Prisons & Probation Ombudsman
Independent Investigations

# Independent investigation into the death of Mr Jamie Dowman on 3 June 2022, following his release from HMP Chelmsford

## A report by the Prisons and Probation Ombudsman

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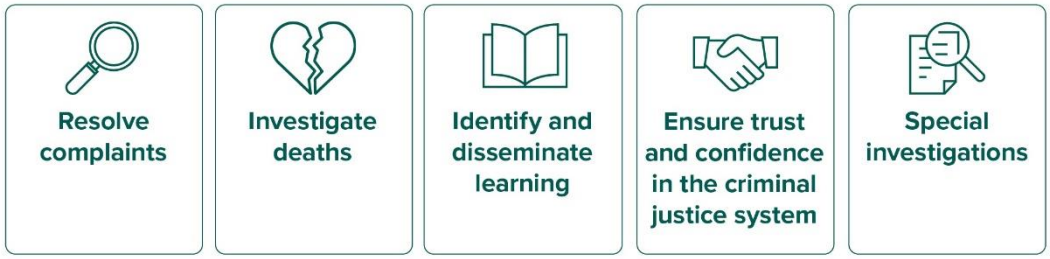
## OUR VISION

**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

# 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. From 6 September 2021, the PPO is investigating post-release deaths that occur within 14 days of the prisoner's release.

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

4. Mr Jamie Dowman died of drugs toxicity on 3 June 2022, following his release from HMP Chelmsford on 20 May. He was 37 years old. He also had pneumonia which contributed to but did not cause his death. I offer my condolences to his family and friends.

5. Mr Dowman had a history of substance misuse and was well known to substance misuse services in prison. He was supported by the substance misuse team and was given naloxone (to reverse the effects of an opiate overdose) on release.

6. On 3 June, Mr Dowman's father found him unresponsive in bed at his home. Ambulance paramedics confirmed that Mr Dowman had died.

7. We did not find any issues of concern.

# The Investigation Process

8. On 14 March 2023, the PPO was notified of Mr Dowman's death.

9. The PPO investigator obtained copies of relevant extracts from Mr Dowman's prison and probation records.

10. We informed HM Coroner for Essex of the investigation. He gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.

11. The Ombudsman's family liaison officer wrote to Mr Dowman's father to explain the investigation and to ask if he had any matters he wanted us to consider. Mr Dowman's sister, on behalf of his father, asked why he was sent to prison, if he had used drugs and if he had been released with a kit (naloxone) to reverse the effects of an opiate overdose.

12. We shared the initial report with HM Prison and Probation Service (HMPPS). There were no factual inaccuracies.

13. We shared the initial report with Mr Dowman's family. They did not respond.

# Background Information

## HMP Chelmsford

14. HMP Chelmsford is a local prison that holds approximately 700 adult and young adult men directly from the courts. Castle Rock Group Medical Services (CRG) provide 24-hour healthcare.

## HM Inspectorate of prisons

15. The most recent inspection of HMP Chelmsford was in August 2022. Inspectors reported that progress in reducing the availability of illicit drugs was particularly impressive. The strategy to reduce illicit drugs entering the prison, including strengthening physical security, better links with the local community, collaboration with the police and increased use of available technology, had been successful. Inspectors also found that healthcare services had improved in some important areas, with better partnership working and levels of staffing.

16. Inspectors reported that after their last visit, a monthly interdepartmental risk management team meeting had been introduced. This provided an improved oversight of risk planning arrangements for prisoners who were subject to multi-agency public protection arrangements (MAPPA). These prisoners were considered at frequent intervals and in good time before their release to ensure an appropriate handover of responsibility and sharing of information with community offender managers. Inspectors found that there were gaps in collaborative oversight of other high-risk prisoners, such as those not subject to MAPPA and short-term recalls. Work had recently started to address some of these deficits with the introduction of an additional monthly risk screening meeting.

## Probation Service

17. The Probation Service work with all individuals subject to custodial and community sentences. During imprisonment, they oversee sentence plans to assist in rehabilitation, prepare reports to advise the Parole Board and have links with local partnerships to which they refer people for resettlement services, where appropriate. After release from custody, the probation service supervises people throughout their licence period and post-sentence supervision.

