**Tackling drugs in prisons**

**Revolving Doors' response to the Justice Select Committee's call for evidence**

## About Revolving Doors

Revolving Doors is a national charity that aims to break the cycle of crisis and crime. We focus on the 'revolving door' group, those who have repeat contact with the criminal justice system due to low-level offending, whose behaviours are largely driven by unmet health and social needs. These include combinations of problematic substance use, homelessness, mental ill health, neurodivergence and domestic abuse, often referred to as 'multiple disadvantage'. We combine policy expertise, independent research and lived experience to champion long-term solutions for justice reform.

Our work is shaped, informed and co-produced with our lived experience members (referred to from hereon as 'members'), namely people with lived experience of the criminal justice system and the revolving door of crisis and crime. We operate forums which meet on a regular basis throughout the year: regional forums across England, and specialist forums relating to the distinct characteristics of our group including women, race, and neurodiversity. Additionally, we also bring together a national forum to support with bespoke policy consultations. The forums enable our members to inform our work and support decision-makers and other stakeholders to develop their work.

We welcome the opportunity for our members to give evidence to the Committee and would extend this offer to the policy leads within the Ministry of Justice to consult on the design, delivery, and policy considerations of solutions to end the cycle of reoffending.

## About this response

In preparing this response we held a forum with our lived experience members, who have specifically experienced drug use while in prison. We have only answered those questions which relate specifically to the experiences of our members.

## Scale and impact

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

Whilst drug use has long been a significant problem on the prison estate, over recent years the Prison Inspectorate has noted a rise and change in nature of drug use in prison. Last spring, Chief Inspector Charlie Taylor commented that he was *'increasingly concerned about the levels of illicit drugs finding their way into prisons,* and that he was *'shocked when we found that, in [1]random tests, more than half the prisoners at Hindley, a Category C resettlement prison between Manchester and Liverpool, tested positive for illicit drug use. For the first time in my experience as Chief Inspector, more people in a jail were under the influence of drugs than sober. We could smell cannabis on the wings and its effects on*

[1] Drugs and disorder: worrying times for prisons – HM Inspectorate of Prisons

*prisoners were evident*.' These observations very much concur with the experiences of our members, who report that drug use in prison seems to have largely been accepted as the norm across the prison estate, particularly in light of a decline in the amount of time prisoners are expected to be doing meaningful activity or be out of their cells since the pandemic and staffing issues which are now common in most prisons.

Charlie Taylor went onto report that recent inspections had similar problems across the estate, including HMP Lowdham Grange, where the positive drug tests were at 40%, Woodhill, which is part of the long-term high secure estate, it was 42%. At Lindholme, another large category C prison, 21% of prisoners reported developing a problem with drugs after arriving at the jail and at HMP Bedford, staffing shortages meant they had stopped testing for drugs.

In concurrence with this our members consistently said that gaining access to illicit substances in prison was very easy:

***'If I was to get sent back to prison tomorrow morning and was back on the wing, I'd be able to get heroin and spice within seconds. I'd get myself into debt doing it, but I'd be able to get it within seconds of landing.'***

Members were also keen to point out that, whilst use of illegal drugs is prevalent, prescription drugs are also commonly used as substitutes for street drugs:

***'Let's not forget this isn't just illegal substances. Prescription drugs are also widely available in prison. I could name you 10 off the top of my head that will give me a good time. Drugs that you wouldn't even think about that I could get off on. Like Buscopan. Not the best. But you can still get off on it. It's such a wide-ranging issue, than just illegal substances. It's about drug availability in prison and why people are taking drugs.'***

Other members wanted to stress that abusing prescription drugs could be hugely damaging to the health of those who do so:

***'It's crazy the amounts of prescription drugs. Buscopan is like one of the nastiest I've seen.***
***Women come in and they've been on other substances. Then they start off with indi meds and then they get onto the Buscopan. You would never think that it could cause the damage that it causes. I saw a lady lose a leg as it stopped her body healing.'***

Forum participants were united in the opinion that the scale of drug use is rising and that this is a result of the various crises in prison including staffing, lack of meaningful activity and the general mental health problems of those serving sentences.

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?

