

Justice Select Committee inquiry: Tackling Drugs in Prisons



Our response

Submitted February 2025

About Clinks and this response

Clinks is the national infrastructure charity dedicated to supporting voluntary organisations working directly with people in, and connected to, the criminal justice system across England and Wales. We support, promote, and advocate for our members and the wider voluntary sector. Clinks is the current holder of the HM Prison and Probation Service (HMPPS) infrastructure grant, and we manage the secretariat for the Reducing Reoffending Third Sector Advisory Group (RR3).

This response is informed by our work with members and the wider sector, as well as a focus group convened to explore a joint response to this inquiry. At this group, there were representatives from Change Grow Live, Collective Voice, Forward Trust, and Phoenix Futures. This response will be in addition to any separate responses submitted by organisations represented in the focus group.

We have responded to questions 1, 2, 3, 6, 8, 9, 10, 11, 12, and 13.

Scale and impact

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

What are the primary factors driving the demand for drugs in prisons?

Focus group participants highlighted several factors driving the demand for drugs in prison, with the prison regime the most prominent. Participants described instances of 'weak regimes' that provided little purpose for people in prison and left them feeling isolated and facing extreme boredom. This was often exacerbated by staffing shortages. Whilst vulnerable people in prison are at particular risk in these circumstances, participants also reported that those who have not used drugs before, or not done so to any major extent, were also turning to drug use to help cope with these challenges.

The lack of effective physical and mental health services was also raised as an important factor: where people in prison are not able to access these services, people can turn to drugs to self-medicate. Participants also spoke about the challenges of getting people in prison into treatment, especially those serving short sentences.

Moreover, many people who receive custodial sentences are already using substances problematically in the community. As such, there will be a demand for drugs inside prisons as a result of this, especially where treatment services may be limited, or people entering prison with substance use needs do not want to share that they have those needs or want to access treatment.

2. What impact does the presence of drugs have on the mental and physical wellbeing of prisoners, particularly vulnerable prisoners or those not previously involved in illicit activity?

Between 2008 and 2019, there were 145 drug-related deaths in prisons, an average of 12 each year. Whilst the risk of dying by drug poisoning was similar for the male prison population and the general male population in England and Wales between 2008 and 2015, after 2015, the risk of people dying by drug poisoning has become higher for men in prison than the general population.¹ Moreover, the most recent HMPPS Annual Digest, covering 2023-24, reported that the number of incidents where drugs were found in prisons was 21,145. This is a 44% increase on the previous year and represents a sharp increase following a decline from a pre-pandemic peak.²

With the data on 'drug finds' suggesting an increase in the prevalence of drugs in prisons, and there being an average of 12 drug-related deaths a year, there are clear potential risks to the physical health and wellbeing of people in prison. Participants noted the impacts faced by people who use drugs can differ depending on the substances they use, with a particular divide between people who used 'traditional' drugs, such as opioids, and those who used more recently developed synthetic substances, such as spice. As synthetic drugs are a more recent addition to prison environments, there is inevitably more limited insight into their impact. However, in 2016, Clinks member User Voice conducted research into the use of spice in prisons,³ and a recent podcast from another Clinks member, The Prison Radio Association, considers the impact of spice on people in prison.⁴ The overall use of drugs was described as 'dragging down' the prison environment, having an acute impact on the wellbeing of all people in prison.

Many people will enter prison with pre-existing, health-related needs, some of which will be related to substance use. But, participants highlighted that there are also a number of people who enter prison without a substance use need, who go on to develop one whilst in prison. This can then lead to further health needs developing, as a result of the new substance use.

Participants also reported instances of vulnerable people in prison being used by organised crime to 'hold drugs', and as 'guinea pigs' for testing new substances. This would have further negative consequences for the mental and physical wellbeing of these vulnerable people.

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

As noted above, the risk of dying of drug poisoning for men in prison has increased over time, becoming greater for men in prison than in the general population. In addition to these health impacts, drugs also compromise the safety of the prison. This leaves many people in prison feeling unsafe in instances where much of prison life revolves around the drug trade and violence.

The latest data shows an increase in the rate of assaults in prison, up 14% in the year to September 2024, compared to the previous 12 months, with the rate standing at 342 assaults per 1,000 people in prison. At the same time, the rate of serious assaults⁵ also increased, up 13% in the year to September 2024 compared with the previous 12 months, with the rate reaching 38 serious assaults per 1,000 people in prison. Moreover, 11% of all assaults were categorised as serious.⁶

Noting that the data shows an increase in violence in the form of assaults over the past year, this is likely compounded by an increase in the prevalence of drugs in prisons, particularly where organised crime is also involved. This can also contribute to higher levels of staff turnover as a result of the 'lawlessness' reported by focus group participants.

