



OFFICIAL REPORT
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Criminal Justice Committee

Wednesday 10 September 2025

Session 6



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Wednesday 10 September 2025

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CRIMINAL JUSTICE COMMITTEE
22nd Meeting 2025, Session 6

CONVENER

*Audrey Nicoll (Aberdeen South and North Kincardine) (SNP)

DEPUTY CONVENER

*Liam Kerr (North East Scotland) (Con)

COMMITTEE MEMBERS

*Katy Clark (West Scotland) (Lab)

*Sharon Dowey (South Scotland) (Con)

*Fulton MacGregor (Coatbridge and Chryston) (SNP)

*Rona Mackay (Strathkelvin and Bearsden) (SNP)

*Ben Macpherson (Edinburgh Northern and Leith) (SNP)

*Pauline McNeill (Glasgow) (Lab)

*attended

THE FOLLOWING ALSO PARTICIPATED:

John Cairney (Prison Officers Association Scotland)

Phil Fairlie (Prison Officers Association Scotland)

Detective Chief Superintendent Raymond Higgins (Police Scotland)

Dr Victoria Marland (Leverhulme Research Centre for Forensic Science)

Jim Smith (Scottish Prison Service)

Gillian Walker (Scottish Prison Service)

CLERK TO THE COMMITTEE

Seán Wixted

LOCATION

The David Livingstone Room (CR6)

Scottish Parliament

Criminal Justice Committee

Wednesday 10 September 2025

[The Convener opened the meeting at 09:33]

Substance Misuse in Prisons

The Convener (Audrey Nicoll): Good morning, and welcome to the 22nd meeting of the Criminal Justice Committee in 2025. We have not received apologies today. Fulton MacGregor joins us online.

Our first item of business is the continuation of our inquiry into the harm caused by substance misuse in Scottish prisons. Today's meeting gives us the opportunity to take evidence from two panels of witnesses with experience of prevention and enforcement in trying to stop illicit substances entering our prisons and being distributed inside them. I am pleased to welcome, from the Prison Officers Association Scotland, Phil Fairlie, the assistant general secretary, and John Cairney, the Scottish national committee chair. I refer members to papers 1 and 2. I intend to allow up to 60 minutes for this part of the meeting.

I will begin with a general opening question, putting it to Phil first and then to John. Can you set out some of the impacts on prison officers that are caused by substance misuse in prisons? Those might be impacts on physical or mental health or impacts on other aspects, such as safety. Is there enough support in place to address those impacts, or is more support needed?

Phil Fairlie (Prison Officers Association Scotland): I thank the committee for inviting us along this morning. I realise the depth of the piece of work that you are doing, and I am grateful that you have given us the opportunity to come here and make sure that the staff's voice has been heard on the issue.

On the impact of substance misuse in prisons, the physical and mental health of staff are impacted significantly both by the existence of drugs in prison and by their having to manage on a day-to-day basis the consequences of the drugs being smuggled in and then finding their way around the prisoner population within the halls.

The vast majority of staff have experience of dealing with prisoners who are under the influence of drugs. Staff who have worked in prisons for longer will have years of experience of dealing with the situation, but, traditionally, we were dealing with drugs such as cocaine, heroin and cannabis. Although those were problematic and

difficult to manage, we knew what we were going to get each day—what we would have to cope with and what would be required to manage it. The situation is completely different for the drugs that we are dealing with now. The staff who have worked in prisons for a long time, as well as the new staff, are coming through the door every day and seeing completely different reactions by the same prisoners on different days, depending on what they have taken. That impacts staff's ability to predict and manage what they are dealing with, because it is entirely different from what they have been used to in the past.

The staff are also having to deal with this over a long period of time, because it is not occurring in batches—it is now a daily occurrence. Probably most, if not all, of the prisons in Scotland are having to deal with a kind of drug use in prisons that does not allow us to predict a prisoner's reaction to the drugs that they are taking. It is unprecedented that that reaction is completely different on a day-to-day basis, and the staff's reaction has to change to manage it. To go through the door every single day for as long a period as prison staff have been asked to deal with this not knowing what situation you are going into and what you will have to do to manage it is incredibly stressful and exhausting. Staff are having to do that over prolonged periods, and simply getting through the working week while dealing with it has an impact on their mental health.

On the physical side, as committee members know, the introduction of drugs into prisons brings all sorts of difficulties and problems, one of which is violence. There are prisoners who staff have known for a long time and have built good relationships with and whose long time in prison has been without any difficulty until they start using drugs. Suddenly, staff are on the receiving end of violence from someone who has never demonstrated violence in the whole of their sentence until then, simply because of their drug use. Staff have to contend with that violence.

They also have to contend with the violence from the organised crime gangs that are responsible for supplying the drugs that are coming into the prison. People who the gangs have tried to coerce, bully or victimise into supplying the drugs but who have resisted doing so are on the receiving end of violence. Some of those who take the drugs get themselves into debt and cannot pay it, and there is violence associated with that.

The people at the front end of that, at every single turn, are the staff members. It is their job to manage and deal with every bit of violence that comes from the drug use. They are either on the receiving end of the assaults or they are breaking

up the fights and the violence that is breaking out all over the place because of it. Their physical and mental health are significantly impacted by the introduction of drugs.

John Cairney (Prison Officers Association Scotland): I echo what Phil Fairlie has said. I also thank the committee for the invitation to attend—it is appreciated.

I will add a couple of bits to what Phil has said. Yesterday, I was fortunate enough to be in one of the prisons to speak with our members, and I can back Phil up on the scenarios that he mentioned. The staff are genuinely concerned and worried about the prisoners who have taken drugs and the influence that that has on them. I could see that that is impacting the staff and the way in which they interact with prisoners now.

It is having an impact on the way that people approach going into prison now, because they are worried that they are going to be exposed to whatever substances are being taken. There is real fear and concern among staff for themselves but also for the prisoners who they are there to look after and care for. They have a concern about what they can do and how they can adapt and about how they can resolve the situation. It is very worrying for their mental and physical health.

Phil Fairlie has captured the vast majority of the issue, so I will not labour the point.

The Convener: Thank you. The committee welcomed the detail in the submission from the Prison Officers Association. It contained a lot of helpful detail that set the scene in relation to what your colleagues are dealing with and what they think about that.

My colleague Liam Kerr and I visited His Majesty's Prison Grampian in the summer, where we learned about the shift towards focus day arrangements. I am interested in your thoughts on whether that initiative is making things more difficult for staff and whether it is the right thing to do. Do you have a view on that shift, in the context of drug use, which is the focus of the committee's inquiry?

Phil Fairlie: The plan was to roll out the focus day approach across all establishments by the end of this year or the start of next year. Actually, that is not the plan any more; it has been withdrawn on the basis of dialogue between us and the employer, and we are trying to find an alternative. The motivation and reason for bringing it in were entirely right. It was about trying to get control again and to create a system inside the prisons that would give us a bit better assurance around security, safety and welfare. It was all motivated by the right things; I am just not sure that it was the right answer. It would come at a cost in the amount of time that prisoners would be outside

their cells and in what we would be able to deliver in a compressed time. At this stage, I am not sure that we have the answers to all of that and that it is safe to bring in the focus day.

We are looking at alternative ways of generating the extra hours in staff resource that are missing at the moment. We do not have the budget to recruit to the levels that we think we need, and we have gaps every single day in every single prison. The focus day was about trying to find a way of generating a resource to fill those gaps, so it was motivated by all the right things, but I do not think that it is the right answer.

The Convener: You spoke about the pressure on staff because of the situation created by the presence of substances. How important is it that staff are able to build relationships with prisoners? We have taken evidence on the value of that with regard to rehabilitation and the population being settled. To what extent is the ability to have more engagement and time with prisoners being compromised at the moment?

Phil Fairlie: I think that I am on record as saying that every single chief inspector of prisons report makes reference to the relationship between staff and prisoners. The importance of the relationship between the staff and the prisoners is very obvious to anyone who visits prisons. I am sure that many of the committee members have visited prisons. That relationship is the key to safety and welfare and to the security of the place. We need only look at the numbers to see how many staff are having to manage the number of prisoners that we are talking about, and that cannot happen without an understanding and a relationship between the two groups that share the same space. It is incredibly important to keep things calm, orderly and under control.

The relationship between the prisoner and the staff member is also key to getting engagement with and buy-in to the stuff that we want prisoners to engage with to prepare them better for their release—the rehabilitation process and the training and education programmes, for example. The process of steering prisoners towards those things is heavily influenced by their relationship with the staff.

At the moment, all the challenges—the overcrowding, the complexity of the prison population, the on-going drug use, the organised crime gang activity—are swallowing up staff time and resources. The time that staff would normally spend on building relationships in order to have the dialogue that they would want, so that they could look to influence or steer prisoners, is not there—it does not exist any more—and that lack of time has had a significant impact on relationships. We are not at the point at which relationships have broken down and we are a million miles apart, but

staff do not have the time to do the stuff that would have a positive impact.

09:45

Liam Kerr (North East Scotland) (Con): Good morning to the panel. On the point about relationships, we all saw the reports yesterday about Scottish prisons being overcrowded and overcapacity, with 10 prisons at red risk status. Prisoner numbers are now higher than they were before the early release schemes. Phil Fairlie, in the “Breaking Point” survey of your members, when asked about the outcomes of rising prisoner numbers, 68 per cent of those surveyed said that there was more substance misuse as a result. Can you explain what impact the rise in prisoner numbers has had on substance misuse and the ability of your staff and inmates to manage supply, demand and the use of drugs?

Phil Fairlie: There are more prisoners in the system and there is a higher proportion of drug users in the prison population than in the rest of society. When prisoner numbers increase, so does the percentage of people who are drug users and who will be looking for supply.

I have just talked about there not being time for relationship building. When we are as overcrowded as we are, our time is also very stretched for the intelligence and security work that goes on every day inside a prison to prevent drugs from coming in and to intervene and intercept supply when it is brought into the halls. Staff have less time to conduct searches to recover and remove drugs that come into the halls. That work has been impacted because time is being swallowed up with the basic transactional stuff, such as ensuring that people are able to exercise, are fed and can get backwards and forwards to work. When you have the numbers that we are talking about, every single one of those steps takes longer every day, and we do not have more staff to do it.

Something has to give. Staff no longer have the time or ability to step back, watch what is going on and intervene. Security and the ability to recover some of the drugs have been compromised by how busy and hectic the places are at the moment.

Liam Kerr: I understand. The committee has heard lots of evidence about measures that have been taken to prevent drugs from getting into prisons. Are the equipment and the technology that you have available, such as the Rapiscan machines and x-ray scanners, adequate to prevent substances from getting into prisons, or do you need other measures to be taken?

Phil Fairlie: They are not adequate, and what we have is insufficient. We know that because of

the amount of recoveries that are not done through those routes, as well as from the amount of drugs that are in the system and the number of times that staff are being confronted with open drug use in the halls.

Those are two really good pieces of kit that are very effective when people go through the process, but that is not the biggest route by which drugs are coming into prison. Our biggest concern is the use of drones to bring in drugs. Window grilles have been introduced to some of the prisons and were effective for a short time, but, quite honestly, no matter what piece of kit or equipment we bring in, from the day that the measures are introduced, the organised crime gangs will be working on a workaround and a way to circumvent the process. The window grilles that we used to prevent drones from making home deliveries to specified windows have already been compromised, and we are now looking to see what is next on the list.

