

Prison Reform Trust response to the Justice Committee inquiry “Tackling drugs in prison” – January 2025

About the Prison Reform Trust

The Prison Reform Trust (PRT) is an independent UK charity working to create a just, humane and effective penal system. We do this by inquiring into the workings of the system; informing prisoners, staff and the wider public; and by influencing Parliament, government and officials towards reform. The PRT provides the secretariat to the All Party Parliamentary Penal Affairs Group and has an advice and information service for people in prison.

The PRT’s main objectives are:

- reducing unnecessary imprisonment and promoting community solutions to crime
- improving treatment and conditions for prisoners and their families
- promoting equality and human rights in the criminal justice system.

www.prisonreformtrust.org.uk

Introduction

We welcome the opportunity to respond to the Justice Committee’s inquiry “Tackling drugs in prison”. The Prison Reform Trust is not a health or addiction charity and does not claim any specialist medical knowledge in tackling drug addictions.

The evidence in this response draws on the operational knowledge and experience of PRT’s chief executive Pia Sinha. Pia joined the Prison Service in 1999 as a Higher Psychologist at HMP & YOI Holloway. After joining HMP Wandsworth as a Senior Psychologist, she took up the post of Head of Safer Prisons, followed by Head of Reducing Re-offending at HMP Wormwood Scrubs. She then took up her first Deputy Governor role at HMP Send, and subsequently Downview and Liverpool. In 2013 Pia was appointed to her first Governing role at HMP & YOI Thorn Cross, going on to govern at both Rislely and Liverpool. In 2020 she became Acting Deputy Director Probation Reform Programme, then the Workforce Programme, before becoming Director of Women in November 2021. Pia’s vision for the Women’s Directorate was to enable safe, compassionate and individualised care for women. In April 2023 Pia became the chief executive of the Prison Reform Trust.

Scale and impact

1. What is the current scale of drug use in prisons in England and Wales?

What are the primary factors driving the demand for drugs in prisons

People serving custodial sentences often have drug dependency issues. In 2024, one in six men (17%) and one in seven women (15%) were there for drug offences¹ - this may or may not be related to drug dependency, and many non-drug offences are also driven by addiction. An independent review of drugs in 2021, by Dame Carol Black, estimated that people with serious drug addiction occupy a third of prison places.² In 2024, that equates to just under 29,000 people.³ This prevalence is triangulated by prisoner survey data collected by the prisons inspectorate. In 2023–24, 30% of women reported having a drug issue, and 23% of men.⁴ Drug misuse is particularly pronounced in prisoners serving sentences of less than 12 months. In 2023, 60% of this group had a substance misuse need identified upon entry to prison.⁵ Therefore, a large proportion of people entering custody already have drug dependency issues when they come in.

The following factors are also important in driving demand:

- The custodial environment is traumatic. If prisons are not inherently safe, predictable and ordered, they are very likely to trigger anxiety, depression and other mental health conditions. These conditions can fuel demand for drugs as a way of coping. In 2023–24, more than one in 20 (6%) surveyed women and almost one in 10 (9%) surveyed men said they had developed a drug problem *since* coming to prison.⁶
- Lack of purposeful activity and boredom also drive demand in prisons. In prisons where people are locked behind their doors for 23 hours a day, drugs help kill time. Drugs are seen as ‘bird killer’.
- Drug dealing is lucrative within the prison economy. Prices for drugs are hugely inflated, and this makes dealing drugs highly profitable. Drugs being easily available means that even when people have engaged in drug treatment interventions, there are temptations to use due to the easy access.
- Scarcity of drug treatment and mental health interventions can drive demand as people don’t have the opportunity to address their psychosocial or physical dependency issues.

To what extent are new psychoactive substances and synthetic cannabinoids a growing challenge compared to traditional drugs?

Synthetic drugs have been within prison supply for over 15 years. They have become increasingly sophisticated both in terms of type but also in evading detection and therefore can enter prisons through a plethora of ways. In 2018 (the most recent data available), 6,636 random Mandatory Drug Tests (rMDTs) in prison tested positive for new psychoactive substances—12% of all tests administered in that year.⁷ It is often difficult for the user to know their composition and strength of NPS. Out of the total 145 drug-related deaths in prison between 2008 and 2019, 30% had new psychoactive substances mentioned on the death certificate. In the general population, psychoactive substances account for only 2% of

¹ Ministry of Justice. (2024). *Table 1.A.6, Prison population: 2015 to 2024*. Offender management statistics quarterly: January to March 2024.