Self-harm, suicide, bullying, and debt are also possible consequences of drug use in prison. These factors can have an additional disruptive impact on prison regimes, as people need to be kept apart and protected. One practitioner explained that 'when you have lots of prisoners who are being bullied and who are in debt, it grinds the regime to a halt. Too many prisoners are on own protection and you can't move prisoners to specific wings due to bullying. This makes the prison almost impossible to manage'. The practical results of this are challenges in moving people to Independent Substance Free Living (ISFL) units, or to a wing where they can receive a clinical intervention. This lack of stability also makes it harder to deliver effective support, in particular talking therapies, that can support people in reducing and controlling their substance use.

The limited experience of many prison officers also means many do not feel confident or equipped to address drugs-related challenges. One particular example of this that came up in the focus group was managing people in medication queues.

Tackling the supply of drugs in prisons

6. What examples are there of effective interventions to prevent and disrupt drug supply within prisons?

Focus group participants said effective interventions to limit the supply of drugs into prison were possible. They required a proactive deterrent, that was driven by strong leadership on security. However, the effectiveness of measures is currently diminished as a result of limited resources. This has seen fewer drug detection dogs available, body scanners not being operational, and intermittent staff searches at the gate. Anecdotally, participants believe that they had not seen a range of examples of good strategies to prevent and disrupt supply and reported an increased level of corruption among staff.

Recalls can also impact the supply of drugs into prisons, as people being recalled can be used to bring drugs into prisons. As such, limiting recalls, and separating people who have been recalled from the wider prison population where possible can be a useful approach to helping limit the supply of drugs.

Tackling demand

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

Participants noted that for people who were using 'traditional' drugs, such as opioids and alcohol, there are established pathways that work effectively. Conversely, it is the 'modern drug use', of substances such as spice, and the people who use these drugs who have 'no thoughts' of stepping on the recovery pathway, where existing measures are ineffective.

With regards to ISFL wings, participants said the approach differs depending on the prison. For example, some prisons use these wings for people who have never used drugs. In other prisons, the location of these wings impacts their effectiveness in stopping the flow into them, especially when they are located near reception.

The use of drug rehabilitation wings (DRWs) can be effective, but participants said it was dependent on the interventions available. People on DRWs are typically prevented from being on the wing while under opiate substitute therapy (OST), which participants agreed was frustrating. Instead, it was recommended that there should be flexibility for people on OST to be allowed to reside on DRWs to assist with their recovery.

Participants raised concerns about supporting people's recovery after they moved back into the general prison population, having spent time on a ISFL unit or DRW. This is because returning to an environment where drugs are more readily available can present a challenge to people's recovery.

The effectiveness of initiatives like ISFL units and DRWs is limited by the lack of joined-up working. The initiatives are developed by HMPPS, but interventions are funded and commissioned by NHS England. This has seen the wings designed without consideration of how interventions would be delivered within them. In particular, there has been limited thought given to how organisations delivering psycho-social interventions can deliver them in ISFL units. Participants agreed that there has been a failure to acknowledge the effectiveness of behaviour-change-related programmes. Additionally, they described current contracting arrangements leading to the devaluing of the specialism of psycho-social substance use services and a de-skilled workforce, as well as long-term programmes being defunded and removed from prisons.

9. What impact does drug testing have on reducing demand in prisons, and to what extent is HMPPS's current approach to drug testing effective?

Participants noted drug testing is not conducted often enough, nor is it sophisticated enough to continue to be able to identify new drugs. For instance, the latest data on random mandatory drug testing (rMDT) notes that the number of drug tests being carried out each year remain significantly below pre-pandemic levels. This reduced testing also means that data on the positivity rate for rMDT cannot currently be provided.⁷ Participants also reported that drug testing companies indicated they are three to six months behind the latest substances that people are using.

Participants went on to highlight that many people in prison are willing to take the risk of failing drugs tests, even where a positive test will likely result in an adjudication. Instead, testing should form part of a wider approach to substance use support and reducing the demand for drugs in prisons.

This is particularly important in the context of the report published by the Ministry of Justice last year that found drug testing regimes were not always effective as a therapeutic tool to support people in prison or address underlying needs that lead to substance use. It also noted that punitive responses to drug testing were felt to do little to deter substance use, in the absence of support being offered.

Moreover, the report found people in prison felt that drug testing was currently ineffective at deterring drug use because of inconsistent implementation. As such, it suggested consideration should be given to working to ensure substance use teams are made aware of positive test results, and that people who test positive are encouraged to accept a needs assessment and appropriate support.⁸

10. What role should prison governors and staff play in identifying and addressing drug misuse?

Focus group participants said prison staff and governors have an important role to play in identifying and addressing substance use. Give this, they agreed it was important that responsibility for substance use work and strategy did not sit solely with a single person. Instead, staff at all levels need to know about how people with substance use needs can be supported and factors that can drive substance use. When there is an overreliance on a single member of staff for this, there is often little knowledge or expertise amongst others.

