

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

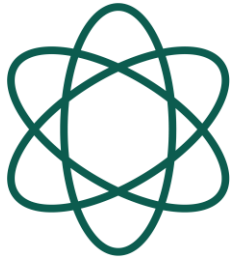
# **Independent investigation into the death of Ms Jaymielee Crow on 22 June 2022, following her release from HMP Low Newton**

**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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## Summary

1. 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.
2. Since 6 September 2021, the PPO has been investigating post-release deaths that occur within 14 days of a person's release from prison.
3. We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.
4. Ms Jaymielee Crow died from the toxic effects of morphine (possibly heroin or diamorphine) and cocaine on 22 June 2022, following her release from HMP Low Newton on 21 June. She was 32 years old. I offer my condolences to those who knew her.
5. Ms Crow had a history of substance misuse and frequent periods in prison. She seemed to do well in prison but relapsed as soon as she was released. While she was at Low Newton, she asked several times for medication (naltrexone) that would help stop her cravings when she was released, but this was not actioned. Also, an appointment with the community substance misuse service was not arranged before she was released.
6. Ms Crow was offered naloxone (a medication that rapidly reverses an opioid overdose) before she was released but she declined it. The reasons were not recorded.

## Recommendations

- The Head of Healthcare at Low Newton, in conjunction with the DART lead, should ensure that staff:
  - consider requests from prisoners for medications that help with substance misuse cravings, such as naltrexone, before prisoners are released and if appropriate, arrange for the medication to be prescribed before release;
  - arrange initial appointments with community substance misuse services before prisoners are released; and
  - encourage prisoners with a history of opioid abuse to take naloxone kits when they are released and record the outcome of these discussions in the prisoners' records.

## The Investigation Process

7. The PPO investigator obtained copies of relevant extracts from Ms Crow's prison and probation records and contacted other services involved in supporting her.
8. We informed HM Coroner for Newcastle and North Tyneside of the investigation. She gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
9. The Ombudsman's family liaison officer contacted Ms Crow's next of kin, her stepmother, to explain the investigation and to ask if she had any matters she wanted us to consider. She did not respond.
10. The initial report was shared with HM Prison and Probation Service (HMPPS). Following comments from HMPPS, references to substance misuse service (SMS), have been changed to Drug and Alcohol Recovery Team (DART) in this final report. The creator of Ms Crow's substance misuse treatment programme has been corrected.

## **Background Information**

### **HMP Low Newton**

11. HMP Low Newton, near Durham, holds up to 344 women. The population includes women on remand, prisoners serving short and long sentences, and some high security prisoners. Healthcare services at the prison are provided by Spectrum Community Health. Substance misuse treatment is also provided by Spectrum, in partnership with Humankind.

### **HM Inspectorate of Prisons**

12. The most recent inspection of HMP Low Newton was in June 2021. Inspectors reported that substance misuse services were good, and that naloxone was offered to women leaving prison on an opt-out basis and consequently a higher number of women than usual left the prison with an emergency kit. They said that in the period leading up to the inspection, very few women had been released to homelessness.

### **Probation Service**

13. The Probation Service work with all individuals subject to custodial and community sentences. During a person's imprisonment, they oversee their sentence plan to assist in rehabilitation, as well as prepare reports to advise the Parole Board and have links with local partnerships to whom, where appropriate, they refer people for resettlement services. Post-release, the Probation Service supervises people throughout their licence period and post-sentence supervision.

## Key Events

14. On 6 April 2022, Ms Jaymielee Crow was sentenced to 22 weeks' imprisonment for shoplifting and assaulting emergency workers. She was sent to HMP Low Newton. Ms Crow had been in prison many times before and had been released from Low Newton only seven weeks earlier. She had indicated to the court through her solicitor that she wanted a custodial sentence as she felt safer in prison.
15. Ms Crow was a regular user of alcohol and heroin, as well as other drugs. During her previous sentence she had been prescribed methadone (a synthetic opioid frequently used to treat people with heroin dependency) and was discharged with a prescription for methadone in February. She accepted naloxone (a medication that rapidly reverses an opioid overdose) on release. However, she stopped collecting her methadone while she was in the community.
16. Ms Crow's Drugs and Alcohol Recovery Team (DART) case worker met her on 7 April, the day after she was sent back to Low Newton. She told him that she had been using alcohol and benzodiazepine (a controlled drug used to treat anxiety, alcohol withdrawal and seizures, but also widely abused) to excess in the community. She also said she had used crack cocaine and had been injecting opioids into her arm. She asked for methadone. However, although she tested positive for alcohol and benzodiazepine, she tested negative for opioids. The prison GP created a programme to treat her for alcohol detoxification and for benzodiazepines, but she was not given methadone. Her DART worker discussed naloxone with Ms Crow, and she said she was happy to take it with her when she was released.
17. Ms Crow was settled at Low Newton. Besides her substance misuse problems, she was otherwise fairly healthy and needed very little input from healthcare staff in prison.
18. On the day of her release on 21 June, Ms Crow declined the offer of naloxone. The reasons were not recorded in Ms Crow's records, but her DART worker told the investigator that Ms Crow had said she was more of a drinker and would not use opioids on release.

