

Thematic report : Changing patterns of substance misuse in adult prisons and service responses

1. Rec. no	2 Recommendation	3. Accepted/ Rejected	4. Response Action Taken/Planned
Recommendation To Ministers			
1.17	The Prison Service should improve its response to current levels and types of drug misuse in prisons and ensure that its structures enable it to respond quickly and flexibly to the next trend. A national committee should be established, chaired by the Prisons Minister, with a membership of relevant operational experts from the public and private prison sectors, health services, law enforcement, substance misuse services and other relevant experts. The committee should be tasked to produce and publish an annual assessment of all aspects of drug use in prisons, based on all the available evidence and intelligence, and produce and keep under review a national prison drugs strategy.	Partially Accepted	<p>The Prison Safety and Reform white paper committed to a national drugs strategy for prisons, covering both the supply of and demand for drugs. However, within this national strategy it will be for individual prisons and governors to develop their own approach to substance misuse, based on the circumstances of their prison and its population. This reflects the current co-commissioning policy, in which substance misuse services will be commissioned by the NHS and prison governors based on a core specification which is then tailored locally based on a needs assessment to ensure gender and population specific services.</p> <p>We are taking urgent action to improve prison safety and security, alongside reforms to overhaul the system to focus on the rehabilitation of offenders, ensuring that appropriate treatment and interventions are in place to help prisoners with a history of drug addiction and use. We have already take steps to improve our response to substance misuse, in particular rolling out new tests for psychoactive substances across the estate – the first jurisdiction in the world to do so. Avoiding mandatory drug testing has previously been one of the biggest factors driving prisoners to choose psychoactive substances over traditional drugs.</p>
Recommendations To NOMS (now HMPPS)			
1.18	Individual prisons should have an up-to-date drug and alcohol strategy and action plan which includes supply reduction, demand reduction and treatment based on a comprehensive local assessment of need, overseen by a committee which includes consistent attendance from all departments and relevant community representation.	Partially Accepted	As set out above, MoJ will develop a drugs strategy for prisons that will reassess our wider approach to tackling both the supply and demand for drugs in prisons. However, prison governors will need to develop an approach within that framework that addresses the challenges of their prison. As part of co-commissioning and wider prison reform, we will look at the feasibility of drug and alcohol strategies for individual prisons being overseen by a committee.

	Resources should be allocated to ensure that the required actions, including training, drug testing and searching, occur promptly.		One component element of the Performance Agreements which are being negotiated with prisons is the prison's strategy. This would be the vehicle for the prison to set out its approach to addressing substance misuse. The prison Governor will be held to account for meeting this Performance Agreement, and the prison's performance will be assessed against a new performance framework, which includes a measure
1.19	Work should be carried out to: <ul style="list-style-type: none"> • Provide education and information for families and visitors about synthetic cannabis and other forms of illicit drug use • Develop clear protocols for the involvement of families, where appropriate, in work with individual prisoners to reduce the harm caused by substance misuse • Provide and widely advertise a national, independent hotline that enables family members to report and seek assistance with threats related to the supply of illicit drugs and concerns about a prisoner's use. 	<p>Accepted</p> <p>Accepted</p> <p>Rejected</p>	<p>Her Majesty's Prison and Probation Service (HMPPS) is working to ensure that all prisoners and visitors are aware of the very serious risks that substance misuse brings. Two Prison Radio Campaigns on the dangers of New Psychoactive Substances (NPS) have been undertaken. A third is planned for later in 2017. Posters and leaflets have also been produced along with a DVD for use on reception or induction or part of group work. Service users have been involved in the development. There have also been a number of local initiatives.</p> <p>Prisons will develop protocols as part of their local drug strategy (subject to answer to 1.18)</p> <p>Prisons currently have a variety of structures in place for families and friends to bring concerns to the attention of staff, and as such through their empowered approach, Governors should consider how to increase the awareness of these schemes and to make information about them more readily available to prisoners and their families and friends; this is likely to be the most effective way of ensuring that information finds its way to the staff who have the ability to act on it.</p>
1.20	It should be ensured that protocols with the police at national and local level establish effective actions to disrupt the supply of illicit substances by visitors, prisoners, staff and other sources.	Accepted.	<p>The joint protocol on the Appropriate Handling of Crimes in Prisons was published in February 2015. The protocol, at the time agreed with ACPO, CPS and HMPPS, provides robust guidelines for joint working between prisons, police and CPS to ensure that wherever possible and appropriate, those who commit acts of violence or other serious crimes in prison are punished through the courts rather than by the internal disciplinary system.</p> <p>The protocol specifies that possession with intent to supply of any class of</p>