² Black, C. (2021). *Review of drugs: Phase two report*. Home Office.

³ Ministry of Justice. (2024). *Table 1.Q.1, Prison population: 30 September 2024*. Offender management statistics quarterly: April to June 2024.

⁴ HM Chief Inspector of Prisons. (2024). *Table 2, Women’s comparator workbook*. Annual report 2023–24. HM Stationery Office.

⁵ House of Commons written question 14892, 27 February 2024.

⁶ HM Chief Inspector of Prisons. (2024). *Annual report 2023–24*. HM Stationery Office.

⁷ Official statistics about rMDTs have not been produced since 2019–20 and Ministry of Justice statisticians advise that the data produced for 2018–19 and 2019–20 was unreliable. 2017–18 is therefore the most recent data available. It is also not possible to say what percentage of *positive* rMDTs were for psychoactive substances, as tests may be positive for more than one drug.

drug related deaths.⁸ There are currently no clinical treatments for treating NPS addictions so people cannot be offered medical detox.

2. What impact does the presence of drugs have on the mental and physical wellbeing of prisoners, particularly vulnerable prisoners or those not previously involved in illicit activity?

A prison where drugs are easily available, and which has an established drug culture will almost inevitably have high levels of violence, self-harm and disorder. The presence of drugs within prisons can lead to problems of bullying, debt, regime curtailments, staff burn out, and poor purposeful activity. It is also likely that relationships between staff and prisoners will be poor.

Individuals involved in drug use can become embroiled in a culture which perpetuates violence, debt and lack of safety and stability. They can risk becoming addicted and unwell. For an individual who isn't a drug user but is suffering from poor mental health, this environment can be extremely triggering and can lead to a relapse in their fragile mental health. Simply witnessing instability and threats of violence and disorder can be highly traumatic. Therefore, you do not have to be a drug user or involved in the drug trade to be adversely affected.

3. What is the impact of drugs on the safety of the prison environment for prisoners and staff?

Safety in prisons is inevitably impacted when there are drugs available. In addition to the issues mentioned above, drug dealing and the drug trade is very financially lucrative. This provides fertile ground for organised crime groups to vie for the market. Staff corruption is an inevitable risk. Families of prisoners often get embroiled in paying off expensive drug debts. Therefore, the prevalence of drugs starts to impact not just the prison but also the community outside. Conveying drugs into prisons either via drones or visits criminalises individuals and may be linked to exploitation of vulnerable people as a means of facilitating the supply of drugs into prisons.

Tackling the supply of drugs in prisons

4. What are the common routes for bringing drugs into prisons, and what recent trends have been observed in these methods?

- a. The method that can bring the largest volume of drugs at any one time is now drones. Technology has evolved and some drones can even bring in a 60kg parcel.
- b. Another effective route is through staff and partners working in the prison. Staff corruption is a growing problem. Anecdotally there are concerns that staff members are being recruited by organised crime groups with the sole purpose of bringing drugs into prisons.

⁸ Office for National Statistics. (2023). *Drug-related deaths and suicide in prison custody in England and Wales: 2008 to 2019*. Note that due to the ONS definition of a drug-related death, 18 of the reported deaths were also suicides.

- c. An additional route is through prisoners coming back into prisons due to recall. Prisoners know when they are going to be recalled into prisons, they simply need to report themselves into the police station and know they will be returned into prison. These prisoners can get paid well to come in secreting substantial amounts of drugs inside them.
- d. NPS drugs can be soaked into paper and clothing parcels. This is another way of getting larger quantities of drugs into the prison. Often these are odourless and can escape detection from the drug dogs. Prisons are however getting better at detecting these and taking mitigating action such as photocopying mail and running test on any parcels coming into prison.
- e. A further route is through visits by both domestic and professional visitors – usually this will be smaller amounts and is riskier as it is easy to detect.

How prevalent is the involvement of organised criminal gangs in the distribution and trafficking of drugs in prisons?

We are not aware of any publicly available national statistics which would describe prevalence of the involvement of organised crime groups in the distribution and trafficking of drugs in prison. However, recent HMIP reports on HMPs Manchester and Long Lartin state that organised crime within prisons is becoming a threat to national security.⁹

What role does the advancement of technology (such as drones and mobile phones) play in facilitating the ingress of drugs into prisons?

