

Response from the Scottish Prison Service

Drug Misuse – Targeted Call for Views

1. To what extent do you believe the Scottish Government’s national drugs strategy, [The Road to Recovery](#), and the approach by Integration Authorities and NHS Boards are preventative?

The Scottish Prison Service (SPS) was involved in the development of *The Road to Recovery*. The national drugs strategy contains several references to drug problems in prisons. Actions for SPS, and outcomes, are described in Annex 1.

In 2011 responsibility and accountability for healthcare in prison transferred from SPS to local NHS Health Boards. This included substance misuse services, associated management information records and their administration. All clinical staff also transferred from SPS to local NHS Boards.

The Road to Recovery was published in 2008, 3 years before the transfer of prison healthcare to the NHS. This means that the majority of actions relating to prisons in *The Road to Recovery* do not reflect how services are delivered in 2018, nor the organisations now responsible for their delivery.

Since transfer in 2011 NHS Health Boards have reconfigured the substance misuse services they deliver in prison to better reflect community recovery models of care. The role of Integrated Authorities in the delivery of substance misuse services in prisons is ambiguous, prisons are not mentioned in the Public Bodies (Joint Working) Act 2014. Some NHS Health Boards have delegated responsibility for prison healthcare to an Integrated Authority while others have retained responsibility centrally in the Health Board.

The SPS Strategy Framework for the Management of Substance Misuse in Custody¹ was introduced in 2010 and reflects the aims and objectives of the Scottish Government's National Drug and Alcohol Strategies. The SPS Strategy Framework aims to contribute to a reduction in re-offending by adopting the principles of recovery to reduce the supply and demand of illegal substances and the harm caused by problematic drug and alcohol use. This framework reflects *The Road to Recovery* and the public sector landscape in 2010. As above the transfer of prison healthcare in 2011 means that addiction services transferred to NHS Health Boards and are provided in line with local NHS Board strategies.

SPS is responsible for security, drug testing for prisoner management purposes, programmes and the voluntary Throughcare Support Service (established in 2015). Information is given on

¹ SPS Strategy Framework for the Management of Substance Misuse in Custody
<http://www.sps.gov.uk/Corporate/Publications/Healthcare5.aspx> accessed 18/12/2017

programmes in the response to question three and on the Throughcare Support Service in the response to question four. The SPS Throughcare Support Service provides coordinated support to people serving short-term prison sentences who choose to participate, it should not be confused with Local Authority throughcare addiction services, statutory throughcare or clinical continuity of care between NHS services.

Drug Testing

As discussed in *The Road to Recovery*, SPS has moved from a more punitive approach of mandatory drug testing to a set of testing arrangements with clear purpose. Punitive responses to drug use, as happened under mandatory drug testing, have been found not to be a deterrent to drug users, had limited success as a trends and prevalence measure and did little to encourage problem users into treatment.

SPS now carry out drug testing in prison to support progression through a sentence, risk management and to identify incidence and prevalence of drug use. A therapeutic approach can be a support mechanism to encourage people on their recovery journey and to support their drug free status. Prisoner management drug testing is conducted by prison staff, however all clinical drug testing is the responsibility of addiction services provided by NHS Health Boards.

Addiction Prevalence Testing

Addiction Prevalence Testing (APT) is conducted across all Scottish prisons annually. During one month of the year, people arriving in custody are tested for the presence of a range of illegal substances. Similarly, those leaving custody during the month are tested to assess progress towards the 'reduced or stabilised' offender outcome. The results of SPS' APT are used to inform Scottish Government and NHS policy and practice.

In 2016-2017 76% of those tested on admission as part of the APT tested positive for illegal drugs while 30% of those tested on liberation tested positive for illegal drugs.

Security and Prevention

SPS has built on the actions in *The Road to Recovery* by developing a comprehensive range of security measures in order to reduce the supply of illegal drugs entering Scotland's prisons. This includes:

- Significant investment in new technology (e.g. BOSS Chairs and portable detection units) to combat the growing threat of illegal commodity entering the prison estate. This includes preventing and detecting mobile phone use and attempts to introduce drug paraphernalia.
- Staff have ongoing training and development in this area in order to detect, disrupt and deter those individuals attempting to introduce drugs into the prison environment
- SPS has significantly increased our canine complement to 14 Officer Dog Handlers and 30 dogs, capable of detecting drugs and other contraband.
- SPS has an established search plan for each establishment which ensures that all key areas are searched within agreed timescales (outlined in *The Prisons and Young Offenders Institutions (Scotland) Rules 2011*). Intelligence-led searches, together with extensive use

of the Tactical Dog Unit, are central to combating the threat of illegal commodity to the prison environment and the wider community.