			controlled drugs by prisoners visitors or staff and possession of controlled drugs by visitors or staff (any class of drug or any quantity) must be referred to the police. Other drug offences need only be referred to the police if there are other circumstances which merit referral (theses are described in the protocol at annex B) or by local agreement between the prison and police.
1.21	Mandatory drug testing results should not be used as a measure of prison performance.	Rejected.	MoJ remains committed to seeing a reduction in drug dependence among prisoners. Drug use is a key indicator for a given offender's likelihood to reoffend and it is therefore in the public interest for prison performance to be measured, in part, by drug testing results.
1.22	Prisoners should have a consistent range of purposeful activity throughout the week and at weekends.	Accepted	The Government white paper announced that new dedicated officers, each responsible for supervising and supporting around six offenders, will make sure prisoners get the help they need, including by seeing prisoners spend more time on purposeful activity and less time in their cells. Under the empowered Governors policy, individual prisons will be able to use the Release on Temporary Licence (ROTL) tool to allow prisoners to engage in purposeful activity, such as work, as part of their sentence.
	Recommendation To Ministers and NOMS (HMPPS)		
1.23	<p>Urgent action should be taken to reduce the harm caused by new psychoactive substances (NPS), particularly synthetic cannabis. This should include:</p> <p>a) Measures to reduce the attractiveness and profits of supply by:</p> <ul style="list-style-type: none"> Quickly introducing legislation that takes due account of the advice from the Advisory Council on the Misuse of Drugs, bans harmful psychoactive substances and so reduces the attractiveness of supply 	Accepted	<p>In May 2016 the Psychoactive Substances Act was passed, making it a criminal offence to possess or supply psychoactive substances in a custodial institution. The maximum sentence is 7 years' imprisonment and an unlimited fine, with an aggravating factor for a supply offence to a prison.</p> <p>To further address the dangers posed by such substances, the Misuse of Drugs Act was amended in December 2016 to make all third generation synthetic cannabinanoids (a group of psychoactive substances) a Class B drug. The Act is another powerful tool in charging those found in possession of psychoactive substances and carries a heftier sentence of 10 years' imprisonment.</p>

