

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Farid Shirazian a prisoner at HMP Brixton on 21 May 2015

**A report by the Prisons and Probation Ombudsman
Nigel Newcomen CBE**

Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

Our Values

We are:

Impartial: *we do not take sides*

Respectful: *we are considerate and courteous*

Inclusive: *we value diversity*

Dedicated: *we are determined and focused*

Fair: *we are honest and act with integrity*



© Crown copyright 2015

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

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.

My office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Farid Shirazian was found unresponsive in his cell at HMP Brixton on 21 May 2015. Attempts to resuscitate him were unsuccessful. The post-mortem examination concluded that the cause of his death was heart disease. He was 35 years old. I offer my condolences to Mr Shirazian's family and friends.

Mr Shirazian apparently displayed no symptoms of heart disease while in prison and the clinical reviewer concludes that the healthcare he received was equivalent to that he could have expected to receive in the community. Mr Shirazian's death was sudden and unexpected and I am satisfied that there was nothing prison staff could have done to prevent it.

However, the investigation also identified Mr Shirazian's use of New Psychoactive Substances (NPS) at Brixton, although we have no evidence that this contributed to his death. NPS have been a factor in other deaths I have investigated and I echo the concerns raised by HM Inspectorate of Prisons and the Independent Monitoring Board about the need for more effort to address both supply and demand for illicit drugs at 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.

Nigel Newcomen CBE
Prisons and Probation Ombudsman

January 2017

Contents

Summary 1
The Investigation Process 2
11. Background Information 3
Key Events 5
Findings..... 8

Summary

Events

1. On 16 October 2013, Mr Farid Shirazian was sentenced to four years and six months in prison. At an initial health screen at HMP Wormwood Scrubs, a nurse noted he had been using illicit substances in the community, including heroin, and he completed a 14 day opiate detoxification programme. On 27 November 2014, Mr Shirazian was transferred to HMP Brixton.
2. On 12 February 2015, staff began Prison Service suicide and self-harm prevention procedures (known as ACCT) after they became concerned about Mr Shirazian. Staff ended ACCT procedures on 14 May.
3. On four occasions, 14 March, 17 March, 28 March and 4 April, staff suspected that Mr Shirazian had used Spice, a New Psychoactive Substance (NPS). He was seen by healthcare staff, but he was not referred to the substance misuse team.
4. On 21 May, an officer delivered Mr Shirazian's lunch and found him unresponsive on the floor of his cell. Another officer radioed an emergency medical code. Staff and paramedics tried unsuccessfully to resuscitate Mr Shirazian and, at 1.14pm, paramedics recorded that he had died. The post-mortem report concluded that his death was the result of heart disease.

Findings

5. There was no record that Mr Shirazian suffered any symptoms of heart disease while in Brixton. We are satisfied that Mr Shirazian received a reasonable standard of clinical care at Brixton and there was an appropriate emergency response. We do not think that his unexpected death could have been prevented.
6. While there is evidence that Mr Shirazian used New Psychoactive Substances (NPS) this does not appear to have been a factor in his death. Nevertheless, NPS are clearly a problem which Brixton needs to address. A strategy is required to reduce supply and demand, and ensure that staff refer prisoners suspected of using NPS, such as Mr Shirazian, to the substance misuse team for support.

Recommendation

- The Governor should ensure there is an effective substance misuse strategy to help reduce the availability and demand for new psychoactive substances, that staff are vigilant for signs of its use and are briefed about how to respond when prisoners appear to be under the influence of such substances.