That is the extent to which we are up against it. Every time that we bring in something new, organised crime gangs find a workaround very quickly and we have to move on to the next step. Whatever the advances in technology, in the absence of our being able to block off prison areas to prevent things from coming into specific areas and zones, which is incredibly expensive—I am not an expert in that, so I do not know what stage we are at with its development—we will have an on-going battle every single day.

Liam Kerr: I am struggling to phrase my next question because I do not quite know whether I want to ask it. You said that the grilles have already been compromised. You probably noticed Mr Macpherson and I conferring on the obvious question, which is to ask how that happened, but I realise that you may not want to explain that in a public forum. I offer you the question, but you may decline to answer it.

Phil Fairlie: I will not give you the detail of how the grille was compromised. We are already working on how that happened and are getting to the point of being able to address that, but we know that prisoners are already working on the next compromise. The grille has been compromised and the SPS is tackling that and coming up with a workaround to make sure that it is secure again.

I am talking about an isolated incident, and plenty of the window grilles are still doing exactly what they were designed to do. The minute that prisoners find a way round something, they will take the opportunity to make use of that and we have to circumvent and block that and then come up with further solutions. The battle is endless.

That is not a criticism of the SPS. Given what it has to tackle, I can understand its difficulty in finding a failsafe solution. It is us versus them: we are constantly trying to stop deliveries coming in, and prisoners' job is to bypass the barriers that we put in their way.

Liam Kerr: I have a final question on a similar topic. You spoke in your opening remarks about vulnerable individuals—those are my words rather than yours—and said that they are almost coerced into using and trafficking substances in prisons. Can you expand on that? What can or should be done to tackle that?

Phil Fairlie: Organised crime gangs will use whatever they can to continue the supply in prisons, which includes targeting vulnerable individuals in the prison population. That is one of the first ports of call for those gangs, because the easiest route for them is to find someone who will take the risk on their behalf. They might do that by befriending someone and offering to make life better for them in some way, to protect them while they are in prison or to ensure that their family is being looked after. They will use whatever method they can. The opposite of that is to threaten, bully, victimise or terrorise people into feeling that they have to be involved in supply.

Prison officers are very skilled in identifying vulnerable prisoners in their prisoner group and in spotting when they are being targeted by anyone within that group. There are an awful lot of interventions that no one ever knows about because staff have intervened and something has been dealt with or stopped. Staff are very good at spotting things and intervening, but it is becoming difficult. Prison officers used to have the time and ability to take a step back, keep an eye on what was happening on their flat or gallery and then address that, but that time is not there any more. Vulnerable prisoners are more vulnerable because they do not have the support of staff who would usually be able to keep an eye on what is going on and intervene.

Overcrowding causes another difficulty, because it stops prisons being able to move people around the estate, separate them or take them away when problems are spotted. We want to be able to separate people or take away either the vulnerable person or the people responsible for victimising the vulnerable ones. We would usually move them somewhere else, but we do not have the room or capacity to do that any more.

Liam Kerr: I understand.

Rona Mackay (Strathkelvin and Bearsden) (SNP): Good morning. I have a couple of questions that follow on from those of my colleague Liam Kerr.

Phil Fairlie, you said that staff are able to spot vulnerable people. How easy is it for you to spot the protagonists or the key figures who are actually organising drug supply within the prison estate? When and if you do spot them, what kind of punishment do they get?

John Cairney: The job is easy to begin with, because those prisoners come in with the reputation of being that sort of figure so the focus would begin roughly at that point. The staff, through watching and communicating, would then look at who the prisoner was with, who they were befriending, what their patterns were, who they socialised with and what work party they were in, and they would start to map the situation out via intelligence reports. They would find that out, address the situation and manage it by keeping an eye out, keeping in contact and using the internal mechanisms to report things and let things be properly investigated.

Rona Mackay: Is that a fairly easy process? I imagine it would be quite complex.

John Cairney: It is very complex. It is not easy, because the seriously high-profile figures that come in are in plain sight. It is about trying to work out what their motivation is, what they are doing and who they are bringing in to do their bidding, if you want to call it that, because they will not do these things themselves. It is the same as in the community. They never did those things themselves in the community. They have people—their foot soldiers, if you want to call them that—doing their work.

Although it is probably easy to highlight those people and see who they are, it is difficult to get information. That is where the hard work of the staff and the individuals who are working with them and those in the background in the partnerships that the SPS has built up with Police Scotland and the crime agencies comes in. That is where the collective approach is really important. You put the information in and then you see it through and get to the bottom of it.

Rona Mackay: My colleague Liam Kerr mentioned the “Breaking Point” report by your association. In that, you say that searches do not always take place because of a staff gender imbalance. Could you expand on that and the impact that it has if you are not able to do the number of searches that you would want to do?

John Cairney: Simply put, prison rules state that a prisoner will be searched by someone who is of the same gender. If male officers are working in the female estate or female officers are working in the male estate, we are not a million miles away from it being about who is on at any given time. For instance, in the prison that I was in yesterday, the gallery were out at exercise and there were

four females in a male establishment who were restricted in what they could do in the way of searches.

We have had members coming to us because they are frustrated that they are not able to search. For example, we have a hand-held wand to search, but because it is classified as an extension of the arm, they still cannot use it. Purely because we might not have the appropriate staff in, having to comply with prison rules cuts down the number of those who can be searched.

Rona Mackay: Is that a growing problem, or has it always been like that?

John Cairney: I will speak frankly. It is a growing problem because we are moving towards a 50:50 staffing profile, and I do not need to tell anybody in here that we do not have a 50:50 population in the prison estate. That is not meant to criticise anybody in any way; it is just a simple fact that, while the rules say one thing, certain people cannot carry out a job that could be carried out by a person of the same sex or gender as the prisoner. The problem is there. It is not contentious, but it is there.

Rona Mackay: Thank you for being honest about that.

The Convener: Sharon Dowey, do you want to ask a follow-up question?

Sharon Dowey (South Scotland) (Con): On that point about searches, you said that staff cannae do a search even if they are using a wand. I can understand the issue if it is a physical search and somebody is put their hands on to somebody else. I am just thinking about how, if you go through airport security or something like that, sometimes someone of the opposite sex does the check and they are not actually touching you. Are you saying that you cannae do that in the prison?

John Cairney: The wand is classified as an extension of the arm, so using it is deemed to be someone using their arm.

Sharon Dowey: Thank you.

The Convener: I will bring in Pauline McNeill.

10:00

Pauline McNeill (Glasgow) (Lab): If we did not know it before this inquiry, we certainly know now how hard it is to be a prison officer and the dedication that is needed, especially now that our prisons are overcrowded. I just wanted to put that on the record.

Your submission talks about the exposure of your members—prison staff—to vapes and drugs. That is an aspect of the job that we must now take into account in this inquiry. Is that affecting your

ability to attract young people—or those who want to change careers—into the service?

Phil Fairlie: Actually, every time we run a recruitment for the prison service, we are not short of applications. Our colleagues down south tell a different story. They are having a much more difficult time in recruiting, but, for whatever reason, we are never short of applications when we recruit for either operations or residential staff—we are always significantly oversubscribed. The one difference that we have seen with those who come into the organisation now is that more of them leave earlier. They came into an organisation and they did not quite understand what it was that they were coming into.

Perhaps there is something to be done with regard to the recruitment process and how we describe what the organisation is and what we expect of staff, because people who come in are very quickly turning around and leaving, either because they realise that it is not an environment that they are comfortable in or because the job is not what they thought they were coming to do—the role that they thought they were going to play is not what is asked of them when they get there.

We have no problem with people wanting to join, but we have more people who leave earlier in their career than they used to.

Pauline McNeill: Thank you. That is useful to know.

When we visited HMP Edinburgh, we had a discussion about the window grilles, which Liam Kerr talked about, and drones. I think that there was something about this in your submission—or there is something in the papers to back this up. It was suggested that, through the use of drones, weapons are going to come into prisons—or maybe that is already happening. Can you tell the committee anything about that?

Phil Fairlie: It is not just drugs that come in through the use of drones. The drones are used to supply or smuggle into prisons all sorts of things. It is our belief that weapons as well as drugs have come in through the use of drones. Drones are capable of carrying all sorts of things in through a prisoner's window. The window grilles are a really useful addition—that is until people find a way around them and we need to think of something else. Drones are an ideal method for organised crime gangs to bring whatever they want into prison, including phones, weapons and drugs. They have their own shopping lists.

Pauline McNeill: Can you remember a time when drugs were not such a big issue in the Scottish Prison Service?

Phil Fairlie: No. I have not been an operational officer for a very long time, but I have been in the

service for 35 years and drugs have always been a feature. For the whole of those 35 years, there was a different type of drug and its use was at a different level.

As much as the type of drug is the biggest problem that we have in prisons, the issue is the volume of it, which is enormous. A huge amount of drugs are getting into the system. That is also to do with the type of drugs. As committee members will know, with psychoactive substances, the volume of a drug that is needed to have a significant impact inside a hall or a prison—and the space that is needed to bring in something that can do that—is tiny. It is really easy to get it in, and, once it is in, it is absolutely catastrophic in terms of what it does to the prisoner population.

What we are having to deal with is not just the volume of drugs; it is the unpredictability and the completely different reaction in the prisoner population, which staff who have been around for a long time are not used to. It is new to them—even if they have been in the service for 30 years. What we are dealing with now is entirely different from how I remember it, going back to when I wore a uniform a long time ago.

Pauline McNeill: Thank you. My last question is a bit more sensitive, but I feel that I have just got to ask it, and you may answer it however you wish. There has been some suggestion that drugs are brought into prison by prison staff, either for financial benefit or because of what you have been talking about—the level of organised crime in prisons, which is difficult to manage. Is that something that you have heard? Are you able to talk about that? If so, what steps would be taken to deal with it? It would be helpful to get an answer on that.

Phil Fairlie: I can talk about it in a general sense. It would be naive to kid on about organised crime. I have talked about the lengths that gangs will go to and the methods that they will use to make sure that drugs get in. They do exactly the same to staff as they do to prisoners who they think they can terrorise, coerce or corrupt to bring them on to their side and have them be part of their supply route. We recognise that organised crime gangs have attempted that. We know of staff who have left the organisation on grounds that we believe were linked to their having been corrupted by bringing supply into the prison system.

However, we are talking about a tiny number. You would expect me to say this, but the vast majority of staff are incorruptible. They are never going to be in that situation. The organised crime gangs know who it is worth approaching, and they do it using those tactics. Nobody would believe us if we sat here and said that the organised crime gangs do not do that. However, nobody hates that

more than the staff group, because every time a person gets corrupted in that way—whatever method the gangs use to do it—it compromises the health, safety and welfare of every single person inside the prison, including the staff.

The difficulty for us is that a prison is a completely unique environment to work in. You rely on your colleagues in a way that you probably do not have to in other working environments. You need to ensure that you have each other's back, because you rely and depend on each other constantly. The minute that there is a hint that you cannot rely on someone and you are not sure whether somebody fits the bill, it is unsettling for the staff group.

Those issues tend to be raised by staff at the very earliest opportunity, because staff sense or spot an issue, and it is a risk to them. Their spidey sense kicks in and they need to say something to ensure that everybody is back in the situation in which they know that they have each other's back and feel safe. There is nobody more at risk from a corrupt member of staff than their colleagues, so staff are the first to flag that up if they are concerned.

