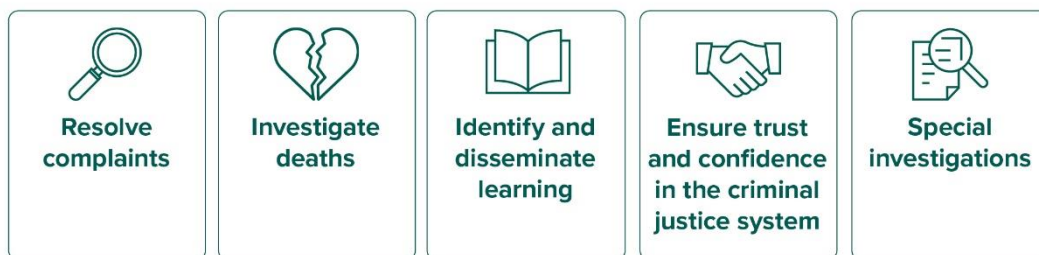
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OUR VISION

To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.

WHAT WE DO



WHAT WE VALUE



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The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out independent investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.

If my office is to best assist HM Prison and Probation Service in ensuring the standard of care received by those within service remit is appropriate, our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.

Mr Amer Fareed died from synthetic cannabinoid toxicity on 8 August 2023 while a prisoner at HMP High Down. He was 40 years old. I offer my condolences to Mr Fareed's family and friends.

The clinical reviewer concluded that Mr Fareed's clinical care was of a good standard and equivalent to that which he could have received in the community.

Mr Fareed had a significant history of drug misuse both in the community and in prison. Throughout his time in prison, he had received support from substance misuse services, and he had completed a detoxification programme.

Substance misuse in prison is one of the biggest challenges that HMPPS faces, and it is a complex, multi-faceted problem with no simple answer. At the time of Mr Fareed's death, HM Inspectorate of Prisons was inspecting High Down. Their subsequent report, published in November 2023, identified that the availability and use of drugs in the prison threatened the prison's stability and contributed to debt, bullying and fear.

High Down has been working hard to tackle the issue of drugs and should continue to prioritise and undertake the actions required to reduce the availability of drugs within the prison.

This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

Adrian Usher
Prisons and Probation Ombudsman

March 2025

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Summary

Events

1. On 26 April 2023, Mr Amer Fareed was convicted of harassment without violence. He was sentenced to four months in prison.
2. After periods at HMP Thameside and HMP High Down, Mr Fareed was transferred to HMP Peterborough on 10 July, where he was referred to the substance misuse service because of his history of misusing drugs. He told staff that he was constantly thinking about cocaine.
3. On 3 August, Mr Fareed returned to High Down. During his initial health screen, he said he did not have any current issues with drugs. However, it was noted that he had a history of substance misuse. He was not referred to the prison's substance misuse service.
4. On 8 August, Mr Fareed confided to another prisoner that he had bought Spice (a substance containing one or more synthetic cannabinoids).
5. At approximately 8.36pm, an officer who was conducting the evening welfare check saw that Mr Fareed was lying on the floor with his head against a pipe. He called out to Mr Fareed and, when he did not respond, he radioed for assistance.
6. When the officers went into the cell, they found Mr Fareed unresponsive and not breathing. Staff immediately began chest compressions.
7. At 9.04pm, paramedics arrived on the scene and pronounced Mr Fareed dead shortly afterwards.
8. The post-mortem report concluded that he died from synthetic cannabinoid toxicity.

Findings

9. Mr Fareed's death from synthetic cannabinoid toxicity indicates that he was able to source and use illicit drugs in prison. High Down has appointed a Head of Drug Strategy who leads on ensuring that their drug strategy remains current and actions to tackle illicit substances are progressed.
10. Despite having a significant history of substance misuse, Mr Fareed was not referred to the prison's substance misuse service when he arrived at High Down.
11. There was a delay in paramedics attending the emergency. The ambulance had to wait outside the prison for approximately four minutes before they were allowed in. It then took a further four to five minutes for them to move through the security checks. We note the ongoing work between HMPPS and health partners to address the delays in ambulance staff entering prisons and that HMPPS have recently published a new policy for staff which provides guidance on the items with which ambulance staff are permitted to enter the prison.