As stated above, the advancement of technology plays a significant role in facilitating the ingress of drugs into prisons. Mobile phones that are advertised as ‘beat the boss’ (A boss chair is the equipment used in prison receptions to detect secreted items) have been around for many years. Smart phones in prisons are easily purchased at exorbitantly inflated prices. A significant technological advancement is the way in which drugs and phones are now paid for electronically. No money exchanges hands, making transactions within prisons very difficult to detect.

5. How can the supply of drugs into prisons be better tackled to eliminate the availability of substances?

We would highlight the following strategies:

- Anti drone technology – no fly zones can be instigated around the air space around prisons that incapacitate the drone.
- Mobile phone blockers.
- Airport style scanners for both prisoners, visitors and staff.
- Netting.
- Equipment to detect drugs in mail and property being send to prisons.
- Drug dogs.
- Strengthen relationship and intelligence sharing with local police.
- Staff training.

⁹ HM Inspectorate of Prisons. (2025, January 14). *Drones dropping drugs and weapons into high security prisons are a threat to national security*. <https://hmiprisons.justiceinspectrates.gov.uk/news/drones-dropping-drugs-and-weapons-into-high-security-prisons-are-a-threat-to-national-security/>

- Corruption prevention strategies.
- Good security vetting procedures.

How effective are measures to prevent visitors from smuggling drugs into prisons?

Smuggling drugs through visits is probably the oldest supply route. Staff training, the use of cameras, x-ray equipment, drug dogs, design of visitor areas, the use of closed visits for those suspected of prior drug supply are all routinely used measures and are all effective. However, these measures are only effective if they are being implemented. Broken equipment, poor staffing, poor training, lack of availability of drug dogs all mean that visitors and prisoners are quickly able to ascertain how likely they are to escape detection and take advantage of gaps in the system. Lack of funding across the estate coupled with poorly run security departments mean that even this most obvious route is often exploited.

To what extent are measures to detect and prevent staff corruption sufficient?

The biggest barrier to preventing staff corruption is the inability of prisons to be able to gather intelligence and evidence. Security departments are often unskilled in leading this process and lack interest or have poor resources to prioritise prison crime. Furthermore, co-operation and support from local law enforcement agencies is poor. Therefore, the evidence required to bring charges against corrupt staff is often lacking.

The prison service also has poor HR support – terminating contracts and getting rid of corrupt staff is a complex procedure and governors are often left frustrated by an overly bureaucratic process. It can take years to reach court if criminal charges are applied. Frequently cases fall as they aren't prioritised as being in the public interest or don't fulfil the evidence threshold required by the CPS. Disciplinary procedures often have to wait until criminal procedures can be exhausted. Individuals can be offered opportunities to exit the service without serious consequences – this therefore doesn't act as a sufficient deterrent for preventing staff corruption.

What are the barriers to greater use of technological countermeasures, and how can these be overcome?

We refer the committee to the Ministry of Justice 2024 evaluation of the Security Investment Programme.¹⁰

6. What examples are there of effective interventions to prevent and disrupt drug supply within prisons?

See response to Q 5.

Guernsey prison has a no-fly zone created via an electronic 'sky fence'. This blocks signals between drones and their operators. This is an example of good practice that should be initiated in other establishments.

¹⁰ Ramzan, A., Harries, H., Taylor, J. & Musimbe, S. (2024). *Security Investment Programme (SIP). Overview and Outcome Study*. Ministry of Justice.
<https://assets.publishing.service.gov.uk/media/66d82fd6dbffedc7eb44d1bc/sip-overview-outcome-study.pdf>

7. How effective is collaboration between the police, National Crime Agency and HMPPS in tackling the role of organised crime gangs in bringing drugs into prisons?

There is a lot of regional variation. Every region should have a functioning Regional Organised Crime Unit (ROCU) whose role is to liaise with NCA and police. The effectiveness of the ROCU depends on the individual driving it and the interest from local enforcement agencies.