## HM Inspectorate of Probation

18. The most recent inspection of the Essex Community Rehabilitation Company (now part of the National Probation Service) was in October 2018. Inspectors rated the service as requiring improvement. Inspectors found a lack of focus on the understanding, identification, and management of risk of harm. Inspectors were concerned that many individuals under the Community Rehabilitation Company's supervision were quickly relegated to telephone contact rather than face-to-face contact with their probation officer, despite pressing needs in the more complex cases.

# Key Events

19. On 19 April 2021, Mr Jamie Dowman was remanded to HMP Chelmsford. On 5 August, he was convicted of burglary and theft and sentenced to twelve months in prison.

20. On 9 September Mr Dowman was allocated a prison offender manager.

21. On 18 October, Mr Dowman was released on licence. On 29 December, his licence was revoked, and he was recalled to Chelmsford.

22. On 3 January 2022, two substance misuse nurses saw Mr Dowman for a five-day review. One of the nurses recorded that Mr Dowman was well known to the substance misuse team at Chelmsford and had a long history of illicit drug use. She noted that when he was last released from Chelmsford, Mr Dowman had a buprenorphine (used to treat opioid addiction) prescription with a plan to continue its use through Inclusions (community substance misuse service). However, Mr Dowman had not engaged with the service and returned to using illicitly obtained heroin, crack cocaine, cannabis, street buprenorphine and methadone. The other nurse noted that Mr Dowman was currently on a dose of 30mls methadone (prescribed at Chelmsford). She explained to Mr Dowman the risks of taking illicit drugs on top of his prescribed medication, planned to maintain his current methadone prescription and planned for Mr Dowman to engage with their substance misuse service.

23. On 12 January, Mr Dowman was allocated a community offender manager (COM).

24. On 18 January, Mr Dowman was transferred to HMP Highpoint. On 11 February, he was transferred back to Chelmsford.

25. On his return to Chelmsford, Mr Dowman told a nurse from the substance misuse team that he was on a methadone reduction plan. The nurse planned that Mr Dowman should be seen daily and booked him for substance misuse reviews in 28 days and 13 weeks. A nurse created a methadone maintenance care plan.

26. On 16 February, a nurse reviewed Mr Dowman, who said that he was stable on a 34ml dose of methadone. He demonstrated a good understanding of the risks of taking illicit substances. The nurse ordered Mr Dowman naloxone (used to reverse the effects of an opiate overdose) and gave him training information for its use.

27. On 4 March, Mr Dowman told a nurse that he had naloxone at his home but was willing to take another on his release.

28. On 11 March, Mr Dowman told a nurse that he would like to reduce his methadone dose by 3ml every four days, because he would like to go back to using buprenorphine in the community. Healthcare staff started to reduce his dose. However, on 11 April, Mr Dowman told a nurse that he would like an increase in his methadone dose because he was feeling unwell. The nurse agreed to increase the dose by 3mls.

29. On 21 April, Mr Dowman told a nurse that he was not sleeping and had chills and body aches. Mr Dowman said that he no longer wanted to switch to buprenorphine

on release and wanted to increase his methadone dose. The nurse agreed to increase his methadone dose by 5mls. The dose was now 30mls per day.

30. On 27 April, a nurse reviewed Mr Dowman following intelligence that he had been buying illicit drugs, including tramadol (strong opioid pain relief) and diazepam (used to treat a range of conditions including anxiety, seizures and alcohol withdrawal). The nurse discussed the risks of using illicit drugs. Mr Dowman said that if his methadone dose was increased, he would stop using the illicit drugs. The nurse did not increase his dose.

31. On 28 April, Mr Dowman tested positive for pregabalin (used to treat epilepsy, anxiety, and nerve pain). A nurse cautioned Mr Dowman for failing to comply with his treatment compact and gave him a final warning for using unprescribed medication.