	<ul style="list-style-type: none"> • Urgently developing and rolling out more effective testing methods • Regarding the persistent or large-scale supply of NPS as a security threat and recategorising the prisoners involved accordingly. b) The development by every prison of a peer-led programme of substance misuse education, with effective resources to educate prisoners, particularly new arrivals, about the dangers and other consequences of synthetic cannabis use. c) The development and delivery of national resources to ensure that all staff in 	<p>Accepted</p> <p>Accepted</p> <p>Rejected</p> <p>Partially Accepted.</p>	<p>Most recently, in the Prisons & Courts Bill currently before Parliament, proposals have been brought forward to allow us to adopt the generic definition of a psychoactive substance contained in the Psychoactive Substances Act 2016 for the purposes of drug testing. This would mean that in future tests can be carried out for controlled drugs and for any psychoactive substances covered by the definition in the 2016 Act, without the need to add each newly identified psychoactive substance individually using secondary legislation. This change would enable us to more quickly respond to and test for any new drug or substance identified.</p> <p>We have rolled out new tests for psychoactive substances across the estate as part of mandatory drug testing – the first jurisdiction in the world to do so. Avoiding mandatory drug testing has previously been one of the biggest factors driving prisoners to choose psychoactive substances over traditional drugs. As noted above, we have also brought forward legislative proposals to ensure we are able to test for new compounds as they emerge, enabling us to more quickly respond to and test for any new drug or substance identified</p> <p>Prisoners can be recategorised at any time whenever there is a significant change in the risks they present. Involvement in persistent and large-scale drug supply will normally trigger a review of security categorisation where the security conditions in which the prisoner is held are insufficient to manage the risks presented. Where the prisoner is already held in conditions of higher security, other alternatives to manage their behaviour may be appropriate. All instances of persistent or large scale supply of NPS should also be reported to the police who may decide to pursue a criminal investigation.</p> <p>It should not be mandated. It is for local commissioners to assess needs and commission services best placed to meet need. However, HMPPS encourages this approach where appropriate and many establishments do have schemes Prisoner peer support can be invaluable where there are suitable prisoners, support and resources available, including training but a local matter.</p> <p>National resources have been developed and delivered to support staff to recognise, and manage NPS misuse. HMPPS have already put in place a</p>
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	prisoner contact roles are trained to understand the symptoms and consequences of synthetic cannabis use and that they are aware of how to deal with it.		staff awareness campaign and a new section in the Prisoner Officer Entry Level Training. In addition, a toolkit for both HMPPS staff and clinical staff has been developed by Public Health England alongside tools, resources and guidance on the staff intranet. There are also many locally developed initiatives aimed at helping staff to manage problems related to NPS. However, there is no 'national NPS course' that all officers are required to attend. This would have cost implications for HMPPS as well as curriculum development impacts and would need further consideration
Recommendation To Welsh Assembly Ministers and NOMS (HMPPS)			
1.24	Prisoners in England and Wales should have consistent access to equivalent substance misuse treatment.	Accepted.	<p>HMPPS in Wales has responsibility for all the prisons in Wales, and retains responsibility for the provision of non-clinical substance misuse services in the south Wales public sector prisons, with NHS Wales responsible for the clinical interventions. In 2016 HMPPS in Wales and the South Wales PCC jointly commissioned the Offender Interventions 'Dyfodol' service to provide substance dependency support and treatment services to offenders in the community and also within the South Wales public sector prisons, where they work closely with the NHS clinicians and prison staff. The Dyfodol service includes a single case management system that supports the person's continuity of care from community to prison and on to their resettlement, which would help inform the treatment plan.</p> <p>Substance misuse services at HMP Berwyn are commissioned by the Local Health Board and delivered by NHS Wales.</p> <p>HMPPS and the Welsh Government work closely with Health Inspectorate Wales, Public Health Wales and key stakeholders in substance misuse services in Wales to review the effectiveness of the current drug detoxification treatment provided in prisons from reception to release. This will need to take into account any continuity of treatment prior to coming in to prison and provision on release for both the remand and sentenced population so that treatment within prison minimises any risk of harm and supports the best outcome for offender rehabilitation. The intention will be for the review to inform the update of the Welsh Government's Offender Treatment Framework, which is to be revised as part of the Welsh Government's Working Together to Reduce Harm (Substance Misuse) Delivery Plan 2016 – 2018 by March 2018.</p>

	Recommendation To NHS England		
1.25	Commissioning arrangement should ensure that drug treatment and psychosocial services provide a comprehensive range of interventions that consistently meet current standards but encourage and develop innovative practice. Services should be individualised; well integrated with the prison, health services and community support; appropriate to the needs of the population; and include effective peer support, family support and services for NPS and illicit medication.	Accepted	<p>The Department of Health and the Welsh Government for prisons in Wales are responsible for determining the policy on substance misuse treatment and suitable approaches, including the balance between clinical treatment and psychosocial interventions. All health services in prison are commissioned on the basis of equivalence with services for the general public, and there is a focus on continuity of treatment between custody and community.</p> <p>Drug treatment in prisons is based on an assessment of need and designed to meet the needs of low, moderate and severe drug misusers within the prison population. Health Needs Assessments are undertaken in establishments with the input of Governors to inform the commissioning and delivery of services. Commissioners in conjunction with Governors have the discretion to commission services that accord with national clinical guidelines and that they judge are best oriented towards recovery (and consequential reductions in re-offending). An integrated service is bought which should be both clinical and psychosocial. This may include a range of accredited and non-accredited rehabilitative programmes, structured psychosocial interventions and other evidence based approaches in prisons that are designed to address prisoners' substance use, offending behaviour and contribute to their well-being.</p>
	Recommendation To NHS England and Public Health England		
1.26	<p>A cohesive national strategy to reduce the misuse of prescription and over-the-counter medication should be developed which includes:</p> <p>a) Monitoring of prescribing trends in the community and prisons, challenging prescribing that is outside normal ranges and the sharing of information on emerging trends locally and nationally.</p> <p>b) Prompt access for prisoners to cohesive pain management services which include</p>	Accepted	<p>The Government will look at options to address the misuse of prescribed medicines, especially when combined with illegal drugs, more effectively.</p> <p>The National Partnership Agreement between: HMPPS NHS England and Public Health England for the Co-Commissioning and Delivery of Healthcare Services in Prisons in England 2015-2016 contained the following commitments:</p>