Tackling demand

8. How effective are existing measures, such as substance-free wings, in tackling the demand for drugs in prisons?

Substance free wings are a positive measure for tackling demand for drugs providing they have good multi-disciplinary buy in. Health, drug recovery services, security and the residential wings have to work together with a 'client focussed' ethos in order for them to work in practice. In reality, people who volunteer to participate in the scheme are the least chaotic individuals who benefit from the added incentives they get for being part of the scheme. Chaotic users who have multiple presenting problems or have dual diagnoses often get excluded from these wings. These wings are a good idea in theory, but they need a whole system approach and for the regime to be consistent. At a time of regular regime curtailments and staff shortages, one would question their effectiveness.

HMPPS spent £9 million piloting a drug recovery prison at HMP Holme House between 2017 and 2020.¹¹ Prisoners and staff felt that the prison was safer and calmer. Prisoners reported better access to drug treatment and better overall health. But security measures to reduce drug supply impacted quality of prison life, and further culture change was needed in uniformed staff to support the prison's recovery ethos.¹²

9. What impact does drug testing have on reducing demand in prisons, and to what extent is HMPPS's current approach to drug testing effective?

There are three types of drug testing that exist in prisons: Mandatory, Voluntary and Suspicion.

Prisons have a performance metrics on mandatory testing and need to complete a certain percentage of these each month. This measure gives you a fairly accurate picture of the extent of drug problems in the prison.

If prisons have accurate intelligence on drug use in the establishment, they should know who their prolific drug users are. These individuals could be targeted and supported to engage in voluntary drug testing compacts. If these individuals are identified and are sign posted for frequent testing, this becomes an effective measure in reducing their drug use. However often 'enhanced' status prisoners and those with less chaotic drug use volunteer to be part

¹¹ HM Prison & Probation Service. (2019). *Prison drugs strategy*. Ministry of Justice.

¹² Ayres, T., Hatcher, R. & Palmer, E. (2023). *Process evaluation of the drug recovery prison at HMP Holme House*. Ministry of Justice.

of this scheme as it is linked to other incentives. This can divert attention from more problematic users.

Prisoners are placed on suspicion testing when there is intelligence to suggest that they are using drugs. It is a good way to confirm drug related problems, but the solutions once again need to be holistic. These individuals need to be motivated and supported to enrol in the Voluntary drug testing scheme. This could have a more significant impact on driving down drug use.

All type of drug testing is open to manipulation and tampering.

All types of drug testing are only as good as staffing levels allow. In prisons where staff levels are low, although mandatory testing is a non-flexible task, other types of testing falls way below the priority order – they are therefore not consistently within the staff detail.

10. What role should prison governors and staff play in identifying and addressing drug misuse?

Prison governors should take a strategic look at how their prison environment is impacting the demand for drugs. Prisons that are well ordered, provide purposeful activity, are safe and legitimate will have fewer problems with drug demand. Creating a culture that prioritises rehabilitation and safety is therefore entirely within the role and remit of prison governors. Prison governors also need to analyse the data they are presented with regarding their drivers for safety and violence. They need high functioning security departments that can analyse the trends around drug supply and criminal activity and take decisive action in implementing solutions. They need to create a culture where prisoners who are struggling with addictions are helped through psychosocial interventions. They need to work collaboratively with health and drug recovery partners.

Prison staff are crucial in identifying and addressing drug misuse. They are the first point of contact, and it is their intelligence and observations that enable support and action to be taken. Prison staff that are disengaged with prisoners or who do not know their prisoners risk creating an unstable environment on the wings. When staff are not in charge, the power dynamics can get complex. Criminal activity can thrive, and wings can quickly become volatile and unstable.

Support for prisoners

11. To what extent is drug treatment and healthcare in prisons effective?

- **To what extent are there sufficient resources and trained professionals to support prisoners with their recovery?**
- **How effective are screening tools in identifying individuals with drug-related issues at the point of entry?**
- **How effective are current practices for the continuity of drug treatment services post-release?**

Drug treatment and healthcare in prisons are very stretched and services are short staffed. A large number of people in prison have complex needs. The triage process can often only allow for the most complex cases to be seen. This leaves the borderline individuals receiving very little intervention. This in turn often means that they can become more complex and acute over time due to lack of interventions.

Some health and drug treatment practitioners would argue that commissioning arrangements between prison and healthcare partners have been poor and outdated. While the prison populations have increased, increases in staffing haven't followed suit. This means that services are depleted and severely under resourced. Morale amongst this group of staff is low.

