

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Craig Jones on 1 June 2022, following his release from HMP Cardiff

A report by the Prisons and Probation Ombudsman

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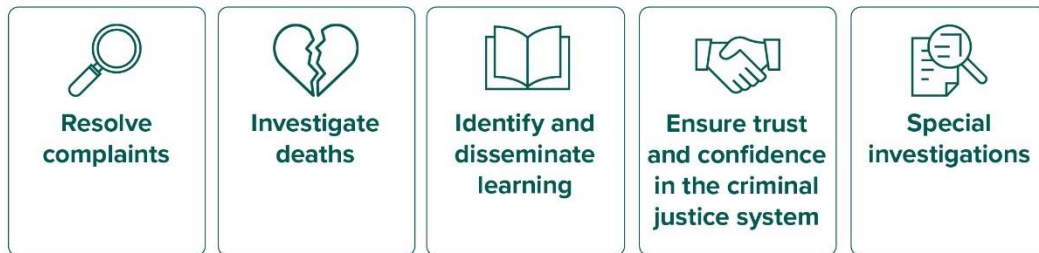
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OUR VISION

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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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 the person's release from prison.
3. 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.
4. Mr Craig Jones died of aspiration pneumonia caused by the consumption of alcohol and drugs, including heroin, on 1 June 2022 following his release from HMP Cardiff on 26 May. He was 44 years old. We offer our condolences to those who knew him.
5. Mr Jones had a history of substance misuse. He received appropriate support in prison but then refused to engage with the community substance misuse team after his release.
6. We did not find any issues of concern. We make no recommendations.

The Investigation Process

7. HMPPS notified us of Mr Jones's death on 23 June 2022.
8. The PPO investigator obtained copies of relevant extracts from Mr Jones's prison and probation records.
9. We informed HM Coroner for Cardiff of the investigation. He gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
10. The Ombudsman's family liaison officer contacted Mr Jones's mother, to explain the investigation and to ask if she had any matters she wanted us to consider. She raised no issues but asked for a copy of our report.
11. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Background Information

HMP Cardiff

12. HMP Cardiff is a category B local prison which holds up to 779 male prisoners who have either been convicted or are on remand. It is managed by HMPPS. The health provider is Cardiff and Vale University Health Board, who operate 24 hours a day, with a nurse on site at all times. The substance misuse service provider is G4S and Cardiff University Health Board.

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 supervise people throughout their licence period and post-sentence supervision.

Key Events

14. On 25 June 2021, Mr Craig Jones was convicted of grievous bodily harm and was sentenced to 30 months in prison. He was sent to HMP Parc.
15. On 10 January 2022, Mr Jones was released on Home Detention Curfew (HDC, allows certain prisoners the opportunity to serve the last part of their sentence at home or another suitable address for a maximum of six months).
16. On 19 February, Mr Jones's HDC licence was revoked because he had accumulated 13 hours of unauthorised absences from his approved address.
17. On 21 February, Mr Jones was recalled to prison and sent to HMP Cardiff.
18. When he arrived, his urine sample tested positive for opiates, benzodiazepine (a sedative) and cannabinoids. Mr Jones said he had previously used drugs but did not currently do so regularly. He declined a referral to the substance misuse service.
19. During his secondary health screening the next day, Mr Jones admitted to using Subutex (an opiate) while in the community. Mr Jones said he occasionally used cannabis and admitted to buying illicit drugs, most recently on 20 February, the day before he was recalled. The nurse spoke to Mr Jones about harm reduction and reminded him of the risks of illicit drug use. She said he would be supported by the Dyfodol team (a local drug and alcohol service that work in the prison and Cardiff community). However, Mr Jones declined to engage with the Dyfodol team.
20. During the secondary health screening, a mental health nurse saw Mr Jones. He told her he was prescribed diazepam for his anxiety, but he had no mental health concerns and did not require any support from the mental health team. The nurse made a note to review Mr Jones the following day if he had not received his diazepam prescription.
21. That day, a GP in the prison reconciled Mr Jones's medication and noted that he had not been prescribed his regular medications (sertraline and mirtazapine) in the community since May 2021. The GP noted that Mr Jones would not be prescribed any medication due to the significant break in treatment.
22. However, later that day, the GP received confirmation that Mr Jones was on a diazepam prescription, so the GP started Mr Jones on a benzodiazepine detoxification. He prescribed 5mg of diazepam twice a day.
23. On 23 February, a nurse reviewed Mr Jones after he reported benzodiazepine withdrawal symptoms. The nurse observed a light tremor but could not feel it. Mr Jones said he felt more anxious. Mr Jones said he started using heroin after his girlfriend died by suicide, but he had not used heroin for years, and said the diazepam helped him with his anxiety. The nurse discussed diazepam and how it was not effective over a long period of time. She advised Mr Jones to speak to the Dyfodol team about a counselling referral to help him with his past trauma. There is no evidence to suggest Mr Jones spoke to the Dyfodol team about counselling.

