CJ/S6/25/23/1

Criminal Justice Committee
Wednesday 17 September 2025
23rd Meeting, 2025 (Session 6)

Tackling Harm from Substance Misuse in Scottish Prisons – Session 5

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 invited written submissions until **Friday 22 August 2025**.

3. The Committee has held its two preparatory evidence sessions in May and June (28 May and 4 June). The Committee heard from different bodies on the scale of substance misuse in Scotland's prisons, and how public services, policing and the justice system currently respond to it.

4. On 3 September, the Committee heard from a number of witnesses from advocacy and support organisations in the third sector and those with expertise in public health and prison healthcare. The session focused on throughcare and in-custody rehabilitation, and on alcohol harm and community reintegration.

5. On 10 September, the Committee heard from the Prison Officers Association (Scotland); Police Scotland; a representative of the Scottish Prison Service Research Project and Police Scotland. The session focused on prevention and enforcement.

6. Today's session will focus on scrutiny of bodies responsible for care of those in prison, gathering questions based on what we have heard during this inquiry. We will hear evidence on the following themes:

    - Challenges in implementing strategy amid overcrowding
    - Preventing drug supply, including staff corruption concerns
    - Inconsistencies in recovery and mental health support across prisons
    - Balancing public health approaches with prison security
    - Staff wellbeing and NHS capacity pressures
    - Continuity of care and support on release

Evidence

7. The Committee will take evidence from the following panel of witnesses—

Panel 1

- **Linda Pollock**, Deputy CEO, Scottish Prison Service;
- **Sarah Angus,** Director of Policy, Scottish Prison Service;
- **Suzy Calder,** Head of Health and Wellbeing, Scottish Prison Service;
- **Rhoda Macleod,** Head of Adult Services, Glasgow Health and Social Care Partnership; and
- **Leona Paget**, Prison Health Care Lead, Falkirk Health and Social Care Partnership.

9. See **Annexe A** for details of written submissions from Glasgow City Health and Social Care Partnership.

10. See **Annexe B** for additional evidence in the form of a letter from the Scottish Prison Service to the Convenor, on their plan to move away from implementing a "Focus Day" approach to a "'Regime and Roster Operational Review" model.

Actions

8. Members are invited to discuss issues related to accountability of the SPS and NHS with today's panel.

Clerks to the Criminal Justice Committee
September 2025

Annexe A

Written submission from Glasgow Health and Social Care Partnership

Written Submission for the Criminal Justice Committee	
Date of Committee:	Wednesday 17th September 2025
Subject:	Inquiry into Substance Misuse in Scottish Prisons Systems in Place to Monitor, Review and Prevent Substance-related fatalities within NHS Greater Glasgow & Clyde Prison Establishments
Author:	Rhoda Macleod Head of Adult Services (Sexual Health, Police Custody & Prison Healthcare)
Date:	9th September 2025

Prison Healthcare Services in NHS Greater Glasgow & Clyde (NHSGGC)

1. NHSGGC provides a Prison Healthcare Service (PHCS) to the populations of HMP Barlinnie, HMP Low Moss, HMP Greenock and HMP & YOI Lilias (Women's Community Custody Unit).
2. As of Monday 8th September 2025, the total population within these establishments is as follows:

HMP Barlinnie	HMP Low Moss	HMP Greenock	HMP & YOI Lilias
1426	834	243	20

This amounts to approximately 31 % of the Scottish prison population.

3. The PHCS model is a General Practice one, delivered by GPs, primary care, mental health and addictions nursing, psychology, occupational therapy, health improvement, pharmacy and administration staff. Visiting services comprise of psychiatry, oral health, and podiatry. Optometry is commissioned by SPS.
4. The PHCS in NHSGGC has a salary budget of £9.6 m providing 153.7 whole-time equivalent staff across the four sites.

5. PHCS is not a 24 hour service and out-of-hours the Scottish Prison Service (SPS) is supported by an NHS commissioned on-call GP service.

NHSGGC Prison Healthcare Service Response to and Management of Individuals at Risk of Substances (MORS).

