

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Anthony Clark, a prisoner at HMP Humber, on 27 February 2019

A report by the Prisons and Probation Ombudsman

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*



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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.

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 Anthony Clark died in hospital on 27 February 2019 from head injuries sustained in a fall from the safety netting on the first-floor landing of his wing in HMP Humber. Toxicology showed that he was under the influence of psychoactive substances (PS) at the time. He was 33 years old. I offer my condolences to Mr Clark's family and friends.

Mr Clark had a history of substance misuse in prison and in the community and there is evidence that he used PS in Humber. He had a pattern of getting into debt because of his drug use and climbing onto the safety netting to provoke moves away from his debtors. The resultant punishments at prison disciplinary hearings and under the incentives and earned privileges (IEP) scheme enhanced his debt issues by restricting his access to money and items from the prison shop. Intelligence received after Mr Clark died indicated that bullying was a particular problem on his wing. Although a significant number of prisoners who knew Mr Clark said he was not bullied, the issue clearly caused him stress and prompted behaviours that ultimately led to his death.

I am satisfied that Mr Clark's death was an accident but it is yet another example of the harmful effects of PS.

I have repeatedly expressed my concern at the number of PS-related deaths that my office investigates. HM Prison and Probation Service issued a Prison Drugs Strategy earlier this year to provide guidance to prison governors on how to tackle the issue. Every prison was required to revise their local strategy by September 2019. Humber's revised strategy includes guidance to staff on the linkage between PS use, debt and bullying and emphasises collaborative working. In the light of the very recent publication of the revised strategy I make no recommendation, but the prison must continue to work hard towards reducing supply and demand and look after prisoners affected by drug use and its consequences.

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

Sue McAllister CB
Prisons and Probation Ombudsman

February 2020

Contents

Summary	1
The Investigation Process	3
Background Information	4
Key Events	6
Findings.....	1Error! Bookmark not defined.

Summary

Events

1. On 23 April 2018, Mr Anthony Clark was sentenced to 15 months in prison for burglary. Mr Anthony Clark had a history of substance misuse, anxiety, depression and self-harm. He had extensive contact with mental health services in the community and in prison. Mr Clark was regularly found under the influence of psychoactive substances (PS) in different prisons. He also had a history of getting into debt and then climbing onto the safety netting between landings to secure a move away from those he owed money to.
2. Mr Clark transferred to HMP Humber on 11 September 2018. He received support from the prison's drug and alcohol recovery team (DART) and the mental health team. He was given significant harm-minimisation advice about the dangers of illicit drug use including PS.
3. Mr Clark complained throughout his time in Humber about how much money he had but denied being in debt when asked by staff. Mr Clark climbed on to the safety netting three times in Humber to in an attempt to resolve different issues.
4. On 21 February, he climbed on to the netting on the first floor of M Wing while under the influence of PS and fell some 12 feet to the floor. Prison nurses and ambulance paramedics provided emergency aid and took him to hospital. Mr Clark did not regain consciousness and died from head injuries on 27 February. Toxicology tests confirmed he had taken PS before his fall.
5. Intelligence received by the prison after his death indicated bullying was a particular problem on Mr Clark's wing, although eleven prisoners from the same wing (some of whom knew him very well) denied Mr Clark was bullied.

Findings

6. Mr Clark received support from DART and mental health but was able to obtain and use PS regularly in Humber. He was in debt because of his drug use and this caused him stress. Mr Clark had a history of climbing on to the netting in an attempt to resolve his issues. On the balance of evidence, it seems that his intention in doing so on 21 February was to force a move to the segregation unit to avoid debts on M Wing. We are satisfied Mr Clark's death was an accident.
7. We remain very concerned about the ready availability of PS in Humber. Mr Clark's death is another example of how dangerous these substances are. We are also concerned that although Mr Clark had significant contact with his DART worker and mental health nurse, neither was aware of his debts despite this being widely known on his wing.
8. Humber has recently produced the revised drug strategy required by HM Prison and Probation Service. Their new strategy includes guidance to staff on the linkage between drug use, debt and bullying and promotes collaborative working between substance misuse, healthcare, wing staff and prisoners. In the light of this we make no recommendation.