Where governors are supportive and understand the importance of substance use services, there are more examples of success. One participant acknowledged that ‘when governors and prison SMTs are forward-thinking and supportive, then services can be effective’. However, this still relies on substance misuse service providers being able to access prisons as well as being provided with appropriate spaces to deliver treatment. This needs to be supported by challenging the stigma around substance use and ensuring that people providing recognised peer support are paid for their roles.

HMP Erlestoke was highlighted as an example of good practice in terms of the training of staff. On its recovery wing, the prison officers are trained ‘Smart Group’ facilitators – which is a recovery group that people on the wing can attend, facilitated by the prison officers.

Support for prisoners

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

The focus group said the framework for treating people using 'traditional' drugs works effectively, but the support for people using more modern substances or with a more chaotic lifestyle is less effective. However, for the people who want to access and engage with support, treatment is broadly more effective.

Recently, general data on adults accessing substance use treatment has indicated there has been an increase in the number of people accessing treatment for alcohol use, non-opiate use, and non-opiate and alcohol use. People using these substances have typically been seen as harder to engage. Consequently, it appears possible that increased resourcing and strategic prioritisation can lead to improved engagement in these services, meaning something similar could likely be achieved for people in prison.⁹

Participants described a fragmented approach with a lack of strategic oversight, and a lack of support for substance misuse services in what is a poorly resourced environment. There is also limited money for psycho-social interventions that support people to change their behaviours as part of their recovery. Without investment in these services, effectiveness will be limited. Services are having to deliver on a shoe-string budget, yet the focus needs to be on resourcing highly skilled specialists, working to change peoples' lives. Changes in the wider prison environment, addressing some of the challenges and barriers identified above, would also improve the effectiveness of drug treatment services.

With regards to the commissioning of services, participants argued that substance use services are often overlooked given they are commissioned as part of a wider health commissioning process. This is compounded by prison leaders not having any control over the substance use services delivered in their prisons, as, for prisons in England, commissioning sits with NHS England.

The group felt that there could be benefits through returning an element of commissioning responsibility to prisons, to help ensure specialist services with key behaviour change outcomes were also commissioned. Given health service commissioning covers a wide range of services, the importance and specialisation of substance use services is often overlooked. The current situation sees many large private providers win contracts and take on responsibility for delivering psycho-social interventions without any understanding of the specialist services that are required.

Further improvements could be made to commissioning by the drug strategy leads being involved in these processes. Currently, these leads are unable to hold recovery services to account, and service teams can be pulled in different directions by the healthcare providers, as they seek to meet targets regarding starting treatment, engagement with interventions, and completing a treatment programme, for example, rather than focussing on the outcome of the treatment that people undertake.¹⁰

How effective are screening tools in identifying individuals with drug-related issues at the point of entry?

At reception, healthcare will ask if someone has any drug or alcohol needs. For those who answer 'yes', they will be referred to relevant services. However, participants told us many people will not want to acknowledge substance use needs at reception to prison. This means they will not be referred and will therefore be missed. Often, people using opioids will be more easily identifiable because they will be likely to ask for a prescription. But there are particular challenges identifying and engaging people using drugs who feel there 'isn't an offer for them'.

The timing of this screening was raised as a potential barrier: people may not want to answer a question of that kind when they first enter prison. But services also look for secondary screening opportunities during people's induction. Participants also noted that reception screening processes tended to work more effectively when there is a clinical presence, with a substance misuse clinical nurse supporting the process. Beyond this, as a number of people will first develop a substance use need whilst in prison, it is important that there is also a programme of ongoing screening or assessment to identify these people, in addition to those who may have been missed by earlier screening processes. This will help to ensure that all those people who need support for substance use needs are identified and offered appropriate support.

How effective are current practices for the continuity of drug treatment services post release?

Post-release care requires a significant amount of providers' time, and the success of the intervention relies heavily upon the person wanting to continue engaging with treatment after their release. Participants explained service providers in prisons are also needing to do more inter-agency work, but without any additional funding to cover the extra resource this requires.

The ideal scenario was described as when community teams come into the prison, as this was where the continuity of care is typically most effective. However, participants described this practice as being very variable, depending on the local authority area and community services involved. The separation of commissioning and partnerships for services delivered in prison and the community does not work effectively to promote this continuity of care. In resettlement prisons, there is an opportunity to build closer links with the local community providers immediately prior to a person's release to help improve the continuity of care. Overall, participants agreed that greater consistency of approach on continuity of care from prison to the community would improve effectiveness.