6. The MORS policy is a SPS policy which has been adopted by Health Boards with responsibility for prison services but has never been formally agreed as national NHS guidance. In NHSGGC, PHCS works closely with SPS colleagues and management in relation to the application of MORS but has continued to apply the previous observational guidance for managing clinical interventions.
7. The Scottish Health in Custody Network has recently produced new guidance to support NHS staff in the management of people under the influence of substances and NHSGG are currently planning its implementation.
8. SPS collate data regarding numbers of individuals placed on MORS. The number of substance misuse incidents requiring an NHS response has increased significantly over the past eight years and potentially was exacerbated by the pandemic which changed the nature and supply of illicit substances. The introduction of vapes in response to the Smokefree Prison initiative in November 2018 also afforded people living in prison an alternative means of ingestion of psychoactive substances.
9. Given the increasing demand and pressure on NHS resources, from March 2024, NHSGGC started to collate data regarding reportable incidents.
10. From August 2024 – August 2025, there were **3468** interventions / incident reports (averaging at **289** per month) involving NHS staff support and spread over the four prison establishments. It is important to note that these incidents are not numbers of individuals, but reflect interventions and reviews of patients' health status over a period of time, sometimes up to three days or more.
11. Engagement with Scottish Ambulance Service has shown **178** requests for attendance specifically for drug related incidents during this period.
12. During this period, there were **7** drug-related deaths in NHSGGC prison establishments.

Impact of Illicit Drug Use on Prison Healthcare Services

13. The impact of the use of illicit substances on both SPS and the PHCS is considerable, and it is not uncommon for there to be more than **10** patients under observation at any one point, who may be located across a number of areas in the prison. The highest number under the influence in any one establishment, that has had to be managed at any one time, has been **43** patients.

14. For PHCS, this involves:
    - The initial assessment to decide whether an individual requires to be monitored or whether there requires to be escalation to hospital.
    - The ongoing monitoring of those placed on observations, and close management of those who are waiting for Scottish Ambulance Service support. This will include the care of patients who deteriorate rapidly.
    - The follow-up assessment by the GP regarding the impact of illicit substances on prescribed medication administration, and the application of a medication management plan. This process can continue over a period of days.

15. All of the above impacts on a daily basis on PHCS ability to deliver core and routine services, and frequently clinical services are disrupted to ensure appropriate follow-up and management of those placed on MORS.
16. All patients who engage in illicit drug use and who are known to addiction services will continue to be supported by the addiction team. This is also the case for those actively engaged with psychological therapies. For people who have a presenting addiction issue and as co-existing mental health presentation, Clinical Psychology within the PHCS are happy to receive a referral and assess regarding suitability for treatment.
17. NHSGGC also has a small Health Improvement Team which delivers a harm reduction service. All patients who are placed on MORS are referred to this service which involves:
    - A meeting with the patient, once formal observations have been discontinued, to offer support and attendance at a harm-reduction group meeting.
    - A one- to-one service as appropriate e.g. patients who cannot cope with a group work intervention or may be in isolation.
    - Consideration of what triggers drug use, and what strategies can be employed to minimise reoccurrence.
    - If the person continues to use, advice on how to stay safe, either within the prison or when they return to the community

18. From August 2024 to August 2025, **3086** referrals were made to this service.
19. An active peer mentor programme has been developed and delivered within prisons in NHSGGC which provided the blueprint for other establishments in Scotland. This programme offers people living in prison an opportunity to gain skills, knowledge and experience in delivering overdose awareness training and response to all individuals with a planned liberation date. In addition to this our peer mentor team issue naloxone nasal spray (Nyxoid) on the evening prior to liberation to encourage uptake, contributing to safer communities and reducing drug deaths. From August 2024 – August 2025, **1699** people were

released from custody of which **882** (52%) participated in this training, leaving prison with a naloxone supply. Of the **882** people who accepted this, **671** (76%) participated in this training for the first time.

Written submission from the Scottish Prison Service

Dear Ms Nicoll

SCOTTISH PRISON SERVICE (SPS) RESPONSE TO SUBSTANCE MISUSE

Prior to the panel appearance of Linda Pollock (Deputy Chief Executive, SPS), Sarah Angus (Director of Policy) and Suzy Calder (Head of Health and Wellbeing) on 17 September, I provide below some additional strategic context to the key areas of interest to the Committee's Inquiry which I hope is helpful for Committee members.