The Investigation Process

12. HMPPS notified us of Mr Fareed's death on 8 August 2023.
13. The investigator issued notices to staff and prisoners at HMP High Down informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
14. The investigator obtained copies of relevant extracts from Mr Fareed's prison and medical records, CCTV footage, body-worn video camera footage and prison telephone calls. The investigator listened to Mr Fareed's telephone calls but was not able to understand all of what was said due to strong accents and the use of slang.
15. The investigator interviewed seven members of staff and one prisoner at HMP High Down on 29 August and 3 October 2023. He carried out one further interview by Microsoft Teams on 26 October 2023.
16. Another investigator took over the investigation in July 2024.
17. NHS England commissioned a clinical reviewer to review Mr Fareed's clinical care at the prison. She was present for six of the interviews with staff.
18. We informed HM Coroner for Surrey of the investigation. The Coroner gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
19. The Ombudsman's office contacted Mr Fareed's sister to explain the investigation and to ask if she had any matters she wanted us to consider. She did not reply.
20. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out a factual inaccuracy, and this report has been amended accordingly.

Background Information

HMP High Down

21. HMP High Down is a category C prison in Surrey. It was re-categorised from a local to a training and resettlement prison in April 2022. Central and Northwest London NHS Foundation Trust provide the physical and mental healthcare services at High Down. Healthcare staff work in the prison between 7.30am and 8.00pm from Monday to Friday and from 8.00am to 8.00pm on Saturday and Sunday. Forward Trust provides substance misuse services. The prison has a substance misuse treatment unit and an incentivised substance-free living unit.

HM Inspectorate of Prisons

22. The most recent inspection of HMP High Down took place in August 2023 and their inspection report was published in November 2023. One of their priority concerns was the availability and use of illicit drugs, in particular psychoactive substances and the threat they posed to the prison's stability.
23. HMIP identified that 45% of prisoners had said that it was easy to get hold of drugs (compared to 31% in comparable prisons). They said that mandatory drug testing had only resumed in February 2023 and that the positive drug testing rate in the previous three months was very high at 33.73%, with the rate for psychoactive substances alone at 21.08%. This was among the highest rates in adult male prisons in England and Wales.
24. HMIP noted that there had been five Governors since 2018, leaders had not sufficiently prioritised tackling the availability of drugs in their self-assessment report and staff shortages had led to delays in analysing intelligence, with only a quarter of suspicion drug tests having been carried out.

Independent Monitoring Board

25. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report for the year to December 2023, the IMB reported that security intelligence indicated an overwhelming presence of illicit items, with drugs 'finds' increasing from 195 in 2022 to 1,641 in 2023.
26. The IMB said that drones and 'throwovers' (where items were thrown over the prison walls) appeared to be the main source of illicit items entering the prison, as well as items being passed by visitors. It was noted that towards the end of 2023, perimeter patrols were undertaken, and the prison had worked with external partners to deal with the drones.

Previous deaths at HMP High Down

27. Mr Fareed was the tenth prisoner to die at High Down since August 2020. Seven of the previous deaths were from natural causes, two were self-inflicted and one was

drug-related. There are no significant similarities between our findings in this investigation and those of the previous deaths.

Psychoactive Substances (PS)

28. The term 'psychoactive substances' is a broad term that refers to a drug or other substance that affects mental process. Synthetic cannabinoids and synthetic opioids (including nitazenes) are substances that mimic the effects of traditional controlled drugs such as cannabis, cocaine, heroin and amphetamines. Synthetic cannabinoids and synthetic opioids can be difficult to detect as the compounds used in their manufacture can vary and use of these substances presents a serious problem across the prison estate.
29. PS can affect people in a number of ways, including increasing heart rate, raising blood pressure, reducing blood supply to the heart and vomiting. Prisoners under the influence of these substances can present with marked levels of disinhibition, heightened energy levels, a high tolerance of pain and a potential for violence. Besides emerging evidence of such dangers to physical health, the use of PS is associated with the deterioration of mental health, suicide and self-harm. Testing for PS is in place in prisons as part of existing mandatory drug testing arrangements.

