Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Kouri Yee, a prisoner at HMP Birmingham, on 29 September 2025

A report by the Prisons and Probation Ombudsman

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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 His Majesty's Prison and Probation Service (HMPPS) 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 Kouri Yee died of synthetic cannabinoid toxicity at HMP Birmingham. He was 31 years old. I offer my condolences to Mr Yee's family and friends.

The clinical reviewer concluded that the care Mr Yee received was of the required standard and was equivalent to what he could have expected to receive in the community.

Mr Yee had a history of drug use. Staff offered Mr Yee support and harm reduction advice around substance use. His substance misuse keyworker appropriately referred him to the prison's Drug Rehabilitation Unit. The decision to reject Mr Yee from the unit was not multidisciplinary, and staff only recorded the decision-making process after his death.

I am satisfied that Birmingham have an up-to-date and comprehensive drug strategy. However, I am concerned that Mr Yee was the fourth person to die from illicit substance use in Birmingham since October 2024.

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 2026**

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Summary

Events

1. On 30 December 2024, Mr Kouri Yee was remanded to HMP Birmingham, charged with assault offences. This was his first time in prison.

2. Mr Yee had a history of poor mental health and substance use. He was diagnosed with schizoaffective disorder. Between 2020 and 2024, he was detained in hospital under the Mental Health Act on several occasions and was prescribed medications for this condition.

3. When Mr Yee entered Birmingham, he said he did not have difficulties with substance use and declined support from the substance misuse team. Between February and March 2025, staff found Mr Yee under the influence of illicit substances twice. On both occasions, healthcare staff completed physical checks and the substance misuse service offered support, outlined the risks of using substances, and gave harm reduction advice. Mr Yee declined support from the substance misuse service on both occasions.

4. In March, Mr Yee told a psychiatrist that he had been using psychoactive substances daily. Mr Yee told staff he was willing to engage with substance use support and they referred him to the prison's substance misuse service.

5. On 1 April, Mr Yee was sentenced to a Community Order and was released from prison. He was shortly arrested on new charges of stalking and a public order offence and was remanded to Birmingham on 5 April. Mr Yee declined substance use support and said he had no difficulties with alcohol or drugs.

6. On 9 April, staff radioed a medical emergency code after they found Mr Yee showing signs of a suspected overdose with a tampered vape in his hand. Mr Yee denied being under the influence of drugs and declined support. He was warned of the dangers of illicit substances and was referred to the substance misuse team and the specialist Drug Rehabilitation Unit (DRU). Mr Yee's application for the DRU was rejected.

7. At 5.00am on 29 September, an Operational Support Grade (OSG) discovered Mr Yee unresponsive in his cell and raised the alarm. Mr Yee could not be resuscitated and paramedics pronounced life extinct at 5.45am.

8. The post-mortem report concluded that Mr Yee died from synthetic cannabinoid (PS) toxicity.

Findings

9. Mr Yee had a history of drug use. He was known to the prison's substance misuse service, he was given appropriate harm minimisation advice in relation to illicit substance use and was educated about the risks of using psychoactive substances while at Birmingham.

10. Staff rejected Mr Yee's application for the Drug Rehabilitation Unit (DRU) without involving other relevant agencies and only documented the decision after his death. Birmingham are taking steps to improve the DRU referral process.

11. The clinical reviewer concluded that the care Mr Yee received at Birmingham was to the required standard and equivalent to what he could have expected to receive in the community.

12. We make no recommendations.

The Investigation Process

13. HMPPS notified us of Mr Yee's death on 29 September 2025.

14. The investigator issued notices to staff and prisoners at HMP Birmingham informing them of the investigation and asking anyone with relevant information to contact her. No one responded.

15. The investigator visited Birmingham on 16 October. She obtained copies of relevant extracts from Mr Yee's prison and medical records.

16. NHS England commissioned an independent clinical reviewer to review Mr Yee's clinical care at the prison. The investigator and the clinical reviewer jointly interviewed six members of staff on 25 November at Birmingham. The investigator interviewed two members of staff in January and February by video conference.

17. We informed HM Coroner for Birmingham and Solihull of the investigation. The Coroner gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.

18. The Ombudsman's office contacted Mr Yee's family to explain the investigation and to ask if they had any matters they wanted us to consider. The family asked whether Mr Yee was subject to, or should have been subject to, any additional checks and asked for a copy of our report. We have answered their question in our report.