24. On 24 February, a nurse saw Mr Jones on the wing again and she noted he was very anxious. He said he was worried about the diazepam being reduced and kept asking for the dosage to be increased. He was advised this would not be the best option for him as he would still have to reduce at some point, and he was not withdrawing so they would not increase his dose. Mr Jones said he had taken illicit Subutex the previous night, and the nurse advised him of the risks and that he could be putting his other medication at risk. After this discussion, the nurse asked for Mr Jones's dose to not be increased but to extend his benzodiazepine detoxification for a little longer.
25. Later that day, a GP agreed to extend the detoxification for two weeks.
26. On 3 March, Mr Jones's diazepam prescription was reduced to 5mg once a day, and this ended on 10 March.
27. On 30 March, a GP saw Mr Jones because he requested a prescription for diazepam. The GP raised his concerns about long-term benzodiazepine use and was not willing to restart the prescription. The GP offered Mr Jones fluoxetine (an antidepressant) as an alternative, but he declined. Mr Jones said he did not know what to do if he could not get diazepam and he would look for drugs on the wing. The GP explained again that he would not prescribe unsafe medication to him. Mr Jones then said he would try fluoxetine.
28. On 1 April, Mr Jones started his fluoxetine medication.
29. On 26 May, Mr Jones was released with a seven-day supply of fluoxetine. Mr Jones was not seen by healthcare or given any advice on the risks of overdose by the substance misuse team before he was released and was not released with naloxone (which can reverse the effects of an opiate overdose) because he was not engaging with the substance misuse team.

Pre-release planning

30. On 24 April, Mr Jones's community offender manager (COM) had a meeting with Mr Jones by video link. She discussed where Mr Jones was going to live on release. Mr Jones said he wanted to live with his mum and was not willing to go into temporary accommodation as he had a bad experience in the past. Mr Jones also said he had not used any drugs while in prison and he refused to work with Dyfodol in the community, but he would consider self-referring if he needed to.
31. On 26 April, the COM completed an application for accommodation assistance to Rhondda Cynon Taf County Borough Council. As Mr Jones wanted to live with his mother on release, and because he refused to live in temporary accommodation, the council considered his mother's address suitable and did not complete a housing assessment.
32. On 23 May, the COM completed a housing risk assessment form, which was sent to a housing officer in Rhondda Cynon Taf County Borough Council. Although Mr Jones wanted to live with his mother on release, the COM was not able to confirm this with his mother prior to release, and therefore tried to put other measures in place so that Mr Jones was not released homeless. These other measures included

completing an application for accommodation assistance and completing the risk assessment form to the local council.

33. On 23 May, the COM sent reporting instructions and licence conditions for Mr Jones to the prison. Mr Jones was subject to two additional licence conditions, one of which was to comply with any requirements specified by the COM for the purpose of ensuring he addressed his alcohol and drug abuse, and offending behaviour problems at Dyfodol. However, Mr Jones declined support from Dyfodol, and the community Dyfodol team told the COM she could refer Mr Jones into their service if he started using class A drugs again, but at the time he was abstinent.

Post-release planning

34. On 26 May, Mr Jones was released from prison and attended his initial appointment at Pontypridd Probation. Mr Jones provided his COM with his mother's address (where his mother and the COM had agreed he could stay) and a mobile number. Mr Jones signed his licence to say he understood his licence conditions.
35. On 1 June, Mr Jones was due to attend an appointment with his COM, but he did not attend the appointment and he was not answering the phone. His COM decided to wait until the end of the day to see if he would make contact. However, Mr Jones did not make contact, so the COM sent him a compliance letter with another appointment for 7 June.

Circumstances of death

36. Mr Jones visited his friend's house on 28 May. They both drank a lot of alcohol and smoked cannabis, and then Mr Jones fell asleep in a chair. Mr Jones's friend said that over the next couple of days, he consumed a large amount of alcohol, and it was not until the morning of 1 June when he tried to wake Mr Jones, that he realised he was unresponsive. He called the emergency services who confirmed that Mr Jones was dead.
37. The police were satisfied that there were no suspicious circumstances.

Post-mortem report

38. The post-mortem report concluded that Mr Jones died of aspiration pneumonia (inhalation of stomach contents into the lungs) in the setting of alcohol, diazepam, and heroin use. Alcoholic fatty liver disease was listed as a contributing factor.
39. At the inquest held on 7 December 2023, the coroner concluded that Mr Jones' death was drug related.

Findings

Substance misuse

40. The substance misuse team and healthcare staff at Cardiff supported Mr Jones with his illicit drug use. He was referred appropriately, and they addressed his needs during his time in Cardiff by placing him on a detoxification programme and extending this when required. However, because Mr Jones declined to work with the substance misuse team in the community, the continued support available for Mr Jones after his release to address his illicit drug use was very limited.
41. We make no recommendations.

Adrian Usher
Prisons and Probation Ombudsman

April 2024

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