Key Events

Background

30. Mr Amer Fareed had served a number of previous custodial sentences for drug-related offences and offences against the person and property.
31. He had a significant history of substance misuse in the community and in custody. Mr Fareed was involved in the prison drug culture, and on a number of occasions, he had been found under the influence of illicit substances for which he needed medical intervention. Throughout his time in prison, Mr Fareed had extensive substance misuse interventions, he had been advised about relapse prevention and drug tolerance and had completed detoxification programmes.
32. On 26 April 2023, Mr Fareed was convicted and sentenced to four months in prison for harassment without violence. He was sent to HMP Thameside.
33. During his reception health screen, Mr Fareed told staff that he had a problem with drugs, and they identified that he would need to complete a detoxification programme for pregabalin (a prescribed drug used to treat neuropathic pain, seizures and generalised anxiety disorder but widely misused). This was completed on 8 June.

HMP High Down

34. On 23 June, Mr Fareed transferred to HMP High Down. During the first night reception health screen Mr Fareed's previous history of substance misuse was identified, but no referral was made to the prison's substance misuse team. No further issues about substance misuse were identified at the secondary health screen which took place three days later.
35. On 6 July, during a routine check of the condition of Mr Fareed's cell, staff found a quantity of "fermenting liquid" hidden behind a bed panel. Mr Fareed was charged with possession of an unauthorised substance.
36. On 7 July, arrangements were put in place to transfer Mr Fareed to HMP Leeds for a court appearance a few days later.

HMP Peterborough

37. On 10 July, Mr Fareed was due to be transferred to Leeds. However, because the escort vehicle was late, Mr Fareed was taken to HMP Peterborough. At the first night reception health screen, Mr Fareed, who said he had no current substance misuse problems, was identified as having a significant drug history. The prison's substance misuse team offered him support but he declined it. Despite declining, Mr Fareed was referred to the substance misuse team.
38. On 19 July, the substance misuse service saw Mr Fareed. He said that he had taken illicit substances since the age of 14 and had also sold illicit substances. Mr Fareed said that he had stopped using drugs before but that there were triggers which caused him to relapse, which included smells, places, people and difficult life

events. Mr Fareed was given harm minimisation advice and was told about drug tolerance levels. Mr Fareed said that on release, he wanted to be referred to community drug support services, to be trained how to use naloxone and given a naloxone kit. (Naloxone is a life-saving medication which can be self-administered to reverse opioid overdose rapidly.)

39. On 26 July, the prison's substance misuse team saw Mr Fareed. He said that although he was doing well, cocaine was always on his mind. He said that he had been trying to keep himself busy and had been doing a gym course and praying.

HMP High Down

40. On 3 August, Mr Fareed was transferred back to High Down. A nurse completed the first night reception health screen and recorded that Mr Fareed was agitated. He noted Mr Fareed's history of substance misuse but also noted that Mr Fareed had said that he had no current substance misuse issues. The nurse recorded 'N/A' in response to whether Mr Fareed had had any substance misuse problems in the last three months.
41. The nurse told us that during the first reception screen, it was not always possible to get the prisoner to engage fully as they could be tired and preoccupied with other issues. He said that when he carried out the health screen with Mr Fareed, he completed the template questions but did not review his history. He also said that there was not always time to talk through issues, and instead, these would be considered (and referrals made) at a later stage.
42. The nurse told the investigator that Mr Fareed was impatient to sort out his property and get to the wing and was not willing to engage. He recorded that Mr Fareed had a history of heroin, cocaine and methadone misuse. He did not refer him to the prison's substance misuse team and was unable to clearly explain during his interview why he did not do this.
43. Mr Fareed was taken to the induction wing and, that evening, he told his sister by telephone that he had moved back to High Down.
44. On 4 August, Mr Fareed completed his secondary induction. He told staff that he had been in contact with his family and wanted to take part in education or work as this might stop him reoffending on release. Mr Fareed said he was preparing for his release and felt okay.
45. During the afternoon, Mr Fareed telephoned his sister. He asked her to transfer money because he wanted to buy a box of vapes. Mr Fareed gave his sister the account details of a woman. Mr Fareed's sister asked him if he was going to spend the money on drugs. He denied that he would. Mr Fareed's sister transferred the money to the woman's account while they spoke on the telephone.
46. On 5 August, shortly after midnight, Mr Fareed spoke to one of his brothers, brother A. Mr Fareed told his brother that he had returned to High Down.
47. Later that day, a nurse completed Mr Fareed's secondary health screen, which focused on his mental health and wider healthcare needs. There were no questions about his substance misuse. She told the investigator that unless the person was