Pauline McNeill: That was really helpful. There are others in the public sector—the police, for example—who do a difficult job on the street, but the closed environment of a prison is unique, and it is important to say that.

Lastly, when someone has been terrorised, do they tend to come to the union for support?

Phil Fairlie: I do not want to keep swinging the lamp by saying that I have been around for 35 years, but in all the time that I have been involved in the trade union, staff have come to us to say that they have been threatened, that their family has been threatened or that gang leaders inside prisons have tried to coerce and condition them. That is not new. Those issues come to the trade union sometimes.

Other staff feel unable to tell anybody. They feel completely exposed and too terrified to tell a soul that one of those approaches has happened. It does not matter which method is used. Even if they are not threatened but someone tries to coerce them, staff worry about other staff's judgment of why they think they are coercible. There are genuine difficulties for staff who are in that situation, and they are very careful about who they feel it is safe to have that conversation with.

The Convener: I will come in with a follow-up question on that, and Ben Macpherson might want to come in after me. My question is about the pressures that are on prison officers because of the number of serious and organised crime group members who are in prison. To what extent does what is happening outwith prisons in the world of

serious and organised crime impact on how settled the prison population is? We know that there is a lot of tension between organised crime groups at the moment.

Phil Fairlie: John Cairney mentioned the relationship between us and Police Scotland, and the sharing and gathering of information. We, inside the Prison Service, are very well aware of whatever is going on outside among those gangs. Scottish Prison Service management is constantly being updated on what is happening out there because of who we hold inside the prisons, but the difficulty that I mentioned earlier still exists. Normally, you would keep gangs separate and make sure that different gangs were in different prisons and halls. You would break up the gangs to limit the risk of those things spilling over. There are many people who are involved in organised crime gangs inside prisons—we have talked about the 660-odd that we know of who are very closely linked to gangs, but there are hundreds beyond that who are loosely linked—and any of them, at any point, could be involved in settling a score or repercussions for stuff that is going on outside. Because of the overcrowding, it is difficult to move people around and keep on top of that. I know that the SPS is spending a huge amount of time and resource on that. At the moment—touch wood—it has not spilled over into something that could be much more serious, but it is a constant daily battle.

Ben Macpherson (Edinburgh Northern and Leith) (SNP): Thank you for your time and for the evidence that you have given, as well as for speaking so powerfully in the media yesterday and this morning at our committee. For a number of reasons, and because of a number of factors—including Covid, the success of Police Scotland and its investigations, and what has happened through the court process—it is clear that we collectively face an unprecedented set of circumstances in our prisons.

At the end of this process, we will write a report with recommendations. I would like to ask about a few specific areas where you think actions could make a difference and what those actions might be. I will ask a generic question first. What would make the difference for you and your members in dealing with these unprecedented circumstances in a way that is less pressurised and less challenging and that allows the rehabilitation that we all want to see more of? Is it more estate or more staff? Neither of those things is easy to deliver quickly. What do solutions look like for you?

Phil Fairlie: I know that it is not the focus of this conversation, but overcrowding is genuinely the biggest single influence on all the things that you, as a committee, would want to look at, including this issue. It has completely hamstrung everything

that we would want to do inside a prison on a day-to-day basis. We do not have the time, space or human resource to manage what we have been asked to manage, so everything is taking a hit at the moment. Everything is being done less well than we are capable of doing it and are used to doing it.

Getting the numbers down and creating space and time to allow the staff to get back to doing the things that they would want to do and should be doing would make a huge difference. That includes giving staff the ability to intercept more of the drugs that come in, to gather intelligence and to build relationships, which always helps us to know what we need to do to prevent the next lot from coming in. A huge amount of time and resource is being taken up by doing things that stop us doing those things. The first ask would be to have fewer people in prison.

I have always said that I am not an advocate for building more prisons. I think that we send too many people in Scotland to prison already, but, in the absence of somebody coming up with an alternative solution that allows us to get prisons back to being a safe, secure and calm environment, and to get prisons back to tackling the stuff that you all expect us to be tackling, we might need more prisons and more staff, because at the moment what we have is not compatible with our achieving any of it.

Ben Macpherson: Thank you for putting that so succinctly.

Briefly, on solutions in that same space, are there things that we could do or things that we could change that would help to make a difference? I absolutely appreciate that the vast majority of prison staff are, to use your word, incorruptible, but, to build on what my colleagues have already asked, could more be done to address the very small minority who are vulnerable to corruption?

10:15

John Cairney: Extra support is needed. A lot of the small number of people we are talking about probably feel that there is nowhere to turn. They probably feel that, as soon as they mention it, they will be in some way to blame. The approach that is needed is more genuine care and overhanded support.

Many years ago, one of our members went to court, and the court ruled in their favour that the SPS had not done enough to make them feel safe enough to let it know that such an incident was happening. That is on the record from one of our members in court. We are very quick to be cynical and say that, if someone has been approached,

they must be bad. The question is how we can build support around that person.

Phil Fairlie spoke about how difficult it is to move people about the estate. As recently as yesterday, I heard people saying that there are folk in flats within prisons who should not be there, because they have assaulted or threatened people. But, because things are so difficult now, we can no longer move the perpetrators about, so there is no real punishment for making the advance and there is no real support for the individual who has been targeted, if you want to call it that.

My answer is probably not as simple as you expected it to be.

Ben Macpherson: I appreciate that it is not simple.

John Cairney: Quite a few things would need to be brought together to make a difference. The big element for me would be to make sure that staff feel supported and that care is given to them, to encourage them and give them the confidence to act in the manner that we would—and do—expect the vast majority of our—

Ben Macpherson: That should be done in the early stages, when they feel vulnerable. Again, overcrowding is a key factor.

John Cairney: Yes.

Phil Fairlie: John Cairney has talked about members of staff feeling that they have been compromised or pressured in a particular direction, but one of our biggest concerns is that organised crime gangs go to the extent of having their own people apply to join the prison service so that they get recruited into the service and are then on the inside. We could help to tackle that during the recruitment process, through the security checks that are done on staff before they come in and the background checks on who is coming into the organisation. That is another route that is open to them.

Ben Macpherson: Do you feel that all of that could be more robust than it is right now?

Phil Fairlie: Yes, I do.

Ben Macpherson: So, the process is not robust enough right now.

Phil Fairlie: There is the potential for people to get into the organisation on behalf of organised crime gangs through the recruitment process that we have at the moment. That needs to be looked at.

Ben Macpherson: Thank you.

Sharon Dowe: Good morning. In your written submission, you mention that the management of

offender at risk due to any substance—MORS—policy needs to be reviewed. Will you set out for the committee what the policy involves and what you think needs to change?

John Cairney: The policy sets out how we respond when we believe that a prisoner is under the influence. Every 15 minutes, the prisoner undergoes observations, which are carried out by prison officers. That, in essence, is the policy. I know that I keep harping on about it, but I was in the establishment yesterday and the frustration of the staff because they had up to 15 people on MORS was really clear. If the staff is already depleted, the prison is already overcrowded and officers have to give up time to go and see 15 individuals every 15 minutes, that is where the policy fails.

It also fails because, like many things in the SPS, it places an expectation on the prison officers who deal with the prisoners to carry out the checks. A lot of our members do not have the confidence to do that, because they are not medically trained, but there is an expectation that they will be able to carry out some form of medical observation on prisoners who are under the influence. How the prisoners present and how they deal with things can change every 15 minutes, and, when that practice is rolled out at 2 or 3 o'clock in the morning, when officers are having to carry out other checks as well, it is really labour intensive.

In the environment that we are in, where prison staff numbers are low due to staff sickness or whatever else, it is becoming a burden, a stressor and a frustration for staff. Staff are not medically trained. Why are medically trained people not carrying out these checks? That is a question for us as well.

Sharon Dowe: Does it happen across the estate that there are up to 15 people on the policy and there is a check every 15 minutes?

John Cairney: Yes.

Sharon Dowe: Is the paperwork easy to complete? What are the repercussions for staff if they do not complete the paperwork?

John Cairney: I will give the slightly different example of the talk to me policy. For the talk to me policy, you complete the paperwork at the end of your shift—you give a summary of what is going on—whereas, for the MORS policy, the paperwork needs to be completed every time that you do an assessment. Every 15 minutes, you have to put down the time and sign to say that you have done it. You might think that that is only a signature and a time, but, when an officer is doing it multiple times for multiple people, it becomes very laborious. As you will see from our report and from staff comments, the paperwork for the process

isn't the easiest to do or to follow—it is just not a good process—but it is more weighted than the talk to me policy is. The talk to me paperwork is not ideal, but it is easy to follow and to keep, which the MORS policy paperwork is not.

Your question was about staff responsibility. Under the MORS policy, staff have licence—if you want to call it that—to make a call. They are encouraged to make a call about whether the person needs to go on MORS, whether they should remain on MORS and what the observation is like. However, a colleague—one of our members—was recently punished for following that guidance, and other staff in the prison that they worked in are now questioning, “Why am I making this assessment? If I make it and something goes wrong, I'll be punished.” Meanwhile, the policy encourages them to make that assessment of the situation. That goes back to the point that it would be better done by medically trained people.

I assume that the committee is aware that, in every prison in Scotland, we no longer have nursing provision 24/7. At night, there are no nurses in prisons; it is left to prison officers to deal with any issues. At the bottom of our written submission, we say that we are looking for the national health service to be back in prisons 24/7, to offer that medical support and that invaluable training and knowledge. We expect prison officers—who, as we know, wear 20 hats a day while doing different things—to do it, but, when it comes to a medical matter, it is unfair that a prison officer is expected to make the call.

Sharon Dowe: I wondered how much training they get to carry out the policy. The impression that I got from the prison estate when we visited a prison and walked around was that it looked very calm and organised and—dare I say it?—peaceful. I did not see what you are seeing on a daily basis. How do they know what to do, and what training do they get for the MORS policy? If there is that amount of drug taking, at what level do you decide that somebody should go on to the MORS policy, and how much pressure does that put on staff? What would be the implications if there were a death in prison due to a drug overdose? Would the responsibility fall on the staff for not putting somebody on the MORS policy when maybe they should have been on it and being observed every 15 minutes?

Phil Fairlie: We had a demonstration of how strongly staff feel about this. When we did a staff survey on a variety of things, we did not ask about the MORS policy—it was not part of the survey focus—but views on it came back in huge numbers from staff. It is a genuine and clear concern for them.

It is not just about it being unfair; it is actually unsafe. Staff feel that the policy is not safe for the prisoner population because it asks unqualified people to make judgments about whether there is a need for medical intervention at a certain point or whether it is okay to wait until the next time that they have to do an observation on that person. Staff have been asked to make decisions that they do not feel confident and capable of making, based on drugs that come into prison that are completely different each week. The response of the prisoner who takes the drugs and the behaviour around it can change weekly.

Staff have been asked to make judgments that they are not equipped to make. They feel extremely vulnerable and concerned not just for their own position regarding what might happen to them in relation to the disciplinary process, but for the prisoners who they feel might be put at risk. They do not feel confident and capable of making the judgment call about whether they need to call the medic to come back and have another look.

The policy has already been reviewed, but that was done in the confines of making what exists better. We are calling for a complete review of the whole process. As far as we are concerned, it is not fit for purpose. It needs to be removed and replaced with something that tackles the significant issues that staff raised with us through that survey.

Sharon Dowe: What needs to change with the policy right now to improve the safety of prisoners and the mental health of your staff?