19. We shared the initial report with HM Prison and Probation Service (HMPPS). HMPPS pointed out a factual inaccuracy, and we have amended this report accordingly.

20. We also shared the initial report with Mr Yee's family. They did not make any comments.

Background Information

HMP Birmingham

21. HMP Birmingham is a category B adult male reception prison. It is managed by HMPPS. Birmingham and Solihull Mental Health NHS Foundation Trust provides healthcare and clinical substance misuse services. The Birmingham Recovery Team provides clinical (medical and medication-based) substance use support, while Cranstoun provides psychosocial support (addressing the psychological and social factors underpinning substance use).

HM Inspectorate of Prisons

22. The most recent inspection of HMP Birmingham took place in October 2025. Inspectors reported that organised crime groups were heavily targeting the prison, using drones and other methods to deliver large quantities of drugs. They noted that Birmingham had introduced several measures to prevent illicit items from reaching prisoners. These included installing grilles on cell windows, adding additional netting over external areas, using the body scanner for all new arrivals, and using enhanced searching procedures. Despite these efforts, drugs remained widely available within the prison. Inspectors concluded that, although Birmingham's leaders worked effectively with local police, the prison required significant investment from the Prison Service to further reduce the flow of drugs to prisoners.

23. Inspectors found that the Drug Rehabilitation Unit (DRU) provided effective support and that psychosocial services were available to all prisoners. They found partnership working was strong, and officers were trained to identify prisoners who needed substance use support.

Independent Monitoring Board

24. 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 2024 to 2025 annual report, the IMB noted that the churn of prisoners at Birmingham had increased significantly, with around 5,000 new prisoners entering the prison each year.

25. The IMB acknowledged that illicit substances were entering Birmingham but noted that the use of the X-ray body scanner had reduced the number of illicit items brought into the prison. The IMB shared that Birmingham had regular drug strategy meetings and noted that departments worked well together to reduce the use of illicit items and promoted recovery. The IMB also note that the DRU offered a wide range of interventions.

26. The IMB reported that staffing shortages in drug rehabilitation services remained a concern, but stated that recruitment was ongoing, and they expected the team to be almost fully staffed by autumn 2026.

Previous deaths at HMP Birmingham

27. Mr Yee was the 18th prisoner to die at Birmingham since September 2022. Of the previous deaths, 11 were from natural causes, one was self-inflicted, one was a homicide and four were drug related. Up to the end of February 2026, there has been one death at Birmingham since Mr Yee's death, which was from natural causes.

Psychoactive Substances (PS)

28. The term psychoactive substances (PS) is a broad term that refers to a drug or other substance that affects mental processes. 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; however, tests cannot detect all types of PS.

Key Events

30. On 30 December 2024, Mr Kouri Yee was remanded to HMP Birmingham, charged with assault offences. This was his first time in prison.

31. Mr Yee had a history of poor mental health. He was diagnosed with schizoaffective disorder and had previously been detained in hospital under the Mental Health Act. Mr Yee also had a history of substance use.

32. When he arrived at Birmingham, Nurse A completed Mr Yee's initial health screen. Mr Yee said he had no history of substance use and Nurse A did not record any concerns about his presentation. The next day, Nurse B visited Mr Yee. He asked for medication as he said he was stressed and she referred him to the GP. Nurse B noted that Mr Yee appeared well and referred him to the multi-disciplinary mental health team for allocation. Mr Yee was prescribed procyclidine (to manage movement and muscle disorders that can be caused by antipsychotic medications) that day, and he was prescribed zuclopenthixol (antipsychotic) depot injection on 8 January and every 14 days thereafter. Following his secondary health screen a few days later, Mr Yee was referred to the primary care mental health team. Nurse C was named as his allocated mental health nurse and she created a care plan.

33. On 31 December, Mr A from the prison's substance misuse team, Birmingham Recovery Team (BRT) visited Mr Yee. Mr Yee said he had no issues with drugs or alcohol and declined the service. Mr A outlined the risks of psychoactive substances and told Mr Yee how to self-refer if he needed support.

34. On 13 February, prison staff found Mr Yee under the influence of an unknown substance. Prison staff gave him a negative behaviour warning and informed the healthcare team. Nurse D visited Mr Yee, told the medication hatch he was under the influence of drugs, and asked the medical prescribers and GP to review him. Later that day, Nurse E completed a follow-up healthcare review. She noted there were no concerns and that no further input was needed from healthcare staff.