undertaking opiate substitution therapy, she would not normally discuss drug issues at the secondary screen. She said that this should happen at the initial reception screen.

48. On 6 August, Mr Fareed spoke to a second brother, brother B. They talked about general domestic matters, other people's bank accounts and various people owing money.
49. At 2.35pm on 7 August, Mr Fareed phoned a male friend and asked him to transfer money into another person's account by the end of the night. Mr Fareed appeared to talk about "deals" and gave a woman's bank details. Mr Fareed told his friend that he could buy canteen with the money and asked his friend to use a particular reference, a male name, when making the transfer. The person told Mr Fareed that he would transfer the money.
50. At 6.36pm, Mr Fareed spoke to his male friend again. The person told Mr Fareed it would be "done" in five minutes, and they talked further about other transactions and the woman whom they had previously discussed was mentioned again.
51. Mr Fareed spoke to brother B twice that evening. In the second call, he gave him the details of the woman they had previously discussed. He asked for the money to be transferred before midnight.
52. At 8.37pm, Mr Fareed spoke to his male friend who told Mr Fareed that it had been "done". They referred to a male name in their conversation.

Events of 8 August 2023

53. At 11.55am on 8 August, Mr Fareed spoke to brother B and asked him if he had transferred the money as requested. The conversation that followed indicated that Mr Fareed intended to use drugs and that his brother understood this. Mr Fareed told his brother that he was running out of telephone credit and would call back later.
54. At approximately 4.55pm, CCTV footage shows that Mr Fareed returned to his cell with his evening meal. Shortly afterwards, he was seen walking around the wing, engaging with prisoners.
55. At 5.19pm, CCTV footage shows that Mr Fareed walked along the wing landing with another prisoner, Prisoner A. They both went into Mr Fareed's cell. The prisoner was in the cell for approximately one minute before he left and walked along the landing to the stairs.
56. Prisoner A told the investigator that he had met Mr Fareed for the first time that day. He said he went to Mr Fareed's cell to give him a vape capsule and Mr Fareed had offered him Spice. Mr Fareed told him that he had got it from someone in house block two. He said that he had refused, and, after a short conversation, he left and returned to his cell.
57. CCTV footage showed that a short while later, Mr Fareed left his cell and spoke to another prisoner. At approximately 5.29pm, Mr Fareed returned to his cell and an officer locked his door.