Phil Fairlie: The immediate fix would be the removal of the policy and those judgments being made by people who are medically qualified to make them. They should take the responsibility off the shoulders of the staff, who are just not equipped to do that. It should be the medical staff who do the assessments and observations.

Sharon Dowe: Thank you.

Rona Mackay: I will stick to the theme of training, because I think that that is vital and crucial. Phil Fairlie, you said that you do not have a problem in recruiting but that people are not staying because it is not the job that they thought it would be. I understand that the prison service here has a much shorter training period than international examples do, and I am quite astonished by some of the things that you said to Sharon Dowe about the lack of medical training. Should the training be lengthened? You said that it should be completely revised to take in the new circumstances that your officers are having to deal with. I take the point that the officers are not medically trained. Are you saying that the training needs to be revamped from the roots up?

Phil Fairlie: Yes. I am not sure that our recruitment process or the training that is delivered once an officer is recruited is fully up to speed and has captured all the changes in the organisation in relation to the new environment that we are describing—the types of drug that we are talking about, the mental health issues and the complexity of the prisoner population. All the training that we give in the initial training course is still relevant, necessary and important, but bits are missing. We have not caught up with the complexity and challenges that staff are facing with the prisoner mix and the population that we have just now.

Rona Mackay: How long is the training period?

Phil Fairlie: Someone will initially do six weeks at the college, but they will go back after that. The training is on-going, but it is for defined topics and parts of the process. Some of those parts of the process are missing and need to be added in, and the training needs to be extended for that.

Rona Mackay: Could the reason for the lack of retention be the fact that people have not been prepared for what they will face?

Phil Fairlie: The recruitment process needs to change as well—we have got recruitment wrong. We recruit people into the prison service online and we interview them online. In the past, people would be interviewed in a prison, so their first experience of what they would be asked to go into was going in for the interview. They would be taken around the prison—

Rona Mackay: That does not happen.

Phil Fairlie: No, it does not happen.

Rona Mackay: That is interesting.

Phil Fairlie: People come into an organisation that they have read about in brochures. They have watched the adverts and have picked up stuff from television and social media, and they think that they know what they are coming into. When they get in, it is not quite what they thought it would be. There is a difference between knowing that and feeling it. As committee members, you have done that. You know what it is like to walk through the gates of a prison. Doing that and thinking, “This is where I want my career to be,” should be the first step that they take.

10:30

Rona Mackay: Of course—I agree. Is it possible to deliver trauma-informed training within a prison, and is it realistic? Are the officers suitably trained to take a trauma-informed approach?

Phil Fairlie: I do not think that staff are suitably trained for that. Staff attend an awareness session on the impact that previous experience of trauma can have on the behaviours of the prisoners they

are managing and on the directions that their lives may have taken, which is useful and helpful, but they are not trained in how to manage, deal with and interact with people in a trauma-informed way. The training falls way short of that.

Rona Mackay: Should that also be part of the training?

Phil Fairlie: If we are going to claim that we deliver trauma-informed prison environments, we need to train the staff to do that, but the current training falls short. There is a separate question about whether it would be easy to deliver that inside a prison environment. At the best of times, even with trained staff, that would be a different question.

The Convener: In the few minutes that we have left, I will ask a couple of final questions. Your submission refers to vapes being used to smoke drugs in prison. I suppose that it is difficult to stop that, because they are innocuous things to bring into prisons or for prisoners to have. Do you have a view on how to address the use of vapes and what else could be put in place to tackle their use for the consumption of substances?

John Cairney: As we know, vapes were introduced for a good reason—they can help to get rid of smoking—but they quickly turned into something bad. Since we introduced the photocopying policy, vapes are very much the go-to product. Our members are very clear that vapes are the problem and that they have to go, whereas cigarettes were the issue before.

In fairness, the SPS has looked at alternatives such as unbreakable vapes or those that would just fall apart if an attempt was made to tamper with them. Failing that, vapes must be removed. For that to happen, although there cannot be a cessation of smoking, support has to be put in place for prisoners who are addicted to cigarettes. Vapes are not safe, and it is the biggest issue that we are facing. Prisoners are walking about and blowing smoke in the faces of staff, even if it is just to goad them and get them to think about whether spice has been blown in their faces. Vapes are nasty products.

We would like vapes to be totally removed, and we are committed to that. Our members have been asking us to get them removed, as I have set out. In fairness to the SPS, it has tried to look at alternatives, but we have to keep pushing on the issue and get a solution to it.

The Convener: My final question is about the use of naloxone. I think that I am right in saying that it has been rolled out in the Scottish Prison Service. How helpful has it been for your colleagues who are on the front line in responding to the inevitable situation of an overdose?

Phil Fairlie: In my view, introducing naloxone was a positive step and was the right thing to do for all the right reasons. We believe that prison officers have saved prisoners' lives because of its presence in the prison system. Given the amount of drug use inside our prisons, it seems ludicrous that we would not have naloxone that is readily available for staff to use. It is life saving and we are fully supportive of its use.

The Convener: I take it that the majority of prison officers have welcomed the option of using naloxone. When it was rolled out in Police Scotland, there was a small amount of concern about the responsibility that its use would bring with it. Have you encountered that concern in the prison service?

Phil Fairlie: It is exactly the same. There was significant resistance to naloxone from staff. Initially, it was provided by needle, and staff were extremely anxious about needles being brought into prisons and about being asked to administer the drug. At that time, there was less understanding of the risks and consequences of its going wrong. I am not for a second saying that all staff are entirely comfortable with providing naloxone and think that it is the right thing to do, as there are still some anxieties and concerns among some of the staff. However, in my view and from the POA's perspective, providing it is the right thing to do for all the right reasons.

The Convener: That is good to hear.

We are out of time. If no members want to come back in, I ask the witnesses for any final comments on anything that we have not covered in the meeting. I am sure that there is lots that we have not covered.

As they do not want to add anything, I thank the witnesses for coming. The session has been very helpful for the committee.

I suspend the meeting for about five minutes to allow a change of witnesses.

10:36

Meeting suspended.

10:45

On resuming—

The Convener: With us for our second panel, we have Detective Chief Superintendent Raymond Higgins, Police Scotland; Jim Smith, head of operations and public protection, the Scottish Prison Service; Gillian Walker, governor in charge of HMP Shotts, the Scottish Prison Service; and Dr Victoria Marland, lead researcher for the SPS research project at the Leverhulme research centre for forensic science, which is based at the

University of Dundee. I offer a warm welcome to you all, and I thank those of you who have provided written submissions.

I refer members to papers 1 and 2 and to the private papers that were circulated separately. As before, I intend to allow approximately 90 minutes for this session.

I will begin with an opening question, and I invite responses from Gillian Walker first and then from Jim Smith, then from Detective Chief Superintendent Raymond Higgins and then from Victoria Marland. You all have quite different areas of expertise and involvement with prevention and enforcement with regard to substances entering prisons. Could you start by outlining what proportion of your work focuses on the security and enforcement aspects as opposed to addressing the harms or other impacts that are caused by substance misuse?

Gillian Walker (Scottish Prison Service): Good morning. From an establishment perspective, the approach is balanced. We have a responsibility and a drive to prevent the introduction of substances into establishments, and we undertake a number of security efforts to do that. That is a real focus for us and it continues to evolve as the introduction routes and the challenges that we face change.

A significant extra part of that is the support for the individuals who are taking the substances. As a governor, it is exceptionally important to me to ensure that we offer recovery and addiction support services to individuals who wish to move away from substance misuse but who might be in a cycle that they do not feel able to get out of.

It is also important for me to stress the reality of what my staff deal with every day. I am sure that the POA will have covered some of that, but the evolving nature of these synthetic drugs means that the presentation of the individuals whom staff are managing can change every day. Every morning, they open doors to make sure that the individuals are there from the night before and check on their welfare, but they do not know what they will face when they do that. These synthetic drugs are evolving and changing, and individuals do not know what they are taking, so staff might be faced with somebody who is presenting with violence, somebody who is having an extreme mental health episode or somebody who has overdosed, and they need to respond in a number of different ways. My staff and staff across the organisation are facing ever more prevalent risks, and it is to their credit that they manage those situations every day.

The Convener: The impact of the evolving nature of synthetic drugs came up in our session with the POA. I suppose that, back in the day, they

knew what they were dealing with to a greater extent than now.

Gillian Walker: The problem now is that individuals are being misinformed—they might be told that a drug is etizolam but it is actually something else, so they might make decisions based on what they know about a certain type of drug, but that is not the one that they have been given. There is a lot of misadventure as a result of that, because individuals are taking doses that they are not used to taking and it is having a greater impact on them.

The Convener: Thank you. That is interesting to hear.

Jim Smith (Scottish Prison Service): Good morning. As Gillian Walker discussed, my role is very different from that of a governor in charge of an establishment, because I have a national perspective. As the head of the public protection unit, the vast majority of my time is focused on prevention and enforcement, although I support health colleagues with information and work closely with the University of Dundee to identify the types of substances that are coming into prisons.

A large part of my role is to oversee all intelligence within the SPS. That helps us to define the risk, threat and harm to the population and the staff and put measures in place to try to mitigate that. That leads us into developing overt and covert operations in conjunction not only with establishments but with partners such as the police to mitigate the risk, threat and harm that such substances cause within our prisons.

Alongside that, I work with my team to research and procure high-tech and low-tech solutions to the threat that we face and ways to prevent substances from coming in. When I talk about “high-tech solutions”, I refer to drone detection equipment and suchlike. Low-tech solutions such as window grilles have been put in place in three establishments.

As I discussed, we work really closely with Police Scotland and partners to share intelligence to develop the picture, identify hotspots throughout the country, and identify individuals who are causing the type of harm that we are discussing. On the back of that, we prepare joint operations to mitigate that activity.

The Convener: Thank you. That segues nicely into hearing from Detective Chief Superintendent Higgins. Obviously, in your role, you will be coming at the matter from the perspective of preventing substances from getting into prisons. We are aware of the joint work between Police Scotland and the Scottish Prison Service, which has been referred to throughout the inquiry.

Detective Chief Superintendent Raymond Higgins (Police Scotland): Good morning, and thanks for having me. I will follow on from and complement what Gillian Walker and Jim Smith said about the work.

A significant proportion of my role and that of colleagues across the country involves supporting the local prison service estate and taking a national perspective to ensure that we have effective intelligence sharing and development not only to prevent the introduction of controlled drugs into the estate but to ensure that we learn quickly. The learning within prisons can often reflect what is going on in society.

Our intelligence development team develops and undertakes executive action in relation to the people who are involved in facilitating the introduction of drugs, and the drugs harm team considers learning about the types of drugs that are used and the harm that they cause. The synthetic drugs are constantly evolving and it is a constant challenge to understand the threat that they present, their chemical composition, the impact that they have on the vulnerable individuals who take them and the harm that they cause.

We try to work really closely with Jim Smith and his team at the national level, but we also take a wider approach to sharing the information and quickly understanding forensic analysis and the chemical composition of the compounds that are being taken in society, which is then naturally reflected in the prison estate. Both sides have a focus on prevention and pursuing the people who are involved.

The Convener: Thank you. That brings us nicely on to Dr Marland and the crucial role of the Leverhulme centre in identifying what is in circulation, what is entering prisons and the impact of those substances. I am interested in hearing a bit more about the centre’s role in that.

