

Cabinet Secretary for Justice and Home Affairs
Rùnaire a' Chaibineit airson Ceartas agus Cùisean na
Dùthcha

Angela Constance MSP
Angela Constance BPA

 **Scottish Government**
Riaghaltas na h-Alba

F/T: 0300 244 4000
E: scottish.ministers@gov.scot

Audrey Nicoll MSP
Convener
Criminal Justice Committee
The Scottish Parliament
Edinburgh
EH99 1SP

Email: justice.committee@parliament.scot

20 February 2026

Criminal Justice Committee's Inquiry into the harm caused by substance use in Scottish Prisons

Dear Convener,

Thank you for the Criminal Justice Committee's thorough work on the inquiry into the harms caused by substance use in prisons. I am grateful to you and to the Committee members for the work that has been undertaken, and to the stakeholders who have informed the Committee's work. This is an important area of scrutiny, and the Scottish Government greatly values the evidence gathered and the careful consideration the Committee has given to these issues.

Please find attached the Scottish Government and the Scottish Prison Service's joint initial response to the Committee's recommendations. The Committee's findings, along with the wider evidence base, will play a central role in shaping and driving forward our ongoing work to reduce harm, improve outcomes, and ensure that people in custody receive the support they need.

I note that the Committee has scheduled a Parliamentary debate on 26 February 2026 to discuss this further. Both the Minister for Drugs & Alcohol Policy and Sport and I welcome this opportunity for continued engagement and look forward to the discussion.

Yours sincerely



ANGELA CONSTANCE

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

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Criminal Justice Committee Inquiry into the harm caused by substance misuse in Scottish Prisons.

The Criminal Justice Committee's inquiry into the harm caused by substance misuse in Scottish prisons published its report on 16 January 2026. The report contains fifty recommendations across six key themes:

- Drivers of substance use and the prison environment (9 recommendations – paragraphs 106-114)
- Supply, security and the control of illicit substances in prisons (11 recommendations – paragraphs 157-167)
- Health, treatment and recovery services in prisons (9 recommendations - paragraphs 214-222)
- Rehabilitation, reintegration and recovery pathways (11 recommendations – paragraphs 260-270)
- Alcohol use in prisons (5 recommendations – paragraphs 302-306)
- Data, governance and accountability (5 recommendations – paragraphs 336-340)

An initial assessment by the Scottish Government and the Scottish Prison Service of each recommendation is set out below. This outlines where work is already under way, where progress is anticipated, and where further consideration may be required.

17 February 2026

RECOMMENDATIONS AND INITIAL ASSESSMENT

Drivers of substance use and the prison environment		
Paragraph Number	Description	Assessment
106	The Committee acknowledges that persistent overcrowding remains a major barrier to delivering effective prevention and early-intervention work in custody. High population levels limit access to purposeful activity,	<p>The Scottish Government recognises that a rising and increasingly complex prison population poses a significant challenge not only in Scotland, but in other parts of the UK and beyond.</p> <p>The Scottish Government, working with delivery partners, has already taken significant action to strengthen the justice system and address the rising prison population in a sustainable way which protects the wellbeing of prisoners and staff,</p>

	<p>restrict the availability of therapeutic spaces, compress staff time, and disrupt continuity of care. While the recommendations that follow set out the actions required to strengthen mental-health support, substance-use treatment, recovery work and family contact, the Committee is clear that sustainable progress across all of these areas ultimately depends on reducing the pressures created by an overcrowded prison estate.</p>	<p>and facilitate effective delivery of health, social care, rehabilitation and other vital support services.</p> <p>This includes optimising the existing prison estate and investing in new prisons HMP Highland and HMP Glasgow; an increase in the use of bail supervision; the roll out of electronically monitored bail across the country; expansion of Home Detention Curfew; and increased investment in community justice. The Sentencing and Penal Policy Commission also published its report on 6 February 2026 which will inform the longer-term strategy for establishing a sustainable prison population.</p> <p>Work is ongoing to consider the effectiveness of community sentences in addressing needs (including relevant to substance use and mental health support) and to ensure links to appropriate services are in place.</p> <p>The Scottish Government also provides funding of £5.3 million annually to support a new national voluntary throughcare service, Upside, which provides person-led and needs-centred support for people leaving sentences of under four years and periods of remand. The service supports individuals before, during and after their release from custody to achieve a well-managed and safe transition back to the community. Upside can provide support to help individuals access benefits, healthcare, sustainable housing and employment, as well as providing support to attend appointments, re-establish family relationships and establish the longer-term supports needed to help individuals rebuild their lives.</p> <p>On 3 February 2026, the Scottish Government announced its intention to change the automatic release point for some STPs from 40% to 30% of their custodial sentence. This measure is currently scrutinised by Parliament and, if passed, is estimated to bring about a sustained reduction to STP population of between 329 and 312 individuals.</p>
107	<p>While existing SPS mental-health and alcohol and drug</p>	<p>The SPS Alcohol and Drug Recovery Strategy, that it is aligned to the SPS Mental Health Strategy, takes a co-ordinated approach to care planning with community-</p>

	<p>strategies include relevant actions, they do not set out a fully integrated prevention and early intervention approach within custody. Witnesses were clear, however, that the capacity to deliver meaningful early-intervention work is significantly affected by current prison population levels.</p> <p>The Committee therefore recommends that the Scottish Government, SPS and the NHS work together to develop a custody-focused prevention and early-intervention framework that embeds trauma-informed care, links mental-health and substance-use services, and supports recovery from admission through to release.</p>	<p>based services to ensure continuity of appropriate health, mental health, alcohol and drug support provision upon entry into custody and on liberation. SPS works alongside NHS partners to provide the support for people with substance use issues and to embed the Medication Assisted Treatment standards. Recovery Cafes are underway in most establishments which mirror support and activities provided within recovery cafes that exist within the community.</p> <p>The Scottish Government's forthcoming Alcohol & Drugs Strategic Plan, due to be published in March 2026, will set out our continued commitment to holistic support for people with substance use issues in custody from admission through to release.</p> <p>The Prison to Rehab Pathway is designed to support people leaving custody who would benefit from entry into abstinence-based residential treatment immediately on release, ensuring a consistent and safe transition into recovery-focused support.</p> <p>We will continue working to align delivery and strengthen recovery focused pathways across the system as recommended in the committee's report.</p>
108	<p>Any new custody strategy must align with the support people receive in the community. The same principles, standards, and expectations should apply before, during, and after someone is in prison, so that treatment is not interrupted when they enter custody or when they return home.</p>	<p>The Target Operating Model for prison healthcare, which is currently being implemented across all establishments, commits to person centred, trauma informed care delivered in partnership and coordinated across organisations to ensure continuity before, during and after custody. The model is a nationally consistent service framework for prison healthcare, developed with NHS, SPS and Scottish Government partners, and includes actions to strengthen links with community services, such as enabling community-based staff to support prison healthcare teams through virtual consultations and visiting professionals. This enables person-centred, trauma informed care delivered in partnership and</p>