58. The officer said he completed the routine roll check at around 5.30pm and at the time, Mr Fareed was standing in his cell, reading a letter which had been given to him earlier that day. He said that he did not speak to Mr Fareed, and he saw nothing to suggest he was under the influence.
59. At approximately 8.36pm, an Operational Support Grade (OSG) began carrying out prisoner welfare checks (when the officer opens the cell observation panel to check that the prisoner is present and safe).
60. At 8.38pm, the OSG arrived at Mr Fareed's cell and looked through the cell observation panel. He told the investigator that the television was on, and Mr Fareed was lying on his front on the floor, with his head leaning against a pipe on the wall. He said that it was not unusual for prisoners to lie on the floor. He knocked on the door several times, but Mr Fareed did not respond. He said he then looked more closely to see if Mr Fareed was breathing and radioed for assistance at 8.39pm.
61. CCTV footage shows that at 8.41pm, the OSG radioed again. He told us that when he could not see any signs of breathing, he called an emergency code blue (which triggers the control room to call an emergency ambulance). The control room recorded that a code blue was heard at 8.40pm and that they were on hold to the ambulance service at 8.43pm.
62. At 8.42pm, two officers arrived at Mr Fareed's cell. Officer A opened the door and went in, followed by Officer B, who switched on his body-worn camera. Officer A spoke to Mr Fareed but there was no response. The officers moved Mr Fareed away from the pipe and rolled him onto his back. Officer A then checked to see if he was breathing and asked the OSG, who was standing outside the cell, to collect the emergency bag. He then began chest compressions.
63. At 8.43pm, the OSG arrived with the emergency bag. Officer B called through to the control room to tell them that they had started chest compressions. The control room confirmed that they were on hold for the ambulance service. The ambulance records show that the call connected at 8.45pm and was answered at 8.46pm.
64. At 8.46pm, Officer A asked for two response officers to let the ambulance in at the gate.
65. At 8.53pm, the ambulance arrived at the prison gate, but no one was there to provide access. The paramedics remained outside until 8.57pm. At 9.02pm, the ambulance was still waiting to complete the prison's security procedures.
66. CCTV showed that the ambulance crew arrived at the cell at 9.04pm and Mr Fareed was pronounced dead at 9.23pm.
67. At 2.05am on 9 August, the police attended and searched Mr Fareed's cell. They seized a vape pen, the tip of a vape pen, part of a vape and a ripped up playing card. Following a forensic test on 29 September, the police identified that the vape contained residue which tested positive for MDMB-4en-PINACA (a synthetic cannabinoid).

Contact with Mr Fareed's family

68. The Deputy Head of Safer Custody was appointed as the family liaison officer (FLO). Records indicate that the prison asked the police to visit Mr Fareed's next of kin, but they did not receive a response. At 10.33am on 9 August, the FLO and a colleague visited Mr Fareed's sister, but no one was at home. They subsequently notified her of Mr Fareed's death by phone and a short while later, they met her at her home.
69. In line with national policy, the prison contributed to the costs of Mr Fareed's funeral.

Support for prisoners and staff

70. After Mr Fareed's death, the Head of Safer Custody debriefed some of the staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.
71. The prison posted notices informing other prisoners of Mr Fareed's death and offering support. Staff reviewed all prisoners assessed as at risk of suicide or self-harm in case they had been adversely affected by Mr Fareed's death.

Post-mortem report

72. A post-mortem examination was carried out on 15 August 2023 and samples of Mr Fareed's organs and bodily fluids were sent for toxicological analysis. The toxicologist identified a synthetic cannabinoid, MDMB-4en-PINACA (or its metabolite) in Mr Fareed's blood and urine samples. Synthetic cannabinoids are substantially more toxic than natural cannabinoids, as found in the cannabis plant. In view of this, the pathologist concluded that the cause of death was MDMB-4en-PINAC toxicity.

Outcome of inquest

73. The inquest into Mr Fareed's death was held on 23 June 2025 and a verdict of death as a consequence of taking synthetic cannabinoid MDMB-4en-PINACA whilst in custody was recorded.

Clinical Findings

Clinical care

74. The clinical reviewer found the care Mr Fareed received was of a good standard and was equivalent to that which he could have expected to receive in the community. However, she identified a lack of clarity about the role of the reception screen in relation to historic substance misuse and harm reduction and that the details captured at previous prisons were not reviewed effectively.
75. The nurse who conducted the initial health screen told the investigator that he completed the questions in the template on the system and that it was sometimes difficult to get prisoners to engage fully as they were tired or distracted. Neither of the two nurses involved in the first and second health screen identified that historic drug use was a reason to refer Mr Fareed to the substance misuse team.
76. The Head of Healthcare carried out an internal review following Mr Fareed's death. The prison has subsequently sent a notice to all healthcare staff to inform them that they should refer all prisoners who report a history of substance misuse to the Forward Trust Substance Misuse Service. The Head of Healthcare will want to ensure there is a robust quality assurance process in place to monitor referrals.