Dr Victoria Marland (Leverhulme Research Centre for Forensic Science): Thank you very much for inviting me to contribute. The monitoring pilot project was established in 2019 at the Leverhulme research centre. Initially, we had a particular focus on understanding synthetic cannabinoids in prisons. It was directly funded by the SPS and became a permanent project. We have since expanded it to monitor a wide range of substances across 15 prisons in the Scottish estate.

It is important to note that we are not directly involved in making any decisions with or for SPS. We are not directly involved in the implementation of its harm reduction or security measures, but our data is used to help inform its policies and strategic decisions. We help it to understand the changing nature of the substances, because you

cannot fight against something when you do not know what you are fighting against, and we provide a lot of scientific support for the Rapiscan user group. We help to train users and ensure that their instruments are kept up to date, and we help with any troubleshooting that is needed in relation to the instruments or any sampling issues that they have with unusual sample formats.

The Convener: I will bring in Liam Kerr in a second, but, before I move on, will you tell us a bit about the trends in the new combinations and substances you see coming through?

Dr Marland: Synthetic cannabinoids have always been one of the main drugs that we have seen in the Scottish prison estate. As a whole, that has not changed across the six years of the project: synthetic cannabinoids are still the main compound that we see, followed by benzodiazepines and then opiates and steroids. What is changing, in particular, is the sample format. As I am sure you are all aware, we provided evidence that directly supported the introduction of the photocopying policy, but that policy has meant that the format has shifted to powders.

People used to dissolve synthetic cannabinoids powders in a solvent such as ethanol or methanol, which could be infused into paper, and that made the drug less concentrated because it was spread out across a wider surface area. The issue now is that those powders are being sent directly into the prisons. The rising challenge is that, although the type of drug has not necessarily changed, the strength of the drug has, which is why there are increases in hospitalisations and why overdoses are widespread across the prison estate.

Liam Kerr: I will address my first question to Jim Smith, but if anyone else wants to come in, they can just catch my eye. The Prison Officers Association told us that it was clear that overcrowding in Scottish prisons is key. Given that prisoner numbers are higher now than they were before all the early release schemes, I presume that that is even more of an issue. Can you explain what impact overcrowding, and rising numbers of prisoners specifically, will have on levels of misuse and on the ability of staff and inmates to address issues of supply, demand and use?

Jim Smith: Overcrowding has an impact on the running of establishments. If we identify people who need to be disrupted in their activity, it makes it a wee bit more difficult to identify places to put them, such as other places in the prison or other parts of the estate. It limits the amount of space that we have to move people around the establishments.

In terms of how it affects people—is that what you said? Is your question about how prisoners take drugs or why they are taking drugs?

Liam Kerr: Does the overcrowding perhaps facilitate that and make the supply easier or, indeed, the demand greater? Does it also have an effect on their use of drugs?

11:00

Gillian Walker: I think that the issues with overcrowding at the moment mean that the regime is restrictive for individuals. There are not the same opportunities for time out of their cell and time to access different areas of the prison to keep busy, because there are so many people trying to get access to a limited amount of facility time. As a result, people are spending longer in their cells and more time locked up, so, sadly, an element of boredom comes into it. If there is no opportunity for people to get out and to approach recovery services and so on, that can be an issue in getting them the support that they require.

We are seeing that, although people are not lost to the system, it is much harder for prison staff to keep track of changes in an individual's presentation. Prison officers have excellent relationships with prisoners, but that becomes exceptionally difficult to maintain when there are more prisoners to look after. It is really difficult to notice changes in an individual's presentation and perhaps to start to notice that an element of boredom is leading to drug misuse until a bit later in the individual's journey. Those individuals are not being seen until they are being managed under the MORS policy or under difficult circumstances. That is really where the impact is from a prison perspective.

Liam Kerr: I understand. Gillian Walker, you might have heard the comments by the Prison Officers Association earlier about how vulnerable individuals might be coerced when they are in prison to participate in the use of or trafficking of substances in and around prisons. Do you recognise that? If so, can you describe for the committee how that looks and how it gets addressed?

Gillian Walker: Sadly, it has always been the case that vulnerable individuals in prison are targeted, whether that is for the introduction of articles or for other things. Prison staff are very good at identifying and managing that.

However, with the rising population in prison establishments, there is an increase in people who are involved in organised crime, and they are now introducing drones that bring in substantial payloads. It is very difficult to challenge every time somebody is being targeted to take something, to test it, to move it about the prison or to hold on to

it. We seek to support those individuals where we can, whether that is by moving the targeted individual, moving the individual who is posing a threat to them, or trying to get them access to support services if they are actively using substances. However, that becomes more difficult against a backdrop of a rising prison population.

Liam Kerr: Jim Smith wants to follow up on that.

Jim Smith: I echo what Gillian Walker is saying. We have had instances of people being bullied or coerced into taking packages from drones in through their windows. When it is easier for their window to be exploited, they come under pressure to do that. Gillian Walker has also described people being used almost as guinea pigs to test the strength of drugs—whether that is consensual is a different question.

We have advanced intelligence networks that enable us to identify such instances, so that we can put measures and operations in place at the back end to disrupt them and to deter people from engaging in that type of activity and bullying vulnerable people.

Liam Kerr: Detective Chief Superintendent Higgins, you have heard Jim Smith and Gillian Walker mention drones. There are currently no-fly regulations around prisons in England and Wales, and the Prison Governors Association Scotland has called for similar legislation here. Do you take a view on whether that would be helpful and whether Scotland should go down that legislative route? If so, would that go some way towards addressing the issue?

Detective Chief Superintendent Higgins: My view is that that would be helpful as part of a suite of options to disrupt that type of activity. We need to take the learning on how that policy is implemented down south, because, although we support the legislative aspect, we realise that there is an administrative aspect, too. The key is to enter into that aspect fully sighted on what it looks like. As well as the legislative change, it is about how we administer that collectively, as a community, going forward. However, I definitely support the actual principle.

Liam Kerr: I am very grateful. Jim Smith, do you have anything to add?

Jim Smith: Yes. We are currently working with Scottish Government officials to bring about that legislative change. As you may be aware, it is a reserved matter, so they are working with UK colleagues to bring about that change in legislation. As Raymond Higgins has discussed, the legislation would give us—with the no-fly zone—yet another tool to detect drones coming into establishments, and it would give the police

more powers to report people for prosecution if they are flying in that airspace.

Liam Kerr: That is very helpful. I am grateful to you all.

The Convener: I will pick up on that. Are we saying that we need to look at a legislative option because, at the moment, as legislative provision stands, there are limits to what can be done to counteract the impact of drones? Would it be fair to say that we need to do that in as timely a manner as possible?

Jim Smith: The measures that we are talking about are in train, and work is being done at pace to bring about that imposition of no-fly zones across Scottish prisons.

The Convener: Thanks for that.

Pauline McNeill: Good morning. We have heard about all the different ways in which you can try to prevent drugs from coming into prisons. Since the introduction of those measures, such as X-ray body scanners, have you seen a sizeable reduction in drugs coming into prisons?

Jim Smith: I would have to get back to you in writing on the question of quantity. However, that measure has allowed us to identify quite significant amounts of substances and isolate people so that they can get rid of the substance by flushing it down the loo or by handing it to prison staff, who take it and dispose of it properly. From a harm-reduction perspective, the measure has pretty often led to fewer high-strength substances coming into an establishment. Those substances would have had a major impact on that establishment.

Gillian Walker: From an establishment perspective, we have found that, with the introduction of body scanners, people are being placed under less pressure. In an establishment such as Shotts, if somebody was going out to an appointment, they would be expected to bring something back in. Now, individuals can legitimately say that they will be caught with that substance because they will be going through the body scanner when they come back into the establishment. That has made a big difference in that introduction route. We have seen less and less introduction of illicit items in that way, so that route has been particularly helpful in supporting vulnerable individuals and managing risk when individuals have been in the community.

Pauline McNeill: In our inquiry, we had the opportunity last week to sit in private and listen to the experience of former prisoners. That evidence has changed my perspective a little and it has been very valuable.

Drugs are a huge issue for the management and the officers, and that has made the job more

difficult, as well as being difficult for prisoners who do not want to bring in drugs. However, as Gillian Walker said, there is the issue of boredom. One thing that was said, which struck me, was that, for some, it is about escaping the reality of what they have done and about the fact that it can take a long time for them to come to terms with their crimes. I had never really considered all those things.

It strikes me that, at the moment, prisons almost seem to be centres for drug rehabilitation. One comment was that there should perhaps be some dedicated provision in the SPS for those who want to get off drugs. I ask about that in the full knowledge that this is not the time because there is severe overcrowding and we are still waiting on the new prisons being built. However, in an ideal world, has the SPS ever considered that there should be more dedicated units in the SPS for those who want to enter rehabilitation?

Gillian Walker: A lot does get done. Every establishment has realigned resources to create support and wellbeing officers and support and wellbeing environments that individuals can come to. There is also a lot of support from third sector partners, which is fantastic. In an ideal world, it would be great to have areas in the prison for use by individuals who do not want to engage at all or who want to keep working through their recovery journey in a place that they know will have limited access, because everybody else is in the same position. That would be exceptionally beneficial.

The challenge, as you noted, is the pressure of the population. A number of establishments have been trying for years and there has been good evidence, but we are now against a backdrop of the changing nature of the substances, and the challenge is the impact that that is having on people's mental health. We would need to consider how safe it is for some of those individuals to be in that type of environment. It would almost need to be a staged approach. However, it would certainly be a good thing to have.

Pauline McNeill: An important factor is the spin-off of having prisoners on those kinds of drugs, and the impact on their mental health makes it even harder.

I asked the Prison Officers Association about the suggestion that drugs get into prisons through either the coercion of prison staff or their being offered possible financial benefits. You probably heard the POA's response to that, which was something that I had not thought about. If staff spot something that does not look right, they report it in the interests of self-protection and staying safe. There is not a high prevalence of what I am talking about, but it would be helpful to get your comments on it.

Gillian Walker: From a governor's perspective, I know that, exactly as the POA said, most staff would report their concerns if they came across anything. Sadly, as in any organisation, a very small percentage of staff will be involved in that type of activity, but work is continually being done to advise staff of the risks. Individuals will regularly approach staff, who will report that to us to let us know. We need to manage those individuals appropriately so that it is clear to anybody who tries to corrupt or coerce a member of staff that it is unacceptable and that action will be taken as a result. The prison works actively to manage prisoners who are involved in any activity like that.

Pauline McNeill: Is there any internal guidance that is used to perhaps spot somebody who might be under pressure?

Jim Smith: The SPS has an anti-corruption policy and every member of staff is given a briefing on that, so I can point to that to show how we challenge it at the base level. As Gillian Walker said, we encourage staff to report colleagues who they suspect might be becoming corrupted, not just to bring them in and discipline them, but to have that conversation about support, because we do not know what might have happened in that person's life.

I will say, however, that, as Gillian Walker said, corruption is an issue in the Scottish Prison Service as it is in any prison service or any other workforce. With the influence of serious organised crime groups, this seems in recent years to be becoming a real method of entry to prisons for commodities. We are working really hard, internally and with police colleagues, to address that. Further to that, we are working with Scottish Government officials to bring about a change in the legislation and to create an offence of misconduct in public office for people who become involved in that type of activity.

11:15

Pauline McNeill: Detective Chief Superintendent Higgins, do you want to add anything from a police perspective?