		<p>coordinated across organisations to ensure continuity before, during and after custody.</p> <p>The SPS alcohol and drug strategy aims to establish a co-ordinated approach to care planning with community-based services to ensure continuity of appropriate health, mental health, alcohol and drug support provision upon entry into custody and on liberation.</p> <p>We are also committed to embedding the Medication Assisted Treatment (MAT) standards to ensure continuity of support.</p> <p>These activities support continuity of care and seek to minimise disruption to treatment when someone enters or leaves custody.</p>
109	<p>Mental-health provision in prisons should be reviewed urgently to ensure parity with community standards. Addiction must not be a barrier to receiving mental-health support. People in custody should be able to access the same core services that would be available to them in the community, including timely mental-health assessment, talking therapies, trauma-specific interventions, and treatment plans that address occurring mental-health and substance-use needs together rather than in isolation.</p>	<p>It is the responsibility of Health Boards to provide safe, effective, person-centred care, equitable to that available to those in the community.</p> <p>A holistic, person-centred approach is taken to the provision of healthcare in prisons. Healthcare staff develop individual care plans for patients with mental health and or medical conditions to ensure clear communication of assessed needs and required care.</p> <p>Healthcare Improvement Scotland works jointly with HM Inspectorate of Prisons for Scotland to deliver the healthcare component of prison inspections. As part of this framework, HIS developed Standard 9, which is assessed during every inspection and requires that <i>“the prison takes all reasonable steps to ensure the health and wellbeing of all prisoners.”</i></p> <p>Within the HIS Standard 9, there are clear expectations that support must be equivalent to that available in the community. This includes the requirement that <i>“everyone with a mental health condition has access to treatment that is equitable to that in the community”</i> and that <i>“everyone who is dependent on drugs and/or</i></p>

		<p><i>alcohol receives treatment equitable to that available in the community.</i>” Prison healthcare is therefore already held to the same expectations as community services.</p> <p>In addition, MAT standard 9 also states that “All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of <u>MAT</u> delivery.”</p> <p>The Scottish Government works closely with its SPS and NHS partners to remove barriers and support the delivery of prison healthcare. This is demonstrated, through the implementation of the Target Operating Model for prison healthcare and the development of a refreshed SPS/ NHS Memorandum of Understanding.</p> <p>The Target Operating Model (TOM) for prisoner healthcare aims to ensure that people in prison receive accessible, trauma-informed, evidence-based mental-health care, supported by clear referral routes, comprehensive assessment, stepped or matched treatment, crisis support and smooth pathways into specialist and community services. This includes mental health and addiction services.</p>
<p>110</p>	<p>The Committee recommends that the SPS strengthen access to clear, rights-based information and independent advocacy for people in custody and their families. Improving awareness of rights and ensuring that individuals have trusted avenues to seek support would help reduce stigma and contribute to a more trauma-</p>	<p>Supporting people in custody to obtain help for their alcohol or drug problems, referral routes, and information is visible and accessible is an aim of the SPS Alcohol and Drugs Strategy. The strategy contributes to a human rights-based approach by ensuring that people, for whom their use of alcohol and drugs is a problem for them, are identified and have access to a range of interventions, services, and support similar to those delivered in a community setting. The implementation of MAT Standards also supports this approach.</p>

	informed environment across the prison estate.	
111	<p>Whilst recognising the current challenges facing SPS and its staff because of overcrowding, the Committee recommends that, as soon as it is able to, SPS works towards guaranteeing a baseline level of purposeful activity in every establishment, with minimum hours protected as far as possible.</p>	<p>Purposeful Activity (PA) hours have improved steadily since the Covid-19 pandemic but have still not returned to 2019–2020 levels. This is due to a range of factors including the impact of overcrowded conditions as a result of consistently high prison population and diminishing ability to deliver such activity due to staff resourcing and increasing complexity of population.</p> <p>The Restoration of Services project (Sept 2021) enabled establishments to return to previous shift patterns where beneficial and review their business needs based on local demographics and available resources. Cross-directorate research confirmed that limited staffing and population growth have increased operational complexity and directly affected PA delivery. Frequent redeployment of offender outcomes staff due to the high prison population has also reduced the consistency and quality of PA.</p> <p>To address these pressures, SPS has now initiated the Operational Regime and Roster Review, requiring each establishment to redesign regimes, timings and staff deployment (rosters) locally. The aim is to ensure staff are available where they are most needed, with resilient rosters that avoid running short or overstressing the workforce.</p> <p>Revised local proposals must prioritise safe, sustainable regimes and direct resources to key areas, create accurate, deliverable staffing profiles, maintain time out of cell, purposeful activity, visits, and family contact and comply with legislation, HR policy, and equality/human rights duties.</p> <p>Each establishment’s proposed regime will be presented to the Regime and Roster Oversight Group at SPS HQ (within OD) to ensure these objectives are met before implementation.</p>

		<p>Each establishment will be able to design and tailor their regime to suit the needs of their own populations, facilities and staffing profile to better protect hours of Purposeful Activity.</p> <p>It is currently the intention of SPS to carry out a more substantial review of its Key Performance Indicators in 2027/28, in parallel with the development of the next SPS Corporate Plan.</p>
<p>112</p>	<p>The Scottish Government and the Scottish Prison Service should ensure that family contact arrangements - including access to digital visits and support from Family Contact Officers - are delivered consistently and to a high standard across the prison estate.</p>	<p>We recognise the importance of high quality and consistent family contact arrangements across the prison estate, including digital access and the role of Family Contact Officers.</p> <p>The role of a Family Contact Officer (FCO) is to develop, deliver and provide an effective service to the prison population in relation to all aspects of family matters and to provide support, advice and information to management, staff, prisoners, prisoners' families and external agencies.</p> <p>While each FCO operates slightly differently within each establishment, the aims of each officer include:</p> <ul style="list-style-type: none"> • To liaise and co-ordinate with external agencies to support strategic developments. • Liaise with partners, families and external agencies where required. • Support Children's visits • Strive to improve the visits area in all aspects • Update visiting information and support prisoners and families with visiting information • Consult with prisoners and families on a regular basis and represent their views when implementing changes • Feedback and support management to implement changes • Organise and facilitate any family events/open days held within the prison.

		<ul style="list-style-type: none"> • Keep accurate records of any relevant discussions/issues noted by prisoners or prisoner's families. Record these where appropriate. • Respond to referrals and requests. • Be aware of the Child Protection Policy and the procedures that should be adhered to in the event of any issue/concern relating to a child arising. • Support and facilitate visits out with normal visiting hours if approved. <p>Virtual visits are available at identified times in each establishment and usually booked by operational visits staff at the request of the family member through an online software. Each establishment will have their own timeline and SOP for booking and using the virtual visit terminals. However, due to the nature of the software the bookings are requested by the family members, issued by SPS officers and need to be confirmed by the family member. Other supports such as "Email a Prisoner" also help families stay in touch.</p> <p>Family Contact Officers meet quarterly to share best practice and look at ways they can ensure continuity across the estate. They also have an MS Team's Channel to discuss ideas and get a response to any general queries in a quick and timely manner.</p> <p>The SPS are exploring different training workstreams to support the development of Family Contact Officers, ensuring they are given the relevant training to further support those in their care and their families and friends.</p>
113	SPS and the NHS should expand anti-stigma and recovery-champion training for all staff, recognising recovery as a central goal of the prison system.	<p>The Charter of Rights for People Affected by Substance Use aims to empower people to realise their human rights, challenge stigma and promotes fair access to care, with lived experience playing a central role in decision making.</p> <p>The Scottish Government is also funding the Scottish Recovery Consortium to deliver a Prison Recovery Project, which is strengthening recovery-oriented practice across the prison estate. This includes a range of interventions including Recovery Essentials, Peer Support training, and My Recovery and Me peer led</p>