The Investigation Process

9. The investigator issued notices to staff and prisoners at HMP Humber informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
10. The investigator obtained copies of relevant extracts from Mr Clark's prison and medical records.
11. NHS England commissioned an independent clinical reviewer to review Mr Clark's clinical care at the prison. The investigator and clinical reviewer interviewed four members of staff at Humber and the investigator interviewed eleven prisoners in April 2019. The investigator also spoke to two members of staff by telephone.
12. We informed HM Senior Coroner for Kingston-upon-Hull and the East Riding of Yorkshire of the investigation. The coroner gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
13. We wrote to Mr Clark's mother, to explain the investigation and to ask if she had any matters she wanted the investigation to consider. We have addressed issues raised by her solicitors in separate correspondence.

Background Information

HMP Humber

14. HMP Humber is a medium security prison in Yorkshire that holds approximately 1,000 men. City Health Partnership provides healthcare services. There are always healthcare staff on duty.
15. In August 2018, Humber was selected to be part of the “10 Prisons Project”, which seeks to improve safety, security and decency in the prisons involved. The project is focused on reducing violence, improving living conditions, preventing drugs from entering the prison and enhancing the leadership and training available to staff.

HM Inspectorate of Prisons

16. HM Inspectorate of Prisons (HMIP) carried out an unannounced inspection of Humber in December 2017. Inspectors reported that two thirds of prisoners said that it was easy to get drugs in Humber and a third of prisoners said that they had developed a drug problem while there. Inspectors reported that the use of PS was particularly bad, although levels of supply had reduced after additional security measures were introduced, including the photocopying of mail to prevent paper soaked in PS from entering the prison. Inspectors reported intelligence did not always result in timely suspicion drug testing and searching taking place, with prisoners suspected of using drugs often not being tested.

Independent Monitoring Board

17. 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 their latest annual report, for the year to December 2018, the IMB reported that PS was still a major concern but a proactive approach by prison management had reduced the supply of drugs into the prison.

Previous deaths at HMP Humber

18. Mr Clark was the third prisoner to die of a drug-related death at Humber since January 2018 and the second resulting from an accidental fall from height. The other death was self-inflicted, although toxicology tests indicated that the prisoner had taken PS before hanging himself. We raised concerns about the availability of PS and prison drug strategy in these investigations.

Psychoactive Substances (PS)

19. Psychoactive substances (formerly known as ‘new psychoactive substances’ or ‘legal highs’) are a serious problem across the prison estate. They are difficult to detect and 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 PS 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, there is potential for precipitating or exacerbating the deterioration of mental health with links to suicide or self-harm.

20. In July 2015, we published a Learning Lessons Bulletin about the use of PS (still at that time NPS) and its dangers, including its close association with debt, bullying and violence. The bulletin identified the need for better awareness among staff and prisoners of the dangers of PS; the need for more effective drug supply reduction strategies; better monitoring by drug treatment services; and effective violence reduction strategies.
21. HM Prison and Probation Service (HMPPS) now has in place provisions that enable prisoners to be tested for specified non-controlled psychoactive substances as part of established mandatory drugs testing arrangements.

Incentives and Earned Privileges (IEP) Scheme:

22. Each prison has an Incentives and Earned Privileges scheme which aims to encourage and reward responsible behaviour, encourage sentenced prisoners to engage in activities designed to reduce the risk of re-offending and to help create a disciplined and safer environment for prisoners and staff. Under the scheme, prisoners can earn additional privileges such as extra visits, more time out of cell, the ability to earn more money in prison jobs and to wear their own clothes. There are three levels, basic, standard and enhanced.