Detective Chief Superintendent Higgins: I will just that back up. We work very closely with Jim Smith at a national level and with Gillian Walker and our counterparts across the estate on the identification and sharing of information and intelligence as early as possible. That needs to be done in a sensitive manner, first to protect against the potential for officers or their families being approached and to support them in relation to that, and secondly to address the wider concern. We regularly work to ensure the lines of communication and establish options in relation to the development of intelligence, should it need to

be taken forward, in relation to disruption or prosecution. That process and those relationships are well established, and we continue to do that work, recognising that the threat is always evolving and learning from that locally, nationally and from a UK perspective.

Sharon Dowey: In the earlier session, the Prison Officers Association said that officers cannot do a search, even with a wand, if the person is of the opposite sex. That must cause issues, especially if we are trying to stop the transfer of drugs around prisons. For example, prisoners in the male estate must know that, if there is a higher percentage of female officers on duty, they will not be searched as the officers do their rounds. What problems does that cause you in the estate? Are you looking to change the policy?

Gillian Walker: Jim Smith knows about the policy, but I can speak from an establishment perspective. We move staff about in order to facilitate searching. Historically, it has always been a challenge, because female staff cannot search male prisoners and vice versa—and, obviously, staff members of the opposite sex cannot search each other. However, we move individual staff about. When we know that we are going to be moving a large number of individuals, we ask a male colleague to be there to do the searches. When we are setting up for the day and looking at our staff complement, managers will consider the searching needs of the day and assign staff appropriately to ensure that there is enough cover for that. We do not see that as a significant issue, because we adapt to ensure that the searching takes place.

Sharon Dowey: Just to clarify, I would expect a body search to be done by someone of the same sex, but I am talking about a search with just a wand.

Gillian Walker: Yes. The prison rules do not allow us to do that, but that does not impact on the ability to search people. If it is a female officer, we will swap in a male officer to search a male and then swap them back out.

Sharon Dowey: However, that seems to have been raised as an issue with the Prison Officers Association. Jim Smith, do you have any comments on that?

Jim Smith: As part of our searching techniques, we can also use walk-through metal detectors, which means that we do not necessarily have to have someone of the same sex there. It does not have to be a male supervising a male as they go through the machine, for example. There are some mitigation measures. However, as Gillian Walker said, it is really up to the management, locally, of the particular hall or work shed to have

the right staff—the right number of staff, and staff of the right gender—to be able to search people safely when they are entering or leaving a particular environment.

Sharon Dowey: Is the fact that the search has to be made by someone of the same sex due to legislation or just policy?

Jim Smith: It is legislation.

Gillian Walker: It is legislation—it is prison rules.

Sharon Dowey: Does “prison rules” mean that it is in legislation, or is it prison policy?

Jim Smith: Prison rules means that it is in legislation.

Sharon Dowey: That is fine. Thank you.

Detective Chief Superintendent Higgins, how well are the relevant agencies collaborating to address the problem of illicit substances entering prisons, particularly in terms of serious and organised crime? Could more be done?

Detective Chief Superintendent Higgins: I am confident that the relationship is strong. It is always the case that we can improve. That improvement can be made with technology, analysis and the sharing of information. Jim Smith and I—or our teams—regularly have conversations and share as much as we can of the current, up-to-date picture of the intelligence about the intentions of serious organised crime groups in the estate and their evolving manners of bringing substances into that estate. We are well linked up on the position across Scotland, and we are also linked in to that information in the wider UK estate and, occasionally, in the international piece.

We are starting to see the need to be able to respond to some of the threats that are wider than being only in Scotland, because of the learning about the evolution of organised criminal groups and their international footprint. We need to make sure that we are considering that and asking how we can target harden our establishments and support the individuals who are being targeted and the vulnerable individuals in our estate.

Sharon Dowey: You mentioned technology. Do you have the tools to do the job? We have heard how big an impact drones are having on prisons by getting not only drugs but also other materials in. Do you have the technology that you need to find out where the drones are coming from, or do you need more investment?

Detective Chief Superintendent Higgins: Without question, we need more investment. I am comfortable in saying that about both organisations. We are always trying to catch up with the abilities of groups—for example, with the

evolution and development of drones and their ability to take bigger payloads. We are developing our abilities to disrupt that, to use technology and to analyse the data that we hold more quickly and efficiently in order to drive our business and our understanding. We are providing a good service and a good role with what we have, but if we had everything on our wish list, we could without question do significantly more. We continue to aspire to do that.

It is a far bigger conversation than just being about what is in our prison estate. It is about our use and analysis of data and the use of technology to drive the business. We continually strive to make the best use of the limited resources that we have.

Sharon Dowey: Limited resources are an issue, then. What action are you taking just now? It appears from your submission that you are expecting an increase in the use of drones. What action is Police Scotland taking to mitigate that with the resources that you currently have?

Detective Chief Superintendent Higgins: That is happening across a wealth of different themes and areas. The action is focused on identifying that as a threat and understanding how it evolved and who is involved in it—the professional enablers, the development of the drone technology and the wider intelligence piece—in order to see how we can disrupt them in different ways. That includes technology to disable the drones and stopping the payload from getting near the drones and the individuals who are facilitating the controlled substances. We are very focused on that across the board, and we regularly work with Jim Smith on it.

If it would suit the committee, I would be happy to have a conversation about how we do that in more detail and about the specifics. The work is happening across a number of portfolios, which often sit with me and Jim as we head up the intelligence space. An awful lot of work is being done on it every day.

Sharon Dowey: Jim, do you want to comment?

Jim Smith: I will probably repeat what Raymond Higgins has just said. We work together very closely, and some of the support that we have had from Police Scotland has been exceptional. Because resources are stretched, we have to make best use of the resources that we have. We are both part of the serious organised crime task force, which is chaired by the cabinet secretary, and the SPS has gained a great deal of support from that group.

Raymond talked about working across international borders, and the SPS is doing that as well. We are working with prison services in other jurisdictions, such as His Majesty's Prison and

Probation Service, which we have a good relationship with, and right across to Europe—particularly north-western Europe. Some of the problems and issues that we are experiencing are exactly the same as the ones in those jurisdictions. That is because of the growth of the serious organised crime environment or arena and the movement of large quantities of commodity throughout the world. Other law enforcement agencies in Europe have, just like Police Scotland, arrested and prosecuted those people. It is exactly the same here. It is important that we work not only within Scotland's borders but right across Europe to understand that threat and put mitigations in place to try to address it.

Sharon Dowey: In your submission, you mention—I might not get the pronunciation right—"project CONSUITOR". Is that how you say it? Will you tell us a wee bit more about that?

Detective Chief Superintendent Higgins: That is a UK project that is led by the deputy director general of the National Crime Agency. It is about bringing policing and the prison service together in a focused way with a co-ordinated response to disrupt drones and the impact that that activity has on our prison estate. No later than last week, Jim Smith and I were in a meeting to support that and drive it forward from a Scottish perspective. The project allows open lines of communication and the open sharing of information and capability to disrupt that activity from a UK perspective.

Sharon Dowey: Thank you.

Ben Macpherson: I have a question that was provoked by something that Dr Victoria Marland said earlier, but it also relates to things that other witnesses have said. You talked about the success of the photocopying initiative and you said that, because of its impact, there is now a trend of synthetic substances coming into prisons in powder form. Whether it would be appropriate to answer now or to follow up privately, it would be good to have an understanding of how that is happening. Is it through drone deliveries or other ways? How are substances in powder form entering the prison estate? If you would prefer to follow up by email, we will totally understand.

Dr Marland: It is challenging for me to answer how that is happening, because I do not necessarily get any background information. All the samples that we receive are anonymous and non-judicial, so they do not necessarily come with any background of where or how they have been seized.

As we all know, the problem is that, as long as there is demand for substances in prisons, the methods of trying to get them into prisons will always be adapted. One of the benefits of a project such as the one that is going on at the

Leverhulme centre is that we are tracking everything in near real time, so we can spot changes quickly. We quickly spotted that powders were an issue, and we could communicate that to prison officers and circulate photographs of what the powders looked like, so that the officers could more easily spot them.

In my experience, it is probably simply the case that the substances have now been diverted to increased numbers of drones or increased numbers of people—visitors or prisoners—trying to smuggle them in on their own body. Again, it is hard for me to comment on exactly how they are coming in, because I do not necessarily get the background information to the samples that I receive.

Jim Smith: With the size of their payloads, drones can deliver commodity in powder form into prisons. We have seen very high-strength powders—particularly of benzodiazepines—come in. There was a recent incident in one prison establishment in which six people had to go to hospital after each person took a very small amount of the substance. The intelligence suggests that the substance came in through visits and was passed by a kiss. I am just trying to make the point that, although drones can bring in big payloads, we have to be vigilant against small quantities because of the strength of the chemical in the powders.

11:30

Ben Macpherson: I appreciate that that makes the situation even more challenging because of the impact of just a small amount of synthetic substance. Thanks for relaying that.

Rona Mackay: I put my first question, which is about training staff, to Gillian Walker. In the earlier evidence session, John Cairney said that there was no NHS cover during the night. Will you expand on that? How does that impact your staff? Is there sufficient training for staff on the on-going problem of substance misuse?

Gillian Walker: On NHS cover in the evenings, that has been the case for a number of years now. In my establishment, there are nine staff at night. If anybody requires medical treatment at Shotts, we need to phone our flow navigation system, in which there is almost triage by speaking to a consultant, with a decision taken as to whether the individual needs to go to hospital.

That does not exist across all prisons; often, a first-line manager who is in charge of the prison at night will make a decision as to whether they need to phone an ambulance, based on the presentation of an individual. An ambulance will arrive or not, depending on the time, how long that takes and the pressures on the NHS. If an

ambulance arrives and it is decided that the individual has to go to hospital, that takes a significant number of staff out of the establishment, from an already small group. The impact of not having a medical professional to make an assessment at that time is challenging for us.

Rona Mackay: Just to clarify, your prison has a triage system that they can call at any time during the night if they are worried. For other prison estates, as you understand it, the duty officer has to make a judgment. What do they do? Are they able to administer any medical—

Gillian Walker: We do not have medical training. In almost every case, if it is not something that the duty officer can go and speak to an individual about, from a safety perspective, they will have to open up the individual's cell—risk assessing whether it is safe to do so. If the individual presents in a way that is of concern to them, they phone the flow navigation, as you would for any member of the public if you saw somebody of concern. The only things for which they do not phone flow navigation—instead, phoning 999 directly—are heart issues or somebody being unconscious. In other establishments, for anything at all, it is a case of saying, “I will need to phone and get advice on how to manage this.”

Rona Mackay: Are your staff trained to use a defibrillator?

Gillian Walker: Yes, they are.

Rona Mackay: I imagine that you would prefer NHS support to be there at all times.

Gillian Walker: NHS staff might still have to make the decision to send somebody out, but it would mean that there was somebody on site to make an assessment of an individual's medical presentation. In the evening, there is nobody trained to do that.

Rona Mackay: Roughly how often do such incidents occur during the night? I know that you cannot say exactly.

Gillian Walker: It is pretty regular. I can talk about my establishment. It is not unusual that at least once a night a first-line manager will have to attend an area where an individual—

Rona Mackay: Every night?

Gillian Walker: Yes.

Rona Mackay: Okay. That is interesting.

Gillian Walker: They might not all go to hospital, and they might not need medical treatment, but there will be a call almost every night that requires a check-in on somebody.

Rona Mackay: Do you think that your staff would appreciate more complex training on those issues? Has it moved on from when drugs were not as much of a problem as they are today?