The Investigation Process

7. The investigator issued notices to staff and prisoners at HMP Brixton informing them of the investigation and asking anyone with relevant information to contact him. No one responded
8. The investigator visited the prison on 28 May 2015, and obtained copies of relevant extracts from Mr Shirazian's prison and medical records.
9. NHS England commissioned a clinical reviewer to review Mr Shirazian's clinical care at the prison. The investigator and clinical reviewer interviewed 13 members of staff and two prisoners, some jointly. At the initial report stage, the National Offender Management Service (NOMS) responded to the recommendations.
10. We informed HM Coroner for Southwark of the investigation. Our investigation was suspended until the post-mortem and toxicology reports became available in August 2016. We have sent the coroner a copy of this report.
11. One of the Ombudsman's family liaison officers contacted Mr Shirazian's mother to explain the investigation and to ask if she had any matters she wanted the investigation to consider. Mr Shirazian's mother had a number of questions and concerns about her son's time in prison which were not directly relevant to the circumstances of his death. We have addressed these concerns in a separate letter to Mr Shirazian's mother. Mr Shirazian's mother received a copy of the initial report. She did not make any comments.

Background Information

HMP Brixton

12. HMP Brixton is a resettlement prison for up to 800 medium and low security men in five main residential units. Care UK coordinates healthcare services at the prison with a number of different service providers. A GP service runs from 8.00am until 5.00pm five days a week and nurses are on duty from 7.00am to 7.30pm every day.

HM Inspectorate of Prisons

13. HM Inspectorate of Prisons last inspected Brixton in November 2014. The Inspectorate found that there had been improvements since their previous visit. They found there had been an increase in the availability of New Psychoactive Substances (NPS), such as Spice, and a lack of action to reduce the threat they posed to the prison. The Inspectorate found that health services were effective and access to health professionals was usually good. They found mental health services had improved.

Independent Monitoring Board

14. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help ensure that prisoners are treated fairly and decently. In its most recent published report for the year to August 2015, the IMB reported that the ready availability of NPS made the prison a more violent and unpredictable place and had led to a number of hospital admissions. The IMB reported that acute and urgent mental health problems had increased with the use of NPS and other illegal substances, and led to more pressure on mental health care.

Previous deaths at HMP Brixton

15. There have been six deaths from natural causes, including Mr Shirazian's death, at Brixton since 2012. There were no similarities between Mr Shirazian's death and previous deaths at Brixton

New Psychoactive Substances (NPS)

16. NPS are an increasing problem across the prison and immigration detention estates. Many NPS contain synthetic cannabinoids, which can produce experiences similar to cannabis. NPS are usually made up of dried, shredded plant material with chemical additives and are smoked. They can affect the body in a number of ways including increasing heart rate, raising blood pressure, reducing blood supply to the heart and vomiting. Psychological effects can include psychosis and hallucinations, depression and suicidal thoughts, antisocial or paranoid behaviour and emotional and erratic behaviour.
17. As well as emerging evidence of dangers to both physical and mental health, there are other links to suicide or self-harm. Trading in these substances, while in custodial settings, can lead to debt, violence and intimidation.
18. In July 2015, we published a Learning Lesson Bulletin about the deaths associated with use of NPS. We identified dangers to physical and mental health, as well as risks of bullying and debt and possible links to suicide and self-harm. The bulletin

identified the need for better awareness among staff of the dangers of NPS; the need for more effective drug supply reduction strategies; better monitoring by drug treatment services; and effective violence reduction strategies because of the links between NPS and debt and bullying.