Key Events

23. On 23 April 2018, Mr Anthony Clark was sentenced to 15 months in prison for burglary. Mr Clark had a history of substance misuse, anxiety, depression and self-harm by cutting and overdose. He had extensive contact with mental health services in the community and in prison. Mr Clark was regularly found under the influence of psychoactive substances (PS) in prison. Mr Clark also had a history of accruing debts due to drug use and climbing on to the safety netting on prison landings to secure a move away from the prisoners he owed money to. His prison record and the evidence of other prisoners indicated that he did this in order to be removed from the wing when he was unable to pay his debts as well as to resolve other issues.
24. On 11 September, Mr Clark transferred to HMP Humber from HMP Holme House. He told a nurse at an initial health assessment that he had been accused of being under the influence of an illicit substance at his previous prison. Mr Clark was unable to give a urine sample. The nurse referred him to mental health and substance misuse services. The following day Mr Clark received illicit substance misuse harm minimisation advice from a member of the drug and alcohol recovery team (DART). She became Mr Clark's DART case manager.
25. At his request, she worked closely with him to reduce his dose of methadone (used to treat heroin addiction) during his first few weeks in Humber. Mr Clark was given advice on harm minimisation, relapse prevention, coping strategies and the dangers and consequences of obtaining and misusing prison drugs. They also discussed PS and associated debt issues. Mr Clark was referred for a place on the substance misuse recovery wing (for prisoners who commit to being drug free) and appeared motivated to stop taking drugs.
26. Mr Clark's DART case manager said that Mr Clark was always polite and seemed keen to address his substance misuse issues. Mr Clark regularly expressed dissatisfaction with Humber but his DART case manager thought this was deflection from looking at his own behaviour. Mr Clark did not disclose to her that he was in debt and she did not see him under the influence of drugs.
27. On 27 September, a mental health nurse assessed Mr Clark's mental health needs. Mr Clark said he felt paranoid all the time and spent more time in his cell or carried weapons to protect himself as a result. The nurse made a care plan to help Mr Clark function in prison without fear. She took him on to her caseload and referred him to the prison psychiatrist and for regular support and guidance from the mental health team.
28. On 5 October, Mr Clark's offender supervisor introduced herself to him. Mr Clark said that he had been in and out of prison for 14 years and he did not want to engage with probation services or cooperate with his release on licence (due in March 2019). She attempted to change his mind about this, with limited success. She was absent on sick leave for a significant part of November and December 2018.
29. On 10 October, Mr Clark had his first session with his mental health nurse. He said he had got a job that helped keep him occupied and had been going to the gym every morning to improve his well-being. The nurse said she had a very

good relationship with Mr Clark and his paranoia appeared to reduce over the time she managed his case. Mr Clark was not psychotic but needed help managing his anxiety. She said Mr Clark did not want to be in Humber but was also anxious about release and where he would go. She never saw Mr Clark under the influence of illicit substances but was aware that he worked closely with his DART caseworker.

30. Later the same day, Mr Clark was found under the influence of a substance suspected to be PS in the workshops. On 13 October, staff found hooch (homemade alcohol) in his cell.
31. Mr Clark told a pre-release review on 15 October, that he had used PS two weeks before. He said he was happy with his reduced methadone dose and did not want to increase it. The review discussed drug-related prison deaths and the dangers of using illicit drugs and PS.
32. On 25 October, Mr Clark got on to the safety netting for about 30 minutes to protest about his location but came off voluntarily after talking to staff. A prison disciplinary charge was not proceeded with. On 26 October, Mr Clark was moved to the substance misuse recovery wing. At a DART welfare check on 29 October, he said he was feeling better and was keen to access available recovery groups. The risks of illicit drug use and PS were again discussed.
33. On 30 October, staff began Prison Service suicide and self-harm monitoring procedures (known as ACCT) after Mr Clark threatened to commit suicide unless he was moved to a single cell. He was moved to a different cell on his own on 2 November and ACCT procedures were stopped the next day after Mr Clark denied feeling suicidal. Mr Clark's DART case manager reviewed Mr Clark on 2 November. They again discussed the dangers of illicit drug misuse. Mr Clark denied taking anything illicit.
34. On 7 November, Mr Clark was moved to L Wing from the substance misuse recovery wing after throwing a kettle at another prisoner. Mr Clark said the other prisoner had assaulted him and said that PS was being sent to the wing in order to incite other prisoners to hurt him. Mr Clark also said that he had witnessed his father's murder by the IRA when he was 14. He was referred for bereavement counselling.
35. ACCT procedures were started again on 12 November after Mr Clark said he would end his own life. He was moved to a safer cell (with reduced ligature points) on H Wing. He received daily welfare checks at which the dangers of illicit drug misuse and PS were discussed with him.
36. On 19 November, a consultant forensic psychiatrist examined Mr Clark with the mental health nurse present. He concluded that Mr Clark did not show any symptoms of psychosis but had a profound suspiciousness of others. He prescribed fluoxetine (an anti-depressant) and planned to assess Mr Clark further.
37. On 21 November, Mr Clark told staff that he had taken an overdose of 50 paracetamol tablets but admitted in an ACCT review that this was not true. He said that he had issues with other prisoners calling him a "grass". Mr Clark was moved to M Wing the next day. He did not attend two scheduled DART