35. The next day, Ms A from BRT visited Mr Yee. He told her that he had smoked psychoactive substances because he was struggling with his mental health. Ms A advised Mr Yee of the potentially fatal risks of psychoactive substances and gave him a leaflet. BRT went to see Mr Yee again on 16 February and he declined further support.

36. On 20 February, Nurse C saw Mr Yee for his depot injection. She noted a prison officer had told her that Mr Yee had recently been under the influence of illicit substances. Mr Yee asked Nurse C if she could change his depot injection. She said that she could not do this but said she would request an appointment with a psychiatrist to review his medication.

37. On 13 March, prison staff found Mr Yee under the influence of drugs. They did not record this in his prison records or submit an intelligence report, but they notified healthcare staff. The next day, Mr A from BRT visited Mr Yee. Mr Yee confirmed he had smoked psychoactive substances. Mr A spoke to Mr Yee about harm reduction and overdose symptoms but noted that he did not engage well.

38. On 16 March, prison staff found two tampered vape capsules in the cell Mr Yee was sharing with another prisoner, both prisoners denied ownership.

39. On 17 March, Mr Yee's father visited Birmingham and told staff he was concerned about Mr Yee's mental health, his wing location, and his use of PS. The safer custody team shared this information with healthcare staff, and Clinical Team Manager Ms B noted that she would inform Mr Yee's allocated nurse of these concerns. Later that day, an officer completed a welfare check on Mr Yee and reported no concerns.

40. Later that day, Mr Yee jumped on the prison netting (which covers the area between landings for safety) and made demands for money. He came off the netting after 70 minutes. The prison scheduled a disciplinary hearing for 18 March, however, the hearing was adjourned pending a mental health referral. The prison moved Mr Yee to the segregation unit (where prisoners are kept separate from the rest of the prison population, often as a result of poor behaviour).

41. On 19 March, Mr A visited Mr Yee at Nurse C's request as she felt Mr Yee's issues were drug related. Mr Yee told Mr A that he used drugs but did not want support.

42. On 20 March, Psychiatrist Dr A saw Mr Yee. Mr Yee said that he had been using 'mamba' (a street name for PS) daily 'because he likes it'. Dr A noted that Mr Yee did not accept any advice about the impact psychoactive substances could have on his mental health and encouraged him to abstain from illicit substances.

43. In March, Nurse C flagged concerns about Mr Yee's substance use with prison staff on several occasions. She contacted the security manager, Mr B, Custodial Manager (CM) A,(responsible for the Drug Rehabilitation Unit), and CM B to ask if he could be supported by a Drug Support and Intervention Plan (DSIP - an adapted version of the Challenge Support and Intervention Plan (CSIP) that Birmingham created to support the most prolific users of illicit substances). CM A replied that Mr Yee did not meet the criteria for a DSIP as he had not been found under the influence of illicit substances twice within 28 days. CM A said the Substance Misuse Officers (SMOs - prison officers who specialise in supporting prisoners who use substances) had interviewed Mr Yee earlier in the month (there is no record of this interview in Mr Yee's prison file). Mr B said he had a meeting with the K-wing manager and would ask for a DSIP to be opened. During interview, Mr B said he did not recall this conversation or whether he spoke to the wing manager, and there is no record of either conversation. Prison staff did not open a DSIP.

44. On 26 March, the prison held a multi-agency segregation review and Mr Yee said he was willing to engage with substance use support. He returned to K wing, a standard residential wing, on 31 March.

45. On 1 April, Mr Yee was sentenced at Birmingham Crown Court. Before the hearing, Nurse F saw him and he said he felt well in himself. Mr Yee was sentenced to a two-year Community Order with 30 Rehabilitation Activity Requirement (RAR) days (a requirement that is included in a community order or a suspended sentence to secure someone's rehabilitation). He was released the same day and went to live at Elliott House Approved Premises. Probation staff

shared Mr Yee's new address with his community psychiatric nurse so he could continue to access support in the community.

46. On 3 April, Mr Yee was arrested and charged with stalking and a public order offence. He was remanded to Birmingham on 5 April.