Gillian Walker: It is difficult, and we need to be careful. We cannot train our staff medically, because that is not what they are there for, but we try to ensure that they are aware of new substances as they emerge. We share photographs and advice about the changing nature of substances, the amounts that people are taking and how the presentation of individuals changes in relation to the drugs. However, our staff cannot and should not be expected to make a medical judgment on an individual.

Rona Mackay: Thank you. Jim Smith, do you want to come in?

Jim Smith: From the national perspective, I echo what Gillian Walker has said. Every night, and in almost every establishment, first aid is administered to people who have become unwell, whether that be through drugs or something else. Not every establishment has what HMP Shotts has in place, so it generally means an escalation through NHS 24 to an emergency ambulance.

Rona Mackay: Dr Marland, in response to the call for evidence, the issue of people selling prescription drugs came up. Are you or the Leverhulme aware of that? How does the SPS deal with it when prisoners sell their prescription drugs?

Dr Marland: We do detect prescription drugs, but I cannot necessarily comment on whether they have been prescribed to an individual, because, as I said earlier, I do not get any background information. However, we detect prescription drugs such as buprenorphine and antidepressants such as mirtazapine. There is evidence that such drugs are in circulation; they are being seized and sent to our project. We also detect them in mixtures with illicit substances, which suggests that they are not being used legitimately, because a legitimate product would not have an illicit substance in it. Again, I cannot comment on whether those substances have been diverted or whether they have been prescribed to an individual.

Rona Mackay: Gillian, you will be aware of this, too. Does it suggest that the people who need medication are being coerced into selling it or that they are just trying to make more money?

Gillian Walker: Unfortunately, prescription medication has always been considered to be a commodity in prison. A percentage of individuals will be vulnerable to it being taken from them, but, in a number of cases—probably a majority—individuals sell those drugs on to swap them for something else or to make money.

We work with the NHS to tackle that, and our NHS colleagues carry out spot checks. When an individual has been given their in-person medication or weekly medication, we facilitate our NHS colleagues to ask them, for example, “You are meant to have 20 tablets; how many do you have?” They will also make decisions about whether to put somebody back on to a supported medication regime rather than them having the medication in person. We work quite closely with the NHS on that.

Rona Mackay: Does that mean administering it as it is needed instead of leaving it with them?

Gillian Walker: Yes.

The Convener: Before I bring in Fulton MacGregor, I have a question on the back of Rona Mackay’s questions. We asked the POA about naloxone, which has generally been welcomed as an option that staff can use when a prisoner overdoses. From your perspective on the introduction of naloxone, are you comfortable that staff are receiving enough training, for example, and that it is an effective additional tool for staff to use in countering the impact of the substances that are coming in?

Gillian Walker: Staff do not have to be trained in the use of naloxone; it is not compulsory. However, many staff have come forward, particularly since the change from needle administration to the spray, and many staff are now trained in administering it. They do not think twice about it, and thank goodness for that, because they are saving lives every day as a result of administering it. In some cases, staff are having to administer two or three doses prior to a nurse—or an ambulance, if there are no nurses on duty—being able to attend. It has been a game changer in enabling us to look after people and keep them alive.

The Convener: That is really good to hear. Jim, do you have anything to add?

Jim Smith: Nationally, we see reports of naloxone being administered every day. It is absolutely the case that, without it, there would be more deaths in prison.

The Convener: In addition, Police Scotland has rolled out access to naloxone for officers in performing their operational duties. That is well established.

I will bring in Fulton MacGregor. Do you want to come in, Fulton?

Fulton MacGregor (Coatbridge and Chryston) (SNP): Can you hear me, convener?

The Convener: Yes, we can. On you go.

Fulton MacGregor: I am sorry about that. I think that the problem was that I was pressing the

button at the same time as the people behind the scenes.

Good morning. I thank the witnesses for the evidence that they have given so far. My question is a wee bit off topic, because the committee is looking at substance abuse specifically in prisons, but previous witnesses and others who have spoken to us on the subject have almost always emphasised the importance of diverting people away from prison in the first place. As you can imagine, that has been brought up as a crucial aspect of the issue.

I recognise that it is not purely a matter for Police Scotland—many other agencies are involved in that work—but I think that it is the only organisation here today that might be able to answer my questions. Could you give us some information about the role that Police Scotland is playing at that earlier stage, when your officers come into contact with people who use substances? Is there any more that the Parliament or the committee could do to deal with the issue at an earlier stage?

Detective Chief Superintendent Higgins: There are a couple of aspects to that. As the communities of Scotland would expect, our role is very much to apply the legislation on the possession and supply of controlled drugs. That is the expectation with regard to what we would do if people were found to be in possession of such substances.

However, in the wider prevention space, I know from my experience—the experience of many of my colleagues will be similar—that it is necessary for a whole-system approach to be taken. That involves us working with colleagues from the Scottish Prison Service and the health service and those in the third sector who work in our alcohol and drug partnerships. We need to be invested in supporting those in our communities who are the most vulnerable when it comes to the abuse of controlled substances, which can often start at a lower level with less impactful drugs.

That work is key, and we are involved in it. It is essential that we contribute to that as a partner, but, if we are to be successful, a whole-system approach needs to be taken. I know from my experience in Ayrshire that there are success stories there. Good work has been done in Kilmarnock by some of the agencies. That work is key, because that is how we can stop people being exploited, becoming more vulnerable and getting involved in more serious offences that lead to prison.

We share a lot of information in that context, but that work must be done across the criminal justice partners and across the third sector so that we can give options to those who are most vulnerable. I

hope that that answers your question, Mr MacGregor.

The Convener: Do you want to come back in, Fulton?

Fulton MacGregor: No—I am happy with that answer.

The Convener: In that case, I will bring in Sharon Dowey.

Sharon Dowey: We have received written evidence on issues with the management of an offender at risk due to any substance—MORS—policy. We heard from the previous witnesses about that, too. We believe that the policy is being reviewed. Will you tell us a bit more about the work that is being done on that?

11:45

Our previous witnesses told us that, in one prison, 15 people were managed under the policy. They had to be monitored every 15 minutes, which had a huge impact on the staff and their welfare, as that is labour-intensive and time-consuming work. Can you provide the committee with any data on long-term trends in the use of MORS? Can you give us a breakdown of the number of people who are placed on it, including at weekends and evenings? If you could also tell us more about the review of the policy and the issues with it, that would be welcome.

Jim Smith: I can provide those statistics to you after the evidence session.

The MORS review has been under way for some time with health colleagues in the NHS; it has included a range of professionals from that organisation.

You are right that having multiple people on MORS at the same time is resource intensive. I have seen that when working in prisons. Because the management will put more resources into that area for that time period to ensure that those people are supervised properly, that detracts from elsewhere in the establishment. It is a difficult balance, but, if we have someone on MORS, we absolutely have to follow the processes and ensure that that person is safe throughout that period, whether that is during the night, during an evening patrol or at any time of the day or week.

Gillian Walker: MORS is a challenge, particularly when a number of individuals are being monitored. As Jim said, in an establishment, we would look to put in additional resources in that situation. For example, on my night shift, if we know that the number of people on MORS has spiked that day, we will look to put in at least one additional resource to support the staff who are

already there. We recognise that it is a lot for staff to constantly monitor individuals in that way.

The review of MORS is on-going. The important part of the MORS policy is that it allows us to keep people safe but with the recognition that staff are not medically trained. They are looking for a response from an individual rather than being able to make a judgment on their medical presentation. Staff struggle with that, because they want to help and assist. They are always concerned that they do not know how to make a decision around an individual's medical presentation, but we are not asking them to do that; we are just asking them to get a response from somebody. However, that is a challenge for staff and, when we have spikes in MORS numbers, it can be difficult to manage.

Sharon Dowey: You mentioned that staff are not medically trained, but do they receive adequate training, personal protective equipment and risk assessments? You said earlier that they do not know what they are going into when they open a cell in the morning. Do they get adequate training to deal with what they could be faced with each day?

Gillian Walker: Staff are trained to manage an emergency situation and to provide immediate first aid until we can get a response from a nurse—nurses are normally on site, if the situation is during the day or first thing in the morning—or from an ambulance. Staff are trained in carrying out emergency first aid.

On staff making an assessment of whether it is safe to enter, there is a standard operating procedure in place whereby staff should consider whether it is safe to open the door and consider the risk if they see something in there that they believe would put them at risk. However, as substances change, we continue to evolve and develop that guidance for staff to ensure that we are as up to date as possible in our knowledge of any potential impact on them that might exist.

Sharon Dowey: So, the policy is under review, but significant concerns have been raised about it. When will the review be completed?

Gillian Walker: I cannot give you a date for that. I know that work has been done on the alcohol and drug strategy, which was the first part of the process. That has been completed, and the next part is the MORS policy. We can certainly write to you with a date after today.

Sharon Dowey: That would be good. Jim, do you have any idea of the completion date?

Jim Smith: No. A short-life working group is still working on that at the moment, and the situation is evolving as we speak. However, as Gillian Walker said, we can write to you with an expected end

date for the review and the implementation of next steps.

Sharon Dowey: That would be good. Thank you.

Pauline McNeill: I want to ask about the future capacity of the SPS.

As I am sure is the case for the witnesses, I remain very concerned that, in Scotland, prisoners who serve their time for the crimes that they have committed cannot always serve it in a drug-free environment; I am especially concerned about how that affects those who were not on drugs when they went into prison. That is a national concern, which I am sure that the witnesses share.

In the previous evidence session, a question came up about the capacity of the new Barlinnie prison. I understand that the capacity of Barlinnie is 900, although prisoners double up at the moment. I think that the new prison will have 1,300 places or thereabouts, which is an increase of about 400 places.

Will the witnesses clarify that? What will the increased capacity be when the new Barlinnie comes online?

Gillian Walker: I am really sorry, but I am not able to answer. I could get the capacity for you, but I would not be comfortable giving an answer on it, because I would be guessing.

Pauline McNeill: What I am driving at is that overcrowding is one of the central issues in managing all the pressures that you have mentioned to the committee. I accept that the provision of more prison places does not mean to say that the problem will be solved, but I hope that it will give more scope for less overcrowding and doubling up. Jim, can you answer that?

Jim Smith: I am not able to give you the exact capacity of the new Barlinnie at the moment, but it will have around 1,300 or 1,400 spaces, which would mean that people would perhaps not have to double up in single cells. That is a positive, and it is welcome.

Are you asking about what will happen in relation to the staffing and the provision of more support?

Pauline McNeill: I am just trying to envisage whether anything that will alleviate the pressures that prisons are under and that will keep prisoners and staff safe is going to happen in the future. I would have thought that you would already be planning for some of those things. I think that Inverness is also doubling capacity. That is not everything, but it is something to cling on to. I thought that you might be planning for that.

Jim Smith: The situation is constantly under review. People in the Scottish Prison Service and

across the sector are working hard to try to predict what the numbers could be in the next few months to years. That information will form part of the solution. I really could not comment on more capacity.

Pauline McNeill: Is the SPS planning for the possibility that, should the prison population remain broadly the same, you would have scope to do more because you will have more space?

Gillian Walker: The challenge at the moment is that there is no capacity. It is really difficult to plan for the future when we are operating well above where we should be. We continue to develop how we would like the service to run and what work we would like to do, but the real challenge in establishments just now is stopping people coming in rather than how we manage them when they are in because, as you are aware, the population is so high at the moment.