Members felt that the addition of 'spice' to prisons had been hugely detrimental to the stability and safety of those in prison, both through its impact on the mental health of those who use it and on the stability of the prison environment:

***'Spice has had the biggest impact on the prison system than any drug I can think of. It's just a nasty, nasty, nasty, horrible drug. And in respect of the impact on the prison, especially you didn't have pad thieves before spice. Now you have about 7 on every wing. Nothing is safe. That's how much this drug has had an impact on prison.'***

Members also pointed out that, even if they were not engaging in drug use themselves, they were impacted by others using it who wanted them to aid the distribution of substances. This has a detrimental impact on their own attempts to change:

***'Social impact if you don't want to use is enormous... As a wing cleaner I was often asked to participate in passing various drugs and paraphernalia to others in other cells and places in the prison which was impossible to avoid when trying to rehabilitate personally.'***

Another member spoke about an occasion where she had to give first aid to someone who was ill from drug use:

***'When I was in, I had to save someone's life on spice, I was traumatised. So not only did it impact that individual's life. It impacted mine, and everybody else's there.'***

Several members thought that seeing people so ill from drugs caused trauma to those living with them:

***'It doesn't just affect the user, it affects the individuals around them. The impact is horrible, you know, to see people just tear themselves down.'***

Research indicates that psychoactive substance use is particularly prevalent amongst vulnerable groups.[2] Members agreed that the drug use and self-harm are often linked:

***"That's another shocking part of it, because the self-harming is through the roof and the abuse, they've given themselves through using the substances that are available are causing a catastrophic effects to the to the body. It's hard living around people doing that to themselves.***

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

In 2018 a rapid evidence assessment of violence in prison identified those with a history of drug offences or drug abuse as more likely to commit incidents of violent disorder within establishments.[3] This concurred with members' assertions that the current culture around drugs contributes to violence and intimidation:

***'I was pressured into giving [Subutex] over to people. That's the main one of the main issues there is a lot of violence around drugs in in prisons. It's ramped up even more with spice. If you're in trouble in prison, there's nowhere to go. 'Black Eye Friday'***

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[2] Ralphs, R., Gray, P. & Norton, A. (2017). New Psychoactive Substances in Manchester: Prevalence, nature, challenges and responses. Manchester City Council/MetroPolis quotes in Exploring Substance Use in Prisons: A case study approach in five closed male English prisons

[3] McGuire, J. (2018). Understanding prison violence: A rapid evidence assessment. HM Prison and Probation Service, Analytical Summary Series.

***they called it.***
***That's when payday is. So, everybody got into debt. They got a black eye. If they couldn't pay it off on a Friday.'***

**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?

Forum members reflected that there are several common ways drugs are brought into prison, starting with prisoners bringing them in. Some said people bring them with the intention of making their own sentence easier, either for their own use or as a method of making money:

***'Drugs are currency in prison. If you're likely to get recalled or remanded, you would have some drug secreted for coming into prison. Then that's the opportunity to either have it for their own use or to make a profit.'***

A member specifically raised that people entering the prison for short sentences and recalls were used to bring in drugs:

***'My experience is some people bully others on short sentences to bring packages back in (when they come back) on recall.'***

Others spoke of officers bringing drugs in:

***'It [bringing drugs in] is rife with officers as well. I was in there in the middle of COVID. So, there was no drone activity. There were no visits. But the place was still ripe for drugs.'***

***'The screws are the ones that are bringing in drugs, bringing phones, bringing vodka. I've had lighters, I've had cigarettes. I've had everything that I wasn't supposed to have from an officer, And again it's down to who's being employed into these prisons to work, but also you can always start a job as a good individual and then somehow get corrupted along the way.'***

Some felt there needed to be more focus on corruption:

***'In dealing with the supply, we've got to deal with organised crime and corruption. It's as simple as that because until you deal with the organised crime and corruption there will be drugs in prison.'***

**Tackling demand**

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

Members who had experience of the detox wing consistently reported that drug availability had been rife:
***'When I first went into custody, they put me in a detox wing 'cause I tested high for cannabis.***
***I don't know how people think you can detox on cannabis, but they put me on detox wing for seven days. The minute I walked in there, the first thing somebody said to me is you look too well to be here. The amount of drugs that's sold on a detox wing is, in***

***itself, crazy. The first minute your door unlocks, you can get sold anything you want within that detox wing.'***

***'I was one of those people that was on a detox unit and yet women were selling their own drugs. There was other stuff coming in. Yeah, that impacted the wing.'***