	<p>appropriate non-pharmacological and pharmacological options.</p> <p>c) Evidence-based clinical and psychosocial treatment for dependence on illicit medication.</p>	<ul style="list-style-type: none"> • 2.36 We will build on our work to date to review the management of prescription medicines working together with professional bodies to tackle abuse of medications and extend this to look at wider issues about medicine management in prisons as well as look at responding to the reported risk in harms from New Psychoactive Substances (NPS) in prisons. • 2.37 Continue to work together with professional bodies to promote changes in prescribing practice and tackle abuse of medications including publication of recommended national prison formularies and implementation tools for specific therapeutic areas including pain relief. <p>New Psychoactive Substances - The Alcohol, Drug and Tobacco (ADT) division within Public Health England's Health and Wellbeing Directorate have worked with HMPPS and NHS England partners to develop an NPS toolkit aimed at supporting both healthcare and custody staff in prisons. It does this by providing key information and practical advice to inform and improve practice in dealing with the increasing challenges for staff presented by NPS. The toolkit is due to be published by PHE shortly and a programme of training for prison staff based on this resource, has already commenced in prisons that were part of the "through the gate" initiative in the North West. The ADT division will be rolling out this training nationally across the prison estate between January and March 2016.</p> <p>Pain management – in July 2013, in conjunction with the Faculty of pain Medicine, Royal College of General Practitioners and the British Pain Society, PHE published "Managing persistent pain in secure settings" (http://www.nta.nhs.uk/uploads/persistentpain.pdf). This is guidance targeted at prison based clinicians that sets out best practice diagnosing and managing the symptoms of persistent pain. The guidance was supported by a national training programme.</p> <p>In 2015, the Prison Healthcare Board (England) approved a programme of work to deliver a recommended national pain management formulary for use in HM Prisons. The aim of this work is to support and empower prison based clinicians to implement more consistent prescribing practice and tackle abuse</p>
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		<p>of medications and reduce the diversion of prescribed medicines. The formulary was published on 11th December 2015 (https://www.england.nhs.uk/commissioning/health-just/pain-formulary/)</p> <p>The formulary implementation guide explains how medicines need to fit into the pain care pathway. Evidence from prisons that have implemented specific pain management clinics has shown success in the quality of prescribing and outcomes. The next phase of the pain formulary work (Jan-March 2016) is to collate examples of pain management/care models being provided and share these on the web-site. The PHE training for prison teams on wider Addiction to Medicines and imminent publication of the Opioids Aware resource have all been part of the strategy to improve care for pain and minimise harm from misused or diverted pain medicines.</p> <p>Monitoring prescribing trends and challenging prescribing that is outside normal ranges - The next clinical IT system for Places of Detention (PoDs) will include the capability for commissioners to extract anonymised prescribing data on a national, regional and provider/site basis. This will give commissioners and providers the mechanism to look at prescribing data in a similar way that we can for new Electronic Prescribing Analysis and Costing (ePACT) service in the community. There may also be scope for adding additional fields to look at clinical outcomes alongside the prescribing data.</p>
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