

Criminal Justice Committee
Wednesday 28 May 2025
17th Meeting, 2025 (Session 6)

Tackling Harm from Substance Misuse in Scottish Prisons – Session 1

Note by the Clerk

Introduction

1. At its meeting on 30 April 2025, the Criminal Justice Committee agreed to undertake a short inquiry into the harm caused by substance misuse in Scotland's prisons. This follows a recommendation from the [Scottish Parliament's People's Panel](#), which raised concerns about the increasing prevalence and potency of synthetic drugs in prisons, the impacts on both prisoners and staff, and the adequacy of rehabilitation and support systems.
2. The inquiry was formally launched on Friday 16 May 2025, alongside a [public call for views](#). The Committee is inviting written submissions until **Friday 22 August 2025**, and has produced a summary, social media content, and a video by the Convener.
3. Today's meeting marks the **first evidence session** of the inquiry.
4. The aim of this initial, preparatory session is to understand the scale of substance misuse in Scotland's prisons and how public services and the policing and justice system currently respond to it. It will provide Members with a foundation for subsequent sessions, which will consider lived experience, recovery, staffing, community links, and long-term reform.
5. Key areas of focus in this session include:
 - Trends in drug use and how substances are entering the prison estate;
 - The relationship between organised crime and the prison drug economy;
 - The implementation of Medication-Assisted Treatment (MAT) standards;
 - The health risks of synthetic drugs;
 - The resources and training available to frontline staff.

Evidence

6. The Committee will take evidence from the following panel of witnesses:

- Stephen Coyle, Head of Operational Delivery, and Suzy Calder, Head of Health and Wellbeing, Scottish Prison Service
 - John Mooney, Consultant in Public Health, Public Health Scotland
 - Detective Chief Superintendent Raymond Higgins, Police Scotland
 - Kirsten Horsburgh, Chief Executive Officer, Scottish Drugs Forum

7. The Scottish Prison Service has provided written evidence, see **Annexe A** for details.

Actions

8. At the conclusion of today's session, Members may wish to reflect on:
- The adequacy of current data and responses to drug harm;
 - Whether there are particular gaps in support or enforcement which require further scrutiny;
 - The direction of travel for future sessions, including on lived experience and longer-term reform.
9. Clerks will provide further briefing ahead of each session, including the Committee's engagement with people affected by substance misuse, both inside and outside prison.

**Clerks to the Criminal Justice Committee
May 2025**

Annexe A: written submission from the Scottish Prison Service

22 May 2025

Dear Ms Nicoll

Drug Use in Scottish Prison Service Evidence Paper May 2025

Prior to SPS' attendance at the Criminal Justice Committee on 28 May, please see below information that will hopefully provide the committee with context on the highlighted areas of interest, prior to the appearance of Ms Suzy Calder (Head of Health and Wellbeing) and Mr Stephen Coyle (Head of Operational Delivery).

The areas noted are:

1. Which drugs are most prevalent and how they are entering prisons;
2. The interplay between criminal networks and prison drug economies;
3. How the current MAT implementation aligns with Standards 5 and 9;
4. Training and resources for frontline staff.

1. Which drugs are most prevalent and how they are entering prisons

The long-term monitoring of substances shows an ever-evolving drug market and how SPS remain proactive in reducing the likely harms and potential risks of death to people in our care. The partnership between SPS and University of Dundee provides a valuable insight into the extent and nature of drug use in Scottish prisons and led to the Scottish Prisons Non-Judicial Seizures Drug Monitoring Project being established.

Information provided by the University of Dundee shows there were 159 unattributable suspected drug seizures from 11 SPS establishments between Quarter 4 of 2024 and Quarter 1 of 2025 (September to March). In order of prevalence synthetic cannabinoids or Spice is the most detected drug recovered. Anabolic-androgenic steroids were the next most detected followed by benzodiazepines (Bromazolam being the most prevalent), natural cannabinoids and antidepressants. Other drugs detected include anticonvulsants, cocaine, opiates, amphetamine-type stimulants and analgesics.

Although Nitazene compounds continue to be a concern and are being detected in the Scottish community, there were no detections of Nitazenes in any of the samples submitted by SPS to the University of Dundee in quarter 1.

Synthetic cannabinoid samples were detected in e-cigarette (vape) components, paper, card, powder and waxy materials. The use of vapes is the contributing factor to the increase in drug taking in prisons, dosing is chaotic as it is difficult to measure potency of the substances to determine the effect, powders we have tested seem to

be purer than what we would have seen before in infused paper. Benzodiazepines were mainly detected in tablet and powder form.

With regards to methods of entry of commodity, SPS has witnessed an increase in the use of technology, such as drones, which have increased the threat due to the level of payload these devices can carry. These payloads will often include drugs, mobile phones (and accessories), and weapons.

As well as drones, other methods of entry include members of the public throwing items over the wall which are then gathered by prisoners through various means. Face to face visits are also a target where small items can be passed between visitors and prisoners at the start or end of a visit and secretion/impregnation on people or items coming into our establishments.