Members strongly advocated for consideration of why people in prison use drugs in such numbers, including those without histories of dependency. There was consensus that the prison environment, with its lack of activity, long lock ups and isolation was the primary cause:

***'There's no good locking people behind the door because boredom sets in then. If you're sat behind the door with nothing to do apart from watching telly, if you're lucky, if you've got the telly. If you've pad mate kicked off your telly's gone. Anything could happen. But you just sat down the door doing ****** all, aren't you? So even if you're not on drugs, when you first go in, you probably want some. You know what I mean? Just to get through that sentence.'***

Members felt understaffing was adding to the problem:

***'It's a part of currency. It's a part of self-medicating. It's a part of escapism. You're behind your door for 23 hours a day. Your head's going. You are not communicating with anyone because the prison has no staff. This is the impact that it's having on the jail because they're understaffed. They're just putting you behind your door. So that hour that you're coming out [of your cell] you've got to find a way to look after yourself the rest of the day, and drugs are the only option in reality, because you won't get to the front of any other queue.'***

Members thought that more care upon reception into prison and more contact with family could help people cope with the environment and so be less susceptible to using drugs for self-medication:

***'For people, they've just been sentenced, they can't get in touch with the family. There's no phone calls, you send a letter, it's going to take a week to get home. You know, this is all playing on your mind. Therefore, you're reaching out for some sort of substance just to get through it.***

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?

Rather than acting as a deterrent members felt the introduction of mandatory drug testing had been a catalyst, causing people using cannabis to convert to stronger drugs or illicit prescription drugs in the belief they were harder to detect:

***'If they had left it without MDT, then people wouldn't have tried cheating the system by having harder drugs, so they didn't get caught on a drug charge, People use spice to try and cheat the system and all the other drugs that are far worse than a bit of weed.'***

***'Before mandatory drug testing people used to smoke hash and the screws used to allow it. They used to just turn a blind eye to it, because that really did chill the situation out. Once they bought in MDT a whole raft of drugs started coming into prison.'***

## Support for prisoners

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

As already stated, members convened for this forum had negative experiences of detox units. None had received drug treatment in prison that had been effective. The believed efforts to address drug use in prison were often superficial and that in some prisons drug use – particularly cannabis - was seen as a way of subduing prisoners, meaning fewer staff were needed.

Others pointed out that other ill health was often attributed to drug use, exacerbating the poor medical care prisoners received:

***'On the flip side, if someone is having a heart attack or similar the screws immediate thought is spice, even if they know the person doesn't smoke it.'***

Members were very passionate about post-release work and praised RECONNECT,[4] a service supporting individuals with health needs leaving prison, helping them transition to community-based care to maintain health gains made during incarceration:

***'I think the continuity post release is something that needs to be challenged because people coming out of prison obviously need support and help straight away. They don't want to come out of prison and be told 'we've got you an appointment in six weeks. That's where Reconnect comes into its own.'***

## Conclusions and recommendations

Our vision is of a system that diverts people who have issues with problematic substance use away from the criminal justice system and into the support they need to better manage these issues. A system that does not criminalise people for what we perceive to be primarily a public health issue will lead to better outcomes. However, the testimony of our members shows that much needs to change in prisons to address the use in prison. We make the following recommendations:

- **Targeted drug treatment programmes:** Provide comprehensive drug treatment and rehabilitation programs tailored to the specific needs of those in prison.
- **Increased access to mental health services:** Expand mental health services within prisons, including counselling and psychiatric support, to treat co-occurring mental health and substance use disorders.
- **Post-release support:** Continue to build on the success of RECONNECT.
- **Strengthen peer support networks:** Create peer-led recovery and support groups within prisons to offer guidance and assistance to those struggling with addiction. This could encourage mutual accountability and provide a positive influence for inmates.

[4] NHS commissioning » RECONNECT

- **Increase time out of cells:** Ensure there is meaningful activity and purpose for all people in prison.
- **Better staff training:** Provide ongoing training for prison staff on managing substance abuse issues, detecting and responding to drug use, and engaging effectively with people in prison to foster rehabilitation.
- **Tackle corruption:** Introduce stronger measures to detect and prevent corruption among prison staff and external contractors who may facilitate the smuggling of drugs into prisons.
- **Family connections:** as outlined in the Farmer Review[5] more efforts should be made to ensure connections in the community, especially family, are maintained.

[5] 6.3664_Farmer Review Report