SPS is committed to a public health and human rights-based approach to substance use. This submission sets out the Scottish Prison Service (SPS) strategic and operational response to substance use across the prison estate. It addresses the Committee's questions on: (1) systems to prevent deaths in custody; (2) effectiveness in delivering recovery strategies; (3) staff training; (4) implementation of Medication Assisted Treatment (MAT) Standards; (5) risk assessment and incident response with NHS partners; and (6) how data and learning are used to drive continuous improvement.

1) Systems for Preventing Deaths in Custody

Every death in SPS custody is a tragedy and we are focused on doing all we can to prevent them. We recognise that significant work is required, and we know that we need the help of partners and others to do this. Work is underway in delivering against Fatal Accident Inquiry (FAI) recommendations alongside a wider focus on how we prevent, understand and learn from these tragic events. As such, SPS applies a multi-layered prevention and response approach that integrates operational practice, clinical partnership, and continuous learning. The following points are not exhaustive and are provided to ensure a focus on the SPS response to substance misuse:

- **Overdose prevention and response**: Naloxone availability (Nyxoid) in crash packs; staff and peer training; pre-liberation naloxone supply via SDF Peer Champions in participating establishments.
- **Clinical guidance:** The National Prison Care Network (NPrCN) has issued 'Management of People in Prison Under the Influence of Substances' (2025), strengthening assessment (ABCDE, AVPU, NEWS2), escalation and monitoring. SPS disseminated the guidance to staff via Staff Notice 027/25 (2 April 2025) for increased knowledge, and response expectations, prior to emergency clinical arrival at any incident.
- **Suicide risk management**: The 'Talk to Me' strategy, which is currently being overhauled as part of our commitment to FAI recommendations, provides structured identification, care planning, observation, and escalation, supported by training and audit. We recognise that a response protocol to identified risk is not in and of itself a complete response.
- **Structured learning**: The Death in Prison Learning, Audit and Review (DIPLAR) process is a SPS learning review, independently (of the establishment) chaired. This involves NHS partners and can include family questions. A revised DIPLAR policy was published in March 2025 to

strengthen learning and actions highlighted by the Death in Custody Thematic review.

- **Leadership and collaboration**: In Q1 2025 SPS convened the 'Preventing Tragedy, Protecting Lives and Responding to Death with Dignity' summit to share best practice, identify gaps and agree next steps. A follow-up event is scheduled for during September 2025, which will focus on the key challenges in supporting wellbeing in custody, the current practice or interventions that are effective in preventing deaths in custody and the support which staff and families need during and after traumatic events. These events will inform the development of a framework for preventing and responding to deaths in custody.
- **Monitoring and transparency:** All deaths in custody are subject to formal investigation, including Fatal Accident Inquiry processes. SPS tracks deaths and incident data to inform practice. Deaths in custody are published on the SPS website (found here).

2) Effectiveness in Delivering Recovery Strategies

SPS published a new Alcohol & Drug Recovery Strategy in January 2025 (found here). The Strategy sets a human rights-based, public health approach to prevent and reduce alcohol- and drug-related harm, support recovery, and inspire positive change. Delivery and implementation plans are being finalised in collaboration with NHS partners, third-sector organisations and people in our care. The purpose of the Alcohol & Drug Recovery Strategy is to ensure that people in our care have access to appropriate support to achieve positive outcomes in their lives, whether this be to improve their health and wellbeing, employment opportunities or relationships with family members, reduce their involvement in the criminal justice system, to stop or reduce their use of illicit substances.

The four key priorities within the strategy include working collaboratively with key partners to implement MAT standards consistently and fully across all prisons; Developing structured recovery pathways for supporting individuals with problem alcohol and drug use throughout their justice journey; Tackling stigma to reduce health inequalities by adopting a prevention-first approach to ensure integrated and coordinated support is available to those with complex needs and; Involving people with lived and living experience of problem substance use in the co-production and co-development of services which affect them.

We recognise that no single organisation can deliver against all the aims in the Strategy. We will continue to work collaboratively with a range of organisations and people in prison to deliver the aims of the strategy, taking account of the wider operational context of a high population, the impact of serious and organised crime and an increasingly complex range of needs of those in our care.