47. Nurse G saw Mr Yee on his arrival and noted he looked withdrawn, seemed low in mood and had a history of mental health problems. She referred him to the primary mental health team. Mr Yee said he did not have any current problems with illicit substance use but had done in the last three months.

48. On 6 April, Officer A completed Mr Yee's second day welfare check, and Mr Yee reported no issues with substance use. On 7 April, Ms C from BRT visited Mr Yee, and he again said he had no problems with drugs or alcohol. Ms C spoke to him about the risks of psychoactive substances, gave harm reduction advice, and said that he could self-refer if he decided he wanted support.

49. At approximately 8.40pm on 9 April, prison staff radioed a code blue (indicating a prisoner is unconscious or is having breathing difficulties) after they found Mr Yee showing signs of a suspected overdose and holding a tampered vape. Prison staff contacted healthcare staff and Nurse H attended and saw Mr Yee covered in vomit and laughing. Nurse E completed his clinical observations and had no concerns. She came back to check on him later that day and found him less drowsy. Nurse E asked prison staff to continue checking on Mr Yee's welfare and asked prescribers and BRT to review him.

50. On 11 April, Ms A from BRT visited Mr Yee who denied that he was previously under the influence of an illicit substance and declined support. Ms A gave Mr Yee a leaflet outlining the risks of smoking psychoactive substances.

51. On 14 April, SMO A visited Mr Yee and told him how dangerous the new strains of psychoactive substances were. SMO A noted that Mr Yee seemed shocked when he was told about the presence of fentanyl (a strong opioid) in some batches. SMO A told Mr Yee how to self-refer to substance use support.

52. On 27 April, Officer B recorded that Mr Yee had been displaying bizarre behaviour. The next day, Supervising Officer (SO) A contacted the mental health team and asked for someone to visit Mr Yee due to his behaviour. There is no evidence healthcare staff saw Mr Yee.

53. On 30 April, Mr Yee began working with the Ikon Gallery (a local arts organisation, running workshops in the prison).

54. Between April and July, Mr Yee was discussed at the Safety Intervention Meeting (SIM - a multi-agency meeting where staff discuss prisoners who are at risk of harm and have additional needs) on five occasions. Staff felt that Mr Yee's issues were due to the use of psychoactive substances, and that he had told staff he used drugs because the depot injection left him feeling flat. CM A said Mr Yee was not on a DSIP as no one had referred him. Staff assessed that he was unsuitable for cell-sharing as two previous cell mates had assaulted him. Mr Yee resided in a single cell from 5 May until his death.

55. On 30 May, Mr Yee pleaded guilty to both offences he committed while in the community, and his case was adjourned.

56. On 11 July, Ms D from Reconnect (an NHS service that supports people leaving prison to access and engage with community health and support services) referred Mr Yee to Cranstoun, the substance use support service working alongside BRT. Ms E was allocated as Mr Yee's keyworker and met with him for the first time on 25 July. Mr Yee said that boredom was a relapse trigger, he would like to focus on coping strategies, and he would like to be considered for the Drug Rehabilitation Unit (DRU). Ms E discussed harm reduction and the dangers of psychoactive substances in prison, opened a care plan, and referred Mr Yee to the DRU.

57. During his two periods at Birmingham, Mr Yee had regular key work sessions. There was no specific allocated key worker, and sessions were carried out by different members of staff. Following the referral to the DRU, Mr Yee had two key work sessions with different members of staff on 17 July and 12 August. Mr Yee told both of these officers that he did not have any problems with substance use.

58. The only record of the outcome of the DRU referral was in Mr Yee's medical notes. Following Mr Yee's death, Ms F (Cranstoun Manager), contacted CM A for information. CM A replied that Mr Yee had been rejected from the unit because he said in two keywork sessions that he had no concerns around substance use, he had recently been involved in an assault, and because he wanted to continue his work at the Ikon Gallery. In interview, CM A explained that prisoners on the DRU do not attend work to prevent them from mixing with others to minimise access to illicit substances.

59. On 30 July, Nurse C facilitated a visit for Mr Yee's community nurse (Ms G) at the prison, but Mr Yee only engaged minimally.

60. On 11 August, Probation Practitioner Ms H interviewed Mr Yee for his Pre-Sentence Report (PSR). Ms H wrote that Mr Yee expressed a desire to stop using cannabis and that he was open to engage with community support and a Drug Rehabilitation Requirement (DRR) if released. The case was listed for sentencing on 26 August; however, this was adjourned so Mr Yee could be assessed for a DRR.