32. On the same day, the COM asked Essex Police to carry out a release address check on Mr Dowman's parents' house. Essex Police told her that they had no intelligence for the address. On 12 May, she carried out a home visit and confirmed that the address was suitable for his release.

33. On 13 May, Mr Dowman was convicted of theft and possessing cocaine, and sentenced to four weeks in prison suspended for twelve months.

34. On 20 May, a nurse gave Mr Dowman a supply of his discharge medication. The nurse gave Mr Dowman naloxone and a training information leaflet.

35. On the same day, Mr Dowman was allocated a new community offender manager.

## Post-release

36. On 20 May, Mr Dowman was released on post-sentence supervision. His supervision conditions required him to report to the Basildon probation office. The conditions also required him to be drug tested as reasonably required by his supervisor.

37. Mr Dowman arrived two hours late for his probation appointment. A probation officer explained the terms of his supervision period and he signed the induction paperwork. Mr Dowman said that he had been to Inclusion and had collected his methadone prescription. She gave Mr Dowman a travel warrant for his next appointment, which was on 24 May.

38. On 24 May, Mr Dowman reported to the Basildon probation office for his supervision appointment with his COM. She noted that Mr Dowman was in a "bit of a sorry state" and could barely walk. Mr Dowman said that he had been drinking and involved in a fight and had been stabbed or bottled in his leg. (Essex Police later told her that Mr Dowman had been attacked by four men.) She told Mr Dowman to go to hospital, but he said that he would "see how he goes" over the next few days. Mr Dowman told her that he was happy living at his parents' house, was looking to get a job and was receiving universal credit. He said that he had no debts, had no issues with drugs and was receiving a methadone prescription. She arranged his next appointment for 31 May.

39. On 31 May, Mr Dowman did not attend an appointment with Commissioned Rehabilitative Services (which provide support services, including help in finding accommodation). Mr Dowman also did not attend his planned probation appointment and his COM sent him a first warning letter.

40. On 1 June, the COM discussed Mr Dowman's case with a senior probation officer. They decided that, given his recent admissions that he had been drinking and been involved in a fight, that she would test Mr Dowman for drugs at his next appointment.

## Circumstances of Mr Dowman's death

41. On 3 June, Mr Dowman's father found Mr Dowman unresponsive in bed at his home. An ambulance paramedic went to the address and confirmed that Mr Dowman had died. A police officer found medicine bottles and medicine packets in his room.

## Post-mortem report

42. A post-mortem examination established that Mr Dowman died from drugs toxicity. He also had pneumonia which contributed to but did not cause his death.

43. Toxicology tests showed that Mr Dowman had taken cocaine, methadone, pregabalin, nitrazepam (for insomnia), alprazolam (a potent tranquiliser) and mirtazapine (for depression and insomnia). A consultant histopathologist said that the concentration of methadone was within the range encountered in fatalities associated with methadone use even in chronic and tolerant users. He said that the concentration of pregabalin was very high and well within the range encountered in deaths attributed to use of pregabalin alone and that its use was likely to have enhanced the effects of the methadone, increasing the risk of death. He said that there was evidence of recent cocaine use which could cause stimulation, tachycardia (an increased heart rate) and hypertension (high blood pressure) and could be associated with cognitive and cardiac impairment.

## Inquest into Mr Dowman's death

44. The inquest into Mr Dowman's death was held on 19 May 2023, and a drug related verdict was recorded.

## Support for staff

45. After Mr Dowman's death, his first COM's line manager reminded her of the available support services. The second COM no longer works for the Probation Service.

# Findings

## Substance misuse

46. Mr Dowman had a history of substance misuse and was well known to the HMP Chelmsford substance misuse team. They reviewed him frequently in prison and adjusted his medication accordingly. Mr Dowman had a methadone reduction plan and, although he was not successful in this, he was supported by the team. He was appropriately referred to community services ahead of his release and his methadone prescription was transferred to the community service without delay.

47. Prior to his release, probation service staff identified suitable, supportive accommodation for Mr Dowman. He was appropriately given naloxone and harm reduction information on release.

**Adrian Usher**
**Prisons and Probation Ombudsman** **January 2024**

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