12. What improvements can be made to the commissioning and delivery of drug treatment services to ensure better outcomes?

Noting the challenges that commissioning can cause set out in response to question 10 above, participants also recommended the following:

- Stronger links with community commissioning and ensuring governor involvement in the commissioning process.
- The psycho-social element of drug treatment and substance use services should be commissioned separately to primary healthcare services, to prevent other health services being subsidised by money intended for substance use treatment.
- A multi-agency approach to commissioning with drug strategy leads involved in the commissioning of services.
- A focus on ensuring resources are available to provide a range of therapeutic opportunities. The Kent Prison Service was highlighted for its social prescribing fund that enables the provision of a range of therapeutic opportunities.

13. Overall, what progress has been made to date on implementation of the Government's 10-year 'From Harm to Hope' drug strategy in relation to tackling drugs in prisons?

It is important to note that the 'From Harm to Hope' Strategy stemmed from Dame Carol Black's Review, which excluded prison drug treatment. As such, the Strategy did not really set key commitments related to treatment in prisons. Instead, it was more focussed on the supply of drugs into prisons and the continuity of care for people as they are released.

Within this context, participants said they had not seen significant progress following this strategy. Substances remain widely available in prisons, with organised crime controlling much of this. In the focus group we heard that disrupted supply chains do not remain disrupted for long. Moreover, the grants that followed from the Strategy were predominantly directed towards community provision and not prisons.

End notes

1. Office for National Statistics. (2023). *Drug-related deaths and suicide prevention in prison custody in England and Wales: 2008 to 2019*. [Online]. Newport: Office for National Statistics. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/drugrelateddeathsandsuicideinprisoncustodyinenglandandwales/2023-01-26> [Accessed 28 January 2025].
2. Ministry of Justice and HM Prison and Probation Service. (2024). *HMPPS Annual Digest, April 2023 to March 2024*. [Online]. London: Ministry of Justice. Available from: <https://www.gov.uk/government/statistics/hmpps-annual-digest-april-2023-to-march-2024> [Accessed 28 January 2025].
3. User Voice. (2016). *Spice: The Bird Killer*. [Online]. London: User Voice. Available from: <https://www.uservice.org/wp-content/uploads/2020/07/User-Voice-Spice-The-Bird-Killer-Report-compressed.pdf> [Accessed 11 February 2025].
4. Prison Radio Association. (2025). "The most serious development in decades | Michael Kennedy and Ian Vandersluys" *The Secret Life of Prisons*. 10 February 2025. Podcast. Available from: <https://shows.acast.com/679a4656a7ace681d8646d60/episodes/67a31f0d81e6fa80bb479b87?> [Accessed 11 February 2025].
5. The data defines serious assaults as those falling into one or more defined categories including a sexual assault; an assault requiring detention in outside hospital as an in-patient; an assault requiring treatment for concussion or internal injuries; or an assault that incurs any of a number of specific injuries. These specific injuries are listed as a fracture; scald or burn; stabling; crushing; extensive or multiple bruising; black eye; broken nose; lost or broken tooth; cuts requiring suturing; bites; and/or temporary or permanent blindness.
6. Ministry of Justice and HM Prison and Probation Service. (2025). *Safety in custody: quarterly update to September 2024*. [Online]. London: Ministry of Justice. Available from: <https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-september-2024> [Accessed 30 January 2025].
7. Ministry of Justice and HM Prison and Probation Service. (2024). *HMPPS Annual Digest, April 2023 to March 2024*. [Online]. London: Ministry of Justice. Available from: <https://www.gov.uk/government/statistics/hmpps-annual-digest-april-2023-to-march-2024> [Accessed 28 January 2025].
8. RAND Europe. (2024). *Tackling Drug Misuse in Prisons*. [Online]. London: Ministry of Justice. Available from: <https://www.gov.uk/government/publications/tackling-drug-misuse-in-prisons-a-qualitative-study> [Accessed 7 February 2025]. (pp. 30-31)
9. Office for Health Improvement and Disparities. (2024). *Substance misuse treatment for adults: statistics 2023 to 2024*. [Online]. London: Department of Health and Social Care. Available from: <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2023-to-2024> [Accessed 7 February 2025].
10. Department of Health and Social Care. (2024). *NHS public health functions agreement 2024 to 2025*. [Online]. London: Department of Health and Social Care. Available from: <https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2024-to-2025/nhs-public-health-functions-agreement-2024-to-2025#key-performance-indicators> [Accessed 7 February 2025].

Our vision

Our vision is of a vibrant, independent and resilient voluntary sector that enables people to transform their lives.

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