## Pre-release planning

19. Because of Ms Crow's vulnerability, mental health social services had supported her in the community. Their involvement in her safeguarding continued while she was in prison, including attending multidisciplinary team (MDT) meetings to consider her care and the planning for her release.
20. They attended a safeguarding meeting on 4 May, which involved people from several different agencies, including Low Newton, the Probation Service, social work, housing, and a community substance misuse agency. They considered Ms Crow's progress in Low Newton and her release into the community.
21. Because Ms Crow did well while she was in prison, one of the aims of the MDT meetings and those who supported her was to provide a more structured

environment on her return to the community and to find activities to engage her and prevent her from becoming bored.

22. Ms Crow had been in supported housing before she went back to prison. She said that she wanted to move elsewhere on release, but her mental health social worker persuaded her that it was in her best interests to return to the accommodation she was in before. This had 24-hour staffing support and controlled entry. Ms Crow's room was located next to the staff office, which offered maximum oversight while she was there.
23. Ms Crow mentioned several times that she would like some medication to help with her substance misuse cravings. On 1 June, Ms Crow's community mental health social worker had a meeting with Ms Crow in prison which her DART worker attended. Ms Crow said that she had not heard anything about her request to address her cravings. Her DART worker said he would follow this up and speak to the clinical lead about prescribing naltrexone (a medication used to treat alcohol and opioid misuse, which reduces the cravings and pleasurable effects of the substances).
24. Ms Crow met her DART worker on 20 June, the day before her release. She said that she was still keen to have naltrexone and her DART worker said that he would arrange a post-release appointment for her with the community substance misuse service so they could help her with this. However, he did not manage to arrange the appointment before Ms Crow left the prison. Although it was not recorded in her records, the DART lead at Low Newton told the investigator that Ms Crow's DART worker arranged with her that she would contact him about this after she left prison and he would accompany her to the service for support.
25. On 20 June, prison staff also met Ms Crow to make sure she was aware of her licence conditions and her appointments the next day. They helped her with the bus timetables as there was a rail strike on the day of her release.

## **Post-release**

26. On the day of her release, Ms Crow had appointments with both the Job Centre and her COM. She failed to attend either. She did not go to her accommodation and instead went to a friend's house.

## **Circumstances of Ms Crow's death**

27. At around 8.00am on 22 June, police attended the house of Ms Crow's friend. Ms Crow was dead in a bathroom, and there was evidence that she had injected drugs (probably heroin). She had last been seen by her friend the previous evening, who had passed out in the living room after injecting heroin.

## **Post-mortem report**

28. The post-mortem report concluded that Ms Crow died of complications arising from the toxic effects of morphine and cocaine. Morphine (as possibly heroin or diamorphine) and cocaine were found in her body at levels which may be associated with fatality.

## Findings

29. Ms Crow had frequent spells in prison. Staff noted that she thrived in the prison environment but as soon as she was released, she struggled to avoid falling back into her usual patterns of substance misuse and associated problems, including offending.
30. Ms Crow asked her DART worker on several occasions for medication (naltrexone) to help her with her cravings, but this was not considered or arranged before her release. Also, an appointment was not scheduled with the community substance misuse service before Ms Crow left prison. We note that Ms Crow declined the offer of naloxone before her release but the reasons for this were not recorded.
31. We have been told by the DART lead at Low Newton that lessons have been learnt from Ms Crow's case, but given the potential significance in other cases we recommend:

**The Head of Healthcare at Low Newton, in conjunction with the DART lead, should ensure that staff:**

- **consider requests from prisoners for medications that help with substance misuse cravings, such as naltrexone, before prisoners are released and if appropriate, arrange for the medication to be prescribed before release;**
- **arrange initial appointments with community substance misuse services before prisoners are released; and**
- **encourage prisoners with a history of opioid abuse to take naloxone kits when they are released and record the outcome of these discussions in the prisoners' records.**

**Kimberley Bingham  
Acting Prisons and Probation Ombudsman**

**December 2022**

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