A lot of work is being done at the moment. Barlinnie is a really good example of operating differently and plans for the future but, for establishments, there is a real challenge in simply trying to manage the number of prisoners who come through the door, which does not allow us to look up and plan for the future very well.

Pauline McNeill: I understand that. That is what I am getting at. However, we have to be hopeful. The Government is not doing nothing. Something is happening. I caveat this heavily by saying that the prison population could again go up above 8,000, so it could use up the space that you have.

I would just like the reassurance, which you might not be able to give, that we are thinking ahead to a point at which we might be able to alleviate some of the pressures in 2027 or 2028 and beyond.

Jim Smith: I think that Inverness will come online next year, and Barlinnie will do so two or three years after that. Where the prison population will go is such a dynamic issue. We could predict that it will go higher than 8,360, as I think that the figure was this morning. However, there might also be a reduction in that figure. It is important that SPS officials keep a keen eye on that, with the Government, to predict what the population will look like in the future.

Katy Clark (West Scotland) (Lab): I have a brief supplementary on that topic, which might be for Victoria Marland. What is likely to happen with prison populations? Is the issue down to demographics? Is it to do with there being a lot of young men of a certain age? Can you add anything on what you think might happen?

Dr Marland: That is not something that I am able to comment on—it is outside my remit.

Katy Clark: Okay. Do any of the other witnesses have anything to say about what is likely to happen with prison populations over the next few years? I know that there are many variables, but I am wondering what you are being told.

Gillian Walker: We are simply being told that there is a lot of work going on across justice partners, whether on diversion or other opportunities, to prevent the population from rising.

The Convener: You made a point about services—local services, in particular—that the Scottish Prison Service engages with. Rather than bodies such as Police Scotland, I mean alcohol and drug partnerships, local social work teams and so on. We know that those services are a crucial part of the staff family in prisons and that they do hugely important work to support the provision of rehabilitation and wellbeing support in the prison environment.

Funding and budgets are always under pressure. Given what we are discussing today, how important is it that local services such as the Scottish Recovery Consortium, Sustainable Interventions Supporting Change Outside and others are able to continue the work that they seek to do in the prison setting? Will you be able to continue to facilitate that work, given the size of the prison population at the moment? What difficulties do you face with that?

Gillian Walker: It is absolutely crucial that we are able to continue to engage with those services, because they bring in experience that we do not have. They bring in peer support and lived experience, which has much more resonance with the prisoner population than it would if I tried to talk to them about taking substances. Those services make a huge difference to how individuals feel and help them to get on the journey to recovery, whatever that looks like for them. It is vital that we continue to engage with them, because our recovery services would be poorer without them.

On the next steps and where we go with that, demand for recovery services outweighs the supply. Establishments are now considering what to realign to create more space. There is significant demand, and individuals are looking to engage differently. They see the benefit of engagement with such services, and of having the opportunity to get out of the hall and spend a bit of time talking to somebody about how they are feeling. At first, people were slightly dubious about it, but now individuals have bought into it. The problem is that we are not able to give as many people access to that as we would like. It is a question of realigning resources to consider how we do that.

The Convener: A lot of the work that Police Scotland does from a preventative angle sees engagement with the likes of alcohol and drug partnerships and other organisations, particularly in the third sector. Can you expand on how important those relationships are in local areas with services that are all working towards the same goal, which is to ensure that there is a preventative approach and, at the same time, rehabilitation?

12:00

Detective Chief Superintendent Higgins: I will answer from my most recent personal experience, which is from my time in Ayrshire. Without question, there is a real willingness, but the issue is funding and support for organisations in the third sector. That is in relation both to the diversionary aspect, before a custodial sentence is considered, and to those who have had a custodial sentence and who require support and access to wider services immediately after they have come out of that custody.

When there is the ability and resource to give that support, it makes a huge difference, because the initial introduction back into our community is often the biggest challenge. People are used to the regimented aspect of being in the estate, so when they go out and have to learn how to do it, often they are very lonely—those people are the most vulnerable. There have been success stories, but the challenge is that some of those organisations have limited capacity and funding. In my experience, if we are able to support them and fund them appropriately, it may have a positive effect on reducing the numbers in the estate.

The Convener: Rona Mackay, do you have a supplementary?

Rona Mackay: It is not on that subject in particular, but I have another question for Gillian Walker. Can you clarify whether remand prisoners are treated in the same way as other prisoners in relation to searches, recovery and medical assistance?

Gillian Walker: Yes. Under prison rules, in relation to security, everybody is searched and dealt with in the same way, whether or not they are a remand prisoner. The challenge for recovery services is that, although some establishments will offer some services to remand prisoners when they can, they tend to be offered more often to convicted prisoners—that is, in terms of numbers. That does not mean that remand prisoners would not engage with NHS addiction services, but the third sector work tends to be more focused on convicted prisoners, because of the numbers that we are dealing with.

Rona Mackay: Although some remand prisoners are there for some time—they are not just in and out.

Gillian Walker: Yes. Largely, their support comes from the NHS. If establishments can, they do—some establishments run groups for remand prisoners—but there is a tension in trying to manage the population.

The Convener: I have a couple of final questions, which I will direct to Victoria Marland. They are in relation to the submission that the Leverhulme centre sent to the committee.

An issue that came up in our first panel is the challenges that are involved in the use of vapes in prisons. In your submission, you said that the most commonly detected format in samples sent to the Leverhulme centre in 2025 was e-cigarettes. We have heard evidence about the use of vapes to smoke substances in prisons. Can you tell us a wee bit more about the specific issues that you are finding in relation to e-cigarettes and how we can combat those issues?

Dr Marland: Short of getting rid of vape pods completely, they are a really challenging subject to address. In my experience, it is not necessarily the initial vape pods themselves that are the problem—they are all prison issued, and residents can access only vape pods that are sold to them by the prisons. When we have received those unopened vapes for testing, they have contained only nicotine, so we know that those initial vapes are safe for use.

My experience is that there are two problems to consider. First, the vape pods are not tamper-proof. Although the cartridges are not refillable, it is evident that residents have found a way to tamper with them. We heard in the earlier evidence session that there were investigations into whether we could source tamper-proof cartridges or cartridges that fall apart when someone tries to take them apart. The problem with vape pods lies more in the powders and the infused papers that are able to enter the prisons, because that is what they are being adulterated with. The Prison Service controlling the types of vapes that are available is mitigating the issue a little bit. As I am sure you are aware, there are lots of products available on the wider market that contain illicit substances such as tetrahydrocannabinol and spice.

Secondly, although electronic cigarettes were the most common format that was submitted to us in 2025, that might simply be because they are now easier to spot. Previously, when the infused paper was coming into the prisons, it was our understanding that small sections of paper were being hidden. The cartridges of the electronic cigarettes that are in the prisons twist on to the

battery element. We believe that they were jamming a bit of paper in between there to infuse their vape pods. That is obviously more challenging for a passing prison officer to spot.

Now that there are increased amounts of powders going into the prisons, it is obvious when those vape pods have been tampered with, because there is visible powder inside them and they are very cloudy. Although we cannot necessarily say for certain that vape pods are being used more now, it might just be that they were not being picked up before and that we are getting more submitted to us now.

However, our efforts need to lie with the prevention of the powders and the materials from entering the prison, because that is what is being used to adulterate the vape pods. I know that this will never happen, but if we were to be able to stop any drugs getting into the prisons at all, those vape pods would, in theory, be safe for use, because they come from within the prisons and they contain only nicotine. We need to continue our efforts to stop powders, tablets and substances like that from entering the prisons.

The Convener: Thank you—that is fascinating. Does Jim Smith or Gillian Walker want to come in on that point?

Jim Smith: We are currently working with prison services in other jurisdictions to limit the types of device that can be manipulated into taking drugs, as Victoria Marland has suggested.

The Convener: That is good to hear. Talking about joint work—this is my final question—I was interested to read the Leverhulme centre's submission about the important work that you are doing and, in particular, the data that you have been able to provide that supported the development of multiple national and international policy changes. That is great for the centre and it is good to hear that Scotland is leading the way on that. Bearing in mind the longer-term aspiration of the centre to develop and establish a national drug testing centre, how important is that work? Bearing in mind also what we have been discussing today, how important is it that that provision comes to fruition?

Dr Marland: As we have heard, the data from that project provides lots of evidence to help develop policies and strategies. As I mentioned before, it is the near real-time nature of the data that helps us to quickly provide information to the prisons. We are able to provide the information when it is still relevant, rather than if we were to do projects in which we gathered up samples and then analysed them a year later, when it would be too late for us to make an impact. The consistent submission of samples is what is having a good impact.

We are also working closely with the Prison Service to further develop our means of urgent testing of samples and how to do that most efficiently, particularly for instances such as mass hospitalisations. It allows us to rapidly feed back data on the substances that are involved to inform the SPS in managing its responses.

It is important to stress that the harm reduction that we are trying to provide is for residents and staff—we are trying to keep staff safe, too. Some of the work that we have been doing is to ensure that the SPS's processes can remain efficient. We have heard a lot today about how stretched its resources are and the fact that it has limited time to address harm reduction in the prisons.

A good example of our collaboration was our work on increased fentanyl alarms from the RapiScan instruments. To give you some background, an instrument update increased the number of fentanyl alarms because it was cross-alarming with a synthetic cannabinoid. In response to the fentanyl alarms, the Prison Service had to put a lot of resource into health and safety protocols, because fentanyl is a very potent substance. We worked closely with it to develop secondary testing methods that aided staff to confirm whether fentanyl was present. Eliminating the fentanyl risk freed up staff time so that they could focus on addressing harms elsewhere.

With regard to the future of the project, as long as we continue to receive as many samples as quickly as possible, that is only ever going to improve the quality of the work that we produce and allow us to respond as quickly as possible to the changing substances—to all the different changes that we know are occurring.

This might already be being implemented, but the data could be really useful in educating residents in the prisons, particularly when they are getting close to liberation. The substances that we detect in the prisons are very different from what we detect in the general population. For example, synthetic cannabinoids are very prevalent in prisons and not as prevalent in the general population. Through our harm reduction services, we would be able to educate residents about those differences, particularly at the point of liberation, when we know that they are at a heightened risk of overdose.

We are also working on developing quantitation methods, because we have heard a lot about the increase in strength of substances—because of the nature of synthetic compounds—and we want to understand that. Again, that could be used to educate residents through drug alerts, similar to Public Health Scotland's alerts through its rapid action drug alerts and response system, so that we can educate them and say, "We know that drug use is happening in our prisons. This is how

we can be more informed; this is how we can keep you safe.” Monitoring projects such as this are really important.

We have a very good international research relationship with lots of different bodies across the world, including the United Nations Office on Drugs and Crime, which can help us to predict what is coming next to Scotland. For example, Ethylbromazepam has been raised quite a lot as maybe the next benzodiazepine, but that research relationship means that we are in the process of gathering lots of data so that we can keep the instruments up to date and ensure that we can start detecting the substance before it becomes an issue in the prisons—if it is going to become a problem.

The Convener: That is fascinating, and it is great to hear about those plans and to be able to understand that work.

We will wind things up there unless anyone has any final points to make. Thank you very much, everybody. We have covered a lot this morning, which has been really helpful. Next week, we will continue to take evidence as part of our inquiry, and we will focus on the work of the Scottish Prison Service—we are gluttons for punishment—and the national health service. We will now move into private session.

12:14

Meeting continued in private until 13:03.

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