2. Is the approach adequate or is more action needed?

The concerning year on year increase in drug related deaths across Scotland, the changed and changing public sector landscape and changes in drugs culture indicate that a refresh of *The Road to Recovery* would be appropriate.

The growth of Psychoactive Substances (PS) is an emerging issue for SPS and for services provided by NHS Health teams in Scottish Prisons. This topic has attracted considerable media interest and parliamentary scrutiny.

The Psychoactive Substances Act 2016 made the possession of a psychoactive substance in prison a criminal offence. At the time of the Act SPS took the decision not to seek to amend the mandatory drug testing policy to test for PS due to the fact that the compounds that make up this group of substances are continually changing. This position was supported by Scottish Government.

Intelligence reporting around the use of PS has risen across SPS establishments. In order to gather evidence to corroborate the intelligence picture, SPS have recently trialled the training of two drug detection dogs - trained to identify the current most common components within psychoactive substances. This trial is ongoing and any recoveries made will be tested by colleagues in Police Scotland in order to confirm the identity of substances recovered.

SPS is a member of the Psychoactive Substances Centre for Excellence Working Group alongside representatives from Scottish Government, Police Scotland, Scottish Ambulance Service, NHS and subject matter experts in the field of illegal drug use. SPS is also working with CREW to develop a PS strategy to enable us to respond effectively in the management of those under the influence of PS.

SPS would welcome any opportunity to work alongside Scottish Government and national partners to refresh national drug policy. Working alongside partners, SPS have been leaders in a number of Recovery orientated initiatives and would be happy to share our experiences and lessons learned in this field. Including:

- The development of a national multiorganisation protocol for the management of people in prison experiencing excited delirium while under the influence of psychoactive substances.
- Working in partnership with CREW and the Scottish Drugs Forum to deliver estate wide staff training and awareness in psychoactive substances and Naloxone (Naloxone is used to treat a narcotic overdose in an emergency situation).
- The establishment of the first prison based Recovery College in the UK, in HMP Perth, which now leads a prison based recovery network across Scotland.

- In September 2017 14 prisons across Scotland took part in a 'Recovery Walk'. In total over 580 people in custody, staff and ambassadors took part in the SPS Recovery Walks. The theme was 'Recovery comes from within' highlighting how the prison community can sow the seeds of Recovery.

In 2016-2017 the drugs portfolio was transferred from the Scottish Government Justice directorate to the Health directorate.

3. What evaluation has been done of interventions?

SPS do not carry out evaluation of clinical interventions delivered by NHS Health Boards. Some of SPS' programmes and interventions have been evaluated internationally and SPS uses a number of methods to collect feedback from users of services in prisons.

Programmes

As well as a wide range of local activities and initiatives SPS run national programmes – two of which target those for whom there is a clear link between their substance misuse and offending. SPS Offending Behaviour Programmes (OBP) have either been developed in-house or sourced externally for delivery in prison. OBPs go through an accreditation process and are supported by SPS Psychological Services. These are more likely to be delivered to people serving longer sentences.

There have been two substance-related OBPs developed and delivered by SPS over recent years: the *Substance Related Offending Behaviour Programme (SROBP)* and the new substance-related programme, *Pathways: Routes to Recovery and Desistance*, which is replacing SROBP across the estate. *Pathways* was accredited by the Scottish Advisory Panel on Offender Rehabilitation (SAPOR) in early 2017. Evaluation is a compulsory part of accreditation. As a newly accredited programme, *Pathways* will not be evaluated until it is more fully embedded into the organisation. It is likely that an independent process evaluation will be commissioned during 2018. *Pathways* has been designed to help participants lead a meaningful life free from substance misuse and offending. It has not been designed to address an addiction per se; that is the remit of other specialist supports.

Prisoner Survey

The 2017 SPS Prisoner Survey (unpublished) shows a decline to 39% of respondents reporting illegal drug use in prison, this is reflective of a general downward trend that has been evidenced over a number of years.