Head of Healthcare to note

77. As prisoners are sometimes unwilling to share information or engage during the initial health screen, it would be helpful if healthcare staff routinely review prisoners' medical records during their initial health screen to identify if there is a history of substance misuse.

Non-clinical findings

Drug strategy at HMP High Down

78. The use of psychoactive substances is a concern across the prison estate and has a profoundly negative impact on the physical and mental health of prisoners, as well as being associated with debt and bullying. Mr Fareed's death is an example of the dangers of illicit drugs and illustrates why prisons must do all they can to eradicate their use.
79. The availability of drugs at High Down was identified as a significant issue by HMIP when they inspected the prison in August 2023. As part of our investigation, we spoke to the Head of Security and the Deputy Head of Residence. We were also given a copy of the prison's drug strategy and the data that they collect and review at the monthly drug strategy meeting.
80. They told us that PS was the most commonly used drug in the prison and that this was coming in on paper, clothes and in liquid form. They said that they had identified that the main route for drugs entering the prison was via drones and throw-overs.

81. They told us about a number of actions that they had taken to tackle the problem of drugs entering the prison, which included photocopying all mail coming into the prison. They said that there were ongoing initiatives in collaboration with Surrey police and the local council. They had identified their 'high risk areas' where drugs were coming in and how they were being moved around the prison. As a result, they were targeting their patrols and searches to these areas and prisoners working in the designated high-risk areas were subject to enhanced security intelligence checks.

Action taken since Mr Fareed's death

82. In January 2024, the prison appointed a Head of Drug Strategy, who leads on ensuring that the prison's drug strategy remains current and that the actions are progressed. In February 2024, HMPPS' Substance Misuse Group visited High Down to help them better understand the scale and nature of the problem at a local level and to make recommendations to help them effectively deal with the issue.
83. As a result of their visit, the Substance Misuse Group gave the prison five key areas on which to focus. This now forms part of the prison's action plan. The prison is also in the process of delivering against the seven actions HMIP identified following their visit to tackle substance misuse.
84. The prison told us that they have increased their rate of mandatory drug testing and suspicion-based testing by 10%. From October 2024, the mandatory drug testing team will not form part of the resource management plan. This means that they will be able to dedicate even more time to frequent drug testing.
85. Drugs in prison is an ongoing issue facing the prison service and while there are measures that can be taken to reduce the supply of illicit substances into secure settings, we are realistic that those intent on supplying drugs will continue to find ways of doing so. While drug use remains a significant problem, there is evidence that High Down is continuing to tackle it through a concerted focus and wide-ranging actions.

Delay in ambulance entering the prison

86. Ambulance records show that the ambulance arrived at the prison at 8.53pm.
87. At 8.54pm, Officer A told one of the other officers at the scene to arrange for someone to go to the gate to provide access. However, access was not provided until 8.57pm.
88. Once inside the prison, the ambulance was then held in the vehicle waiting area for a further four to five minutes. (We have not been able to establish the reason for the delay.) This meant that the paramedics only reached Mr Fareed's cell at 9.04pm.
89. While we recognise the importance of maintaining the prison's security, particularly during the night state, we are concerned that the ambulance had to wait outside for four minutes and there was a further delay as they moved through security.

90. We welcome HMPPS' updates to the policy framework covering emergency services' access (Managing Conveyance of unauthorised and illicit items) in September which contains guidance for staff on ensuring the swift entrance and exit of emergency vehicles, including what items emergency service personnel are permitted. As a result, we make no recommendation.

Good practice

91. Officer A led the prison's response to the medical emergency very well. CCTV and body-worn video camera footage showed he had a good command of the situation and provided clear instructions to his colleagues. He has suggested that staff need updating on where to find the equipment in the emergency bag.

Adrian Usher
Prisons and Probation Ombudsman

March 2025

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