Screening tools and screening services are generally good. However simply identifying the problem is not good enough when you do not have the resources to provide treatment and follow up.

Drug recovery services, which are often provided through the voluntary sector, are good. Connecting prisoners to their local drug recovery services in the community are good and initiatives such as Reconnect which link prisons up with their local health services have good outcomes.

Basic sign posting is adequate but not sufficient to tackle the multiple complex needs of people in prison who are being released in the community.

12. What improvements can be made to the commissioning and delivery of drug treatment services to ensure better outcomes?

Commissioning models need to be bespoke to the establishment. Local, regional and national partnership boards need to be well led and not swamped by bureaucracy. Commissioning decisions need to be based on a needs analysis of the prison population and should have flexibility to adapt to changing needs. Short funding cycles need to be replaced by longer term commissioning arrangements so that any planned pilots or services have the time to demonstrate outcomes. The process to gear up or gear down services needs to sit at the right level. Barriers to making evidence-based decisions on service provision need to be removed from governors and heads of healthcare.

Budgets should be delegated at the right level so that creative and innovative treatment projects can be purchased and commissioned in an agile way.

Often health commissioners have very large geographical footprints and are unable to give sufficient time to individual establishments. Where relationships between the governor and the head of healthcare are positive, services are delivered well. But there needs to be greater autonomy so that decisions can be made swiftly and in the best interests of the prisoners in their care.

13. Overall, what progress has been made to date on implementation of the Government's 10-year 'From Harm to Hope' drug strategy in relation to tackling drugs in prisons?

As of October 2023, the UK's "From Harm to Hope" drug strategy, which aims to tackle drug-related issues across various sectors, including prisons. Here are some of the key commitments made.

1. Increased funding and resources: The government has allocated additional funding specifically aimed at addressing drug misuse in prisons. This includes resources for treatment programs, staff training, and infrastructure improvements to better manage drug-related issues. Whilst posts have been filled, HMIP reports

do not support the view that this additional resource has led to better outcomes for prisoners.

2. Enhanced drug treatment services: There has been an expansion of drug treatment services within prisons, focusing on both prevention and rehabilitation. This includes access to medically-assisted treatment for those with substance use disorders, as well as counselling and support programs. Incentivised substance free landings (ISFLs) are being initiated in many prisons but as per previous responses, they require a whole system approach and often exclude the most complex prisoners.
3. Improved screening and assessment: Prisons have implemented more robust screening processes for incoming prisoners to identify those who may need drug treatment. Screening is enhanced; however, this simply identifies the problem. Treatment solutions are still severely limited.
4. Collaboration with health services: There has been increased collaboration between prison services and public health organisations to ensure that prisoners receive appropriate healthcare and support for drug-related issues, including mental health services. Local partnership board arrangements have improved but prisoners with dual diagnoses are still falling through the gaps.
5. Focus on education and rehabilitation: The strategy emphasises the importance of education and vocational training programs within prisons. Provision is patchy at best. Classrooms are sitting empty as there is still minimal regime in many prisons and little or no staff to escort prisoners to these sessions.
6. Monitoring and evaluation: The government has established mechanisms to monitor the effectiveness of the strategy and its initiatives in prisons. As stated in previous responses, this relies on the quality of analysts within safety and security departments. Data is often of poor quality and staff are poorly trained to provide meaningful analysis that drive tactics to assist the governor.
7. Reduction of drug supply: Efforts have been made to reduce the supply of illegal drugs in prisons through improved security measures, better intelligence gathering, and partnerships with law enforcement agencies. There is very little evidence to suggest that this strategy is working. Prisons seem to be getting a ready supply of drugs and the measures to circumvent have superseded the measures to prevent. Equipment is often left unused as there are no staff trained to operate them.
8. Peer support programs: The introduction of peer support programs within prisons allows prisoners who have successfully navigated recovery to help others. This can foster a supportive community and encourage positive behaviour changes. Prisons that have utilised peer support programmes are undoubtedly doing better but there is a constant pressure to transfer sentenced prisoners out of establishments to make room – this means that peer workers are not held in establishments for long enough.

Issues related to prison overcrowding and staff training and shortages have severely impacted the implementation of this strategy. We have heard in recent inspection reports that drug use is rife in prisons and that in some prisons organised crime has taken a strong hold.