appointments over the next few days and stopped taking his antidepressants because he said they did not agree with him.

38. On 23 November, Mr Clark received 21 days loss of privileges, including prison money, at a prison discipline hearing. A rope was found in his cell and he admitted to planning to escape from the prison.
39. On 29 November, Mr Clark said that he still felt under threat from prisoners on L Wing despite moving to M Wing. Mr Clark's keyworker on M Wing said Mr Clark was a "nice lad" but had problems with substance misuse and tended to isolate himself in his cell because he got into debt. He was unhappy with the amount of prison money he received and found that stressful.
40. On 12 December, Mr Clark was suspected to be under the influence of PS. On 15 December he told staff he no longer wanted to self-isolate because his debt issues had been resolved. On 21 December, Mr Clark made superficial scratches to his wrist and said he had debt issues which had been made worse by his loss of privileges. Mr Clark refused to disclose who he was in debt to. His debt issues, which appear to have been widely known on M Wing, were not passed on to his DART case manager.
41. During an ACCT review on 27 December, Mr Clark threatened to "go over the railings" and be as much trouble as possible for the remainder of his time in prison because he thought money had been removed from his account. Observations were increased to every hour. On 28 December, Mr Clark was reduced to basic level under the incentives and earned privileges (IEP) scheme after fighting with another prisoner.
42. On 8 January 2019, Mr Clark got on to the safety netting on M Wing because he said that his weekly prison money was wrong. A Supervising Officer (SO) persuaded him to come off the safety netting after 20 minutes.
43. On 26 January, Mr Clark told his keyworker that he was happy to be back on the standard level of the IEP scheme. He said he no longer had any thoughts of self-harm. Mr Clark's keyworker said that Mr Clark appeared in better spirits. Staff stopped ACCT monitoring on 30 January.
44. Mr Clark's offender manager saw Mr Clark again on 31 January, to discuss his release on licence on 22 March. They discussed changing probation area after Mr Clark refused to go to a probation hostel in his home area. He told his offender manager that he would commit crimes in Hull because he would only have his release clothes when released from prison. She rang Shelter, the homeless charity, to arrange a place for Mr Clark in one of their hostels.
45. On 3 February, Mr Clark spoke to his mother on the prison telephone system. They talked about how Christmas had gone. Mr Clark asked his mother to put some money in a friends account for "vapes and munch". He reassured her he was not under any pressure.
46. Mr Clark did not attend a review with the mental health nurse on 5 February because he said that he had things to do. The nurse told the investigator that Mr Clark seemed well and motivated about his pending release. On 6 February, Mr

Clark attended his ACCT post-closure review and said he had felt supported by the process and was happy on M Wing.

47. On 7 February, Mr Clark's offender manager spoke to Mr Clark's community offender manager (community probation officer) because he refused to sign his release licence. Mr Clark was adamant he would be of no fixed abode on release. They agreed a teleconference for 25 February, to discuss Mr Clark's resettlement with other services.
48. On 11 February, Mr Clark met his DART case manager for a pre-release review. She reiterated the dangers of illicit substance misuse and the dangers and strengths of PS. She gave Mr Clark the details of follow up appointments with community drug and alcohol services for his release. Mr Clark did not attend a further review on 13 February as planned.
49. Mr Clark spoke to his mother on the telephone again on 17 February. They discussed family news, Mr Clark asked about his daughter and they discussed a TV programme. He did not sound anxious or agitated.
50. On 20 February, Mr Clark spoke to a Listener (a prisoner trained by the Samaritans to provide confidential peer support). Listener conversations remain confidential after death but the Listener confirmed to the investigator that he had not been worried about Mr Clark's state of mind after speaking to him.
51. The investigator spoke to 11 prisoners on M Wing who knew Mr Clark. The consensus across the interviews was that Mr Clark was a "good lad" who had no problems with other prisoners. He used PS and was in debt but was not a vulnerable character and no one believed he was being bullied. Several prisoners said that Mr Clark was looking forward to going home and seeing his daughter.
52. One of the prisoners said he had known Mr Clark since they were children as he was a good friend of Mr Clark's brother. He said he had helped Mr Clark with drug debts four or five times in Humber. Mr Clark had an addictive personality and could not resist taking PS if he was offered it. He said Mr Clark did not like being in debt and often tried to do something "outrageous" in order to get moved to a different wing.