Key Events

19. On 20 July 2013, Mr Shirazian was remanded to HMP Wormwood Scrubs, charged with burglary, assault and handling stolen goods. This was not his first time in prison. Mr Shirazian told a nurse that he used illicit substances in the community, and his urine tested positive for opiates, benzodiazepines and cannabis. Mr Shirazian said that he did not have any chest pain; the nurse took his blood pressure and pulse and both were within normal ranges. Later that day, Mr Shirazian saw a prison GP and told him that he regularly smoked heroin and cannabis. The GP prescribed a 14 day reducing dose of buprenorphine (an opiate substitute medication).
20. On 16 October, Mr Shirazian was sentenced to four years and six months in prison. On 27 November 2014, he was transferred to HMP Brixton. A nurse assessed Mr Shirazian when he arrived and recorded that Mr Shirazian had no concerns about his physical health and had not recently seen a doctor. He recorded that Mr Shirazian did not experience chest pain, and smoked cigarettes but did not want to stop. He took Mr Shirazian's blood pressure and pulse and both were within the normal ranges.
21. On 20 December, staff submitted a security intelligence report noting that Mr Shirazian and another prisoner appeared to be under the influence of illicit substances. There is no record that any further action was taken in response.
22. In January 2015, Mr Shirazian began to isolate himself from other prisoners on his wing and said he wanted to transfer to another prison. In February, staff began Prison Service suicide and self-harm prevention procedures (known as ACCT) because Mr Shirazian said that he was not eating properly and was afraid to leave his cell. He was assessed by the mental health team who concluded that he did not have a serious mental health problem, but continued to offer him support.
23. At around 6.40pm on 14 March, an officer found Mr Shirazian lying on the floor of his cell, writhing and incoherent. At first, Mr Shirazian did not respond to the officer's questions, but after a few moments, said that he had smoked Spice (a New Psychoactive Substance). As there are no healthcare staff on duty at night at Brixton, officers moved Mr Shirazian to a gated cell and checked him every ten minutes in case his condition deteriorated. At 8.50am on 15 March, a nurse assessed Mr Shirazian and noted in the ACCT document that he was alert and orientated. Mr Shirazian said he was feeling okay. The nurse recorded that he seemed well enough to return to his cell. The nurse did not make an entry in Mr Shirazian's medical record; and no one referred him to the substance misuse service. Brixton does not have a protocol for managing prisoners suspected of using NPS.
24. Three days later, on 17 March, Mr Shirazian told officers that he had not smoked Spice. Later that day, an officer went to unlock Mr Shirazian for a shower and thought he was under the influence of an illicit substance - he was giggling and rocking on the bed. She radioed for medical assistance. A nurse recorded that Mr Shirazian's blood pressure was low (90/61) and his pulse rate was slightly high. She told him to drink plenty of fluids. Mr Shirazian said he was okay and asked

why they were making such a fuss. She told the officer to monitor Mr Shirazian and to inform healthcare of any changes in his condition.

25. On 18 March, Mr Shirazian, a Supervising Officer (SO) and a manager met at a violence reduction review. Mr Shirazian repeated that he preferred to remain in his cell rather than mix with other prisoners. The staff asked Mr Shirazian about his suspected use of Spice. The manager told the investigator that Mr Shirazian was dismissive and would not discuss whether or not he had smoked Spice. She and the SO did not refer him to the substance misuse service.
26. In the afternoon of 28 March, an officer unlocked Mr Shirazian's cell and suspected he was under the influence of illicit substances so asked for a nurse to attend. A nurse came to the wing, but Mr Shirazian would not let her take his blood pressure. Later that afternoon, another nurse checked Mr Shirazian again and recorded that his behaviour seemed bizarre and he was hostile when she tried to talk to him. She spoke to the manager, who agreed that Mr Shirazian would be checked every 30 minutes. At around 6.15pm, she recorded that Mr Shirazian's speech was slurred and he was not following simple instructions. She could not assess him properly and suspected he was still under the influence of illicit substances. She asked officers to call an ambulance. Paramedics attended but Mr Shirazian refused to go to hospital and signed a form to that effect. Officers checked him once an hour through the night and did not record any further concerns. No one referred Mr Shirazian to the substance misuse service.
27. On the morning of 4 April, officers asked a nurse to see Mr Shirazian after they found him lying on the floor of his cell and suspected he had smoked Spice again. When the nurse arrived at his cell, Mr Shirazian was sitting on his bed; his speech was slurred, he could not follow instructions and he did not respond to questions. Mr Shirazian was initially reluctant to have his blood pressure and pulse rate taken, but eventually allowed the nurse to do so. The nurse recorded that his blood pressure (148/81) and pulse (120 beats per minute) were both higher than normal. An hour later, the nurse returned to see Mr Shirazian and took his pulse again which had returned to normal levels. Mr Shirazian would not let the nurse take his blood pressure reading. Again, no one referred Mr Shirazian to the substance misuse service.
28. Between 29 April and 6 May, Mr Shirazian said he was refusing all food. On 4 May, he would not let a nurse take his blood pressure or pulse and refused to give a urine sample. On 6 May, Mr Shirazian started eating again.
29. On 14 May, a SO ended ACCT monitoring as Mr Shirazian said he had no thoughts of suicide or self-harm. There are no entries of note in Mr Shirazian's medical or prison record for the next seven days.
30. At around 12.35pm on 21 May, Officer A opened Mr Shirazian's cell door to deliver his lunch. He found Mr Shirazian lying on the cell floor. He checked Mr Shirazian for a pulse and could not find one, so he started chest compressions. He called for help and Officer B responded. Officer A asked Officer B to radio a code one emergency (which indicates a prisoner is unconscious, not breathing or is having breathing difficulties). Two nurses responded to the call and arrived at Mr Shirazian's cell and continued resuscitation attempts.