Despite this challenging operational context, our prisons host a range of recovery-focused activities that mirror and connect to community services, enhancing engagement and continuity of support. These include:

- Recovery cafés in nine establishments, modelled on community provision, offering safe peer-led spaces, visible recovery, and links to external support.
- Mutual aid groups and annual recovery events that promote recovery

visibility and strengthen pro-social networks.
- 'Recovery from Within' learning opportunities delivered with the Scottish Recovery Consortium (SRC), building rights-based, recovery-focused approaches among people in our care and staff, and creating pathways to volunteering and lived-experience peer support.
- Peer-led initiatives, including Peer Naloxone Champions in eight establishments, providing overdose education and facilitating supply of intranasal naloxone kits prior to liberation (delivered in partnership with the Scottish Drugs Forum (SDF)).
- Independent academic evaluation planned through the Prison Recovery Support (PRS) Project to baseline and strengthen recovery activity across establishments.

SPS works closely with NHS boards and third-sector partners to ensure our approach to supporting recovery is person-centred and aligned with community reintegration goals. This includes supporting throughcare arrangements and strengthening links to lived-experience organisations to sustain recovery on release.

3) Staff Training on Substance Use

SPS equips staff with the skills and confidence to respond safely and compassionately to substance-related risk, with core components including:

- **Intranasal naloxone (Nyxoid) training**: 1,208 operational staff have completed training across all establishments (voluntary basis). Nyxoid kits are included within crash packs to support rapid response; 223 crash packs are distributed across residential areas, SRUs and other key locations.
- **Operational impact:** Since June 2023 there have been 53 incidents where trained SPS staff administered intranasal naloxone in emergencies (19 in 2023, 18 in 2024, 16 in 2025 to date), illustrating both ongoing risk and life- saving intervention capacity.
- **Officer training curriculum**: All Band C and D operational staff receive dedicated 'Substance Use' training within Officer Foundation Programmes (OFP/ROFP), complemented by trauma-informed practice and harm-reduction content.
- **Suicide prevention:** The current 'Talk to Me' policy is mandatory for frontline staff, supporting early identification, care planning, and escalation where there is concern about self-harm or suicide. It should be noted however that this policy is being overhauled in light of FAI recommendations and the commitment of SPS. The initial step of this has been independent review which will be published on conclusion.
- **Trauma-Informed:** Specialist trauma training for staff working with women and young people, reinforcing psychologically informed and gender- responsive practice.

In addition, SPS and SDF are embedding a Peer Naloxone Champions approach—now active in eight prisons (with further launches planned

4) Implementation of MAT Standards

Healthcare in prisons is delivered by NHS boards. SPS supports NHS partners to embed Medication Assisted Treatment (MAT) Standards in custody and at transition points. SPS participates in national workstreams led by the Medication Assisted Treatment Implementation Support Team (MIST), focusing on alignment of prison-based care with community services, equity of access across establishments, and continuity of care pre- and post-liberation.

We recognise that national benchmarking for MAT delivery in prisons is still being developed and we are involved in the Prison Thematic Group developing benchmark indicators SPS will continue to facilitate operational enablers—such as streamlined reception processes, appointment access, and throughcare coordination—while NHS board leads on clinical assessment, prescribing and monitoring.

5) Assessing and Responding to Risk and Incidents (SPS & NHS)

SPS and NHS operate a coordinated, multi-agency approach to reduce the risk and harms associated with drug use and reduce incidents of potential overdose and death risk. Intelligence, clinical assessment and operational decision-making are brought together to prevent harm and respond swiftly to critical incidents.

- **National Incident Management Team (IMT):** Established to address rising harms linked to illicit substances. The IMT brings together SPS directorates with partners including Public Health Scotland (PHS), Police Scotland, the Scottish Ambulance Service (SAS) and academic input to monitor trends, share practice and coordinate action.
- **Problem Assessment Group (PAG)**: Can be convened with establishments following any drug-related concerns/incidents to understand contributory factors, support staff who responded, and agree mitigation and improvement actions.
- **Alerts and surveillance**: SPS engages with PHS surveillance (including RADAR alerts) to inform local controls, staff briefings and harm-reduction messaging.
- **Clinical pathway**s: Individuals suspected to be under the influence of substances receive timely NHS assessment and monitoring in line with

  NPrCN guidance. Where necessary, Rule 41 is applied to provide additional support relating to health concerns and stability.
- **Case management:** Multi-disciplinary case conferences, information-sharing and care planning (including suicide prevention processes) are used to manage risk for individuals of concern, with throughcare planning for those approaching liberation.