Preliminary results also suggest that:

- One fifth of respondents (20%) reported being prescribed methadone.
- Of these, just under half were on a maintenance dose (48%), almost a third were on a stabilising dose (32%) and a fifth on a reducing dose (21%).
- Approximately one in five (18%) reported using Naloxone at some point.

- Of those who were supplied Naloxone in the last year 63% were supplied it in prison and 67% in the community.
- Around one quarter of respondents said they have been given the chance to receive treatment for drug use (28%) or that they have received help/treatment for drug use during their sentence (25%).
- Of the 25% who have received help or treatment for their drug use during their sentence a majority (82%) found it useful.

User Voice

Several establishments hold, or are planning, Recovery Cafés where attendees take the lead on deciding which recovery-related topics should be discussed and how to implement these. This model reflects the services available which already exist in the community and empowers the people to choose the best method of managing their own addictions issues in a supportive environment.

4. Are the services and national drugs strategy being measured and evaluated in terms of cost and benefit?

As substance misuse services are provided by local NHS Health Boards, any information relating to the cost and/or clinical outcomes of health and addiction services in prisons should be requested from each local Health Board.

A national HEAT target (Health Improvement, Efficiency, Access, Treatment) introduced by the Scottish Government, required that 90 per cent of people would wait no longer than three weeks from referral to treatment for drug or alcohol problems. This target was achieved in June 2013 and has now become a Local Delivery Plan (LDP) standard to support sustained performance across Scotland. The LDP standard applies to NHS services and NHS Boards are accountable to the Scottish Government for achieving LDP standards.

Drug and alcohol treatment waiting times data is collated by NHS Prison Healthcare Teams who then submit the data to NHS Health Scotland's Information Service Division (ISD). Drug and alcohol treatment waiting times data for people accessing services in prison have been published since 1st April 2013; the first quarterly publication to feature prison waiting times data was published in September 2013.

The most recently published National Drug and Alcohol waiting times report from ISD² shows that in April-June 2017, of the 1,282 people who started their first drug or alcohol treatment, 94.5% waited three weeks or less and 69.4% waited one week or less.

Between April-June 2017 all NHS Boards delivering drug or alcohol treatment services in prison, except NHS Lothian, met the LDP standard that at least 90% of people who started drug or alcohol treatment waited three weeks or less.

² National Drug and Alcohol Treatment Waiting Times Report - <https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2017-09-26/2017-09-26-DATWT-Report.pdf> accessed 18/12/2017

National Naloxone Programme

The National Naloxone programme was introduced in Scottish prisons in 2010/2011 when SPS nursing staff were trained to administer Naloxone in emergency opiate overdose incidents in prison. This responsibility was transferred to local NHS Health Boards in 2011. This is continuously monitored to inform ongoing evaluation by Scottish Government.

SPS Throughcare Support Service

SPS has provided a dedicated, voluntary, Throughcare Support Service, with Throughcare Support Officers (TSOs) in 11 prisons, since 2015. Throughcare takes a coordinated approach to the provision of support to people who serve short-term prison sentences (less than four years), from their imprisonment, throughout their sentence, and during their transition back to the community and initial settling-in period.

The role of TSOs in supporting those released from prison has recently been positively evaluated³. Among the strengths identified by the evaluation was that 'gate pickup' could help service users avoid exposure to risks which might lead to reoffending (e.g. alcohol, drugs, lack of accommodation).

Self-assessment data shows that the proportion of service users (approximately 25% of the short term prison population) who stated that they had no problems with alcohol or drugs rose from 13% on assessment to 25% at the end of service (an 89% increase in the actual number). The proportion who stated that they had serious issues with alcohol and / or drug use which caused them problems in their daily lives fell from 34% to 14%.

Among the reasons given for a positive impact were that:

- Links between TSOs and addictions services in prison helped identify and access support in prison and the community.
- Liberation day support helped avoid a high risk of drug and alcohol misuse, and the associated health and reoffending risks.
- Support from TSOs helped keep people focused on recovery and provided a point of contact if there was a risk of relapse.
- Support from TSOs helped prevent other problems causing relapse.

SPS throughcare support service data indicates that 93% of those who return to prison after receiving TSO support do so for new offences. Of those who gave a reason for their return 92% described the role of substance misuse.

Through the Throughcare Support Service SPS will continue to work with partners to improve collaborative working and ensure that people leaving our care are able to access the services they need - including drug misuse services.