61. On 22 August, Ms E visited Mr Yee and reminded him about harm reduction and the risks of overdose.

62. On 3 September, Nurse C completed a mental health review and noted that Mr Yee presented as mentally stable. She administered the depot injection and identified no concerns. Mr Yee was last seen by Nurse C on 17 September; he received his depot injection and presented as mentally well.

63. On 26 September, Mr Yee had a phone call with his father - he said he had asked to move wing but had to wait for a single cell.

Events of 28 and 29 September

64. The following account has been taken from documentary evidence provided by Birmingham, CCTV and Body Worn Video Camera (BWVC) footage, medical records and transcripts of interviews with staff.

65. At 4.54pm on 28 September, Mr Yee left his cell to collect his evening meal, he returned to his cell with his meal at 5.00pm and an officer locked his door.

66. At 5.14pm, an officer completed the evening routine roll checks. She opened the observation panel and briefly looked inside. At 8.38pm, Operational Support Grade (OSG) A completed the evening check. He opened the observation panel and looked inside and did not note anything of concern. Mr Yee was not subject to any additional checks overnight and did not press his cell bell.

67. At approximately 5.00am on 29 September, OSG A started roll checks. At 5.12am, OSG A reached Mr Yee's cell and noticed he was in an unusual position. OSG A spent some time at his cell to check he was breathing. OSG A believed he saw Mr Yee breathing and, at 5.15am, left the cell to complete checks on the rest of the prisoners on the wing.

68. At 5.20am, OSG A returned to Mr Yee's cell. During interview, OSG A said he returned to the cell because he was concerned that what he thought was Mr Yee breathing might have been flickering from the television. This time OSG A shone his torch at Mr Yee's face and saw a white substance around his mouth and on his bedding. OSG A said he tried to get Mr Yee's attention for 'several minutes' and can be seen on CCTV kicking the door. OSG A radioed a code blue at approximately 5.27am. During interview, OSG A said he completed a dynamic risk assessment and felt it was not safe to enter the cell alone, especially as he knew assistance was close. Prison and healthcare staff arrived at the cell seconds later. CM C looked through the observation panel and opened the cell door at 5.28am.

69. When staff entered the cell, Mr Yee was on the bed with vomit around his mouth and on the bed. Staff reported that he was unresponsive, his limbs were rigid, and that they removed a vape battery from his hand. CM C and CM D moved Mr Yee from his bed to the floor and started CPR at 5.29am.

70. At 5.31am, while prison staff were administering CPR, Nurse I assessed Mr Yee for signs of life. Nurse I attached the defibrillator which advised there was no shockable rhythm and tried to insert an airway but could not as Mr Yee's jaw was rigid. Mr Yee was given oxygen via a non-rebreather mask.

71. At 5.41am, paramedics arrived at Mr Yee's cell. The paramedics asked all staff to stop CPR so they could complete their assessment. The paramedics advised that CPR should not be continued and pronounced life extinct at 5.45am.

Contact with Mr Yee's family

72. The prison appointed Mr C as the family liaison officer and Ms I as deputy family liaison officer. At 10.05am, the family liaison officers visited the family and delivered news of Mr Yee's death and offered their condolences and continued support.

73. The prison contributed to Mr Yee's funeral costs in line with national policy.

Support for prisoners and staff

74. After Mr Yee's death, CM C checked on the welfare of staff involved in the emergency response and reminded them of the support available to them.

75. The prison posted notices informing other prisoners of Mr Yee's death and offered support. Staff reviewed prisoners assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr Yee's death.

Post-mortem report

76. The post-mortem report gave Mr Yee's cause of death as synthetic cannabinoid toxicity.

Findings

Substance use support for Mr Yee

77. Mr Yee had a history of substance use in the community but did not always disclose this to prison or healthcare staff. Despite this, BRT visited Mr Yee both times he entered Birmingham and informed him of the substance misuse support available and how he could self-refer to their service.

78. Staff found Mr Yee under the influence on several occasions. On each occasion, prison staff appropriately informed healthcare staff and BRT. On each occasion, BRT gave Mr Yee harm reduction advice and offered the support of the service, which he often declined. Prison and healthcare staff told Mr Yee about the dangers of psychoactive substances on multiple occasions, including that some batches may contain fentanyl. Ms J, regional drug and alcohol lead told us that Birmingham take a support-first approach to prisoners found under the influence – focusing on support rather than punishment.