		<p>mutual aid groups. These courses were fully or partially delivered in nine prisons, with further work agreed or planned in several others.</p> <p>The SPS alcohol and drug strategy also notes that the likelihood of recovery is greatly enhanced if the person has access to recovery champions and recovery groups who can be integrated into their daily routines'. Each establishment will have access to "Recovery from Within" learning opportunities delivered by the Scottish SRC to build an understanding of rights based and recovery focused approaches. The programme links peers and staff to external lived experience recovery organisations who can offer additional support including group activities, educational and volunteering opportunities.</p> <p>In addition, The National Prison Care Network provides regular professional development opportunities for NHS and SPS staff through its joint webinar series, covering a range of topics including mental health and substance use.</p> <p>Together, this work is expanding anti stigma practice and strengthening recovery champion capacity across SPS and NHS teams, supporting recovery as a central goal of the prison system.</p>
114	<p>The Committee believes that Parliament must be able to track whether prevention and early-intervention work in custody is making a meaningful difference. We therefore expect the SPS and Scottish Government to include regular, detailed updates on this work within existing performance and outcome reporting. These updates should highlight</p>	<p>We recognise the importance of enabling Parliament to track whether prevention and early intervention work in custody is making a meaningful difference.</p> <p>We remain committed to providing regular updates through existing performance and outcomes reporting, highlighting progress made, ongoing challenges, and the resources required to sustain improvement.</p> <p>One area that may support future reporting is the emerging public health surveillance work being taken forward by Public Health Scotland, and we will explore how this could contribute to a more consistent evidence base.</p>

	progress, unresolved challenges, and the resources required to deliver change.	
Supply, security and the control of illicit substances in prisons		
Paragraph Number	Description	Assessment
157	The Committee is concerned by evidence that some individuals develop substance-use problems while in custody and it is clear that this must be prevented wherever possible. We therefore expect the Scottish Government, SPS and the NHS to take steps within existing systems to reduce the risks that lead to people developing new drug dependencies in prison - such as lack of purposeful activity, unmet mental-health needs, and exposure to drug-using cultures. Progress on this work should be reflected through existing reporting arrangements, without creating additional reporting requirements as we do not wish	<p>The introduction of the Operational Regime and Roster Review will protect purposeful activity and time out of cell by ensuring that staff are available at peak times of the regime. This will ensure that time out of cell and purposeful activity are protected and less likely to be cancelled as the need to re-deploy staff to the residential function will be negated. This should lead to meaningful stimulation in the form of purposeful activity and time out of cell which is hoped to reduce the likelihood of substance use to curtail boredom.</p> <p>In addition, preventative measures remain in place to reduce the likelihood of illicit substances and articles entering our establishments. SPS continues to work with partners and stakeholders to prevent illicit items entering the estate to minimise both access to and exposure to illicit substances, supporting a safer and more rehabilitative custodial setting. The use of psychoactive substances is becoming more prevalent and SPS has taken measures to reduce this.</p> <p>A commitment in the SPS Alcohol & Drug Strategy is to increase the health and wellbeing of those they care for. Access to positive activities including cell-based, prison based, and community-based options should be offered as engagement opportunities, to alleviate risk of boredom and increase coping strategies and abilities to self-manage stressors, cravings and build emotional resilience.</p>

	<p>to add to the burden of work on the SPS at present.</p>	<p>The aim of the actions in the Target Operating Model for prison healthcare which relate to mental health is to ensure people in prison receive accessible, trauma informed, evidence based mental health care delivered through clear referral routes, comprehensive assessment, stepped/matched treatment, crisis support, and smooth pathways into specialist and community services. Implementation of the TOM is already monitored by the National Prisoner Care Network so progress against this will be captured through that work.</p> <p>Additionally, the joint HMIPS and HIS inspections of prisons are an established mechanism for monitoring where progress can be captured.</p>
<p>158</p>	<p>The Committee recommends that the Scottish Government, SPS, Police Scotland, Public Health Scotland and the NHS strengthen existing multi-agency arrangements for monitoring drug trends in custody and improving the flow of intelligence between prisons and community services. This should include clearer arrangements for sharing relevant data, producing joint assessments where appropriate, and issuing timely alerts to establishments and local Alcohol and Drug Partnerships. The Committee would welcome an update within 12 months on how partners intend to develop this work within existing governance structures.</p>	<p>The SPS works with a wide range of external partners to respond to concerns across the prison estate as a result of an increase in illicit drug use. This is done through a multi-agency approach with key partners across Scottish Ambulance Service, Public Health Scotland, Police Scotland, the University of Dundee and representatives from across the SPS Directorates.</p> <p>It includes information from SPS on substances detected in seizures that is shared with Dundee University who undertake testing and then fed into the PHS Rapid Action Drug Alerts and Response (RADAR) system.</p> <p>Work will continue to ensure that effective arrangements are in place, or can be established where needed, to support smooth and reliable information sharing between all relevant partners and agencies.</p>

159	<p>SPS should evaluate the effectiveness and value-for-money of its current security technologies, ensuring that future investment prioritises integrated approaches combining enforcement, intelligence, and treatment. The Committee further recommends that evaluations of security technologies consider their impact not only on contraband detection but also on prisoner welfare, relationships, and rehabilitation outcomes.</p>	<p>The SPS is committed to taking an evidence-based approach to future investment, prioritising solutions that bring together detection, deterrent and intelligence to prevent the introduction of illicit substances supporting safety and security of all those who work, visit and reside in our care. They will ensure that forthcoming evaluations of security technologies consider not only their contribution to detecting and preventing contraband, but also their broader implications for people in their care.</p> <p>SPS have recently replaced technology such as the BOSS Chair with Cell Sense handheld wands and body scanners which are more effective measures in detecting and preventing contraband and supports the well-being of the individual being searched by such means. These strengthen security by detecting a wide range of contraband, including weapons, drugs, and other items, that traditional searches often miss, reducing violence, drug-related incidents, and operational risks. They also speed up screening processes and minimise human error, making security more efficient and consistent.</p> <p>From a trauma informed perspective, x-ray body scanners significantly reduce the need for invasive body searches, which can retraumatise individuals, particularly given the high prevalence of trauma histories in prison populations. By preserving dignity, reducing triggers, and lowering staff–inmate friction, scanners support safer, more respectful environments aligned with trauma informed principles. This includes assessing any effects on wellbeing, human rights and safety and supports informed decision-making and ensures that security measures contribute positively to a safe and stable environment.</p> <p>A number of additional measures have been introduced to reduce the introduction of illicit substances into prisons. Window grilles have been installed in certain establishments and are kept under regular review to ensure they remain effective and do not adversely impact those in custody. The photocopying of mail continues to play an important role in disrupting this route of substance introduction and remains in place across the SPS estate. SPS also maintains up to date Rapiscan</p>

		technology, and ongoing partnership work with the University of Dundee supports continued vigilance around emerging substances within establishments.
160	The Committee recommends that the Scottish Government review how current disciplinary responses to drug possession and use in custody are being applied in practice, to ensure that they are consistent with the health led principles set out in the national alcohol and drug strategy and with the Minister's evidence to the Committee. This review should consider whether existing approaches minimise unintended harms and support access to treatment and recovery.	<p>Adjudicators increasingly use the disciplinary process as an opportunity to guide individuals toward available support and recovery pathways within the establishment. Although this approach is not explicitly outlined in the Disciplinary Hearing Guidance, it strengthens the rehabilitative intent behind the process by recognising that substance use often stems from underlying issues rather than isolated behaviour.</p> <p>Current disciplinary practice in custody will be kept under ongoing consideration by operational partners, and we will continue to ensure that this work aligns with wider strategic principles while recognising the operational context in which it sits.</p>
161	SPS and the NHS should jointly develop protocols for staff exposure to synthetic substances, including mandatory training, protective equipment, and post-incident health support.	<p>Health and safety and TUS have worked together to establish protocols to help protect staff who may encounter situations where exposure to an unknown hazardous substance is possible. Protocols are in place where an unknown hazardous substance is suspected in an area such as accommodation for example and when it is suspected on items or property.</p> <p>PPE such as gloves are available to minimise the chances of skin absorption in processes such as searching. Staff should promptly alert a manager or colleagues, use protective gloves and avoid touching their face, and, where safe, remove prisoners from the affected area before securing and ventilating it. Time in the area should be kept to a minimum, with any suspicious substances treated as productions, and staff must wash their hands thoroughly after removing gloves.</p>