While SPS provides the voluntary Throughcare Support Service to people in prison on a short term sentence there are a number of other throughcare social work and associated services

³ <http://www.sps.gov.uk/Corporate/Publications/Publication-5246.aspx> accessed 18/12/2017

available to people in prison and their families from the point of sentence or remand, during the period of imprisonment and following release into the community that are the responsibility of local authorities. Those serving more than four years are released under statutory supervision. Those serving less than four years who are short-term sex offenders under Section 15 of the Management of Offenders Etc. (Scotland) Act 2005, or who are subject to an extended sentence or supervised release order, are also supervised on release. The objective of local authority throughcare services is public protection, as well as assisting individuals to prepare for release and supporting community reintegration and rehabilitation. SPS works in partnership with the local authorities that provide these services.

Conclusion

While SPS is no longer responsible for the delivery of clinical substance misuse services it is committed to working with partners to support people in prison with substance misuse problems. From investing in security and rolling out new training to staff across Scottish prisons, to Recovery cafés and colleges, SPS is working to ensure that its services better meet the needs of those in our care in the face of an ever changing social, cultural and public sector landscape.

The Road to Recovery is 10 years old. SPS would welcome an opportunity to contribute to a refreshed national drugs strategy as eagerly as it did the opportunity to contribute to *The Road to Recovery* over 10 years ago.

Annex 1

Key Actions	Outcome	Responsibility	Timescale	Update - 2018
<p>Review a 'pilot' project in HMP Edinburgh to improve the integration of medical treatment with wider 'wraparound' therapeutic support and consider rolling it out across all prison establishments.</p>	<p>To see more people recovering from problem drug use and reduce future drug-related crime and drug-related deaths.</p>	<p>Scottish Prison Service</p>	<p>Autumn 2008</p>	<p>Completed prior to transfer of healthcare in 2011.</p> <p>This pilot resulted in an integrated addictions process and was central to the 2010 SPS Substance misuse strategy. In 2011 responsibility for healthcare (including addictions services) transferred from SPS to NHS boards. While SPS aspires to an integrated model of care across all prisons and health boards local NHS health boards have their own substance misuse strategies and responsibility for delivering addiction services locally – these vary across the prison estate.</p>
<p>Develop and implement an information sharing protocol between Throughcare Addiction Services (TAS) and Enhanced Addiction Casework Service (EACS).</p>	<p>Improved continuity of care on admission, during a sentence and on release into the community.</p>	<p>Scottish Prison Service</p>	<p>Autumn 2008</p>	<p>Completed.</p> <p>EACS' were transferred to NHS Health Boards as part of the 2011 transfer of prison health care. NHS Health Boards are now responsible for continuity of care and connecting with throughcare services.</p>

<p>Review the issue of chaotic drug users who stay for short periods in custody following the report from the Independent Prisons Commission.</p>	<p>Improved continuity of care on admission, during a sentence and on release to the community to reduce the risk of drug-related death soon after release.</p>	<p>Scottish Prison Service</p>	<p>June 2008</p>	<p>NHS Health Boards are now responsible for continuity of care and connecting with throughcare services.</p> <p>The Scottish Prison Service has established the Throughcare Support Service for people in prison with short sentences. Further details on pg. 6.</p> <p>The Criminal Justice and Licensing (Scotland) Act 2010⁴ commenced in February 2011 and included a presumption against short sentences (3 months or less).</p>
<p>Publish a new Substance Misuse Strategy, which fits with the Government's drugs strategy.</p>	<p>To see more people recovering from problem drug use and reduce future drug-related crime and drug-related deaths.</p>	<p>Scottish Prison Service</p>	<p>Autumn 2008</p>	<p>Completed</p> <p>This strategy was published in 2010.</p> <p>In 2011 responsibility for the delivery of healthcare to people in prison transferred from the SPS to the NHS. This included addictions services. Specific roles and responsibilities are now described by the NHS/SPS Memorandum of Understanding (MOU) and Information Sharing Protocol (ISP).</p>

Table 1 The Road to Recovery – Annex A Action Plan⁵

⁴ <http://www.legislation.gov.uk/asp/2010/13/contents> accessed 19/12/2017

⁵ <http://www.gov.scot/Publications/2008/05/22161610/9> accessed 18/12/2017