79. Mr Yee accepted substance use support on two occasions – in March (shortly before he was released) and July, when he was allocated a keyworker, who reiterated the risk of overdose and the importance of harm reduction.

80. Mr Yee was not supported by a DSIP while at Birmingham. In March, Nurse C identified that Mr Yee may have benefited from the support and spoke to prison staff about this, however, he did not meet the criteria and was released shortly afterwards. Although, Mr Yee did not meet the criteria for referral in March, Birmingham may have benefitted from considering it on a discretionary basis. Mr Yee was found under the influence twice within five weeks and told staff he was using PS daily. The decision not to place Mr Yee on a DSIP would also have benefitted from input by Mr Yee's mental health nurse. During his second period at Birmingham, staff appeared less concerned about Mr Yee's substance use. He was only found under the influence on one occasion, there were fewer concerns about his presentation, and he did not disclose his substance use to staff. Since Mr Yee's death, the threshold for a DSIP has been changed; any person found under the influence must be referred to a DSIP. This change was communicated via a notice to staff in January 2026.

81. We assess that Mr Yee regularly received education about the risks of substances and harm reduction advice while at Birmingham.

82. Mr Yee was not subject to additional checks at the time of his death. We consider that there was no specific reason for him to be checked more often than other prisoners.

Application to the Drug Rehabilitation Unit (DRU)

83. In July, Ms E referred Mr Yee to the DRU. Ms E did not get a response to her referral and assumed this was because Mr Yee required a single cell which typically involved a longer wait due to limited availability. Mr Yee's phone call to his father on 26 September suggested he may have also had this impression. In fact, he had been assessed as unsuitable for the DRU.

84. CM A told healthcare staff that one of the reasons Mr Yee was rejected from the unit was because he told two different members of staff that he did not have difficulties with substance use. We consider that this was not a reliable assessment of his substance use difficulties or readiness to address his substance use.

85. Nurse C had worked with Mr Yee since January and had longstanding concerns about his substance use, yet there is no record that she was consulted. Had she been involved, DRU staff may have reached a more informed decision.

86. CM A also recorded that Mr Yee was rejected from the DRU because he had told her he did not want to leave his work with the Ikon Gallery. There is no record of this conversation in prison or healthcare records. During interview, CM A confirmed this conversation did take place but could not recall exactly when. She said it was not feasible for her to document all interactions with prisoners as she is frequently approached by both prisoners and staff throughout the day.

87. We consider that Mr Yee's referral to the DRU could have been better assessed and a clearer rationale for his rejection should have been contemporaneously recorded in his prison file (no entry was made until after his death). Since his death, the prison has strengthened the process for assessing referrals to the DRU, involving SMOs, Cranstoun, BRT and the Drug Strategy Lead.

Clinical findings

88. The clinical reviewer concluded that the clinical care Mr Yee received at Birmingham was of the required standard and equivalent to what he could have expected to receive in the community.

89. The clinical reviewer noted that Mr Yee's mental healthcare was consistent and appropriate. He was seen regularly, screened for side effects of his medication, and allocated to the same care-coordinator on his return to Birmingham. She noted it was very positive that the prison mental health team kept in ongoing communication with the community mental health team.

Illicit drug use and supply

90. Illicit drugs remain a widespread issue across the prison estate and Birmingham have an up-to-date drug strategy that was last reviewed in October 2025 and is scheduled for further review before April 2026 in line with new framework guidance. The strategy is produced collaboratively by the Head of Drug Strategy, Head of Security, Head of Healthcare, substance misuse service managers, the HMPPS Group Drug Strategy Lead, and the Deputy Governor. It is built around the three core pillars of restricting supply, reducing demand and building recovery.

91. To restrict supply, all prisoners are offered an amnesty at reception, allowing them to surrender any illicit substances without consequence. A range of drug detection measures are in place, including drug detection dogs, enhanced gate security and X-ray screening. Birmingham have installed netting on the kitchen compound and metal grilles on all yard-facing windows on K wing (except any obscured by scaffolding). To reduce the ingress of PS, all legal visits have been made

paperless, only photos from approved suppliers are allowed, and prisoners receive photocopies of social mail, rather than the original.