		<p>If a staff member feels unwell after potential exposure, it should be reported immediately, seeking medical advice where necessary, and moved to a quiet place to stay calm, hydrate, and avoid driving. They should provide any useful details to support investigation and ensure the incident is properly recorded on PR2 and as an Accident at Work, after which there is follow-up support from their manager.</p> <p>Each incident must be fully investigated to prevent recurrence, and dynamic risk assessments remain essential during emergency responses. This information has been communicated and circulated to SPS staff in the form of a GMA (GMA 053/17).</p> <p>The SPS Alcohol & Drugs Strategy highlights the importance of maintaining safe environments for staff and people in custody, including through joint working with NHS colleagues and approaches that respond to the evolving nature of substance use. This work will continue to be kept under review in line with strategic principles on safety and recovery.</p>
162	<p>Furthermore, SPS and the Scottish Government should review training in trauma-informed security practice to ensure staff balance enforcement with empathy and communication.</p>	<p>The SPS Alcohol and Drug Strategy emphasises the commitment to providing training to all its staff in trauma informed care and work has started to map and identify the specific training needs of different staffing groups in line with the NES levels.</p> <p>SPS is committed to the principles of trauma-informed practice and seek to provide opportunities to ensure staff engage with, and refresh their understanding of, the principles of a trauma-informed approach. A trauma strategy and organisational training framework will be developed for SPS based on the NHS Trauma Framework.</p>
163	<p>The Committee recommends that the Scottish Government continues its joint work with UK counterparts to secure appropriate no-</p>	<p>The Scottish Government continues joint work with the UK government regarding inclusion of Scottish prison sites within forthcoming secondary legislation on no fly zones.-fly zones.</p>

	<p>fly restrictions at prison sites in Scotland, and ensures that any proposed changes are communicated clearly and in advance to operational partners. This work should remain focused on practical cooperation between UK and Scottish government officials, with the aim of providing prisons in Scotland with equivalent tools to those already available elsewhere in the UK.</p>	<p>The Scottish Prison Service is providing information to the Ministry of Justice as required, with the Ministry of Justice acting as the sponsoring department for this work.</p> <p>Timelines for implementation are still to be confirmed. Current indications suggest that any legislative changes are likely to take approximately 6–9 months to progress. The Scottish Government will maintain engagement with UK counterparts as this work develops and will ensure that operational partners are updated on any proposed changes at the appropriate stages.</p>
<p>164</p>	<p>The Committee recognises the importance of consistent intelligence sharing between SPS, Police Scotland and the Serious Organised Crime Taskforce. It may be appropriate to explore whether current arrangements could be strengthened to ensure accountability and support efforts to disrupt supply.</p>	<p>The Scottish Government also recognises that effective partnership working is essential to disrupting organised crime. The Serious Organised Crime Taskforce brings together law enforcement agencies alongside representatives from the third and private sectors. While the Taskforce is not an operational forum, the Scottish Government is currently considering how its operations can be strengthened to further support collective efforts to reduce organised crime across Scotland.</p> <p>The SPS is an active participant on the Taskforce working at a national and local level to mitigate the risk, threat and harm caused by organised crime. The SPS Public Protection Unit works in close collaboration with Police Scotland and other justice sector partners to ensure prisons are safe and secure place in which to live and work. Information is shared between organisations in order to divert, deter, detect, and disrupt both organised crime and organised prisoner networks.</p> <p>Alongside this, the Multiagency Tasking and Delivery Board (MATDB), chaired by Police Scotland, provides an established mechanism for operational coordination. The MATDB brings together organisations based at the Scottish Crime Campus, as well as other key partners including the Scottish Prison Service, to share</p>

		intelligence, identify key threats, agree priority areas for enforcement activity, and determine the level of resources required. This forum is recognised as a strong model for operational collaboration.
165	<p>The Committee heard that SPS and NHS already work together through a range of local multi-disciplinary and incident-management arrangements to reduce drug-related harm. To ensure this coordination is consistent across the estate, the Committee recommends that each establishment strengthen its existing joint structures, such as MDTs and IMTs, so that harm-reduction and security teams routinely share intelligence, coordinate responses and align clinical and operational decisions. This should build on current practice rather than create new layers of meetings.</p>	<p>SPS have implemented a National Incident Management Team to respond to concerns experienced across the prison estate as a result of an increase in illicit drug use. The national group supports a multi-agency approach with key partners across Scottish Ambulance Service, Public Health Scotland, Police Scotland, the University of Dundee and representatives from across SPS Directorates.</p> <p>The aim of the National Incident Management Team is to reduce the harms associated with drug use, reduce incidents of potential overdose and death, increase understanding around drug trends and presentations and to share best practice.</p> <p>The National Incident Management Team chaired by a Governor in Charge, meets quarterly with all partners in attendance. It is also stood up if incidents of concern occur across establishments.</p> <p>In response to incidents of illicit substance misuse across establishments, Problem Assessment Groups are held, chaired by the National Incident Management Team Chair with learning disseminated across all partners and establishments.</p>
166	<p>The Committee recommends that SPS consider consolidating existing data on drug seizures, incidents, treatment uptake, and staff safety into an annual Drug Supply and Harm Summary.</p>	<p>SPS collects data on incidents of drug takes and drug finds in the form of incident reports. Drug takes incidents are recorded when an individual has been confirmed to be under the influence of a substance. Drug finds are recorded when a substance is recovered from an area, item or individual via the incident reporting process. SPS are aware of the limitations in the data recording process and are keen to work with colleagues to improve this in the future.</p>

	<p>This could support transparency and inform scrutiny, while recognising existing reporting mechanisms and resource constraints.</p>	<p>Local IMUs collate this information for analysis to better understand the local trends. The Public Protection Unit analyse this data to understand the national trends and support local establishments.</p> <p>SPS also gather data on the use of the Management of an Offender at Risk due to any Substances (MORS) policy when and individual is suspected to be under the influence of an unknown substance.</p>
<p>167</p>	<p>The Committee recommends that SPS continue to strengthen entry-point security arrangements, including the screening of staff, visitors and goods, recognising this as a fundamental element of preventing drug supply. Evidence to the Committee highlighted that consistent, robust entry-point measures reduce opportunities for organised criminal networks to introduce substances into custody. SPS should ensure that these measures are applied proportionately and consistently across the estate.</p>	<p>Proportionate, consistent robust security processes on entry to establishments for all individuals whether staff, visitor or partners is a key focus.</p> <p>New X-ray machines have been fitted throughout 2025 to many establishments where all permitted items will be scanned prior to entry. Cell sense wands and metal detectors are present alongside trained staff to carry out rub down searches. The use of search dogs is another mechanism that supports security upon entry to establishments. Searching is also carried out on vehicles upon entry to the establishment in line with Security Protocols.</p> <p>Security processes are detailed in GMA 39A/12 and searching is applied as per the Prison and Young Offender (Scotland) 2011 Rules. (Rule 142, 106, 108)</p>
<p>Health, treatment and recovery services in prisons</p>		