To prevent or mitigate these risks, SPS work with colleagues in the wider justice sector sharing intelligence and practice aligning to the threats presented to explore wide-ranging responses. This work has led to a number of solutions being implemented to combat this such as anti-drone technology and body scanners and low-tech solutions such as the modified window grilles currently being installed in a number of establishments. Further solutions are continually being explored and business cases developed to further strengthen our defences against the threats.

2. The interplay between criminal networks and prison drug economies

At the centre of the organisation of commodity to enter prisons in significant quantities, are Serious and Organised Crime Groups (SOCG). SPS has noted in the last 3 or 4 years an increase in the amount and level of seniority of the nominals from these groups being in our prisons. This is due to the success in the detection and prosecution of these individuals by Police Scotland and their partners. Despite being in custody however, these individuals are still able to reach into their communities and continue to influence.

In response to this, SPS are working tirelessly with Police Scotland, and other partners, to mitigate the threats from these groups. This includes exploring the use of a range of tactics to disrupt criminal activity. Consequently, SPS is investing in an unprecedented way in this side of the business and this action displays our commitment to address the threat these groups pose to the good running of our establishments.

3. Strategies to support Health Care (How the current MAT implementation align with Standards 5 and 9)

We recognise that people in custody often present with higher levels of risk and vulnerability than the general population as a whole and often have complex health needs. The responsibility for the provision of health care services, including alcohol & drug services and mental health services, in Scottish prisons transferred from the SPS to the National Health Service (NHS) in November 2011, these services are now provided by the respective local Health Boards.

SPS works with NHS Partners to embed Medication Assisted Treatment (MAT) standards across SPS to ensure healthcare choice and standards align with community-based treatment services wherever possible. In some areas, collaborative working with Alcohol & Drug Partners has resulted in initiatives to support the implementation of MAT Standards. In Highland the ADP funded a psychotherapist to support recovery and the delivery of MAT 6 in Perth & Kinross ADP provided funding to a third sector organisation to employ Recovery Workers with a specific remit to work within the Prison supporting the integration of people into the community.

SPS have recently published the Alcohol & Drugs and Mental Health Strategies which provide a framework for improving outcomes for those living in prison which promote taking a whole person approach to care. In particular, the Mental Health Strategy addresses the key recommendation of HMCIPS Expert review of mental health recommendations. We are committed along with our NHS partners to ensuring those with alcohol, drug and mental health issues who come into our care are appropriately supported, treated, and cared for, while ensuring their rights are being maintained.

Each establishment will have access to “Recovery from Within” learning opportunities delivered by the Scottish Recovery Consortium (SRC) to build an understanding of rights based and recovery focused approaches. The programme links Peers and staff to external lived experience recovery organisations who can offer additional support including group activities, educational and volunteering opportunities.

The PRS project will aim to complete a baseline of recovery activities and support with each establishment, which will also include an independent academic monitoring and evaluation process for reporting purposes.

In addition, SPS are working in partnership with local third sector and national organisations such as the Scottish Drugs Forum, Crew 2000 and the Scottish Recovery Consortium (SRC), to enhance and develop approaches to deliver consistent recovery pathways to support integration back into our communities.

SPS and the Scottish Drugs Forum have been working together to develop and embed the Peer Naloxone Champions approach and to date there are nine prisons who now provide this approach.

4. Training and resources for frontline staff

Ensuring staff are aware of changes in drug trends

Public Health Scotland’s RADAR Alerts are shared across establishments to raise awareness about potential drug harms and changing drug trends.

In June 2023 SPS rolled out Intranasal Naloxone (Nyxoid) training to all staff on a voluntary basis to enable first on the scene response to opiate overdose. Nyxoid kits are now available for use by trained staff as part of our existing crash pack contents to increase and optimise the availability of Naloxone.

To date, 1147 staff have undertaken Naloxone Training across all establishments. SPS are committed to working with partners to prevent and reduce substance use harms and drug related deaths. Since June 2023, there have been 19 incidents in 2023, and 14 incidents recorded where SPS staff have administered intranasal naloxone in an emergency situation to individuals in our care. These 33 incidents reinforce the potential risk of overdose to people who use substances and the importance of ensuring staff have access to intranasal naloxone supplies to provide a rapid response to prevent drug related deaths.

SPS's National Drug Incident Management Team (NIMT) includes colleagues from NHS, Public Health Scotland, SAS and Police Scotland. A key function of the NIMT is to convene a Problem Assessment Group (PAG) in response to incidents thought to be relating to illicit drug use. PAG meetings align with and are directed by the National IMT with the aim of responding quickly to minimise the number of individuals affected by drug harms, reduce incidents of potential overdose and death, support local establishments by providing advice and guidance in response to emerging needs. This is in line with the wider community processes also developed with shared partnerships. Better information sharing and understanding is critical to address concerns from both an SPS and Prison healthcare perspective.

Every establishment will participate in Incident Response Workshops with key stakeholders to work through a mass casualty drug tabletop incident together, identifying how each organisation would respond and considering any changes to practice or process to allow safe management of this type of incident should it occur.

I trust the information provided is helpful, and I am sure both Ms Calder and Mr Coyle will be happy to discuss in more detail, with Members during the evidence session on Wednesday 28 May.

Yours Sincerely

Teresa Medhurst
Chief Executive