92. Although Birmingham have strategies in place to prevent drugs from entering the prison, they remain present. Mr Yee was the fourth person to die from substance use in Birmingham within twelve months. In November 2025, the Coroner for Birmingham and Solihull issued a Prevention of Future Deaths notice following the 2024 drug-related death of a Birmingham prisoner. She noted that, although Birmingham was using all available measures to prevent substances entering the prison, illicit items were still reaching prisoners. On 27 January 2026, the Director General of Operations responded, stating that HMPPS was focusing on stopping the ingress of illicit items through strengthened physical security, expanded anti-drone technology, and increased investment in the prison estate. As highlighted in the October 2025 Justice Committee report *Tackling the drugs crisis in our prisons*, tightening physical security often leads drug suppliers to adapt and develop new routes into the estate. Without increased security resources, prisons struggle to disrupt these evolving supply chains. As stated by the HMIP inspection, Birmingham, like many other prisons, requires significant investment to reduce the flow of drugs to prisoners.

93. Birmingham hold monthly drug strategy meetings to monitor drug supply trends, intelligence, finds and emerging threats. Ms J attends these meetings. (Minutes are not currently taken and we have raised this as a concern with Ms J.) Birmingham are also developing a *Preventing Future Deaths* framework in consultation with the Head of Drug Strategy, the Head of Safety and the Prison Group Director (PGD). This framework will set out key policies and best practice and is scheduled for completion by June 2026 and implementation by April 2027. Ms J told us she is informed of drug-related fatalities and concerns in the community and shares this information with relevant departments, including the drug strategy team and the healthcare team. The prison issues a weekly briefing to all staff on current threat levels, and Cranstoun provides drug-awareness training during staff training days.

94. Birmingham's drug strategy recognises that boredom is a major driver of drug misuse. HM Chief Inspector of Prisons' 2024 paper *Purposeful prisons: time out of cell* reports that reception prisons have the most severe regime restrictions, with many prisoners locked up for long periods each day. These long periods negatively affect prisoners' mental health and well-being, and both poor mental health and boredom are recognised drivers of drug use in prison. The strategy states that prisoners are encouraged to participate in activities such as education, gym and library sessions. In interview, CM A said the Drug Rehabilitation Unit offers activities (such as acupuncture) and psychosocial groups to keep prisoners on that wing engaged and occupied.

95. To build recovery, Birmingham have a drug treatment pathway in place. Birmingham have a recovery wing for prisoners detoxing from substances, a Drug Rehabilitation Unit (DRU), and an Incentivised Substance-Free Living (ISFL) Unit. The DRU offers a three-month structured programme including work on relapse and overdose prevention, coping strategies and harm reduction. There are two NHS recovery workers allocated to the unit. When prisoners complete the DRU programme, they can move to the ISFL - a dedicated wing for enhanced prisoners

who make a voluntary commitment to staying drug-free. Prisoners can go to the DRU at any time and can self-refer or be referred by staff.

96. Tampered vapes are often used to smoke illicit drugs and Birmingham completed a roll out of tamper-proof vapes in December 2025. Head of Drug Strategy, Mr C, told us there was a successful amnesty for prisoners to return the old vapes. However, Mr C is aware there may still be some old vapes in circulation and there is a risk that prisoners may conceal the old vapes to bring into Birmingham when they are transferred from another prison. He said that Birmingham manages this by giving any prisoner found with the old vapes a negative behaviour warning.

97. We are satisfied that Birmingham have a comprehensive strategy for reducing the demand and supply of illicit drugs.

Governor to note

Body Worn Video Cameras (BWVC)

98. Birmingham's internal investigation found that OSG A was not wearing a BWVC camera on 29 September. During our interview, OSG A said he was wearing a BWVC but did not turn it on. He said he only received the camera the previous week and was not in the habit of turning it on. The Governor will wish to assure himself that this is not a systemic issue.

Good Practice

99. There was good continuity of mental health care for Mr Yee during his time at Birmingham. He consistently remained under the care of the same mental health nurse (Nurse C) during each period in Birmingham, and Nurse C was the person who usually administered his depot medication. Nurse C also supported Mr Yee's community nurse to visit Mr Yee in prison, promoting ongoing contact.

Inquest

100. The inquest into Mr Yee's death concluded on 18 September 2026 and a jury returned a verdict of synthetic cannabinoid toxicity.

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