Paragraph Number	Description	Assessment
214	<p>The Committee recognises the significant challenges faced by those providing leadership for prison healthcare and acknowledges the commitment shown by staff across SPS, Health Boards and partner organisations. National structures already exist - including clinical governance and inspection arrangements - to support coordination and oversight. However, evidence received during the inquiry indicates that these mechanisms have not been sufficient to overcome siloed working or to ensure consistent standards across the estate. The Committee therefore considers that national leadership and coordination should be strengthened, and encourages SPS, the Scottish Government and health partners to use the findings and recommendations of this inquiry as a platform to review and, where necessary, revise policy and practice to support a more</p>	<p>The Scottish Government is working collaboratively with key partners, including the SPS and the NHS, to drive forward national improvements in prison healthcare. As part of this work, in 2023, we established three high-level groups: a Strategic Leadership Group; a Cross-Portfolio Ministerial Group; and a National Executive Leads Collaborative.</p> <p>The Strategic Leadership Group (SLG) brings together directors from across the Scottish Government policy areas of Justice, Mental Health, Population Health and Social Care, alongside the CEO of the Scottish Prison Service, and NHS executive-level representatives. Its aim is to resolve the challenges in prison healthcare.</p> <p>The Cross-Portfolio Ministerial Group (CPMG) on Prison Health and Social Care was established in 2023 to provide leadership from across the relevant portfolios of health and social care, and justice. Through the Cross-Portfolio Ministerial Group on Prison Health & Social Care, Justice and Health ministers are working together with key partners, including the SPS and the NHS, to ensure the healthcare needs of people in prison are met.</p> <p>Established in October 2023, the National Executive Leads Collaborative (NELC) for prison healthcare brings together NHS Health Board executive leads for prison healthcare to drive change and collaboration to improve healthcare for those in custody. It also acts as a network to consider national consistency; outputs of national reviews and reports; share good practice; and seek solutions for national issues. Membership of the NELC includes representatives from all NHS Boards/Integrated Joint Boards, the Scottish Prison Service, including Governors-in-charge, and Scottish Government.</p>

	<p>integrated and effective approach to prison healthcare.</p>	<p>We will use these existing partner meetings and structures to consider how best to respond to this recommendation, including supporting post-election activity aligned with future ministerial priorities.</p>
<p>215</p>	<p>The Committee recommends that SPS and NHS embed humanising care as a core practice principle across prison healthcare. This should include training for both prison officers and health staff on compassionate communication, trauma-informed engagement, and rights-based practice; environmental changes that support dignity; and ensuring that recovery work is not compromised by regime pressures where avoidable. Good practice observed at HMP Grampian should be shared systematically across the estate.</p>	<p>The SPS Alcohol and Drug Strategy commits to developing, in association with partners, staff training that reflects the latest understandings in the links between substance use, trauma, offending and recovery.</p> <p>SPS have recently conducted a Training Needs Assessment in relation to the Mental Health and Alcohol & Drug Strategies which will inform the developing of training materials, utilising evidence-based approaches and recognised resources from partners such as NHS Education for Scotland. There are a series of Webinars that the National Prison Care Network (NPrCN) have organised for organisations to access to inform practice. The NPrCN routinely invite NHS Boards to propose topics and speakers for future webinars, so there is an opportunity for the examples of best practice highlighted in the Criminal Justice Committee inquiry to be shared through this route. The good practice at HMP Grampian and will be explored while addressing the wider pressures identified in the inquiry.</p> <p>In addition, and in line with the Charter of Rights, people affected by substance use in prison settings are rights-holders and should receive health and care equivalent to that available in the community. This includes the right to the highest attainable standard of physical and mental health, which may be realised through Medication-Assisted Treatment (MAT), specifically MAT Standard 10 (All people receive trauma-informed care) and other evidence-based interventions. People should be enabled to make informed decisions regarding their treatment choice. based interventions. People should be enabled to make informed decisions regarding their treatment choice. -based interventions. People should be enabled to make informed decisions regarding their treatment choice.</p>

		<p>Training and the sharing of effective approaches will continue to be progressed. The SPS Alcohol and Drug Strategy includes a commitment to working with partners to develop staff training informed by current thinking on relevant issues.</p>
216	<p>In our view, a national standard for pre-release healthcare planning should be introduced, ensuring every individual has confirmed appointments, prescriptions and continuity of treatment on liberation. This is the principle behind legislation passed previously by this Parliament.</p>	<p>Relevant work is underway within the National Prison Care Network to develop Guidance for Prison Healthcare Teams to support people being liberated from prison</p> <p>Section 13 of the Bail and Release from Custody (Scotland) Act 2023 requires Scottish Ministers to publish national standards for throughcare support which covers access to relevant general services (including services and support provided to people in relation to physical or mental health including alcohol and drug treatment services).</p> <p>Section 13 came into force on 9 February 2026, and Scottish Ministers have two years in which to develop, consult on and publish the national standards. Engagement with named stakeholders will take place across spring and summer 2026, followed by a full public consultation later in 2026.</p> <p>The 2023 Act also contains a provision, section 12, which relates to a duty for named partners to engage with Scottish Ministers (in practice SPS) on the development, management and delivery of a release plan for individuals being released from a prison sentence or period of remand. It is intended that work on section 12 will progress once work on the national throughcare standards has progressed.</p>
217	<p>The Scottish Government and the NHS, in partnership with the Scottish Prison Service, should ensure full implementation of all ten Medication Assisted Treatment (MAT) Standards across the prison estate by April</p>	<p>The published timeline for full and sustained implementation of the MAT Standards in community and justice settings is April 2026. However, full implementation of the standards within justice settings is a challenge, as highlighted in the most recent 2024/25 PHS Benchmarking Report.</p> <p>The 2025/26 Benchmarking Report on MAT Standard implementation is scheduled to be published in July 2026 with an additional Supplementary Report on the</p>

	<p>2026. Public Health Scotland should continue to benchmark and publicly report on progress from 2025/26 onwards, to support transparency and consistent delivery.</p>	<p>implementation of MAT Standards in justice settings scheduled to be published in the Autumn of 2026.</p> <p>The Supplementary Report will serve to document the work which has been put into MAT implementation during 2025/26 and will provide a baseline and set out the anticipated trajectory with regard to MAT implementation in justice settings, with a focus on prison establishments. Work is also ongoing to ascertain how experiential evidence will be collected within justice settings going forward.</p>
<p>218</p>	<p>Evidence to the Committee highlighted gaps in safe withdrawal management, including insufficient detoxification and stabilisation facilities and the risks identified in Fatal Accident Inquiries around unmanaged withdrawal. Witnesses also described the need for closer clinical monitoring during acute episodes linked to alcohol withdrawal and synthetic cannabinoids. In light of this, the Committee recommends that the Scottish Government, SPS and the NHS explore whether each prison can provide at least one dedicated clinical stabilisation space. This would be a small, clinically equipped area where people can be safely assessed, monitored and</p>	<p>The Scottish Government, SPS and NHS partners will consider this proposal as part of post-election policy discussions. This would allow a future administration to determine whether dedicated clinical stabilisation spaces in each prison are the most effective way to improve safe withdrawal management.</p>