21 February 2019

53. Mr Clark started a new prison job on 21 February and several prisoners commented that he was in good spirits because he had enjoyed it. It was a Thursday and Friday is the day prisoners receive their goods from the prison shop. During social time that evening Mr Clark told another prisoner that he would see him "later" rather than "tomorrow", which the prisoner took to mean that Mr Clark was going to try to get moved from M Wing by forcing officers to take him to the segregation unit. The prisoner said that getting on the netting was a tried and trusted method of achieving this. He said that Mr Clark was once again in debt because of drugs.
54. Officer A was detailed to work evening duty on M Wing. She was usually based on a different wing and had not met Mr Clark before. At about 6.50pm, while she was locking the prisoners in their cells for the night, Officer A noticed Mr Clark

and another prisoner apparently arguing on the first floor landing. She could not hear what they were talking about but the other prisoner laughed so, at first, she thought they were joking. Mr Clark then sounded more aggressive and the other prisoner backed off. Officer A noticed that Mr Clark was behaving erratically and appeared to be under the influence of an illicit substance. Mr Clark said something like, "Well we'll have to have it out now then" and "She's only a woman, she can't do anything." Officer A told them both to go to their cells. The other prisoner went straight to his cell and Officer A locked him in. He told her Mr Clark was being "an idiot".

55. Officer A said that Mr Clark started to walk a bit unsteadily towards his cell, which she thought was on the second landing. CCTV showed Mr Clark walked unsteadily for a few paces and then climbed on to the safety netting. A nearby prisoner tried to grab him and pull him back but did not succeed. Officer A said Mr Clark's eyes were red and he waved his arms about. His speech was slurred and he looked unstable. She could not understand what he said.
56. Officer A asked Mr Clark why he was on the netting. Mr Clark did not reply but continued to walk about unsteadily talking unintelligibly. He looked as though he was having difficulty focussing. Officer A said she and the two prisoners on the landing tried to tell Mr Clark not to go any further but he did not pay any attention to them. He took about five paces not looking where he was going and stepped off the end of the netting. Officer A saw him fall to the floor about 12 feet below and stop moving.
57. The prisoner who tried to stop Mr Clark getting on to the netting said that he told Mr Clark, "Chill out Clarky, just leave it," but Mr Clark ignored him. He said Mr Clark's pupils were 'pinned' and he looked 'hyper'. He saw that Mr Clark had some form of weapon on him. Another prisoner was also on the landing. He said Mr Clark appeared to be trying to get to someone across the landing when he just "snapped" and got on to the netting. CCTV footage corroborated these accounts.
58. Officer A radioed a code blue emergency to indicate a prisoner was unconscious and ran down to Mr Clark. Two prisoners were already with Mr Clark, who had blood coming from his ears and mouth. Officer A then also radioed a code red emergency to indicate a prisoner bleeding significantly. One of the prisoners said it was obvious that Mr Clark was seriously hurt and described it as a "horrible accident". The recorded radio traffic confirmed that code blue and code red were both called at 7.03pm and an ambulance was called a minute later.
59. Two nurses were in the healthcare unit when they heard the emergency radio call. They immediately made their way to M Wing with emergency equipment including a defibrillator. Mr Clark was lying on his back being supported by officers. He was bleeding from the ears and his pupils did not react to light. A nurse tried to insert an airway but Mr Clark spat it out. Mr Clark spoke but appeared confused and slurred his words. At one point he said he could not breathe. A nurse gave Mr Clark oxygen using a bag and mask. He used the Glasgow Coma Scale (GCS) to evaluate Mr Clark's consciousness and his score of seven indicated severe impairment. The nurses monitored Mr Clark's vital signs until paramedics arrived at 7.30pm. During the emergency response an

improvised pipe and a sharpened toilet brush were found in Mr Clark's possession.