6) Using Data and Learning to Inform and Improve Practice

- **Incident and mortality monitoring:** Deaths in custody are monitored and reported; substance-related incidents are captured through revised

incident reporting processes (from 2023) to improve classification and trend analysis.

- **DIPLAR and Significant Adverse Event Reviews (SAERs)**: Generate actionable learning, with recommendations tracked to completion and fed back to establishments and partners.
- **Strategy evaluation:** The Prison Recovery Support (PRS) Project is undertaking baseline mapping and academic evaluation of recovery activities to inform consistent delivery and future investment.
- **Performance and audit:** Regular audits (including of 'Talk to Me') and management information support oversight by HQ Health and Operations, enabling targeted support to establishments.
- **Data-sharing and governance**: SPS and NHS share data under established governance to support care and risk management. While real-time shared datasets are not yet available across all partners, work is ongoing to improve timeliness, interoperability and the visibility of risk indicators.

As noted at the outset, SPS remains committed to a public health and human rights- based approach to substance use. Through partnership with NHS boards and third- sector organisations, investment in staff capability, embedding of MAT Standards, and a strong focus on prevention and learning, we are working to reduce harm, support recovery and prevent substance-related deaths in custody. We will continue to strengthen delivery through robust data, independent evaluation and collaborative leadership across the justice and health system.

We look forward to providing more context in the forthcoming evidence panel session.

Yours sincerely

TERESA MEDHURST

Chief Executive

Annexe B

Correspondence from the Scottish Prison Service

Dear Ms Nicol

SAFEGUARDING STABILITY ACROSS SCOTLAND'S PRISONS – REGIME AND ROSTER OPERATIONAL REVIEW

Thank you for your correspondence, received 14 August 2025, regarding SPS' intention to move to a Focused Day. Please accept my apologies for the delay in responding.

As you are aware, SPS announced the Focused Day project to enhance safety and security through structured changes across the service under the governance of a national oversight board. Since its launch however, the Prison Officer Association (POA(S)) have raised concerns around the feasibility of delivering such a project nationally, and the Scottish National Committee of the POA(S) have been clear that rosters are for local branches to consider.

The POA(S) are, however, in agreement that it is incumbent on us to take action to enhance the safety and security of our prisons. Therefore, following constructive and collaborative discussions we have collectively agreed changes to the approach we will take, including the moving away from 'Focused Day' as a national concept.

We have agreed that each establishment must now consider adjustments to regimes and rosters at a local level aligned to local needs, within national parameters which have been shared with establishments. These changes will be designed to ensure that staff are available when and where they are most needed. Rosters will be resilient, capable of managing known staffing pressures without reliance on regularly running short, foreseeable regime curtailment or overstretching the workforce. This local review will be an estate wide 'Regime and Roster Operational Review'.

We have also set out the process for establishing the new regimes which must involve consultation with those affected by the change, equality and human rights impact assessments and health and safety risk assessments. We anticipate that the changes will lead to more consistent and reliable regimes, with no compromise to visits and family contact.

As this review will be conducted at a local level at each SPS establishment, we do not expect the entire prison estate to implement revised arrangements simultaneously. However, Governors in Charge have been instructed to progress this work as a priority and in line with the escalating level of risk being experienced in establishments as a result of the rising prison population. Once local teams develop their proposals a project team from SPS' Operations Directorate (OD) will assure each of them against the project's core objectives to ensure compliance.

In relation to your question on the length of time the new changes will be in place

for, I can advise that we will continually keep local deployment arrangements under review to ensure we meet any new challenges head on and as proactively as possible.

I would like to reiterate that while we are taking these steps in response to unprecedented pressure in the prison system, it is our hope that the 'Regime and Roster Operational Review' creates a more sustainable and effective way of working, in the best interests of everyone who lives and works in our prisons.

I understand this matter was discussed in a Committee session this morning however I would be very happy to provide more detail if required.

I trust this information is helpful.

Yours sincerely

TERESA MEDHURST

SPS Chief Executive