	<p>treated during withdrawal or acute instability before returning to standard accommodation or, where necessary, being transferred to hospital.</p>	
219	<p>Evidence to the Committee showed that chronic-pain management in prisons is increasingly challenging, with some prescribed pain medications being diverted, traded or misused, and some individuals turning to illicit substances when appropriate pain relief is not available. At the same time, people with genuine long-term pain require consistent and safe clinical care. To address these risks, the Committee recommends that consideration be given to developing national guidance on chronic-pain management in custody, to support clinicians in meeting legitimate needs while reducing opportunities for diversion</p>	<p>Chronic pain management is supported by a national policy framework through the Scottish Government's chronic pain service delivery work.</p> <p>NHS is responsible for clinical care in prisons. Any new work in this area will be appropriately considered.</p>
220	<p>Public Health Scotland, in collaboration with SPS and NHS, should build on the existing Prison Health &</p>	<p>We will seek the view of Public Health Scotland on any specific proposals for further data linkage or system development. health surveillance work, their assessment would be essential in determining what enhancements are feasible and how they could best support more robust monitoring and evaluation across the</p>

	Wellbeing collaboration to develop a unified prison-health data system that more fully links health and justice datasets. This enhanced system should support robust performance monitoring, evaluation, and transparency across the prison estate.	health surveillance work, their assessment would be essential in determining what enhancements are feasible and how they could best support more robust monitoring and evaluation across the system.
221	The Committee further recommends that outcomes be measured not only in terms of reduced drug incidents but also improved health, wellbeing and recovery indicators. SPS may consider these alongside, or as part of the 'substance misuse' key performance indicator used in their current framework.	National work is underway to review and update key indicators alongside emerging SPS strategies.
222	Finally, the Scottish Government should ensure sustained funding for peer mentoring and lived-experience programmes and embed such roles in service governance structures.	The Scottish Government provides sustained investment in third sector organisations delivering peer mentoring, lived experience and recovery focused programmes across the prison estate, helping to build recovery-oriented systems of care and strengthen throughcare links between custody and the community. We will continue to work with SPS, Health Boards and third sector partners to ensure that lived experience roles remain integral to service design, delivery and governance, and to support the sustainability of this approach wherever possible.
Rehabilitation, reintegration and recovery pathways		

Paragraph Number	Description	Assessment
260	<p>The Committee notes that several provisions of the Bail and Release from Custody (Scotland) Act 2023, including the new statutory throughcare support standards under section 13, have not yet been commenced. The recommendations in this section should therefore be read in the context of the forthcoming commencement of these duties. Once implemented, these provisions are expected to strengthen accountability for housing and support on release, and the Committee anticipates that local partners will align their practice with the statutory framework as it comes into force.</p>	<p>As outlined in our response to the recommendation outlined in paragraph 216, work is currently underway in relation to the implementation of the provisions within the Bail and Release from Custody (Scotland) Act. All of Part I (Bail) has been commenced and sections 11, 13, 14 and 15 of Part II (Release) have been commenced.</p> <p>The implementation of the remaining sections of Part II remains a priority but will depend on several factors, including stakeholder capacity and readiness.</p>
261	<p>The Committee notes that Section 13 of the Bail and Release from Custody (Scotland) Act 2023 provides for statutory throughcare standards (to be published by Scottish Ministers) and places a duty on relevant public bodies to comply.</p>	<p>Section 13 came into force on 9 February 2026, and Scottish Ministers have two years in which to develop, consult on and publish the national standards. Engagement with named stakeholders will take place across spring and summer 2026, followed by a full public consultation later in 2026.</p> <p>The two-year timeframe provides the necessary space for deep, meaningful collaboration with stakeholders and enables Scottish Ministers to undertake the comprehensive engagement required to ensure the standards are informed by best</p>

	<p>The priority should therefore be as swift a commencement and full implementation of Section 13 as possible, alongside clear governance and public reporting to secure consistency across Scotland.</p>	<p>practice. This period will support thorough co-design with partners across justice, health, local government and the third sector. As a result, the draft standards taken to public consultation will be robust and evidence-led, ensuring they command confidence from practitioners and provide a strong, credible foundation for delivery.</p>
<p>262</p>	<p>The Committee further notes that Section 12 of the Bail and Release from Custody (Scotland) Act 2023 creates a statutory duty on named public bodies to engage in pre-release planning when requested (including local authorities, Health Boards and Skills Development Scotland, with regard to the role of third-sector partners). Read together with Section 13, which provides for statutory throughcare standards to be published and complied with, this framework should deliver coordinated throughcare. The priority is therefore swift commencement and full implementation of section 12 too, ensuring together with section 13 coordinated health, housing, employability and</p>	<p>We remain fully committed to implementing section 12 of the Bail and Release from Custody (Scotland) Act 2023 and it continues to be a priority in strengthening release planning across the justice system. However, section 12 could not be progressed in parallel with section 13 which establishes national throughcare standards.</p> <p>Implementing section 13 first ensures that high quality throughcare standards are in place, providing a strong foundation that will enhance the effectiveness and practical application of the release planning duty under section 12.</p> <p>Section 12 will also require extensive consultation across justice, health, local authorities, policing and other partners. Given the scale of this work, and the significant operational pressures on key stakeholders who are currently focused on responding to the high prison population and maintaining safe service delivery, it is more practical to ensure that section 13 is established first. Once the throughcare standards are in place and agencies are ready to embed the new framework, we will be in a stronger position to implement section 12 effectively and sustainably.</p>

	recovery planning for every person leaving custody.	
263	SPS, the NHS, and local authorities should formalise local Housing on Release Protocols in every area to operationalise the refreshed SHORE standards and to comply with the statutory throughcare support standards to be published under section 13 of the Bail and Release from Custody (Scotland) Act 2023. Protocols should have the explicit aim that no one is released into homelessness, with clear monitoring and accountability.	<p>The Scottish Prison Service has put in place data sharing agreements with local authorities to facilitate early upstream engagement by local authorities to assist anyone in prison who is at risk of losing their tenancy, and/or anyone who is at risk of homelessness upon release from prison.</p> <p>The SHORE Strategic Oversight Group has a working group in place to address performance monitoring.</p> <p>In addition, Section 13 of the Bail and Release from Custody (Scotland) Act 2023 requires Scottish Ministers to publish national standards for throughcare support which covers access to relevant general services (including services and support provided to people in relation to housing).</p> <p>Section 13 came into force on 9 February 2026, and Scottish Ministers have two years in which to develop, consult on and publish the national standards. Engagement with named stakeholders will take place across spring and summer 2026, followed by a full public consultation later in 2026.</p>
264	SHORE was refreshed in 2024 and states the aim that everyone has access to sustainable housing on release, but it also notes the standards are not yet fully embedded across the country - hence the need to mandate local protocols and performance monitoring.	<p>The SHORE standards were refreshed in 2024 and set out a clear ambition that everyone leaving custody should have access to sustainable housing, and we recognise that they are not yet fully embedded across Scotland. The refresh provides an important strategic framework, but mandating local protocols and introducing performance monitoring would require substantial work.</p> <p>Section 13 of the Bail and Release from Custody (Scotland) act will support work around SHORE by introducing national throughcare standards, which named partners will have a statutory duty to comply with. It will create a clear and consistent framework for the delivery of throughcare support. This will help</p>