31. The control room received the emergency call at 12.40pm. Paramedics were already in the prison on another wing and were redirected to Mr Shirazian's cell, arriving there at 12.44pm. They continued emergency treatment, but, at 1.14pm, pronounced that Mr Shirazian had died.

Contact with Mr Shirazian's family

32. At 4.15pm, the Imam at Brixton and Head of the Offender Management Unit arrived at Mr Shirazian's partner's house and broke the news of Mr Shirazian's death to her and to his mother. An officer from HMP High Down was later appointed as the Prison Service family liaison officer because Brixton did not have a trained family liaison officer. The prison contributed to the cost of Mr Shirazian's funeral, in line with Prison Service guidance.

Support for prisoners and staff

33. Later on the afternoon of 21 May, the Head of Corporate Services debriefed the staff involved in the emergency response and the prison's care team offered support. The Governor issued notices to staff and prisoners informing them of Mr Shirazian's death. Officers and members of the chaplaincy team supported prisoners. Staff reviewed all prisoners who had been assessed as at risk of suicide and self-harm, in case they had been adversely affected by Mr Shirazian's death.

Post-mortem report

34. A post-mortem examination recorded Mr Shirazian's cause of death as a fatal irregular heart rhythm caused by the thickening of the walls of his coronary artery. Toxicology tests found low levels of NPS in Mr Shirazian's bloodstream, but the pathologist concluded that Mr Shirazian was not acutely intoxicated at the time of his death.

Findings

Clinical care

35. The clinical reviewer concluded that the clinical care Mr Shirazian received at Brixton was comparable to that he could have expected to receive as a patient in the community. He concluded that Mr Shirazian had not presented with any symptoms to indicate he had heart disease. He concluded that Mr Shirazian's death could not have been foreseen or prevented.

New Psychoactive Substances

36. On a number of occasions, officers suspected that Mr Shirazian had used Spice, a New Psychoactive Substance (NPS). They had asked healthcare staff to see him on two separate occasions when he displayed signs of being under the influence of illicit substances. However, we found limited evidence of a strategic approach to tackling the problem of NPS, for example, no one ever referred Mr Shirazian for substance misuse support and officers only submitted one security intelligence report in December 2014. Brixton confirmed that there is currently no protocol for managing prisoners suspected of using NPS.
37. We are concerned about the prevalence of NPS in prisons and the effect it has on the behaviours and health of those taking it. In July 2015, we published a learning lesson bulletin about deaths in which NPS was thought to be a factor. We highlighted several lessons to be learned, including giving staff information about NPS to help them identify when prisoners are using it and having an effective drug supply reduction and violence reduction strategy;
38. We note that HM Inspectorate of Prisons raised serious concerns about the prevalence of NPS at Brixton in their inspection report in November 2014. It is important that the prison does all it can to eradicate the use of Spice and other new psychoactive substances and we make the following recommendation:

The Governor should ensure there is an effective substance misuse strategy to help reduce the availability and demand for new psychoactive substances, that staff are vigilant for signs of its use and are briefed about how to respond when prisoners appear to be under the influence of such substances.

**Prisons &
Probation**

Ombudsman
Independent Investigations