60. Mr Clark was transferred to Hull Royal Infirmary where he had surgery to reduce the pressure on his brain. He did not regain consciousness and died on 27 February.
61. Two weeks after Mr Clark died the prison received intelligence from prisoners that there was a significant number of mobile phones and drugs on M Wing and bullying was rife. One prisoner said that Mr Clark had been forced to take PS and had got on to the netting as a plea to be moved.

Contact with Mr Clark's family

62. On 22 February, the prison appointed a family liaison officer (FLO), after Mr Clark's condition deteriorated in hospital. He telephoned Mr Clark's mother and broke the news to her that Mr Clark was seriously ill in hospital following a fall. The prison provided good liaison with Mr Clark's family and offered help with transport to and accommodation near the hospital. Mr Clark's sister was with him when he died.
63. The prison contributed to the cost of the funeral in line with national guidance.

Support for prisoners and staff

64. An operational manager debriefed the staff who attended the emergency and offered support. The FLO visited two prisoners who were good friends with Mr Clark and broke the news that he had died. The prison posted notices informing staff and other prisoners of Mr Clark's death, and offering support. Staff reviewed all prisoners assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr Clark's death.

Post-mortem report

65. The pathologist concluded that Mr Clark died from a head injury caused by a fall from height. Toxicology showed that he had taken PS before he fell from the netting on 21 February.

Findings

Humber's Drug Strategy and managing Mr Clark's substance misuse

66. The PPO's Learning Lessons Bulletin on PS, issued in July 2015, highlighted that PS was even then a source of increasing concern in prisons and that its use had a profoundly negative impact on physical and mental health. HM Inspectorate of Prisons reported that two thirds of prisoners said that it was easy to get drugs at Humber in December 2017 and that a third of prisoners said that they had developed a drug habit at the prison. We raised similar concerns about the availability of drugs at Humber in our report into the deaths of other men at the prison in 2018.
67. Despite significant involvement with his DART caseworker and frequent harm-minimisation advice, Mr Clark had a pattern of getting into debt because of his drug use and climbing on to the safety netting in an attempt to resolve his issues. Some of the resultant punishments at prison disciplinary hearings and under the incentives and earned privileges (IEP) scheme enhanced his debt issues by restricting his access to money and items from the prison shop.
68. Intelligence received after Mr Clark died indicated that drug-related bullying was a particular problem on M Wing. Although a significant number of prisoners who knew Mr Clark said he was not bullied, his debts clearly caused him stress and prompted behaviours that ultimately led to his death. We are satisfied that Mr Clark's death was an accident but it is yet another example of how harmful the effects of PS are.
69. We are concerned that Mr Clark's DART worker and mental health nurse were not aware of his debt issues despite them being widely known on his wing. In particular, Mr Clark suffered from anxiety which can only have been made worse by debt. We accept that when asked, Mr Clark chose to either to deny he used drugs or refused to disclose who he was in debt to. However, reducing the supply and demand of drugs and the effects of their use requires a multi-disciplinary 'whole prison' approach. We consider that this was important information that everyone involved in Mr Clark's care needed to know in order to best help him address his problems.
70. Humber's revised Drug Strategy was published in September 2019. The strategy aims to give clear direction on how the prison should tackle substance misuse by reducing demand, supply and promoting recovery for prisoners through clinical intervention, education, motivation and support while managing safety and harm prevention. It is a live document and includes increased emphasis on a peer mentor programme, key work programme and family work programme to provide a network of support for prisoners who take drugs, get into debt and face bullying as a result. The prison has committed to training staff on the effects of drug use on mental health and to collaborative working between substance misuse, healthcare, wing staff and prisoners.
71. In the light of the very recent publication of this revised strategy we make no recommendation.

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