		strengthen alignment with SHORE and potentially support more reliable delivery across the country.
265	More widely, we recommend that the Scottish Government ensure employability and education pathways for prisoners linked to recovery programmes and social enterprises. As such, peer-mentoring schemes should be placed on secure, multi-year funding and integrated into statutory throughcare frameworks	<p>Employability and education pathways linked to recovery are important. Current work across the prison estate already includes thirds sector led recovery programmes that build skills in peer support, volunteering, group facilitation and participation in recovery communities. These programmes develop confidence, capability and transferable skills that can support employability on release.</p> <p>Third sector partners also play a central role in lived experience and peer mentoring activity, supporting recovery pathways both in custody and through transition into the community.</p> <p>Scotland focuses on rehabilitating people who offend because the purpose of custody is the loss of liberty, not humanity, and reducing reoffending helps create safer, healthier communities. Many prisons also offer holistic and therapeutic activities such as meditation, yoga, music, and art which support wellbeing.</p> <p>While budget pressures inevitably limit the ability to commit to longer term funding cycles, we continue to provide investment to grassroots and lived experience led organisations.</p>
266	The Committee recognises the essential role played by third-sector organisations that support rehabilitation and recovery both within prisons and in the community after release. The Committee therefore recommends that the Scottish Government and COSLA jointly review funding arrangements for	The Scottish Government funds the delivery of throughcare support services for individuals leaving prison custody. These services are delivered either by local authority Justice Social Work or by third sector organisations. This support helps to address the issues individuals can face on release from prison such as accessing healthcare and ensuring continuity of medication, sustaining housing and managing finances. In addition, throughcare services can help to establish the long-term supports required for the individual to rebuild their lives and reintegrate safely to their community.

	<p>these organisations and strive to ensure greater stability and parity of provision across Scotland.</p>	<p>The Scottish Government provides £5.3 million per year to Upside, a partnership of eight third sector organisations to deliver a national voluntary throughcare service which supports individuals leaving sentences of under four years, or a period of remand. This funding has been confirmed in principle for an initial three years (until 2027/28), with the possibility of extending until 2029/30 based on performance against outcomes.</p> <p>In addition, and as outlined in paragraph 265, third sector partners play a central role in lived experience and peer mentoring activity, supporting recovery pathways both in custody and through transition into the community. The Committee's recommendation to review funding arrangements to improve stability and parity of provision would be appropriately considered post-election, allowing a future administration to determine the best approach within wider budgetary and policy priorities.</p>
<p>267</p>	<p>We also recommend that all prisons and community-justice partnerships should consider the benefit of family-inclusive practice standards, ensuring families are informed and supported where appropriate.</p>	<p>The SPS Family and Parenting Strategy 2024-2029 demonstrates the commitment from the SPS to work with partners to develop collaborative relationships thereby ensuring-where possible, families are included, informed and supported where possible and appropriate in line with the principles of the strategy.</p> <ul style="list-style-type: none"> • Families are treated with dignity and respect • Families are included and engaged. • Children's rights & best interests are at the centre of our policy & practice • Families are diverse & unique <p>The strategy demonstrates the commitment from the SPS to work with partners to develop collaborative relationships thereby ensuring-where possible, families are included, informed and supported where possible and appropriate in line with the principles of the strategy.</p> <ul style="list-style-type: none"> • Families are treated with dignity and respect • Families are included and engaged.

		<ul style="list-style-type: none"> • Children’s rights & best interests are at the centre of our policy & practice • Families are diverse & unique • Partnership working is essential to achieving positive outcomes. <p>Key outcomes of the Strategy include.</p> <ul style="list-style-type: none"> • Families and wider social networks will be supported to maintain positive relationships with people in our care and have a positive experience visiting establishments. • Families feel included and engaged in the decisions that affect them and are informed on how to access key information related to their loved one’s imprisonment. • Parents in our care will be able to access supports which assist in maintaining positive relationships to improve their child’s health and wellbeing where it is in the best interest of the child to do so. • Families are safe well and have a range of services and supports designed to improve their safety and wellbeing whilst maintaining and upholding children’s rights. <p>To support families, SPS are also introducing Child Impact Assessments which they will work with other partners to support children of those in our care. Three family specific leaflets will shortly be available in all Establishments & Visitors Centres providing information on Parole, National Top End and Open Conditions.</p> <p>The importance of including a family perspective in the planning and provision of community justice services is also recognised in the National Strategy for Community Justice, which is used by community justice partnerships in the development of local plans. The strategy acknowledges the need for collaboration across services and partners in achieving this.</p>
268	The Committee recommends that Community Justice Partners	The Sentencing and Penal Policy Commission, which published its report on 6 February 2026, included the related recommendations below in this space.

	<p>review their existing local governance arrangements to ensure they are clear, well understood and support effective delivery of Community Justice Outcomes Improvement Plans. While recognising that governance models are determined locally under the Community Justice (Scotland) Act 2016 and the 2024 statutory guidance, the Committee considers that partners should strengthen transparency around decision-making, leadership responsibilities and the resourcing of community-justice activity, drawing on existing structures wherever possible.</p>	<p><i>Recommendation 9.2: Review Community Justice Partnership structures which should include consideration of putting them on a statutory basis with defined duties and powers. Lead partners – Scottish Government and Community Justice Scotland (CJS) with involvement of local and national partners and voluntary sector representative groups.</i></p> <p><i>Recommendation 9.3: Transfer responsibility for statutory guidance for Community Justice Partners from Scottish Ministers to Community Justice Scotland. Lead Partner – Scottish Government.</i></p> <p>Progression of these, and the Committee’s recommendations may need to be part of a wider review of the Community Justice (Scotland) Act 2016. Following such a review, implementation would require changes to current legislation.</p>
<p>269</p>	<p>The Act defines the statutory partners (s.13) and places joint duties around planning and reporting (ss.19–23), but it does not prescribe a single governance model - hence the need to formalise and make leadership/ accountability explicit.</p>	<p>See response to paragraph 268.</p>

270	<p>The Committee considers that investment in rehabilitation and reintegration plays a vital role in promoting public safety and long-term recovery. It recommends that future budget priorities give appropriate consideration to the social value of these approaches alongside enforcement measures.</p>	<p>Investment in rehabilitation and reintegration plays an important role in reducing harm and reoffending.</p> <p>For 2026/27, the Scottish Government has allocated a total resource budget of £509.3 million to the Scottish Prison Service (SPS). Within this allocation, SPS is responsible for determining its operational priorities and how resources are deployed across its estate, including decisions relating to rehabilitation and reintegration services.</p> <p>However, the draft Budget includes £8.8 million of funding for third-sector partners who play a critical role in delivering throughcare, mentoring, family support, and community reintegration services. Their work is central to helping people leaving prison resettle successfully, which is known to reduce the risk of reoffending and improve community safety. This includes the £5.3 million of funding, pa over 3 years to support the new throughcare service.</p>
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Alcohol use in prisons

Paragraph Number	Description	Assessment
302	<p>The Committee recommends that the NHS and SPS ensure that validated alcohol assessment tools, such as FAST and AUDIT, are used consistently on admission and revisited during a person's sentence, including following transfers between establishments.</p>	<p>Work to improve alcohol services in prison is already underway through the implementation of the Target Operating Model for prison healthcare. This includes use of validated alcohol assessment tools on admission.</p> <p>The Scottish Prison Service's Alcohol and Drug Strategy also provide a supportive framework for the Committee's recommendation to strengthen assessment and care for individuals with alcohol-related needs.</p>

303	<p>The Committee recommends that the NHS review the provision of alcohol-specific interventions in custody, to ensure that psychosocial and pharmacological support is available at a level proportionate to need, and that people with alcohol dependence can access treatment equivalent to that in the community.</p>	<p>Work is already underway to improve alcohol interventions in custody through implementation of the Target Operating Model for prison healthcare. This includes provision of appropriate psychological as well as pharmacological support</p> <p>The Scottish Prison Service's Alcohol and Drug Strategy provide a supportive framework for the Committee's recommendation to strengthen assessment and care for individuals with alcohol-related needs. It also emphasises delivering evidence based, trauma informed, and person-centred care equivalent to that available in the community, and highlights the importance of consistent, high-quality assessment and recovery focused pathways.</p>
304	<p>The Committee recommends that SPS and the NHS work together to reduce the risk that people with alcohol dependence turn to other substances in custody. This should include proactive identification of people with primary alcohol problems, improved access to mental-health support and purposeful activity, and review of barriers to accessing evidence-based treatments such as Disulfiram where clinically appropriate.</p>	<p>Work is already underway through implementation of the Target Operating Model for Prison Healthcare to improve availability and accessibility of support for people with primary alcohol problems. This includes better identification of people on admission with a primary dependency on alcohol.</p> <p>The Scottish Prison Service Alcohol and Drug Strategy also provides a supportive framework for the Committee's recommendation to strengthen assessment and care for individuals with alcohol-related needs.</p>
305	<p>The Committee recommends that alcohol use disorder is explicitly addressed in pre-release and reintegration planning. People leaving custody with identified alcohol</p>	<p>As outlined in paragraph 266, the Scottish Government funds the delivery of throughcare support services for individuals leaving prison custody. These services are delivered either by local authority Justice Social Work or by third sector organisations. This support helps to address the issues individuals can face on release from prison such as accessing healthcare and ensuring continuity of medication, sustaining housing and managing finances. In addition, throughcare</p>

	<p>problems should have a clear plan for ongoing support, including harm-reduction advice, medication where indicated, and referral to community alcohol and recovery services.</p>	<p>services can help to establish the long-term supports required for the individual to rebuild their lives and reintegrate safely to their community. The Prison to Rehab Pathway is also designed to support people leaving custody who would benefit from entry into abstinence-based residential treatment immediately on release, ensuring a consistent and safe transition into recovery-focused support.</p> <p>Work is also underway through implementation of the Target Operating Model for prison healthcare to improve provision of evidence-based treatments for people with alcohol problems in preparation for liberation.</p>
<p>306</p>	<p>The Committee recommends that the Scottish Government and Community Justice Scotland work with justice partners to support more consistent use of alcohol-related disposals where appropriate, and to strengthen access to alcohol services in the community so that such disposals are a viable alternative to short prison sentences.</p>	<p>The Sentencing and Penal Policy Commission, which published its report on 6 February 2026 also made recommendations related to reviewing community sentences, including Community payback Orders and Drug Treatment and Testing Orders.</p> <p>For example, it recommends evolving the model of substance treatment orders to ensure they reflect the needs of people today, and are inclusive of poly drug-use, including alcohol.</p> <p>Work is ongoing to consider the effectiveness of community sentences in addressing needs (including relevant to substance use and mental health support) and to ensure links to appropriate services are in place. There were 16,500 community payback orders commenced in 2024-25. This was nine per cent up on 2023-24. Community payback orders are a flexible sentence with multiple potential requirements which can be tailored to fit the circumstances of individual cases.</p> <p>We know that community-based sentences are more effective in reducing reoffending than short term custodial sentences, particularly when the offending is related to substance-use, and that is why we will invest a further £10 million in community justice services in 2026-27.</p>

Data, governance and accountability

Paragraph Number	Description	Assessment
336	The Committee recommends that the Scottish Government explore, in consultation with Public Health Scotland, SPS and NHS Boards, how existing data systems (including RADAR) could be strengthened to provide a more consistent national picture of substance-use harm in custody. This should include work towards standard definitions and shared outcome indicators for areas such as treatment uptake, non-fatal overdoses, recovery participation and continuity of care, ensuring alignment with existing national surveillance functions rather than creating parallel structures.	The Scottish Government will engage with Public Health Scotland in the first instance to explore how existing data systems, including RADAR, can be used to their full potential to provide a more comprehensive and consistent national picture of substance-use harm in custody.
337	Public Health Scotland should be given expanded statutory authority to collect, analyse and publish prison drug-harm data, ensuring consistency and independence.	We recognise the important role that Public Health Scotland plays in analysing and reporting on drug related harms, including in custodial settings, and will consider how current data collection arrangements can be strengthened.

<p>338</p>	<p>The Committee considers that transparent reporting on substance-use harm is essential for effective scrutiny. Rather than creating a new standalone publication, the Committee recommends that the Scottish Government continue to provide regular, detailed updates to Parliament, within existing ministerial statements and reporting mechanisms, and ensure that these explicitly include trends and progress relating to substance use in prisons. This will allow Parliament to monitor developments consistently and maintain oversight of the distinct challenges and outcomes within the prison estate</p>	<p>Transparent reporting on substance use harm is essential for effective scrutiny and for supporting Parliament's oversight of developments within the prison estate.</p> <p>Ministers already provide updates on drug related harms and recovery progress through existing reporting mechanisms, including national surveillance outputs, the Medication Assisted Treatment Standards implementation reports, and relevant Scottish Prison Service data. This approach will help to maintain a consistent national picture while making best use of existing structures and will allow Parliament to monitor developments and maintain oversight.</p>
<p>339</p>	<p>The Scottish Government should create a Joint Governance Board on Prison Health and Substance Use, co-chaired by the Ministers for Health and Justice, to oversee</p>	<p>There are already established structures in place which support joint oversight of this work.</p> <p>The Cross Portfolio Ministerial Group (CPMG) brings together the Ministers for Health and Justice, while the existing national reporting arrangements, including</p>

	<p>strategy implementation and accountability. Local partnership groups in every establishment should adopt consistent governance standards, meeting quarterly and reporting to the national board.</p>	<p>those to the Scottish Health in Custody Oversight Board (SHiCOB) through the Prison Healthcare Network, provide a foundation for strategic coordination.</p> <p>We will review current meetings and governance arrangements to consider whether further strengthening is required.</p>
<p>340</p>	<p>We recommend that all major projects or pilots funded under national drug strategies should include an independent evaluation plan from the outset, with results published openly.</p>	<p>We recognise the importance of independent evaluation in assessing the impact of major projects and pilots funded through national drug strategies. Where appropriate, new programmes are developed with evaluation requirements built in from the outset.</p> <p>We also recognise that independent evaluation can sometimes bring additional costs, and this will need to be considered as part of the resourcing of future programmes. We also aim to publish the findings from independent evaluations to support transparency and inform future policy and practice.</p>